MEANING CENTRED EQUINE ASSISTED PSYCHOTHERAPY AS A COMPLEMENTARY TECHNIQUE OF LOGOTHERAPY IN THE TREATMENT OF PSYCHIATRIC DISORDERS

by

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DECLARATION

I declare that '**Meaning centred equine assisted psychotherapy as a complementary technique of logo-therapy in the treatment of psychiatric disorders'** is my own work and that all the sources that I have used or quoted are indicated and acknowledged by means of complete references.

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Elizabeth Denise. Your unwavering support and belief in my work has showed me the true sense of meaning and self-transcendence and I cannot say thank you enough in how you so often took over and led the way, especially when the mountain of paper grew to extraordinary proportions! You are all such a blessing in my life.

Finally I want to say thank you to a group of horses that continue to inspire me through my work and particularly in this study – you showed me repeatedly what true unconditional regard and acceptance looks like.

I would like to dedicate this work to you –

Dodge,

Wizard,

Beanie,

Trophy, and

Bulls Eye

ABSTRACT

The study undertook to describe how using equine assisted psychotherapy as a technique of logotherapy could support those who have been diagnosed and placed in a long-term care facility with a psychiatric disorder to find a sense of meaning and value in their lives. This alternative therapeutic modality is a response to gaps and limitations identified in the traditional approach to the diagnosis and treatment of these psychiatric disorders.

A qualitative, descriptive, multi-case study was conducted over a period of six weeks. The inclusion criteria were psychiatric patients who had been diagnosed with a psychiatric disorder and were, at the time of the study, placed in a long-term psychiatric care facility. Eight participants were purposively selected. Written informed consent was obtained and participation was voluntary. The researcher held ethical boundaries regarding the values and principles of psychotherapy.

Each participant was seen weekly during the study period by a clinical psychologist, who is also the researcher. The therapeutic intervention was Logotherapy, combined with equine assisted psychotherapy as a technique – a therapeutic modality in its own right - to build on logotherapy's tenets and principles.

Data collection consisted of audio-recordings of each of the individual sessions with participants, personal reflective journals by participants and researcher, researcher's process notes and each participant's 'letter to the horses'.

Thematic analysis was conducted on audio-recording transcriptions and all documents for in-case studies and across-case studies. Themes were corroborated with Frankl's logotherapy concepts.

The findings showed that all participants benefitted from the short-term intervention, and that equine assisted psychotherapy is an effective technique for incorporation with Logotherapy.

This study has contributed to the under-researched area of combining logotherapy and equine assisted psychotherapy in the treatment of psychiatric patients. It also contributes to the substantial body of research in these respective modalities.

The value of this research is that it offers an opportunity for those who are caught in a sense of fate and loss of meaning to find their sense of movement towards self-transcendence. Additionally, research on general psychological constructs such as meaning, purpose and value in life, which are pertinent today, would benefit.

List of acronyms:

AAT – Animal Assisted Therapy

CBT - Cognitive Behavioural Therapy

Eagala - Equine Assisted Growth and Learning Association

EAL-Equine assisted learning

EAP- Equine Assisted Psychotherapy

EFL- Equine facilitated learning

EFP- Equine facilitated Psychotherapy

EFT- Equine facilitated therapy

MC-EAP - Meaning Centred Equine Assisted Psychotherapy

RCT's - Randomised Control Trials

List of Key words:

psychiatric; patients; inpatient; outpatient; treatment facilities, mental health; logotherapy; techniques; Viktor Frankl; equine assisted psychotherapy; meaning centred; psychiatric disorders; alternative approaches; theoretical treatment modalities

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CHAPTER ONE

INTRODUCTION

ORIENTATION TO THE STUDY

Chapter one provides a general overview and orientation to the research study. In describing the context of the problem, the background of mental health and its context is briefly explained followed by a brief discussion on the research rationale and motivation. The two interventions that have been used in this research study logotherapy and equine assisted psychotherapy (referred as EAP) are also briefly described with their relevant constructs. This chapter concludes with an overall outline of the chapters of the study and its contribution to research.

BACKGROUND AND CONTEXT

In this study the search is to incorporate an alternative understanding and support for psychiatric disorders both in the possible diagnosis, as well as in the treatment of these disorders. This would take a stand away from the traditional classification, diagnostic and treatment medical modalities for mental disorders; that is, the International Classification of Diseases (ICD 10) and the ICD 11; the Diagnostic and Statistical Manual, DSM 5 and its latest update, DSM 5 –TR (2022), which establish the standard diagnostic criteria for mental disorders, as well as finding alternative treatment regimes that move beyond just prescription medication or modern psychotherapy, such as psychoanalysis or Cognitive Behavioural Therapy (CBT) (Mulhauser, 2014; Psychguides.com, 2017). This call has been echoed by others, such as Jack, et al., (2014); Collins et al., (2011) and Dixon, et al., (2016), to find a more effective treatment which would deal with the struggle of relapse, stigma and to find an evidenced based psychotherapy as proposed by Insel (2015).

This study will briefly explore the traditional approach in terms of diagnostic criteria and therapeutics, and offer as an alternative, the exploration of Viktor Frankl's understanding of psychiatric disorders and his approach to diagnosis and treatment.

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However, the focus of this research will be on the effectiveness of his prescribed treatment of these psychiatric disorders through the inclusion of a further alternative technique which can be developed as Meaning Centred Equine Assisted Psychotherapy (MC-EAP).

HISTORY

In the area of clinical work with psychiatric patients, whether in in-patient residential treatment centres or out-patient clinic care, there are a number of positive but also negative outcomes that have been noted in both their diagnosis and treatment regimes.

Within society today there has been an on-going awareness of societies struggling with changes in environment, as well as political and economic situations, with a corresponding effect on how people view themselves, their place and their value. Whilst philosophy and religions have historically reflected on these tensions, there has recently been a marked increase in both physical and mental illness being registered – whether through the medical profession, the psychiatric profession or even within the religious field (Frankl, 2009).

THE PROBLEM

The general therapy of choice being offered in the private clinical practice setting in which I have worked, including a number of residential psychiatric centres, tends to focus on CBT. There has been anecdotal evidence of a positive therapeutic response from the clients signalling a degree of effectiveness as they moved back into their lives within society and their family units. However, in evaluating residential settings and observing the programmes that are available, there are further questions regarding a few inconsistencies seen in these programmes.

Firstly, these inconsistencies appear to centre on issues of relevant diagnostic criteria. There are many different diagnostic tools available which makes following a standardised system difficult as there are so many changes occurring in the traditional field of understanding mental illness and its causes (Lukas, 2016). This

can be seen in the constant changes being suggested in these diagnostic tools such as the American diagnostic criteria – Diagnostic Statistical Manual (DSM) which was initially introduced in 1952 and has published multiple editions: 3rd edition, the 4th and 4th -R edition, the 5th and more recently the 5 -TR edition, as well as in the European diagnostic criteria which was initially introduced in 1893 in the ICD 9th edition, 10th edition and now recently the 11th edition.

Secondly there are differing perspectives regarding the value and effectiveness of the traditional in-patient and out-patient treatment programmes, as well as differences in the actual treatment programmes being offered in various long-term care facilities.

Thirdly, in dealing with patients on an individual level, there are concerns regarding the increase in relapse rates and failure for a number of these clients to attain sufficient levels of independence to be reintegrated back into their family or social units after they have left their in-patient treatment.

Furthermore, there is the issue of whether there has been enough opportunity offered to them to deal with or respond to the deeper drive to find meaning, as well as the capacity to deal with the blocks that they may be facing, particularly in finding their own unique space within their communities and families. There were also the struggles with the extended family, their concerns and acceptance, or not, of their loved one's illness.

An examination of research programmes relating to the general care of and effective treatment of psychiatric illness reveals a gap in identification of the most effective treatments. This study will discuss a number of limitations in dealing with people who continue to struggle with mental illness, particularly what these limitations could involve. Most significant and of greatest value is providing these individuals with the opportunity to re-find their life value and worth. The call to use an alternative technique to reach the long-term healing of the illness and encouraging them to find their own unique place is extremely important, particularly in the present cultural climate.

This led to the question of whether there is an approach which can engage clients in psychiatric settings to move beyond self-actualisation, and to promote their search

for finding meaning through the facing of their calling and sense of meaning via the development of self-transcendence. This sense of calling also needs to encourage the person to be able to redirect their tendency to intense self-focus towards a greater self-distance, and in essence a greater sense of self-responsibility.

In finding alternatives to address these gaps, a lesser known and understood therapeutic approach, logotherapy, offers both an alternative therapeutic approach to the diagnosis, as well as to the treatment of these patients. It remains one of the unique therapeutic approaches which touches on the client's own sense of responsibility and choices and is available to not just those who are in-patients but those who are on the fringes of society (Frankl, 2014). How to address these gaps has become the focus of this research. Logotherapy, although having been in existence for a number of years and having been labelled as the "third Viennese School" (Marshall & Marshall 2012), appears to still be in its infancy given the paucity of research as well as limited application within psychiatric centres or even with individual psychiatric cases.

Although there is growing research indicating that there could be some shifts in clients in terms of beginning to find their sense of calling beyond the dynamics of their lives, Fabry (1968), Frankl (2014) and others continue to call for further rigorous research to advance logotherapy.

Frankl, as a result of his own training as a neurologist and psychiatrist, as well as his personal experiences in his clinic, pre- and post- WW II, and during his incarceration in the concentration camps during WW II, discovered that it is only when the client can shift their focus from the situation in which they find themselves and move towards discovering a greater meaning in their lives, that many were able to withstand intensely difficult hardship and struggle. This could include relooking at their values or their situation. As Frankl has intimated, this is the focus which needs to be in each person's will to find their own personal meaning (Frankl, 2014).

Logotherapy highlights the need for the therapist to start listening to the client's own understanding of their struggle and to focus them towards finding their own unique meaning and task, both in their illness and in their lives generally. This approach carries both a phenomenological and anthropological element which focuses on the

client's own responsibility. This is extremely important as it encourages their growth towards their own long-term healing. It also encourages the understanding of the concept of an ultimate meaning, which is evident in so many of the client's search for wholeness (Frankl, 2014).

The further value of logotherapy is that it encourages different techniques which are linked to each individual case, making it an even more personal journey for each person. Although Frankl himself developed a number of techniques such as Paradoxical Intention and De-reflection (Frankl, 2004; 2014), he encouraged the adoption of a variety of techniques which could be added to logotherapy and explored during treatment for the philosophical element to be more effective.

As with traditional therapeutic approaches, logotherapy may also face a number of limitations when dealing with psychiatric patients, for example:

- Lack of communication and not being able to hold verbal abilities;

- Lack of understanding of the true nature of their illness;

- Lack of taking the treatment fully on board;

- Strongly focused on the intellectual – not embracing or touching the intangible or emotional levels;

- Not being able to separate themselves from their illness;

- Resistance;

- Level of illness;

- Relapse rate;

- Lack of on-going support and understanding from the community.

Discovering logotherapy and its concepts of 'meaning' and 'responsibility' has become an exciting prospect and one that warrants further assessment of the importance of allowing each person to be treated as a unique individual within their own community and family, attain recognition that their lives carry unconditional worth and value, and the possibility of being able to influence the world in which they live. This is therefore the aim of this research. It is a response to Frankl's emphasising the necessity of constant re-evaluation of logotherapy and its effectiveness using what he would call tools or techniques. He suggested that any

technique that could encourage a person and their family network towards a more holistic growth and long-term healing was worth studying further.

Therefore, this study is designed to explore one such technique that may be able to circumvent the limitations confronting many therapeutic approaches, including logotherapy. The technique, which supports logotherapy, is called Equine Assisted Psychotherapy (EAP).

EAP has been a recent addition to the therapeutic field. Although this approach is still seen as relatively new, it has been linked to Animal Assisted Therapy (AAT), in use for a number of years as evident in the research of numerous authors (Cole et al., 2007; Downes et al., 2013; Jackson, 2012; Nurenburg et al., 2015; & Sutton 2015). They have focused on the specific use of EAP in the treatment of psychiatric patients. There has also been on-going research on the effective use of EAP with a cross section of patients (Bennington-Castro, 2009; Brandt, 2013; Froug et al., 2010; & Worms, 2009).

Due to equines having only recently been included as a treatment modality, Equine Assisted Growth and Learning Association (Eagala) was formed in 1999 to encourage the implementation of equines into a therapeutic treatment modality, which has now become a registered psycho-therapeutic modality in many countries, including South Africa (Eagala Fundamentals Training Manual, 2015; 2019). EAP's basic tenets as highlighted in the Eagala Fundamental Training Manual (2015; 2019) include: The patient or client has their own best solution within them, and they can direct their own lives both in the present while remaining future focused. The focus is on the use of a particular form of questioning, the Socratic dialogue, which is a valuable tool in encouraging the client to find their own answers; the use of the experiential approach is necessary, and as it remains ground based it allows the client to create a physical image of the issues or struggles which they are facing. This can be extremely effective in allowing the client to separate themselves from the issues; This utilises the team approach in client care: the mental health practitioner who remains within their required scope of practice; an equine specialist who also remains within their required scope of practice and the use of equines. The Eagala model EAP holds a strong ethical component encapsulated in an ethical code of conduct. This code of conduct includes both the dealing with clients and the

involvement of the horse or horses as a relevant "team" member/s. There have been a number of studies using this model where the major focus has been on assessing EAP's effectiveness with children, for example: youth at risk; Post Traumatic Stress Disorder; and military work (Bowers, M.J., & MacDonald, 2001; Chandler et al., 2010; Ewing et al., 2007; Kakacek, 2007; Klontz et al., 2007; Parent, 2016; & Rothe et al., 2005).

However, research using EAP within the psychiatric field is a more recent focus (Cole et al., 2007; Downes et al., 2013; Froug et al. 2010; & Worms, 2009). Furthermore, there appears to be limited research regarding EAP being specifically used within the residential treatment of psychiatric disorders.

In the on-going search to find information on the use of logotherapy and the tenets of moving from fate towards meaning, there were several research studies which indicated the use of logotherapy, in particular the growing research put out by the International Forum of Logotherapy. They addressed not only the general value of logotherapy but also the use of logotherapy in specific areas, such as mental illness and psychiatric illness (Batthyàny, 2010; Thir & Batthyàny, 2016). However, there appears to be scant research using Frankl's alternative diagnostics. There appears to be no available research on the use of logotherapy with the technique of EAP. The search was conducted between January 2019 and January 2022. It will be discussed in greater detail in chapter 2.

MOTIVATION FOR THIS STUDY

This study is aimed at exploring a group of psychiatric patients'/clients' experience of receiving a logotherapeutic intervention with EAP as a technique; in particular, whether after receiving the intervention, they move from living with a deep sense of fate and meaninglessness towards finding meaning, value and purpose, regardless of their diagnosis or situation (Lukas, 2000). They are resident in a long-term psychiatric care facility.

These questions are important and worth exploring because mental health continues to be an important element particularly when one considers the growth of despair and despondency in the society in which we live. There is a strong need to care for

both the patients and their families, allowing them to remain an integral part of society without the stigma and ignorance that is still so often prevalent.

Ultimately, because of my involvement in the psychiatric world and the realisation that there is a constant call to find greater support for the client's re-integration, and therefore a more effective long-term treatment, the search needs to focus on finding a treatment that can be replicated to build on the psychiatric patient's successful re-integration towards an independent level of functioning.

In researching further on this question, the search led to my on-going training, during which I completed my advanced certification and became an international trainer for Eagala, which is an experiential modality of psychotherapy using equines as co-therapists (Eagala, 2015; 2019).

This training in equine assisted psychotherapy (EAP) has allowed me to bring a further element of depth into my scope of practice to not just redirecting the client's focus but encouraging them to become aware of their own inner purpose and drive towards their own sense of meaning in their lives.

I subsequently further completed the Diplomat Clinician programme in logotherapy at University of South Africa (UNISA), which offers a more holistic approach to clients, allowing them to focus more on their purpose and meaning, and to encourage their finding of their own unique place of reaching their own self transcendence.

RESEARCH AIM

This research will explore and describe the alternative theory of logotherapy in the re-evaluation of the diagnosis and the treatment of a number of patients/clients diagnosed with psychiatric disorders, using Viktor Frankl's diagnostic and therapeutic tenets. In addition, it will seek to describe and explore the efficacy of logotherapy by including the Eagala model EAP, as a technique which can be called MC-EAP.

RESEARCH DOMAIN

This is a descriptive study seeking to measure qualitatively the therapeutic effectiveness of logotherapy and the use of EAP as a technique for logotherapy. By conducting this research study, evidence can be obtained as to whether the

application of this alternative technique can be seen to be effective, both as a valid technique to support logotherapy, as well as in the treatment of a number of psychiatric disorders.

STRUCTURE OF THE STUDY

The research study is divided into chapters as outlined below:

Chapter One

This chapter introduces the aims and objectives, as well as providing a brief background to the study, highlighting the difficulties that many psychiatric patients face in their diagnosis, treatment and reintegration. In addition, it describes the structure of the study.

Chapter Two

This chapter focuses on a brief historical view of the development of the traditional approach to psychiatric disorders with reference to Freud and what is known as the 1st Viennese school and to Adler, known as the 2nd Viennese school (Marshall & Marshall, 2012), as well as the influence of these schools on the understanding, diagnosis and treatment of psychiatric patients in residential settings. This includes describing the gaps in the present state of the treatment of psychiatric patients in residential settings. The literature review includes an alternative therapeutic approach called logotherapy to deal with the gaps presented focusing on several aspects such as the underlying theory as a therapeutic approach, as well as its use of techniques and Frankl's view of psychopathology. It also discusses the available research on use of logotherapy generally, its approach to psychiatric treatment, including in residential programmes. Finally, the research regarding EAP as a therapeutic approach in itself, as well as its value in being effective as a technique of logotherapy, will be reviewed.

Chapter Three

Chapter three's focus is providing an in-depth understanding of both logotherapy and EAP, in particular the value of logotherapy and its unique concepts which can be supported by EAP as a complementary and effective technique for logotherapy. This includes the key components to be studied in this research.

Chapter Four

In this chapter the methodology used in this study is described. It addresses the participants' consent for involvement, the different steps that are set out in terms of the use of the case study methodology, the process of selection and the criteria applied, as well as the demographics of the sample.

Participant consent in this type of study is complex. Hence a detailed description of explaining the use of audio recording of the sessions and transcription of the process notes for each session to each participant will be given. The participants' agreement was of extreme importance, particularly in terms of these audio recordings but as it was equally important to protect their space, there were no video recordings taken. This gave each participant the chance to feel the protection and holding of their space especially during reflective times.

Chapter Five

The findings relating to the impact of the use of the logotherapy tenets and principles, with EAP as a valid technique of logotherapy, are presented in the case presentations of the eight participants. Thereafter, findings from across the case studies are discussed.

Chapter Six

As the concluding chapter, it provides a final focus on the case study outcomes, includes a brief discussion regarding the research, as well as implications and future directions.

THE IMPORTANCE AND VALUE OF THIS RESEARCH

Logotherapy and meaning centred-equine assisted psychotherapy (MC-EAP) as a technique embodies the awareness and ability to transcend any circumstance by its use of the visible images and activities with the horse. It allows the client to begin to focus, not just on who they are and where they have come from, but to find the true meaning of their lives by being able to step away from the issues and be able to move beyond themselves into finding their own stance and stand in life. As a result, they grow in developing their own unique potential by developing more effective attitudes. The use of both EAP and logotherapy, have in their respective fields of on-going research shown positive responses to the care and support of psychiatric patients. It is therefore important to take the opportunity to assess, whether the combination of both logotherapy and MC-EAP as a new approach, can be further integrated into general psychiatric treatment and planning.

The value then of this research can be noted on a number of levels. Firstly on a personal level, this research can offer a valuable alternative which can begin to address the gaps or issues facing those struggling with mental illness, by using MC-EAP, which embraces the fundamental element that Frankl offers through his unique form of therapy. Of particular importance is Frankl's belief in the unconditional meaning for each individual, but of equal importance is his description of humankind being more than just a physical or emotional being. For Frankl, the most important human element in humankind is his/her unique noetic or spiritual element which allows every human being the opportunity to transcend their own situation, limits and sense of fate. This can be found in each individual's search for meaning. The focus then in this study is that psychiatric patients will be able to find their own unique meaning through the development and acknowledgment of their noetic or spiritual level – this level which has been spoken of as the core of what makes humans truly human (Frankl, 2014).

A further value of this research is to explore how the encouragement of the individual to believe in their capacity, no matter what their illness or struggle, to interact in a therapeutic relationship which Frankl has called an encounter, and which is the core of human beings, may facilitate change. This leaves the individual feeling that they have a place and a say in their treatment and their future. This level of encounter

includes the techniques and methods that link effectively to logotherapy's constructs, in particular the technique or method of MC-EAP.

Furthermore, as they begin to participate in understanding and finding their own meaning in their lives and their future, they can adhere to the treatment plan as they come to understand they carry a greater freedom, and to hold an image of a more certain future. It is anticipated in this research that by encouraging the individual's understanding of their illness and finding the growth towards their own meaning fulfilment, they will be able to build better relationships, better acceptance of their life experiences and the meaning of those experiences, and generally find their unique calling in their lives. This means that they may have the opportunity to choose their own response to their illness, even if it requires the realisation that despite their illness, they can accept their struggles or illness with the right attitude.

If one looks at the research available, one is struck by the importance of finding what Frankl calls meaning in life. There is research noting the importance of understanding what this meaning in life means and where it can be found, for example, finding meaning in life (Hutchinson, 2005); or finding meaning in work (de Klerk, 2001) so that they can move forward in their lives. Melton and Schulenberg (2008) have noted that the offering of these programmes towards these illnesses has indicated that there has been an improvement in the general functioning of those suffering with mental illness. The question, however, is how they can re-find their own unique noetic core and how they re-integrate into their own cultural and social setting with a sense of value and purpose, given their specific one-on-one experiences within psychiatric settings and the specific areas of meaning in each individual's life.

Although the focus of this research is on describing and exploring with psychiatric patients, this research is of importance as Frankl's approach could be taken further and be generalised to include those who are struggling with existential questions whether these are existential frustrations or crises in their everyday lives and can be encouraged to reach their meaning in life no matter what their situation or circumstance can be.

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The value of this research can then also be towards the professional domain in that these two approaches can be of value to those in clinical practices and even taking the opportunity to offer it as an in-hospital treatment alternative. This carries a further value particularly if one sees the effectiveness of these two approaches in clinical settings, it is important to consider these as a viable addition that can be included in the curriculum of training institutions, including both the alternative diagnostic approach of Frankl, as well as the effective treatment approaches of logotherapy and in EAP, bringing in the important positive impact of the use of animals, particularly equines in the treatment of clients or patients.

The importance of this research is also to highlight how the individual's personal, lived experience is of greater importance than just following a set of scientific criteria. This includes both their diagnosis and ability to find their own lives, as well as building towards their own future, which accords with the phenomenological anthropological view of the personal "being in the world" (Frankl, 2014, p. xiii).

The major focus of this approach is therefore to listen to and build on each individual's lived understanding and experience, making this more personal, rather than focusing on purely theoretical understanding. This is in essence encouraging each individual, through challenging and expanding the concept of 'meaning in life' to specific content such as 'what is the meaning in **my life'**, [my emphasis] by understanding their own uniqueness and value.

The question as to whether this more personal value and understanding as an approach can be as acceptable as a strong theoretical, scientific research base remains a key element. However, as Frankl has often stated, the importance of developing and presenting what has been called a re-humanising therapy, (Frankl 2014) is by placing the human being at the centre which allows for research to carry greater meaning and value. This implies that there has to be a space for 'meaning' in all research as there are instances where pure research cannot understand. As Frankl (1978) adds:

> A phenomenological analysis of the way in which the man in the street, out of the wisdom of the heart understands himself, may teach us that there is more to being human ... means being confronted continuously with situations which are each at once chance and challenge (p.60).

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This approach encourages the lived experiences through multiple case studies.

In conclusion, the findings of this research study can offer an important opportunity to psychiatric patients, whether within a treatment facility or whether they are struggling with independent living, as an adjunct and a more effective approach to encourage them to find their own unique calling and place within their own world. This could as a result, lead to lower relapse rates and increasing their sense of value and worth.

The use of MC-EAP as a technique of logotherapy in the support and care of psychiatric patients is a unique opportunity to discover whether these patients can find their own space and value within themselves and within their own social environment, allowing them to return to their own environment with a better understanding and sense of responsibility to live their lives fully and holistically. The technique will focus on observing study participants finding their sense of meaning through the four areas or strengths that they hold within the noo-dynamics which will be discussed in the next chapter.

SUMMARY

As I have had the opportunity to be involved with both these theoretical modalities, I would like to follow Viktor Frankl's invitation to bring these two modalities together and incorporate equine assisted psychotherapy (EAP) – the Eagala model in particular, into logotherapy as a new technique or tool which can expand logotherapy into an even more effective modality, and to offer psychiatric patients a greater opportunity for becoming successful and fulfilled in their own lives.

In this chapter, the importance and value of this research was briefly discussed in terms of the call to offer this alternative approach to those who are suffering with mental illness to find a stronger and more effective way of dealing with their illness, and therefore to become more effective, as well as find their own unique space so as to make their lives valuable. This approach applies irrespective of whether clients are in an in-patient care setting; or in halfway treatment programmes or attempting to re-integrate back into their own world. The value and importance of this research was

also discussed regarding the possible future implications for including these two approaches into the wider community.

In the following chapter, the focus of the literature review is on logotherapy and EAP, each a model in their own right; as well as on the possibility that EAP can be incorporated as an effective logotherapeutic technique.

CHAPTER TWO

LITERATURE REVIEW

INTRODUCTION

This literature review commences with an in-depth discussion of the history of mental health from both a philosophical and a psychological point of view. This is followed by a discussion of the different traditional therapeutic approaches, as well as their treatment regimes, for psychiatric patients. Of relevance to this study is the focus on patients in long-term psychiatric care.

This chapter reports on the gaps identified in the literature regarding the traditional methods of treatment, particularly in diagnostic criteria as adopted in facilities and programmes, such as the relapse rate and stigma faced by many psychiatric patients. The focus on the personal level pertains to lack of motivation. Frankl's theory challenges traditional diagnostics, hence, this chapter also discusses the historical aspects of Frankl's unique understanding of diagnostic criteria, using the diagnostic tools during his time, and including the latest diagnostic tools such as the DSM 5 – TR. Finally, this chapter reports on the literature that addresses the treatment of these psychiatric patients, which includes Frankl's alternative diagnostics. It culminates in an evaluation of the two approaches that have been utilised in this study, in particular logotherapy and EAP, both in their own right, as well as in combination with EAP being a valid technique of logotherapy.

During the time of this research between January 2019 and January 2022, the following data bases that were consulted to review the possible literature in English on this research topic: Wiley Online Library, Taylor & Francis Online, SAGE Journals, PsychARTICLES, PsychINFO, Informit, Routledge, ScienceDirect, Social Science Citation Index, EBSCO, Wiley Inter-science and ProQuest. Key words utilised in the literature search were psychiatric; patients; in-patient; out-patient; treatment facilities, mental health; logotherapy; techniques; Viktor Frankl; equine assisted psychotherapy; meaning centred; psychiatric disorders; alternative approaches; theoretical treatment modalities. The search revealed a paucity of

research on this topic. Furthermore, there appeared to be no research combining the therapeutic approaches of logotherapy with the technique of EAP, exploring the movement toward Frankl's three-dimensional living. This will be discussed in greater detail in the next chapters.

GENERAL BACKGROUND

Driven by the overarching questions raised in chapter one from both researchers and from observations of different programmes, Deane et al., (2012); Dixon et al. (2016) and Jack et al. (2014) report re-occurring themes relating to difficulties that a number of psychiatric patients or clients can find themselves facing, either during their treatment or when they are ready to move beyond their treatment, for example, re-integration back into society and their own communities; the understanding and acceptance of their illness; finding different methods that can support and encourage them; finding an area of meaning and value in their lives despite their long-term illness. Some of these themes have become a major focus in research trying to find a more supportive and inclusive therapeutic process, in particular relating to both diagnosis and treatment, while encouraging their healing and sense of belonging in their world around them (Hamdulay, n.d; .Melton, & Schulenberg, 2008; Samartzis, & Talias, 2019).

In this research, the focus is to offer an alternative personality theory, based on existential, humanistic philosophical thinking. However, it is important to understand the contribution of the philosophical thinking behind many of the psychological theories and their traditional therapeutic approaches, in particular, the theories of Freud and Adler and the psycho-analytic approach (Boeree, 2006), as well as other relevant theorists, such as Rogers and Maslow and their humanistic contribution (Boeree, 2006) ; and the behaviourist theories such as Skinner and his contribution towards both the diagnosis and treatment of psychiatric disorders (Boeree, 2006). These personality theorists were chosen as they had a close link to and influence on Frankl.

A discussion of these theories includes the challenges they face regarding their effectivity in dealing with psychiatric disorders, which in turn, lays the basis for presenting the case for a possible relevant alternative created by Frankl. However,

when considering any theoretical contribution, their value needs to be acknowledged in the context in which they developed, how they were influenced in their view of humankind particularly from philosophical and ideology stand points, and then exploring their understanding of humankind from a psychological point of view.

THE PHILOSOPHICAL ROOTS

General philosophy of humankind

In the history of the study of human beings, the initial exploration and attempt to understand them was described from a philosophical point of view (Arnold-Baker & van Deurzen, 2008; Graber, 2004; Lukas, 2015; May et al., 1958) particularly in the writings of the Greek philosophers. Philosophers as early as Simoniedes seem to have begun the exploration by focusing on humankind's organizational and memory capabilities (Hallberg, 2008). Further reflection by Socrates on the meaning of human nature led to his view of the need to "know thyself" (Hallberg, 2008, p. 221), and the value of questioning, "...an unexamined life is not worth living" (Fabry, 1968, p.118). Hippocrates, labelled the "father of medicine", approached an understanding of human nature through his idea of dream analysis (Hallberg, 2008, p. 221). Plato (428-347 BC) focused on the concept of the 'seat of perception', and held that at the core of humanity, was the concept of 'soul' (Graber, 2004). Plato considered that this soul had a rational as well as a spiritual element. Furthermore, it had a sense of desire and therefore, one would need to focus on the whole person if one was to understand them. According to Stangor and Walinga (2010), Plato held the view that nature was inherent in humankind's development and that learning took place through the environment. Aristotle (384-322 BC) believed that humankind is a kind of blank state or 'tabula rasa' into which information is fed (Hallberg, 2008), and that nurture was a significant element in humanity's development with knowledge being acquired through direct learning experiences (Stangor & Walinga, 2010). His use of the concept 'noos', the Greek word for 'mind' or 'intellect', signalled his belief in its centrality to what it means to be human (Graber, 2004). Of interest, particularly in the light of the development of the psychological aspect of human nature, was the concept that Descartes (1596-1620) brought forward around consciousness, where he questioned whether there could be a separation between body and mind (Hallberg, 2008). Although often questioned regarding the correctness of his theory

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and his thinking (Holbrook 1987), he spoke about the difference between "res cogitans and a res extensa" implying a major split between the thinking and physical being (Holbrook 1987, p. 41). He believed that there was a split between the mind and the physical or mechanical body which he labelled, a "dualism" (Stangor & Walinga, 2010, p.18). This thinking continued in the development of Kant's philosophy. He too raised the concept through his question "What can I know? What ought I to do? What can I hope?" (Immanuel Kant Quotes, n.d.). His focus was on the need for humanity to hold the sense of personal accountability. This included the sense of responsibility (Graber, 2004).

Although philosophical thinking continued to impact society generally, it is of particular interest to include both the German philosopher Heidegger, and the Danish philosopher Kirkegaard, who brought in specific concepts such as existentialism, and the thinking of Husserl and Scheler and their understanding of phenomenology (Boeree, 2006). As the area of psychology as we know it began to develop, many of these philosophical images of human beings were incorporated with particular reference to the study of the separation between body and the mind and the area of consciousness (Hallberg, 2008).

Philosophy of psychotherapy

In the development of understanding humankind, one needs to take into account, as Dryden (2007) states, "Quite clearly, human beings have suffered and have had emotional and spiritual needs or aspirations for centuries ... even if these have been expressed in very different ways" (p.2).

In essence, there were generally three main groups of theories regarding personality that were created following on their own understanding and interpretation of a number of philosophical concepts (Boeree, 2006). These concepts dealt with specific philosophical areas of human nature, for example, perspectives on determinism or freedom; uniqueness or universality; physiological or purposeful motivation; conscious or unconscious motivation; continuous or discontinuous understanding of mental illness and optimism or pessimism (Boeree, 2006).

The first theory, called the "first force" (Boeree 2006, p.12) or the 1st Viennese school (Marshall & Marshall, 2012), described humankind from the traditional

psychoanalytical viewpoint. It had a medical focus, within a scientific framework, that appeared to offer a greater sense of control and predictability. Leading theorists in this school were amongst others, Sigmund Freud and Alfred Adler (Boeree, 2006).

The second set of theories or the "second force" that were developed to describe humankind were the behaviouristic theories (Boeree 2006, p. 12). They are also known as the 2nd Viennese school (Marshall & Marshall, 2012). They adopted quantitative and experimental methods as they felt that the behaviour and environment needed to be taken into consideration more than the medical focus that the 1st Viennese school espoused in terms of the understanding of humankind (Boeree, 2006).

The third force or 3rd Viennese school (Kimble, 2000; Marshall & Marshall, 2012), focused on what has been called the humanistic approach which generally included existentialist thinking. The focus with these theorists shifted from the medical, predictable, and quantitative approach of the 1st and 2nd Viennese schools to the lived, personal, descriptive and experiential elements which placed the person or individual at the centre. This allowed each individual, using their unique place, to find their meaning or as Kelland (2015) states:

> Frankl … and other humanist theorists have suggested it is less a matter of what our specific job might be, it is the work we do that represents who we are. When we meet our work with enthusiasm, appreciation, generosity, and integrity, we meet it with meaning ... Meaning is life's legacy, and it is as available to us at work as it is available to us in our deepest spiritual quests. We breathe, therefore we are – spiritual. Life is; therefore, it is – meaningful (p. 84)

This third force was built on humanism and the existential, philosophical-based humanism of which Frankl was an important contributor (Boeree, 2006). In this research, the focus is to include some of the relevant theories that influenced psychotherapy – in particular the influence of the psychoanalytical thinking, the humanistic, existential thinking regarding personality, as well as their influence on the diagnostics and treatment of mental illness.

THE THEORETICAL SCHOOLS

Psychoanalytic approach

There has been a great deal written regarding the thinking that was prevalent at the time of Frankl (Graber, 2004; Marshall & Marshall, 2012). There were many discussions and debates between key philosophers and between the inner circles of both Freud and Adler (Fabry, 1968). This is where the understanding developed regarding different elements that make up humankind, or as Frankl (2014, p. 9) labels it, the "dimensional ontology" of humankind. Graber (2004) adds that these dimensions could be described as the visible, tangible, material and the non-material forms, or one could even describe them as the parts of a human being, better understood as the body, and the mind or psyche. The dominant scientific perspective of the day was seeing human beings within a medical model framework and describing the body and mind as a form of machine which, if broken, would need to be repaired and fixed by the expert therapist (Frankl, 2014).

Sigmund Freud (1856-1939), (Marshall & Marshall, 2012, p.3) being influenced by these debates and questions, even though he was a psychiatrist and a neurologist, brought psychotherapy to the fore with both his theory of humankind and his form of therapy that he named psychoanalysis. The thinking of Freud at the time focused on this expert role who would be the psychoanalyst, and who would be able to understand and offer, through interpretations and insights, the valuable cure needed for the patient who would need to just passively accept these directions (Frankl, 2014). In brief, Freud's thinking centred on the image that humankind was made up of drives and instincts, which highlighted our similarity to animals. Graber (2004) describes how he included the non-material aspect in terms of the mind or psyche and that these were influenced and explained by the biological drives or instincts. Further, within this approach, the important concept was to build the ego and find ways to strengthen it by focusing on encouraging the individual to be open to finding all the hidden, unconscious processes and to move towards becoming aware or becoming conscious of these processes. In essence this was about lessening the power of repression (Frankl, 2009). Lukas (2000), labels this approach as "abreacting", which highlights the drive dynamic (p.4).

Additionally, Freud was of the view that individuals, who carried a tension and a question about life and towards life, were certainly ill. He was known to have written

(Frankl 2014) "that the moment one enquires about the sense or value of life, one is sick" (p.65). Moreover, if there was any presence of a possible psychic illness, this would have as its base some form of sexual content. According to Freud, humankind has an innate need to find homeostasis. Included in this need for homeostasis were the psychic instinctual and sexual strivings which became the driving force to reach this sense of satisfaction and peace, including being at peace within themselves and their world. However, if these strivings to find homeostasis were not met or satisfied, these could become or be seen as neurotic symptoms, and these were labelled the primary causes of any mental illness (Frankl, 2014).

The aim then of psychoanalysis was to make visible this unconscious material that may be hidden under the guise of repression using free associations and as Frankl (2009) stated, "bring about a compromise between the demands of the unconscious on the one hand and the reality on the other" (p.27). Freud's thinking was greatly influenced by the prevailing climate of his day regarding the need for society to break away from the constraints of Victorian thinking (Graber, 2004). Frankl (2014) labelled the motivational drive as the "will to pleasure or the pleasure principle" (p. ix).

Alfred Adler (1870-1937) (Marshall & Marshall, 2012, p.3), who followed Freud's thinking and was a student of Freud for several years, branched away from the psychoanalytic approach as he did not believe that the psychic strivings in humankind was based purely in sexual content or in the repression of sexuality (Frankl, 2014).

His theory focused more on the human's need to remove any guilt rather than on repression (Frankl, 2009). Adler highlighted the human need to reduce pressure related to being responsible, which would result in strengthening of the ego and the tendency to find ways to limit their sense of guilt; thereby trying at every turn to justify their behaviours towards themselves and society.

According to Graber (2004), Adler was influenced by the societal norms of his day. At that time, there was a deep sense of helplessness and inferiority which had affected human beings negatively due to the political and social struggles between World War (WW) 1 and WW 2. Hence Adler's theory believed that the strivings and motivations of humankind was to avoid these feelings of helplessness and inferiority, and strive towards feelings of becoming in control and reaching towards perfection, which included the need to find a sense of power or status. These were the psychic

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strivings rather than the sexual elements that Adler saw as motivation. Adler labelled his theory 'Individual Theory'. According to Frankl (2014), this approach highlighted Adler's understanding of the motivational stance for humankind as the "will to power" (p. ix). In essence, this meant that everything a human being felt, thought or acted on was seen as just a means to an end and that the aim of the therapy was to encourage the person to work on developing a sense of courage to reshape their reality.

Behaviourist and cognitive approach

Within the psychological theories, behaviourism was seen as an extension of the psycho-analytical approach (Dryden, 2007), with the major focus on the need to accept that it is extremely difficult to objectively study the mind, and therefore it would be more appropriate to focus on understanding and studying human behaviour (Stangor & Walinga, 2010). Behaviourism was developed, amongst others, by Watson (1875-1958) and Skinner (1904-1990), as a philosophy of science, focusing on the biological aspects of human behaviour, and positing that there can be distinct changes in peoples' issues or struggles identifiable via specific experimental constructs. This can be seen in Skinner's concepts of 'the principles of operant conditioning', the 'shaping of behaviour', as well as the notion of 'different levels of reinforcement'. As Skinner stated: "[Behaviourism] … is simply the application of a tested formula to important parts of the field of human behaviour" (Ettinger & Walker, 1966, p.152). His focus was more on how the environment could influence humankind's behaviour.

From a cognitive point of view their focus remained more on the mental processes such as perception, thinking, memory and judgement, as well as the observable behaviours of humans and animals alike being of importance (Stangor & Walinga, 2010). Lukas (2000) adds that this approach views human beings as "reacting", which highlights how human beings are affected by learning and conditioning processes without any sense of an inner control (p.4).

Humanist approach

Carl Rogers (1902-1987) (Boeree 2006) was influenced by the thinking of Adler. His philosophy moved towards the humanistic approach which allowed for a greater positivity as it focused on the importance of each person's growth rather than solely on the problems that each person was experiencing, which therefore needed to be uncovered or fixed. This was in strong contrast to the medical model of seeing difficulties as some form of faulty functioning (Fabry, et al., 1979).

Rogers labelled his theory as client-centred therapy, diametrically opposed to a directed approach where the therapist is seen as an expert. He believed that humankind needed a sense of being truly heard and accepted, as well as being taken seriously (Kelland, 2015). He believed this would offer each person a sense of what he called unconditional positive regard, which would encourage each person to find their own emotions and be aware of and accepting of their own unique perception of their lives, leading them towards a form of self-actualization which he felt would open the opportunity for the person to find independence and maturity or even a sense of self responsibility. Kelland (2015) called this 'personal power' which could not be used over others, and which linked to Adler's thinking. Although Rogers did allude to a spiritual level, he did not note it as a particular call to finding meaning.

Abraham Maslow (1908-1970), (Boeree, 2006) building on Adler's humanistic approach, believed in the personality and human potential (Fabry et al., 1979; Kelland, 2015). He theorised that humankind needed a form of self-esteem, which could be described as a greater sense of acknowledgment or prestige or status. However, Kelland (2015) notes that Maslow remained closer to Freud in that he believed that humankind is driven by needs and instincts, hence his 'hierarchy of needs'. Furthermore, Maslow retained the medical model's approach of the need for each individual to reach towards homeostasis, encouraging each person to move from the most basic needs which when satisfied, would allow the next level of functioning to be met, finally moving through each stage of need towards the final stage which he labelled as a sense of self-actualization (Fabry, et al., 1979).

Existential/phenomenological approach

The Existential/Phenomenological approach was developed by several philosophers. As a 'school of thought', it did not have a specific founder or theorist (Boeree, 2006). Graber (2004) describes existentialism as a movement and uses Rollo May's definition: "Existentialism is not a system of therapy, but an attitude toward therapy" (p.24). Boeree (2006) described the focus as being dualistic, humankind's essence having an objective or material side, and a subjective or more conscious side, with the conscious dimension being accorded greater significance and value. He further observes that existentialists and phenomenologists encouraged the understanding of humankind through this lived experienced world rather than solely focusing on the objective or rational thinking. It was "a revolt against traditional European philosophy" (Graber, 2004, p.36), taking an opposing view to the traditional thinking regarding objectivity and certainty. Therefore every human being needs to be seen as an individual who is living in the world in their own unique space, constantly facing every situation with the realisation that they must make a choice as to what would make the best decision for them.

Graber (2004) observes that while this enables individuals to live with a sense of feeling free, they nevertheless need to face the reality and responsibility of their choices. The phenomenological approach to existentialism was valued as it enabled the recognition that "human intuition is a form of reasoning, which includes an ordering of love in our relationships with others" (2004, p.43).

TRADITIONAL APPROACH TO MENTAL ILLNESS

General view of mental disorders

Fabry, et al., (1979), drawing on Arnold and Gasson, observe that in order for anyone to deal with or help the human condition, one needs to be aware of what in essence is normal behaviour, and what does this level of normal functioning look like before one can actually decide on what then can be described or understood as abnormal.

Mental Illness, mental disorder or psychiatric disorder as it has been described, appears to have always been a feature within society (Friedman, 2015; Leupo, 2011;

Stein et a., 2008). Historically it has been mentioned by early writers such as Hippocrates where he writes in his Aphorisms that "...if a fright or despondency lasts for a long time, it is a melancholic affection" (Friedman 2015, p.1).

During the 20th century however, particularly as a result of the two World Wars, there was a call for a deeper and wider understanding of mental illness which resulted in the development of the Diagnostic and Statistical Manual of Mental Disorders, published in America by the American Psychiatric Association (DSM IV, 1994). According to the 4th ed. (DSM IV, 1994), the definition of mental disorder has been stated as

> A clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g. a painful symptom) or disability (i.e. an impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom (p. xxi).
>
> In the DSM 5th ed. (2015), it has been elaborated as,

A syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological or developmental processes underlying mental functioning (p. 20).

Recently, there has been a further revision to the DSM 5, the DSM 5–TR, creating a more inclusive definition of a mental disorder DSM 5-TR (2022):

> A *mental disorder* is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behaviour (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above (p. 14).

A similar development occurred in Europe with the publication of their classification, the International Statistical Classification of Diseases and Related Health Problems

(ICD). In the 10[th]ed, chapter 5, (World Health organization, 2016) the focus shifted from seeing mental illness as just an illness, rather describing it as,

> The term "disorder" is used throughout the classification, so as to avoid even greater problems inherent in the use of terms such as "disease" and "illness". The word "Disorder" is not an exact term, but it is used here to imply the existence of a clinically recognizable set of symptoms or behaviour associated in most cases with distress and with interference with personal functions (p. 11).

These diagnostic criteria were initiated to acknowledge that although mental illness remains a part of society, the call was to focus more on the concept of mental health or hygiene and therefore the aim was to work towards prevention. However there have remained several questions regarding the effectiveness of these diagnostic tools (Kirk & Kutchkins, 1994). The overarching issue that the authors raised relate to an on-going struggle to assess the overall reliability of the DSM. Their questioning of reliability pertains to DSM III and DSM III-R, but they posit, it may also be relevant in the later versions of DSM which includes the DSM IV, 5 and 5-TR.

The treatment of psychiatric disorders

The nature of diagnosis and treatment was influenced by the philosophical underpinnings introduced by Sigmund Freud, and later by Alfred Adler, in their therapeutic models (Lukas, 2015). The diagnostic criteria of mental illness have shaped the treatment of these symptoms as encapsulated in the therapeutic models of the period. Initially, it was the psychoanalytic approach, followed by the individual, the humanistic approach and later the behavioural approach which included the CBT approach as described above.

Acknowledging the variety of theoretical influences on the development of psychotherapy, this thesis research will nevertheless limit its focus to the psychoanalytic and the humanist approaches as they were predominant in shaping Frankl's understanding of humankind. In Frankl's time, the focus of many theories was based on the concept that humankind needed help to understand, as Hallberg (2008) describes: If there is a problem with [a person's] thoughts or with behaviour then therapy attempts to 'change' the bad behaviour and replace it with more

constructive or helpful behaviour. It also implies that the 'client' has a 'disorder' …
that needs to be fixed (p.230).

He further observes that psychotherapy was generally only considered when there
was a conviction that the person was undergoing of some form of disease. This
meant that psychotherapy would not have been sought out as a source of support by
anyone who could have been regarded as healthy and may have wanted to grow or
develop themselves in a positive manner. This therefore carried an implication that
psychotherapy could only be effective for those who were not well or were sick
(Hallberg, 2008). As psychotherapy continued to develop, areas such as
behaviourism and in particular CBT, also offered insights into the diagnoses and
treatment of mental illness (Boeree, 2006). The base of behaviourism believed that
although there does not seem to be any specific focus on psychopathology, either its
specific cause or a specific treatment approach, the concept of dealing with the
behaviours and positive reinforcing was highlighted with the use of shaping what has
been described as "...a method of successive approximations" (Boeree, 2006,
p.121).

However, this disease model, or as Frankl stated, "The machine model" did not
always consider the phenomenological attitude or the personal view of the individual
(Frankl 2014, p.3). Increasingly as theories were further developed, it became
important to include the consciousness of everyone's individual experience from their
own personal point of view allowing them to be more involved in their own healing or
growth.

Within this Humanistic approach to understanding and possible treatment of mental
illness, their thinking included the rationale that generally many theorists had
become tired of the reductionistic and mechanistic thinking which was so prevalent
within the psycho-analytical and behavioural theories (Boeree, 2006). As a result, the
focus moved closer to the idea of finding the meaning and purpose in a person's life.
This thinking was expanded by both Rogers and Maslow in their approach towards
therapy and the treatment of psychiatric disorders (Boeree, 2006).

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Rogers' focus remained more on the therapeutic element, believing that the client had their own unique answers, and by using non-directive or client centred technique of reflection, empathy and respect, the client would find their own value and direction for their lives (Boeree, 2006). This meant that Rogers focused less on the diagnostics and more on the therapeutic encounter, including the value of the therapist's personality. Rogers aim in therapy is to encourage the client, through this therapeutic relationship, to find their actualizing tendency (Kelland, 2015) and ultimately develop a personal power over themselves.

Maslow too focused on the client's ability to develop their own level of finding meaning and value in their lives rather than focusing on the negative problem centred approach of the psychodynamic approaches (Boeree, 2006). Boeree continued to note that for Maslow, pathology developed from unmet or unfulfilled needs and that the person would become fixated or regress to that set of needs. This, as Kelland (2015) has added, is to re-find a sense of homeostasis allowing for a sense of acknowledgement and self-esteem. It is interesting to note that Maslow adds the concept of the process of re-sacralization and the importance of the therapist in guiding the client to find and know what is sacred to them (Kelland, 2015), and although this level hints at the spiritual level it does not explain it in terms of a call to meaning.

For the existentialist-phenomenological approach, as Boeree (2006) intimates, humankind could not be placed in one specific theoretical frame or fit into a number of preconceived expectations, or even be demarcated by genetics or circumstances. Instead, they had the task of understanding their sense of freedom which implied the need to - find, develop and create themselves through dealing with issues such as anxiety or uncertainty, guilt or regret and the certainty of death. Therefore, as Boeree (2006) continues, for existentialists and phenomenologists, the ultimate focus was not so much on ill health but more on being able to keep being aware of oneself, and to follow the adjunct to 'just do the best you can'. This, it was supposed, would lead to mental health as each person would then remain open to new experiences and opportunities to grow. However, when anxiety, dread for the future, elements of guilt and regret or even the reality of death become the focus, the concern is that a person remains closed to new growth and not remaining in touch with themselves.

This could lead to them becoming inauthentic, leading towards mental illness or "existential neurosis" (Boeree 2006, p. 206).

Further, existential therapy's aim is not to focus purely on curing the person of their illness but rather to encourage them to take cognisance of finding the answer to the question of life and the human condition. For existentialists, the value of therapy remains in what they call 'the encounter', in essence the relationship between the therapist and the client and by using transference and countertransference, encourage the client to find their own meaning in life through finding their own responsibility and in essence their own autonomy. Rayner & Vitali (2015) assessed the existential exploration with a number of patients and found positive reduction in both anxiety and depression.

THE GAPS IN THE TRADITIONAL APPROACH TO DIAGNOSIS AND TREATMENT OF PSYCHIATRIC DISORDERS

GENERAL

Diagnostic Criteria

One of the struggles that have been noted is the concept of following one set of diagnostic criteria. As there are a number of these diagnostic tools, and even though there have been attempts to standardize them, such as American diagnostic criteria – multiple versions of DSM, culminating in the DSM 5 and DSM 5-TR editions; and similarly, the European ICD, now in the 11th edition, there remain some differences. As Lukas (2016) mentioned, the constant changes being made to these traditional diagnostic criteria may lead to some uncertainty and confusion when attempting to diagnose a specific disorder.

Drake et al. (1998) have noted that often this confusion can be a result of some diagnoses carrying a dual diagnosis component which is not always seen or acknowledged. Furthermore, according to the research in Reducing Suicide a National Imperative (Goldsmith, et al. 2002), in many of the successful and attempted suicides registered, patients were not able to receive the correct diagnosis and therefore did not receive the correct treatment, as many symptoms did not seem

to always be clearly demarcated or fit into a specific category. The Foundations Recovery Network (2020) also note that often co-occurring disorders, in particular the issue of dual diagnoses, can adversely affect any treatment if not taken fully into consideration and that it is more effective to take into account the whole person when considering an effective treatment.

Facilities and Programmes

The diagnostic manuals mentioned also offer several treatment options and many institutions, whether in-patient or out-patient treatment centres, have followed these different diagnostic recommendations and offer their mental health services according to these criteria. As a result, many of these programmes often follow very different approaches (Wallace & MacKain, 1992), which can be confusing for the individual and families as to which approach would be most effective.

Consequently, questions have been raised as to what type of treatment facility or programme is more effective. According to Lund, et al., (2007), the growing burden of mental illness is being affected by the lack of adequate following of the protocols by the different institutions. In Reducing Suicide, a National Imperative, (Goldsmith, et al. 2002), there is also a concern that many institutions have varying treatment programmes and do not carry generalised guidelines which could therefore lead to misdiagnosis or under-treatment.

Thomas, et al., (2015) have highlighted the gap between psychiatric or in-patient care as opposed to community care or residential care, noting that residential care appears to carry a greater effectiveness than psychiatric in-patient treatment centres as it includes greater community and environment involvement. Stein and Test (1980) concurred, positing that including the community and environment in a community-based treatment programme appears to be more effective. Hence their view that there is a "…need to change the treatment programmes from preparing patients for community life to maintaining patients in community life" (p.397). Ballard (2012) shares the concern that traditional in-patient psychiatric care is not always able to deal effectively with mental illness recovery and supports the view that strengthening community treatment and care will lessen re-admissions. There is also

the question regarding the general effectiveness of treatment programmes, (Elkin et al., 1989 and Hunsley et al., 2013).

Generally, there has been some acknowledgement regarding the long-term successful response to the various and specific treatments which have been adopted as mental illness has grown. However, the longer-term statistical picture produced by The South African Depression Anxiety Group (SADAG) indicates a need to question the value and effectiveness of these programmes, despite the recognition accorded them (The South African Depression and Anxiety Group, n.d.).

PERSONAL

Motivation

From the personal point of view of those diagnosed with mental illness, there is the concern that as they have not really understood their illness or diagnosis, they have little hope that their situations will change. This may negatively impact their motivation. Harvey and Gumport (2015) note that a number of psychiatric patients who have been diagnosed do not believe that any form of treatment will be of help to them. Consequently, they are reluctant to seek out and participate in any form of treatment, and as there is little or no personal engagement and understanding of their diagnosis and treatment, there is a high sense of passivity. Furthermore, Phillips (2018) found that non-adherence to medication could have a major effect and lead to issues like those identified by Higashi, et al., (2013): "...issues such as relapse, re-hospitalization, suicide, longer hospital stays, violence, substance abuse and criminal activities" (p.200). Simmons (2018) confirmed that a number of personal factors can impact effective treatment for those diagnosed with mental illness, for example, treatment non-compliance and length of stay in a treatment facility, amongst others.

Relapse

As highlighted, key factors in the traditional form of diagnosis and treatment such as misdiagnosis, lack of motivation and non-adherence can also increase the risk of relapse. This element has been noted by Danzer (2015) who observed that hospital re-admissions can often centre around the medication treatment programmes which

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are not effective on their own. Day (2012) also supports this finding, as he notes that medical treatment alone is less effective and needs to be supplemented by other treatment modalities.

Simmons (2018) asserts there is a strong correlation between length of stay in in-patient care and re-admission. Factors that contribute to the probability of re-admission are treatment non-compliance and psychosocial factors. Fontana & Rosenheck (1997) concur that length of stay in psychiatric care will increase the probability of re-admissions and relapse. This raises the question of these patients not being able to become more independent after they have left their treatment, and their struggle to be re-integrated in their family or social units. It also has implications for the cost to the government and communities.

Stigma

So often the feeling of little hope, regular re-admissions and relapse, leave many of the clients feeling stigmatised and isolated and no sense of value. Malla, et al. (2015), note the strong correlation of stigma and sense of no value. Egbe, et al. (2014) also highlight the struggle that many patients, including their family members, have regarding stigma and how often there is a misconception of mental illness.

However, for these clients or individuals, the concern is whether they were able to continue in-patient treatment or if they were able to integrate back into the society in which they had lived in their family units. Akbari, et al. (2018) for example noted that family members are the most important in terms of supporting and preventing psychiatric re-admissions. However, there does not appear to be enough support for them, particularly how these caregivers struggle with community stigma and burnout, as well as the difficulty of maintaining physical, emotional and practical support for their family members who have mental illness.

Additional variables that can affect the treatment of psychiatric conditions include community, cultural and societal understanding, cultural bias, as well as media fostering negative perceptions (Egbe et al. 2014; Hugo, et al. 2003). Furthermore, the continual lack of understanding and stigma from both the patients themselves and the communities in which they live impact negatively (South African College of

Applied Psychology, 2013). Generally, these elements of the client's environment and support need to be included in the treatment regimens offered. According to Dixon, et al., 2016), "...areas such as therapeutic alliance, care, trust in the process and treatment team can be seen as areas that will affect the effectiveness of the treatment" (p.13). Dixon et al., (2016) furthermore assert there is a need for the treatment process to shift, not only regarding the community's attitude and acceptance towards mental health, but towards a greater focus on the client's own level of responsibility, and in their sense of commitment to the treatment process. They are not always able to realise that there are other areas in their life that can help them move forward, where they can begin to deal with or respond to the deeper drive to find meaning and the blocks that they may be facing, particularly in finding their own unique space within their communities and families. This is an equally important struggle for the extended family: their concerns and acceptance of their loved one's illness and hope for their future.

In many therapeutic processes there are some elements of mental illness where the client or individual is unable to truly articulate their own thoughts or feelings, due to an active psychotic state or when within a severe clinical depression. The question then arises as to whether the clients or individuals are able to respond to any processes or whether, due to the active psychosis they are facing, they are not included in any treatment process further than the psycho-pharmacological treatment. As a result, these individuals could feel further isolated as they are not included in traditional therapeutic care.

TREATMENT PROCESSES

Although the psycho-analytical and behavioural approaches have remained in the foreground as the general treatment of choice, from a psychiatric point of view, there has also been some dissention regarding their continuing effectiveness in today's society (de Schill & Lebovici, 1999). Dryden (2007), referring to Eyesneck, questioned the value of therapy and felt that "Simply, therapy does not work or has insufficient evidence to claim that it works any better than a placebo or time itself 'works'" (p.18).

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Initially there was the concept that psychoanalysis and psychiatry were one and the same (de Schill & Lebovici, 1999). However, psychoanalysis's interest lay more in clinical medicine based on Freud's understanding of mental illness and aimed at the hysteric patients. This did expand into the psychiatric field when Freud's work included both hysteric and neurotic patients and as it developed further, expanded into the treatment of the mentally ill. According to de Schill and Lebovici (1999), the expansion occurred despite these treatments not always being effective. They conceive the value of psychoanalysis lay more in the support given to the psychiatric community by offering a framework in which the aetiology and symptomology of mental illness could be better understood and evaluated.

The on-going question regarding psychoanalysis's success in treating more serious illnesses remained (de Schill & Lebovici 1999). They posited that treatment should include other, more effective treatment modalities such as psychopharmacology, and other theoretical frameworks, for example, cognitive and cognitive behavioural approaches, and more recent neurobiological theories. They observed, however, that these changes did not seem to show as effective a response as was initially thought or hoped for. Their conclusion was that the future focus of the psychiatric community should expand to include the influence of society and mind, rather than maintaining an exclusive focus on the brain. It would offer a much richer and more complete psychiatry.

According to Rossler (2006), more effective treatments which included both psychological and mental dimensions required, for example, assessing the need for rehabilitation which would focus on emotional, social skills and intervention strategies. According to the National Institute of Mental Health (NIMH), a review of psychiatric treatment is necessary which Insel (2015) endorses: [there is a need for] "a next generation of interventions..." (p. 4). Additionally, McCammon and Sive (2015) have noted there is the need to further understand the role of genetics and its effect on mental illness within psychiatry. Hugo, et al. (2003) observe that a number of advances have been made in terms of understanding these illnesses, and the probability of identifying further possible treatments for these psychiatric conditions is likely.

Ho, et al. (1999) note that although a number of treatment approaches have been proposed and appear to be effective, however further refinements are needed. There is also a general recognition that evidence-based treatments should be the future focus, for example, Harvey and Gumport (2015) who believe that these are effective forms of adjunct treatment.

This has been supported by others who added areas such as integrated treatments (Kelly & Daley 2013), or as Brunner believes, a more multi-model approach (Brunner, et al., 2019). They posit that multi-faceted approaches encourage a more integrated and effective treatment for mental illness.

AN EVALUATION OF THE GAPS

The position that has been put forward by researchers such as Smith (n.d.) is that "...there still remains the challenge to find a better interdisciplinary dialogue to incorporate and make theoretical models more effective" (p.3). Ho, et al., (1999) believes that further refinements are needed to meet the needs of those who struggle with mental illness in a more effective manner. Increasingly, researchers are supporting treatment models that adopt integrated approaches to enhance the effectivity in the treatment of mental illness (Brunner, et al., 2019; Drake, et al., 1998; Johnson, 2007; Kelly & Daley, 2013; Toni, 2020).

In this vein, Malla et al. (2015) specifically outlines that any treatment model "...needs to include the personal histories and the uniqueness of each individual when trying to explain and treat mental disorders while avoiding a simplistic reductionism" (p.150). Ramirez (2015) concurs and believes that the phenomenological viewpoint of the individual suffering from mental illness needs to be included, particularly as many have felt they have not been asked or included in the decisions regarding their treatment programme. She adds that it is of major importance that we build a sense of recovery rather than dependency, which allows the individual to find hope.

Burrelsman (2018) further identifies that the need to find a sense of meaning is the most important way that the family and the individual can feel a part of their life and

their treatment: "Being in the world that is characterised in most cases by active engagement in the search for meaning" (p. iii).

In the light of emergent concerns and critiques, and the related evolution of alternative approaches described above, the question arises as to whether there are any other alternative therapeutic advances and theories to support and encourage those with mental illness, not only to understand and deal with their illness, but to find their own unique space in life. This would expand the research into understanding the illness, the diagnoses and the possibility of finding an alternative approach that is a more effective treatment as described above; as well as including the individual's own sense of journey, their growth in self-understanding, and dealing with the struggle, while maintaining their responsibility towards being able to re-integrate into society successfully.

In this study, the focus is on finding such an alternative diagnostic and treatment process. This alternative approach will incorporate the phenomenological and anthropological approach and therefore encourage each patient, regardless of their diagnosis, to find their understanding and build on their own responsibility towards their healing and mental health.

As has been mentioned, there is often a misguided attitude towards those with mental illness as evident in directives to 'try harder' or to 'just start working' (Lukas, 2015). The effect can so often be to hamper their own growth and belief in themselves. A more effective approach needs to encourage those with mental illness to search for a place 'in spite of' their difficulties that will ultimately give them the greatest hope (Lukas, 2000).

In the following section, an alternative approach – 'logotherapy or therapy through meaning' (Frankl, 2014), will be reviewed as a possible, more effective approach both to the diagnosis and the treatment of psychiatric disorders or illnesses. Lukas (2000 p.4) describes this approach as seeing human beings as "acting", highlighting the importance of the human being having the freedom to act and to choose their will to meaning and purpose and life. Further, acknowledging the call by Viktor Frankl, that logotherapy's effectiveness lay in the addition of techniques or tools. This will include the review of an alternative new approach, equine assisted psychotherapy (EAP), which when used as a technique of logotherapy can be called meaning

centred equine assisted psychotherapy (MC-EAP), that could further support logotherapy as an effective treatment modality of psychiatric disorders.

THE ALTERNATIVE: THE 3rd VIENNESE SCHOOL – VIKTOR FRANKL

Frankl (1905-1997), believed that every school of psychotherapy will always have as their base, their own specific understanding or image of humankind: "...there is no psychotherapy without a theory of man and a philosophy of life underlying it" (Frankl, 2014, p.3). He considered it essential that these be made explicit in order to encourage them to deal more effectively with their personal growth and development (Frankl, 2009).

The following discussion will include firstly his theoretical underpinnings, which will include his call for and use of techniques, and the importance of the therapeutic encounter. Secondly, there will be a brief discussion on how logotherapy, according to Frankl, can be used as an alternative psychotherapy and diagnostic tool in terms of the diagnosis and the possible treatment for psychiatric disorders.

FRANKL'S RESPONSE TO THE TRADITIONAL THERAPEUTIC APPROACHES

Generally, the main psychological theories which have been discussed tend to concentrate on reductionistic concepts which were used to describe humankind (Boeree, 2006). These concepts have included the idea that humankind is motivated by instincts and drives, and in essence these elements have then be used to describe humankind as functioning as if they share and live on the same level as other animals (Kimble, 2000). This view is shared by Shantall (2003), who considered the behaviourist approach as problematic given its view of humanity as "animalistic" in the sense that humans live through instinct and drive, and the environment is constantly shaping human behaviour in a "stimulus/response model of being" (Shantall, 2003, p.31). She referred to it as a mechanistic approach. Frankl's contemporaries, in particular Freud and Adler, focused on what was 'abnormal', not necessarily from a clinical point of view but from a scientific stance. They believed that therapy was to "...correct faulty emotional attitudes" (Fabry, et al.,

1979, p. 40). This attitude could be described as a medical model (Hallberg 2008) or as Frankl called it the machine model, seeing humankind as needing to be managed or fixed, and therefore allowing the person to be cured, without considering the person or listening to their own specific needs (Frankl, 2014).

Frankl (2009) believed strongly that the theory and psychotherapy of both Freud and Adler had important and valid concepts which needed to be included (Hatala 2010), as he believed that Freud's concept of consciousness and Adler's concept of responsibility are fundamental to understanding humankind's behaviour, and he acknowledged that Freud's unmasking the unconscious was important (Frankl, 2009). However, he felt that there is a time where this can become overwhelming for the individual, and that what could be just a part of being purely human, this over-focus on the unconscious, may unwittingly devalue the person's humanness and uniqueness. Likewise, Frankl believed that Adler's thinking regarding everything an individual does or achieves can be seen as 'a means to an end' is an important element. However, he considered that it does not allow for anything that is achieved to be seen as something uniquely human or as something genuine in and for itself, or that it could be striving for something that is greater than oneself.

Frankl expressed concern at the limitations of behaviourism as he thought that their concepts brought into play the question of seeing neurosis as just a result of early trauma, and that there needed to be some consideration of learning processes or even conditioning. He believed that behaviour therapy should be credited with "...demythologization of neurosis" (Frankl, 1978, p.14). However, he questioned how the uniqueness of humankind could be managed, controlled and directed without at times even being involved or consulted (Fabry, et al., 1979). Frankl (1978) added that one cannot ignore the human element or as he stated, "...the humanness of human phenomena" (p. 16). His view was that any therapy must go beyond the psychodynamics, conditioning and learning processes for although these are important and part of our humanness, they are not the only part and do not play a role in finding the search for meaning which is so important for humankind.

His biggest question regarding behaviourism is that although there are always limitations placed on human beings either through their environment or situations, however the uniqueness of each person carries the capacity of being able to choose

their stance in life, which is in essence their freedom to determine how they can respond to each situation (Frankl, 2014).

Frankl's response to the humanists acknowledged that both Rogers and Maslow had important elements to offer to the question about the deeper meaning of life, but he did not feel this had been adequately addressed (Fabry, et al., 1979). He questioned Maslow's hierarchy of needs if it did consider the deeper level of meaning: "what is needed is not so much the distinction between higher and lower needs, but rather an answer to the question of whether individual goals are mere means, or meanings" (Frankl, 1978, p. 33). For Frankl, the unique humanness of humankind is their capacity, regardless of whether a lower need has been met or not, to reach beyond themselves to satisfy their need for meaning.

Frankl's concern about the insufficiency and narrowness of psychoanalysis, behaviourism or even humanism arose from his observation of the growing wave of meaninglessness which had begun to negatively affect many individuals' ability to function effectively both in a personal and societal capacity (Frankl, 2014). As he stated in his later work; "The primary motivation to do this work, however, has been my effort to overcome the psychologism in the field of psychotherapy where it usually coexists with pathologism … reductionism is today's nihilism" (Frankl, 2000, p.59).

According to Fabry (1968) and mentioned by Hoekstra (1999), Frankl acknowledged the need for the development of a relevant theory which would not only encourage finding the healthy part of humankind but also the development of humankind's fundamental level of both responsible-ness and conscious-ness, to function fully as a human being. Placing humankind at the centre of any psychotherapy was necessary for building a strong therapy, hence his incorporation of an explicit philosophy of humankind (Fabry, 1968; Padgett, 2016). As Pattakos (2010) stated:

> Viktor Frankl's legacy was one of hope and possibility. He saw the human condition at its worst, and human beings behaving in ways intolerable to the imagination. He also saw human beings rising to heights of compassion and caring in ways that can only be described as miraculous acts of unselfishness and transcendence. There is something in us that can rise above and beyond everything we think possible (p. 62).

Shantall (2003) adds: "A full comprehension of human nature and behaviour is hardly possible if sight is lost of the spiritual or uniquely *human* dimension of being" (p.31).

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EVALUATION OF FRANKL'S THEORY, DIAGNOSTICS AND THERAPEUTIC STANCE

Research using logotherapy

Although logotherapy has been an area of interest for a growing number of professionals, it is seen as a lesser known or lesser used therapeutic approach (Martìnez & Flòrez, 2015; Meyer-Prentice, 2010). As Frankl and other researchers observe, not only logotherapy but all psychotherapy approaches should be subject to empirical outcome studies in order to benefit and grow each therapeutic stance (Fabry, 1968; Frankl, 2014). The result has been increased research regarding the efficacy of a number of facets of logotherapy. According to de Klerk (2001), logotherapy then becomes more than a philosophical framework; it is placed in the sphere of science as a specific scientific construct.

Batthyâny, (2014), Batthyàny & Guttmann (n.d.), and later Thir & Batthyàny (2016), developed a detailed bibliography of research which centred firstly on the historic research conducted on logotherapy as a scientific construct, and secondly, the major concepts, such as 'meaning' and the measurement of the meaning construct. In addition, authors such as Schulenberg, (2003); the International Forum for Logotherapy and the Viktor Frankl Institute, Germany has collated research regarding many different aspects of logotherapy. These resources include general as well as specific aspects, for example, 'mental health' and the psychological concepts of logotherapy regarding 'mental illnesses'. An understanding of logotherapy and its basic concepts; the use of logo-therapeutics in the treatment of psychiatric patients and his unique diagnostic criteria, as well as the value of Frankl's use of techniques, in particular the addition of EAP-the Eagala model, to logotherapy, will be discussed as specific areas of interest given the aim of this research study.

Logotherapy and the basic concepts

Over the past number of years, logotherapy has been the subject of many authors' attempts to understand and further describe Frankl's theory. These authors, who have taken Frankl's theory and added to its description their own further interpretation, have done so in order to aid both readers and students alike in their understanding and use of logotherapy as a therapeutic model, for example,

understanding Frankl in contrast to Freud and Adler (Dickinson, 2014; Wong, 1997) and the general description of logotherapy and its concepts (Boeree, 2006; Charlesworth, 2012; Devoe, 2012; Fabry, 1968; Graber, 2004; Jilek, n.d.; Johnson, 1968; Lewis, 2014; Lukas, 2000; Marshall & Marshall, 2012; Purjo, 2013; 2014; Wong, 1997).

Not only has there been this growing volume of research to aid in the understanding and interpretation of Frankl, there has also been a growing call to undertake research in the basics of logotherapeutic concepts in relation to specific areas of life, such as the importance of meaning in relation to work (de Klerk 2001; van der Walt, 2017; van Jaarsveld, 2004); and finding meaning in life (Hutchinson, 2005). Kimble (2000) also explored logotherapy's concept of finding the value of meaning for the elderly, and Graber (2004) discussed the use of logotherapy from an ecumenical or religious point of view. Each of these studies has considered how Frankl's concept of 'meaning' is of value. The results of these studies highlight the importance of having meaning and how it encourages individuals to deal more effectively with life and situational changes.

Taking into account what Frankl believed to be the core of his theory and therapy, that regardless of what anyone faces, there is the call to unconditional meaning, this is an area that would need a great deal of focus in terms of its relevance in therapeutic processes. As a result, there has been a large area of research that has been studying both this sense of meaning from a general point of view but also in its value to individuals being able to cope with changes in their life situation (Coetzer, 2003). In terms of measuring this level of meaning there have been a number of researchers who have developed what have been called scales of measurement to understand the concept of meaning or meaning construct. These scales were developed to measure logotherapy's basic tenets, for example the importance of knowing and finding the meaning in one's life. Crumbaugh & Muholik (1964) developed a scale called the Purpose In Life test (PIL) to measure what purpose in life consists of, as well as the importance of having a purpose in life and being able to deal effectively with changes. Further examples of scales are the Seeking of Noetic Goals (SONG), also created by Crumbaugh (1971); and the Life Purpose Questionnaire (LPQ) developed by Hablas & Hutzell in 1982 and discussed in Schulenberg, et al. (2011). Hutzell and Jerkins (1990) and Hutzell and Eggert (2009)

continued to develop the techniques for the Meaning in Life questionnaire and a workbook to deal with building on meaning in life.

There were a number of new scales created to further evaluate the different levels of meaning such as Meaning in Suffering Test (MIST), Life Attitude Profile – Revised (LAP-R) (Batthyàny & Guttmann n.d.; Melton & Schulenberg 2008); the Life Regard Index (LRI) (Wong & Fry, 1998); the Existence Scale by Làngle (Langle et al., 2003 as cited in Brouwers & Tomic, 2012) and the Outcome questionnaire, OQ 45.2 (Schulenberg, 2004) to mention a few. The PIL, SONG and LPQ scales appear to have been more widely known and often used scales (Schulenberg, et al., 2008). These scales of measurement were designed to assess areas such as the different dimensions of the meaning construct seen in the PIL, and LPQ. Whereas the SONG test was created to measure areas such as a person's level of motivation in terms of finding their own individual and personal meaning (Melton & Schulenberg, 2008).

Of interest is the focus on the elements in the meaning construct that these scales measure. Generally, finding meaning can bring several positive effects such as a sense of wellbeing both physically and psychologically (Chamberlain, & Zika, 1988; Melton & Schulenberg, 2008; Zika & Chamberlain, 1992). According to Schulenberg et al. (2008), the importance of a sense of meaning can influence an individual's concept of trusting social support, finding a sense of personal identity and the importance of values. They note that finding meaning also encourages the individual to focus on finding more positive attitudes to life and building a more stable mood.

Other areas of well-being include having greater positive self-esteem and resilience (Zika and Chamberlain, 1987); finding an inner sense of responsibility (Battista and Almond, 1973) and finding meaning in work (de Klerk, 2001). These findings were corroborated by Martìnez and Flòrez (2015) who also noted that there was a significant positive relationship between mental and physical well-being and a sense of meaning. Evaluative research of these assessments or scales reveals that most scales have a strong correlation to the meaning dimension, but there are inconsistencies (Ras, 2000). Similarly, there has been evidence of strong links in the Existence Scale, but there appear to be some inconsistencies in the overall responses of relating meaning, and whether it is an effective predictor of a positive life experience (Brouwers & Tomic, 2012). Nevertheless, the indications based on the positive responses to these measurements are that from a scientific point of

view, there is a definite link to the need for finding meaning in one's life and coping more effectively (Crumbaugh & Henrion, 1988; Hutzell, 1986; Melton & Schulenberg, 2008).

Logotherapy and the treatment of psychiatric patients

According to Frankl, if there is a time when an individual feels that they have lost their sense of meaning, whether through boredom, apathy or through suffering, there is the danger of moving towards an existential vacuum or crisis (Frankl, 1978; 2014). As a result, there is the temptation to fill this loss or lack of meaning through behaviours such as addictions, aggression or depression, or what Frankl calls the mass neurotic triad (MNT) (Frankl, 1978). Buténaité, et al., (2016) have given a concise view of what constitutes this existential crisis that affects the emotional, cognitive and even the behavioural elements of the individual, for example, a sense of despair or guilt or loneliness.

One of the major behavioural features in the MNT is the development of addictions, which could include alcohol, drugs, sexual deviancy, and over- or under-eating. McCormick's (2000) research on the use of logotherapy to address these types of addictions reveals positive effects when the cultural element is included in the treatment. It acknowledges how logotherapy includes the value of cultural input in the research.

Schulenberg, et al., (2008) observe there is a similarity in approach between logotherapy and Alcoholics Anonymous, and report that Crumbaugh (1979) has also noted the value of logotherapy in the treatment of alcohol abuse. This has been corroborated by other researchers such as Kleftaras and Katsogianni (2012); Lukas, (2003); Martin et al., (2011) and Somov (2007), when assessing the effectiveness of logotherapy in a treatment programme for addictions, and focused on the importance of bringing meaning into their lives and reported positive responses. Assagba & Marshall (2016) found positive effects when using logotherapy as part of treatment for dealing with the struggle of substance abuse within an African context. A further benefit of using logotherapy was that it was a short-term treatment process.

The research is equally clear about the importance of **not** having meaning. If individuals do not timeously admit, deal with or ignore it, further negative effects can

occur, for example, vulnerability towards psychopathology which could even lead towards schizophrenia, neuroticism, depression, or anxiety (Zika & Chamberlain, 1992).

The research has also focused on furthering the understanding and use of logotherapy as a therapeutic modality, and to assess its effectiveness in two areas: firstly, the general value of logotherapy and its techniques; and secondly, in the care and support of psychiatric disorders including their diagnosis, and particularly in their treatment (Frankl, 2014; Rogina, 2020; Schulenberg, et al., 2008).

Schulenberg, et al., (2008) observe that logotherapy, and its focus on meaning, can be of relevance to mental health practitioners. They suggest that logotherapy can have significant influence even in today's mental health: "

Several sources indicate that spirituality (in the general sense of meaning, values, and purpose as is emphasized in logotherapy) is becoming increasingly relevant in modern psychotherapy and medicine (p. 448).

Melton and Schulenberg (2008) and Martìnez and Flòrez (2015) have also written about the use of logotherapy in clinical practice and mental health. There are a number of studies focusing on using case studies that include psychiatric disorders, such as dealing with depression (Close, 2000; Costello, 2014.; Hoekstra, n.d; Lukas, 2005.; Ungar, 2002) the importance of building hope (Heydayati & Khazaei, 2014); other areas of concern such as anxiety (Frankl, 1962; Lukas, 1986); and the description and treatment of eating disorders (Lukas, 2000). Logotherapy has been used in mental health for the treatment of combat-related Post Traumatic Stress Disorder (PTSD) (Surcamp, 2015). Case studies have shown it provides an opportunity for these individuals to find greater meaning and fulfilment (Southwick, et al., 2006). Another area in which logotherapy has been effective is in the support and growth of those suffering from Burnout (Ulrichova, 2012).

According to Martìnez and Flòrez (2015), logotherapeutic programmes have been created to support several psychological and psychiatric disorders, for example, they cite Rodriques' (2004) work on personality disorders, in particular borderline personality disorders; and Martìnez's (2011) work on narcissistic personality disorders (Martìnez & Flòrez, 2015).

Research into the use of logotherapy includes a focus on the occurrence of physical issues which may arise when dealing with grief (Lukas & Hirsch, 2002); terminal illness, (Ewalds-Krist & Lutzen, 2015); the effect of depression with mental disability (Psarra & Kleftaras, 2013); and suffering (Brencio 2014; Martela & Steger, 2016). Lukas (n.d.) discussed the problem of relapse rates within these areas of psychiatry as well as that of substance abuse.

An additional area of interest is the anecdotal evidence that Frankl highlights how logotherapy is the treatment of choice in dealing with specific areas of psychiatric disorders, and particularly in the dealing with Noogenic Neuroses (Frankl, 2004). This could be considered his unique diagnostic category related to his three-dimensional ontological levels which include his description of the noetic or spiritual level. This has been supported by Crumbaugh & Maholik (1964) who observe that an existential crisis can lead to Noogenic Neurosis. Their research deals with the use of the PIL to support and encourage the finding of meaning for those individuals with this specific disorder.

FRANKL'S UNIQUE DIAGNOSTIC CRITERIA

There has been some research into the effectiveness of logotherapy as a general treatment process in residential psychiatric centres or half-way houses. However, this remains an area for further research. There has also been limited research into his psychiatric categories and their effectiveness in comparison with the general psychiatric categories set out by the ICD 11 and DSM 5-TR. Lukas (2016) discusses research that suggests a positive outcome from use of Frankl's psychiatric categorisation which has shown on-going effectivity, as well as continuing to fit into the changes that the ICD 11 has set out. This has been corroborated by Winters and Schulenberg (2006), as well as Costello (2014).

Logotherapy and the use of techniques

In the research regarding the need for and effectiveness of techniques, Frankl himself undertook to develop this area, in particular the techniques of Paradoxical Intention and De-reflection (Frankl, 1978; 2004; 2009; 2014). He used a large volume of anecdotal data to substantiate his interpretation. Fabry (1968); Lukas

(1986) and Lukas & Hirsch (2002) have added to this research, using case studies. Their findings support Frankl's conception and research that Paradoxical Intention and De-reflection are important elements in logotherapy. Further research on the use of Paradoxical Intention, in particular Ascher (1979), found positive results when compared with other long term treatment regimes.

As previously mentioned, Frankl encouraged the incorporation of further techniques into logotherapy to enhance its effectiveness (Frankl, 2014). As Schulenberg et al. (2008) state: "Simply put, logotherapy is intended to be collaborative" (p. 448).

In this vein, the *Wertimagination* (*WIM®)* [Value-Oriented Imagery] technique was developed and has been described as a powerful technique for building self-esteem and finding a strong sense of meaning (Meyer-Prentice, 2010). Additionally, Crumbaugh developed Logoanalysis as a technique for encouraging clients to move towards more effective ways of coping with and creating alternative positive life goals (Fabry, et al., 1979; Schulenberg, et al., 2008).

Ras (2000) evaluated a number of logotherapy techniques and found that all the different techniques are in fact able to focus on the importance of meaning, but that many elements were of a descriptive nature. As he states:

> All the different techniques work with this idea of "meaning" that must be found in order to set clients/patients free. In other words, to get healed, you need to discover and/or to attach meaning and all logotherapeutic techniques press or urge you to go in that direction (p.84).

Animal Assisted Psychotherapy (AAT), as a technique of logotherapy, is a recent addition and limited research has been undertaken. Sutton (2015) focused on the human-animal bond with dogs and found a strong, positive link in assisting individuals when dealing with their emotional issues. The findings, based on a number of case studies, facilitated the link between AAT and logotherapeutic principles. Moreover, it highlights the immense value of animals in building up each person, be they children or adults, to find their own core of who they are and to offer the care and support in rebuilding their sense of meaning. To date, research into the use of equines as a technique of logotherapy appears to be scant. Based on the

concept of the importance and value of animals, and in particular the value that equines can bring to a therapeutic encounter, this area remains a key focus as a valued addition to logotherapy.

AN EVALUATION OF EQUINE ASSISTED PSYCHOTHERAPY

Use of animal assisted therapy

There has been much written about the value of the animal for humans' sense of wellness. Even in early Greek and Roman times, there were indications that animals such as dogs were valuable to keep the emotional wellness and sanity of people (Hallberg, 2008). In the 1700's there are indications that animals were used in psychiatric institutions; and Florence Nightingale was said to have stated that "a small pet is often an excellent companion for the sick, for long chronic cases especially" (Hallberg, 2008, p. 28). It was also noted that Freud often included his pet dog in many of his therapeutic interventions with his clients (Bruneau & Johnson, 2016; Sutton, 2015). Many owe their thanks to Lorenz who was celebrated as "the father of the field" (Hallberg, 2008, p. 28) who wrote extensively about the value of companion animals as healers, and this was taken further by Levenson, who also documented the use of a pet dog in psychotherapy sessions with children (Hallberg, 2008).

According to Morrison (2007), there has been significant research undertaken regarding AAT, including the value of AAT with psychiatric patients, helping families and couples therapy, as well as dealing with self-esteem, loneliness, depression and mental disorders. Furthermore, there is a considerable volume of research into the use of AAT in psychiatric rehabilitation for schizophrenic patients (Calvo, et al., 2016); for serious mental illness (Barker & Dawson, 1998; Downes et al., 2013; Kruger & Serpell, 2006); and for physical illness (Cole, et al., 2007).

Equine assisted psychotherapy (EAP)

Evidence-based research using EAP is increasing. It includes a number of historical bibliographies, and reviews on the present state of EAP (Anderson, 2010; Canadian Agency for Drugs and Technologies in Health, 2012; Frewin & Gardiner, 2005;

Gergely, 2012; Klontz et al., 2007; Schlote, 2009). Research has also aimed at focusing on the use of EAP as a complementary alternative to traditional approaches (Brandt, 2013; Karol, 2007; Koekemoer, 2016; McConnell, 2010; Wilson, 2012).

In addition, research on the use of EAP with children and adolescents has grown considerably, for example, children who are at risk (Aduddell, 2003; Bachi, 2012; Bachi et al., 2012; Bray, 2002; Ewing, et al., 2007; Trotter, et al., 2008); children and adolescents who have been exposed to and experienced trauma and abuse (Kemp, et al., 2014; Schultz, et al., 2007; Signal, et al., 2013); and children and adolescents with depression and anxiety (Wilson, et al., 2015).

Research using EAP has been noted in different contexts generally (Lac, V. 2016) and including issues such as eating disorders (Lac, et al., 2013; Lac, 2017); in mental illness and health (Bennington-Castro, 2014; Boatwright, 2003; Cantin & Marshall-Lucette, 2011; Clarke, 2019; Cumella, et al., 2017; Worms, 2009); in dysfunctional behaviour (Johannesen, et al., 2016; Montalvo, 2015); emotional disorders and emotional regulations (Dampsey, 2017; Tetreault, 2006); anxiety and depression (Froug, et al., 2010); physical disorders (White-Lewis, et al., 2017) and assessing the human bond with horses (Jackson, 2012; Sloan-Brown, n.d.).

Research has expanded to the use of EAP in residential treatment facilities (van Besouw, 2017; Nurenburg, et al., 2015), as well as in the care and support of veterans and PTSD (Ferruolo, 2016; Parent, 2016). According to the Eagala Association, there are consistent calls for added research on the use of EAP in the work with veterans and the military.

Although there have been research papers and articles that incorporate the Eagala model specifically as mentioned in Blue Moon Centre for wellness and creativity (2016), it is notable that a number of studies have focused on trauma (Buck et al., 2017) as well as the efficacy of the Eagala model, in particular (Boyd, 2013). In the present context however, EAP and the Eagala model as a technique of logotherapy, is under-researched. This offers an opportunity to respond to the call of logotherapy, to add a further technique – in particular the use of EAP (the Eagala model) - in being able to reach and care for patients both in out-patient or in-patient psychiatric centres.

DISCUSSION

In the analysis of the research regarding logotherapy and its effectiveness in touching on key aspects such as meaning in life, there have been many positive findings to corroborate Frankl's theory. However, the concept of meaning, a fundamental area of logotherapy, raises the question as to what it is, and how those who struggle with mental illness will find this sense of meaning.

As Melton and Schulenberg (2008) have suggested, there are many aspects of logotherapy which pertain particularly to mental illness both in terms of finding meaning but also in terms of assessing the specific elements or some of the specific tenets of logotherapy. They highlight the importance of researching areas such as follow up, support, developing a sense of motivation and hope towards a future, to maintain hope through encouraging the individual to better understand their diagnosis and become more proactive towards their illness. Schulenberg et al., (2008), draw on Crumbaugh that, "despite their difficulties, clients can still have 'a personal identity, a meaning for existence, a place in life, a worthwhile cause'" (p.456).

Schulenberg also highlights that logotherapy can address specific elements that many suffering with mental illnesses have to face, such as getting to grips with their illness and areas such as self-determination, hope and meaning as well as offering valuable alternative understanding in terms of their diagnoses and their future hope.

Many of the studies mentioned discuss meaning generally, but do not specifically deal with important aspects of meaning, such as the concept of understanding the gap between their struggles with fate and finding their sense of freedom in their situation. Nor are there specific studies regarding the encouragement of individuals who are struggling with mental illness to find their own level of intactness despite their illness.

A further area is the encouragement of these individuals to also understand their own unique place and value regardless of whatever situation they are in and that each continue to have something to offer that is beyond themselves. In essence these dimensions mentioned above, are what Frankl has named his "noo-dynamics" (Lukas, 2000) and there does not seem to be enough research which specifically address or evaluates this noetic level.

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Furthermore, research on EAP which may include the Eagala model, has yielded mixed results (Anestis et al., 2014). While many of the programmes that were evaluated showed positive shifts in the subjects, there was insufficient evidence-based research.

Incorporating the tenets of logotherapy as part of the Eagala model's processing allows both programmes to combine into a more inclusive, alternative therapeutic modality. As individual programmes, both have shown some effectiveness in their respective research findings, and can therefore be regarded as a relevant and effective alternative for further research into support for those who struggle with mental illness. Hence, this research study is an opportunity to create, using Eagala model as a technique of logotherapy, a more effective type of therapy.

This research study, using a combination of these two models, will focus on the level of noo-dynamics. It will observe the personal experience and growth of these dynamics in individuals who struggle with psychiatric or mental illnesses and ascertain whether they can be encouraged to build on their sense of meaning, as well as deal more effectively with the gaps identified in contemporary psychiatric treatment.

SUMMARY

In this chapter the focus has been on discussing the literature pertinent to the diagnosis and treatment of psychiatric disorders. It commenced with a brief history of the philosophy of understanding humankind, how this underpinned the emergent psychological view of humankind which resulted in the development of numerous theories of personality.

The theory of psychoanalysis was briefly discussed focusing on Freud and Adler's contribution, followed by the theories of behaviourism and concepts put forward by Skinner and others. The emergence of humanism, partly in response to the reductionism of these schools of psychology was discussed, outlining its development by Rogers and Maslow. Finally, discussion was expanded to existential phenomenological philosophy and related psychological theories due to their strong influence on Frankl.

These theories were evaluated in terms of their contribution towards mental illness, both in terms of the cause and diagnostics, and treatment. This evaluation included highlighting a number of gaps within the more traditional approach that was noted in areas such as diagnosis of mental illness and their treatment.

Frankl's theory and therapy called logotherapy was introduced as an alternative. Frankl's theory was expounded in terms of his philosophical stance and how it differed from the more traditional approaches. Furthermore, his theory was discussed in terms of his understanding of therapy, his alternative view of diagnostics and the treatment of the mental illness. Using Frankl's concepts, an evaluation of the traditional approaches was outlined and gaps in the traditional approaches identified. Frankl's concern for validating his theory and therapy led him to encourage continuous expansion of techniques. Hence this study's focus on the value of equine assisted psychotherapy in order to use the unique, key concepts of logotherapy to address the gaps Frankl and others identified in the traditional approaches. The concepts are the difference between fate and freedom, and the will to power or pleasure as opposed to will to meaning. The therapy will encourage each person to discover and explore these concepts in their own lives. Further, logotherapy offers an opportunity to build on each person's sense of personality and not be left with a sense of just their character, as well as finally to be able to understand that even though there may be a level of susceptibility to developing illness or even mental illness, there always remains, because of the noetic within each person, the opportunity to remain intact and hold onto their noetic core.

In the following chapter, an in-depth understanding of logotherapy and its principles and the value of EAP is discussed, not only in their own right but to also to highlight how EAP can support logotherapy as a valid technique.

CHAPTER THREE

THEORETICAL AND THERAPEUTIC FRAMEWORK

INTRODUCTION

In this study, two schools of thought or modalities, logotherapy and EAP have been brought together. Although both these schools of therapy have been noted as accepted independent modalities within their own right, there is an opportunity to explore whether they are able to interact in a complementary manner, in particular whether EAP can work as a technique for logotherapy; and furthermore, whether this can develop into a unique alternative therapeutic approach, meaning centred equine assisted psychotherapy (referred to as MC-EAP), for psychiatric patients in long-term care.

The aim of this chapter is then firstly to offer an in-depth understanding of these two approaches and secondly, to highlight how EAP can support logotherapy through the different techniques to care for the psychiatric patient. Thirdly, it is important to assess how these two approaches are able to build the psychiatric patient's capacity for reaching their own unique level of three-dimensional living or ontology.

As has been intimated in the literature review, there has been some evidence to point to this study being seen as somewhat unique, as there appears to be limited research using these two approaches within a single setting to date. Of particular importance is that this study is using logotherapy and EAP, and is taking the opportunity to include the value and uniqueness of each person as they search for understanding their own will to freedom, and finding their own unique level of meaning in their lives.

GENERAL OVERVIEW OF THE APPROACHES

In the following section, a detailed explanation of the theoretical background and underpinnings of each of these two approaches will be discussed separately. Thereafter, their complementary nature in using EAP for enabling psychiatric patients to explore logotherapy tenets and principles will be discussed.

LOGOTHERAPY

There is much written about Viktor Frankl and his early experiences (Fabry, 1968; Graber, 2004; Marshall & Marshall 2012). From an early age he was engrossed with the concept – not of death, but of the significance of life and the growing need to find a "cure" for what he believed was the main illness of the day – a sense of meaninglessness (Frankl, 2000). According to Fabry (1968), Frankl was regarded as the first theorist to focus more on a person's health and not on the sense of illness.

Frankl called his theory logotherapy (Frankl, 1978) which he translated as "... therapy through meaning". He went on to add that, "It could also be translated as 'healing through meaning' ... In any case, logotherapy is a meaning-centred psycho- therapy" (p.19).

In his description of logotherapy, Frankl believed that the underlying motivational element could be described as the "will to meaning" (Frankl, 2014, p.ix).

Frankl (2000) himself highlighted that one of the core reasons for developing logotherapy was his compassion for those who had been "...harmed by the depersonalizing and dehumanizing tendencies, which have their roots in the psychologism of psychotherapy...." (p.66). Fabry (1968) added, "… to understand, diagnose, and possibly cure noo-genic neuroses, logo-therapy was developed" (p.32). Lukas (2015) also added a pertinent description of logotherapy by stating:

> Logotherapy is an anthropology that is not satisfied with illuminating psychological phenomena, but rather incorporates spiritual-noetic phenomena of human existence. Suddenly doors which were closed to the emotional substrata of the psyche open up to the capabilities of the human spirit (p.19).

The overarching struggle for Frankl which became his driving force throughout his life was the belief that to be truly human meant something more than the basic drives and instincts that the prevailing thinking followed. As an adult, Frankl (2014) took an even stronger stance against this prevailing viewpoint of the psychological theories that were being presented particularly regarding the image of the machine model which both Freud and Adler adhered to, and which he labelled as reductionistic thinking. His belief was that this level of reductionistic thinking excluded what made human beings reach their true potential in their lives. His realisation further centred around the concept that many of the psychotherapies in evidence during his time,

appeared to attempt to deal with humankind's questions about life by taking into account purely the physical and emotional or mental levels (Frankl, 2014). Although the physical and emotional or mental levels remain very important and need to be considered and registered as part of the individual's symptomatology, the real focus needs to remain on the individual's often very real philosophical values and dilemmas. These are not always visible, but they are in fact fundamental to humankind's ability to function effectively in their lives (Frankl, 2009). He felt that a person's philosophical questions cannot assume to be answered by just looking at and tracing the person's psychotherapeutic history (Frankl, 2014). There needs to be a further level or a deeper aspect included in any therapy so that we can answer these questions of life and ultimately increase the individual's effectiveness in their own lives.

Frankl's focus was to find a therapy that did not disregard the realm of the physical, biological or the psychological elements, but focused more on the uniqueness of being human or as he calls it "the noological dimension" (Frankl, 1978, p.22).

Frankl acknowledges the importance of the physical plane in that it incorporates the physiological – cells, chemical and biological functions within the body. He also acknowledges the psychic level of a human being as well as the emotional areas such as moods, sensations, drives, instincts desires and passions, and furthermore, areas such as a person's talents, intellect, patterns of behaviour, and the social interactions and environment (Lukas, 2000; Shantall, 2003).

When one considers these first two systems, the biological or physical and the mental or emotional levels, these systems were seen as closed as they can be influenced by many factors in either the environment or even genetically (Marshall & Marshall 2012). However, although these are important, it is the spiritual or noetic realm which is the most significant.

This level was proposed from within the existential phenomenological view which also saw humankind on a third, open plane where humankind can be motivated by their dreams, hopes and values. This meant that this noetic level could now be seen as an open system. This Frankl believed was in fact the most important part of humankind. Sahakian goes on to add (Fabry et al., 1979) that:

> Being human is about being unique – to have humour, evaluate, willing, grasping meaningful situations -of transcending oneself, of pursuing goals, of

intellectualizing, of acting as a free and responsible person – just to mention a few human or noetic characteristics (p.56).

The call then is to move towards the "Geist" or as Frankl (2009) describes "the core or nucleus of the personality" (p.27). This "Geist" or noetic or spiritual element is the pivotal element that allows the therapist the greatest opportunity to encourage the person's search for all their potential which may not always be visible to them. However, this noological or spiritual dimension was not intended to be linked to any religious belief systems (Frankl, 1978; Marshall & Marshall, 2012). This element is more descriptive of areas such as a person's meanings and values which is in essence, as de Klerk (2001) mentions "the realm of human existence in which one encounters meanings and values, the very essence of man, and the deepest level of his being" (p.21).

Frankl felt it was a description of something that is specifically human, for example, to be able to search to find a sense of meaning or purpose; something that is beyond or greater than just oneself, and as Frankl (2014) describes, the capacity of a human being to transcend their world and limitations into a realm of meaning or in being able to find or complete a task. Marshall and Marshall (2012) add to this image of the spiritual dimension, describing it as something that cannot be divided or reduced and in essence is not able to fall ill, be damaged or even destroyed. Further, this element of the spiritual plane includes the sense of understanding, values and love.

This noetic or spiritual level brings with it other unique aspects of being human. As Marshall and Marshall (2012) says, this noetic level is the strongest concept related to humankind's freedom, where no matter what our circumstances or situation or even illness we can rise above and find, through this freedom, how we choose to deal with areas such as our genetics, or our upbringing and our environment.

Frankl highlighted that freedom implies that although we are influenced by areas such as our instincts, our heredity, our environment, as well as our fate, to be truly human we need to remember that we have the capacity to move beyond all these restrictions and find our ability to decide. He adds the idea that every person has the call towards freedom and therefore responsibility. This responsibility is both, as he states, "a human person's responsibility in life and responsibility to life" (cited in Marshall & Marshall, 2012, p.39). This area of responsibility is an important key to

guiding human beings towards finding their own meaning and to take the step of responsibility to living it. This sense of responsibility can include the day-to-day responsibilities of life but there is a more important element to which Frankl alludes; it is to the inner sense of responsibility that each person has to ask of themselves, "that inner mandate of what I *ought* to do beyond the more obvious what I *should* do" (Graber, 2004, p.94). Within this dictum, there is a strong element of what Frankl calls the "the demand quality of life" (Graber 2004, p.100). Responsibility then highlights the awareness of one's own conscience and to focus on what it discerns as opportunities or meaning potentials which we need to respond to regardless of whatever limitations we must face.

Frankl introduces the concept of freedom and fate, the understanding that every person has areas in their life that are affected by situations where there is little sense of control. This can include many situations such as our own inherent limitations, illnesses, situations we get caught up in or accidents. However, he believes that because of the unique noetic dimension, every person can choose their response to these areas of fate even if it is just through our attitude towards these situations (Frankl, 2014). This choice again highlights the area of freedom – the freedom to choose (Marshall & Marshall, 2012). This concept of freedom is also indicative of a human being's capacity to hold onto a conscious awareness of finding meaning and maintaining a level of insight into one's actions and thoughts. It therefore also highlights a person's responsibility.

Frankl believed that every person carries within themselves a dynamic, self-directed and unique spiritual self that can reach within themselves but also go beyond themselves towards self-transcendence. This unique spiritual self in essence is seen in the development of a personality which will develop throughout their lives from childhood depending on their upbringing and choices that are given. However, he believed that this element of personality is greater than a person's character (Lukas, 2000; Marshall & Marshall, 2012) because of the ability of our noos to develop and search for meaning and purpose, even though there may be elements of illness, or incapacity including the terminal nature of our body. This offers the greatest opportunity towards dignity and care for each and every person. This is further described by Kimble (2000, p. 10): "By this, Frankl means that they are

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transcendent, not only over the world, but more importantly over self. *''Self-transcendence'*, I would say, is the essence of existence; and existence, in turn, means the specifically human mode of being".

Frankl further develops the core of logotherapy, rooted in the importance of meaning and what he calls the meaning in life (Abrami, n.d; Fabry, 1991; Frankl, 2014; Marshall & Marshall, 2012;.). It has been described as "...truth, beauty, and goodness" (Marshall & Marshall, 2012, p.41). This meaning has been noted on three levels.

Firstly, the sense of an "ultimate meaning" which can be best understood as the areas in a person's life which are beyond human comprehension and at times could even be seen as senseless, where there is no apparent reason. To find the meaning in these situations is not as Marshall and Marshall (2012) states, "to ponder 'why' senseless things happen. What is more productive is to ask 'what' particular task life is challenging us through overcoming such tragedies" (p.42).

Frankl conceived a further level of meaning which is the human being's capacity to look at their life as an overall experience of the meaning content. This has been described by Lukas (in McLafferty 1997, p.115) as the "meaning contents of one's life" found by each person for his or her life.

Marshall and Marshall (2012), drawing on Lukas elaborates:

> Such meaning, during the course of a lifetime can be seen in experiences, in being there for someone; or in tasks, such as being there for something. Being there with the whole of our abilities in life is also a value that we can experience as our personal response to life (p.43).

However, the strongest and most practical of the elements of meaning that Frankl talks about is the meaning of the moment (Frankl, 2014). This is the element where each person is called to find the meaning in each situation in which they find themselves. McLafferty (1997) cites Lukas:

> It is in the present, in the moment, that we face the possibilities of the future. Each choice, human and imperfect as it is, constitutes the meaning of the moment. To the degree that we are truly able to make choices in the present, are we fully human (p.115).

This highlights that each meaning moment is unique and personal.

Frankl further views the holding of hope as being important and enabling for being positive about the meaning of life; and that every life has value no matter what the circumstances, even in suffering, death or guilt (Hutchinson, 2005). This is what Frankl (2014) called the Tragic Triad. This meaning "... gives a cause to live and an anchor to life" (Fabry et al., 1979, p.52, citing Sahakian). Frankl endorsed Nietzsche's comment that "...he who has a why to live for can bear with almost any how" (cited in Cooper, 2003, p.54).

This follows that, even those with a mental illness, no matter what each individual may experience in their lives, can be helped to find sense of meaning in each and every situation. As Epicurius was known to state: "that difficulties are what show man's character" (Fabry et al., 1979, p. 55). He also added "that the essence of good and evil lies in the attitude of the will..." This noetic level or uniquely human aspect or dimension of an individual includes the conscience. This is the area where each individual is able to discern from all the possibilities that human beings are faced with on a daily basis, which would be the most valuable choice at that specific time. This is what Frankl calls the "Voice of Transcendence" (Marshall & Marshall, 2012, p.43).

For Frankl,(1996, as cited in Lukas, 2000) this level goes further than the more traditional thought of the super-ego or as a process of learning because the conscience allows the individual to reach further and deeper into their own self: (Lukas 2000, p. 21):

> However, meaning must not only be found, rather it can also be discovered, and in the search for it, human beings are directed by their conscience. In one word, the conscience is an organ of meaning. It could be defined as the capacity to perceive the singular and unique meaning that is undetected in every situation (p. 21).

Frankl highlights an essential element of the human spirit which he called "the medicine chest". Marshall and Marshall, (2012) sums this up as part of the "Defiant Power of the Human Spirit" (Marshall & Marshall, 2012) but goes on to add that there are a number of other resources that the human spirit has within it, such as:

> Conscience (beyond the superego); Creativity; Love (beyond the physical); sense of humour, capacity for choice (beyond the instinctual), commitment to tasks, ideas, ideals, imagination, responsibility and response-ability, capacity for self-awareness, self-distancing, self-transcendence, self-development, compassion, forgiveness, and our awareness of time, finiteness, fallibility and mortality (p.45).

These three dimensions of humankind, the "three-dimensional ontology" (Frankl, 2014), was used to build his psychiatric credo: "...the human being can be disturbed, but never destroyed" (Marshall & Marshall, 2012, p. 20). Fabry (1968) adds that the human being's noetic dimension "...is the core of his humanity ... and is the only part in the patient that can never become sick". He goes on to state "the noetic person exists even behind the curtain of the symptoms of a psychotic illness. If this were not so, it would not be worth the physician's while to 'repair' the psychophysical organism" (p.25).

Frankl also developed his psychological credo, in which he states "... the human being is able to respond to suffering and illness" (Marshall & Marshall, 2012, p.20). Fabry (1968) adds:

> The belief that not only the noetic part of the person remains well even if the surrounding psychophysical area of the patient has become sick; but also that he, his noetic self, has the power to rise above the afflictions of the psychophysical. He may not be able to change the condition but, again, what he can change is his attitude towards his own, perhaps incurably sick, psychophysical area (p.25).

Furthermore, this noetic level allows the person to find the balance between their outer life, taking the opportunity to reshape it to find an inner fulfilment, and the call is to take direction through the value potentials of each person (Frankl, 2014). He believes that this is where logotherapy brings a depth to psychotherapy: ".... we need to see the distress of the human spirit – and to try to alleviate this distress" (Frankl, 1978, p.29).

FRANKL'S THERAPY - LOGOTHERAPY

In developing his approach, Frankl is clear that logotherapy is not to disregard other therapies or overshadow them. His conception is rather that it be seen as a support and to strengthen them in their effectiveness (Frankl, 2014), that it is collaborative and is an adjunct to other therapies (Frankl, 1975; 1978; 2004; 2014).

Fundamental to logotherapy as a therapy is Frankl's understanding of the basic motivation of humankind. Hence, any therapy's central aim needs to address every person's uniqueness and in order to reach this, he felt that no matter what life experiences or circumstances a person may face, the focus should be on the core motivation of humankind, that life in itself always has meaning, and this would become the cure for the many struggles that they may be facing (Marshall & Marshall, 2012). This conception or motivational theory was a rejection of Freud and Adler's view that humankind's basic motivation was either drives or power and status.

From a therapeutic point of view, he believed that there needs to be a shift from humankind using power or status or success as their foundation for fulfilling their lives and finding rather, a sense of purpose or meaning in a situation. This search for meaning can be centred through a number of ways. Frankl calls this the "avenues to meaning" (Marshall & Marshall, 2012, p.95). One of the ways is through humankind's creativity and ability to work: the way that one is able to contribute towards life, for example the work one does or the setting of goals, and that upon the task completion enables one to feel a sense of value. This includes the feeling that we are in some way using our unique talents and therefore serving something or someone greater than ourselves.

A second way can be through what Frankl calls the experiential values which highlight how a person can be in touch with the world around them - in a sense through the capability and ability to love and to care for something or someone with deep caring and a sense of commitment, which then also allows one to experience the beauty of the world around them. This is, as Shantall (2003) describes, the area of what is good, beautiful and true, and in essence, genuine.

Although the first two carry fundamental value, for Frankl the third level is the most important that is, the attitudinal values. Humankind needs to find the right attitude towards the life they face regardless of the situation or circumstances and to transcend themselves to something greater, more important and more valuable. Frankl continued to describe that this meaning concept focuses on the idea that no

matter what a person experiences in their life, each life has unconditional meaning and this cannot be taken away.

This view believes that even though there may be suffering such as Frankl describes in his understanding of the tragic triad – the suffering through pain, guilt and death - (in Lukas, 2000, p. 6): "There is no situation in life that would really be meaningless … that could also be fashioned into something positive, into an achievement, if only it could be faced with the right composure and attitude"

He likens this as Marshall and Marshall (2012) states to "Homo Patiens" or "the suffering human being" (p.21), where the focus is on finding the meaning no matter the situation or the state of a person's physical or psychological being.

This is a positive view of life but at the same time challenges the person to understand their responsibility to their life, to make their life add value and worth by constantly finding the meaning or the calling of each situation. This human element allows every person the capability to rise above and beyond these limitations of death, guilt and suffering, and to take each opportunity to choose their responses to these limitations, and irrespectively, search for meaning. This is contrary to traditional thinking that humankind needs to move towards a sense of homeostasis, of finding peace and happiness and becoming tension free.

LOGOTHERAPY AS A THERAPEUTIC TOOL

For Frankl, finding each individual's sense of meaning, is "therapy through meaning" (1978, p. 19).

Frankl, in focusing on psychiatric disorders, developed a further method, which he termed existential analysis. This moved logotherapy as a therapy beyond a gathering of information or understanding of the person's history or a list of their struggles and feelings to find what constituted meaning for them.

> Logotherapy is not just a phenomenological summary of patients' present circumstances, their complaints, concerns, or feelings, but a discernment of their orientation to meaning. The goal of logotherapy is to relate to the

patients' world, and to accompany the patient in the search for meaningful responses ((Marshall & Marshall, 2012, p. 51).

This then highlights the constant focus of logotherapy to move towards the future in terms of what each person has within their own capabilities to find what is important in their lives and what resources they have to help them reach their true growth. In this search there are a number of important elements that Frankl believes need to be included in what he calls the existential dynamics (Marshall & Marshall, 2012).

Relational

Logotherapy as a therapy then includes the human element that contemplates the physical and emotional levels but focuses on a further unique domain, the area of the noetic where there is a particular need for each individual to specifically search for the meaning in their lives. Frankl (1978) quoting Paracelsus: "diseases originate in the realm of nature but healing comes from the realm of the spirit" (p.22).

Consequently, the relational aspects between the logotherapist and the client are central. Frankl (1978; 2014) refers to these as the "encounter" between two people who are searching for the meaning that is waiting for to be discovered.

Self-transcendence and self-distancing

The logotherapist's role is to encourage their client to find something that is greater; or someone who is more important, than just themselves. In this journey of an encounter, the focus remains on the individual and the finding of their own unique values, what Frankl calls self-transcendence, which he describes as "...being directed towards something other than oneself" (Frankl, 2014, p.33). The therapist and their point of view should not jeopardise the individual's search for meaning. This is the opportunity to direct the person into what Lukas (2000) describes as the "third frame of reference" (p.56), and in essence is encouraging the person to learn to truly find themselves by forgetting themselves in their search and getting involved in a meaning quest that is outside of their own world or frame of reference.

Another important element is to encourage the person to begin to see their issues or difficulties as something that is not in control of them or that it is a part of them. This sense of self distancing encourages the person to realise that "[because] of their own

courage, powers to defy, humour and gratitude..." (Lukas, 2000, p.56) they can stand and remain separate from their situation, or illness.

Tension

The search for meaning can for many create a tension. According to Marshall and Marshall (2012), "Frankl affirmed, that in the dimension of our spirit, what we need is not homeostasis, but what he called "Noo-dynamics" (p. 53), the constant check between who we are in our present state and situation, and who we feel called to be and to what goals we feel led towards achieving. As Frankl (1975) states:

> What I call noo-dynamics is a field of tension whose poles are represented by us, and the meanings that beckon us. Noo-dynamics structures our life like iron filings in a magnetic field. In contrast to psychodynamics, noo-dynamics leaves us freedom to choose between fulfilling or declining that meaning that awaits us (p. 88).

Finding meaning may therefore not always be easy for an individual who is searching for a balance in their lives. There is a sense of urgency and tension as the individual searches for this balance. However, Frankl's (1978) view is "...that what man really needs is a sound amount of tension … this tension is inherent in being human and hence indispensable for mental well-being" (p.83).

Conscience and freedom

Therapeutically, logotherapy brings into question the client's understanding of their sense of freedom, responsibility and their conscience. It also focuses on encouraging the client to accept their choices and the meaning that they have through the values they hold. For many individuals, life often seems unfair and that they have no choices, only fate. Frankl's therapy is to focus on the understanding of a freedom towards something greater and more important than just them. It is not the freedom from their situation or life or even fate. This meaning also includes the concept of Ultimate Meaning for each person.

The process of logotherapy includes encouraging the individual, through the technique of Socratic dialogue, to find the areas that have been blocking their search for meaning. Small hints or indicators of these blocks might be seen in the client's lack of meaning or purpose, which they do not seem to notice in themselves. These

could surface when facing questions around their lives, sharing what is important and valuable to them. Therapeutically, the logotherapist can then build on these hints to encourage and challenge the client to move towards meaning potentials and meaningful change in their lives.

Future oriented

Logotherapy, while recognising the need to take the past into account, facilitates the client's move towards finding the importance in working towards the future. Frankl (2009) quotes Goethe who stated; "If we take people as they are, we make them worse. If we treat them as if they were what they ought to be, we help them to become what they are capable of becoming" (p.96).

This encourages the person to build their life story to their own true potential.

LOGOTHERAPY AND THE IMPORTANCE OF TECHNIQUES

Logotherapy has been described as one of the few approaches which have created a number of unique techniques or methods (Frankl, 2014). Frankl believed that in order to encourage the individual to explore their own story and find their own unique meaning for their lives, techniques should be an important element of logotherapy. They could be as varied and creative as there are therapies and therapists, and he encouraged this in his address to the first world congress held in 1980 (Frankl, 2014):

> I do wish for the future that the cause of logotherapy be taken over and carried out by independent and inventive, innovative and creative spirits ... logotherapy is a system open in a twofold sense inasmuch as it is open toward its own evolution as well as toward the cooperation with other schools (p.124).

Frankl does not focus on a specific list of criteria that would make one technique or method more favourable. He was clear that no matter what technique or method a logotherapist follows, the aim is ultimately to reach the uniqueness of each individual client and not to generalize one technique for everyone. Rather, each technique is dependent on the client and the therapist's interaction style and relationship. He calls on the logotherapist to at all times be both innovative and flexible (Frankl, 2014)

within the tenets and philosophy of logotherapy. This would imply the method or technique would need to remain existential in its outlook and to hold onto logotherapy's view of man or Frankl's anthropology.

Any technique or method consistent with logotherapy therefore needs to focus on key areas. As Lukas (2000) states, "the central interest of logotherapy is to primarily shift attitudes rather than to change behaviour" (p.86).

In this endeavour, the logotherapist needs to be aware of encouraging the client to move towards developing a mastery over the areas in their lives that could be called their constraints, such as the situation in which they may find themselves, or limitations of a physical or psychological nature (Shantall, 2003). By consistently encouraging the client to move towards this mastery, the therapist's techniques or methods need to keep the client discovering their own unique calling or meaning by focusing on what remains healthy and intact in their lives, and not just looking at the causes of the struggles or dysfunctions they may be facing. Thus, the focus is on the present situation with the aim of moving towards their future, without remaining bound by their past. This is Frankl's view of humankind's 'will to meaning'.

There is a strong implication that if a technique or method maintains these elements, the client is then able to reach towards something that is not just for their own growth and sense of the positive, but will be able to find a sense of self transcendence by moving beyond themselves to find their unique place and task in this world.

Furthermore, the client will be able to create a sense of distance from the problems or struggles they may be encountering, allowing them to gain a stronger and clearer perspective. This sense of distance or self-detachment allows the client to move further towards what their deep human striving is, and not just focusing on the physical or emotional or psychological levels. It draws the client towards finding their "noos", or their spiritual dimension.

Frankl greatly valued the technique of the Socratic dialogue. As Fabry (1968) observed, it is the technique most often used by logotherapists. It requires of each individual, through a specific type of questioning, searching for their own answers to the questions of responsibility and conscience. Fabry further comments that it also encourages the logotherapist to remain purely curious, avoid preconceptions, or

directing in ways that inadvertently subvert the individual's own thinking and sense of responsibility. Frankl, additionally, developed a number of techniques which he felt would generate more thinking and encourage the individual to process their understanding of their lives (Frankl, 2009; 2014), for example, Paradoxical intention and De-reflection, as well as the power of humour, which he felt was a fundamentally human characteristic and therefore immensely effective in dealing with finding meaning. The use of EAP, and in particular the Eagala model, include many of the elements identified above and therefore could be considered part of logotherapy's "toolkit".

It is interesting to note that although Frankl speaks of the importance of techniques, he is equally clear that he does not believe that techniques in and of themselves should be the sole focus. The relationship between therapist and client being held in balance is equally important. In the case of the Eagala model, as a technique for logotherapy, the horse-human contact would be an additional element in the encounter, and strengthen the encounter.

This balance is between holding the encounter as an open and equal system between the therapists (horses included) and the client, and the communication between them; while also holding the technique as a support for the client and not subordinating the client to the therapist. As Dreikurs (in Frankl, 1962) states, that the technique should not be used to "…Puts the therapist in a superior position, manipulating the patient according to his training and therapeutic schemes..."(p.99).

FRANKL'S VIEWPOINT REGARDING PSYCHOPATHOLOGY

The development of psychopathology

Frankl believed that the most fundamental underpinning of any therapy is to encourage human beings to find meaning in their lives. His entire focus was to develop a theory which was designed to focus on building up humankind's true motivation, which he believed was the search for meaning or will to meaning. He wanted to see humankind in totality, not just as an animal but as someone unique and truly human.

Frankl's aim was to support everyone, whether in their general growth and development in their lives towards their true potential; or helping those who were feeling that there wasn't a sense of direction or a goal which they value; or developing an alternative to understanding and treating those who were struggling with psychiatric illnesses (Frankl, 2000; 2009; 2014).

As Fabry, et al. (1979, p. 11) describes: "this is a method to help a person whose life has become empty and meaningless ...to lead a fuller existence". Finding this sense of a meaningful existence is to encourage human beings to develop a strong attitude towards wellness and well-being. Fundamental to this sense of well-being includes the sense of finding a place of belonging in a social setting, through developing a sense of values, beliefs and motivation to become more proactive (Schulenburg et al., 2008). However, the flow towards finding meaning is often blocked due to many societal factors. Frankl (2014, p. x) expressed the following concern: "Unlike an animal, man is not told by instincts what he *must* do. And unlike man in former times, he is no longer told by traditions what he *should* do. Often he does not even know what he basically wishes to do".

As a result of this, many human beings find themselves with a growing sense of emptiness and frustration and a loss of their unique place, even a sense of an inner emptiness or inner void (Frankl, 2014). The concern is that when an individual has no idea of what they should or ought to do with their lives, they become victim to either accepting what others expect of them which can be called totalitarianism, or they will do what everyone else is doing which can be called conformism (Frankl, 2014).

Other areas that will also affect human beings in society generally, is the sense of affluence where although they have everything that fulfils the basic needs, there is a growing gap in feeling a sense of belonging and value, and this is the area where although the physical and psychological needs could be met, the deeply human or noetic levels will become frustrated (Fabry et al., 1979). Equally, as the economy begins to deteriorate, the growing levels of unemployment can add to the deeply felt levels of frustration to finding the real meaning in their lives.

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If a person is unable to see the wherefore of living, there is a growing danger of what Frankl called an existential crisis or existential vacuum which could develop (Lukas, 2015). This emptiness or existential vacuum may develop as part of a natural progression during certain times during a person's life cycle; or they could be part of a time which could be called crisis points, and if they are dealt with timeously, it could offer a great growth opportunity.

Frankl (2014) highlighted that there are also aspects of life within the tragic triad that everyone will inevitably face, either death, pain or suffering, and if there is not an understanding or an opportunity to deal with these issues, an existential crisis or even a noo-genic neurosis could develop.

Frankl did not believe that these areas could be regarded as a psychiatric disorder. Rather he considered them to be socio-genic neuroses. These levels of neurosis were not a sign of an illness or disease, but rather a sense of possibility for finding the meaning in their lives, and therefore to move towards finding greater mental health and allowing themselves to be truly human. It is interesting to note that according to all diagnostic systems this level of "neurosis" has not generally been included (Frankl, 2004). However, the possible value of including this level of neurosis in the assessment of psychiatric disorders could in fact encourage an element of psycho-hygienic health and could be seen as part of a preventative treatment rather than just another mechanistic category.

If, however, these socio-genic neuroses are left or ignored for prolonged periods, and where boredom and apathy are not challenged, the existential vacuum or existential crises could become what Frankl (1978) termed, a "masked existential vacuum" ... the mass neurotic triad, compromising depression, aggression, and addiction..." (p.26)

These patterns of coping with the frustrated search for meaning can lead to the finding of quick fixes such as taking drugs, alcohol or sexual addictions, or self-harming behaviours or even compulsions (Lukas, 2000). This could be said for the individual's inability to cope with the tragic triad too, that if this is not dealt with timeously or openly.

Frankl's alternative diagnostics

In Frankl's (2009) description of psychiatric disorders he focuses on a number of general categories such as neuroses and psychoses, which as he states, "although we have not systematically delineated a theory of the neuroses ... we wish to discuss in fuller fashion the special existential analysis of the neuroses and psychoses" (p.169).

Frankl's (2009) conception of psychiatric disorders is that each neurotic symptom is based on 4 levels. They include moving from the physiological or somatic, towards the psychological plane, which could include either a symptom fulfilling a function, or be a possibility for attaining a hidden goal. The final level, the spiritual or noetic level, incorporates the sense of a symptom, what Frankl calls a "mode of existence" (Frankl, 2009, p. 169). It is at this level that logotherapy can be used most effectively.

Although logotherapy can reach the other levels as well, the logotherapist can appeal to and reach humankind's spiritual level, that is, consciousness and existential freedom of choice, from any of the other levels. This freedom is the freedom towards something which could be their life task rather than just focusing on the symptoms and their original cause. The implication highlights that each individual psychiatric case deserves to be evaluated according to these levels of functioning and not just a list of pre-destined criteria.

As a psychiatrist, Frankl was aware of the psychiatric diagnostic criteria of the European International Classification of Diseases, Ninth Revision (ICD-9), framed within the medical model predominant at that time, and which he was expected to use in his practice. It was a list of mental illnesses with a check list that focused primarily on the symptomatology of the disease. Frankl (1978), however, developed a theoretical stance that included humanistic elements into his psychiatric criteria:

> To begin with, we must learn to differentiate between what is human in man and what is pathological in him – in other words, between what is a mental or emotional disease on the one hand, and on the other, what is, for instance, existential despair, despair over the apparent meaninglessness of human existence (p. 86).

He then created a system of diagnosis and treatment which included the humanistic and phenomenological element of the human being. The focus then was to include each individual's own personal and lived experiences of their illnesses and not just a textbook list of symptoms. This new system included all aspects of the individual such as their physical or somatic, their psychological or psyche and even their sociological or situation. Most important, it would focus on the person's freedom of choice, whether to the mass neurotic triad or the tragic triad which included suffering, death or guilt.

Although Frankl (2014) acknowledges that the elements of the physiological and psychological aspects of human nature have been included in many other theories, he believed that the inclusion of the noological or spiritual element was the key element for any effective diagnosis and treatment as it encouraged the treatment process to see the person in their totality and their own uniqueness. This positioned logotherapy as a unique therapeutic approach.

Part of what makes these unique diagnostic criteria valuable is that the focus is not on a preordained list of symptoms. Logotherapy includes the four levels from the somatic to the noetic, but in fact also incorporates a further four elements. He believes that every mental illness needs to be assessed along a path that commences with the 'ontological' – this is to take into account the human characteristics (Frankl, 2004, p. x). This will enable the logotherapist to then assess the 'aetiology' which he believes describes its cause. Once this is understood, he believes that there can then be a form of classification, that is followed by the form of treatment or therapy that may be needed. This treatment would be linked to the ontological level.

In his general diagnostic categories of mental illness, he maintains that the focus needs to be more on the aetiology or the cause of the disorders, from the physical or somatic level to the psychological or the psyche, the sociological and most importantly, the noetic or spiritual level. As du Bois (in Frankl, 2004, p.37) states,

"Frankl's purpose...is not to describe comprehensively the variety of mental disorders that exist, so much as to illuminate the fundamental mechanisms that underlie various kinds of mental disorders".

Frankl's diagnostic criteria

In this research study the focus is on the following psychiatric disorders:

Neuroses

Psychoses

Functional or pseudo neuroses

Reactive neuroses

Iatrogenic neuroses

Noo-genic neuroses

In the descriptions of these categories the focus will be on the aetiology of each. This implies that each category has at its core the type of symptomatology. This takes into account on what level it is presented, which can either be physical, somatic or psychological or noo-genic. Frankl (2004) names these levels as pheno–psychological or pheno-somatic or pheno-noogenic.

Thereafter, focus will be on the pattern of how and at what level the illness developed, which Frankl calls somato-genic or psychogenic or noo-genic illnesses, or whether the illness developed on the physical, psychological or noo-genic level. According to this categorisation Frankl set out the following categories (Frankl, 2004)

Neuroses: can be described as pheno-psychological, psychogenic illness which indicates that neuroses have psychological symptoms developing from psychological causes. These illnesses have been linked to the DSM IV category of phobias, obsessive-compulsive disorders, sexual-neurotic disorders, sleep disorders and dysthymic disorder.

Psychoses: can be described as pheno-psychological, somato-genic illness, indicating that psychoses have a number of psychological symptoms developing

from somatic or physical causes. This can be linked to the DSM IV categories of major depressive disorder, schizophrenia or Bi-polar disorder.

Functional or pseudo neuroses: can be described as pheno-psychological, somato-genic illnesses, indicating that in these neuroses, there will be evidence of psychological symptoms which have somatic or physical causes. This category can be linked to the DSM IV anxiety disorder linked to a general medical condition.

Reactive neuroses: can be described as pheno-psychological, somato-genic and/or psychogenic illness which indicates that these neuroses carry psychological symptoms arising from either psychological or physical causes. This can be linked to personality disorders as well as to phobias and obsessive-compulsive patterns of behaviour.

Iatrogenic neuroses: this is a unique category which Frankl includes as illness which presents in pheno-psychological or pheno-somatic which have as their cause the negative actions from either a physician or mental health professional. Although there is no specific category in the DSM IV for iatrogenic neuroses, it can be linked to anxiety disorders (NOS).

Noogenic neuroses: It is a unique classification not included in other classifications. It includes neuroses that can be classified as pheno-psychological, noo-genic illnesses, which are illnesses that have psychological symptoms, but a spiritual or noetic cause. This could be due to either an existential crisis or even a clash of conscience. Although there is no specific category for this in the DSM IV, one could link this to adjustment disorders, for example, bereavement, religious or spiritual problems; phase of life problems; adjustment disorders with anxiety, or adjustment disorders with depression.

EQUINE ASSISTED PSYCHOTHERAPY

Generally, animals have played a major role in the evolutionary development of humankind (Hallberg, 2008; Trotter, 2012), as well as our social-cultural development (Trotter, 2012). In this aspect, animals could either be seen to play a role in terms of offering a service to humans and therefore become part of what Trotter calls "the collective consciousness" (Trotter 2012, p.5). It relates to their usefulness to humankind and could be regarded as the first school of thought. Another school of thought highlights that animals and horses in particular, could also be seen as part of human kind's life in terms of the strong emotional impact that they have, whether positive or negative.

Animals such as cats, dogs, elephants, dolphins and more recently horses, have for a long time been seen to offer an element of social support such as love and acceptance without judgement or rejection. This is something, that for humankind is different to the often complicated and sometimes hurtful human relationships that they experience, and this positive effect can offer many health benefits to humans.

According to Trotter (2012) working with these animals can encourage humans to feel more relaxed and less threatened and can allow the person an opportunity to reach beyond themselves and focus on being able to offer care and support and love without fear of a reprisal.

Animals also play a strong symbolic role in society which entails giving humans the opportunity to be able to role play certain roles, and to experience different aspects of who they are in a safe and caring environment, which is not always something that fellow humans allow (Parish-Plass, 2013).

THE GROWTH OF EQUINE ASSISTED PSYCHOTHERAPY

Introducing horses into AAT is relatively new in the therapeutic field, particularly and since the 1990s (Hallberg, 2008). For this study the focus will be on equine assisted psychotherapy (EAP). Although there has been a growing body of evidence, this field is still seen as very much in its infancy (Trotter, 2012).

Using horses as a therapeutic modality has been described by Mandrell (2006) as,

> A dawning approach to professional counselling that helps clients of all ages to address behavioural, emotional, spiritual and relational issues … a non-

threatening, interactive, action-oriented approach ... Equine-Assisted Psychotherapy helps clients cope with change and develop positive means of facing life's struggles through the use of team-building activities with horses (p. iv).

The importance of EAP, according to Hallberg (2008), lies in "the potential within the horse/human relationship for the human to find increased physical, mental, emotional and spiritual health and well-being"(p. xxxiv). EAP has been described as a form of a psychotherapy practice, which has the advantage of including a 900lb assistant (Wilson, 2012). It is an empirically based approach using scientific techniques from the different therapeutic approaches. These approaches can include CBT; psychodynamic therapy; Gestalt therapy; Narrative Therapy and various other therapies depending on the therapist's training and expertise (Burgon, 2014; Christian, 2005; Wilson, 2012). However, in this study I would like to include the therapeutic approach of logotherapy as a further adjunct.

In summary, the horse-human bond touches on the following areas of a person's life: improved communication; relational issues; health benefits; respect; boundaries; empathy and compassion; and developing of the self (Mandrell, 2006).

EAP advanced at a rapid rate with the development of a number of different modalities (Kirby, 2016; Hallberg, 2008; Trotter, 2012). They vary in the groups they address and theoretical approaches used, for example, Equine Facilitated Psychotherapy (EFP); Equine Assisted Psychotherapy (EAP); Equine Assisted Learning (EAL); Equine Facilitated Therapy (EFT) to name a few (Hallberg, 2008; Kirby, 2016). The most common were modalities that originated from the North American Riding for the Handicapped Association (NARHA) and Eagala (Hallberg, 2008). EFP has been described as focusing more on the relational connections between the human and horse; whereas EAP (which includes the Eagala model) has been described as focusing more on the horse being highlighted as a "tool" which allows the client to build their connection through the activities (Hallberg, 2008). The latter will be the focus of this research.

THE EAGALA THEORETICAL MODEL

The Eagala model historically began during the late 1990's by co-founders Lynn Thomas and Gregg Kersten. Lynn Thomas has taken this association further, developing it into an internationally accepted organization where it has been involved in training over 3500 members internationally. It has been defined as: "an association providing professional development education incorporating horses within a mental health and personal development context" (Eagala, 9th ed. 2019, p.13).

The Eagala model has a set of professional standards with a strong ethical component that supports both humans and horses. Firstly, all sessions are dealt with as a team, and all sessions will always have at least two team members. The first team member is what Eagala calls a mental health professional, who needs to be registered with their professional board, and practicing within their own required scope of practice. The second team member is what Eagala calls a qualified equine specialist, who has had the required extensive experience of working with horses. The final team member is the horse that is at all times free and has the opportunity to respond to and work with the clients in a collaborative role (Eagala, 2019; Hallberg, 2008).

Secondly, this approach remains ground-based, that is, there is no riding. A number of specific techniques and activities will be carried out on the ground. This allows the horse and the environment to be utilized in a metaphorical learning experience (Eagala, 2019).

Thirdly, it incorporates the principle of utilising a number of sound theoretical viewpoints, in particular, the solution-oriented approach. This approach encourages each client to utilize their own best solutions, identified by the client via the team process (Eagala, 2019). This type of learning remains the most effective learning tool as it gives the client the opportunity to explore and challenge their often unconscious set of beliefs, through finding alternatives, working on problem solving ideas and being able to discover their own plan for their lives.

The fourth is includes an ethical basis. This code of ethics focuses on both the human and the animal in terms of the best practice and best care for them. The Eagala model has an ethical board which promotes, and is continually developing

international protocols, for effective and quality care and support for both human and horse (Eagala, 2019).

Eagala Foundations

The Eagala model has developed its own theoretical framework, which has been discussed in the Eagala manual, (Eagala, 2015; 2019), and is briefly summarized below:

Firstly, it has an experiential therapeutic approach. This assumes that for any client to grow and learn there needs to be opportunities for them to actively learn about themselves, their world and how to create the necessary changes to move forward.

This is often only effective when the client can physically create using elements from the environment or different types of equipment, and physically participate in this through the activities with the horses, as well as during the processing where they can share and change their thinking, or their beliefs or their patterns of behaviour. This learning and change are deeply personal, and is personalised for each individual.

Secondly, the Eagala model incorporates EAP within its theoretical framework. As previously mentioned, it works from the premise that the use of animals encourages greater communication, both verbally and non-verbally in finding the client's own world of experience. There is evidence that EAP and AAT have a positive physical effect on humans due to the lowering of stress hormones, and release of endorphins (Eagala, 2019).

Horses are selected for use in the Eagala model because of their unique social structure which facilitates relational and emotional connections, and their physiological nature which encourages developing the right attitudes and general approach to life.

Thirdly, this model maintains "an integrative approach" (Eagala, 2019) in which the client remains the central focus, where they can build on their own understanding and therefore discover their own unique place and solutions. Further, the focus is also to hold the relational aspect of the client's uniqueness and not rely on the therapist's expertise. Being integrative also encourages the client to externalize the issues or difficulties, allowing them to develop a sense of distance and safety and

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taking the opportunity to build their story moving forward rather than remaining in the past.

These theoretical elements have enabled the Eagala model to link effectively with EAP as well as with other theories, for example, psychodynamic (Parent, 2016); and Gestalt (Kirby, 2016; Lac, 2017). Against this background, it is posited that Eagala will be able to link in particular with the theory and therapy of logotherapy.

COMPLEMENTARY NATURE BETWEEN LOGOTHERAPY AND EAP APPROACHES

As previously discussed, both the Socratic Dialogue as a core technique, as well as the Search for Meaning is fundamental to the theory and practice of logotherapy. These aspects align with the EAP-Eagala model which emphasizes the lived, individual experience of each person's unique understanding as well as recognizing that each person has their own unique calling and ability to process information, through their understanding of being solution-oriented (Eagala, 2019).

Furthermore, the Eagala model, like logotherapy, holds the encounter as a fundamental concept. However, in EAP the focus is on the encounter between the horse and the client. It encourages each person to bring their own uniqueness and giftedness to the therapy and allows for a growth in trust between the horse, client and the therapist. This allows the therapist to remain curious without becoming the expert directing the therapy. The therapist shares in the process with the client. This level of encounter also incorporates the important balance between technique and encounter and allows the client to develop a level of trust in themselves and their own best solution (Eagala, 2019).

The Eagala model can also be valuable in highlighting the important logotherapeutic principles of the tri-dimensional personality. When dealing with horse/s, their connection with humans always includes all three levels of a person. This implies that although the horse responds to the physical element of the human being (Hallberg, 2008), it also is responding to the non-verbal or the emotional or psychological element. However the strength of the horse-human bond is the horse's innate ability to respond to the person's sense of being, or their noetic level, which is

fundamental to this form of therapeutic technique. As a result, the person has the opportunity to find their meaning whether through their present situation or circumstance or building towards their future by interacting and dealing with their own unique noetic levels of consciousness, humour and their "medicine chest" (Marshall & Marshall, 2012). This allows the client, through the Eagala model process, to find their noetic or spiritual dimension in terms of finding their own uniqueness and place in the world (Hallberg, 2008). The therapist is constantly using the skill of the Socratic dialogue, aiming to encourage the client to find as a basis, their understanding of who they are and their sense of self-awareness in the Eagala model (Eagala, 2019). This sense of self-awareness encourages the client to question their own journey of self-discovery – highlighting their own thinking, feeling, behaviours and beliefs. This can encourage the client to be aware of the value and preciousness of their lives – their "unconditional meaningfulness" (Meaning Therapy, 2017, p.3).

The Eagala model not only emphasizes a sense of self, it also focuses on the human capacity of the client to begin to see their lives from a different perspective through the use of different activities (Eagala, 2019). This gives the client the opportunity to focus beyond the problem, that is, they are able to transcend beyond themselves and the problem – whether the client is trying too hard or is overly focused on their own performance. This is equivalent to logotherapy's concept of self-distancing, which is encouraging the client to move beyond the problem through the objective and often physical viewing of their issues, via the arranged activities. The Eagala model encourages them to find an area that carries a greater significance than the problem that they are currently facing. This moves the client towards seeing something or someone that carries a greater value and meaning, moving towards finding true human achievement through self-transcendence (Eagala, 2019; Frankl, 2014).

The Eagala model also offers the opportunity to confront the questions or difficulties or the existential vacuum the person may be facing. By creating and working together with a horse, the client has the opportunity to step away, using the skill of self-distancing (Frankl, 2014), from the issues or difficulties which they may be encountering and to find the noetic vacuum that may well lie behind the problem that is being presented. This also includes the opportunity for humour as the client finds

the new ways of changing their attitude and thinking. Seeing these issues, problems or existential crises at a distance allows for the opportunity to notice an outside perspective and to find the answer which can transform the problem into something of value and meaning, and will also give them the chance to create the changes they feel they can bring about – giving them the freedom of will to be responsible and to choose the path towards their right attitude.

A further similarity to logotherapy is the Eagala model tenet of encouraging the client to focus on the opportunity for both change and for a future goal (Eagala, 2019). It encourages the client to be aware of the present struggles but the focus is always to move the client towards their potential, to enable the client to find their unique calling and task. It can also include encouraging the client, through the physical representation and the relationship between the client and the horse, to note their own ways of finding meaning.

The Eagala model offers the client the opportunity to find the understanding of what remains outside of their freedom of choice and gives them, through the horse-human relationship, a chance to develop their own right attitude when faced with the tragic triad or even the mass neurotic triad or a somatic mental illness. It strives to move the person from intellectual discussions which can often happen when in a more traditional form of therapy, into finding the non-verbal deeper elements within. This is often an element that many theories are not always able to address as humans generally do not have an awareness of their non-verbal language and its significant link with the unconscious elements (Hallberg, 2008; Mandrell, 2006; Trotter, 2012). This element allows the client to build on their own nonverbal awareness and understanding.

In summary, the Eagala model meets Frankl's criteria for acceptance as a logotherapeutic technique (Frankl, 2014). As a legitimate logotherapeutic technique which encourages the fundamental search for meaning, one could add the concept of "meaning centred" to EAP, and in particular to the Eagala model.

KEY THEORETICAL CONCEPTS

There are key shared concepts when exploring the alignment between logotherapy-EAP-Eagala models that are core to this research study. They are discussed below.

Frankl uses the Greek word noös, which means mind or spirit (Boeree, 2006; Lukas, 2000). In his contrasting view to traditional psychology, Frankl suggests that "we should pay attention to noödynamics, wherein tension is necessary for health, at least when it comes to meaning. People desire the tension involved in striving for some worthy goal!" (Boeree, 2006; p.226)

This negates the focus on "psychodynamics", trying to reduce psychological tension, which tends to predominate within the traditional therapeutic field (Boeree, 2006). Frankl's conception is that each and every person has at all times and in all circumstances their own potential value and meaning in life. This view is as important to those who are in particular areas of stress or crisis as it is for those who are struggling with mental illness, where there is a strong sense of no value or where there is no visible meaning in their existence. Frankl's approach gives to these individuals a strong message of hope and possibility of fulfilling their life's meaning. It appears to be a unique form of support compared to other approaches previously discussed. Using this approach in this research study will enable exploration of the challenges facing those who have given up hope, in their quest to find their own unique place and responsibility by acknowledging their own story and life experience. Following Frankl's call to develop and use techniques to expand logotherapy, the technique called meaning centred equine assisted psychotherapy (MC-EAP) will be used in this study as it aligns with the major concepts of logotherapy.

As previously outlined, logotherapy has three dimensions in contrast to the two-dimensional focus - the physical and emotional - of the traditional treatment modalities; and the third being the noetic level (Lukas, 2000).

This research will explore how each participant finds their areas of strength which is their unique noological capacity, or as Lukas states (2000), "…Whether the influence of the human spirit [*or noos-personal addition*] can be turned into practical use toward healing purposes of the other two dimensions" (p.12).The aim of this study is

to explore how this noetic power that is within each human being can be activated, particularly in those who are struggling with mental illness, by focusing on four specific elements that could make up what Frankl calls the defiant spirit (Frankl 2014; Lukas 2000).

THE FOUR ELEMENTS OF THE NOETIC DIMENSION

The movement from fate towards freedom

The first specific element of the noetic dimension is the opportunity for each patient to explore their capacity to move from a sense of fate towards finding their noetic sense of freedom (Lukas, 2000). An implication is that human beings have the capacity to remain autonomous in their choices on how to deal with their lives.

This is the ability to take a stand for something that is greater or more important than any situation or position in which they find themselves – this is in a sense taking a stand in spite of their circumstances. As Frankl has stated, (Lukas, 2000):

> What we emphasise however, is the fact that human beings as spirit beings find themselves not only facing the world, the external as well as the internal world, but also take a stand vis-a-vis the world, that they can always 'adjust' themselves or somehow 'conduct' themselves and that this conducting-themselves is simply an autonomous one (p.16).

The freedom to decide on how to respond to their fate or fate-filled situations is not a freedom **from** but a freedom **towards** something, for example, in their attitude towards their past, or their illness or even their physical or emotional situations (Frankl, 2014). It follows is that each and every person, no matter the situation they find themselves in, has the capacity within themselves to take the responsibility both for their healing and how they choose to deal with their lives. They need to know that they are not just victims of their fate but in essence co-creators of their life.

Lukas (2000), observes "much accountability is taken away from the patient because all his difficulties are being attributed to internal or external conflicts initiated by others, which gives them the label as a helpless victim" (p.20).

This brings into play the importance of each human being's conscience to decide what is valuable and what is not, and to also highlight what the unique value or meaning is in each situation the individual faces. Using our conscience cannot be associated with Freud's superego. As Lukas (2000) describes:

> A patient, who struggles with what 'people' may think of him, listens to his superego. One who struggles with the process of deciding about the meaningfulness of a subject matter is conducting a dialogue with his conscience (p.24).

The movement from susceptibility towards a sense of intactness

The second element is an understanding that their susceptibility to situations and limits in life can be developed into a sense of noetic intactness. Frankl (2014) observes that the noetic in each person can at times be latent or hidden behind physical or psychological illnesses, or even through old age. Nevertheless, it is a constant for each individual. It can highlight the creativity of human beings and there is the consideration that this may fall outside of the norm of society. As Lukas, (2000) comments: "There is a general discrimination towards all noetic interests and achievements … no longer appreciates that there exists an authority in human beings that stands beyond health and illness …" (p.28) and continues to add", "So psychologism shuts its eyes to the genuineness in human beings, their authentic human creativity and spirituality" (p.29).

This implies that an individual has the capacity to bring their noetic level to the fore, despite suffering from a mental illness, and irrespective of whether it is debilitating or manageable. They can attain a sense of respect and have the opportunity to share without negativity or judgement. They can be encouraged to find that last remaining vestige of their own uniqueness. This study explores how these individuals maintain the greatest amount of hope and, even though this noetic level may be blocked off or unavailable at the time, they can be acknowledged as a human being with value.

The movement from pleasure towards a sense of meaning

The task of this study is to explore how each individual, particularly those who struggle with mental illness, can move towards the understanding that the basic

motivation of humankind is not the sense of pleasure or even power, but a growth towards their noetic level to find their own personal meaning in and for their lives.

This element centres on Frankl's concept of meaning in life. There are many examples of how in history, humankind has moved from a striving to surviving, particularly through the great depression and the two world wars. However, as the world has become more affluent with life being portrayed as being easy and abundant, there is a growing need to move beyond just survival.

This begins to highlight the difference between need and purpose in life. As Lukas, (2000, p. 31) sums it up, the world has changed its question over time: "What do I do in order to live?" which motivated people in times of adversity and poverty. During affluent times, it becomes the more anxious question: "I live, in order to do what?"

For Frankl, this is what he termed the tension between being and ought to do, the gap between homeostasis and what he called noo-dynamics (Frankl, 2014; Lukas, 2000). This was his alternative to the other theories that have been presented. Although on a psychic level he did not doubt that there are a number of drives to satisfy needs which both Freud and to some extent Adler expounded; nor did he question that humankind searched for rewards and encouragement as the behaviourists believed. He also understood the call by a number of humanists of the importance towards reaching self-actualisation, but he contended that these areas focused more on the internal world of the ego, leading towards a more ego-centred view of humankind.

His conception of the noetic level or dimension, while keeping the internal world in mind, is rather a focus on the external world, being aware of the need to reach beyond one's own thoughts and feelings and transcend towards others. This area is very important for those who often get so caught up in their illness and struggles, and at times become ego centred and lose their own sense of responsibility for their own lives. Using MC-EAP model allows these individuals to move beyond themselves and find their gift towards others.

The movement from character towards finding their unique personality

Finally, this research would like to observe the movement of each individual study participant from their character, which is the base of who they are, to their noetic

personality that has the capacity to supersede every situation. Frankl believed that although each individual has their basic character which is made up of their genetics and their environment, they equally have the capacity to reach their unique noetic personality. As Frankl states in connection with the formula of Allers: the human being 'has' a character, however 'is' a person, could be added and 'becomes a personality' … in that the person takes a stance toward the character, shapes itself and the character again and again and 'becomes' a personality (Lukas, 2000, p.47).

This has been seen in a number of studies using twins (Frankl, 2014) and in families (Lukas, 2000) where in spite of the same genetic character structure, many journey on different paths to create their own norm or label to find their own unique personality. This personality is the noetic level's ability to build, in spite of many of the limitations each person may face in their mental illness, and find their own freedom to choose their intact parts and to distance themselves from their limitations and illness.

Within the therapeutic process, the therapist is called on to keep the person focusing on what is still intact or healthy and not as other theorists expound, focusing on the pathological elements. This encourages the person to find the chance to bring about their own change and not become passive and believe that because they were born in such a way, that there is no scope for change. In essence this gives them the greatest chance to take a stand above and beyond their illness and not allow themselves or their dignity to be lost. This touches on their ability to self-distance from their illness by achieving a sense of internal self-control as well as focusing on their sense of internal growth through self-transcendence (Lukas, 2000).

This study will use the MC-EAP techniques of self-distancing, de-reflection and the Socratic dialogue to observe these four unique noetic or spiritual strengths and explore whether there can be movement towards a sense of self-transcendence and a sense of meaning in their lives.

SUMMARY

In summary then, by exploring and observing the four strengths or elements of their noetic level or third dimension which includes their sense of intactness; their level of

meaning; their sense of freedom and their personality, the overarching exploration of this study is to focus on whether, if these areas are stimulated through the use of MC-EAP, logotherapy could begin to support individuals in dealing with the issues of relapse rates, stigma and lack of motivation noted in some traditional therapeutic regimes and therefore give an alternative to each individual with mental or psychiatric illness to find their own unique calling and sense of meaning in their lives.

This chapter has outlined an in-depth understanding of both logotherapy and EAP, within their own theoretical and therapeutic standpoints and highlights the complementary nature of both approaches. Taking a specific area of interest in Frankl's theory, in particular his key theoretical concepts of noo-dynamics, this chapter has outlined the specific concepts that will be observed and explored in this research study.

In the following chapter the design used in the study will be discussed. This will focus on the value of and the use of the case study and will include the procedures, the choice and number of participants, the data collection tools, the data collection and analysis methods, data credibility issues and ethical concerns.

CHAPTER FOUR

METHODOLOGY

INTRODUCTION

In this chapter the aim is to briefly discuss how Frankl's theory of logotherapy and the technique of EAP, including his alternative approach to the diagnosis and treatment of psychiatric disorders is of particular value within the Interpretivist approach, while maintaining the importance of a human being's phenomenological view of life. This chapter will outline the research methodology adopted, in particular the multiple case study approach which will include a comprehensive discussion regarding the best approach to both data collection and analysis fitting with this study.

Throughout the history of psychology, a number of theories have been proposed to explain and predict various aspects of human behaviour (Boeree, 2006). These theories maintain their own definitions which offer some description of the structure of personality, either seeing it in the light of being predictable or controllable which can be dealt with specific programmes, or by describing the more philosophical aspects, as Boeree (2006) says:

> Some theorists go a step further and say they are looking for the essence of being a person. Or they say they are looking for what it means to be an individual human being. The field of personality psychology stretches from a fairly simple empirical search of differences between people to a rather philosophical search for the meaning of life!" (p.6)

RESEARCH PARADIGM

The concept of a paradigm was originally from a Greek concept which was further developed by Kuhn. Kuhn has defined a scientific paradigm as: "universally recognized scientific achievements that, for a time, provide model problems and solutions for a community of practitioners" (Bibri, 2019; p. 11).

Therefore, taking this definition into account, a paradigm implies that there is a basic structure which gives a framework to scientific and academic ideas and values and assumptions. In the world of research there are different paradigms within the social

sciences which reflect a number of different systems or worldviews, as well as their understanding of the nature of the knowledge that is being pursued and the different ways this knowledge is processed and assessed. As a brief description these will be discussed.

This implies that if a researcher's worldview acknowledges reality as a form of Realism, the focus on the truth would remain on a more objective level and the aim would be to control and predict and explain reality. This form of worldview was developed by Compte which he called Positivism (Babbie, 2010; Clarke & Braun, 2013; Rehman & Alharthi, 2016).

Babbie highlights how Compte based this world view as being factual and scientific and in essence believed that all information needs to remain independent of the individual (Babbie, 2010). This form of Realism brings in the attitude of a more objective approach to understanding knowledge and he believed that the best way to describe or understand reality is through observation and reason and that true knowledge could only be obtained through observation and experimentation. From an ontological stance, this meant that reality will be given objectively and remains independent of the researcher as well, using quantitative methods, the truth will then be presented as empirical.

However, although there are a number of other paradigms that have been discussed (Babbie, 2010) there was a need raised for a more personal level of involvement from the individual and that in dealing with humanity there was a greater need towards a more subjective view of the world. Further, the question remained whether there can only be one correct path to knowledge. The alternative to the Positivism stance of Compte was the introduction of the Interpretivism paradigm.

This paradigm focuses more on the society based view of the world and therefore includes the individual within its search (Willig &Stainton-Rogers, 2017). Within this paradigm, the focus is less on the observable and more on the concept of the individual's actions and behaviours as well as their thoughts and feelings. This also involves focusing on the meanings that these individuals bring to each situation and their behaviours and how these meanings give interpretations to their world (Willig &

Stainton-Rogers, 2017). This approach also has been described as Constructionism or being more subjective.

As these are linked to their life experiences, this can lead to a number of grey areas particularly as learning or understanding the individual and their thoughts and feelings and their interpretations can be very difficult to measure (Willig & Stainton-Rogers, 2017). This approach builds on the meaning rather than on the measurement as a form of methodology e.g. the use of interviews and participant observation. Further, the data collected cannot always be generalized, nor can it be quantified. However, as Willig and Stainton-Rogers (2018) continues, its effectiveness lies in allowing for individuality and flexibility and allows for in-depth understanding.

This has been corroborated by Rehman and Alharthi (2016) who add that as a researcher, in using this specific research paradigm of Interpretivism allows them to connect with their thinking, we are then able to "understand, and articulate our view of reality i.e. our beliefs about the nature of reality; what can be known and understood of that reality and therefore how we go about collecting this knowledge" (p.51).

Taking this into account, the research paradigm of Interpretativism remains the more effective approach for this study as it allows the following of the individual's understanding and description of their lived experience and this further complements Frankl's theoretical understanding and his paradigm or frame of reference. This research is based broadly on the psychological theory of logotherapy.

Logotherapy and EAP can be seen as connected particularly as they share a number of tenets in their approach. Both approaches believe that the client is the focal point of any therapy and that they have within themselves their own best solution for their journey (Eagala, 2015; 2019; Shantall, 2003). They also share the tenets of tracking as well as the importance of remaining within the here and now. Following on, both approaches are able to support the concept of moving towards Frankl's three- dimensional living.

Taking the opportunity of using both these approaches together in a supportive manner does not appear to have been previously extensively studied which allows

this study to offer an important opportunity for further learning. This creates the scene of focusing, not only on the uniqueness of each person and their own unique context, but also to ensure that the entire therapeutic process in this study remains completely authentic with the highest sense of offering and holding containment and safety both physically and emotionally to the participants

A further factor within this study has been the opportunity to observe the participant's movement forward from two to three-dimensional living. Throughout this study there has been an on-going awareness by the researcher of any possible obstacles or blocks which the participants may encounter. This has been noted in literature confirming that when there is the use of qualitative designed psychotherapy research studies these blocks or influencing variables can play a role. These areas or influencing variables have been highlighted, among a number, as the researcher; the research process; the natural connection which develops when there is sharing of personal emotions; the therapeutic connection; the uniqueness of using an equine which may not be in the participant's experience; possible cultural factors, the participant's own level and mechanism of change as well as the important area of the participant holding the capacity to trust both an animal and another human.

These are important factors for both logotherapy and MC-EAP, particularly the concept of trust, and how the researcher can maintain a connection between the client and the researcher which Frankl himself highlighted as the most important element in any therapy (Frankl, 2014). However, in using the Eagala model and MC-EAP in this research, one needs to be aware that the element of trust that is built between the client and the equine (Eagala, 2015) is more important than the trust between the client and the researcher, particularly as trust has often been acknowledged to be a difficult place for the client when they have struggled with relationships in their life and this can become a block towards any growth and movement forward towards wholeness.

The value in studying any form of psychotherapy is to evaluate its effectiveness and increasingly it is being recognized that case study method is appropriate for this

purpose, as it becomes more prevalent in psychotherapy research (Widdowson, 2011, citing Fishman).

Using the method of the case study offers the most effective way to observe and explore any possible movement forward, and to allow the participants to observe their own growth (Edwards, 1990) This has been elaborated by Yin, (2003). As Fishman (cited in Widdowson, 2011) states "the single case study allows for the examination of the detailed unfolding of events across time in the context of the case as a whole, represent one of the most pragmatic and practice orientated forms of psychotherapy research" (p.25).

Hence, it is appropriate for this study which seeks to describe the process of 8 participants possibly progressing from two to three dimensional-living, facilitated by an independent researcher who is a clinical psychologist with no previous contact with the centre or the participants. It had been ascertained that they were functioning at the two-dimensional living level. Using the method of the case study offers the most effective way to observe and describe any possible movement forward, and to allow the participants to observe their own growth. As Fishman (as cited in Widdowson, 2011, p. 25) states: "That the case study allows for the examination of the detailed unfolding of events across time in the context of the case as a whole, represent one of the most pragmatic and practice orientated forms of psychotherapy research".

Despite the increasing use of case study method in psychotherapy research, there however appears to be a greater significance given to quantitative research. Quantitative research programmes are predominant in the field, in contrast to the less frequent employment of qualitative methodology and methods, particularly when the focus is on therapeutic outcomes. This is problematic when the aim is to provide evidence of the effectiveness of holistic therapy: care for and support of the client's emotional and mental wholeness. At this personal level, qualitative approaches are more appropriate (Denzin, 2009).

As has been outlined in the previous chapter both logotherapy and MC-EAP respectively, focus on closer and more direct engagement with and from the client both physically and practically; more so than many other more traditional therapeutic approaches. The focus for logotherapy and MC-EAP is the constant call on the participant to engage in their own process of growth and understanding. Both these approaches utilise the concept of tracking – which includes the researcher's focus towards the participant as a holding space, but also allowing the participant – through the logotherapy's technique of self-distancing, de-reflection and attitude modification, to develop a strong sense of self understanding and creating the movement towards self-transcendence. McLeod (2008) is in agreement that this attitude of engagement or collaboration is necessary within the research method and can, by using the Socratic dialogue and self-distancing, move the client from their sense of fate towards a sense of purpose and meaning.

In the development of this study a number of factors were considered when choosing the multiple case study design (Stake, 2006; Yin, 2018). There is evidence that as early as the 1900's, case study design was employed, for example in Freud's work, which points to the feasibility for any research to effectively evaluate their therapeutic approach using it. Furthermore, the case study was useful in the development of behavioural studies and as Widdowson (2011) comments, it should be recognised as the basic unit of study and generally it should be seen as more pertinent for psychological studies.

However, traditional psychotherapy has operated within a quantitative methodology utilizing quantitative methods to establish cause and effect. In contrast, observing, describing and understanding the individual's lived experience requires a qualitative methodology, and an Interpretivist framework, with statistical analyses playing little or no role. In addition, the case study method was critiqued for not having sufficient data regarding the actual cases as well as process of investigation.

Furthermore, the absence of randomised control trials (RCTs) led to the questioning of the validity and truth of the findings. Hartley, (as cited in Cassell & Syman, 1994)

concurs and adds that often the case study has not been seen as important or valuable because it appears to lack the rigor and reliability of the more traditional quantitative methods and it was questioned whether they really address this issue of general reliability effectively.

RCTs in traditional psychotherapeutic approaches are used in the types of studies focused on power and control. The methods of enquiry do not take into account the client's actual lived experience of the phenomenon. That absence indicates that RCT's tend to shift the focus from the validity and value of each person's personal voice in terms of how they experience the therapeutic encounter. It also excludes the researcher's own voice in terms of the delivery of the intervention. This places the research design in the more traditional medical model.

However, as Barker et al., (2015) state that using the case study allows the researcher to move beyond just the ability to generalise and to note aggregates, and to rather build on remaining true to the ideas and concepts of the individual. They continue to believe that the value of the case study is that it is more about finding what is indeed possible and not to focus on what is typical and to be able to record the empowering elements of the participant's personal voice is important particularly given the aim of this study which is to report and describe how these participants found the movement towards three-dimensional living as well as finding meaning and purpose in their lives.

The case study method additionally enabled exploration of personal meaning, as researcher, which was carried out in the most authentic manner, and was integral to the methodology of the research. Given RCTs strong emphasis on design method, and quantitatively derived outcomes, there is little or no space for the participant's and the researcher's own lived experience of the phenomenon, which in this study was captured by means of regular evaluation throughout the sessions, combined with participants' journaling. The case study method further allows for theoretical learning as well as encouraging the individuality of the participants.

In response to the expectation that has been mentioned by McLeod (2008) that it is important that generally qualitative psychotherapeutic research requires any studies to be collaborative and engaging, this can effectively be carried out by both logotherapy and MC-EAP. Both of these therapeutic approaches require constant active engagement from the client in both the verbal and non-verbal communication, as well as in their actions, when interacting with the equine. This engagement is further enhanced with the regular tracking by both the researcher and the client of their own journey of understanding. This can be effectively measured through the case study. Although there will be times of the therapist offering directives and guidance, generally in these two approaches the focus is more on the facilitation of a therapeutic and learning space for the client rather than the therapist directing, analysing or leading.

RCT's appear to focus exclusively on how the method was conducted and experienced which creates a gap in terms of including the participant's and the researcher's own lived experience of the phenomenon. However, this lived experience of the phenomenon should be an integral part of any study of psychological outcomes and in this study the case study is the most effective form of being able to focus on the client's and the researcher's personal lived experience through regular evaluation throughout the sessions and in the participants' journaling and their letter in the final session.

Within the focus of this study there has been an emphasis on the phenomenological view of each client. This follows Frankl's rejection of the traditional medical model approach which he mentions as medicalizing therapy by focusing only on assessment and diagnostic measures. This study follows Frankl in his development of logotherapy and focuses more on the individual and their own value and moves away completely from the more traditional therapies. The case study is an effective method to study the individual's phenomenological experience.

The above discussion of the interpretative and phenomenological features of this study as contrasted with quantitative methodology and the medical model framework, underscore the appropriateness of the case study method, which in Yin's

view "arises out of the desire to understand complex social phenomena … [and] retain the holistic and meaningful characteristics of real-life events" (in Kohlbacher 2008, p. 2). This can effectively be linked to both logotherapy and EAP which believes that the move from a sense of fate to a sense of freedom can be seen through each participant's experience of finding meaning and purpose in their lives.

Taking the above into account, the methodology that has been used in this research study follows the directive that areas such as research design, methods of data collection, bonding in both time and space, sources of data and methods of data analysis should be included. This is indicative that as the research method needs to focus on assessing outcomes, this research study can be regarded as a good fit in terms of gaining increased knowledge in terms of describing how the individual can move beyond themselves and their circumstances to find meaning and self-transcendence.

RESEARCH DESIGN

The element of the research design is fundamental to all research. However, there is a concern that there are a number of research studies using case study that do not clearly justify the choice nor adequately describe the design (Hyett, et al., 2014). For this study, the research design is a qualitative, outcome-based descriptive study that uses multiple case studies.

Case studies can be either explanatory, exploratory or descriptive (Creswell et al., 2007; Marshall & Rossman, 1999; Mouton & Marais, 1990). According to Mouton and Marais (1990), the exploratory studies really focus on areas of research that are relatively unknown and that research in this form would be the exploration to find new information or to develop new hypotheses. Whereas explanatory studies seek to establish the causal relationship between multiple variables, and specifically, the direct cause or causes of a phenomenon.

In contrast, descriptive studies record, as accurately as possible, the researcher's observations, according to Mouton & Marais (1990). They are also an opportunity to develop an in-depth understanding (Creswell et al., 2007). This is supported by

Dudovsky (2018), who views the descriptive study as a process of describing or casting a light onto current problems through the collection of rich and deeper data, which allows this problem or issue to be seen as clearly as possible. Furthermore, descriptive studies are in essence a way of being able to describe, or to identify what is in the moment and is not focused on answering questions such as why or how that situation or issue came to be. This relies on and encourages greater and deeper or richer understandings of the situation or issue (Marshall & Rossman, 1999). Hence, the descriptive study is appropriate for this study.

The use of the case study can be distinguished by the size. This can range from a single case to multiple cases or can focus on groups, or can be taken from a single sample. Case studies have also been used to analyse programmes and activities (Creswell et al., 2007). Using a multiple case study from a single sample allows for the researcher to select a particular concern and find a number of different perspectives on the issue, hence the choice for this study.

QUALITATIVE METHODS – THE MULTIPLE CASE STUDY DESIGN

Case study research is also variously defined, depending on whether it is regarded as a research strategy, (Hartley, 1994), or as part of a research methodology (Creswell, et al., 2007). Creswell (2007) elaborates:

> Case study research is a qualitative approach in which the investigator explores a bounded system (a case) or multiple bounded systems (cases) over time through detailed, in-depth data collection involving multiple sources of information (e.g. observations, interviews, audio-visual material, and documents and reports) and reports a case description and case-based themes (p.245).

The case study generally is useful in terms of being able to collect large amounts of data from using a relatively small sample or number of participants and non-statistical techniques can be used to describe their data. Further, it allows the researcher the opportunity, whether the study involves individual or multiple cases, to gain greater insight into an issue and therefore it allows the researcher to build an in-depth contextual understanding of the case with the value of multiple data sources

(Creswell et al., 2007). This implies that the value of the case study lies in its underlying philosophical thinking of not to prove or disprove information but to improve the learning possibilities for those who are facing the issue in question.

APPLICATION TO THIS STUDY

This research study is not using a specific hypothesis but an overarching theory as a descriptive paradigm. This involves the use of Frankl's logotherapy with MC- EAP as an effective technique where the focus is to explore and describe whether, in terms of the gap that has been noted and discussed in the literature review we can reach those who have been diagnosed with psychiatric illness and to observe the movement from two dimensional to three-dimensional living. Furthermore, this study has lent itself to the qualitative descriptive approach, as its focus has been on discovering the deeper experience and meaning that each individual is able to express. In addition, by not using specific pre-conceived or pre-planned questions or questionnaires, each participant has greater freedom of expression, without having any expectations or limitations imposed by the researcher.

PROCEDURE FOR CONDUCTING THE CASE STUDY RESEARCH

This study focused on the use of the multiple case study design. The study is bonded in time, where each participant will receive six therapy sessions on a weekly basis. It is also place-bonded as each session will take place in the same venue for every session.

SELECTION OF PARTICIPANTS

Purposive sampling was used. Participants were chosen by the Director of the psychiatric centre in which they were residing at the time of the study. The choice of these participants was taken by the Director as he felt it could allow for greater potential to gain deeper insights to be seen through their unique and rich personal information. The Director chose eight participants for the research however, although all eight began the study, one participant had to withdraw from the study after three sessions due to an unexpected family intervention. As this participant requested that

she be given an opportunity complete the "letter to the horse", the final feedback was completed and as it has relevance, was included in this research.

RECRUITMENT OF PARTICIPANTS

An initial letter of introduction was sent to a number of psychiatric centres via email to describe the research study (Annexure A). One centre responded and an initial, introductory meeting was set up with the Director and the researcher who is a clinical psychologist. A meeting was also set up for each of the participants that had been chosen by the Director, and a general overview was given to them regarding the nature of the research, including a brochure on the use of horses. At this meeting, the participants were invited to consider taking part in the study with an understanding that they would have the freedom to withdraw at any point in the research. It was also explained to them that if they considered taking part in the research, there would be a consent letter that they would need to complete (Annexure B). Further to this, a detailed description and outline of the study, including its broad aims was discussed with each participant. This included the description of using only audio recordings. Once they had confirmed their full understanding and willingness to participate, the consent letter was then signed.

SELECTION CRITERIA

The participants were chosen, not on any specific diagnostic criteria, but based on their placement within a long-term psychiatric centre. Their placement in the centre was due to a long standing, on-going psychiatric disorder. The focus of the research was on their struggle to find three-dimensional living, and a sense of meaning and purpose in their situation, and in their psychiatric illness.

DATA SOURCES

There can be various methods of receiving data, and in using the case study approach, the data sources will typically include multiple information sources such as observation, interviews and may involve consulting other people, personal or public

records, or it can involve a number of individuals within a specific situation and their understanding or growth. According to Creswell et al., (2007), there are six different types of data sources: documents, archival records, interviews, direct observations, participant observations and physical artefacts. Kohlbacher (2008) concurs. Oun & Bach (2014) highlight that data sources and collection can take place either directly with individual participants, or through direct interaction with a group of participants. Direct individual interaction with each participant was employed in this multiple case study. The data sources were audio-recordings of the therapeutic sessions with each participant, documentation in the form of transcription of audio-recordings, the participants' and researcher's reflections. This level of intense data collection has allowed the researcher to develop an in-depth understanding of each person's personal view.

DATA COLLECTION

As Oun and Bach (2014) state, the collection and the analysis of data generally develop simultaneously in the case study method, when using either participant observation or in-depth interviews. However, this data is not converted into quantifiable, statistically analysed material; rather it allows the participants to express themselves more freely without any pre-conceived answers or expectations. This is endorsed by Suter (2012), who comments that any case material needs to strongly consider each participant's inner perspectives. This approach encourages a constant flexibility in terms of discovering overall themes that are less influenced by the researcher. The use of the interpretive techniques assists in this regard, as it is based on understanding aspects of human behaviour (Oun & Bach, 2014). Coding is one such technique which will be discussed under data analysis.

As previously mentioned, data was collected from direct interaction with each participant. It entailed six therapeutic sessions, per participant. These were held weekly and of one hour duration. Sessions were audio-recorded and transcribed. In addition, participants were requested to keep a journal and self-reflect on each session. This enabled participants to capture their processing during and after each therapy session. The researcher wrote process notes and a self-reflection of each session. Finally, the participants were invited to write a "letter to the horse" at the end of six sessions, describing their learning and experience of the study.

This level of intense data collection enables an in-depth understanding of each person's personal view. Furthermore, the use of multiple data collection methods facilitates data triangulation, which contributes to strengthening the validity of the study. The data collation from the multiple sources is aimed at identifying themes embedded in the eight participants' contributions regarding their experience of logotherapy using MC-EAP. These themes were further collated and the results can be used to explore whether the gaps mentioned in literature review can be dealt with in a more effective manner and therefore offer the possibility for future planning for the treatment of psychiatric patients.

DATA ANALYSIS

As Suter (2012) describes, the goal of data analysis is to take the raw material from the multiple data sources and to discover as many themes or patterns and insights that will build a realistic image of the participant's life view. This is further discussed by Samuel (2011) that as qualitative research often generates a great deal of raw information and data, there needs to be some form of direction for the researcher to focus on and not become caught up by the details and overwhelming depth of the data. This allows for the exploration of the themes for each participant but also allows for the finding the possibility of generalising these themes between participants. This will assess the effectiveness of EAP as an effective technique of logotherapy.

There are a number of different techniques, as previously mentioned, which are useful for analysis of data. Samuel (2011); Braun, and Clarke (20060 describes thematic analysis as one example, in which extracted themes can be linked to codes or groups of codes. He suggests a number of key pointers for helping to identify themes, for example, looking for repetitions, or generally used verbal expressions.

Oun and Bach (2014), similarly, describe the value of coding. It aids the creation of segments of data into either words or phrases, and once they have been processed and summarized, the relationship between these codes can be examined which assists in integrating the data. Creswell et al., (2007) support Samuel's (2011) and Oun and Bach's (2014) description of the role of coding in data analysis. As they

observe, it enables the researcher to develop a broad interpretation and therefore to report these findings in terms of what has been learnt from these experiences.

Wagner (2011) notes when doing research there can be that a combination of content analysis and thematic analysis can be used: "The combination of content analysis in which re-occurring ideas are given codes, and thematic analyses, in which themes are identified. In other words: Codes are identified and themes are drawn from the codes and are then counted" (p.3).

This approach is well suited to transcripts which can be generated from therapy process notes as well as journal entries from participants, and will be discussed below, in relation to this study. During the process of thematic analysis, researchers should also identify missing data or different data content, as data that disconfirms or is contrary to the literature, encourages further research (Hartley, 1994).

According to Yin (in Kohlbacher, 2008) there are a number of different strategies for analysing case study data. He highlights areas such as pattern matching, explanation building, time-series analysis, logic models or cross-case synthesis. This has also been described by Cope (in Ponelis 2015), where the suggestion is that the analysis of data can take place at four levels which include transcribing and capturing of session notes, typing up case studies, within case analysis and integrating and correlating the findings.

Oun and Bach (2014) also highlight the use of coding. Coding is valuable in that it allows the data collected to be analysed and aids the creation of segments of this data into either words or phrases which, after these codes have been thoroughly processed and summarized, there is the opportunity to determine the relationship between these codes leading towards the exploration and integrating the data. Creswell et al., (2007) agree that coding is an important element of data analysis as it allows the researcher to break down the detailed information given by the participants into a number of themes that can be noted within each participant's responses but also noted as common aspects through the different participant responses. This allows the researcher in the finality, to develop a broad interpretation and therefore to report these findings in terms of what has been learnt from these experiences.

The process of data analysis for this study entailed numerous phases. Initially, data from the transcripts, demographics of each participant, all journal entries as well as the researcher's process notes for each session were collated and read.

Thereafter, the researcher read through each entry relating to each participant thoroughly, searching for important points or repetitive points within the case analysis. The next phase entailed re-reading of all the material, searching for meaning units or codes which can be either words, phrases or even paragraphs. These were collated and classified into categories, enabling the researcher to highlight how often a category occurred throughout the data. These categories were then placed into themes. A number of themes that were noted included: being stuck, having no control, no future or growth; and moving towards themes such as: in spite of, breaking free, what I can control, moving beyond, finding responsibility. These themes were then assessed in an across case analysis to establish whether there were any inter-relationships and generalisations pertaining to three-dimensional living. These themes were also evaluated by a co-coder, who was part of the research, as the equine specialist. This provided corroboration and confirmation regarding the relevance of the themes.

These themes were summarised into a description, and were categorized in terms of what was of interest about them by writing a detailed analysis for them. Time was also taken to identify the story behind each theme and how it connects with the overall theme of the research question.

EVALUATING QUALITATIVE RESEARCH

Within traditional research falling under the positivist approach, there have been three major criteria put forward to effectively evaluate the credibility of the data collected, in particular areas such as reliability, validity and generalizability. However, Shenton, (2004) observes that qualitative research has had to face a number of challenges from the traditional positivists regarding the credibility of findings in qualitative research. As a result, qualitative researchers have focused on finding alternative terminology and processes to meet these criteria. These areas include

credibility, transferability, dependability and confirmability. These are discussed below.

Due to the nature of qualitative research, sample size could be smaller, and selection could be random or purposive, given that the focus is more on the level of understanding, and finding the meaning in the interpretation of the participant's personal responses. A result is increased difficulty in assessing the validity or trustworthiness of the research findings. Shenton, (2004) describes and suggests a number of alternative criteria, given the nature of qualitative research that could stand up the critiques from the positivists.

This qualitative multiple case study used a small sample of 8 participants purposively selected to achieve in-depth understanding, as previously described. It would thus have to address the criteria below.

Credibility

Credibility is offered as an alternative for the more traditional criteria of internal validity. It is understood as the extent to which the research matches reality. This is in essence how the content of the study matches the reality of the individual's personal meaning. According to Shenton, (2004), drawing on Guba and Merriam, most researchers consider credibility to be the most valuable and important factor in being able to develop a level of trustworthiness in any qualitative research.

There are a number of ways in which credibility can be enhanced for example, being able to use research methods that are well used and established. Therefore, developing an in-depth understanding of both the literature and the particular organization or population that is being studied will encourage a level of trust between the participants and the researcher.

Using purposive sampling will also allow for a stronger link between the situation or phenomenon being studied and by including member checking, it can encourage greater participation and a sense of honesty by the participants. Of major importance is both the inclusion of thick, deeper and detailed descriptions as well as adding reflective commentary from the researcher. This aids the triangulation and the collection of the different types of data sources.

In this study, following the criteria stated, there have been a number of areas incorporated to increase the credibility of this research, in particular the use of well-established research methods in the case study design, as well as the development of trust between the researcher and participants. Further, the use of triangulation, the inclusion of the detailed descriptions and of the reflective commentary from the researcher, allows for greater credibility.

Transferability

According to Shenton, (2004), transferability is the alternative to the more traditional criteria of external validity or generalisation. The value of transferability is the understanding or ability to extend the findings of an individual to a larger context or population or whether the findings of particular research can be applied to other situations.

However, this poses an issue in terms of the uniqueness of each individual's information and situation. Shenton, (2004) discusses that the typicality of the environment is extremely difficult to generalise particularly if there is not enough information or experience in these settings. Therefore, it is important that the researcher takes responsibility for creating and providing detailed information on methods and contexts, as well as making explicit underlying assumptions of the study, for example, being aware of any restrictions with each participant or even within their institution that may play a role in the data, as well as the length of the sessions, and the time periods and place of data collection.

In this study, the researcher addressed transferability by providing detailed information regarding the methods and the process of the research study. Other information included confirming a regular time for each participant from each house for each week of the sessions, as well as maintaining consistency in terms of the length of the sessions and the place where the sessions were conducted. The researcher remained aware of any role that the institution would play which may affect the data, and in the initial meeting, it was suggested that transport would be provided so that the centre would not be involved in any financial obligation or in any other way to this research.

Dependability

The level of dependability of any study has been linked to the construct of reliability. This refers in essence to the extent that this study can be replicated with similar types of participants and in similar contexts. This again places a strong responsibility on each researcher to ensure that each step is described in great detail, accounting for and describing any changing contexts or circumstances that could have changed or affected the overall study and findings.

Shenton, (2004, p. 74) adds that the research could be put within a "prototype model" which will help other researchers develop a thorough understanding of the methods and their effectiveness. According to Lincoln and Guba (2004), (in Shenton, 2004), there is a strong link between credibility and dependability when the following is addressed: making explicit what the assumptions and theory are; the use of multiple data collection methods and analysis; and the use of as much detailed information and descriptions as possible. It is also highlighted that other areas such as the use of member checks, clarifying the researcher's bias, assumptions, worldview and theoretical orientation and their reflexive appraisal of the study be included.

In this study, the researcher made use of detailed descriptions which included any changes. These were recorded and notes were made regarding any influences that could have affected the study such as a possible change in medication regime, or change in the home setting. Throughout the research process, the use of the team approach and focusing on the technique of self-awareness, allowed the researcher to manage her bias.

Confirmability

Confirmability is the alternative to the traditional criterion of objectivity. Within this area the researcher is strongly cautioned to be aware of their own biases and preferences that need to be held in check, and the importance of highlighting any particular reasons for following one approach, and whether any weaknesses were observed in the findings. The use of reflexive commentary that has been mentioned also contributes to confirmability for the study. Shenton, (2004, p.72), suggests that

an "audit Trail" be created, either through the data or the theory which highlights the importance of strict archiving of all material which can be easily accessed so that it can be available for other researchers to follow.

Confirmability was addressed in this study by archiving all information and material, reflexive commentary written by the researcher as well as the participant, and identification of weaknesses within the study.

AN EVALUATION OF THIS STUDY

Within this study, the use of the qualitative approach, in particular the multiple case study has been chosen which is able to meet the aim of the study through the exploration, description, understanding and the possibility of finding meaning of each individual.

Furthermore, although the researcher has had a number of years of experience in the field of working at a number of psychiatric centres, for this research study the researcher did not have any previous contact with the centre, nor did the researcher have any access to process notes or background history of the participants, allowing for less bias. Although the use of random sampling is of value, purposive sampling was used, as it strengthened the link between the individual and their phenomena being studied. It also encourages a deeper involvement from the participants and therefore an opportunity for a greater willingness on their part to share and be honest in their responses.

ETHICAL CONSIDERATIONS

When doing any research, particularly social research, there needs to be some consensus about what can be seen as helpful or unhelpful in terms of conducting the research. According to Babbie (2010, p. 64) ethics has been defined, "As conforming to the standards of Conduct of a given profession or group". As Brinkmann and Kvale, (2017) have added, there is a strong call for ethical considerations particularly

when one is aware that the research is to explain human existence and therefore the information gathered needs to be treated with great caution.

Creswell (2007) adds that as a researcher one is entering the personal world of the participants that includes their own world view and that there is a level of trust given by the participants to the researcher. This is also important for the researcher as the therapist in this research. Therefore, the call is to make sure that as a researcher and therapist, there is an on-going obligation to respect the rights, the needs, the values and the desires of the participants throughout the research process.

In this research, it is important to consider four areas of concern: informed consent; confidentiality; harm and risk; and the role of the researcher. However, the researcher would like to also include the ethical considerations according to the Eagala model regarding the physical and mental welfare for both humans and animals, in this case, the equines.

Informed Consent

This has also been stated as voluntary participation (Babbie, 2010). Each of the participants need to be informed about the overall purpose of this research, including the main features, as well as any possible benefits and risks to which they may be exposed (Brinkman & Kvale, 2017). It is therefore important to stress the participant's voluntary participation and that they continue to have the right to withdraw at any time through this process.

This was consistently considered throughout this study as the researcher gave the opportunity to each participant at every session that they could withdraw from participation if they felt the need to do so. Further, each participant has signed an Informed Consent form.

Harm and Risk

Although there are times when participants may agree to share their own personal information, however in any research or even therapy, the reality is that the

participant might discover that they have revealed information about themselves that could endanger or embarrass them in their work or friendships or even homes, and the task of the researcher is to maintain a strict standard that ensures that the participant's personal information will be protected. In essence this entails firstly, gaining permission from the participants including their signing of the consent form, and secondly that they have heard and understood these risks and remain willing to participate.

Privacy and Confidentiality

This area implies the importance of keeping data collected as anonymous as possible. This further implies that the information available to other researchers needs to be in such a format that the participants cannot be identified. As Babbie, (2010) notes that maintaining confidentiality will focus on removing all identification such as names etc., and that the researcher uses numbers, and that archived documents should be stored separately from the findings.

Within this study, all names have been changed and pseudonyms have been given to each participant. Further, all information has been filed separately from these findings. Further, at all the sessions, no one from the general public was allowed to enter the premises, therefore keeping risk and harm at a minimum.

Role of the Researcher

The role of the researcher is critical to the soundness of any ethical decisions. This involves the researcher's own moral integrity and their commitment to moral issues and actions. As Brinkmann and Kvale (2017) highlight, the researcher will need to be open and clear in their use of their knowledge, experience, honesty and fairness. Taken further this implies that all information, both positive and negative, needs to be reported on and added to the research findings.

Brinkmann and Kvale (2017) continue that this is particularly true when there is the use of therapy as part of qualitative research, as the goal may well include

encouraging change in the participant, however, in this research, the findings are to advance knowledge, and therefore the researcher needs to listen with an open mind.

In this study, a number of elements were brought into play regarding the ethical considerations of the duality of the role of the researcher and, as a therapeutic intervention was brought into play, the role as a therapist. Firstly, in the initial introductory meeting with the participants, the researcher explained in detail the nature of the research in the use of logotherapy with a technique called MC-EAP. As part of this discussion, there was an offer that if they were interested, they could request a copy of the completed research.

Secondly, the role of the researcher as both researcher and therapist were considered in the discussions with the participants and was clearly stated. However, after this interview no further mention or discussion was held throughout the research.

Thirdly, the researcher maintained all engagements with the participants following the normal parameters that have been set out, including the same ethical principles that any other therapeutic encounter would expect. There was no outside contact made with the participants throughout or between the sessions. There was also no contact after the study between the researcher and the participants thereby protecting the participants from any misunderstandings regarding this research.

The importance of the audio recordings of the sessions were made explicit in the initial meeting with the reassurance given to the participants of the confidentiality of their information, and their continued freedom of choice in their participation, the researcher remained authentic to the process, maintaining what could be described as a normal therapeutic process and focused on offering the participants a safe space by reassuring the participants that there would not be any video recordings of the sessions.

As both logotherapy and EAP are experiential in their orientation, there will be periods of involvement with the equines which highlights the need for nonverbal learning and times of self-reflection, and as these aspects of the therapy need to be protected, no videos have been taken. Although audio tape recordings of all the sessions have been taken, which have been collated into transcriptions for each

session, these recordings have been strategic so as not to interfere in those important learning moments and therefore offering each participant a sense of support, privacy and protection.

Audio recordings were included particularly as the amount of information being gathered throughout the session between the equines and the participant as well as the external stimulation of being in the outdoor environment can be generally extremely intense and pertinent information could be missed. Therefore, these recordings were a further support for the data being collected.

Finally, as has been mentioned previously, the consideration by the researcher as a therapist that the therapeutic relationship remains the most important element in any therapeutic encounter is essential (Frankl, 2014). This therapeutic encounter can be instrumental in the effectiveness and success of any research and can be regarded as the key to allow a sense of meaning to develop. A strong element of ethical consideration in this study is that the focus of the researcher has also been to assume the position, as has been put forward in EAP the Eagala model, which subscribes to the concept that the focus of the researcher, whether as a researcher or as a therapist, remains on the building of a therapeutic and trusting relationship between the participant and the equines, and not on the building of a primary relationship between the therapist and participant. This also allows the researcher to remain more independent and maintain the ability to observe in a more objective manner.

Physical and mental welfare for humans and equines

Any work using equines requires an acknowledgement of the horse's needs (Eagala, 2019; Hallberg, 2008; Trotter, 2012). These needs have been cited as their physical, mental and emotional health. It remains important that the equines are within a large enough area in which they are able to move freely.

In this study, during the MC-EAP sessions, the horses remained unrestricted and were able to move freely. The horses were also free to make choices in terms of whether they wanted to respond to the participant which included whether they were willing to participate or not in the shared activity (Trotter, 2012). As part of the care of

the horses, they were given time between sessions to meet with the rest of the herd for a period of rest. According to Parelli (in Trotter 2012), this down time and interaction among their own is necessary for stimulation and building confidence.

In this research study, the horses were given time between sessions and session days to spend time freely with and interact with the rest of the herd.

This study was presented to the University of South Africa, Pretoria, for approval from the Ethics Committee, which was granted to continue this research in January, 2021. (Appendix C).

THE RESEARCH PROCESS

The initial meeting

In the initial introduction with each of the participants, there was a brief discussion around understanding of the role of the horse and their safety around equines before the study, however there was no in-depth discussion regarding their diagnosis or present treatment that each participant may have been receiving either medically or psychologically in the residential facility. This initial discussion also highlighted that this is a research study and although therapy will be part of the process it is not the main focus. Further, in the preamble, the general format was described as every session would be in the same arena, with the team which comprised of the equines, the researcher and the equine specialist following Eagala model standard. This team would be in the arena with them at all times both in terms of sharing the activity and sharing in the feedback, as well as to offer emotional and physical safety to the participants. There would be a number of activities for the participants to complete, after which there would be a time of sharing with the research team, followed by a time of self-reflection through journaling in a private, safe and contained space.

The therapy process

In the study the researcher carried out the therapy process as the therapist. The participants attended weekly sessions for six weeks of 50-60 minutes in length,

where they received logotherapy as a therapeutic intervention which was delivered through MC-EAP techniques. As the researcher is both a logotherapist and an equine assisted psychotherapist, the researcher as a therapist was able to maintain a number of strong ethical elements. Firstly, by using informed consent and the introductory interview regarding the use of equines, the participants were given support that protected them from both psychological and physical harm. This is also supported by the ethical standards of the Eagala model with the inclusion of an equine specialist. Further, as the researcher is a therapist, the use of the researcher's venue and the use of her own equines, increased the knowledge of both the venue and the equines which allowed the therapist to be aware of any variables that could have developed between equines, the therapist and the venue. This was evaluated strictly by the researcher, ensuring that there was constant care and support offered to those who may struggle with physical or mental challenges or any anxiety or uncertainty that the participant may have experienced. As both researcher and therapist, boundaries were able to be monitored effectively through remaining focused on the set activities and to offer both empathy and respect at all times to both the equines and the participants and their autonomy. As a final ethical consideration of the researcher as a therapist, it was important that termination of the therapy was clearly demarcated at the beginning of the study.

Further, as both logotherapy and EAP are seen as short-term therapeutic interventions, sessions were set accordingly. In order to maintain authenticity, this study's continued aim was to observe and describe developing constructs and to build on the understanding of the phenomena being seen in more natural contexts.

During the sessions, as per the logotherapy and MC-EAP approach, the sessions were carried out in a natural setting outdoors. As the focus of these sessions was primarily the observation of the participant's involvement in both the activity and the contact with the horses, long periods of non-verbal communication and at times lengthy silences would occur, therefore no video recordings were made so as not to either distract or impact negatively on their sharing of sensitive information.

Although audio recordings were taken with the participants expressed acceptance, these audio recordings were not seen as a distraction to the participants, particularly as the participants were involved with both the horses and their own processes, and

were often at a distance from the audio recordings, which did not appear to interfere with the authenticity of the engagement.

Participant reflection

After each session, each participant was given an opportunity for self-reflection which they could complete in their journal. This was completed in a private, safe and contained environment where no audio or video recordings were taken.

In the final session, the participants were given an opportunity after the session to give some feedback regarding any learning from the sessions as well as describing their experience of logotherapy and MC-EAP through the writing of a "letter to the horse". This provides information with regard to both the therapeutic intervention as well as information towards the study outcomes.

THE RESEARCH SETTING

For this study the entire study took place at the researcher's venue with the researcher's equines. Taking into account the ethical concerns regarding the role of the researcher's venue and the researcher's own equines, this has been discussed in both the therapy process section and the role of the researcher as therapist. This included a large arena, where the equines were free to move throughout the sessions. Each participant was able to enter the arena for their own personal session. Further, the time for each session for each participant was set for each week for the six-week programme. The sessions were also in the outdoors, and although the venue is part of a public domain, no public was allowed access during the entire study. Further, according to the Eagala model of ethical considerations, autonomy was offered throughout to both the equines and their involvement in the process and to the participants.

OVERVIEW OF LOGOTHERAPY THEMES AND EAP ACTIVITY FOR EACH SESSION

For each session there were a number of elements for the participants to use in their sessions, such as:

- five horses – which remained within their demarcated area;

- hollow plastic poles;

- calvalletes;

- plastic cones

- plastic hoola hoops;

- different styles and size brushes;

- Any natural elements in the paddock which were available to them to use.

Each participant was given a pen and notebook as their personal journal.

SESSION ONE

In the first session, the first theme based on the concepts of logotherapy, was to give the participants an opportunity to build a trust relationship between themselves and the equines through meeting the team of equines in a guided exploration in terms of expectations, sensory contact and trust building. This involved each participant being guided by the team in encouraging them to brush the horses, choosing to use either a number of different brushes or through direct contact with their hands on the horse. During the brushing, and for a short period afterwards, an opportunity was opened to share feedback with the researcher of the experience, and any feelings or thoughts that could have been brought to the surface by the experience.

The second activity and theme for this session was to invite each participant – using the logotherapy technique of self-distancing – to "Share their story" by building a timeline of their lives using the available equipment (as mentioned), and then to walk with a horse of their choice through this timeline. At the end of the session, the participants were asked to share their thoughts with the team and then to take a moment to write their thoughts in their journals.

SESSION TWO

The researcher asked participants to take into account their initial points that had stood out for them from the first session, when inviting them to share, in spite of what has happened to them, the following: (i) what have they heard been said about them and their illness from significant people in their lives; (ii) what do they really believe about themselves, what possibilities they believe they could reach within themselves. This is based on the logotherapeutic principle of highlighting their sense of fate.

SESSION THREE

In this session, the focal theme was to highlight the possible obstacles that the participants feel have blocked them from being able to reach who they are able to be. This is based on the logotherapy principle that for many people who are struggling with mental illness, that although there may be a block within the somatic and in the psychological areas, their noetic level remains intact if they are given the opportunity to hold onto this gift.

SESSION FOUR

In this session the central theme from a logotherapy perspective involves inviting each participant to highlight, using the available equipment, what is within their control and what lies outside of their control and how these give the participants in spite of their illness and situation the opportunity to reach towards self-transcendence. This is an important theme within logotherapy that they still have a scope of freedom to choose their stance towards any situation.

SESSION FIVE

In this session, the focal theme is based on the logotherapy principle of allowing each person to find their own values in spite of their illness either through their creative, experiential, or in their attitudinal values. This activity invited each participant to take a horse of their choice with them as they moved around the arena and found objects that could represent these three values and share it with the horse and the team.

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SESSION SIX

In this final session, each participant was invited to build with the equipment, some of the lessons that stood out for them through the five previous sessions and to share this with the horse and the team.

In the final activity of session six, the opportunity was given to the participants to share their thoughts and feelings around the experience of touching on logotherapy concepts, and taking the stance of moving towards three-dimensional living using MC-EAP as a technique, as well as describing any learning or the experience of moving towards three-dimensional living through the writing of a letter to the horses.

SUMMARY AND CONCLUDING REMARKS

This chapter has outlined the qualitative methodology, particularly the multiple case study design used in the study. This includes the selection and number of participants, the data collection tools, the procedures, the data collection and analysis methods, and data credibility issues. The research design for this study made use of the multiple case study that was analysed through qualitative methods through thematic analysis and coding.

In this study, eight case studies were undertaken to assess the aims of this research, that is, whether MC-EAP is an effective technique of logotherapy and can be regarded as a valid alternative approach. In the following chapter, the results of the study will be outlined.

CHAPTER FIVE

RESULTS

INTRODUCTION

In this chapter, the results of this descriptive study will be presented. The focus of this chapter is to collate all the data collected, and conduct case analysis within and across cases. Using this form of data analysis gives the opportunity to assess whether the findings of this study support the initial research aim.

As has been mentioned, taking into account the literature review and theoretical framework that has been explored in a previous chapter, the aim of this study is to explore through description whether a specific model of diagnosis and treatment, in particular Frankl's logotherapy, through the technique of MC-EAP can, by reaching the noetic level of a number of psychiatric patients, motivate a change in their lives living from a two dimensional living to finding a depth of life in the three dimensional or noetic level of functioning.

The analysis will involve firstly, exploring the key concepts of Frankl's two-dimensional ontology and motivation for change in the participants towards finding a three- dimensional ontology in their living; and secondly, whether logotherapy with MC-EAP can serve as an effective alternative logotherapy technique in developing this three- dimensional ontology in psychiatric patients.

In the initial phase of this analysis, the data will be presented as in-depth, within-case summaries of the eight case studies. These summaries are based on the six therapy session process notes and the therapeutic process notes of each session. This will also include the participant's evaluation and learning from their journals and a final written letter to the horses.

The second phase will entail an analysis across the case findings, focusing on similarities and general themes that are evident in the data. It is important to note that due to the high ethical standards set, a number of personal and geographical information and details have been omitted in order to protect the participant's confidentiality. Finally, there will be an opportunity for a general discussion of findings.

This will be followed by an integrated discussion on the value of Frankl's alternative approach and the use of MC-EAP in terms of support for long-term psychiatric patients. The chapter will conclude with a general summary.

OVERVIEW OF PARTICIPANTS

In this study there were 8 participants that were purposively chosen from a long-term psychiatric centre. The centre has two houses and the Director of the centre chose three participants from house one and five from house two. Participant 8 was only able to attend the first three sessions due to unforeseen family commitments, but the data has been included in this study as there was relevance.

Each participant has been given a pseudonym.

Participants:

One – Jenny

Two – Grace

Three – Laurence

Four – David

Five – Ava

Six – Emma

Seven – Ella

Eight - Mia

The data was collected from various sources as previously described. These participants were at various stages of receiving long-term treatment and had voluntarily chosen to remain within the centre. The demographics highlighted that there were more females than males and that there was a majority of white participants – this was indicative of the centre's general demographics at the time of choosing the sampling population.

CASE STUDIES

Within case summaries

Participant one – (Jenny)

Background

Jenny was initially brought to the centre by her parents and brother due to a suicide attempt. According to the initial interview, Jenny was initially diagnosed with bi-polar affective disorder, although there was a query regarding Temporal Lobe Epilepsy, there was also a query around cluster B traits as well as an Obsessive, Compulsive Disorder.

Jenny is a Caucasian woman in her early 50's and has a history of risk taking in her work and relationships, and was generally described as impulsive and uninhibited. She was married and divorced twice. She divulged that she had been in a major car accident with a suspected head injury in the recent past and also acknowledged that she has had a suicide attempt. Jenny also struggles with major anger outbursts at those around her, especially her parents and sibling. She has been a resident at the centre for just under a year before attending the sessions and was extremely anxious that she would be placed in the facility permanently.

Frankl's alternative diagnosis

According to Jenny's traditional diagnosis it would appear that she has been diagnosed with bi-polar disorder. If one takes into account Frankl's criteria, Jenny can be described as pheno-somatic, psycho-genic, in that there is an element of the somatic element in the bi-polar disorder. However, it is important to include the pheno-psychological, with the aetiology in the psycho-genic, somato-genic and noo-genic categories. Therefore, she presents with a number of psychological symptoms that have their aetiology in psycho-genic such as her obsessive, compulsive symptoms; but in the aetiology from the somato-genic there is a link to the reactive neuroses such as her personality traits of impulsivity, and aggression. However, it would appear that the aetiology that needs to be considered is the noo-genic as Jenny has struggled with a deep search for meaning and has got caught in the cycle of the MNT which includes her aggression, depression and her addictive patterns which has left her feeling empty and a deep sense of meaninglessness.

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Sessional work

Session One Jenny initially entered with an underlying anger and frustration about her situation. In addition, she was extremely suspicious about the study as she was really concerned that she would not be heard or understood, and that it could lead to her permanent placement in the long-term facility. She has a history of contact with horses as a rider and was quite at ease with them.

In the initial activity Jenny met all the horses. She was initially very quick to greet them and wanted to move onto the next activity. All the horses took time to come over to her and would touch her hand and then move away from her. After all of them had touched her and moved away, one horse which she called Sunrise came back to her and did not move away.

In this first activity, Jenny became absorbed by the contact with the horses. She spoke about her breathing slowing down even though she was still anxious. She greeted each one but felt that one stood out for her – she called him Sunrise as he represented for her for the first time in a long time a "sense of hope for a future".

In the second activity, Jenny created a brief synopsis of her history. She built her story including that she was placed into the long-term care facility where she was diagnosed as bi-polar disorder; and as she spoke about it in later sessions, she called it her "ripple effect". Jenny described her history of being chaotic, with many mistakes including drugs and alcohol which led her down a path of further distractions and destructive situations. In the activity she created a jump to represent getting over her mistakes, and then added a jump to focus on hope and getting through – and named it a "jump into her future" even if it took time to achieve. Jenny was then invited to take the horse/s with her through her pathway. Although she chose one to walk with her on a halter/lead rein which she had named Inquisitive, all the horses responded to her and followed her independently through her pathway. At the one area which she named "going straight", the horses stopped and did not move. This was a moment that highlighted for her that when they stopped in her path that she had created, it allowed her to see that she is trying to do everything at once which stops her holding trust in herself.

Session two

In this session all the horses initially came to her and then moved away from her while she was creating her space. Although one horse ventured near to her while she was sharing, she would not allow him to step into her space. However, the horse continued to move into her space and remained in the centre of the space until she was finished.

In this session, Jenny was struggling with tiredness. She has been feeling out of control of her life and that she had been feeling that she is a victim of her fate. She highlighted again how misunderstood she has been and that no-one has believed her, particularly her father, and that she constantly needs to prove herself and her integrity, in spite of her believing that she is a good person, kind and helpful and compassionate. As a result, she wanted to keep everyone out of her space and became extremely agitated when the one horse did not stay outside of her world. At this point she became aware that while she was trying hard to keep the horses out of her space, she realised that she is doing this to everyone, including those who actually really do care about her.

Session three

The horses in this session did not approach Jenny. They remained separate from her. She chose Inquisitive to work with her and as the session progressed, the horse, although remaining still next to her, began to stamp his leg and snort for the remainder of the session.

During the session Jenny displayed latent aggression and anger towards her family and her situation – what was interesting is her realising that she was allowing her family to block her and when the horses were beginning to respond to her anger and aggressive attitude that maybe she needs to step back and take this time to rest with no responsibilities and to focus on letting herself get better.

Session four

The horses initially walked with her as she shared each area. Inquisitive, the horse that she had chosen to walk with her moved into her 'in control' box while she

shared. However, he did not move with her towards her 'out of control' box. She attempted to pull him towards the 'out of control' box but he would not move.

In this session Jenny was beginning to shift her focus – she felt that she had begun to let her family go – and to start in a new place. Initially Jenny did not feel she had any control in her life and was feeling very angry about her sense of helplessness. But as she spent time working with the horses, she could see that she had a number of choices which took her to beyond her past situation and when the horses did not move from her areas of control, she was able to see that she can keep her focus, facing forward away from her past. This gave her the courage to choose to live and to hold good choices as she realised that there were more areas that were in her control than she realised. She became animated when she realised that she did not need to keep a wall around her - "... like I did with the horses last time … I can have good boundaries". She also became excited when she could see while working with the horses that "I actually can change direction".

Session five

In this session, although she chose to work with Inquisitive on a lead rein, all the horses moved with her without any equipment. Lisa started the session very excited about finding herself no longer angry the way she had been feeling in the previous sessions. She chose several values for herself; in particular she chose flowers to represent growing and touching her creativity. She also chose a piece of bark which she felt represented her "peeling off the old", she chose a stone to represent learning to be "strong like a rock" and finally she chose a piece of sugar cane to represent her "feeding and nurturing herself". Through this process the strong image that stood out for Jenny was the realisation that she is "choosing to live" and as she said "...Inquisitive showed me, I can change direction".

Session six

During this session Inquisitive, the horse that had remained with her stamping his leg and snorting during the previous session, came to her while she was writing her letter in her journal, and stood next to her, at times resting his head on her shoulder, and at other times standing over her.

In this session Jenny said that she felt that she had begun to be her old self again. She also felt that her growing awareness highlighted that she has been learning to trust herself more and "although it will take time to break down the walls and to trust" she felt she was "ready to do boundaries instead of bricks".

In Jenny's personal evaluation of her experience, she highlighted that initially in the first four sessions she was carrying a lot of anger and was reckless with a wall around her. However, as she noted, that the wall has gone, she is setting boundaries and her sense of the horses was that they had helped her to heal her heart: "I was so broken and you showed me I can smile and be happy. You have given me more confidence. I feel my old self again – the heavy burden of my past has left me smiling again". Jenny ended her evaluation of the horses and the therapeutic experience as "the most amazing awakening".

General summary

Initially she raised issues of living under a sense of fate. This became evident during the initial sessions as there were strong feelings of being out of control, and that others – as in her family and the psychiatric centre, are being in control of her life and she is not able to take any responsibility. She raised the fear of being like this for ever. There was a strong sense of being a victim and being stuck with her history and family circumstances.

During the sessions, Jenny highlighted a change in her approach towards a sense of freedom. She highlighted that in spite of her past, she wants to focus on a change of direction, letting go of control; taking her words "calm" and "strong" and see herself as something beautiful. She highlighted the sense of letting go and trusting to move forward using an act of her will. She continued to raise the thought that in spite of (everything) choosing to distance herself from both external and internal circumstances, she can learn to accept limitations and can learn to accept her responsibilities. In her final sessions Jenny highlighted that she can use boundaries to care for herself and not walls, that she is learning to trust more, and finally becoming awake and moving forward as she has been given an opportunity to choose to live.

Participant two – Grace

Background

Grace is an Indian woman in her middle 50's. She was brought to the centre after suffering an emotional breakdown after her parents' and her husband of over 30 years had all passed away within a year of each other. In this breakdown, Grace had attempted to commit suicide and her sister, with whom she had been staying, admitted her to the centre. She was diagnosed with bi-polar disorder. Although Grace is a qualified teacher, she was extremely scared that she was not going to be able to get back into teaching and therefore would lose her independence as she did not think she would ever get beyond her illness and trust herself again. She had been placed in the centre for just less than a year.

Frankl's alternative diagnosis

According to Frankl's diagnostic criteria, Grace's illness presents on a pheno-somatic level with a cause on the psycho-genic level which would include her diagnosis of bi-polar disorder. However, Grace's diagnosis must include the pheno-psychological presentation with the aetiology of the psycho-genic, which needs to include her diagnosis of bi-polar disorder; but it must also include thea etiology of the somato-genic which includes her reactive neurosis of becoming more and more passive in her dealing with life. The strongest aetiology is the element of the noo-genic. This is important as one needs to take into account her struggle to find any sense of meaning particularly as she has had to face a number of losses she has experienced, as well as a deep sense of loss of meaning in terms of having lost her work and her life as she knew it.

Sessional work

Session one

Initially the horses remained separate from her. However, after she went to each one and spent time touching and brushing them, one horse which she named Mr Muggles, followed her towards the team and stood with her during the sharing time.

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Grace began the session with a great deal of fear and anxiety. This fear centred on meeting a new team, as well as meeting the horses. Grace also felt that due to her illness, she was anxious that she would not be able to move forward or truly be herself. In the initial session she highlighted her manic episode and her suicide attempt after the loss of both her husband and her parents. She was diagnosed with bipolar disorder and as a result, lost her work as a teacher. She was then placed in the long-term care facility. As she spent time with the horses – meeting them she began to speak of a sense of peacefulness and that fear that she was feeling initially had left her because she felt that Mr Muggles had joined her in her "pain but also in her hope".

Session two

In the beginning of the session the horses remained separate from her and each other. As the session continued, a second horse that she named Shivaz, walked with her through the section that she had called the perception from others about her which was being seen as a star and always trying to please others. However, he would not move away from this perception of pleasing others. The other horses were moved away by Shivaz who would actively move them by bumping into each other.

In session two Grace continued to feel a sense of peace as she spent time with the horses as she had a sense of being listened to. Her greatest struggle she felt was her need to please those around her even though it may create a sense of pain for herself. This she saw when she was unable to choose which horse to work with which caused the horses to bump into each other. This left her feeling that she is trying too hard and although she feels she is a strong person – she felt that pleasing others is stopping her from being herself.

Session three

All the horses were separate from her and each other and Grace went to each one to brush them – so that no-one would feel left out, although she highlighted that she wants to learn how to wait until people really need her and ask her before she steps in to help. During the activity, Mr Muggles knocked over a number of her obstacles.

Grace chose to spend time with Mr Muggles and as she took him around her obstacles, she noticed how he made her aware of her fears and her overdoing everything. It was an important focus point for Grace to realise that her struggles with fears "are unfounded and unreal ". The strong image for her during this activity was to begin to "learn to live in the present, to stop looking into the future and to be kind to myself". She also highlighted that she can say "no" and that she can also make decisions for herself.

Session four

Shivaz was very close to Grace in the session, however there were times he kept so far ahead of her that the rein remained tight between them.

For Grace, in this session she could see how the horses kept her moving forward even when she wanted to stop. She could also sense the power of God (Shivaz) in her life and how big her circle of control in her life could be. Although this was positive for Grace, she was also aware of not always holding acceptance for herself and that at times she would let self-doubt influence her.

Session five

During this session, Shivaz touched her with his head on her back a number of times as they were walking together, and Mr Muggles kept walking around her in a circular pattern.

In the fifth session she began to feel that self-doubt was starting to take over. During this session she noticed the horses constantly walking in circles and it gave her an image of what doubting herself does to her journey and this highlighted to her that she had the choice to keep doubting or hold onto hope.

Session six

In the final session Shivaz spent time standing with Grace. He stood at her first lesson around overcoming self-doubt and fear and would not move forward. This

highlighted how she needs to keep these areas in her mind and to keep working on dealing with fearfulness and self-doubt as she moves ahead.

In Grace's evaluation she spoke about the how having the horse listen to her and to come close to her allowed her to know that he sensed her pain. She highlighted how Mr Muggles had shown her how to focus on the present and not in the past or the future, to keep moving. Grace acknowledged how much both Mr Muggles and Shivas had shown her that there were still areas to work on in her life – her self-doubt and fear but that she could face them.

General summary

During the sessions, Grace was initially struggling with a strong sense of fate, that she was caught in a sense of being helpless with her illness and at the mercy of those in authority such as her family and the Director of the centre. During her work with the horses there seems to have been a growing sense of acceptance for herself. She began to move towards finding her sense of freedom in her choices which were beyond the situation or her illness. Her personality also began to develop towards distancing herself from her illness and she realised that she can take the time to decide who she wants to be. Her great shift focused on the realisation that she does not need to find her sense of happiness in being caught in just pleasing others but to find her own uniqueness in terms of her ability to reach out to others and not just remain static. In this growth, she was able to look at areas of self-doubt and overcoming her fears and beginning to face some of her hurdles such as her negative attitude. She highlighted her need to not give up, to get her priorities right which would allow her to see beyond herself and want to do more with her life.

Participant three – Laurence

Background

Laurence was admitted to the centre by his parents due to his third psychotic breakdown, all three of which had occurred in the past two years. Laurence is a Caucasian male in his early to middle 30's, and was a successful computer

programmer for a number of companies. However, according to the initial interview, although the first breakdown occurred around 18 months before, he felt that he was coping and did not need treatment. He also highlighted that his first breakdown appeared to be due to his severe work overload, which in turn also affected his long-term relationship which resulted in a major breakup. He was diagnosed with bi-polar major depressive disorder. He has been in long-term care for the past 6 months but is extremely anxious that he will not be allowed to leave the centre and will therefore be placed there permanently.

Frankl's alternative diagnosis

Taking Frankl's diagnosis into account, one would need to include the pheno-somatic symptoms of his severe bi-polar disorder. However, it is important to include the pheno-psychological as there are a number of aetiologies which Laurence is displaying, in particular, on the somato-genic level which includes the reactive neuroses of his negativity and depression. On this level of pheno-psychological one level of aetiology which needs to be included is the aetiology of noo-genic. Laurence's is struggling with loss, both of an important relationship but also his sole focus on his ability to work. This adjustment disorder is one that needs to be taken as an important element to assist Laurence to find himself again.

Sessional work

Session one

Laurence met all the horses as they were standing at the entrance gate. Two horses came close to him and circled around him, getting closer and closer to him, putting him in a tight circle between them. Laurence continued to brush the two horses simultaneously.

Laurence attended the sessions with some hesitation. He highlighted his sense of being trapped and stuck in his illness and the sense of fate and a heavy sense of fearfulness of the illness re-occurring. In his initial session he highlighted his history of his first bipolar episode due to his overwork and collapse of a serious relationship and his subsequent breakdowns. He was placed in the long-term care centre for rehabilitation. He highlighted his frustration at attending any more therapies – he felt

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that he did not want to relook at his past as he did not want to have to face it again. He struggled with the feeling of being "off course" but did not know how to get back on track. When there was some feedback about the horses being close to him and creating a very small circle around him, at times pushing up against him, Laurence felt that in a sense he was "caught in the middle" and under a lot of pressure, but felt a sense of closeness and calmness when they were rubbing him.

Session two

The horses were standing close to him and created a circle around him. The horses walked with him to his circle of control but did not move away from the circle of control. Laurence had to keep shifting his direction before the horse would continue to walk with him.

In the second session Laurence felt he had lost his independence. He felt out of control of his life. He felt stuck in his illness and that he did not feel that he could be free from it because he knows what it feels like "to be manic with the loss of control of your thoughts, feelings and actions". He highlighted his huge frustration that they just "shove pills down my throat ... medication … I can't trust the medication until I see someone fully healed..." his constant question centred on "why me?" In his sharing, although he did not believe that he could be angry, he could see the need to be patient with himself and slow down, but his overarching concern was that he did not want to try anymore because he felt he was being manipulated. He kept highlighting his feeling of confusion and although he said that the horses highlighted that "...a turn or change of direction might help" and he could see that this turn or change of direction could include talking to others, he was aware that maybe he has become too self-focused and not outward focused enough. In his time with the horses, he kept feeling that they wanted him to move forward, to turn around and look ahead and not keep looking behind him.

Session three

In this session, the horses remained separate from him initially but as the session continued, they became close to him and at times would walk in his path so that he

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needed to step away to let them pass. The two horses that he had named Pen-dragon and Arthur, had teeth on the back of each other and at one point Arthur moved Pen-dragon away in a very quick manner.

In the subsequent sessions, Laurence's depression became more evident. He was sad at the decision of his parents to sell the family home. When he spoke about taking control of his life by looking at the right attitude, he felt everyone was manipulating him and taking advantage of his friendly nature. "I've stopped giving a shit ... I don't want to try again". In dealing with some of his obstacles with the horses he felt that their message was clearly to stop "super analysing everything … just walk through them … the horse is teaching me patience …" He felt that there was a theme of changing, "changing my approach or attitude ... give it a try...".

Session four

The horses remained separate from him and each other throughout the session. In his session of dealing with where he can have control in his life, he found it very difficult as he felt the session highlighted his lack of control over everything in his life and he came to the conclusion that ".... I think there is little or no choice in my accepting these conditions..."

Session five

In this session, Arthur was restless and kept stepping into the team and turning around and when walking with Laurence he kept stopping and would not move forward. In the fifth session – although Laurence mentioned feeling a bit better, the depression still appeared to be overwhelming for him. He began to speak about reaching a place of acceptance where before he had spent his life trying to be the perfect man, the perfect employee, "but that nothing I did was good enough so I became insular – an emptiness inside of me …".

Session six

Laurence chose to work with Arthur again, however the horse remained very restless, pushing into the team and would keep moving forward and away from

Laurence who had to let go the lead-rein. Arthur moved away and remained separate from him for the rest of the session.

In his final session Laurence highlighted a number of key learnings for himself. In working with the horses, he felt a real sense of connection which he couldn't feel with humans. That in some ways they gave him a sense of belonging in reconnecting with himself. His strong lesson was to work towards "a breath-able life. To have space to breathe … to have time to work without demands on your time …" He felt that the horse "...wanted me to soften my shell that I have built over the years….and that I need to work on acceptance …"

General summary

Throughout the sessions, Laurence struggled to find his sense of meaning and freedom. He felt that he was unable to find or hold his noetic core through the depression and fearfulness and that his sense of intactness was not available to him. However, although Laurence found it difficult to let the noetic come through – in his interactions with the horse, there were important moments where he would allow another 'being' into his space where he could find acceptance without criticism and judgement in his connection with them. Although Laurence struggled with his depression and the strong sense of fate, in which he struggled to see any sense of freedom to choose an attitude in spite of his illness, the horses kept challenging him to find that movement forward.

Participant four – David

Background

David is a Caucasian male in his early 70's. In the initial interview he was not clear about his clinical diagnosis but stated that he has been told he has bi-polar affective disorder. He appeared to have been struggling with severe depression with suicidal ideations for the last number of years after he had discovered his wife's affair which led to their marriage breakdown and divorce. After her remarriage, David was placed into long-care treatment with permanent strong psychopharmacological treatment.

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He could not remember how long he was in this centre but it would appear that his placement has been around 15 years. In the initial interview, David was also very concerned about his failing memory and ability as he struggled with ambulatory difficulties and severe shakiness which made both walking and holding onto the horses or writing extremely difficult.

Frankl's alternative diagnosis

Initially when dealing with David, one can note the traditional diagnosis of possible bi-polar disorder which would fit in with Frankl's pheno-somatic. Although his symptoms include a level of somatic, one has to take into account that he is more presenting on the pheno-psychological level. In the pheno-psychological presentation, the aetiology of the psycho-genic can be seen in his bi-polar symptoms but one needs to include the level of the somato-genic aetiology which would possibly better include the cause of his symptoms, such as his severe depression and bi-polar disorder. However, the aetiology which needs to be discussed is the noo-genic level as David has suffered severe loss in his life, both in his relationship but also in his ability to provide, which he had always felt was his main purpose in life. This sense of loss of both his worth and value has left David in an existential crisis which would also include his uncertainty for a period in his faith.

Sessional work

Session one

The largest of the horses approached him as he entered the arena. This horse was very close and although he tried to lead this horse through the story line – the horse stood on the box that he had labelled 'divorce'. After a time, he wanted to walk with the horse but he became aware of how my friend Flicka stood still with him and when walking together kept the other horses away, he felt close and protected.

In the first session – David introduced himself as a gentleman of +- 70 years of age and that although he did not know much about horses he was keen to experience spending time with them. Initially in the session he was extremely uncertain of himself and hesitant around the horse. He was also extremely unsteady on his feet

and he was very shaky physically. He spoke about being very depressed and found it hard to talk to the team. He kept apologising for not being sure of the correct words to use or to how to finish his sentences. However, after he was introduced to the horse – he spent time developing a connection, which he named My friend Flicka by brushing and touching. The themes that he presented were around getting in touch, feeling an affinity to both the horse and creation. He also highlighted his greatest struggle was getting over the divorce and finding it very difficult to know how to handle himself. During the walk together, My friend Flicka kept touching his back with his head and David began to laugh saying that the horse's message for him is "he needs me to move and not dawdle..."

Session two

Initially the horses were all around him. They were moving each other around him but the one horse, My friend Flicka was standing closest and did not move when the other horses were moving around. This horse walked with him and when the others tried to follow, gave clear signals to keep away from David.

In the second session, David attended with a slightly more positive attitude. In sharing what is important to him, it was clear that he was struggling with hyper-reflection regarding the pain of the divorce. Using the technique of self-distancing, David noticed how much he is focusing on his anger towards his ex-wife and her affair and subsequent remarriage. This he saw through his contact with the different horses and the strong theme that came through for him as he was walking My friend Flicka was taking his values such as "my humour, intelligence and my moral values" forward and leaving behind the negative and the hurt in particular his wife and her new husband. He also highlighted the sense of comfort of the horse sharing his space.

Session three

David's chosen horse, My friend Flicka stood with him throughout the session. As he attempted to lead him through his obstacles, the horse, My friend Flicka, stopped and did not move through the obstacle that David had labelled divorce.

David began session three with a request to read to us and his friend My friend Flicka, a journal entry which he had written through the week. The overall theme that he presented was to let "by-gones be by-gones" and to clear his conscious mind with his strong faith and to handle his faults. He highlighted that he wanted to put his "hoof" down like My friend Flicka did and finally to be able to break free from the chords that bind him, he can leave the negative thoughts behind with My friend Flicka. A further theme that emerged was the realisation when My friend Flicka knocked over his image of his past, that he has "overcome" his past and can let it go and that he needs to focus on the future.

Session four

The horses remained together in a group around the trough and separate from David.

In the fourth session David was struggling with the heat and appeared to be a bit more unstable on his feet. He was reluctant to move out of the shade to greet the horses. The theme of what lies outside of his control is the feeling that he is not able to control his thoughts or his situation, or his age. However, during the session, after spending time with the second horse that he called Overcome, he highlighted themes or areas where he could see that in spite of his illness and depression, he has overcome a huge struggle for him, and he can see that he has a choice about how he wants to think – caring for others, studying, and taking care of his health. He also realised that he can use his coping mechanisms such as resting and using his humour and his extensive vocabulary to learn to deal with his dark thoughts.

Session five

The horses remained separate from David. He chose to work with the one he called Overcome which the team fetched for him as David was not feeling confident to walk too far.

In the fifth session David took the opportunity to highlight his strong values. Taking Overcome, he believed that the horse is a symbol of his creativity because as Overcome led and guided him and it shows his gift of guiding and helping. The strong theme that also emerged was David's choosing the attitude of overcoming to

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guide him through whatever may emerge, even though there will be times of anger for which he is not proud of, his sorrow and mourning or fear, his attitude will guide him through it, "… I am not going to let it overcome me...".

Session six

The horse that David had named as my friend Flicka remained standing very close to David throughout the session. While David was writing his letter, his horse My friend Flicka stood next to him, at times putting his nose on David's head and shoulder.

In his final session David highlighted how the horses had been a "bridge to overcome the past" and that the horses gave "a sense of presence … They equal love ... and they can pick it up..." He completed the session that, for him, he has been listening to what the horses have been telling him and guiding him, and that "they have been extremely beneficial for me".

In David's journal, he summed up a number of themes of letting go; don't dawdle; putting by-gones behind me; learning to put my foot (hoof) down; breaking free from the chords that bind me and by using my attitude of overcoming – I can help others. David could see that he could help the residents with their needs and at the same time he could start developing his understanding and skill around renewable energy and therefore starting to work with his nephews in helping to build their business in renewable energy.

General summary

Taking the overall picture of David, the sessions gave him an opportunity to begin to see that much of his struggle remained in the past. This was a strong image for him to hold onto and even though there were a number of physical challenges which he had to face, the journey that he was able to set for himself was that he could let go and begin to focus on others and caring for them, through sustainable and renewable energy that he was going to enter into with his nephews. This gave him the greatest sense that he was no longer caught in his past but in spite of his past he

can move forward towards self-transcendence. This also allowed him to move beyond his susceptibility towards finding his intactness of his core.

Participant five – Ava

Background

Ava is a Caucasian woman in her late 30's. In the initial interview she was not sure of her diagnosis but it appeared she was struggling with both a number of cognitive and physical difficulties which could be attached to Prader Willi Syndrome although this was not confirmed. According to her history, she lived at home with both her parents as an 'only child' as her siblings were already out of the house, until her mother died of cancer when she was in her very early teens. She remained living with her father after her mother's passing for a period, however, following his remarriage and his subsequent relocation to Germany, she was placed in the long-term centre where she has been a resident for the past +-15 years.

Frankl's alternative diagnosis

Frankl's focus on Ava would be an acknowledgment of the pheno-somatic as her presentation and her symptoms include a physical and genetic component. Of interest is that generally this would be the focus of the diagnosis, Frankl was clear that although these areas would not be open to any traditional form of therapy, he felt that even though the physical or the psychological could be blocked due to illness or somatic genetics, he held strongly the belief that the noo-genic level would be open to finding meaning in life. This then would mean that for Ava the pheno-psychological, in particular the noo-genic level, which would include the adjustment of loss and bereavement, would still be open to find meaning.

Sessional work

Session one - session six

Throughout the sessions the horses were in close proximity to Ava. However, they did not interact directly with her, standing very still when she approached any one of

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them. They would walk with her but were measured in their responses to her and would walk at her pace and would stop when she stopped.

In the first session when Ava was given the opportunity she chose to come through for the study in spite of some physical and mental difficulties. In the sessions, Ava found it difficult to always understand the activities, and she was not always able to find the metaphorical learning in the activity. However, throughout the sessions, there was a constant sense of Ava's spark of humour and joy for life. Her overall themes always focused on kindness, happiness, family and friends. In session five, discussing her values she saw her greatest attribute was her attitude to always be positive and after that to be caring and she likened herself to the array of flowers that were on the ground from the Syringa trees, calling it her "carpet of attitude".

Throughout the sessions what was of great interest was observing Ava's connection to the horses. She wrote in her letter that she felt that they had chosen her and felt that they were teaching her to be relaxed, calm and to always be positive.

General summary

Ava can be regarded as an inspiring example of what Frankl highlights as a person that, no matter what is blocked either in their somatic or in their psychological state, their noetic level, or third dimensional level of living remains intact, and even though this may not always be seen clearly, it will remain. Ava's sense of creativity and her sense of humour and her constant choice around her positive attitude towards others and her life is a testimony of the three-dimensional level of intactness and freedom to choose her own attitude even though she may not be able to change her circumstance.

Participant six – Emma

Background

Emma was enthusiastic to attend the study. According to the initial interview she is a Caucasian woman in her early 30's. She has been in a number of psychiatric centres throughout her teen years and has been diagnosed with Schizo-affective Disorder.

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She was placed in this long-term care facility by her aunt who has been standing in proxy for her mother for the past +-15 years.

Frankl's alternative diagnosis

According to the traditional diagnoses, it appears that Emma may have been diagnosed with schizo-affective disorder. If one takes Frankl's alternative diagnosis into account, there is a need to acknowledge the pheno-somatic in that her illness does seem to present on the somato-genic level. If we look at Frankl's overall diagnostics it is important to consider that Emma may be presenting on a pheno-psychological level with the aetiology being found in the psycho-genic as well as the somato-genic level in that there may be both psychological and somatic causes in her history. However, it is important to take into account her noo-genic level, as she struggles with a deep sense of no purpose, and nor does she feel that she has a place of belonging or of value, with a deep feeling of being 'abandoned' by her mother.

Sessional work

Session one

The horses initially greeted her and moved away leaving one who remained with her. She took time to brush and connect with this horse which she called Hazel Brown. The other horses, although separate, did remain in contact with each other. Walking through her time line, Hazel Brown did not remain in the time line but walked away to the other side of the arena and Emma followed. They stood together until the end of the session with Emma brushing and stroking the horse.

In her first session, Emma felt very connected to the horses and although she kept highlighting that she keeps looking forward to a life beyond the care centre, working with the horses she noticed how they knocked over her activity about her life. For Emma, this felt that she is always being knocked over by significant members of her family and that means she cannot move forward. She highlighted a strong sense of being a victim and caught up in her own fate. She also highlighted how much she sought power through trying to make herself look good.

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Session two

In the following session, Emma began to highlight themes of trying too hard to be seen, to have everything perfect which will then mean she will feel successful. As the session continued, she noticed how the horses around her had again knocked over her activity about who Emma is. This led Emma to notice the themes of "just being myself … I do not have to build myself up so high … I can still be big but grounded". A further theme that Emma raised for herself was realising that "I can be assertive with the horse … he listens to me and trusts me. I cannot do it with people …I need to be more assertive …".

Session three

In this session Hazel Brown became restless and did not move with her consistently. He would stop and not move.

In this session, Emma felt that things were better, however she highlighted that she is still thinking about how to turn her thoughts into actions but generally she is happier. Of interest is that when Hazel Brown did not move she felt the connection with becoming distracted which affects her whole life. She also kept highlighting how she does not need to please others, she needs to "learn to care for herself" and to stop trying to be perfect.

Session four

In this session the horses kept interacting with each other, pushing each other away and bumping into her so that she needed to move out of the way.

This session remained a difficult one for Emma. She found herself needing to keep starting over to take control and also highlighted what her responsibility is and what is not. She became aware of how often she has the right thinking but how hard she finds it to put that into action. She kept talking about needing to learn to "let go … and not carry so much responsibility" for her family like her Gran and her brother. At the end of the session, she saw that she still has control over her attitude and learning to make her own decisions.

Session five

As the sessions continued, Emma found that the struggles she has, centres around other's expectations but that in spite of these, she can still take control over her own thoughts, feelings and to hold the right attitude of "to be positive … I choose to forgive … I choose to let go." During this session Emma did not add anything into her basket about her values such as creativity, experiential or attitudinal values. However, when she placed the basket down while sharing with the team, one horse put his hoof and then his nose into the basket. This gave Emma an interesting insight that she needs to accept that she actually does have a number of gifts to share, such as her music and singing, and that her attitude of care and nurturing is valuable and appreciated.

Session six

In the final session – Emma found that she has more to her than she realised: "there is more to me and my attitude … I am not empty … I can nurture others … and others appreciate me more than I think …". She also highlighted her learning around not carrying responsibility for others but to rather focus on being responsible for herself.

Emma allowed herself to move towards a sense of meaning that encouraged her to focus on reaching out to others' through her gifts and talents of music and art, and to care about and listen to others' needs. This allowed her to feel that she carries a sense of intactness regardless of how others have perceived her.

In Emma's letter to the horses, she looked at the journey through the sessions and she found the contact with the horses really important. She felt that they were constantly guiding her and she became more aware of their non-verbal communication and responded to it extremely positively.

General summary

Emma, throughout the sessions found the journey towards three-dimensional living a valuable one. As she came to the last session, she was able to see her true gifts and

began to realise that trying to prove herself to others was no longer an important part of her life. Rather, the real journey was about reaching out to others and in so doing reaching self-transcendence without either pleasing them or proving herself to them. This encouraged her to develop her sense of freedom to choose her attitude regardless of her circumstances.

Participant seven – Ella

Background

Ella is a Caucasian woman in her early 30's. In the initial interview it appeared that there was uncertainty around a diagnosis of schizophrenia or bi-polar affective disorder. She was placed in the long-term facility by her father, after a number of drug and alcohol binges leading to psychotic breakdowns.

Ella's background highlighted the loss of her mother at an early age and her struggle with her father's three subsequent remarriages and moves to different provinces. She chose a career as a chef to please others. However, during that time she had a nervous breakdown and was diagnosed with bi-polar disorder. This led to a severe stage of drug abuse and addiction, and after a suicide attempt, she was placed into the facility. Ella has a young child who remains in the custody of the father and who she sees when possible.

Frankl's alternative diagnosis

In the initial discussion with Ella, it was difficult to assess her diagnosis. It appeared that there was a blanket diagnosis of bi-polar disorder but this was not confirmed. If one looks at Frankl's diagnostic criteria, it would appear that although there may be a pheno-somatic level which would include her functional illness of bi-polar disorder and that at times she felt out of touch with reality, it is important to include her pheno-psychological level. This would include the somato-genic level of her bi-polar symptoms which needs to include the reactive neuroses of her struggle in terms of her personality and her early struggle with the MNT of using drugs and her bouts of aggression and depression. However, one needs to include the noo-genic level as it would appear that for a long period, Emma has struggled with the loss of her mother and in essence her father as well, and in her struggle with bereavement, she seems

to have lost a deep sense of her value and her calling and purpose, which has led to a significant crisis in her life.

Sessional work

Session one

In the first session, Ella shared her story with the horse through self-distancing. Interesting for her was that in sharing her story – she noticed that one horse which she called Mystic had responded to her image of her childhood and did not move from this, and that the realisation was that she had a number of areas which appeared to be unfinished business and traumas, and she acknowledged that these areas have left her feeling inauthentic, and a fear of not being accepted or believed. This sense of being a victim of her past highlighted the sense of fate she had been feeling.

Session two

In the second session Ella highlighted her long-time search for pleasure through drugs and happiness, but she was able to find that there were several principles that were true for her, in particular, her patience, her care and kindness towards others and her spirituality which she did not realise as she had spent too much time believing the negativity of others around her. Spending time watching the horses, Ella again noticed how they highlighted her need to let go – "let go … they want me to release … let go the negativity from my father ..." She also realised that she needs to allow herself to be less rigid and being willing to be teachable.

Session three

In this session, Ella felt that trusting is not easy for her, and that she seems to want to not face her issues because of a huge fear of being judged and hurt. When 'Mystic' did not move through her activity it left her feeling that she might not be 'ready to move forward yet'.

Session four

In this session, Ella shared about how hard it is to not fall into the old traps of 'pleasing others'. In her activity she noticed how Mystic only stayed in her 'in control' box and this led to realise that he was getting her to think of more areas that she actually is in control of, so as she was talking about the area of being in control, she kept adding new areas such as her inner child, her courage, a strong sense of choice that she has in her life and her Higher power. She felt at the end of the session that she needed to stop the 'inner critic' and she wanted to write a letter which she felt she could read to herself every day to remind her and to acknowledge her inner child, her courage and her ability to choose.

Session five

In this session, after she read her letter to us, she took time to notice that she has a lot of creativity and that she has a rock like attitude that is solid. But she felt she carries a real anxiety of getting hurt by others and by life. At the point of sharing with the team, Ella began to sing a shamanic song of joy and peace. At the end of the song, she believed that the horses were highlighting that she does not need a prickly exterior to protect her any more – she just needs 'good boundaries'.

Session six

Ella was more aware and more engaging with Mystic and Spirit. The horses stood around her leaving her feeling an overwhelming sense of respect and support, and that is giving her courage to know that she can ask for help.

In her letter to the horse, Ella felt the deep connection and acceptance from the horses which let her feel accepted and loved. She could see that there were challenges about her perceptions of herself and that she has the chance to find her roots again. Through her sessions, there was a strong sense that she is a good person, she has a strong personality which allows her to be more open and she decided to "write herself a letter to read every morning … reminding me of being kind and loving towards myself". She highlighted how the horse (Mystic) is giving her a lesson "I need to listen to my boundaries …" and that as time continued, she was also able to see beyond herself and to find her real meaning through giving herself

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the freedom – that in spite of her difficulties she can take care of others by taking them under her wing. She can forget about herself and learn to reach out and to trust that her God will lead her. She highlighted how much she has learnt about asking for help, and working on trusting her higher power and although there are some things she still wants to deal with (from her past) she felt that together with the horses, her perceptions of herself and her life have been challenged, and that she can "...ground myself in my roots and be the confident strong woman that's inside of me..."

Working with the horses was very important for Ella. She found herself becoming more aware of their responses to her. This left her feeling a true sense of acceptance and in turn this gave her the confidence to begin to experiment with a new attitude and response to her life situation.

General summary

Ella started the sessions with a mind-set of having to prove herself to everyone. She tried hard to be insightful and intelligent in her responses to the team however she found that the horses were responding only to her heartfelt attitude and responses and to the key points of her life that she was truly struggling with. As her journey continued, she found the pull towards finding and trusting the real meaning in her life and that, even though she may not be able to reach independent living at this stage, she could find her true meaning through her attitude and response to reaching those outside of herself.

Participant eight – Mia

Background

Mia is a Caucasian woman in her 40's. She is a single mother and her son is now living independently. Over the past number of years, she has become extremely anxious and cautious and fearful of life generally to the point that she has been unable to work for several years. She has been unable to make any decisions and her severe anxiety and worry about life led her to move closer to her father. However, as she was still unable to cope with independent living, she was placed

into the long-term care facility. In the initial interview Mia was not clear about her illness or her diagnosis – there appeared to be a possible diagnosis of a severe depressive disorder, re-occurring, without psychosis, however there seemed to be a possible query regarding cluster B traits. She has been in the long-term facility for a few months and is extremely fearful that she will not get better and get back to her independent life.

Frankl's alternative diagnosis

Mia was not clear about her diagnosis, however she presented with extreme anxiety and fearfulness about her life. She was not able to see any hope for her future and carried a deep fear of loss of her ability and of her relationship with her family. Taking Frankl's alternative diagnosis, it is important to focus on the pheno-psychological presentation, with particular acknowledgement of the noo-genic. If one takes into account her life story, it would appear that Mia is afraid of her future, her value in life and has lost a sense of meaning and purpose. She has lost her place in life and is unable to deal or adjust to any changes around her.

Sessional work

Session one

Mia attended the sessions with extreme fearfulness regarding her fate and that her illness is going to stay with her. In her first session she was extremely nervous around the horses – she became fixated on the sense of being hurt by the horses. As the session continued, she noticed that the horses were moving around her and she noted that this was like her life – she too "has been going around in circles …"

Session two

In the second session – Mia found it very interesting that the horses "keep coming to her … like unconditional acceptance". She found a strong sense of the horses having a calming effect on her. This raised the theme that she has been extremely cautious about making any decisions because of her fear of failure and the fear of

un-acceptance from others. However, she saw the reality that actually people generally highlight her strengths and do not point out any "failures".

Session three

In the third session Mia faced the learning about not trusting herself or others. As the session progressed, Mia focused on accepting her unique personality, focusing on holding the right attitude towards herself and others. Her focus towards meaning allowed her to learn to let go and stop assuming and let things happen naturally. As she spent time working with the horses, she noticed a pattern that for a long time she had been turning away from others assuming that they did not like her until she saw, through the horses' response to her, that her misunderstanding of others was creating the struggle to trust. She began to build on a more positive self-identity and holding herself intact and learning to let go of control.

Mia was unable to complete the six sessions as she was collected by her family unexpectedly and taken to the family home out of town for an extended stay.

General summary

Although Mia was not able to complete the full six sessions, she highlighted in her letter that her greatest lesson was the issue of letting go of trying to always control every situation, and to rather "if she lets things move naturally and at their own pace … the response will be totally different". Working with the horses for Mia meant learning to "trust … not jumping to conclusions". She was able to see how people really see her, "giving me a more positive outlook for the future". This experience, although shorter than the 6 sessions, indicates that learning can begin from the outset towards finding meaning and intactness, in knowing who she is with a strong sense of learning her value and in giving acceptance both towards herself but to also see it coming from others.

THEMES: ACROSS – CASE SUMMARIES

This study has taken as its focus Frankl's understanding of moving from two-dimensional to three-dimensional ontology. Two-dimensional ontology includes the

themes and sub-themes of Fate, Character, Pleasure and Susceptibility. The three-dimensional themes and sub-themes include the concepts of Freedom, Personality, Meaning and Intactness.

Further themes are discussed regarding Frankl's theory, in particular the value of MC-EAP in reaching three-dimensional ontology.

THEMES ON FRANKL'S TWO-DIMENSIONAL ONTOLOGY

Fate

In the study, the following themes were recorded in the participants' responses. They link to Frankl's concept of humans being trapped in belief that they are influenced by aspects of a two-dimensional ontology: Fate; Character; Pleasure and Susceptibility. This is evident in the following themes: being stuck in their physical illness, struggling to hold control over their lives and living with the fear that they would never be able to move forward.

Character

The themes that were noted regarding the participants' believing that there were no opportunities for choice or growth came through in their focus on their genetics, somatic and physical limitations, as well as believing that their environment and circumstances cannot be changed.

Pleasure

In the themes regarding Pleasure, all the participants highlighted the need to find happiness and success as being very important in their lives. They believed they could only find this in their search for addictive patterns, such as alcohol or drugs or in the security of their work.

Susceptibility

The theme of focusing on the blocked physical or psychological areas of their lives was evident as many of the participants were not able to believe in or find their unique noetic level.

THEMES ON FRANKL'S THREE-DIMENSIONAL ONTOLOGY

The themes based on the participants' responses that related to Frankl's concept of humans beings believing that they are able, through their noetic level, to shift into three-dimensional ontology can be seen in the following:

Freedom

As the sessions progressed the themes that were noted included that in spite of their circumstances, they had the opportunity for scope of free action and that they could re-find their trust in themselves and towards others. In addition, the important theme of being able to make a stand for what was important and valuable to them, was applicable to most of the participants.

Personality

Growing acceptance of who they are and the opportunity to break free from their sense of being stuck in their situation and circumstance emerged as the sessions progressed. Further, a theme of being able to overcome these situations by being able to develop the right attitudes, even if the circumstances are not modifiable, applied to more than half of the participants. The opportunity to acknowledge their noetic level allowed them to move beyond their situation, circumstance and even their blocked somatic and psychological areas.

Meaning

Being able to move from an inward focus to an outward focus, to find their own unique purpose, as well as finding their own gifts and talents was clearly evident for most of the participants as the sessions progressed. The theme of finding meaning

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gave each participant the chance to hold their own responsibility for their own growth, and reaching towards their own self-transcendence.

Intactness

As the participants moved forward, there was a sense that they were becoming stronger in their wanting to be genuine, keeping the right attitude, and learning to know the difference between what was within their control and what was not, as well as being able to learn that asking for help is a valuable part of belonging.

GENERAL DISCUSSION

In this section of the across case findings, the sub-themes of both two-dimensional and three-dimensional ontology will be discussed. Thereafter, the value of MC-EAP as an effective logotherapy technique will be addressed.

THEMES OF FRANKL'S THREE- DIMENSIONAL ONTOLOGY

The movement from Fate towards Freedom

The first specific element is the opportunity for each patient to understand that they have the capacity to move from a sense of fate towards finding their noetic sense of freedom (Lukas, 2000). This third dimension of the human being, i.e. the noetic level, highlights that human beings have the capacity to remain autonomous in their choices on how to deal with their lives.

This is the ability to take a stand for something that is greater or more important than any situation or position in which they find themselves. This is in a sense taking a stand, irrespective of their circumstances. Lucas (2000), citing Frankl:

> What we emphasize however, is the fact that human beings as spirit beings find
>
> themselves not only facing the world, the external as well as the internal world,
>
> but also take a stand vis-à-vis the world, that they can always 'adjust' themselves
>
> or somehow 'conduct' themselves and that this conducting-themselves is simply an
>
> autonomous one (p.16).

It suggests then that each person, irrespective of circumstances, has the freedom to decide on how to answer to or respond to their fate or fate-filled situations. This freedom is not a freedom from but a freedom towards something (Frankl, 2014). This could be in their attitude towards their past, or their illness or even their physical or emotional situations. The importance of this first strength is that each and every person has in essence to take the responsibility both for their healing and how they choose to deal with their lives. They need to know that they are not just victims of their fate but in essence co-creators of their life. As Lukas (2000) states: "Much accountability is taken away from the patient because all his difficulties are being attributed to internal or external conflicts initiated by others, which gives them the label as a helpless victim" (p.20).

This brings into play the importance of each human being's conscience to decide what is valuable and what is not, and what the unique value or meaning is in each situation which the individual faces. Using our conscience cannot be associated with Freud's superego. As Lukas (2000) describes, "A patient who struggles with what 'people' may think of him, listens to his superego; one who struggles with the process of deciding about the meaningfulness of a subject matter is conducting a dialogue with his conscience" (p.24).

Themes regarding Fate

- Physical illness
- Control
- Fears

As regards fate, many of the participants struggled in the initial stages of the study with the sense of being trapped and stuck within their illness. This was a struggle for Laurence. He stated, "I am out of control … I am in the depth of my illness..." and he continued, "... illness will come back, (there) is no cure..." David also highlighted his struggle with his physical illness. As he stated, ".... the depression and illness … there is no cure …. And I still have dark thoughts". Grace highlighted "When you are sick …". Jenny said "I'm scared I am going to be like this forever..." Mia was stuck in

her anxiety particularly around not getting better, and about having to make decisions.

The themes highlighted the sense of having no control over either their illness, or their own choices fit within the themes relevant to fate. This appears to leave them with the feeling that they are a victim of their circumstance and a constant sense of being controlled and manipulated by others. A number of the participants spoke of feeling out of control of their lives and their choices which left them feeling that they cannot be themselves; in particular Laurence, David, Mia and Jenny raised the sense of having no control over either themselves or their illness. Emma noted that she ".... has no control … I'm being controlled by others …" Ella also felt "... that I am a victim of fate".

The participants also articulated that their fearfulness would keep them from being able to grow. It included issues of being fearful of the unknown, and of others' reactions to them. This was touched on by Ella, Laurence and Emma. The participants' fearfulness also included the fear of making choices and facing the consequences; for some they were fearful of living and having to face life. This left them with the need to constantly please others. These fears were also highlighted by Mia who felt that "I will be like this forever … I cannot make choices … I fear being chaotic … I am fearful of life".

Themes moving from Fate towards Freedom

- In spite of
- Choice
- Trust
- Making a stand

This became a theme for a number of the participants who believed that they have the capability to move towards Freedom. The sessions enabled Laurence to feel the need to push through and to see his illness as an obstacle to be overcome. He believed that it was going to be a challenge to take control. Jenny highlighted that "In spite of my past, I can change direction". She felt that during the sessions she could

change direction, letting go of control and move forward. During the sessions, Grace felt she could move forward in spite of her fears. David's growth through his sessions highlighted that in spite of his illness he still had the freedom to choose.

Choice was a strong element in many of the participants' learning through the sessions. Jenny highlighted "I'm choosing to distance myself from both external and internal circumstances … Learning to accept my responsibilities". David felt "that I am choosing freedom, towards letting go the past … holding control over choices …" Ava, in her sessions, kept touching on the idea of choosing her own path. Although Laurence did not feel initially that he had any choice towards freedom, during his sessions, he could see that he had the capacity to choose not to get angry and to choose how he lets himself feel.

This became a clear theme through the sessions. Laurence felt that ' (he needs to) trust … let go the past …" Mia also highlighted, "I need to see myself as something beautiful … trust and let go … Lessons about trust … Trusting myself. ..".

This was a theme particularly for Emma who felt "that I want to make a stand towards my own responsibility … Making a stand towards my family … Making a stand towards my own internal conditions …" Mia also highlighted "… making a positive attitude towards the future … not to misconstrue and react ..."

The movement from Susceptibility towards a sense of Intactness

Frankl (2014) has highlighted that the noetic level of each person remains intact throughout their lives. It can at times be latent or hidden behind physical or psychological illnesses, or even through old age, but nevertheless it is a constant for each individual. Understanding that their susceptibility to situations and limits in life can be developed into a sense of noetic intactness is essential. Frankl (2014) has highlighted that the noetic level of each person remains throughout their lives. It can at times be latent or hidden behind physical or psychological illnesses or even through old age but nevertheless it is a constant for each individual.

Often the noetic level can highlight the creativity of human beings and there is the consideration that this may fall outside of the norm of society. As Lukas (2000) comments, "There is a general discrimination towards all noetic interests and achievements; no longer appreciates that there exists an authority in human beings that stands beyond health and illness...' (p.28). She goes on to add, "... so psychologism shuts its eyes to the genuineness in human beings, their authentic human creativity and spirituality" (p.29).

This implies that even though an individual suffering from a mental illness, whether it is debilitating or manageable, has the capacity to bring their noetic level to the fore. They can receive a sense of respect and opportunity to share without negativity or judgement, and that despite their illness they can be encouraged to find that last remaining vestige of their own uniqueness.

This opportunity offers these individuals the greatest amount of hope and, even though this noetic level may be blocked off or unavailable at the time, they can still be seen as a human being with value.

Themes of Susceptibility

In all the participants, although a number had been diagnosed with a severe psychiatric disorder - in particular David, Ava, Emma, Laurence and Ella - there was a strong sense of their noetic core being hidden before entering the psychiatric centre. As Ella highlighted, "The fear of failure … not being believed …" Many of the participants did not feel a sense of acceptance of their uniqueness and faced a sense of judgement from those around them including their family, which was highlighted by Jenny and Laurence.

Themes moving from Susceptibility towards Intactness
- Genuineness
- Right attitude
- Finding/holding control

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- Asking for help

The participants highlighted that in spite of their somatic and psychological difficulties through their illness, there was a sense of holding onto their uniqueness; that by accepting their illness it did not take away their creativity or their abilities. This was particularly true for David, Ava and Ella, that in spite of their difficulties they were able to continue to share their creativity through their humour and capability to respond to the care of others. It was also seen in the care and responsiveness of the group, how each participant was given a strong sense of respect and acceptance towards and from each other. This was also evident in the overwhelming sense of "unconditional acceptance" from their interactions with the horses.

The movement from Pleasure towards a sense of Meaning

The task of this study is to encourage each individual, particularly those who struggle with mental illness, to understand that the basic motivation of humankind is not the sense of pleasure or even power, but a growth towards their noetic level to find their own personal meaning in and for their lives.

This element centres on Frankl's concept of meaning in life. There are many examples of how in history humankind has moved from a striving to survive, but as the world has become more affluent with life being portrayed as being easy and abundant, there is a growing need to move beyond survival.

This begins to highlight the difference between need and purpose in life. As Lukas, (2000) sums it up about a world has changed its question over time, "... What do I do in order to live?" which motivated people in times of adversity, turned itself around in affluent times and suddenly becomes the more anxious, "I live in order to do what?" (p.31)

For Frankl, this is what he termed the tension between being and ought to do, the gap between homeostasis and what he called noo-dynamics (Frankl, 2014; Lukas, 2000). Although on a psychic level he did not doubt that there are a number of drives to satisfy needs which both Freud and to some extent Adler expounded, nor did he question that humankind searched for rewards and encouragement as the behaviourists believed. He also understood the call by a number of humanists

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towards reaching self-actualization, but he contended that these areas focused more on the internal world of the ego, leading towards a more ego centred view of humankind.

However, Frankl believed that the noetic level of humankind needed to focus more on the external world, to keep in mind reaching beyond one's own thoughts and feelings and transcend towards others. This area is very important for those who often get so caught up in their illness and struggles, and at times become ego centred and lose their own level of responsibility for their own lives. Using MC-EAP allows these individuals to move beyond themselves and find their gift towards others.

Themes of Pleasure

- Finding happiness and success
- Responsibilities
- Addictions
- Work and security

The sense of being happy and finding peace appeared to be very important for a number of the participants. Laurence spoke about "looking to be happy …want to have peace … No complications … Work without demands". Jenny highlighted "looking for self-satisfaction" … Emma felt that it was important "to have no responsibilities … no demands" … Grace also highlighted a sense of "dissatisfaction … needs to focus on happiness and success …".

There were several themes around the feeling of being dissatisfied with their lives, however, they did not want any responsibilities or any demands being made on them. They wanted self-affirmation and to just focus on themselves and what they would like to concentrate on doing with no complications. This was raised by Mia who felt ".... I want peace and happiness … no pressure, no expectations …. no responsibilities … I want complete control … of every situation …".

In their search for success and pleasure, a number highlighted finding relief in areas such as drugs and alcohol and to please others. This was true for Jenny who

mentioned ".... looking for self-satisfaction … My life has been reckless … Drugs and alcohol …" Ella also highlighted "searching for happiness … drugs etc. …".

A number of participants also believed that their value lay in their ability to work and be successful. Work was highlighted as building a sense of success and was therefore necessary element in a person's life. Grace felt that she needs to "… find work and security …" and as Laurence stated, "work took over …"

Themes moving from Pleasure towards Meaning

- Moving from inward focus to outward focus
- Purpose
- Gifts and talents
- Meaning

As the sessions continued there was a movement towards finding meaning among a number of participants. Although Laurence struggled with depression throughout the sessions, he highlighted that maybe he needed to move from being too inward focused and to become more outward focused. In the sessions for David, his move towards a sense of meaning was clear in his use of humour, his goal to help others through studying, and to influence and guide those who need help. Jenny found that she needed to focus on what she ought to do – "loving myself and others". She also comments that she has been given a chance to live. Emma during her sessions, came to the realisation that in her growth in taking responsibility for her life, she has gifts to share with those around her, and that she should appreciation for others through listening and caring more. Grace discovered that she needs to see beyond herself and that she wants to do more with her life. She spoke about the focus on looking for meaning that was pulling her forward. Ella, too, found she wants to forget herself, and reach out rather than thinking that she has arrived. She believed in giving towards others.

However, some participants struggled during the sessions to move towards finding meaning. In their process, there were indications that they were still struggling with

being stuck in their fate. However, it was interesting to see that there was a growing sense of awareness of others in their lives.

The movement from Character towards finding their unique Personality

Finally, this research would like to explore the movement of each individual towards acknowledging that, although at the base of who they are is their character; they need to be encouraged to find their noetic personality that supersedes every situation. Frankl believed that each individual has their basic character, which is made up of their genetics and their environment (Lukas, 2000). As Frankl (in Lukas, 2000) states:

In connection with the formula of Allers: the human being 'has' a character, however 'is' a person, could be added and 'becomes a personality' … in that the person takes a stance toward the character, shapes itself and the character again and again and 'becomes' a personality (p. 47).

This has been seen in a number of studies using twins (Frankl, 2014) and family (Lukas, 2000) where in spite of the same genetic character structure many people find their own path or journey in their lives. It enables them to create their own norm or label in order to find their own unique personality. This personality was understood to be the noetic level's ability to build, in spite of many of the limitations each person may face in their mental illness, a stronger and deeper core. It also entailed finding their own freedom to choose their intact parts, as well as distance themselves from their limitations and illness.

Within the therapeutic process, the therapist is called on to keep the person focusing on what is still intact or healthy and not as other theorists expound, focusing on the pathological elements. This encourages the person to find the chance to bring about their own change and not become passive and believe that because they were born in such a way, that there is no scope for change. In essence, this gives them the greatest chance to take a stand above and beyond their illness and not allow themselves or their dignity to be lost. This touches on their ability to self-distance from their illness by achieving, as Lukas (2000) describes, a sense of internal self-

control, as well as focusing on their sense of internal growth through self-transcendence.

As Frankl (2008, p.157) states: "What then is a human being? He is a being who invariably decides what he is. He is a being who invented the gas chambers of Auschwitz; however, he is also the being who entered those gas chambers up-right, with the Lord's Prayer or *Shema Yisrael* on his lips".

Themes on Character

- Genetics and somatic
- Environment and circumstances

Within the sessions a number of participants highlighted their understanding that they were in a sense a victim of their circumstances and that there was little, if anything, that could change their life. They felt that they were a victim of their family's history, childhood traumas and circumstances, and that on the somatic level of functioning they will never be able to change. This was highlighted by Jenny who spoke "... about my history, my family and circumstances ..." Mia also highlighted "I cannot change …" Ava had also in a sense been affected by her genetics and her environment.

Themes moving from Character towards a unique Personality

- Acceptance
- Overcoming
- Acknowledgement
- Developing attitudes
- Responsibilities

This was seen in a number of the participant's responses. They had begun to gain a sense of acceptance of themselves. Ella spoke about "… I am a good person … I am independent … I do not need to prove myself …" Jenny saw that "I am claiming back my new self … claiming my life back … I love the child within me". Laurence suggested that "... there is a sense of reconnecting my thoughts … trying to find a better version of myself ..." It was particularly evident in David's case. He stated "....

that in spite of problems and my illness … I can mitigate the thoughts … I can overcome thoughts that limit me … the past must not influence the future …" For Jenny, she also highlighted the need to overcome "…my wall … that kept out goodness …"

THEMES IN THE SELF-REFLECTION USING EAP

The use and value of EAP has been intimated earlier in this study however, it may be important to offer a brief overview and summary of the value of horses and the use of EAP as an introduction to this evaluation.

Horses have been regarded as key in being able to offer to those who were struggling with issues, the opportunity to develop a deep care for something beyond themselves; to learn how to communicate in a non-threatening environment particularly when communication and trust is an on-going issue. Using horses as a therapeutic modality has been described by Mandrell (2006, p. iv) as "A dawning approach to professional counselling that helps clients of all ages to address behavioural, emotional, spiritual and relational issues" … (p.iv) . Further, she continues to describe this modality as "a non-threatening, interactive, action-oriented approach ... Equine-Assisted Psychotherapy helps clients cope with change and develop positive means of facing life's struggles through the use of team-building activities with horses" (p. iv).

Hallberg (2008) also highlights the importance of EAP and makes the comment that horses help humans insofar as "the potential within the horse/human relationship is for the human to find increased physical, mental, emotional and spiritual health and well-being" (p. xxxiv).

Trotter (2012) has also described EAP's value as being, "... individuals or groups can interact with a horse to facilitate or prevent or resolve emotional difficulties and behaviour issues with themselves and others" (p.9).

Further, the philosophical background to the development of using horses in therapy has a number of elements. For some, such as the Eagala modal, its theoretical foundation is based on the experiential model which includes the idea that the client can learn best through being actively involved in doing, rather than in just listening

(Mandrell, 2006). This then would involve the setting up of a number of activities with the horse/s, after which, the client, with the help of the therapeutic team, would begin to process the lessons and the experience, and to begin to transfer this towards their own lives. As Hallberg (2008) says,

"in the experiential learning process, the learner is actively engaged in posing questions, investigating, experimenting, being curious, solving problems, assuming responsibility, being creative and constructing meaning" (p.237).

Self-reflection of EAP through a "letter to the horse"

This was completed by each participant at the final stage of session six. It was part of an opportunity for self-reflection on their experience which allowed them to consider their growth, and to visually highlight their movement from two- to three-dimensional living through the technique of MC-EAP, and the experience of including the horses as part of their journey towards finding meaning within their lives.

Jenny

Initially, although Jenny has had a lot of experience with horses, she was not sure how they would help. In the first session Jenny noticed that the horse stopped at a crucial point in her story and her lesson was to question whether she was actually ready to make the changes and therefore needed to take one step at a time.

As the sessions progressed, the theme of the horse being a mirror to her became clear and she was able to articulate her feelings and needs. She learnt that she does not need to prove herself. She did not need to do that with the horse so she felt she did not need to prove herself to others. One of the strongest lessons for Jenny was the realisation that when she was struggling, she built 'walls' around her to protect herself. Although initially she tried to stop the horse from entering her walls the horse allowed her to see that she was safe and that it was not walls she needed, just good boundaries. Further themes that stood out for Jenny was that despite of her perceptions, the horse helped her to notice that she still had elements of control in her life and that she could make choices – small, but nevertheless choices.

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In her letter to the horses, Jenny highlighted a number of important lessons for herself. She wrote that they "helped me to heal my heart … so broken and you showed me I can smile and be happy again'. She ended her letter "that this was the most amazing awakening ...".

Grace

In the initial session, the strongest theme that stood out was the sense of when she was with the horses there was a strong feeling of peace and happiness with no fear. This sense of calm remained in all the sessions for her, and that the feeling of being listened to, gave her the opportunity to focus on learning "to let go the fear ... to believe in myself". She highlighted through the sessions the sense of power and strength that they gave her, "pushing me forward ... making me want to do more with my life". In her letter to the horse, Grace highlighted the deep sense of being heard, and the deep spiritual connection that she felt from the horses. She saw in one of her sessions that the horse did not go near her image of confidence and she realised that she has not got over her fear and self-doubt and that she is determined to work at that to honour them.

Laurence

Laurence also highlighted the theme of calmness, that their rubbing him brought that sense to the fore. He often felt caught between two horses - "as if I am in the middle..." Laurence found the presence of the horse highlighted his confusion and maybe he was a bit boring but he felt that "the horse wanted me to change/turn of direction – because I am on a different track …". In one of the sessions, Laurence found the horses bumping into him as he was walking and this began to get him to see that maybe he needs to slow down, "Maybe he is teaching me patience....". Of interest to the team was watching Laurence's key horse becoming extremely agitated and pushing into the team, and when this was explored with Laurence – he kept saying that he is not angry.

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In his letter to the horses, he highlighted a number of themes mentioned above. What stood out for Laurence is that in spite of the horses often standing away from him he felt that "... there were many lessons, especially the one of acceptance … thank you".

David

In the initial session, David was physically unsteady and found it difficult to stand next to the horse. He spent time together with the horses which left him feeling positive. He found that the horses were highlighting for him the need to keep moving and not dawdle and to step over his biggest obstacle of his failed marriage. This was a strong but unexpected message for David. In his second session, this message was confirmed for him through the actions of the horses and their responses to his activity. He felt that their presence was supporting him and he needed to "let go …leave things behind (his marriage) ...". This theme continued into week three where he had written the team a letter which he then read in the arena where he believed that the strongest message throughout was "to put my 'hoof' down on the old … I need to break the chords that bind me …". During session four David acknowledged his on-going struggle with depression but was able, through his activity with the horse, to realise that he "can overcome..." his major battles and he is focusing on moving forward. He felt that, as the horse was guiding him, he was beginning to guide others.

In his letter to the horse, David highlighted that the horses had "...made me calm and relaxed … they are a bridge from my past to my future … their presence is a form of love..."

Ava

Ava's experience with the horses was not so much what she said but how she spent time with the horses each week. She loved brushing them and walking with them and was excited when they came to her. She interacted with each horse, giving them her own special names. Although Ava was not able, due to her physical and mental

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challenges, to touch on any metaphorical learning, in her letter to the horse she could articulate that "they chose me …" Ava found that "brushing was so relaxing for me". She also highlighted that "they helped me change my attitude … I learnt a lot..."

Emma

In her initial session Emma felt the challenge as the horse responded to her image of her life story that she is not maintaining her life either through following her routine or hygiene.

This challenge continued in the following sessions where, although she felt the deep connection, they kept highlighting in their response to her, that she needs to stand tall, not be afraid of being assertive and to trust herself more but not letting herself get distracted and "just do it …".

The strongest image for Emma came when she had felt that she had nothing to give, that she was not important or accepted by others, but noticing how the horses responded to her in session five, she realised that they believed that she had so much more to give.

"The horse standing in my bucket made me realise I do have gifts to share …".

In her letter to the horses, she highlighted how important it was for her that they were with her to grow.

Ella

In the initial session, Ella found the horses as soothing and that "... they chose me ...". As the horse responded to her image of her life story, she noticed how they stood at the beginning of her story and that she realised how much unfinished business she was still carrying. There was a strong sense that as the sessions continued there was the lesson of learning how to let go, "he wants me to let go … release … let go of the negativity from my father". It was an important image for her when she identified with the horses and their care of each other; and she could see

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how this could get her to see beyond herself to care for others too: "they remind me of me … taking someone under my wing".

In the following session, Ella was struck at how the horses kept her away from "her old patterns ...". She noticed how, "...they took away the negative. I need to focus on trusting myself ...". She could see within herself as the sessions progressed that she was more relaxed and that the horse (which she called Spirit) "my teacher, Spirit... is not easily tamed … like me … making me set boundaries …". In her final session she felt that, "Spirit is leading me … like the Great Spirit".

In her letter to the horse, Ella was deeply aware of how the horses challenged her and loved her. She felt how much they had reminded her to ground herself and that "...they showed me the confident, strong woman inside of me".

Mia

In her initial session, Mia was amazed at the acceptance of her from the horses. This was a complete surprise, even though they highlighted for her how she "was constantly going around in circles" in her life. She noted that she was so busy searching for peace and calm that, even though they took her to a place where it was in the shade and was peaceful, she found it difficult to accept. As session two progressed she realised that, although she did not believe in herself and that she felt she had no control over her life, "Regal showed me ... there is more I can control … there is no room for negativity". During session three, Mia realised a pattern that she has carried out for a long time and, through her interaction with her horse, she highlighted that "... he taught me how I misunderstand and misconstrue …". This pattern she realised has kept her away from trusting others and pushing them away when they were actually showing her acceptance and love.

Although Mia was unable to finish her sessions with us due to unexpected family commitments, she made contact with the team through the care facility, when she

was out of town, and asked if she could write her letter to the horse about the "gift" they had given her. In her letter, she wrote of how they had shown her that she was going round in circles. She realised that they had shown her a place of shelter. She acknowledged that Regal saw her as confident. She wrote that they "…taught me to trust … not to jump to conclusions … to have a more positive outlook for the future…".

In her letter to the horse she highlighted how they had shown her how she was going in circles and that she realised that they had shown her a place of shelter. She acknowledged that Regal saw her as confident. She wrote that they "…taught me to trust … not to jump to conclusions … to have a more positive outlook for the future..."

CONCLUSIONS

In this chapter, the results of the exploratory study of eight participants has been summarised and discussed. The description of the four areas that Frankl considers of importance in moving from two- to three-dimensional living has been included in the within case and across case discussions.

Finally, using a within case summary, each participant's experience of MC-EAP as an effective logotherapy technique in their sessions has been detailed.

In the following chapter, the focus will be on the evaluation and limitations of the study. The conclusion will also include further focal points in future research possibilities.

CHAPTER SIX

DISCUSSION AND CONCLUSION

INTRODUCTION

The focus of this chapter is to bring this study to a summation, including a brief restatement of the initial intentions of this study and offers a brief summary of the findings. It continues with the acknowledgement of possible contributions that this study can make, suggestions regarding future research, as well as some implications and limitations of the study. A final statement concludes this chapter.

SUMMARY OF FINDINGS

Firstly, while remaining aware of the results noted in chapter five, it is important to bring to mind the initial research aims set out for this study. Firstly, the study explored and re-evaluated the diagnostic criteria of psychiatric disorders using Frankl's alternative diagnostics (Frankl, 2009), taking into account Frankl's noetic level, which he believes is important in the diagnosis of psychiatric patients.

Secondly, it focused on describing and evaluating the therapeutic effectiveness of logotherapy with MC-EAP as a valid technique. This entailed assessing whether the psychiatric patient participants' were able to reach their sense of meaning in spite of their illness, diagnosis and their circumstances.

In this study these two areas were highlighted, particularly the issue of diagnosis and the treatment processes that have been available to them. These areas were of concern for Frankl as he noted that generally psychiatric patients faced the more traditional approach or medical model thinking which indicated that they had some form of disease (Hallberg, 2008). This included the treatment approaches which were considered reductionist (Shantall, 2003), kept the focus of treatment on the abnormal and on the unconscious levels, which de-values the person's own sense of humanness and uniqueness. Further, it only accepts any processes as a means in itself and does not take into account that there can be a striving towards something

greater than oneself (Frankl, 2014). Frankl believed that any therapy had to go beyond psychodynamics, conditioning and learning processes (Frankl, 1978). This required a mind shift, recognizing the value and uniqueness of each individual, regardless of their diagnosis, situation or struggle, which needs to be placed back into the centre of any psychotherapy (Pattakos, 2010; Shantall, 2003). It then allows for the inclusion of those who may, from the traditional psychological aspects, be seen to not fit into the criteria for treatment processes.

This then meant that any diagnosis or treatment needed to include all aspects of a human being, the physical or somatic, the psychological or psyche, and most importantly, the noetic – the freedom of choice. The inclusion of the noological or spiritual level is a key element as it offers to the individual, particularly psychiatric patients, the opportunity to move towards what he calls noödynamics (Lukas, 2000), where they are living in a two-dimensional ontology, focusing on their fate in terms of both their illness and diagnosis, including the situation in which they find themselves. Moreover, they do not believe there is a possibility or opportunity for change or growth. This process also includes their sense of susceptibility, because there is a sense of living in fate. They do not believe that they have a deeper level within them, which Frankl has named "the medicine chest" or noetic level that can surpass an illness on either the physical, mental or emotional level of functioning. Many of the patients live with a strong sense of powerlessness and helplessness and often find themselves searching for power or pleasure through the Mass Neurotic Triad (Frankl, 2014), which includes addictive patterns of behaviour, aggressive actions or living with a deep depression rather than finding a sense of meaning. The final part of this process is often seen in these patients believing that their circumstances and genetics are set and therefore their character remains immoveable and unchangeable.

However, Frankl believed that these patients have the capacity to reach beyond this two-dimensional ontology and move towards living on a three-dimensional level. This includes being able to move from a sense of fate to a sense of freedom – not freedom from but a freedom to, which he states is a freedom towards choosing how you want to live, whether through changing one's behaviour or in the choosing of the right attitude towards any situation which one may face (Frankl, 2014; Lukas, 2000).

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Further, living on a three-dimensional level includes being able to move from a sense of susceptibility towards a sense of intactness. Frankl (2014) conceived this move as the opportunity to understand that even though our physical and mental capacity may be blocked either due to illness or genetics, our unique noetic level is not. This then allows the person to be able to transcend their disabilities and hold onto their truly human characteristics of love and humour, just to mention two.

Frankl observes that the movement from a sense of searching for pleasure and power is to find the true sense of meaning in their lives, reaching a level of self-transcendence towards something or someone more important than themselves. Finally, he believed that these patients have what he believes can be called the response-ability to develop their own personality. In spite of their character with which they have been born and the situation in which they find themselves, they need to take the responsibility to choose to look and deal with life in an alternative meaning-filled way.

The second aim of this study was to evaluate whether EAP, although a strong therapeutic approach in its own right, can also be regarded as an effective technique to support the logotherapy principles in reaching psychiatric patients. Using EAP, the Eagala model, the value of the equine in supporting the logotherapy principles to facilitate growth from two- to three-dimensional living was examined. The particular concepts used were self-distancing, the Socratic dialogue, tracking and creating tangible, visual representations of the logotherapy principles, as well as the building of trust with an equine, which gave the participants an opportunity to focus on the key points. A further valuable area that EAP offers is the importance of focusing on the here and now, their sense of being present in the moment and not allowing their awareness to remain stuck in the past. In the evaluation of this study, EAP as a technique of logotherapy can effectively be called meaning-centred equine assisted psychotherapy (MC-EAP).

In this study, the results showed that through the technique of MC-EAP, all eight participants were able to move towards the logotherapy concept of three-

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dimensional ontology. They were able to find a sense of meaning as an avenue for growth. Furthermore, using MC-EAP allowed them to experience these opportunities for growth in a tangible, self-distancing and physical way, while including the opportunity to develop relationship skills in the safe, holding, experiential environment that horses often provide, which cannot always be given in the more traditional approaches.

AVENUES FOR FURTHER RESEARCH

There were a number of unexpected areas based on the participants' feedback. Firstly, all participants spoke of their diagnosis in the initial meeting, and many placed it as something significant in their visual representation of their lives in that same meeting. However, as each participant moved into a more meaningful dimension, particularly as they moved from a sense of fate of being stuck in their illness, there was little or no further mention of their diagnosis as they focused more on finding their freedom to respond. This was unexpected as part of the process was to share with these patients what Frankl's alternative approach could include. It is a very interesting aspect for future research, to not just address the patient's clinical diagnosis but to bring into focus, or as Frankl believes, being able to distinguish between what can be seen as a mental or an emotional disease, and what can actually be a deep sense of despair and loss (Frankl, 2009). This remains an interesting aspect of psychiatric patients' lives and that giving these patients an understanding that their diagnosis can have an alternative focus, is something that the researcher would like to study further.

A second unexpected result focused on the concept of the participant's inclusion of the spiritual in their lives moving forward. Logotherapy's noetic level has at times been equated with a spiritual or religious sense. However, Frankl's conception of this level is not only religious; it is a strong sense of the specifically human element that raises the human being above the more physical plane. He has called this the "medicine chest" of living on the third dimension (Marshall & Marshall, 2012). Of interest in this study is that the participants found themselves reaching out not only from their own noetic level, but reaching towards the spiritual, religious sense. This

meant that for them there was a strong search for finding and acknowledging 'God' in their growth forward. This was often equated with seeing 'God' in the horses and the close bond that they had formed with them. This is a further opportunity for study.

In assessing the results from each participant, the question arises as to whether the participants will be able to sustain and build on their growth forward, which was attained in this short-term study. An important area for further research could be to observe whether these participants would be able to maintain their three-dimensional ontology for an extended period, which could be part of an important longitudinal study irrespective of whether they remain in the centre or return to re-integrate into their families.

As there is the question of transferability, a possible avenue for further research would be replicating this research with another psychiatric centre to explore the value of logotherapy and MC-EAP.

A final area of interest that was raised in the study is that there has been a sense in therapeutic circles that some psychiatric cases are not able to receive therapy as they may have some cognitive or physical impairment or difficulties in the use of language. In this study however, although there were levels of cognitive and physical difficulties which could be due to medical interventions or genetics in some of the participants, the horses appeared to carry a bridging role. As interactions with the horses remained mainly non-verbal, the cognitive, physical and language gaps receded, and there was an opportunity for growth and learning for the participants. Furthermore, of equal value was the gaining of a sense of belonging and value that the participants highlighted from the non-judgemental and complete acceptance from the horses. This could be an important area for further research.

IMPLICATIONS AND LIMITATIONS OF THE STUDY

One of the limitations that have been cited is the use of the case study as a research methodology is the length of the study (Soy, 1997). Both logotherapy and EAP, as a therapeutic approach in their own right, as well as together in MC-EAP, are short-term interventions. This allows the focus to be more succinct, to remain in the present and to keep the participant moving towards the future. Despite the value of

this short-term intervention, it may however be of value to explore and evaluate the effectiveness of MC-EAP with these participants over an extended period; in particular, as to whether and how they were able to maintain their experience and growth towards three-dimensional living, whether in the centre or in their possible independent living.

A further limitation of the case study as a research methodology includes the question that the number of participants in this study may not be big enough to begin to generalise results (Soy, 1997). However, as discussed in the previous chapter, according to the value of using qualitative methodology the focus needs to remain on transferability and in this study, the use of the descriptive case study encouraged a deeper and richer input from each participant and allowed each one to build on the phenomenological 'being in the world' allowing for more insight of each individual.

A further possible limitation would be the focus on any ethical elements particularly as the researcher was also the therapist; this could affect the concepts of bias and subjectivity. As has been discussed in the methodology chapter, significant attention was given to address any matters of ethical concerns that may have affected this research study. In particular, focusing on the role as a therapist, the participants attended normal, regular therapy sessions once a week for the six-week study which consisted of 50-60 min sessions. As this study has research outcomes of a short-term therapeutic process which is fitting with both logotherapy and MC-EAP, it has not left the participants feeling overly obliged and stuck. Their willingness to attend remained consistent throughout the process even though one participant was not able to complete the full sessions due to family commitments that were outside of her control. She nevertheless requested to complete her process by writing her letter. Further, in order to reduce bias and subjectivity, the researcher as the therapist remained independent from the centre, where no contact was made with the centre or its staff throughout the study. A further area of potential bias with the researcher as therapist could be the possibility of monetary influence. However, as there were no payments made or received from the centre or the participants, there were no ethical pressures or obligations put onto the participants or the centre. Further, as transportation was organised by the researcher at the researcher's cost, there was no pressure placed on the centre to carry the cost or the inconvenience of transporting the participants to the venue.

A further potential variable that needs to be taken into consideration is the consistency of the team, the venue and the group of equines made available for this study. Throughout the process of the study, every attempt was made to keep the times consistent for each participant. This includes the venue, the day and the time of the appointment as well as the human and equine team. A factor that may need to be taken into account was that as the sessions were outdoors, the weather may have had an influence on some of the participants. As part of this evaluation, it is important to consider working in a covered arena as a possible solution for this variable.

FINAL STATEMENT

In the field of psychology there has always been the overall aim to offer care, support and a sense of healing to those who are struggling. This sense of care and compassion is to encourage each person to rebuild their lives and to reach their own unique potential. This is especially true for those who struggle with mental illness, whether they are within their home setting or in care facilities. The call is to offer these individuals an opportunity to re-find their own value and worth and to find in themselves their sense of meaning and self-transcendence. This will allow them to hold their place within society without the stigma and hopelessness they often feel.

Logotherapy and MC-EAP both have as their basis the focal point of meeting people where they are, and helping them to reach where they can become who they were meant to be, as has so aptly been said of logotherapy (Meaning Therapy, 2010):

> The aim of logotherapy is to lift the person out of the psychic level into the human level, because that is where true healing takes place. What makes us human is our capacity to be aware of ourselves, look at ourselves from the outside and finally to transcend who we are so that we can become who we are capable of becoming (p. 3).

In any research the focus needs to be on both the therapeutic process as well as on the outcomes. However, this also needs to provide long-term and effective results. As was highlighted in the literature review, although both logotherapy and EAP have provided on-going effective research within their own domains, it is still a relatively new process when combined together as MC-EAP being a technique of logotherapy.

It is the researcher's view that there is the potential for future research to focus on both the continued effectiveness of MC-EAP as a therapeutic process but to also gain a further understanding of the long-term effectiveness of assessing whether psychiatric patients in particular, are able to maintain their own unique sense of meaning in living beyond their illness and diagnosis over an extended period of time, whether in long- term care or within their own environment. This would be of great importance and could support the long-term care of psychiatric patients.

Further information could support the optimal development of these patients and address the limitations and gaps, previously identified, that have affected psychiatric patients in the integration back into their own world.

The outcome of this study has appeared to yield positive results in terms of logotherapy being an effective therapeutic approach to reach those caught in two-dimensional living, giving them the opportunity to move towards their unique call to meaning. Furthermore, the study has also appeared to show positive results in the use of MC-EAP as an effective technique of logotherapy, including its tenets and principles in encouraging the growth towards finding their noetic level, and therefore able to move towards three-dimensional living.

Therefore, this study can offer an initial contribution towards increased understanding of how MC-EAP, as an alternative therapeutic modality, can assist psychiatric patients to move beyond functioning at only the somatic and psychological levels, which is the primary focus of traditional approaches. That in remaining within a treatment modality that focuses primarily on the somatic and the psychological levels of functioning, the opportunity for growth towards finding meaning will be thwarted and that there is a valuable opportunity which allows for an alternative therapeutic modality with its technique of including equines to reach these individuals who have felt left and stuck in their fate that they have the opportunity to reach their own unique noetic level.

These results can be taken further to include those who are not only psychiatric patients but those who are struggling with an existential frustration or an existential

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crisis in their everyday life. These approaches can impact many clinical practices where there has been a level of stuckness in clients where the noetic level has not been seen or understood.

The positive results of this study in the researcher's view can also have an important impact particularly in terms of the possibility of presenting the value of these two valuable approaches to learning institutions to recognise and include them in their curriculum, particularly in terms of the learning of a more inclusive and positive diagnostic tool well as the value of logotherapeutic concepts of Frankl's therapeutic approach but also to bring in the value of the addition of equines in a therapeutic setting.

Reviewing the psychological research studies that are available, there appears to be a trend towards acknowledging the growing need of individuals within society to focus on understanding and to find a sense of meaning and purpose. Noting that there is a paucity of research on logotherapy and its technique of MC-EAP, and the reaching towards the noetic, this study and further research is of great value to this growing body of research.

Therefore, based on this study it can be stated that logotherapy as a therapy with MC-EAP as a technique of logotherapy is an effective intervention. The importance of allowing every person the opportunity to move from a sense of fate and a loss of meaning and value in their lives towards finding their core freedom and deep sense of value and meaning, is from the researcher's own point of view of great value; and this study was undertaken to begin to develop this growth towards a depth of meaning and to offer a valuable difference to those individuals who the researcher has encountered on her journey who have felt a loss of not only the meaning of their lives but also of their uniqueness that they can bring to the world.

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APPENDICES

Appendix A

To the Director of Recovery Centre

Re: Intended Research Programme

Dear

I am at present enrolled at UNISA as a doctoral student in Psychology under the Department of Psychology and Humanities. Part of the requirements for the course is that research will be conducted.

In the relevant research project planned, I would like to explore the use of Equine Assisted Psychotherapy as a technique of Logotherapy – called Meaning Centred Equine Assisted Psychotherapy - and its effect on the therapeutic treatment with psychiatric patients. This research is intending to offer a more effective treatment modality for psychiatric patients which could in future encourage those struggling with psychiatric illnesses to find greater meaning and therefore suffer less relapse rates.

This research will be qualitative in its methodology and will entail offering six individual sessions once a week for consecutive six weeks using Meaning Centred Equine Assisted Psychotherapy to eight (8) participants, male and female, ages ranging from 18-60, who are at present struggling with a psychiatric illness and need a form of psychotherapeutic support.

I would like to ask your permission to gain access to these participants from your facility – which is part of the ethical informed consent process.

This would entail that these 8 randomly chosen individuals from your facility would receive six one hour sessions at a regular time that would be convenient to both you,

the participant and myself, and will require that the participants undergo a therapeutic intervention based on Logotherapy and a new technique, Meaning Centred Equine Assisted Psychotherapy. They will also be required to complete journal entries following each session. The results of this research will be made available to you and the participants upon completion and request.

Please note that involvement in this research is entirely voluntary and that should you wish to withdraw your consent to this research, it will not be held against you in any manner. In addition, please be aware that confidentiality of the participants will be strongly upheld at all times and a confidentiality agreement will be signed before the therapeutic intervention will commence.

Your participation and assistance would be greatly appreciated. However, if there are any further enquiries, please do not hesitate to contact me – Dot Robertson 083 626 3279 or dotrobertsonsa@gmail.com.

Yours sincerely

D.A.Robertson
(Clinical Psychologist)

APPENDIX B

TOADHALL THERAPY CENTRE PROGRAMME

96 HILTON RD LINBRO PARK,

0836263279

Dear _____

My name is Dot Robertson and I am presently enrolled at UNISA as part of their doctoral programme under the Department of Psychology and Humanities. Part of my course requirement is that I conduct a research project.

As part of the relevant research project planned, I would like to explore the use of Equine Assisted Psychotherapy as a technique of Logotherapy – called Meaning Centred Equine Assisted Psychotherapy - and its effect on the therapeutic treatment with psychiatric patients. This research is intending to offer a more effective treatment modality for psychiatric patients which could in future encourage those struggling with psychiatric illnesses to find greater meaning and therefore suffer less relapse rates.

This research is qualitative in its approach and will entail an individual session for one hour once a week over a six week period. Following each session a time will be given to you to complete a journal entry pertaining to the session. The results of this research will be made available to all participants upon completion and request.

Please note that involvement in this research is entirely voluntary and that you may withdraw yourself and your data from this research at any time. Should you wish to withdraw your consent to this research, it will not be held against you in any manner.

In addition, please be aware that confidentiality of your information will be strongly upheld at all times and a confidentiality agreement will be requested to be signed before the therapeutic intervention will commence.

Your participation and assistance would be greatly appreciated. However, if there are any further enquiries, please do not hesitate to contact me – Dot Robertson 083 626 3279 or dotrobertsonsa@gmail.com.

Yours sincerely

D.A.Robertson

(Clinical Psychologist)

Participant Release of Liability Agreement/ Release

I,_____, the undersigned, for and in consideration of the agreement of Toadhall Family Therapy Farm Programme to provide Equine Assisted Psychotherapy to (participant)_____ do hereby forever release, acquit, discharge and hold harmless Horse Power and Toadhall, its officers, trustees, agents, employees, representatives, successors and assigns, for all manner of claims, demands, and damages of every kind and nature whatsoever, which the undersigned or said minor may now, or in the future, have against Horse Power and Toadhall, its officers trustees, agents, employees, representatives, successors or assigns on account of any personal injuries, physical or mental condition, known or unknown, to the person of said minor and the treatment therefore as a result of, or in any way growing out of, the acts of Horse Power and Toadhall, its officers, trustees, agents, employees, representatives, successors or assigns, including but not limited to, their negligence or gross negligence, in rendering the services above described or in any way incidental thereto.

Signature of Participant_____

Date_____

Participant Consent

I, _____, the undersigned, have read the information sheet and have understood that the research project involves the participation of clients within a Recovery Centre's residential programme.

I further understand that participation in this research will not advantage or disadvantage me in any way. I understand that confidentiality is guaranteed and I have a right to withdraw from the research at any time. I also give permission that the researcher may make use of a direct quote where necessary.

I understand that participation in this research will require six one hour sessions at Toadhall Farm Therapy Centre which will be conducted with the researcher and participant at an agreed time.

I hereby consent to participate in this research.

Signature:_____ Date:_____

Participant Consent for Audio/Journal Release

I, _____, the undersigned, grant permission for the sessions to use audio records and that my journal will be made available to further the said research.

I understand that the contents of the audio and journal information will be transcribed for the purpose of further analysis and that my identity will be protected, and that all information will be kept and stored in a secure location.

I also understand that the audio material will be destroyed after the research and that the journal will be returned to me on the completion of the research.

Signature:_____ Date:_____

APPENDIX C

UNISA | university of south africa

COLLEGE OF HUMAN SCIENCES RESEARCH ETHICS REVIEW COMMITTEE

21 January 2021

Dear Mrs Dorothy Ann Robertson

> NHREC Registration # :
> Rec-240816-052
> CREC Reference # :
> 2020-CHS -4536479

> **Decision:**
> **Ethics Approval from 21 January 2021 to 21 January 2024**

Researcher(s): Mrs Dorothy Ann Robertson   Email: 4536479@mylife.unisa.ac.za

Supervisor: Prof. M. dos Santos   Contact: dsantmml@unisa.ac.za

> **Title:** *Meaning centred equine assisted psychotherapy as an effective complementary technique to support logo-therapy in the treatment of psychiatric disorders*

Degree Purpose: PhD

Thank you for the application for research ethics clearance by the Unisa College of Human Science Ethics Committee. Ethics approval is granted for three years and you may request extension afterwards.

> The **Low risk application** *was reviewed* by College of Human Sciences Research Ethics Committee, on **21 January 2021** in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.
>
> The proposed research may now commence with the provisions that:
> 1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
> 2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.

3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.

4. Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.

6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data require additional ethics clearance.

7. No fieldwork activities may continue after the expiry date **(21 January 2024)**. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

The reference number **2020-CHS-4536479** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.
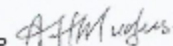
Yours sincerely,

Signature :

Dr. K.J. Malesa
CHS Ethics Chairperson
Email: maleskj@unisa.ac.za
Tel: (012) 429 4780

Signature : PP

Prof K. Masemola
Executive Dean : CHS
E-mail: masemk@unisa.ac.za
Tel: (012) 429 2298

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