

VIKTOR E. FRANKL

AUTHOR OF MAN'S SEARCH FOR MEANING

# THE FEELING OF MEANINGLESSNESS

A CHALLENGE TO PSYCHOTHERAPY AND PHILOSOPHY

It is the very problem of our time that people are caught by a pervasive feeling of meaninglessness, which is the most conspicuous symptom of the collective neurosis of our time. It is accompanied by a feeling of emptiness. The "existential vacuum" has increased and spread literally all over the world. Our industrialized society is out to satisfy all needs, and our consumer society is even out to create needs in order to satisfy them; but the most human of all human needs—the need to see a meaning in one's life—remains unsatisfied. People may have enough to live by; but more often than not they do not have anything to live for.

# THE FEELING OF MEANINGLESSNESS



VIKTOR FRANKL

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A CHALLENGE TO PSYCHOTHERAPY AND PHILOSOPHY

EDITED & WITH AN INTRODUCTION BY  
ALEXANDER BATTHYÁNY

INTRODUCTION EDITED BY ANDREW TALLON



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# ALEXANDER BATHYÁNY

## VIKTOR E. FRANKL & THE DEVELOPMENT OF LOGOTHERAPY & EXISTENTIAL ANALYSIS<sup>1</sup>

### 1923-1927: FROM INDIVIDUAL PSYCHOLOGY TO LOGOTHERAPY

In 1926, a 21-year old medical student named Viktor Frankl employed the term *Logotherapy* for the first time in a lecture addressed to the Academic Society for Medical Psychology. In the following ten years, influenced by his work in youth counseling centers he helped found and by his specialist training in psychiatry and neurology at the Viennese mental hospitals of Rosenhügel, Maria Theresien-Schössl, and Steinhoff the psychiatric clinic, Frankl gradually developed Logotherapy into the independent psychotherapy system that is known today as *Logotherapy and Existential Analysis*.

During 1920s, Frankl would not have been able to think of founding his own psychotherapeutic or psychiatric school. In 1926, he defined his sole matter of concern as the formation of a therapeutic and theoretic program that should complement an understanding of neuroses based upon the framework of Alfred Adler's Individual Psychology. In other words, Frankl wanted to create a better way for therapists to help patients whose outlook on life jeopardized the prospects of a successfully conducted therapy:

One cannot help a very intelligent and sensible pessimist to eat properly and play sports just by giving advice, because for that—as for the entirety of his well-being—his philosophy provides him with no reason to do so. Here we must first influence how he values therapy in order to provide any grounds for further treatment; namely, his evaluation of the value of discussing neuroses at all! (Frankl, 1925, 250)

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1 Translated by David Hallowell, former Assistant Researcher at the Private Archives of Viktor Frankl in Vienna. Edited by Andrew Tallon.



In the framework of this therapeutic model, Frankl also worked out a detailed phenomenology and classification system of disturbed worldviews (e.g., Frankl, 1926a) and was one of the first within the Individual Psychology movement to submit a phenomenological research endeavor on neurotic orientations towards life. Interestingly enough, this classification system did not find its way into modern Logotherapy, although Frankl used a few of his 1926-era thoughts and observations subsequently as excerpts in his *Pathologie des Zeitgeists* (i.e., *Pathology of the Times*; Frankl, 1949). While the latter collectively described abnormal orientations that were formulated in the context of World War II experiences, the former was aimed at individual disturbed personal worldviews [*Weltanschauungen*]. As such, these were intended in a narrower sense to serve as diagnostic and therapeutic connecting threads in clinical practice.

There are several reasons why Frankl may have avoided further usage of his classification system: First, within a few years he had developed Logotherapy and Existential Analysis into an independent and complete form of therapy, whereby the classification of neurotic orientations towards life lost its importance relative to the now broader applications of his new Logotherapy and Existential Analysis. Second, Frankl recognized the limitations of any typology and diagnostic schematization given the ever broader applicability of his new form of therapy, and he increasingly came to place the relationship with the unique person of the patient at the foreground of psychotherapy. Nevertheless, the classification system Frankl worked out presents itself from a differential diagnostic rationale as an enduringly compelling research theme: one is able, for instance, to look at the thought patterns of the *intellectual neurotic* in the framework of modern Logotherapy as personality-specific forms of expression of *nöogenic neuroses*. This framework provides concrete guidelines that create therapeutic openness, while managing to avoid succumbing to the temptation to place the prevailing typological attribution over the individuality of the patients themselves. In any case, an examination of case studies described in *Die Psychotherapie in der Praxis* (i.e., *Psychotherapy in Practice*) suggests that Frankl himself had quite frequently referred back to his classification system a decade later.

Frankl's recognition that it can be necessary before beginning therapy to make the patient conscious of the value of discussing neuroses reveals a conceptualization of Person and of Disease in which the suc-

cess of the therapy course depends entirely upon the willingness and insight of the patient. In and of itself this is not a fundamentally new insight—every clinician and therapist knows that not all patients begin their therapy equally motivated. What is new, however, is Frankl's attempt to understand the reason for these differences in motivation as an expression of an orientation towards life, to view them as relatively independent of the fundamental neurotic disturbance, and to give them due consideration:

It is a priori not in the least agreed upon that what we call pathological is also false. It is not by any means certain that that by which we find an intellectual opinion or evaluation maladaptive—for instance, in the view of Individual Psychology—is in itself incorrect (Frankl, 1926a, ix).

In other words, it is by no means a conclusive expression or symptom of a psychological disturbance if a patient doubts the meaning of life. Under certain conditions and particular life philosophies this can be quite rational and logically consistent. Consequently, there is little hope of altering a patient's overall life situation by successful treatment of a physical or mental disease. With this understanding, Frankl uncoupled the neurotic patient's orientation towards life from the patient's mental state of mind. The latter may indicate pathological features, but not the former—at least not necessarily. If this type of symptom is not treated by the doctor or therapist, it will persist relatively unchanged during the course of treatment. This is precisely because it is not a symptom of disease as such.

On the other hand, it is more obvious that certain orientations towards life can worsen existing symptoms or undermine the prospects of success in therapy from the outset. Even after successful therapy, certain orientations towards life have a statistically higher risk of relapse. That is why it is necessary in the pre-care and post-care phases of therapy to lead patients into an appropriate personal worldview [*Weltanschauung*], or to place before them the possibility of a positive approach to existence. Frankl's earlier teacher and mentor, Rudolf Allers, also defined "the purpose of all psychotherapeutic efforts [...] as the undertaking of bringing about a reconciliation between Person and World" (Allers, 1963/2005, 12). There is every reason to believe that this does not automatically come to be when the original disease symptomatology is reduced to a tolerable degree or cured entirely.

This is due to that fact that, even following successful therapy, the disease leaves its mark on the biography and learning history of the every patient, and therefore also alters their philosophy of life.

At the same time, it cannot be the goal of any humane psychiatric or psychotherapeutic treatment to take away the life experience and learning history of the patient: In the first place, it is doubtful whether this is possible at all within the framework of an ethical, justifiable psychotherapy; and even if it were, such an action would contradict Logotherapy's understanding of Person and Dignity. All the more, it remains the task of psychotherapy in the post-treatment phase to lead the patient towards a free, elegant, and realistic agreement with life, on which basis the patient can go on to prosper.

Still earlier, in 1923, Frankl originally observed that there are mistaken and strained manners of existence whose etiology is not confined solely to mental or physical causes, but rather whose causes lie rooted in the spiritual and philosophical dimensions of the person. At that time, the teenage Frankl spoke of the possibility of a "spiritual disease in the truest meaning of the word, not in the medical-clinical sense, because I speak of spirit and not of mind" (Frankl, 1923). This observation has since been empirically confirmed (e.g., Moomal, 1989; Stewart et al., 1993; Testoni & Zamperini, 1998; McHoskey et al., 1999).

Already as a university student and even in high school, Frankl's early theories were anticipating the developments in psychology that would only be accepted within the scientific community decades later during the period known as "the Cognitive Revolution." A broad agreement prevails today on the point that any respectable psychological research program must take into account the variety of human concerns, attitudes, and views. There are only a few models stubbornly holding out which seek to dismiss the spiritual motives and concerns of humanity as "nothing but" in the context of an ideological reductionism, and which seek to replace them with drive-dynamic and behavioral conceptualizations.

We can surmise that Frankl's early orientation towards the spiritual and personal helped to corrode his loyalty to his two first teachers, Freud and Adler. At the same time, it appears that he himself was originally not fully aware of the significance of his delineation between the spiritual and mental. It is also possible that he capitulated for a short time under the influence of his first great teacher, Sigmund Freud:

His first scientific publication in the *Internationalen Zeitschrift für Psychoanalyse* at least truly distinguished the young Frankl as an original thinker—here he attempts an explanation of affirmative and negative facial expressions as continuations of coital and nausea reactions. But even as such, he apparently succumbs to the temptation to trace the problem of fundamental human concerns back to the psychodynamic substrate, explicitly denying that affirmation and negation could have a spiritual element:

We are not able to search for the origins of the facial affirmation and negation expressions in such a manner that we interpret the relevant head movements as symbols of an intellectual affirmation or negation [...] we will accordingly refer to the two elementary life instincts – the nourishment instinct and the sexual instinct—for an explanation of the phenomena. (Frankl 1924)

It is not easy to recognize the eventual founder of Logotherapy and Existential Analysis in these lines. But soon after their publication Frankl began to distance himself from Sigmund Freud's Psychoanalysis and turn to Alfred Adler's Individual Psychology. Apart from his unsuccessful attempt to begin *Lehranalyse*<sup>2</sup> under Paul Federn, there were probably several other reasons that would lead Frankl to turn away from Psychoanalysis. The first is perhaps that Frankl's active interest in philosophy and his lively social engagement with the philosophical community were ignored in Psychoanalysis—indeed Frankl's first post-psychoanalytic publications dedicate themselves to these two themes. Moreover, he may have soon become aware that the psychoanalytic model only described a part of the human psyche, a psyche whose upper portions were continually exposed to danger from Psychoanalysis by way of its tendency to pathologize the philosophical and metaphysical concerns of the patient, rather than acknowledge them as such and address them in the framework of therapy where judged necessary.

These thoughts also find their expression in Frankl's first publication within the school of Individual Psychology. Only a year after his publication in the *Internationalen Zeitschrift für Psychoanalyse*, Frankl published an article that would already anticipate many routes of his

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2 Editor's note: *Lehranalyse*, translated roughly as "apprenticeship analysis," is a required part of the training to become a psychoanalyst, whereby the trainee undergoes many hours of psychoanalysis in the role of patient.

subsequent life's work. In *Psychotherapie und Weltanschauung* (i.e., Psychotherapy and Worldview) Frankl writes:

Neurotic patients cannot be happy because they have not grown into life, because they despise it, devalue it, and hate it. It is the task of the psychotherapist to fully give back the patients' love for life and will to community, and while not as empirical proofs, the therapist can easily re-install these in the course of a critical discussion of the value of living [...]. (Frankl 1925)

The contrast between both of these passages—they could hardly be more antithetical—may in part be explained by the three-year gap between their composition, three years in which Frankl once again returned to his original notion of the noetic as its own dimension. He not only returned to it, but also attempted to make it therapeutically useful in the framework of Individual Psychology in a fundamentally expanded, enlarged, and deepened form.

In 1926, we already encounter Frankl as an active Adlerian: among other things, as a regular session participant in Individual Psychology dialogue rounds at Café Siller and as an editor of a Journal “for the proliferation of Individual Psychology” (i.e., *Der Mensch im Alltag*; translated, *The Person in Everyday Life*). Already in September of the same year he would be marked out to present a central position paper at the International Congress for Individual Psychology in Düsseldorf.

At about this time Frankl had probably met his early mentor Rudolph Allers, who himself had, like Frankl, recently broken away from Sigmund Freud. From around the beginning of 1925, he would associate himself with Adler's circle. Frankl assisted Allers between 1925 and 1926 at the Physiological Institute of the University of Vienna, during which time Allers would conduct his studies on sensory and physiological aspects of color perception. Allers, together with the future founder of psychosomatics, Oswald Schwartz, presided over the anthropological wing of the Individual Psychology union, for whose philosophical concerns he probably took over responsibility in 1924. Meanwhile, content-related conflicts with orthodox Individual Psychology emerged at the outset of these efforts. There were fundamentally two primary criticisms regarding Adler's theory that were expressed by the anthropological circle of Allers, Schwarz, and Frankl. They can be summarized as a criticism of the one-dimensionality of

Individual Psychology's picture of the human being. Firstly, they argued that Adler presented a mono-causal concept of neuroses, which attempted to derive mental disturbances almost exclusively from conflicts between feelings of belonging, power, and striving after success; second, it seemed to them that the very project of a comprehensive philosophical, anthropological system associated with Individual Psychology was jeopardized because Adler observed values primarily from the viewpoint of the person's social and psychological utility, failing to draw the distinction between rules and values sharply enough (Allers, 1924:10ff). A rule describes in an ideal case the possibilities for realization of values, without necessarily themselves being such. Over and above that, the emphasis on the compulsory nature of social agreements sets forth a concept of norms that now and again also is able to promote non-values to values. From the viewpoint of a sound, anthropological epistemology of values, persons are not only responsible to the community, but above all to their own values, intuitions, and consciences; this is especially valid whenever these should run counter to prevailing norms or their current utility. In a retrospection upon these philosophical discussions later in his career, Allers writes:

No further explanation is required if a statistic is rejected as the basis for a boundary determination. It is obvious that the average only corresponds to normal if it occurs in such a way that the normal phenomena constitute a noticeable majority. This however means that one must be clear with oneself about "normal" before one uses statistical data. In a population where 99% exhibit tuberculosis, the remaining one percent still remains representative of normality. This is as true of diseases as it is for all other aspects of human existence. Statistics regarding morality cannot provide evidence for what normal morality is; the latter must be defined, in order to employ the statistic in a meaningful manner. (Allers, 1963/2005:123)

In the same way as Allers and Schwarz, Frankl first hoped to reform Individual Psychology from the inside and to be able to place the theory on a firmer philosophical, anthropological foundation (Frankl, 2002:43). After the 1927 Congress for Individual Psychology in Düsseldorf—there Frankl already abandoned the grounds for orthodox Individual Psychology, describing neuroses not only as an arrangement of factors, but also as an authentic expression of the person—the rifts between the anthropological wing of the Individual Psychology union and Adler increased; it came to a public break soon after that:

Then came [...] the evening in 1927 at which Allers and Schwarz coram publico represented and gave reasons for their already previously announced withdrawal from the Society for Individual Psychology. The meeting took place in the great lecture hall of the Histological Institute of the University of Vienna. In the last few rows sat a few Freudians who gloatingly looked upon the spectacle, as what now was enacted upon Adler was no different than it had been for Freud, out of whose Viennese psychoanalytic association Adler for his part had likewise left. (Frankl, 2002:42f.)

In 1927, a few months after Frankl's teachers and mentors Rudolf Allers and Oswald Schwarz announced their withdrawal from the Society for Individual Psychology, Frankl was shut out from the Society at Adler's personal wish, on account of "unorthodox views."

### 1927-1930:

#### REGARDING ADOLESCENT PSYCHOLOGY

For Frankl, the split from Individual Psychology meant not only the loss of the illusion that what at that time was still the most fundamentally liberally-minded psychotherapeutic school in Vienna could be reformed from the inside; moreover, he also lost an important forum in which he could discuss his ideas and the clinical advancement of Individual Psychology with Adler and his close associates.

At the same time, the following years brought new challenges for Frankl and his model. A markedly active time followed the expulsion, during which Frankl collected important experiences in the course of his practical counseling activities. Already in 1926, Frankl had pointed out in numerous publications (e.g., Frankl, 1925b, 1926c) the necessity of psychological care for adolescents. He was stimulated by Wilhelm Börner's founding of prototype counseling centers in Vienna for people who were weary of life. While it is true that comparable facilities were already being co-ordinated in Vienna by individual psychologists and the first advocates of Austrian social psychiatry, these directed their counseling services primarily towards parents and educators and not to adolescents themselves. Indeed, their concerns and worries scarcely found consideration:

Anyone who is closely familiar with the psychology of adolescents knows well enough what the final and pivotal cause [of the need of adolescents] is. Namely, it is the fact that we offer very few opportu-



nities for the youthful persons these days to talk out those life questions that press upon them, along with those conflicts that mean everything to them, with people of mature judgment and readiness to help them overcome. Neither the relationships between child and parent, insofar as they are not shown to be especially exemplary, nor the relationships of adolescents to their educators allows them to pour their hearts out and somehow get advice. They stand there dependent on friends who lack maturity and knowledge and are abandoned alone with themselves and their worries. [...] For the record, we seek only the exigency and possibility of the establishment of youth counseling centers; we seek to bring their formation to the discussion and to facilitate their realization, preferably swiftly and actively, because time means life. (Frankl, 1926b:8)

After his exodus from the Individual Psychology union, together with his former colleagues from Adler's circle—among them Rudolph Allers, August Aichorn, Wilhelm Börner, Hugo Lukacs, Erwin Wexberg, Rudolph Dreikurs, and Charlotte Bühler—Frankl answered the request that he himself had made. Initially in Vienna in 1928, and subsequently in six other European cities after the Vienna Group's model, Frankl organized youth counseling centers in which adolescents in emotional distress were psychologically attended to, free of charge and anonymously. The counseling took place in the apartment or office of the volunteer collaborator—and so it was in Frankl's parents' apartment at Czerningasse 6 in Vienna's Leopoldstadt, the apartment identified in all publications and flyers as the contact address for routing to the youth counseling centers.

In view of the fact that Frankl filled an important gap in contemporary provision in Vienna, it is not surprising that requests for consultation and counseling were many and that the work of the youth counseling centers were extraordinarily successful. Information as to just how successful—and how necessary—came in a later review article of Frankl's, in which he reports retrospectively and summarily on his activity as a youth counselor. In these papers, Frankl refers to approximately 900 counseling cases that he alone had attended to (Frankl, 1930; Frankl, 1935a; Fizzotti, 1995) and at the same time takes sobering stock of the situation of Viennese adolescents: at least 20% of those who sought counseling exhibited, "enduring weariness of life and thoughts of suicide" (Frankl, 1930).



From 1930, Frankl paid particular attention to the way incidence of student suicide increased considerably in the days immediately preceding and following the distribution of report cards. In the same year, Frankl organized the first special campaign for student counseling, with particular attention to the critical period of the school year's end:

The Vienna youth counselors have created a counseling center especially for the purpose of offering a sort of permanent service to be carried out on the day report cards are distributed, as well as on the days before and after [...]. This sort of an endeavor would be worthwhile if only a single child would come; but this endeavor will come to fruition and—just as for the youth counseling as such—will allow Vienna to serve as the new optimal example of a model for creation of foreign welfare programs. For the time being, we are very pleased that the city school officials have embraced our new campaign. [...] City councilman Tandler once said: “No child in Vienna is permitted to starve!” and we add to that: No child in Vienna should have to suffer from psychological distress without the knowledge that somebody stands by him or her! In this spirit, may our appeal and the entire end-of-term campaign find success. (Frankl 1931)

Already in its first year (1930) the campaign proved to be a great success—the incidence of suicide attempts among students declined sharply. For the first time in many years, 1931 recorded no student suicides in Vienna. Accordingly great was also the recognition on the part of the media that Frankl experienced: “It was an extraordinarily fortunate idea of the founder and honorary leader of the Vienna youth counseling initiative, the young physician Dr. V. Frankl, to bring these student counseling centers into being” (cited in: Dienelt, 1959), wrote the editor-in-chief of a Viennese newspaper on July 13, 1931.

Frankl had been a “young physician” since 1930—he had successfully completed his medical studies and now he took up his specialist training in psychiatry and neurology at four of the most renowned psychiatric clinics and mental hospitals in Vienna at that time. Here he would be able to gain further insights and awareness thanks to direct contact with patients who would fundamentally shape the still nascent Logotherapy and Existential Analysis. For the publication of *Der Mensch im Alltag* and during his student counseling activities, he had concerned himself up until this point primarily with crisis pro-

phylaxes and psychological hygiene. Now, in the narrower field of psychiatric practice, he would expand his therapy.

Just how very mature his theory of motivation already was at this time is displayed in a work from 1933, whose historical significance has drawn relatively little attention from research on Logotherapy until now. In this work, one is able to find virtually every fundamental concept of Logotherapy and Existential Analysis: Frankl describes the mental and noetic distress of the unemployed, which he interprets not only socially and economically, but rather significantly traces it back to a deficit in awareness of meaning. Alongside Freud and Adler's still centrally placed therapeutic aims of the ability to pleasure and the ability to work, the ability to suffer in the face of an unchangeable fate emerges as a supplementary therapeutic goal:

What the apathetic, depressive, neurotically-characterized segment of youth lacks even more than work itself, the professional activity as such—and this cannot be emphasized enough—is the awareness not to live meaninglessly.

Youths call at least as loudly for a purpose in life, for a goal and aim in life, for a meaning of existence, as they do for work and bread. The young people [...] who call upon me ask me in despair to busy them with errands or they place grotesque proposals before me (One of them sought, without fail, directly after every consultation hour—this meant that many people were in my apartment at that time—to clean up the antechamber). [...]

On the other hand however, we are familiar with young men and women whom one must address as true heroes. With gnawing stomachs they work in some organization or other; for example, they are active as volunteer aides in libraries or they perform administrative services in adult education centers. They are fulfilled by devotion to a cause, to an idea, possibly even to a struggle towards better times—to a new world that would solve even the problem of unemployment. Their “regrettable” abundance of available free time is filled in with valuable occupations. I have the feeling that one undervalues the young generation: with regards to their ability to suffer (in spite of everything, one looks upon many a cheerful face) and in reference to their ability to achieve. (Frankl 1933)

In the same article we also find for the first time *attitudinal values* in the face of unavoidable suffering, the concept of *creative values* in the presence of remediable suffering, and *nöogenic neuroses* not as psychological, but rather spiritually-limited suffering; and also Socratic

dialogue as a therapeutic method for the treatment of the *existential vacuum*:

It is in this spirit that I pose the question to the disheartened youth, whether they really believe that the fact that makes life worth living is that one works through eight hours daily for some old boss, to toil for a businessman or that sort of thing. The answer is “no,” and I explain to the young people what their answer positively means: Professional work does not represent the only chance to give life meaning! The erroneous identification of vocation and calling forms the spiritual basis for the outlined apathetic state. [...]

Unfortunately, the adviser might hardly be able to alter the economic position of adolescents; mostly what can be done is to influence their attitudes towards it. The advisor should bring about this sort of an adjustment for the concerned; to attain the ability to bear their needs, whenever it is necessary, and to remedy it, whenever possible. (Frankl 1933)

### 1930-1938: THE YOUNG DOCTOR—

#### LOGOTHERAPY IN THE PSYCHIATRIC PRACTICE

With this basic theoretical understanding and these therapeutic tools, Frankl took up his specialist medical training. In the article that he composed in 1933, he had already drawn increased attention to the problem of unavoidable suffering in otherwise psychologically healthy individuals. At the Steinhof psychiatric clinic he encountered, in a narrower sense, the psychopathological suffering of psychologically diseased patients (he primarily attended to depressive patients). Here as well he was able to observe the effects of the trans-morbid, spiritual resources that he had previously described as a crucial element of treatment during follow-up therapy, as well as for the counseling of unemployed youth (Frankl 1933).

It appears in hindsight that Frankl's work in psychiatry was the first practical test and possibly even the actual birth of Logotherapy and Existential Analysis as we know it today. In order to fully comprehend the magnitude of this development, we must be aware of Frankl's situation at that time: A young doctor discovers what neither of his former teachers (Freud and Adler) are ready to concede—that the noetic dimension of the human being can make a contribution to the course of counseling and therapy, and this because it can be taken to be rela-

tively independent of illness, and free right up to the last moment despite an oppressive daily existence. In the course of his counseling and therapy activities, the young doctor observed this fundamental principle having an effect across a variety of problem constellations, such as in the treatment of neurotic patients, students at risk of suicide, and unemployed youths. Consequently, his experiences show him that neither psychological nor social fate can deprive persons of their spiritual freedom. They also show him that the existential freedom of the person is not only an anthropological fact of experience, but can also be quite clinically efficacious due to the fact that existential freedom gives back to patients their autonomy and self-assertiveness which are being threatened by their psychological or social fate.

With this knowledge—along with the methods that arose from efforts aimed at returning the patients' awareness of their freedom of choice—Frankl now stepped into a patient group whose illness expressed itself biologically while also being socially and psychologically conditioned. Would his recognition that the noetic stands relatively independent of fate be confirmed, even here? The answer to this question was, at least at one time, uncertain: The biological component of endogenous depression had made discussing neuroses and such things impossible. Moreover, the question presented itself: How would he assess his understanding of the noetic dimension of the person in those sometimes severely and chronically afflicted depressive patients by making an appeal to personal responsibility and the like, without intensifying the already exaggerated guilt-ideation characteristic of this group?

As a solution to this problem, Frankl proceeded for the time being more phenomenologically than therapeutically. In short, he made careful observations. In a subsequent retrospective, he wrote that during this period the patients themselves became his teachers; according to his own statement, he attempted at this time "to forget what [he] had learned from Psychoanalysis and Individual Psychology" (Frankl, 2002:52). In place of his academic teachers and mentors, Frankl would henceforth turn to his patients in order to discover what measures beyond directly psychiatric or psychotherapeutic interventions could contribute to their healing and recovery. Once again his model of the trans-morbid noetic proved itself valid, irrespective of the presence of disease. Frankl saw in his recovered patients that the spiritual resources of the person could actually not only aid apathetic

and neurotic patients, but also stabilized psychotic patients to accept a self-chosen and responsible stance towards their own illness, which in turn affected the course of the disease itself.

It is in this context that Frankl subsequently coined the term *Pathoplastic*—the retained ability of diseased persons to shape (up to a certain point) the nature of their symptoms, or to mold an existence that had been overshadowed by a psychological illness. Out of this area of conflict between a fateful illness and one's freely chosen response arose Frankl's enduring concept of Freedom, which defines human contingency not as a hindrance, but rather as Freedom's impetus. For a Freedom that proves itself even when—especially when—the internal or external circumstances appear overwhelming, is a Freedom that persists not merely as a theoretical ability or philosophical commitment, but rather as a livable reality and remains to a clinically relevant extent even in the face of biological fate.

This model has important consequences for applied therapy: For one reason, because the attitude of the patient towards the disease influences it and does so particularly in the long-term (this has been sufficiently demonstrated, for example, with regards to patients affected by phase-oriented illnesses who take responsibility for their own care in the face of renewed symptomatology) and secondly, because patients, by way of distancing themselves from events associated with the illness, function not merely as passive bearers of symptoms and seekers of assistance, but to a certain extent become coworkers of the doctor:

However, Freedom and Responsibility are not guaranteed if the autonomy of diseased persons—even their autonomy towards the doctor!—is not preserved. (Frankl 1986:223)

Naturally, realistic limits need to be set regarding these ties to the patient. For example, the collaborative attempt to bring the disease under control presupposes a fundamental understanding of disease that psychotic patients in an acute stage of illness do not as a rule possess. Moreover, this collaboration must be brought to a halt wherever the doctor encounters the patient not as co-laborer, but as clinician, perhaps prescribing a medicinal therapy. Frankl is not concerned with a socially romantic and ill-conceived democratization of therapy, but he rather seeks to appreciate the personal core of the ill person, and to make this process therapeutically useful, allowing the patient to posi-

tively influence the course of disease and therapy. Now and again—for example, in the case of endogenous depression—this collaboration may not mean more to the patient for the time being than doing nothing other than allowing the doctor to work and supporting the therapeutic efforts until the treatment takes effect:

We have to bring patients to the place where they do not try to “pull themselves together,” but, on the contrary, to where they allow the depression to go out around themselves insofar as it is possible—that they take it precisely to be endogenous, in a word, that they objectify it and as such distance themselves from it—and this is possible in light to moderate cases. Whether one person *ceteris paribus* distance herself from her endogenous depression while another allows himself to succumb to the depression rests not upon the endogenous depression itself, but rather upon the existential aspect of the person; for the person was always at work, always exerting some effect, always co-forming disease outcomes. (Frankl 1986: 237)

The most important discovery of his training period at Steinhof was the confirmation of the efficacy of spiritual freedom even in the face of biological fate: “it always co-formed disease outcomes.” But how did it co-form and by what criteria? With the posing of this question, Frankl returned from his detour to the dialectic between destiny and freedom back to the question of the value of discussing neuroses at all. In the case of the psychotically ill person, the perception of the value of discussing the illness not in isolation but together with the patient’s stance towards the illness proved most efficacious. Also of central importance was the question of whether or not—and if so, to what extent—the patients were ready to make use of their relative freedom. This placed two fundamental concepts of Logotherapy before a real-world test: First, the ability of human beings to suffer in the face of an unchangeable fate; and second, the person’s Will to Meaning, that is to say the ability of the person to bear difficult life circumstances because there is a “More” through which suffering becomes acceptable.

In his 1933 article on the spiritual distress of the unemployed adolescent, Frankl had already pointed out that the knowledge of a meaning of existence allows for protection against depression, resignation, and apathy. Frankl was also able to confirm these observations in his depressive patients who were under suicide watch at Steinhof:

Now insofar as it is necessary to evaluate precisely to what extent the seriousness of suicide risk a person represents, either when one is determining the advisability and reasonableness of discharging the patient from a closed facility, or else during a patient's initial intake into inpatient institutional care, I myself have created a standard method that proves itself effective without fail. It enables us to provide a diagnosis of continued suicide risk, or rather to make a diagnosis of the dissimulation of suicidal tendencies as such. At first, we pose the question to the respective patient as to whether she still fosters suicidal intentions. In every case—both in the case where she is telling the truth, as well as in the case of mere dissimulation of actual suicidal intentions—she will deny our first question; whereupon we submit to her a second question, which almost sounds brutal: *why* does she no longer wish to take her own life? And now it is shown with regularity, that she who genuinely does not harbor suicidal intentions is immediately ready with a series of reasons and counterarguments that all speak against her throwing her own life away: that she still takes her disease to be curable, that she remains considerate of her family or must think of her professional commitments, that she still has many religious obligations, etc. Meanwhile, the person who has only dissimulated his suicidal intentions will be exposed by our second question, and not having an answer for it, react from a position that is characterized by embarrassment. This is truly simply on account of the fact that he is at a loss for an argument that would speak against suicide [...]. (Frankl, 1947:121)

Frankl developed another central element of Logotherapy during his duties at Steinhof. This addresses itself less to the personhood of the patient and more to the doctor's perception of himself: Medical actions as Frankl understands them—especially whenever the doctor is actively conducting research—constitute, among other things, the doctor's attempt to retain his role as scientist while also recognizing the patient not merely as an object of study, but also as a unique individual. With this recognition, not only do the doctor and researcher give consideration to Frankl's basic understanding of undetachedly bestowed personal value, but also this type of attention to the patient also paves the way to new diagnostic and therapeutic findings, making it very important in clinical terms. That Frankl's concern was not only for psychotherapy, but also for "psychiatry with a humane disposition," is expressed as the guiding principle of his actions in an exemplary pa-

per published in 1935, in which Frankl reports of a lively Yom Kippur celebration organized by a colleague and himself at the Steinhof clinic. One must be aware that Frankl set this and similar initiatives in place several decades before any psychiatric reform began in Austria:

Individual hallucinatory patients continue to quietly lead conversations with themselves and their empty gaze wanders aimlessly about the hall. The rabbi turns himself towards them there—the Service of Men is also the Service of God—and he begins to speak German. He urgently describes to them the meaning of the above [...] statement—and they attend! It goes on this way through an hour, six hours on the next day. Soon he had achieved what the sick soul needs accomplished: to snatch the person away from the delusional world, to continually draw attention to something new—to occupy the ill person. Much empathy, adaptability, patience, and interpersonal skill was necessary for this work, (Frankl, 1935c:7)

Frankl's fundamental premise that the noetic dimension of the persons is not directly affected by the course of illness, however fully affected they are by the disease of the psycho-physical substrate, has unlimited practical applications for making the patients' estranged experiences at least bearable by recognizing their indestructible dignity and personality. Rather it was his utmost aim and highest task as a doctor to treat the underlying disease itself under the focal point of the best possible medical care. It is in this context that we recall Frankl's axiom from around 1933: "to bear [...] need, whenever it is necessary, and to remedy it, whenever possible." Those with psychological illness may find the "bearing" to be more possible than "remedy," especially in acute stages of the disease. From Frankl's perspective, it is all the more the task of the doctor to always search for new and better treatment possibilities for psychological illness. In 1939 he described the pharmaceutical support of psychotherapy in a population of neurotic patients and with the research findings described in this article, took a monumental step forward for modern European psychopharmacology (Frankl 1939a). He subsequently conducted original pioneering work whereby he introduced the common cold medicine Myoscain as a forerunner drug to contemporary anti-anxiety medications. Credit for his work continues to be found on package inserts included with Myoscain:



Introduced into therapy by Viktor E. Frankl as the first supplement for the abatement of anxiety in Europe, indicated by anxious arousal in conjunction with depressive conditions, anxiety neuroses (expectations anxiety, test anxiety, etc.), stuttering [...]

### 1938-1945: ...NEVERTHELESS, SAY YES TO LIFE (MAN'S SEARCH FOR MEANING)

In 1938—the year of the Austrian Anschluss into Nazi Germany—Frankl published his paper, *Zur gestigten Problematik der Psychotherapie* (i.e., *On the Spiritual Problems of Psychotherapy*), in which he not only coined the term *Existential Analysis*, but also applied his theory to a broad range of issues:

Where is that therapeutically oriented therapy that would include the “higher” strata of human existence in its outline and in this sense, in contrast to the phrase “depth psychology,” merit the name “height psychology”? To put it another way, where is that theory of broad mental events and specific neurotic phenomena that, as it regards the domain of the psyche, would sufficiently take into consideration the entirety of human existence and could accordingly be described as Existential Analysis? (Frankl, 1938:36).

In this article, as well as in a subsequent article entitled *Philosophie und Psychotherapie* (i.e., *Philosophy and Psychotherapy*), Frankl turned back to the sources of Logotherapy from circa 1933 and broadly expanded what he had hitherto published in the field of psychotherapy. For the first time we find in this work the motivations theory of Logotherapy and Existential Analysis—the meaning orientation of the human being—as a fully worked-out concept; we also find here the first mention of the three categorical values, which Frankl later described as the “three avenues to meaning”; and here we also encounter for the first time descriptions of a few of the techniques and methods of Logotherapy and Existential Analysis. Also pivotal is Frankl’s appeal to psychotherapy, where he argues that with its “predetermined image of the human being psychotherapy must carry over the bodily-mental-spiritual Unity into its view of mentally ill individuals” (Frankl 1939b). After all, Frankl placed so much value on this commitment to the integrity of personality—even of the mentally ill person—that he has this as one of the few passages of his article to be printed in italics.

Frankl wrote these lines precisely at the time when the Nazis were working out the systematic annihilation of mentally ill patients. And here, as already nearly ten years before on behalf of distressed Viennese adolescents, Frankl makes his own plea: At first alone, later with the help of the then director of the Psychiatry Clinic of the University Vienna, Otto Pözl, he managed to protect numerous Jewish psychiatric patients from Hitler and Schirach's euthanasia program, which he did by using falsified diagnoses (Neugebauer, 1997) in order to fill the beds of the Jewish nursing home on Vienna's Malzgasse with psychotic patients. It was forbidden for the nursing home to accept mentally ill patients, but:

[...] I now bypassed this stipulation [the one forbidding the nursing home from accepting nursing care cases related to mental illness], as I protected the administrator of the nursing home (whose own head was eventually put into a noose) by issuing medical certifications: one with schizophrenia transmuted into aphasia, "thus an organic brain illness," and one with melancholy transmuted into fever-induced delirium, so "no psychosis in the actual meaning of the word." There was once a patient accommodated in a cot in the nursing home who, due to needs associated with schizophrenia, could only be treated in an open section with Metrazol shock therapy, without which there would be a melancholic phase endured without suicide risk. (Frankl, 2002:60)

"Endured without suicide risk"—what Frankl mentions here in a subordinate clause, represents his final neuro-physiological work before his deportation to Theresienstadt. After he was forced to give up his newly opened first private practice as a psychiatrist and neurologist on the grounds of Nazi race laws, Frankl was appointed from 1939 as the Chief Physician for Neurology at the Rothschild-Spital of the Israelite Cultural Municipality—a position that guaranteed him and his immediate family members protection against deportation for the time being. At the Rothschild Hospital, Frankl could continue to practice his duties as a doctor, although he would now be confronted with horrors that few people would have guessed were still to descend upon 20<sup>th</sup> Century Europe. These horrors set particular challenges before doctors. Within the framework of his certification activities and his duties at the suicide pavilion at the Steinhof Clinic, Frankl had been aware of his obligation as a doctor to protect and save life and here again he would fulfill his medical responsibility. Under the degrading

living conditions and partly also in the face of looming deportation, numerous Viennese Jews committed suicide. Particularly great was the medical challenge to the hospital: sometimes ten suicide attempts a day were admitted to the Rothschild Hospital. True to his conviction, as expressed in his many preceding assignments, that with respect to the suicides, “everything that is therapeutically possible should be done” (Frankl, 1942), Frankl developed his own technique to save the patients, despite the most serious poisonings from sleeping pills: he circumvented the blood-brain barrier by injecting an antidote locally. Patients could be resuscitated for a short time with this method, even though they had already been given up as moribund by the clinic staff. Frankl could not develop this method any further because in 1942 he was deported with his family and first wife to Theresienstadt (Batthyany, 2006).

Before his deportation, Frankl completed the first major work of Logotherapy and Existential Analysis, *Ärztliche Seelsorge* (i.e., *Medical Ministry*; henceforth referred to by the English language publication title, *The Doctor and the Soul*), although it would not be published until after the liberation. The 1942-era original version of this book<sup>3</sup> provides us with insight into Frankl’s commitment to hope as the antidote to suicide, even when any hope of a way out is ostensibly hope for a miracle. In fact, this unconditional hope also preserves the argument for the unconditional meaningfulness of existence, including the possibility of retroactively reclaiming meaning from the *tragic triad* of pain, guilt, and death:

Even if only one individual, from the many who commit suicide under the conviction of the hopelessness of their circumstances,

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3 The following citation originates from one of two copies of the original typed manuscript of the first version of *Ärztliche Seelsorge* (published in English as *The Doctor and the Soul*). As is generally known, Frankl had lost the original in the disinfection chamber at Auschwitz. Two copies remained in Vienna: One was smuggled into the jail cell of Hubert Gsur, Frankl’s childhood and climbing friend, in 1942 as he awaited his execution from a death sentence on account of “subversion of the armed forces and attempted coup.” It is not known what happened to Huber Gsur’s copy; it was probably destroyed by the prison administration. The other copy found its way during the war into the care of Paul Polak, who gave it back to Frankl after his return to Vienna. The following citation originates from this copy, which is kept today in Viktor Frankl’s private estate and document archive.

proves to be incorrect—namely, if they would have eventually found a way out—then every attempter of suicide is wrong on that point: because the conviction for all of them is equally fixed and no one can know in advance just whether this person's conviction will remain justified, or else be proven a lie through the following events of a missed hour, even though that person might not ultimately survive. (Frankl 1940/42:83)

A short time after he wrote these lines, Frankl was deported together with his family and first wife to Theresienstadt. Only one sister was able to escape deportation by fleeing to Australia. We know from the autobiographical writings of Frankl that he strengthened his own argument for unconditional hope in difficult moments of utmost despair by his own stance and perhaps still more significantly, by trying to help others. Only a short time ago, writings of former cellmates were discovered in private estates documenting that Frankl shared his belief in unconditional meaning with his comrades in the concentration camps, and in that place, even under the most hostile external circumstances, he tried as Doctor, Friend, and Human Being to be a comforter to others.

Like the majority of doctors there, Frankl was assigned to the section for illness care in Theresienstadt. Here he encountered the Berlin rabbi and originator of liberal Judaism, Leo Baeck. Baeck, who endeavored to encourage and give heart to camp inmates in Theresienstadt through lectures and sermons, also asked Frankl to give speeches. An announcement card from Frankl's lectures is still preserved—as a motto at that time he noted on the back of the card:

There is nothing in the world that empowers a human being to overcome external difficulties or internal hardships so much as the awareness that one has a task in life.

With the help of the director of medical provision Erich Munk and his assistant Karel Fleischmann, Frankl erected mobile psychological counseling stations in Theresienstadt. The so-called "Shock Squad" was composed of doctors and volunteer helpers who, wherever possible, dispensed comfort, help, and healing to those inmates affected by psychological distress. The Shock Squad focused their attention above all on the weak and helpless in Theresienstadt: the elderly, the diseased, the psychologically ill, and those who, already in the midst of degrading life circumstances, stood at the bottom of the camp's social

hierarchy. The group of volunteer helpers also viewed as important the task of alleviating the shock of those newly arrived at Theresienstadt. Whenever Frankl and his volunteer collaborators—among them Regina Jonas, the first female rabbi—were referred to any residents of the Theresienstadt Ghetto because of suicide risk, they would seek these persons out in order to take the heavy load off of their shoulders, requesting an opportunity for a conversation where they would “give life back to them” (Frankl 1993). As already in the years before, Frankl’s commitment to the suffering person yielded results: The suicide rate in Theresienstadt was able to be significantly reduced (Berkeley, 1993:123f.).

The years in the concentration camps—Frankl would be interned in four concentration camps by the war’s end—were stations of farewells for him as well: His father, mother, wife, mother-in-law, brother—even the manuscript of the first version of *The Doctor and the Soul*—would all be taken from him within a period of months, often only days. On March 5, 1945, Frankl was placed in his final camp, Türkheim. Türkheim, a branch camp of Dachau, was originally erected as a “recuperation camp” for sick camp inmates. Frankl registered himself there voluntarily for service as a doctor and was assigned, among other duties, to the typhus fever barracks. It was only a matter of time until he himself, weakened after a yearlong internment, contracted typhus. Stricken by serious illness, Frankl began to reconstruct the manuscript of *The Doctor and the Soul* that he had lost in Auschwitz:

What I personally have arrived at—I am convinced that—my determination to reconstruct the lost [in Auschwitz] manuscript contributed not in the least to my own survival. I set out upon it as I took ill with typhus fever and sought to keep myself awake at night so as not to succumb to vascular collapse. A comrade had given me a pencil stub for my 40<sup>th</sup> birthday and had conjured up a few small SS-forms, upon whose reverse side I now—with high fever—scribbled stenographic notes, with whose help I even thought to reconstruct *The Doctor and the Soul* (Frankl, 2002:76f.)

## 1945-1997:

### SYSTEMATIZATION AND VALIDATION

After his liberation from the concentration camp on April 27, 1945 by American troops, Frankl was appointed to the position of camp doc-

tor in the military hospital for displaced persons at the Bavarian health resort of Bad Wörishofen. He worked there for about two months as chief doctor until in the summer of 1945 he finally succeeded in returning to Vienna on the first half-legal transport. Directly after that, he began to reconstruct his first book, *The Doctor and the Soul* as well as to expand the chapter, *Zur Psychologie des Konzentrationslagers*, (i.e., *On the Psychology of Concentration Camps*). In the new edition of the book, Frankl presented Logotherapy and Existential Analysis systematically and founded a new independent school of psychotherapy—described after Freud and Adler as the Third Viennese School of Psychotherapy (Soucek, 1948)—one that placed the will to meaning, freedom, dignity, and the responsibility of the human being at the centre of its therapeutic efficacy (Frankl, 1946a).

Shortly thereafter Frankl began to work on the transcript of his autobiographical report *...trotzdem Ja zum Leben sagen* (published in English as *Man's Search for Meaning*), which in the spring of 1946 was published originally under the title *Ein Psycholog erlebt das Konzentrationslager* (i.e., *A Psychologist Experiences the Concentration Camp*) by the Viennese publishing house Jugend & Volk (Frankl, 1946b). The contemporary title proper *...trotzdem Ja zum Leben sagen* (see above) first made the cover a few years later. At first Frankl had planned to publish his autobiographical report using his inmate number as a nom de plume; soon afterwards he made up his mind to let it be published completely anonymously—Frankl felt a strong aversion towards “psychological exhibitionism” (Frankl, 1994a). Obviously, the primary point for him is not merely to describe his own fate. In fact he intended to present an objective text which, along with personal experiences from the concentration camps, would impart the central messages of Logotherapy and Existential Analysis: that pain, guilt, and death may not take away the unconditional meaning of our existence; that even in the face of the most adverse life circumstances in the camp, the person can “transform tragedy into triumph” (Frankl, 1994b); that even in the most hopeless situation, a final—and decisive—core of Existential Freedom remains for the human being, a Freedom that can come into full force not in spite of, but rather precisely in and through the person's contingency :

We have met people as has possibly no generation up until now. What then is a human being? A human being is one who always *decides* who and what one is. Humans are the Beings who invented

the gas chambers, but they are at the same time also the Beings who went into the gas chambers, upright and with prayers on their lips.

While Frankl's first post-war publication *The Doctor and the Soul* quickly sold out in the first three days after its publication and, on the grounds of enormous demand, five editions were issued between 1946 and 1948, *Ein Psycholog erlebt das Konzentrationslager* sold sluggishly at first. The publishing house launched a second edition in conjunction with the first run of 3,000, this time with the author's name on the cover, in an attempt to capitalize on the high degree of popularity of the author of *The Doctor and the Soul* (whose name had even then only been published inside the book). This second edition sold so badly, however, that a high number were thrown away, even after Frankl had acquired about a hundred reduced-price copies from the publisher and donated them to the Concentration Camp Association.

There are probably many reasons why the book initially could hardly penetrate the market in post-war Vienna, even though Frankl himself was a sought-after lecturer and sometimes referred to the book in his discussions and radio presentations. Probably a major reason for the restrained reception of the book may have been his first title (*Ein Psycholog erlebt das Konzentrationslager*; i.e., *A Psychologist Experiences the Concentration Camp*), which Frankl edited probably not without reason. This was the first and last time that Frankl altered a book title without at the same time changing the content itself of the corresponding book.

After a decade-long delay, the book's actual impact would unfold primarily through the American edition, which was promoted by then-president of the *American Psychological Association*, Gordon W. Allport. The translation was published in 1959 under the title, *From Death-Camp to Existentialism* (and after 1963 under the title, *Man's Search for Meaning*) by Beacon Press in Boston (Frankl 1959/1963) and developed quickly into an international bestseller: since then, ten million copies of the book have been sold in more than 150 editions. The Library of Congress in Washington nominated it as one of the ten most influential books in America. It is in this context that Frankl observes in his memoirs:

Is it not peculiar, that of all of my books, the one that I wrote assuredly in the mindset that it would be published anonymously and could at no time bring me personal success—that precisely



this book advanced into a bestseller, a bestseller even in American terms? (Frankl, 2002:84f.)

In February of 1946, Frankl was appointed to the post of director of the neurological department of the Vienna Polyclinic. He held this position for 25 years until his retirement. There at the Polyclinic Frankl met the young dental assistant Eleonore Schwindt. They married soon after. Years later the eminent American philosopher Jacob Needleman would state, with regards to the marriage and joint work of Viktor and Eleonore: “She is the warmth that light escorts.” In 1947 their daughter Gabriele was born.

Many of Frankl’s books and articles were published in the following years, among them *Psychotherapie in der Praxis* (i.e., *Psychotherapy in Practice*). Next to *The Doctor and the Soul*, this work constitutes one of the most detailed portrayals of Logotherapy and Existential Analysis, primarily describing the practice of applied Logotherapy by means of diagnostic and therapeutic guidelines (Frankl, 1948). Numerous publications followed, in which Frankl deepened the theory and practice of Logotherapy and Existential Analysis and made its area of application relevant to a broad general public. Altogether Frankl published 32 books over his lifetime. They were translated into 31 languages. Frankl’s 33rd book—*Gottsuche und Sinnfrage* (i.e., *The Search for God and the Question of Meaning*)—was first discovered in the summer of 2004 amongst his unpublished writings and has recently been published on the occasion of his 100<sup>th</sup> birthday (Frankl 2005a). Also recently published is the 34<sup>th</sup> book by Frankl’s daughter, Dr. Gabriele Vesely-Frankl, which offers a commentated and edited anthology of the early writings (appropriately entitled, *Frühen Schriften*) of Viktor Frankl, from 1923 until 1942 (Frankl, 2005b).

Logotherapy and Existential Analysis aroused great interest in German-speaking regions when it first appeared in *The Doctor and the Soul*, and found increasing acceptance in international scientific communities from the late fifties. Frankl was invited worldwide for presentations, seminars, and lectures. Even in America one became increasingly mindful of Frankl: Guest professorships ensued at Harvard University in Boston, as at universities in Dallas and Pittsburgh. The United States International University in California erected an institute and a professorship for Logotherapy and Existential Analysis



especially on Frankl's behalf. Over 200 universities on five continents invited Frankl for talks and guest lectures.

In the context of the intensified diffusion of Frankl's scientific work within university campuses, Logotherapy and Existential Analysis now developed more methodological branches of research: numerous scientific studies were carried out to empirically investigate its basic principles, concepts, and clinical efficacy. Over the last 30 years, over 600 empirical contributions validating Frankl's psychological model and his therapeutic applications have been published in psychological and psychiatric professional journals alone (Batthyany & Guttman, 2005). These stand alongside an approximately similar number of further publications investigating the theoretical foundations and numerous areas of application (Vesely & Fizzotti, 2005).

Next to his work for and on Logotherapy and Existential Analysis in the narrower sense, Frankl published further in the area of neurology and psychopharmacology: His neuropsychological research works after 1945 return to the theme of the somatic substrate of mental disorders—in this way he was able, amongst other things, to show that certain forms of anxiety and depersonalization disturbances are co-induced by endocrinal factors (Frankl, 1993:84ff.); and he was able to achieve with that discovery a meaningful contribution to the differential diagnosis and therapy of these diseases.

From the beginning of his career as doctor and researcher, Frankl had not employed a variety of methods; rather he promoted them. His model holds body, mind, and spirit in the human being to be aspects of a single entity, whose component parts need to be distinguished qualitatively, in order to be able to appropriately describe or treat the whole. And Frankl had also anticipated something here that a decade later, sometime after his death, would enter the scientific arena for the first time: The trend towards varying methodologies reflects itself today in the increasing interdisciplinary interdependence of the empirical behavioral sciences. There are calls from many factions within the field of scientific psychology for a systematic focusing of the research activities of different subject disciplines. It remains to be seen whether these calls will be heard and what concrete form their realization will assume. In any case, however, we can already see an acceptance of the idea that there is not one but several sciences of humanity, which is a fundamental creed of Frankl's conceptualization of the human being. His differentiated etiological model of mental disturbances has met

with empirical confirmation in the last few decades: For one, cognitive psychology's modern schematics increasingly afford insight today into the cognitive mechanisms of numerous psychological disturbances as, for example, anxiety and compulsive illnesses. Two of the central techniques of Logotherapy—*dereflection* and *paradoxical intention*—encounter in this context confirmation no longer limited just to clinical settings. For the first time a contemporary theoretical model is now coming into view which is able to explain what happens on the cognitive level whenever patients lose conscious monitoring of their experiences (e.g., during panic attacks) or cognitive control over their own thoughts and impulses (e.g., in compulsive disorders (Wenzlaff et al., 1988; Wegner, 1989; Anderson & Green, 2001)). Many of these models express with only a few different words what Frankl already deemed long before the “Cognitive Revolution” of psychology to be co-etiological in the emergence of disturbed states of experience and behavior and made successfully treatable through the development of his therapeutic methods.

His model of the bodily contribution to the disease etiology of a whole series of mental disorders—a subject that during Frankl's lifetime remained particularly prone to conflict, primarily within humanistic psychotherapy and the psychiatry movement—has found empirical validation in the course of the last decade. And here again Frankl emerges—Logotherapy in hand—in his role as pioneer: In the course of refined diagnostic methods and the development of imaging techniques, it becomes increasingly clear today that there is no mental condition that is not capable of being linked to a neuronal correlate. The recognition of the neuronal-mental covariance represents the standard for empirical behavioral science today. Frankl described this model in the formation of the *psychophysical parallelism* in a day when front-line psychotherapy sought to validate early childhood and psychodynamic causes of mental disorders and was, as a rule, inclined either to devalue or completely deny the somatic component of their etiology. In contrast, Frankl endeavored over his lifetime to view, to regard, to acknowledge, to respect the essence of various (spiritual, mental, and bodily) phenomena to their wholeness and then to conceive of them in their collaborative impact upon the unity of the human person. To acknowledge and respect them in their wholeness means: To recognize the proper dimension of each of the phenomena, without classing it in an inferior category of phenomena. Meanwhile, to conceive of them in

their wholeness and unity means to understand them within the interplay of the Totality of Being embodied by each person. Frankl summarized this sophisticated ontology and methodology in the dictum of *Der Pluralismus der Wissenschaften und der Einheit des Menschen* (i.e., *The Pluralism of the Sciences and the Unity of Man*; Frankl, 1965).

Frankl developed this model at a time when psychotherapy as a science still fell within the discipline of classical medicine, but when it was at the same time speculative to a large extent (Robinson 1985:3ff.; 1995:149ff). It is true that he himself argued that the noetic dimension—on the grounds of its ontological independence—is in and of itself an aspect of the human being which exists beyond the purview of every sort of empiricism, but given this it is surely all the more noteworthy that it was Frankl who, to a much greater degree than both of his early mentors Freud and Adler, was interested in Logotherapy and Existential Analysis as a branch of research to be empirically validated.

In actual fact, Logotherapy has undergone further developments since its fundamental principles were initially formulated, primarily in dialogue with its neighbouring academic disciplines.

## FUTURE PROSPECTS:

### THE CHALLENGES OF THE FUTURE

Until 1997, this developmental process was primarily tied to the person of Frankl and the first generation of students to be acquainted with Logotherapy. But Frankl supported the connection and dialogue between Logotherapy and science amongst future Logotherapists as well:

You cannot turn the wheel back and you won't get a hearing unless you try to satisfy the preferences of present time Western thinking, which means the scientific orientation or, to put it in more concrete terms, our test and statistics mindedness [...]. That's why I welcome all sober and solid empirical research in logotherapy [...]

Why should we lose, unnecessarily and undeservedly, whole segments of the academic community, precluding them *a priori* from understanding how much logotherapy “speaks to the needs of the hour”? Why should we give up, right from the beginning, getting a hearing from the modern researchers by considering ourselves above tests and statistics? We have no reason not to admit our need

to find our discoveries supported by strictly empirical research.  
(Fabry, 1978-1979:5)

This retrospective also offers the opportunity to honor one of the youngest deceased pioneers of empirical Logotherapy: James Crumbaugh. Logotherapy and Existential Analysis have him and his co-author Maholick to thank for one of the first large-scale empirical works. Crumbaugh and Maholick were the first to attempt to capture the Logotherapeutic construct of *meaning-fulfillment* psychometrically, with the help of the *Purpose in Life* (PIL) tests. Their paper was published in 1964 in the *Journal of Clinical Psychology* under the revealing title: *An Experimental Investigation in Existentialism* (Crumbaugh & Maholick, 1964). This was an unusual choice for a title at that time as it is today—one does not bring existentialism in direct connection with empirical studies. However it is precisely this tension between fundamental philosophical research on the one hand, and, on the other, the readiness to submit to empirical scrutiny outside of the protected realm of philosophy, which illustrates the unique position of Logotherapy within psychiatry and psychotherapy and moreover its attempt to be accepted there as an anthropological branch of research. Crumbaugh and Maholick's study marked the beginning of the scientific-empirical tradition within Logotherapy: The PIL was the first of what would prove to be 15 test-instruments that were developed in the framework of Logotherapy (Guttman, 1996). Between 1975 and 2005 alone, over 600 empirical and clinical studies in professional psychiatric and psychological journals were published which substantiated the clinical efficacy of Logotherapy and Existential Analysis, as well as the validity of its psychological motivation and cognition principles (for an annotated bibliography of these studies, see Batthyány & Guttman, 2005).

It is against this background that Logotherapy is recognized in Austria and Switzerland by the state as an independent school of psychotherapy, as well as in the United States by the *American Psychology Association*. Recognition in Germany is still due, although there is still cause for hope that the deepening of Logotherapy's empirical foundations can help to change this. Worldwide there are approximately 80 institutes and training programs.<sup>4</sup> Moreover, Logotherapy seems already to have withstood its most important real-world tests. It is an

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4 For a list of these institutes, see [www.viktorfrankl.org](http://www.viktorfrankl.org)

independent school of therapy and research that has grown into an integral part of the non-reductionist tradition in the clinical, theoretical, and empirical behavioral, social, and human sciences and, as such, can no longer be casually dismissed.

### BIBLIOGRAPHY

- Allers, Rudolf (1924). Die Gemeinschaft als Idee und Erlebnis. *Internationale Zeitschrift für Individualpsychologie* 2, 7-10
- . (1963/2006). *Abnorme Welten. Ein phänomenologischer Versuch zur Psychiatrie. Herausgegeben und kommentiert von Alexander Batthyany*. Weinheim: Beltz
- Anderson, M. C. & Green, C. (2001). Suppressing unwanted memories by executive control. *Nature* 410, 366-369
- Batthyany, Alexander (2006). Mythos Frankl? Entgegnung auf Timothy Pytell. *Sonderbeilage noos* 12
- . & Guttman, David (2006). *Empirical Research in Logotherapy and Meaning-Oriented Psychotherapy*. Phoenix, AZ: Zeig, Tucker & Theisen
- . & Hallowell, David (Eds.) (2006). *Towards a Psychology of Meaning. Selected Papers on Logotherapy and Existential Analysis*. London: Fencroft.
- . & Levinson, Jay (Eds.) (2006). *Logotherapy and Existential Analysis – Interdisciplinary Perspectives*. Phoenix, AZ: Zeig, Tucker & Theisen.
- Berkley, G. (1993). *Hitler's Gift: The Story of Theresienstadt*. Boston: Branden Books.
- Crumbaugh, J. C., & Maholick, L. T. (1964). An experimental study in existentialism: The psychometric approach to Frankl's concept of noogenic neurosis. *Journal of Clinical Psychology*, 20, 200-207.
- . (1977). The Seeking of Noetic Goals Test (SONG): A complementary scale to the Purpose-in-Life Test (PIL). *Journal of Clinical Psychology*, 33, 900-907.
- . & Henrion, R. (1988). PIL Test: Administration, interpretation, uses, theory and critique. *The International Forum for Logotherapy / Journal of Search for Meaning*, 11, 76-88.

- Dienelt, Karl (1959). *Jugend- und Existenzberatung*. In: Frankl, V. E.; Gebstättel U. v.; Schultze, J. K. (Hrsg.) (1959), *Handbuch der Neurosenlehre und Psychotherapie*. München: 584–594
- Fabry, J. B. (1978-1979). Aspects and prospects of logotherapy: A Dialogue with Viktor Frankl. *The International Forum for Logotherapy Journal of Search for Meaning*, 2, 8-11.
- Fizzotti, Eugenio (1995). Prolegomena zu einer Psychotherapie mit menschlichem Antlitz. *Journal des Viktor-Frankl-Instituts* 1. 29–40
- Frankl, Eleonore; Batthyány, Alexander; Czernin, Marie; Pezold, Juliane; Vesely, Alexander. (2005). *Viktor E. Frankl, Wien IX. Erlebnisse und Begegnungen in der Mariannengasse*. Innsbruck: Tyrolia
- Frankl, Viktor E. (1923). Geistversportlichung. *Der Tag*, 4.3.1923
- . (1924). Zur mimischen Bejahung und Verneinung. *Internationale Zeitschrift für Psychoanalyse* 10, 437-438
- . (1925). Psychotherapie und Weltanschauung. Zur grundsätzlichen Kritik ihrer Beziehungen. *Internationale Zeitschrift für Individualpsychologie* III, 250-252.
- . (1926a). Zur Psychologie des Intellektualismus. *Internationale Zeitschrift für Individualpsychologie* IX-XII
- . (1926b). Schafft Jugendberatungsstellen! *Die Mutter*, 31.8.1926
- . (1926c). Gründet Jugendberatungsstellen! *Der Abend*, 31.8.1926
- . (1927). Vom Sinn des Alltags. *Der Mensch im Alltag* Vol. I, Bd. 3, S. 3
- . (1930). Jugendberatung. In: *Enzyklopädisches Handbuch der Jugendfürsorge*. o.O.
- . (1931). Die Schlußaktion der Jugendberatung. *Arbeiterzeitung*, 5.7.1931
- . (1933). Wirtschaftskrise und Seelenleben vom Standpunkt des Jugendberaters. *Sozialärztliche Rundschau*. 4: 43-46
- . (1935a). Aus der Praxis der Jugendberatung. *Psychotherapeutische Praxis*, VII
- . (1935b). Ein häufiges Phänomen bei Schizophrenie. *Zeitschrift für Neurologie und Psychiatrie*, 152, 161–162
- . (1935c). Kol nidre auf dem Steinhof. *Mitteilungsblatt der Vereinigung jüdischer Ärzte* II (1935), Nr. 22, 6-7

- . (1938). Zur geistigen Problematik der Psychotherapie. *Zentralblatt für Psychotherapie* 10, 33-75
- . (1939a). Zur medikamentösen Unterstützung der Psychotherapie bei Neurosen. *Schweizer Archiv für Neurologie und Psychiatrie*, 43, 26–31
- . (1939b). Philosophie und Psychotherapie. Zur Grundlegung einer Existenzanalyse. *Schweizerische Medizinische Wochenschrift*, LXIX, 707-709
- . (ca. 1940/42). *Ärztliche Seelsorge*. Urfassung. Wien: Viktor Frankl Institut (unveröffentlicht).
- . (1942). Pervitin intrazisternal. *Ars Medici (Schweiz)*, 32, 1, 58–60.
- . (1946a). *Ärztliche Seelsorge. Grundlagen der Logotherapie und Existenzanalyse*. Wien: Deuticke
- . (1946b). *Ein Psycholog erlebt das Konzentrationslager*. Wien: Verlag für Jugend und Volk
- . (1947). *Die Psychotherapie in der Praxis*. Wien: Deuticke
- . (1949). Aus der Krankengeschichte des Zeitgeistes. *Wiener Universitäts-Zeitung*. I/7
- . (1965). Der Pluralismus der Wissenschaften und die Einheit des Menschen. In: *Die Sechshundertjahrfeier der Universität Wien. Festbericht*. Wien: Selbstverlag der Universität Wien.
- . (1993). *Theorie und Therapie der Neurosen*. München: Reinhardt bei UTB
- . (2002). *Was nicht in meinen Büchern steht. Lebenserinnerungen*. Weinheim: Beltz
- & Lapide, Pinchas (2005a). *Gottsuche und Sinnfrage. Ein Gespräch*. Gütersloh: Gütersloher Verlagshaus
- . (2005b). *Frühe Schriften. Herausgegeben und kommentiert von Gabriele Vesely-Frankl*. Wien: Maudrich.
- Guttman, D. (1996). *Logotherapy for the Helping Professional. Meaningful Social Work*. New York: Springer Publishing Company.
- Lukas, Elisabeth (1985). *Psychologische Seelsorge. Logotherapie - die Wende zu einer menschenwürdigen Psychologie*. Freiburg: Herder.
- . (1993). *Von der Trotzmacht des Geistes. Menschenbild und Methoden der Logotherapie*. Freiburg: Herder
- . (1994). *Psychotherapie in Würde: Sinnorientierte Lebenshilfe nach Viktor E. Frankl*. München: Quintessenz.



- McHoskey et al. (1999). Relativism, nihilism, and quest. *Journal of Social Behavior & Personality*. Vol 14(3) 445-462
- Moomal, Zubair (1999). The relationship between meaning in life and mental well-being. *South African Journal of Psychology*. Vol 29(1) 36-41
- Neugebauer, Wolfgang (1997). Wiener Psychiatrie und NS-Verbrechen. In: *Die Wiener Psychiatrie im 20. Jahrhundert*. Wien: Tagungsbericht, Institut für Wissenschaft und Kunst, 20./21. Juni 1997
- Robinson, Daniel N. (1985). *Philosophy of Psychology*. New York: Columbia University Press
- . (1995). *An Intellectual History of Psychology*. Madison: Wisconsin University Press
- Soucek, Wolfgang (1948). Die Existenzanalyse Frankls, die dritte Richtung der Wiener Psychotherapeutischen Schule. *Deutsche Medizinische Wochenschrift*, 73, 594–595
- Stewart, Jonathan W. et al. (1993). Demoralization predicts nonresponse to cognitive therapy in depressed outpatients. *Journal of Cognitive Psychotherapy*. Vol 7(2) 105-116
- Testoni, I. and Zamperini, A. (1998). Nihilism, drug addiction and representation of death. *Giornale Italiano di Suicidologia*. Vol 8(1) 13-21
- Wegner, D. *White Bears and Other Unwanted Thoughts: Suppression, Obsession and the Psychology of Mental Control*. New York: Viking, 1989.
- Wenzlaff, R. M., Wegner, D. M., & Roper, D. W. (1988). Depression and mental control: The resurgence of unwanted negative thoughts. *Journal of Personality and Social Psychology*, 55(6), 882-892.
- Vesely, Franz & Fizzotti, Eugenio (2005). *Internationale Bibliographie der Logotherapie und Existenzanalyse*. Wien: Internationales Dokumentationszentrum für Logotherapie und Existenzanalyse ([www.viktorfrankl.org](http://www.viktorfrankl.org))
- Wolf K., Koppel S., Mass R., Naber D. (2004). Identification of mimic disintegration in schizophrenia using facial electromyography. *Nervenarzt*. 2004 Sep 15.





PART I

FOUNDATIONS OF  
LOGOTHERAPY &  
EXISTENTIAL ANALYSIS

I.I

THE FEELING OF MEANINGLESSNESS:  
A CHALLENGE TO PSYCHOTHERAPY

**T**oday more than ever before, the psychiatrist is called upon to treat patients who complain of a sense of futility and emptiness, a feeling of meaninglessness, which this paper will describe in terms of the "existential vacuum". There can be no doubt that the existential vacuum is increasing and spreading. In a recent study of 500 youngsters in Vienna it was shown that the percentage of those suffering from it has increased within the last two years from 30 per cent to 80 per cent. Even in Africa, the existential vacuum is spreading, particularly among academic youth. (Klitzke, 1969) Freudians as well as Marxists are fully aware of the occurrence of this phenomenon. At a recent conference of psychoanalysts it was reported that more and more patients are suffering from a lack of life content, rather than from clinical symptomatology, and that this state of affairs may well account for so-called interminable analyses because in such cases the psychoanalytic treatment has become the only life content that is available to the patient. As for the Marxists, only recently the Head of the De-

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partment of Psychotherapy at the Karl Marx University in Leipzig reported on her investigations which demonstrated the frequency of the existential vacuum. As the Head of the Department of Psychiatry at a Czech university put it, the existential vacuum gets through the borders between capitalist and communist countries, "without a visa".

How is the existential vacuum to be explained? Unlike the animal, man is no longer told by his instincts as to what he must do. And in contrast to former times, he is no longer told by traditions and values what he should do. Now, knowing neither what he must do nor what he should do, he sometimes does not even know what it is that he basically wishes to do. Instead, he gets to wish to do what other people do (conformity) or he does what other people wish him to do (totalitarianism).

Another effect of the existential vacuum is neuroticism. The existential vacuum is not a neurosis in the strictly clinical sense; if it is a neurosis at all, it would have to be diagnosed as a sociogenic neurosis. There are, however, cases in which the existential vacuum eventuates in clinical symptomatology. Such patients are suffering from what the author has called "noogenic neuroses." Crumbaugh has developed a special diagnostic test to differentiate the noogenic from other forms of neurosis (Crumbaugh & Maholick, 1964; Crumbaugh, 1968). Lukas, although using a different test, has arrived at the same percentage of noogenic neuroses as Crumbaugh, namely 20 per cent (Lukas, 1971).

As to the existential vacuum, however, which in itself is not a neurosis, a statistical survey recently showed that among the writer's European students 25 per cent had had this "abyss experience." Among his American students it was 60 per cent. The fact that the existential vacuum is more noticeable in America than in Europe is due to the exposition of the average American student to indoctrination along reductionist lines.

Thus, for example, one book defines man as "nothing but a complex biochemical mechanism powered by a combustion system which energizes computers with prodigious storage facilities for retaining encoded information." Or, to quote another example, man is defined as "naked ape" By being offered such reductionist concepts of man, their existential vacuum is reinforced which they try to compensate

How often psychiatrists meet patients who are suffering from, and crippled by, the obsessive compulsion to analyze themselves, to observe

and watch themselves, to reflect upon themselves. The cultural climate that is predominant and prevalent in the United States makes for the danger that this compulsion becomes a collective obsessive neurosis.

Just as the boomerang returns to the hunter who has thrown it, only if it has missed its target, man returns to himself, reflects upon himself and becomes over-concerned with self-interpretation only when he has missed his mission, and has been frustrated in his search for meaning. The Freudians' experience with patients in whom, as already indicated, the psychoanalytic treatment has become a substitute for life content comes to mind.

In the same study, the value ranking next highest to self-interpretation is self-actualization. But ultimately man can actualize himself only by fulfilling a meaning out there in the world rather than within himself so that self-actualization becomes an effect of "self-transcendence." (Frankl, 1960) Being human means relating and being directed to something or someone other than oneself. As Maslow (1965) puts it, the "business of selfactualization" can be best carried out "via a commitment to an important job."

One of the aspects of self-transcendence, namely reaching out for a meaning to fulfill, is identical with what the writer calls the "will to meaning." This concept has been empirically corroborated by Crumbaugh and Maholick (1963). Von Eckartsberg also thinks that "a basic 'will to meaning' has to be assumed as an important motive-value" and that, in fact, "individuals aspire toward the fulfillment of values, the achievement of a meaningful life." (Von Eckartsberg, 1969) Maslow bluntly declares "I agree entirely with Frankl [the writer] that man's primary concern is his will to meaning." (1969) Research by Kratochvil and Planova provides evidence based on their tests "that the will to meaning is really a specific need not reducible to other needs, and is present in all human beings to a greater or lesser degree. The relevance of the frustration of this need was documented by the authors, from their case studies of neurotic and depressive patients. In some cases the existential vacuum had a relevant role as an etiological factor in the origin of the neurosis or of the suicidal attempt." (Frankl, 1968)

In a study by Crumbaugh et al. employing a test designed to measure the will to meaning, the highest scores were obtained from among well-motivated professional and successful business populations. This supports Kotchen's hypothesis (1960) that the will to meaning is a reliable criterion of mental health. Conversely, lack of meaning and

purpose is indicative of emotional maladjustment, as shown in a study where eighteen out of twenty alcoholics looked upon their existence as meaningless. (Von Forstmeyer, 1970)

Frustration of the will to meaning brings about the will to power as well as the 'will to pleasure,' that is, the pleasure principle. The pleasure principle is the pivot on which the motivation theory of Freudian psychoanalysis hinges. Adlerian psychology, in its turn, ascribed an important role in the etiology of neurosis to the striving for superiority which is likewise an expression of the will to power. Since Freud and Adler had to deal with neurotic patients, that is, with people frustrated in their will to meaning, it is understandable that they thought that man is basically concerned with pleasure or power, respectively, rather than with meaning.

Research has shown that the will to pleasure is a substitute for the frustrated will to meaning. Thus, people visiting the Prater in Vienna, an amusement park somewhat comparable to New York's Coney Island, proved to be more existentially frustrated than the average population of Vienna. (Lukas, 1971) Incidentally, the average population of various large cities proved to be existentially frustrated to the same degree. (Frankl, 1970) The will to pleasure not only contradicts the self-transcendent quality of human reality, but also defeats itself. It is the very pursuit of happiness that thwarts happiness. Happiness cannot be pursued. It must ensue. Happiness is available only as a by-product, as the side-effect of living out the self-transcendence of existence. Once one has fulfilled one's meaning or loves another human being, happiness occurs by itself. On the other hand, the more one makes happiness an aim, the more that aim is missed. This is most conspicuous in cases of sexual neurosis, such as frigidity or impotence. Sexual performance and experience are strangled to the extent to which they are made either an object of attention (hyper-reflection) or an objective of intention (hyper-intention). Both phenomena are observable also on a mass level. The trend to hyper-interpretation, so pervasive in the United States, may be conceived of in terms of a collective hyper-reflection. With regard to a collective hyper-intention, consider the emphasis that is placed on sexual achievement. Such emphasis spawns preoccupations and apprehensions. People are overly concerned with sexual success and ridden with fear of sexual failure. But fear tends to fulfill precisely that which one fears. Thus a vicious circle ensues. It ac-

counts for much of the case load with respect to sexual neuroses which confront the psychiatrist today.

On the mass level, the existential vacuum invites sexual libido to hypertrophy. The result is an inflation of sex, and like inflation in the monetary field, it is associated with a devaluation. More specifically, sex is devalued insofar as it is dehumanized. Sex in humans is always more than mere sex. It serves as the bodily expression of a relationship on the human level; it functions as a vehicle of a personal relationship. In other words, human sex is an incarnation of love. "The people who can't love," says Maslow, (1964) "don't get the same kind of thrill out of sex as the people who can love."

By what is man led and guided in his search for meaning? The answer is by his conscience. Conscience may be defined as a means to discover meanings, to "sniff them out," as it were. Conscience lets man arrive at the unique meanings dormant in all the unique situations that go to make up a man's life. But it can also lead him astray. Conscience may err, so that man may not know for certain whether his conscience is right and another man's conscience that tells him something else is wrong or whether the reverse is true. Not that there is no truth; there is. But no one can be absolutely sure that he has arrived at the truth.

In an age like ours—an age of meaninglessness—education, instead of confining itself to transmitting traditions and knowledge, must see as its principal assignment the refining of man's conscience—his only capacity still to find meanings despite the lessening of the influence of traditions and values. In this age where the Ten Commandments are losing their unconditional validity, as in the case of so many, man must remain equipped with the capacity to listen to and obey the thousands of demands and commandments hidden in the thousands of situations with which life confronts him. These demands are passed on to him by an alert conscience. Only by virtue of an alert conscience can man resist the effects of the existential vacuum—conformism or totalitarianism.

Meaning must be found; it cannot be given. And it must be found by oneself, by one's own conscience. To give meanings would amount to moralizing. But if morals are to survive, they have to be ontologized. Ontologized morals, however, will no longer define what is good and what is bad in terms of what one should do as over against what one must not do. But what is good will be defined as that which fosters the

meaning-fulfillment of a being. And what is bad will be defined as that which hinders this meaning-fulfillment.

In addition to being ontologized, morals are to be existentialized as well. A doctor cannot give meanings to his patients, nor can a professor give meanings to his students. What he may give, however, is an example, the existential example of his personal commitment to the search for truth. The answer to the question of what is the meaning of life can be posited only out of one's whole being—one's own life is the answer to the question of the meaning of life.

The psychiatrist cannot show his patient what the meaning is. Even less can he "supply the patient with his goal." (May, 1969) But he may well demonstrate to the patient that there is a meaning and that, what is even more important, life, not only holds a meaning, a unique meaning, for each man, but also never ceases to contain such a meaning. Even the negative, the tragic aspects of human existence, what the author called the tragic triad—pain, guilt, and death—may be turned into something positive, something creative. Caught in a hopeless situation as its helpless victim, facing a fate that cannot be changed, man still may turn his predicament into an achievement and accomplishment at the human level. He may thus bear witness to the human potential; he may turn tragedy into a triumph.

#### BIBLIOGRAPHY

- Crumbaugh, J.C., (1968) Cross Validation of Purpose-in-Life Test Based on Frankl's Concepts. *J. med. Psychol.*, xvii, 74-81.
- , and Maholick, L.T., (1963) The Case for Frankl's Will to Meaning., *Journal of Existential Psychiatry*, iv, 43-48.
- , and Maholick L.T., (1964) An Experimental Study in Existentialism: The Psychometric Approach to Frankl's Concept of Noogenic Neurosis, *Journal of Clinical Psychology*, xx, 200-207.
- Frankl, V.E., (1960) Beyond Self-Actualization and Self-Expression, *Journal of Existential Psychiatry*, i, 5-20.
- . (1968) *Psychotherapy and Existentialism*. New York: Simon & Schuster
- . (1969) *The Doctor and the Soul*. New York: Bantam Books
- . (1970) *The Will to Meaning*. New York: New American Library
- . (1971) *Man's Search for Meaning*. New York: Pocket Books
- Gray, R. N., (1955) An Analysis of Physicians' Attitudes of Cynicism and Humanitarianism before and after Entering Medical Practice. *Journal of Medical Education*, XL, 760.

- Klitzke, L.L., (1969) Students in Emerging Africa: Humanistic Psychology and Logotherapy in Tanzania, *American Journal of Humanistic Psychology*, IX, 105-126.
- Kotchen, T.A., (1960) Existential Mental Health, *Journal of Individual Psychology*, xvi, 174.
- Kratochvil, S., and Planova, L: Unpublished paper.
- Lukas, E., (1971) Dissertation, University of Vienna
- Maslow, A.H., (1964) *Religions, Values, and Peak Experiences*, Columbus: Ohio State Univ. Press
- . (1965) *Eupsychian Management*. Homewood: Irwin
- . (1969) Comments on Dr. Frankl's Paper, in *Readings in Humanistic Psychology*, A. J. Sutich and M.A. Vich, Eds., New York: The Free Press
- May, R., (1969) *Existential Psychology*, New York: Random House, 2nd ed.
- Von Forstmeyer, A., (1970) Dissertation, United States International University
- Vymetal, O., (1966) *Acta Universitatis Palackianae Olomucensis* XLIII, 265-288.
- Weisskopf-Joelson, E., (1969) Relative Emphasis on Nine Values by a Group of College Students. *Psychological Reports*, xxiv, 299.
- Wilder, J., (1969) Values and Psychotherapy, *American Journal of Psychotherapy*, xxiii, 405.





PSYCHIATRY &  
MAN'S QUEST FOR MEANING

**M**ore and more a psychiatrist today is confronted with a new type of patient, a new class of neurosis, a new kind of suffering the most remarkable characteristic of which is the fact that it does not represent a disease in the proper sense of the term. This phenomenon has brought about a change in the function—or should I say mission?—of present day psychiatry. In such cases, the traditional techniques of treatment available to the psychiatrist prove themselves to be less and less applicable.

More specifically, I have called this phenomenon, which the psychiatrist now has to deal with so frequently, “the existential vacuum.” (s, p. 99) What I mean thereby is the experience of a total lack, or loss, of an ultimate meaning to one's existence that would make life worthwhile. Logotherapy considers man to be primarily motivated by a groping for a meaning to his existence, by the striving to fulfill this meaning and thereby to actualize as many value potentialities as possible. In short, man is motivated by the will to meaning.

In former days, people frustrated in their will to meaning would probably have turned to a pastor, priest, or rabbi. Today, they crowd clinics and offices. The psychiatrist, then, frequently finds himself in an embarrassing situation, for he now is confronted with human problems rather than with specific clinical symptoms. Man's search for a meaning is not pathological, but rather the surest sign of being truly human. Even if this search is frustrated, it cannot be considered a sign of disease. It is spiritual distress, not mental disease.

How should the clinician respond to this challenge? Traditionally, he is not prepared to cope with this situation in any but medical terms. Thus he is forced to conceive of the problem as something pathological. Furthermore, he induces his patient to interpret his plight as a

sickness to be cured rather than as a challenge to be met. By so doing, the doctor robs the patient of the potential fruits of his spiritual struggle.

The doctor should not let himself be seduced by the still prevalent reductionism into devaluating man's concern for meaning and values to 'nothing but' a defense mechanism, a reaction formation, or a rationalization. The 'nothing-but-ness' of human phenomena is indeed one of the foremost features in the reductionist image of man. But would it be wise to base therapy on, or even to start therapy with, Freud's assumption, for example, that philosophy is 'nothing more' than a form of sublimation of repressed sexuality? (z, p. 9) A sound philosophy of life, I think, may be the most valuable asset for a psychiatrist to have when he is treating a patient in ultimate despair. Instead of stubbornly trying to reduce meaning and values to their alleged psychodynamic roots, or to deduce them from psychogenetic sources, the psychiatrist should take these phenomena at face value rather than press them into the Procrustean bed of preconceived ideas regarding their function and origin. Preserving the humanness of human phenomena is precisely what the phenomenological approach, as propounded by Husserl and Scheler, has attempted to do.

Certainly both the meaning of human existence and man's will to meaning are accessible only through an approach that goes beyond the plane of merely psychodynamic and psychogenetic data. We must enter, or better, we must follow man into the dimension of the specifically human phenomena that is the spiritual dimension of being. To avoid a confusion arising from the fact that the term 'spiritual' usually has a religious connotation in English, I prefer to speak of noetic in contrast to psychic phenomena and the noological in contrast to the psychological dimension. The noological dimension is to be defined as that dimension in which the specifically human phenomena are located.

Through a merely psychological analysis, the human phenomena are, as it were, taken out of the noological space and levelled down into the psychological plane. Such a procedure is called psychologism. It entails no less than the loss of a whole dimension. Moreover, what is lost is the dimension that allows man to emerge and rise above the level of the biological and psychological foundations of his existence. This is an important issue, for transcending these foundations and thereby transcending oneself signifies the very act of existing. Self-transcend-

dence, I would say, is the essence of existence, which in turn means the specifically human mode of being. To the extent to which this mode of being exceeds the psychological frame of reference, the appropriate and adequate approach to existence is not psychological, but existential.

This holds true even for therapy. Logotherapy is that psychotherapy centering on life's meaning as well as man's search for this meaning. In fact, *logos* means 'meaning'. However, it also means 'spirit'. And Logotherapy takes the spiritual or noological dimension fully into account. In this way, Logotherapy is also enabled to realize—and to utilize—the intrinsic difference between the noetic and psychic aspects of man. Despite this ontological difference between the noetic and psychic, between spirit and mind, the anthropological wholeness and unity is not only maintained by our multi-dimensional concept of man, but even supported. Speaking of man in terms of his spiritual, mental, and bodily levels, or layers, may well prompt one to assume that each of these aspects can be separated from the others. Nobody, however, can claim that viewing a human being in his manifold dimensions would destroy the wholeness and unity inherent in man.

There is a practical implication involved in our 'dimensional ontology.' I refer to the specific capacity of man to detach himself from himself. Through the emergence into the noological dimension, man becomes able to detach himself from his psychological condition. This specifically human capacity for self-detachment is mobilized by Logotherapy particularly against pathological events within the psychological dimension, such as neurotic and psychotic symptoms. In spite of the emphasis that it places upon responsibility as an essential quality of being human, Logotherapy is far from holding man responsible for psychotic, or even neurotic, symptoms. However, it does hold him account. Insofar as psychoanalysis is more or less linked to abnormal phenomena such as neuroses and psychoses, the spiritual aspirations of man are likely to be dealt with not only in psychological but also in pathological terms. Thus the pitfall of psychologism is increased by the fallacy that I have termed 'pathologism.'

Yet, a multi-dimensional view enables us to avoid not only psychologism, but also the equally problematic noologism. Spiritualism is no less a one-sided world view than materialism. Monism, be it spiritual or material, does not so much disclose the alleged oneness of the world as it betrays the one-sidedness of its own view.

An example of flagrant noologism would be the contention by some psychiatrists that a patient suffering from endogenous depression not only feels guilty, but really is guilty, 'existentially guilty,' and hence depressed. I regard endogenous depression as somatogenic rather than noogenic—not even psychogenic—in origin. This somatogenic psychosis in turn engenders an abnormal awareness of the guilt that is normally linked to the 'human condition.' One could compare this to a reef that emerges during low tide. Yet no one could claim that the reef causes the low tide. Likewise, the guilt has not caused the psychotic depression but, on the contrary, the depression—an emotional low tide, as it were—has caused the guilt to be felt so acutely. But imagine the potential effect of confronting the psychotic patient with such a spiritualistic, even moralistic, interpretation of his illness in terms of 'existential guilt.' It just would offer additional content to the patient's pathological tendency toward self-accusations, and suicide might well be his response.

In itself, the existential vacuum is not anything pathological. Nonetheless, it may eventuate in a neurotic illness for which Logotherapy has coined the term 'noogenic neurosis.' This neurosis is not the result of instinctual conflicts or clashes between the claims of Ego, Id, and Superego, but rather the effect of spiritual problems and existential frustration. What is required in such cases is a psychotherapy that focuses on both spirit and meaning i.e. Logotherapy. However, Logotherapy, as a psychotherapeutic approach and procedure, is also applicable in psychogenic, and even somatogenic, neuroses. As an example of the latter, hyperthyroidism brings about an inclination to anxiety states to which the patient often responds in terms of what is called 'anticipatory anxiety.' That is to say, he is afraid of the recurrence of anxiety, and the very expectation of such an attack precipitates it again and again.

Increasingly, the patient is thus caught in a feedback mechanism that becomes established between the primary somatic condition and the secondary psychic reaction. This vicious circle must be attacked on its somatic as well as its psychic side. In order to achieve the latter, one must use Logotherapy, more specifically paradoxical intention, which 'takes the wind out of the sails' of anticipatory anxiety, while tranquilizing drugs accomplish the other requirement: namely, to remove the somatic foundation and basis of the whole disorder. According to the observation of the author, mild hyperthyroidism frequently results in

agoraphobias just as masked tetanus does in claustrophobias. And it happens that the first tranquilizer ever brought out on the European continent (it was developed by the author as early as 1952, even before the 'march to Miltown' had begun) has proved itself to be the most effective drug treatment of choice in cases of somatogenic phobias.

Again and again, however, it turns out that the feedback mechanism called anticipatory anxiety thrives in the existential vacuum. Filling this vacuum prevents the patient from having a relapse. Re-focusing him on meaning and purpose and de-centering him away from obsession and compulsion cause these symptoms to atrophy. In such cases, the source of pathology is psychological or even biological; but the resource of therapy, the therapeutic agent, is noological. As Edith Joelson puts it, 'Logotherapy can also be used as non-specific therapy, i.e., neuroses which are caused by psychosexual disturbances during childhood can be relieved by spiritual therapy during adulthood.' (1958)

We do not regard Logotherapy as a specific therapy in every case. That is why in psychogenic neuroses Logotherapy serves as a supplement to, rather than a substitute for, psychotherapy in the usual sense of the word. The question arises whether or not therapies that are considered specific really are so. As for psychoanalysis, Joseph Wolpe recently presented "survey of follow-up studies comprising 249 patients whose neurotic symptoms have either ceased or improved markedly after psychotherapy of various kinds other than psychoanalysis [which] shows only 4 relapses." Wolpe concluded that "this evidence contradicts the psychoanalytic expectation of inferior durability of recoveries obtained without psychoanalysis and does away with the chief reason for regarding analysis as the treatment of choice for neurotic suffering." "In other words," he adds, "what psychoanalytic theory holds to be necessary for enduring recovery is in fact not necessary. Does this imply that what the theory proposes as the basis of neurosis is in fact not the basis?" (Wolpe, 1961) At least, I should say, it has been demonstrated that psychoanalysis is not as specific as the psychoanalysts think it is. It has been pointed out for some time by many writers in the field that one and the same case allows a variety of theoretical interpretations. Different techniques based upon these interpretations, however, obtain the same therapeutic results. What is important, apparently, is the human relationship between the doctor and the patient. The personal encounter or, in Jaspers' term, the 'existential communication' seems to matter. "The warm, subjective, human

encounter of two persons," Carl R. Rogers says, "is more effective in facilitating change than is the most precise set of techniques growing out of learning theory or operant conditioning."

In another place, Rogers states: "Personality change is initiated by attitudes which exist in the therapist, rather than primarily by his knowledge, his theories, or his techniques...It may be a new way of experiencing, experiencing in a more immediate, more fluid way, with more acceptance which is the essential characteristic of therapeutic change, rather than, for example, the gaining of insight or the working through of the transference relationship, or the change in the self-concept." (Rogers, 1961b)

The degree to which the encounter between the doctor and the patient may be working, even without the slightest investment of any technique, may be illustrated by the following experience. Once, an American girl, a student of music, came to see me in Vienna to be analyzed. As she spoke a terrible slang of which I could not understand a word, I tried to turn her over to an American physician in order to have him find out for me what had motivated her to seek my advice. She did not consult him, however, and when we happened to meet each other on the street, she explained: "See, Doctor, as soon as I had spoken to you of my problem, I felt such a relief that I didn't need help any longer." So I do not know even now for what reason she had come to me.

This was an instance of an extremely non-technological approach. The story should be complemented, however, by another one that is an example of an extremely technological procedure. In 1941, I was called one morning by the Gestapo and ordered to come to headquarters. I went there in the expectation of being immediately taken to a concentration camp. A Gestapo man was waiting for me in one of the offices; he started involving me in a cross-examination. But soon he changed the subject and began to question me on topics such as: What is psychotherapy? What is a neurosis? How would one have to treat a case of phobia? Then he began to elaborate on a specific case—the case of "his friend." Meanwhile, I had guessed that it was his own case that he wished to discuss with me. I started short-term therapy in an extremely non-personal way, namely, by advising him to tell "his friend" that he should do thus and so in case anxiety cropped up. This therapeutic session was not based on an I-Thou relation, but rather on one of I-He. At any rate, the Gestapo man kept me for

hours, and I continued treating him in this indirect manner. The effect of the short-term therapy can hardly be evaluated. As for my family and myself, it was life-saving for the time being, for we were permitted to stay in Vienna for a year before being sent to a concentration camp.

Apart from such exceptional situations, the two extremes, encounter and technique, seem to be a matter of theoretical importance only. Live practice hovers *between* the extreme poles. Neither should be looked upon contemptuously or disparagingly.

First of all, one should not make one extreme the battlefield of the other, i.e., make encounter a battlefield of technique. Technique, by its very nature, tends to reify whatever it touches. As far as the partners of a therapeutic relationship are concerned, man is seen as one thing among other things, as a *res*. To be sure, it is fashionable to blame Descartes for the dichotomy between *res extensa* and *res cogitans*. But I think he should have gone further than he did. He should have denied to man not only the attribute *extensa*, but also that of *res*.

Worshipping technique at the expense of encounter involves making man not only a mere thing, but also a mere means to an end. According to the second version of Kant's categorical imperative, no man should ever be taken as a mere means to an end. I doubt whether there is any realm in which the difference between indulging in, or refraining from, rendering man a mere means to an end is more crucial than it is in the case of politics. I dare say that the most important distinction in politics is the one between the sort of politician who believes that the end justifies the means and the kind who understands that there are means that would desecrate even the most sacred end.

Seeing in man a mere means to an end is the same as manipulating him. Referring to the issue at hand, i.e., encounter falling prey to technique, we should listen to the warning voice of Rudolf Dreikurs when he says that "the assumption of transference as the basic therapeutic agent puts the therapist in a superior position, manipulating the patient according to his training and therapeutic schemes."

It is true that at the McGill Conference on Depression and Allied States, which took place in Montreal, "a number of speakers pointed out the great danger, inherent in shock treatment and drug treatment, that the medical management may become mechanized and the patient cease to be regarded as a person." I think the danger is not so much inherent in shock treatment or drug treatment in themselves as it is in the extremely technological attitude by which so many thera-



pists are dominated. I think the danger is even greater in the field of psychotherapy than in that of shock treatment or drug treatment.

Second, even if the personal character of encounter is preserved, the I-Thou relation should not be regarded as a closed system. Karl Bühler, in his theory of language, distinguishes among three aspects. From the viewpoint of the one who speaks, language is expression; from that of the person to whom the speaker addresses himself, language is appeal; and from the viewpoint of the subject matter of which one speaks, language is presentation. It is the third aspect, I should say, that is overlooked whenever one forgets that the therapeutic relationship is not yet exhaustively characterized by the concept of encounter between two subjects, but rather hinges on the object with which one subject is confronting the other. This object is usually a fact of which the patient is to become aware. What in particular he should be made conscious of is the fact that there is a meaning waiting to be fulfilled by him. Thus the therapeutic relationship is opened, as it were, to a world. The world, however, is to be considered assignment and challenge.

It is a tenet of Logotherapy that transcendence is the essence of existence. What is meant by this tenet is that existence is authentic only to the extent to which it points to something that is *not* itself. Being human cannot be its own meaning. It has been said that man must never be taken as a means to an end. Is this to imply that he is an end in itself, that he is intended and destined to realize and actualize himself? Man, I should say, realizes and actualizes values. He finds himself only to the extent to which he loses himself in the first place, be it for the sake of something or somebody, for the sake of a cause or a fellow-man, or "for God's sake."

Human being fades away unless it commits itself to some freely chosen meaning. The emphasis lies on free choice. An outstanding American psychoanalyst reported after his trip to Moscow that behind the Iron Curtain people were less neurotic because they had more tasks to fulfill. When I was invited to read a paper before the psychiatrists of Krakow, I referred to this report, but remarked that even though the West might well confront man with fewer tasks than does the East, it leaves to him the freedom to choose among the tasks. If this freedom is denied to him, he becomes a cogwheel that has a function to carry out, but no opportunity to choose it.

A psychotherapy that confronts man with meaning and purpose is likely to be criticized as demanding too much of the patient. Actually, however, man of today is less endangered and threatened by being overdemanding than by being under-demanding. What man really needs is a sound amount of tension aroused by the challenge of a meaning he has to fulfill. This tension is inherent in being human and hence indispensable for mental well-being.

What I call noodynamics is the dynamics in a field of tension whose poles are represented by man and the meaning that beckons him. By noodynamics man's life is put in order and structure like iron filings in a magnetic field of force. In contrast to psychodynamics, noodynamics leaves to man the freedom to choose between fulfilling or declining the meaning that awaits him.

Theodore A. Kotchen explored the relation of the concept of meaning to mental health by constructing a questionnaire and administering it to mental patients and to non-psychiatric control groups. The results gave empirical validity to a conception of mental health as offered by "Logotherapy, or any other variety" of existential analysis: a mind is healthy when it has achieved a sufficient store of 'meaning,' (Kotchen, 1960)

In 1899, James Jackson Putnam lectured to the Massachusetts Medical Society on "Not the Disease Only, But Also the Man." What is meant by this title is, in my opinion, that the doctor should treat the disease plus the patient's *attitude* toward it. Through the right attitude, unavoidable suffering is transmuted into a heroic and victorious achievement. That is why life does not lack a meaning until the last breath, until a man's death. Even through death, however, life does not lose its meaning; for this meaning does not consist in preserving anything for the future, but rather storing it in the past. Therein it is saved forever. By giving unavoidable suffering the status of a positive value, Edith Joelson states, Logotherapy may help counteract unhealthy trends in the present-day culture of the United States, where the incurable sufferer is given very little opportunity to be proud of his suffering and to consider it ennobling rather than degrading. "Thus," she writes, "the burden of the unhappy is increased, since he is not only unhappy, but also ashamed of being unhappy." (Weisskopf-Joelson, 1958)

"Another aspect of Logotherapeutic philosophy pertains to the conception of time," Edith Joelson concludes. "The past of an individual

is seen, as it were, as a store-house of everything he has brought into existence, of safely and immutably materialized possibilities, while the future consists of opportunities yet to be materialized. Thus, the past of an individual is the part of his life in which he has overcome transiency and achieved eternity. Such a positive evaluation of the past may counteract the fear of aging and death to a certain extent and it may counterbalance the discomfort of middle-aged or old people in cultures, such as that of the United States, which stress the value of youth. Especially in the treatment of climacteric disturbances such philosophic considerations might be helpful."

However, the ultimate meaning of man's life is no more a matter of his intellectual cognition, but rather the matter of his existential commitment. It exceeds and surpasses the intellectual capacity of a finite being such as man. Through his personal religion, man takes a stand and makes a choice. When a patient stands on the firm ground of religious belief, it is legitimate to draw upon his religious convictions, and there can be no objection to making use of the therapeutic effect of these spiritual resources.

So I did, for instance, when once a rabbi turned to me and told me his story. He had lost his first wife and their six children in the concentration camp of Auschwitz, where they were gassed, and now, it turned out that his second wife was sterile. I observed that procreation is not the only meaning in life, for if it were, life in itself would become meaningless, and something that in itself is meaningless cannot be rendered meaningful merely by its perpetuation. However, the rabbi evaluated his plight as an orthodox Jew. He despaired because there was no son of his own who would ever say Kaddish for him after his death. But I would not give up. I made a last attempt to help him by inquiring whether he did not hope to see his children again in Heaven. My question produced an outburst of tears, and now the true reason for his despair came to the fore: he explained that his children, since they died as innocent martyrs, were thus found worthy of the highest place in Heaven; but he, an old, sinful man, could not expect to be assigned the same place. Once more I did not give up, but retorted, "Is it not conceivable, Rabbi, that precisely this was the meaning of your surviving your children; that you may be purified through these years of suffering, so that finally you, too, though not innocent like your children, may *become* worthy of joining them in Heaven? Is it not

written in the Psalms that God preserves all your tears?<sup>1</sup> So perhaps your sufferings were not in vain." For the first time in many years, he found relief by seeing his suffering in the new light I had cast upon it through having him re-evaluate it in his own terms.

An appropriate and adequate theory of man must follow him into the dimension of the specifically human phenomena that is the noological dimension of being. But it would be fragmentary if it did not recognize the essential openness of human existence to the next higher dimension. A human being, it is true, is a finite being. However, to the extent to which he understands his finiteness, he also overcomes it.

### BIBLIOGRAPHY

- Binswanger, L. (1957) *Sigmund Freud, Reminiscences of A Friendship*, New York: Grune & Stratton
- Dreikurs, R., (1960) The Current Dilemma in Psychotherapy," *Journal of Existential Psychiatry* 1, 187-206.
- Frankl, V.E., (1959) *From Death-Camp to Existentialism: A Psychiatrist's Path to a New Therapy*. Preface by Gordon W. Allport. Boston: Beacon Press.
- . (1960) Paradoxical Intention: A Logotherapeutic Technique, *American Journal of Psychotherapy*, 14, 520-535.
- . (1955) *The Doctor and the Soul: An Introduction to Logotherapy* New York: Alfred A. Knopf.
- Kotchen, T.A., (1960) Existential Mental Health: An Empirical Approach, *Journal of Individual Psychology*, 16, 174-181.
- Rogers, C.R., (1961a) Two Divergent Trends, in *Existential Psychology*, edited by May, R. New York, Random House.
- . (1961b) The Process Equation of Psychotherapy, *American Journal of Psychotherapy*, 15, 27-45.
- Weisskopf-Joelson, E. (1958) Logotherapy and Existential Analysis, *Acta Psychoterapeutica*, 6, 193-204.
- Wolpe, J., (1961) The Prognosis in Psychoanalysis Recovery from Neurosis, *American Journal of Psychiatry*, 228

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1 L'kiddush hashem, i.e., for the sanctification of God's name. "Thou hast kept count of my tossings; put thou my tears in thy bottle! Are they not in thy book?" (Psalm 56:8)



## BASIC CONCEPTS OF LOGOTHERAPY

## THE WILL TO MEANING

Logos is a Greek word which means 'meaning'. Logotherapy or, as it has been called by some authors, the third Viennese school of psychotherapy, focuses on the meaning of human existence as well as on man's search for such a meaning. This striving to find a meaning in one's life is, according to Logotherapy, regarded as the primary motivational force in man. That is why I speak of a will to meaning as over against the pleasure principle (or as we could also term it the will to pleasure) on which Freudian psychoanalysis is centered, as well as over against the will to power which is stressed by Adlerian psychology.

The will to meaning is fact, not faith. And if there were still need to give evidence for my assertion, such proof would be offered by a public opinion poll which was conducted a few years ago in France. The result of this statistical survey was that 89% of the people polled thereby admitted that man needs something for the sake of which to live; and 61% conceded that there was something in their own lives, or someone, for whose sake they were even ready to die. I repeated this poll at my clinic in Vienna both among the patients as well as the personnel, and the outcome was practically the same as among the thousands of people screened in France; the difference was only 2%.

## EXISTENTIAL FRUSTRATION

Man's will to meaning can also be frustrated, in which case Logotherapy speaks of 'existential frustration'. The term 'existential' may be used in three ways: to refer to [1] existence itself, i.e., the specifically human mode of being; [2] the *meaning* of existence; and [3] the striving to

*Paper read at the Annual Meeting of the American Ontoanalytic Association in Chicago on May 7, 1961.*

find a concrete meaning in personal existence, that is to say, the will to meaning.

Existential frustration can also result in neuroses. For this type of neuroses, Logotherapy has coined the term 'noogenic neuroses' in contrast to neuroses in the usual sense of the word, i.e., psychogenic neuroses. Noogenic neuroses have their origin not in the psychological but rather in the 'noological' dimension of human existence. This is another Logotherapeutic term which denotes anything pertaining to the spiritual core of man's personality. It must be kept in mind, however, that within the frame of reference of Logotherapeutic terminology 'spiritual' does not have a primarily religious connotation but refers to the specifically human dimension.

### NOOGENIC NEUROSES

Noogenic neuroses do not emerge from conflicts between drives and instincts but rather from conflicts between various values; in other words, from moral conflicts, or, to speak in a more general way, from spiritual problems. Among such problems, existential frustration often plays a great role.

I am very indebted to The Bradley Center whose research team is just now working on a program in order to develop tests which should enable a doctor to differentiate between noogenic neuroses and psychogenic ones.

It is obvious that in noogenic cases the appropriate and adequate therapy is not psychotherapy in general but rather Logotherapy; a therapy, that is, which dares to enter the spiritual dimension of human existence. In fact, *logos* means not only 'meaning' but also 'spirit'. Spiritual issues such as man's aspiration for a meaningful existence as well as the frustration of this aspiration are both dealt with by Logotherapy in *spiritual* terms. They are taken sincerely and earnestly instead of being traced back to unconscious roots and sources, thus being dealt with in *instinctual* terms.

Logotherapy regards its assignment as that of assisting the patient to find the meaning of his life. Inasmuch as Logotherapy makes him aware of the hidden logos of his existence, it is an analytical procedure and process. To this extent, Logotherapy resembles psychoanalysis; however, in its attempt to make something conscious again it does not restrict its activity to instinctual facts within the individual's uncon-

scious but also cares for spiritual realities such as the potential meaning of his existence to be fulfilled, as well as his will to meaning. Any analysis, however, even when it refrains from including the noological dimension in its therapeutic endeavours, tries to make the patient aware of what he is longing for in the depth of his self. Logotherapy deviates from psychoanalysis inasmuch as it considers man as a being whose main concern consists in fulfilling a meaning and in actualizing values rather than in the gratification and satisfaction of drives and instincts, in compromising the conflicting claims of Id, Ego and Super-ego, or in the adaptation and adjustment to society and environment.

### NOO-DYNAMICS

To be sure, man's search for meaning and values may arouse inner tension rather than inner equilibrium. However, this is precisely that which is an indispensable prerequisite of mental health. There is nothing in the world, I venture to say, that would so effectively help one to survive even the worst conditions, as the knowledge that there is a meaning in his life. There is much wisdom in the words of Nietzsche: "He who has a *why* to live for can bear almost any *how*." I see in these words a motto which holds true for any psychotherapy. In the concentration camps one could witness what was later confirmed by American psychiatrists both in Japan and Korea, that those who knew that there was a task waiting for them to fulfill were most apt to survive.

Thus, it can be seen that mental health is based on a certain degree of tension, the tension between what one has already achieved and what he still ought to accomplish, or the gap between what he is and what he should become. Such a tension is inherent in the human being and therefore is indispensable to mental well-being. We should not, then, be hesitant about challenging man with meaning potentialities for him to actualize, thus evoking his will to meaning out of its latency. I consider it a dangerous misconception of mental hygiene to assume that what man needs in the first place is equilibrium or, as it is called in biology, 'homeostasis', i.e., a tensionless state. What man actually needs is not a tensionless state but rather the striving and struggling for some goal worthy of him. What he needs is not the discharge of tension at any cost, but the call of a potential meaning waiting to be fulfilled by him. What man needs is not homeostasis but what I call 'noo-dynamics', i.e., the spiritual dynamics in a polar field of tension where the one



pole is represented by a meaning to be fulfilled and the other pole by the man who has to fulfill it. And one should not think that this holds only for normal conditions; in neurotic individuals, it is even more valid. If architects want to strengthen a decrepit arch they increase the load which is laid upon it, for thereby the parts are joined more firmly together. So if therapists wish to foster their patients' mental health they, too, should not be afraid to increase that load which is brought about by a reorientation toward the meaning of one's life.

After having shown the beneficial impact of meaning orientation I turn to the detrimental influence of that feeling of which so many patients are complaining today, namely, the feeling of the total and ultimate meaninglessness of their lives. They are lacking the awareness of a meaning worth living for. They are haunted by the experience of their inner emptiness, a void within themselves; they are caught in that situation which I have called 'existential vacuum'.

### THE EXISTENTIAL VACUUM

The existential vacuum is a widespread phenomenon of the present time. This is understandable; it may be due to a two-fold loss which man had to undergo since he became a truly human being. At the beginning of human history, man was deprived of the basic animal instincts in which an animal's behavior is embedded and by which it is secured. Such security, like Paradise, is closed to man forever; man has to make his choices. In addition to this, however, man has suffered another loss in his more recent development inasmuch as the traditions which underpinned his behavior are now rapidly diminishing. No instinct tells him what he has to do, and no tradition tells him what he ought to do; soon he will not know what he wants to do. All the more he will care about what others want him to do, thus falling prey more and more to conformism.

A cross-sectional statistical survey conducted by my staff in the Vienna Poliklinik of the patients and the nursing personnel in the neurological department revealed that 55% of the persons questioned showed a more or less marked degree of existential vacuum. In other words, more than half of them had experienced a loss of the feeling that life is meaningful.

Recently, I repeated the same investigation among the students attending my lectures on Logotherapy both in English and German,

namely, for Americans as well as Europeans. It turned out that 40% of the European students had at least occasionally experienced a complete lack of life's worthwhileness. The percentage of the occasional occurrence of existential frustration in American students was 80, i.e., twice as much.

One can observe again and again that certain types of feedback mechanisms and vicious circle formations have invaded an existential vacuum wherein they then continue to flourish. In such patients, what we have to deal with is not a noogenic neurosis. However, we will never succeed in having the patient overcome his condition, if we have not supplemented the psychotherapeutic treatment with Logotherapy. For by filling the existential vacuum, the patient will be prevented from further relapses. Therefore, Logotherapy is indicated not only in noogenic cases, as pointed out above, but also in psychogenic cases, and in particular the somatogenic (pseudo) neuroses.

Viewed in this light, a statement once made by Magda B. Arnold is justified: "Every therapy must in some way, no matter how restricted, also be Logotherapy." And in a paper presented to The Royal Medico-Psychological Association, E.K. Ledermann declares that at least "existential psychotherapy" which "should enable the patient to achieve a meaningful life... for this purpose... must be spiritually rooted Logotherapy".

### THE COLLECTIVE NEUROSIS

Every age has its own collective neurosis, and every age needs its own psychotherapy to cope with it. The existential vacuum which is the mass neurosis of the present time can be described as a private and personal form of nihilism; for nihilism can be defined as the contention that being has no meaning. As for psychotherapy, however, it will never be able to cope with this state of affairs on a mass scale if it does not keep itself free from the impact and influence of the contemporary trends of a nihilistic philosophy; otherwise it represents a symptom of the mass neurosis rather than its possible cure. Then, however, psychotherapy would not only reflect a nihilistic philosophy but also, even though unwillingly and unwittingly, transmit to the patient what actually is a caricature rather than a true picture of man.

First of all, there is a danger inherent in the teaching of man's 'nothingbutness', the theory that man is nothing but the result of biologi-

cal, psychological and sociological conditions, or the product of heredity and environment. That which is a product, however, is a robot, not a human being. This neurotic fatalism, however, is fostered and strengthened by that psychotherapy which denies that man is free.

### CRITIQUE OF PAN-DETERMINISM

Psychoanalysis has often been blamed for its so called pan-sexualism. I for one doubt whether this reproach has ever been legitimate. However, there is something which seems to me to be an even more erroneous and dangerous assumption, namely, that which I call 'pan-determinism'. Thereby I mean that view of man which disregards man's capacity to take a stand toward any conditions whatsoever. However, man is not fully conditioned and determined but rather determines himself whether he succumbs to conditions or defies them. In other words, man is ultimately self determining. Man does not simply exist but always decides what his existence will be, what he will become in the next moment.

By the same token, every human being has the freedom to change at any instant. Therefore, we can only predict his future within the large frame of a statistical survey referring to a whole group; the individual personality, however, remains essentially unpredictable. The basis for any predictions would be represented by biological, psychological or sociological conditions. However, one of the main features of human existence is the capacity to rise above such conditions and transcend them. By the same token, man is ultimately transcending himself; a human being is a self-transcending being.

Let me cite the case of Dr. J. He was the only man I ever encountered in my whole life whom I would dare to call a Mephistophelic being, a satanic existence. At that time he was generally called "the mass murderer of Steinhof", the name of the large mental hospital in Vienna. When the Nazis had started their euthanasia program, he held all the strings in his hands and was so fanatic in the job assigned to him that he tried not to let one single psychotic individual escape the gas chamber. After the war, when I came back to Vienna, after having myself escaped a gas chamber in the Auschwitz Concentration Camp, I asked what had happened to Dr. J.

"He had been imprisoned by the Russians in one of the isolation cells of Steinhof", they told me. "On the next day, however, the door

of his cell stood open and Dr. J. was never seen again." Later I was convinced that like others, he had by the help of his comrades found his way to South America. More recently, however, I was consulted by a former Austrian diplomat who had been imprisoned behind the iron curtain for many years, first in Siberia, and then in the famous Ljubljanka prison in Moscow. While I was examining him neurologically he suddenly asked me whether I happened to know Dr. J. After my affirmative reply he continued: "I made his acquaintance in Ljubljanka. There he died, at the age of about 40 years, from a cancer of the bladder. Before he died, however, he showed himself to be the best comrade you can imagine! He gave consolation to everybody. He lived up to the highest conceivable moral standard. He was the best friend I ever met during my long years in prison!"

This is the story of Dr. J., "the mass murderer of Steinhof". How can you dare to predict the behavior of man! What you may predict are the movements of a machine, of an automaton. More than this, you may even try to predict the mechanisms of the human psyche as well; but man is more than psyche. Apparently pan-determinism is an infectious disease which has been inoculated also in educators and even adherents of religion who are seemingly not aware that thereby, they are undermining the very basis of their own convictions. For, either man's freedom of decision for or against God, as well as for or against man, is recognized, or religion is a delusion, and education an illusion. Freedom is presupposed by both, otherwise they are misconceived.

A pan-deterministic evaluation of religion, however, contends that one's religious life is conditioned inasmuch as it depends on his early childhood experiences, and that his God concept depends on his father image. In contrast to this view, it is well known that the son of a drunkard need not become a drunkard himself; and in the same manner, a man may resist the detrimental influence of a dreadful father image and establish a sound relationship with God. Even the worst father image need not prevent one from establishing a good relationship with God; rather a deep religious life provides him with the resources needed to overcome the hatred of his father. Conversely, a poor religious life need not in each case be due to developmental factors.

A cross-sectional statistical survey conducted by my staff at the Vienna Poliklinik revealed that about one third of those patients who had experienced a positive father image turned away from religion in their later life; whereas most of those people screened who had a nega-

tive father image, in spite of this, succeeded in building up a positive attitude toward religious issues.

As soon as we have interpreted religion merely in terms of a resultant of psychodynamics in the sense of unconscious motivating forces, we have missed the point and lost sight of the authentic phenomenon. Then psychology of religion has become psychology as religion, inasmuch as psychology is then worshipped and is made an explanation for everything.

### THE PSYCHIATRIC CREDO

There is nothing conceivable which would so condition a man as to leave him without the slightest freedom. Therefore, a residue of freedom, however limited it might be, is left to man in neurotic and even psychotic cases. Indeed, the innermost core of the patient's personality is not even touched by a psychosis.

I am reminded of a man of about 60 years of age who was brought to me because he had suffered acoustic hallucinations for many decades. I was facing the ruin of a personality. As it turned out, everyone in his environment regarded him as an idiot. Yet what a strange charm radiated from this man! As a child he had wanted to become a priest. However, he had to be content with the only joy he could experience, and that was singing in the church choir on Sunday mornings. Now, his sister who accompanied him reported that sometimes he grew very excited; yet in the last moment he was always able to regain his self control. I became interested in the psychodynamics underlying the case, for I thought there was a strong fixation of the patient to his sister; so I asked how he managed to regain his self control. "For whose sake do you do so?" Thereupon, there was a pause of some seconds, and then the patient answered: "For God's sake." At this moment, the depth of his personality revealed itself, arid at the bottom of this depth, irrespective of the poverty of his intellectual endowment, an authentic religious life was disclosed.

An incurably psychotic individual may lose his usefulness but yet retain the dignity of a human being. This is my psychiatric credo.

Without it I should not think it worthwhile to be a psychiatrist. For whose sake? Just for the sake of a damaged brain machine which cannot be repaired? If the patient were not definitely more, euthanasia would be justified.

### PSYCHIATRY RE-HUMANIZED

For too long a time, indeed for half a century, psychiatry tried to interpret the human mind merely in terms of mechanisms, and consequently, the therapy of mental disease merely in terms of a technique. I believe this dream has been dreamt out. What are now appearing in the dawn are not the sketches of a psychologized medicine but rather those of a humanized psychiatry.

A doctor, however, who would still interpret his own role mainly as that of a technician, would betray the fact that he sees in his patient nothing more than a machine instead of seeing the human being behind the disease!

A human being is not one thing among others; things are determining each other, but man is ultimately self-determining. What he becomes, he has made out of himself. In the concentration camps, e.g., in this living laboratory and on this testing ground we were watching and witnessing one part of our comrades behaving like swine while others were behaving like saints. Man has both potentialities within himself; which one is actualized, depends on decisions but not on conditions.

Our generation is realistic for we have come to know man as he really is. After all, man is that being who has invented the gas chambers of Auschwitz; however, he is also that being who has entered those gas chambers upright, with the Lord's Prayer or the *Shema Yisrael* on his lips.

### BIBLIOGRAPHY

- Arnold, M. B. and John, A.G. (1954) The human person. In *Logotherapy and existential analysis* New York: Ronald Press
- Birnbaum, F. (1961) *Frankl's Existential Psychology from the Viewpoint of Individual Psychology*. *Journal of individual Psychology* 15: 162-166
- Frankl, V.E. (1951) Paper read before the Second International Congress of Psychotherapy, Leiden, the Netherlands
- . (1954) Group therapeutic experiences in a concentration camp, *Group Psychotherapy* 7: 81-90.
- . (1955/1967) *The doctor and the soul. An introduction to Logotherapy*. New York: Knopf
- . (1957) Paper read before the Association for the Advancement of Psychoanalysis, New York
- . (1958) On Logotherapy and existential analysis. *American Journal of Psychoanalysis*. 10: 28-37

- . (1958) Paper read before the Fourth International Congress of Psychotherapy, Barcelona
- . (1959) *From death camp to existentialism. A psychiatrist's path to a new therapy*. Preface by G.W. Allport. Boston: Beacon Press
- . (1959) The spiritual dimension in existential analysis and Logotherapy. *Journal of individual Psychology* 15: 157-165
- . (1959) Paper read before the Conference on Existential Psychotherapy, Chicago
- . (1960) Beyond self actualization and self expression. *Journal of existential Psychiatry* 1: 5-20
- . (1960) Paradoxical intention: A logotherapeutic technique. *American Journal of Psychotherapy* 14:520-535
- . (1960) Paper read before the American Association for the Advancement of Psychotherapy, New York
- . (1960) Paper read before the Conference on Existential Psychotherapy, New York
- . (1961) Logotherapy and the challenge of suffering. *Review of existential Psychology and Psychiatry* 1: 3-7
- . (1962) Psychiatry and Man's Quest for Meaning. *Journal of Religion and Health*. 1: 93-103
- Johnson, Paul E. (1961) Logotherapy. A Corrective for Determinism. *Christian Advocate*. 5: 12-13
- Polok, P. (1949) Frankl's existential analysis. *American Journal of Psychotherapy* 3: 617-622
- Tweedie, D. E (1961) *Logotherapy and the Christian faith. An evaluation of Frankl's existential approach to psychotherapy*. Grand Rapids, Michigan: Baker Book House
- Ungersma, A.J. (1961) *The search for meaning*. Philadelphia: The Westminster Press
- Weisskopf-Joelson, E. (1958) Logotherapy and existential analysis. *Acta Psychotherapeutica*. 6:193-204

## THE CONCEPT OF MAN IN LOGOTHERAPY

**A**ccording to a statement made by Gordon W. Allport, Logotherapy is one of the schools of existential psychiatry. In this respect, however, Logotherapy "is a notable exception," as Professor Robert C. Leslie of the Pacific School of Religion, Berkeley, California, has pointed out; for, "although a good deal of attention is being given in the psychotherapeutic world to existentialism as a new movement rivaling Freudian psychoanalysis and Watsonian behaviorism, specific elaborations of an existentialist psychotherapy are difficult to find." Logotherapy, however, is the only one of all existential psychiatries which has succeeded in developing a therapeutic technique, as many have pointed out.

But there is no technique without a theory of man and a philosophy of life underlying it. The only question is whether or not this theory and this philosophy are right, more specifically, whether or not the concept of man underlying a therapeutic technique does justice to the humanness of the patient, in other words, whether or not it includes the human dimension.

Insofar as Logotherapy is concerned, its concept of man is based on 3 pillars: (1) freedom of will; (2) will to meaning; and (3) meaning of life.

They are opposed to those three principles which characterize the bulk of current approaches to man, namely, (1) pan-determinism, as I am used to call it; (2) homeostasis theory; and (3) reductionism, an approach, that is, which—rather than taking a human phenomenon at its face value—traces it back to sub-human phenomena.

*Lecture sponsored by the Philosophy and Psychology Department, Georgetown University, Washington, D. C., in the series of 175th Anniversary Lectures and delivered on February 27th, 1964.*



### CRITIQUE OF PAN-DETERMINISM

Pan-determinism accounts for the fact that the majority of psychologists are preferring either 'the machine model,' or 'the rat model'.(Allport, 1960) As to the first, I deem it to be remarkable a fact that man, as long as he regarded himself as a creature, interpreted his existence in the image of God, his creator; but as soon as he started considering himself as a creator, henceforth interpreted his existence merely in the image of his own creation, the machine, that is to say, along the lines of La Mettrie's book title, *L'homme Machine*". Now we may understand how justified Stanley J. Rowland Jr., was in contending that "the major chasm" is not "between religion and psychiatry" but rather "between those who" take "a methodological and mechanistic approach and those who" take "an existential approach, with special emphasis on the question of life's meaning".(The Christian Century, 1962)

However, pan-determinism not only contradicts religion but also interferes with education. Time and again we are confronted, particularly in the academic youth, with boredom and apathy. I would say boredom means the incapacity to take an interest, whereas apathy might well be defined as the incapacity to take the initiative. In my opinion, however, it is small wonder that "on almost every campus from California to New England, student apathy was the one subject mentioned most often" when Edward D. Eddy and two associates carefully studied twenty representative Colleges and Universities in the United States, interviewing hundreds of administrators, faculty, and students. (Eddy, Parkhurst & Yakovakis, 1959, p.16) Because if one continues teaching young people that man is nothing but the battleground of the clashing claims of personality aspects such as Id, Ego and Superego, or if one continues preaching that man is nothing but the victim of conditions and determinants, be they biological, psychological or sociological in nature and origin, we cannot expect our students to behave like free and responsible beings. They rather become what they are taught to be, i.e., a set of mechanisms. Thus a pandeterministic indoctrination makes young people increasingly susceptible to manipulation.

Is this to imply that we deny that man is subject to conditions and determinants? How could this be possible? After all, I am a neurologist and psychiatrist and as such, of course, I am fully aware of the extent to which man is not at all free from conditions and determinants.

But apart from being a worker in 2 fields (neurology and psychiatry) I am a survivor of 4 camps, that is, concentration camps, and as such I bear witness of the inestimable extent to which man, although he is never free from conditions and determinants, is always free to take a stand to whatever he might have to face. Although he may be conditioned and determined, he is never fully determined, he is not pandetermined.

Man's intrinsically human capacity to take a stand to whatever may confront him includes his capacity to choose his attitude toward himself, more specifically, to take a stand towards his own somatic and psychic conditions and determinants. By so doing, however, he also rises above the level of somatic and psychic phenomena and thereby opens up a dimension of its own, the dimension of those phenomena which, in an at least heuristic counter-distinction to the somatic and psychic ones, are termed noetic phenomena, or, as I am used to call this dimension, the noological. Man passes this dimension whenever he is reflecting upon himself—or rejecting himself; whenever he is making himself an object—or making objections to himself; whenever he displays his being conscious of himself—or whenever he exhibits his being conscientious. Indeed, conscience presupposes the distinctly human capacity to rise above oneself in order to judge and evaluate one's own deeds in moral terms. And this is certainly something which is not accessible to a beast. A dog which has wet the carpet may well slink under the couch with its tail between the legs; but this is no manifestation of conscience but rather the expression of fearful expectation of punishment and, thus, might well be the result of conditioning processes.

By opening up the noological dimension man becomes capable to put a distance between himself and his own biological and psychological make-up. In Logotherapy we speak of the specifically human capacity of self-detachment. This quality, however, not only enables a human being victoriously to overcome himself in a heroic way but also empowers him to deal with himself in an ironic way. In fact, humor also falls under the category of definitely human phenomena and qualities. After all, no beast is capable of laughing.

In Logotherapy, both the capacity of self-detachment and a sound sense of humor are being utilized in the form of a specifically Logotherapeutic technique which is called paradoxical intention. The patient is, then, encouraged to do, or wish to happen, the very things

he fears. In this context, I just refer to an article whose author is the Clinical Director of the Connecticut Valley Hospital, Hans O. Gerz. (1962). The therapeutic results he could obtain by this Logotherapeutic technique are surprising and astonishing indeed. Even purely Freudian psychoanalysts, after having used paradoxical intention successfully, admit that it constitutes a very helpful short-term procedure although they are still struggling for an explanation in psychodynamic terms. In communist countries, too, Logotherapy in general and the paradoxical intention technique in particular have been introduced and acclaimed although being interpreted as a "neurophysiologically oriented approach"—however this might be, the Director of the Neurologic-Psychiatric Clinic of Karl Marx University in Leipzig, D. Müller-Hegemann, "has observed favourable results which justify further studies along these lines." (*Am Journ. Psychoth.*, 1963) The same holds for Stanislav Kratochvil of Czechoslovakia (*Ceskoslovenska psychiatrie*, 1961)

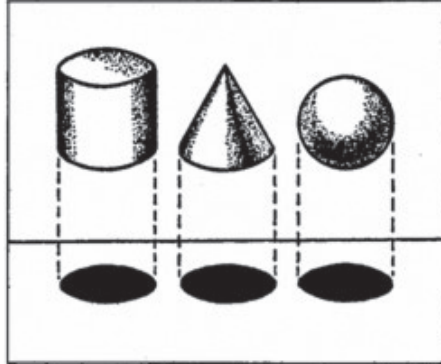
In context with Logotherapy, *logos* means meaning as well as spirit. Spirit, however, is not conceived with a religious connotation but rather in the sense of noetic phenomena or the noological dimension. By making therapeutic use of a noetic phenomenon such as man's capacity of self-detachment paradoxical intention is Logotherapy at its best.

Once more the noological dimension was mentioned; but what was the reason that I spoke of a dimension rather than a stratum? Conceiving of man in terms of strata, for example, along the lines of the concepts propounded by Nicolai Hartmann and Max Scheler would disregard and neglect what I should like to call human coexistence of anthropological wholeness and unity on the one hand and ontological differences on the other hand; or, as Thomas Aquinas put it, the *unitas multiplex* quality of existence. By anthropological wholeness and unity I mean that man is not composed of somatic, psychic and noetic components; while by ontological differences I wish to indicate that the somatic, psychic and noetic modes of being are qualitatively rather than quantitatively different from each other. This coexistence of both unity and multiplicity in man is taken into account by an anthropological theory which I have developed in Logotherapy and called dimensional ontology.

### DIMENSIONAL ONTOLOGY

There are 2 laws of dimensional ontology. Its first law reads: One and the same thing projected into different dimensions lower than its own, yields contradictory pictures.

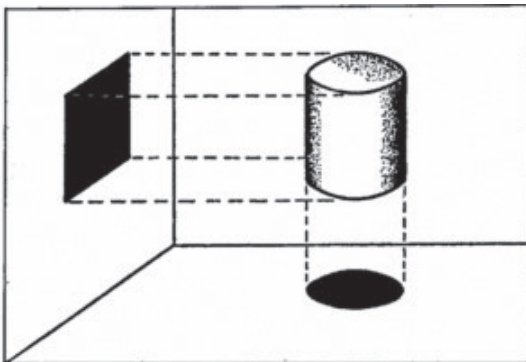
Imagine a cylinder, say, a cup. Projected out of its 3-dimensional space down into the horizontal and vertical 2-dimensional planes it



yields in the first case a circle and in the second one a rectangle. These pictures contradict one another. What is even more important, the cup is an open vessel contrary to the circle which is a closed figure. Another contradiction.

Let us proceed to the second law of dimensional ontology which reads: Different things projected into one and the same dimension lower than their own, yield ambiguous pictures.

Imagine a cylinder, a cone and a ball. The shadows they cast upon the horizontal plane depict them as 3 circles which are indiscriminate,



interchangeable and ambiguous inasmuch as we cannot infer whether they belong to a cylinder, a cone or a ball.

Let's see how this may be applied to man; how it may be fertilized in an anthropology *ordine geometrico*, to use the term coined by Spinoza. Once that we have projected man, for instance, into the biological and psychological dimensions we obtain contradictory results since in the one case we obtain a biological organism in contrast to the other one in which a psychological mechanism is the result; but however the bodily and mental aspects of human existence might contradict one another, this contradiction no longer contradicts the oneness of man. Dimensional ontology has not the answer to the mind-body problem; but it does explain why this problem is unsolvable.

Alongside the problem mind versus body there is the problem determinism versus indeterminism, the problem of freedom of choice, and this problem, too, may be approached along the lines of dimensional ontology. Once that man has been projected into a dimension lower than his own he, too, seems to be a closed system, be it of physiological reflexes or psychological reactions and responses to stimuli. What disappears is the essential openness of human existence, the fact that being human is directed, and pointing, to something, or someone, other than itself; but in terms of dimensional ontology we at least understand why this self-transcendent quality of man, as I am used to call it, of necessity disappears. Now the apparent closedness of man in the biological and psychological dimensions is well compatible with his humanness which is located in the noological dimension.

By the same token, the scientific findings in the lower dimensions as they are unearthed by psychoanalytic and psychodynamic research are not invalidated but rather overarched by Logotherapy; or, as the Norwegian psychotherapist Kvilhaug put it in a paper read before the Austrian Medical Society of Psychotherapy on July 18, 1963, with regard to learning theory and behavior therapy, they are "humanized" by Logotherapy.

As to the applicability of the second law of dimensional ontology, just think of Dostoevsky and Bernadette. Projected down into the plane of psychiatry, in this frame of reference Dostoevsky is nothing but an epileptic and the visions of Bernadette nothing but hysteric hallucinations. There is no possibility to discern Dostoevsky from any epileptic and Bernadette Soubirous from any hysteric patient. What Dostoevsky is apart from being an epileptic and what Bernadette

Soubirous may be irrespective of hysteric symptoms is not accessible to psychiatry. An artistic achievement and accomplishment and a religious encounter and experience elude the conceptual network of psychiatric categories. Their place is beyond psychiatry. What might hide behind pathology is unknown to the psychiatrist.

### CRITIQUE OF HOMEOSTASIS THEORY

The striving to find a meaning in life is a primary motivational force in man. In Logotherapy we speak in this context of a will to meaning in counter-distinction to both the pleasure principle and the will to power. Actually, pleasure is not the goal of human strivings but rather a by-product of the fulfillment of such strivings; and power is not an end but a means to an end. Thus, the pleasure principle school mistakes a side-effect for the goal, while the will to power school mistakes a means for the end.

Psychoanalysis tries to make the patient aware of what he really longs for in the depth of his self. In making something conscious, however, Logotherapy does not confine itself to the instinctual unconscious, but is also concerned with man's spiritual aspirations; it tries to elicit his striving for a meaning to life; it tries also to elucidate the meaning of his existence.

In other words, we have to deepen our patients' self-understanding not only on the sub-human, but on the human level as well.

In Logotherapy the patient is confronted with meanings and purposes and is challenged to fulfill them. At this point the question might be raised whether the patient is not overburdened with such a confrontation. However, the danger lies much more in man's not being burdened enough. Pathology does not only result from stress but also from relief from stress which ends in emptiness. Lack of tension as it is created by the loss of meaning is as dangerous a threat in terms of mental health as is too high a tension. Tension is not something to be avoided indiscriminately. Man does not need homeostasis at any cost, but rather a sound amount of tension such as that which is aroused by the demanding quality inherent in the meaning for human existence. Like iron filings in a magnetic field of force, man's life is put in order through his orientation toward meaning. Thereby a field of tension is established between what man is and what he ought to do. In this field, existential dynamics, as I call it, is operating. By this dynam-

ics man is rather pulled than pushed; instead of being determined by meaning, he decides whether his life is to be structured by the demanding quality of a meaning for his existence.

Man needs the call and the challenge to actualize this meaning. The impact of existential dynamics as it appears in the Logotherapeutic concept of 'meaning orientation' was pointed out in Kotchen's research who found a significantly positive correlation between meaning orientation and mental health.

A strong will to meaning might also have a life-prolonging, or even a life-saving effect. As to the former, let me remind you of the fact that Goethe worked seven years on the completion of the second part of 'Faust'. Finally, in January 1832, he sealed the manuscript; two months later he died. I dare say that the final seven years of his life he biologically lived beyond his means. His death was overdue but he lived up to the moment in which his work was completed and meaning fulfilled. As to the life-saving effect of meaning orientation, I refer to my clinical and metaclinical experiences gathered in the living laboratory of the concentration camps.

Today, many patients are complaining of a sense of futility and meaninglessness or emptiness and void. In Logotherapy this condition is termed existential vacuum. It constitutes the mass neurosis of our age. However, psychotherapy will never be able to cope with this neurosis if it does not keep its concept of man free from reductionism.

## BIBLIOGRAPHY

- Allport, G.W., (1960) *Personality and Social Encounter*, Boston: Beacon Press
- Ansbacher, R.R. (1959) The Third Viennese School of Psychotherapy, *Journal of Individual Psychology* 15, 236
- Crumbaugh, J.C. & Maholick, L.T., (1964) An Experimental Study in Existentialism: The Psychometric Approach to Existentialism: The Psychometric Approach to Frankl's Concept of Noogenic Neurosis, *Journal of Clinical Psychology*, 20, 200
- Eddy, E.D., Parkhurst, M.L., Yakovakis, J.S., (1959) *The College Influence on Student Character: An Exploratory Study in Selected Colleges and Universities Made for the Committee for the Study of Character Development in Education*, Washington D.C.: American Council on Education
- Frankl, V.E., (1962) *Man's Search for Meaning*, Preface by Gordon W. Allport, Boston: Beacon Press

- . (1955) *The Doctor and the Soul: An Introduction to Logotherapy*, New York: Knopf
- . (1956) *Theorie und Therapie der Neurosen*, Wien: Urban & Schwarzenberg
- . (1961) *Die Psychotherapie in der Praxis*, 2 Auflage, Wien: Deuticke
- . (1954) The Concept of Man in Psychotherapy, *Proceedings of the Royal Society of Medicine* 47, 975
- . (1960) Paradoxical Intention: A Logotherapeutic Technique, *American Journal of Psychotherapy* 14, 520
- Gerz, H., (1962) The Treatment of the Phobic and the Obsessive-Compulsive Patient Using Paradoxical Intention, *Journal of Neuropsychiatry* 3, 375
- Kaczanowski, G., (1960) Frankl's Logotherapy, *The American Journal of Psychiatry* 117, 563





## EXISTENTIAL ANALYSIS &amp; LOGOTHERAPY

Right from the beginning it is good to prevent misunderstandings: Existential Analysis and Logotherapy are really the same; at least they are insofar as they both represent respectively a side of one and the same theory. On the other hand, Existential Analysis (*Existenzanalyse*) and *Daseinsanalyse* are not at all identical with one another. Rather only the Spanish, English, and French translations have the same name for both schools. Thus far both endeavors strive for something like the *illumination of existence* (*Existenzerhellung*—Karl Jaspers); the accent, however, of *Daseinsanalyse* is put upon the illumination of existence, understood in the sense of an illumination of being. Existential Analysis, on the other hand, over and above all illumination of being, dares to make the advance to an illumination of rmeaning. Hence, the accent shifts direction from an illumination of ontic-ontological realities to an illumination of the possibilities of meaning. That is perhaps why Existential Analysis supercedes each bare analysis and is a therapy, viz. Logotherapy, whereas *Daseinsanalyse*, at least according to the definitions given by the leading Daseinsanalysts themselves, does not in itself represent a (psycho-)therapy in the true sense of the word. *Logos* in fact signifies first of all meaning, and Logotherapy signifies a psychotherapy that is oriented toward meaning and that reorients the patient toward meaning.

Existential Analysis does not attempt to be only an analysis of the concrete person, that is, an analysis in the ontic tense, but also an analysis in the ontological sense; in other words it attempts to be an analysis, an explication, an unfolding of the essence of personal existence, apart from the self-unfolding of personal existence as it happens in life and is made visible in biographies.

One characteristic of human existence is its transcendence. That is to say, man transcends his environment toward the *world* (and toward

*Paper read at the Fourth International Congress of Psychotherapy in Barcelona, Spain, on September 5, 1958. Translated by William A. Sadler, Jr. Th. M.*

a higher world); but more than this, he also transcends his being toward an *ought*. Whenever man transcends himself in such a manner, he raises himself above his own psychosomatic constitution; he rises above the level of the somatic and the psychic and enters the realm of the genuinely human. This realm is constituted by a new dimension, the noetic; it is the dimension of spirit. For neither the somatic nor the psychic alone constitute the genuinely human. Rather, both represent only two sides of the human being. Moreover, the findings of these two sides not infrequently contradict each other. Thus, there can be absolutely no talk of a parallelism in the sense of dualism or of an identity in the sense of monism. Nevertheless, in spite of all the ontological variations of the somatic, psychic, and noetic, the anthropological unity and wholeness of a human being has to be preserved and saved.

Now, to a certain extent it belongs to the nature of science that it undertakes a reduction, that is, a projection of one dimension into another, and that it in principle methodically disregards the full dimensionality of reality and holds itself in the fiction of a unidimensional world. This is the fate and indeed the task of science; and in this regard it cannot stop when it comes to man. It must also project him out of his noological realm and into the biological or psychological levels. For example, if I have to examine neurologically a patient who is assigned to me because of his brain tumor, then I must of course dim the brightness of the full dimensional reality of the concrete person and so act with him as if he were merely a closed system of more or less conditioned reflexes. As soon as I lay aside the reflex hammer, however, I turn back on the bright lights and can again become aware of the patient's humanity which I had momentarily put out of focus.

In like fashion it may be legitimate to project man out of his noological dimension, not into the level of the physiological as in the case of the neurological examination, but into the psychological level; and this happens, for example, within the frame of psychodynamic investigation. But if this projection does not happen with full consciousness of the method, then it can completely lead me astray. Above all I must occasionally bear in mind all that I have thereby filtered out; for in a coordinated system of an exclusively one-sided psychodynamic approach I shall certainly right from the beginning be able to perceive nothing more than a being who is apparently only driven by instincts or satisfying them. The genuinely human, however, is necessarily dis-

tortedly portrayed in such a frame of reference; indeed, certain human phenomena will entirely escape me. We only need to think of things like meaning and value; they must disappear from my field of vision as soon as I consider only instincts and dynamics as valid; and indeed they must for the simple reason that values do not drive me, they pull me. A great difference exists between 'driving' and 'pulling' which we must recognize whenever we seek, in the sense of a phenomenological analysis, an access to the total, unabridged reality of human being.

To use another example, it must appear questionable if we speak of a "moral instinct" in the same sense as of a sexual instinct, or of a "religious instinct" as of "an aggression instinct". This would lead to our having to see the essence of something like morality in the satisfying of a moral drive, or in the of the Superego, or in the appeasing of conscience. A good man is not, however, good for the sake of his conscience, but for the sake of a cause, for the good cause; or a man is good because of, or for the sake of a person, or for the sake of God. Were a good man really good only in order to have a good conscience, then we would be truly confronted with a case of Pharisaism. To have a good conscience can never be the basis of a morally good existence; it is, rather, the result. Also, it is scarcely to be assumed that the saints would have become holy if that had been their main concern. Then they would actually have become perfectionists, and perfectionism is one of the typical hindrances on the way toward perfection. Certainly a good conscience is, as the saying goes, the best pillow; we must nevertheless beware of making morality into a sleeping pill and ethics into a tranquillizer. Peace of mind is not a purpose but a result of our ethical behavior.

The underlying factor here is the conception, or better said, the misconception of the human psyche as something which is dominated by an entropy, an equilibrium principle; in a word, the stipulating that the principle of homeostasis is regulative. The principle of homeostasis however is not even fully valid in the biological realm, as Charlotte Bühler (1956), referring to L. von Bertalanffy (1952), has recently shown, let alone in the psychological realm, to which Gordon W. Allport (1955), among others, has made reference. Such an anthropological conception, nevertheless, proceeds as if the psyche of man were a closed system and as if it were man's paramount concern to maintain or restore certain psychic conditions through the reconciliation and satisfaction of the claims of the Id and Superego. In just

such a manner this anthropology slides into a monadology. For, the true man, however, is not concerned about some condition in his soul but about objects in the world; he is primarily ordered and directed toward them, and it is only the neurotic man who is no longer, as is the normal man, objectively oriented; rather he, the neurotic, is primarily interested in his own subjective condition. Furthermore, a psychotherapy which would acknowledge only the principle of homeostasis and which would allow itself to be led by a monadological picture of man would only banish man all the more to the "closed, inner room of the psyche" (Binnenraum—Philipp Lersch [1943]) and reinforce his eremitic escapism.

In this connection we cannot refrain from critical remarks toward the current catchwords of self-fulfillment and self-actualization. Self-fulfillment and self-actualization cannot possibly be life's final purpose or man's last aim; on the contrary, the more man directs himself toward them, the more he will miss them. In this regard it happens to him as it does with every subjective condition, for example, with pleasure; the more man strives for pleasure, the more it eludes him, and not a few sexual neuroses have their etiological basis precisely in this law. The hunt for happiness frightens the object away; the pursuit of happiness borders upon a self-contradiction. We see, then, that man must necessarily run aground with a Stoic as well as with a Hedonistic goal in mind, for *Ataraxia* (peace of soul), as well as enjoyment of life, is not an aim but an effect.

What is actually man's concern is not to fulfill himself or to actualize himself but to fulfill meaning and to realize value. And only to the extent to which he fulfills concrete and personal meaning of his own existence will he also fulfill himself. Self-fulfillment occurs by itself: not through intention but as effect.

But when is man so concerned with self-fulfillment? When does he, in this sense, reflect upon himself? Is it not so that such reflection is in each instance an expression of an intention toward meaning that has missed its goal and been frustrated? Does not the forced striving after self-fulfillment betray a frustrated striving for the fulfillment of meaning? In this connection the analogy of a boomerang comes to mind. Its purpose, as it is generally supposed, is to return to the hunter who has thrown it. But this is not so; for, only that boomerang returns to the hunter which has missed its target, the prey. Now, is it not so, that man likewise only comes back upon himself and is intent upon his own

condition, either if he wants to have a good conscience in the sense of Pharisaism or perfectionism, or if he wants to have his desires satisfied and his inner peace in the sense of Hedonism and Stoicism—is it not so that man is only intent upon himself and his condition when he has forgotten that outside in the world a concrete and personal meaning awaits him, that out there a task is waiting to be fulfilled by him and him alone? I believe this to be so. For, man is only close to himself to the extent that he is close to the things in the world, to the extent that he stands in and for the world.

We maintain: only when the primary objective orientation is lacking and has run aground does that interest in one's condition arise as it is so strikingly manifest in neurotic existence. Therefore the striving for self-fulfillment is in no way something primary; rather, we see in it a deficient mode and a reduced level of human existence. For man's primary concern is not self-fulfillment but fulfillment of meaning. In Logotherapy we speak of a will to meaning; we use this to describe man's striving to fulfill as much meaning in his existence as possible, and to realize as much value in his life as possible. We set the will to meaning along side of the will to pleasure, i.e. the pleasure principle of Psychoanalysis, as well as along side of the Status Drive (*Geltungstreben*) of Individual Psychology, i.e. the will to power.

The will to meaning is, therefore, something elementary, something genuine and authentic, and as such it ought to be taken seriously by psychotherapy. A psychology that designates itself as an unmasking one is nevertheless out to unmask this; it presents man's claim to as meaningful an existence as possible as a camouflage of unconscious instincts, and it disposes of it as a mere rationalization. What is needed, I would say, is an unmasking of the unmasker. The tendency to unmask must be able to stop in front of that which is genuine in man; if it doesn't, then behind the unmasking tendency stands the unmasking psychologist's own tendency to devaluate. In some cases unmasking maybe right; but these cases are only exceptions.

Least of all can psychotherapy afford to ignore the will to meaning instead of calling upon it; by calling upon the will to meaning there is involved a psychotherapeutic principle of first rank. An appeal to it can, under some circumstances, not only effect the preservation of psychic or somatic health but may have no less than an outright life-saving effect. Here not only clinical but other types of experiences, though no less empirical and practical, present themselves. In the tor-

menting "experiment" (*experimentum crucis*) of war prisons and concentration camps it was demonstrated that there was scarcely anything in the world more capable of enabling one to outlive all these "boundary situations" (Karl Jaspers) than the knowledge of a life task. This "experiment" has confirmed Friedrich W. Nietzsche's words: "Whoever has a Why for which to live, can endure almost any How."

The validity of these words depends, however, upon the fact that such a Why pertains not just to any situation, but rather, it must indeed pertain to the once in a lifetime, unique life task, the singularity and uniqueness of which correspond to the fact that each man's life is singular in its existence and unique in its essence.

Now the will to meaning can become frustrated; and in Logotherapy we speak of an existential frustration, since it appears to be justified to designate as existential that which applies to the *meaning* of existence, including the will to meaning. The feeling that his being has no meaning apparently pervades the everyday life of the average man of today just as much as the feeling that he is of less worth than another, that is, the feeling of the so-called inferiority complex. As with the feeling of being inferior, this feeling of meaninglessness does not represent anything pathological; it is something human, even the most human of all that there may be in man; but it is not something all too human, something morbid. We must learn to distinguish between the human and the morbid, if we do not want to confuse two essentially different things with one another: viz. spiritual distress and psychic illness. In itself existential frustration is far from being morbid. A patient of our acquaintance, a university professor of Vienna, had been assigned to us because he had tormented himself with the question of the meaning of his life. It turned out that he suffered from a recurrent endogenous depression; however, he brooded over and doubted the meaning of his life not during the phases of his psychic illness, but rather in the intervals, that is, during the time of healthiness.

Today existential frustration plays a more important role than ever. We only need to think how much man of today suffers not only an increasing loss of instinct but also a loss of tradition; herein may well be the cause of existential frustration. We see its effect, however, in a phenomenon which we in Logotherapy call an *existential vacuum*, that is, in the inner emptiness and lack of content, in the feeling of having lost the meaning of existence and the content of life; this feeling then spreads and permeates the whole of life.

The existential vacuum can just as well become manifest as remain concealed. It becomes manifest in the condition of boredom.<sup>1</sup> When Arthur Schopenhauer once said that humanity apparently is doomed so swing back and forth between the two extremes of need and boredom, he was not only quite correct; he seems to have foreseen that in our generation boredom gives to us psychiatrists more to work with than need, including the sexual need. We live in an age of increasing automation, and this gives man a greater amount of free time than he has previously had. But he scarcely knows how to make use of it. Not only during leisure but also in old age, man is faced with the problem of how he should fill up his time. Also the aging population of society particularly those who have been lifted from their professional work, is faced with its own existential vacuum. Finally, in addition to the aged, we can often see many ways in which the will to meaning is frustrated in youth and adolescence. Juvenile delinquency can only in part be traced back to the acceleration of physical development; spiritual frustration, as it is more and more being recognized, is also decisive.

We meet latent forms of existential frustration in the clinical form of 'Executive's Disease', which is suffered not only among executives but also in far wider circles. We see the same thing in Alcoholism, which is continually spreading through vast segments of the population. In the case of 'Executive's Disease', the frustrated will to meaning is vicariously compensated for by a forced will to power, while in the case of Alcoholism it yields to the forced will to pleasure. Certainly the one is a case of a very primitive expression of will to power, that is, the will to money; the other is a case of a will to "negative" pleasure (as Arthur Schopenhauer called it), which is, in contrast to the so-called "positive" pleasure, only a mere freedom from pain.

Existential frustration can certainly also lead to neurosis. And so we speak in Logotherapy of a noogenic neurosis, by which we understand those neuroses which have originally and genuinely been caused by a spiritual problem, by a moral conflict, or by an existential crisis; and we place the noogenic neurosis heuristically over against neurosis in

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1 The appearance of a phenomenon such as boredom invalidates the theory of Homeostasis as applied to man's psychic life complete satisfaction of our needs would not at all signify fulfillment (in the deepest sense of existential fulfillment) but, rather, the opposite, viz. emptiness (in the deepest sense of existential vacuum)



the strict sense of the word, which is by definition a psychogenic illness.

It goes without saying that the way to treat noogenic neurosis must be a psychotherapy which follows man and his sickness into the noetic dimension. A therapy which dares to enter the spiritual dimension, since it pertains to the etiology of neurotic illness, is Logotherapy; Logos now means not only meaning but spiritual.<sup>2</sup> Of course, this placing of Logotherapy over and against psychotherapy in the narrow sense of the word is intended only in a heuristic way.

A noetic therapy is not, however, only applicable in a case of noogenic neurosis; rather, it not infrequently happens that a psychogenic neurosis represents a psychic development that has become rampant in a spiritual vacuum, so that the psychotherapy of such a case will only be completed when the existential vacuum is filled and the existential frustration removed. Still more, we can show that there are somatogenic (pseudo) neuroses that fall into three groups which we have described as the basedowioide, addisonoide, and te tanoide groups. In the same way we can show how such (pseudo) neuroses favorably respond to an appropriate medicinal treatment, that is, as the case may be, to medication. But even here we do not succeed unless we venture to enter the noetic dimension.

In all these cases, in psychogenic neuroses as well as in somatogenic (pseudo) neuroses, Logotherapy is now effective here not in the sense of a specific therapy but as an unspecific one. As such it is more concerned with the attitude of the patient toward the symptom than with the symptom itself, for all too often it is the wrong attitude that is really pathogenic. Logotherapy, therefore, distinguishes different attitude formations and attempts to bring about within the patient a transformation of attitude; in other words, it is really a conversion therapy.<sup>3</sup> In this sense Logotherapy provides a specific method and technique which, within the limits of this paper, I cannot go into; I only refer to what I call the techniques of *dereflection* and of *paradoxical intention*.

Be that as it may, whether in the sense of a specific or an unspecific therapy, Logotherapy attempts to orient and to direct the patient to a

2 The will to meaning is the subjective side of a spiritual reality in which the meaning is the objective side; at least, it is objective insofar as the will is concerned to "find" meaning and not at all to "give" it.

3 When using this term, a religious connotation is here by no means implied.

concrete, personal meaning. But it is not its purpose to give a meaning to the existence of a patient. Certainly no one will expect or demand that Psychoanalysis, which is so occupied with sexuality, should negotiate a marriage, or that Individual Psychology, which is so concerned with society, should procure a social position for the patient; in the same way, Logotherapy will not mediate values. It is not Logotherapy's concern that we therapists give the patient a meaning to his existence, but only that we enable him to find such a meaning, that we, so to speak, broaden his field of vision so that he will become aware of the full spectrum of the possibilities for personal and concrete meanings and values. If the patient is to become conscious of a possible meaning, the doctor must above all remain conscious of all the possibilities for meaning; that is to say he must above all know about something like the meaning of suffering, of a suffering from an unalterable if not quite inevitable fate such as the suffering from an incurable disease, because such suffering conceals the last possibility for the fulfillment of meaning and the realization of value. More than that, it conceals the possibility to fulfill the deepest meaning and to realize the highest value. And so, life up to the last moment never ceases to have a meaning. Logotherapy, then, will not only aim to recover the patient's capacity for work, enjoyment, and experience, but also to develop his capacity to suffer, viz. his capacity to fulfill the possible meaning of suffering.

Among those things which seem to take meaning away from human life belong not only suffering but dying, not only want but death too. We never tire of saying that only possibilities are transitory; as soon as they are realized, we have delivered them into our past where they are preserved from transitoriness. For in the past nothing is irrecoverably lost; rather everything is permanently kept safe there. The transitoriness of our existence in no way makes it meaningless. But it does constitute our responsibility; for now everything hinges upon our realizing the transitory possibilities. Thus we can now understand the categorical imperative of Logotherapy, which is, "Live as if you were already living for the second time and had acted as wrongly the first time as you are about to act now." It appears to us that nothing can help man to become so conscious of his responsibilities as this maxim.

Thus we see that ultimately it is not up to man to ask about the meaning of his life. Instead, man must be understood as someone who is asked; that is, life itself asks him, and he has to answer—his exis-

tence has to respond. As a matter of fact, Existential Analysis views being responsive as the essence of human existence.

To be responsive means much more than merely being free; man is free from something, while he is responsible for something and to something. Logotherapy only makes the patient conscious of the responsive character of his existence and lets him decide on his own for what he will interpret his own existence as responsiveness and to what, whether it be to something (as before conscience or society) or instead to someone (to God).

The Logotherapist, therefore, will be the last person to remove from the patient the responsibility for such a decision or even permit the patient to pass off the responsibility on to the therapist.

On the whole we think of Logotherapy as a supplement and not at all as a substitute for psychotherapy in the narrow sense of the word. In addition Logotherapy might also make a contribution toward the completion of psychotherapy's picture of man, toward a picture of the "whole" man, of man in all his dimensions, toward a picture that also includes the genuinely human, that is, the spiritual dimension.

Previously we spoke of existential frustration; we can call it as well, a "lived" Nihilism. It appears alongside formal Nihilism; and we can say that only that psychotherapy will be able to face "lived" Nihilism and to conquer it which keeps itself free, or makes itself free, from formal Nihilism. By formal Nihilism I mean each implicit anthropology which sees nothing more in man than the resultant of a parallelogram of driving forces, whereby the components are represented by a biological, psychological, or sociological condition, as the case may be. Within the framework of this picture of man, man is represented merely as a product of drives, a product of heredity and environment. But man is by no means a product. What is a product is a Homunculus, not a human being. What I call homunculism is a sign of the times. If psychotherapy is to remain a therapy and not become a symptom within the pathology of the times (*Zeitgeist*), then it needs a correct picture of man; it needs this at least as much as an exact method and technique. The doctor, however, who overestimates and idolizes method and technique, and who understands his role merely as a medical technician, only proves that he sees man as a mechanism, a machine—"L'homme machine!" (Julien O. de La Mettrie)—and does not see the man behind the patient.

Ladies and Gentlemen, I believe that the dream of half a century has been dreamed out. I refer to the dream that regarded the psyche as a mechanism and accordingly believed that there was a technique for psychic cure. In other words, the dream considered that an explanation of psychic life in terms of mechanisms was possible and similarly that the treatment of psychic suffering was to be performed solely with the help of psychic technology. What begins to appear in the dawn, however, are not sketches of a psychologized medicine, but of a humanized psychiatry.

### BIBLIOGRAPHY

- Allport, G.W., (1955) *Becoming, Basic Considerations for a Psychology of Personality*, New Haven: Yale University Press
- Arnold, M.B. and Gasson, J.A., (1954) *The Human Person*, New York: Ronald Press (See esp. Chapter 16, Logotherapy and Existential Analysis)
- Baeriziger H., (1947) Persönliches und Archetypisches im Individuationsprozess, *Schweizerische Zeitschrift für Psychologie*, 6, 272-283.
- Bertalanffy, L.von: (1952) *Problems of Life*, New York: J.W.Wiley & Sons
- Bühler, C., (1956) Zur Psychologie des menschlichen Lebenslaufes, *Psychologische Rundschau*, 8, 1-15
- Frankl, V.E., (1953) Logos and Existence in Psychotherapy, *American Journal of Psychotherapy*, 7, 8-15.
- . (1954) Group Therapeutic Experiences in a Concentration Camp, *Group Psychotherapy*, 7, 8-11.
- . (1955) The Concept of Man in Psychotherapy, *Pastoral Psychology*, 6, 16-26.
- . (1955) *The Doctor and the Soul, An Introduction to Logotherapy*, New York: Alfred A. Knopf
- . (1958) On Logotherapy and Existential Analysis, *The American Journal of Psychoanalysis*, 18, 28-37.
- . (1958) The Will to Meaning, *The Journal of Pastoral Care*, 12, 82-88.
- . (1959) *From Death Camp to Existentialism, A Psychiatrist's Path to a New Therapy*, Preface by Gordon W. Allport, Boston: Beacon Press
- Lersch, P., (1943) *Seele und Welt: Zur Frage der Eigenart des Seelischen*, 2. Auflage, Leipzig
- Polak, P., (1949) Frankl's Existential Analysis, *American Journal of Psychotherapy*, 3, 617-622.
- . (1953) Existenz und Liebe, Ein kritischer Beitrag zur ontologischen Grundlegung der medizinischen Anthropologie durch die "Daseinsanalyse" Binswangers und die "Existenzanalyse" Frankls. *Jahrbuch für Psychologie and Psychotherapie*, 1, 355-364

Weisskopf-Joelson, E., (1955) Some Comments on a Viennese School of Psychiatry, *Journal of Abnormal and Social Psychology*, 51. 701-703.

———. (1958) Logotherapy and Existential Analysis, *Acta Psychoterapeutica*, 6, 193-204.

## BEYOND SELF-ACTUALIZATION & SELF-EXPRESSION

According to McGregor (1948) "all human behavior is directed toward the satisfaction of needs." Murelius (1958) identifies the satisfaction of needs with the reduction of tension. Thus, when Knickerbocker (1948) says that "existence may be seen as a continual struggle to satisfy needs, relieve tensions, maintain equilibrium," we can conclude that both the satisfaction of needs and the reduction of tensions amount to the maintenance of an equilibrium, in other words, the maintenance of homeostasis. This conclusion is supported by Charlotte Bühler (1960): "From Freud's earliest formulations of the pleasure principle, to the latest present version of the discharge of tension and homeostasis principle, the unchanging end goal of all activity all through life was conceived of as the re-establishment of the individual's equilibrium."

Allport (1955), however, objects to such a view of man: "Motivation is regarded as a state of tenseness that leads us to seek equilibrium, rest, adjustment, satisfaction, or homeostasis. From this point of view personality is nothing more than our habitual modes of reducing tension. This formulation falls short of representing the nature of intentional striving. The characteristic feature of such striving is its resistance to equilibrium: tension is maintained rather than reduced." Maslow's criticism (1954, p.367) seems to me to point in the same direction when he says: "Homeostasis, equilibrium, adaptation, self-preservation, defense, and adjustment are merely negative concepts and must be supplemented by positive concepts."

However, in my opinion, these criticisms do not go far enough. They do not yet reach the essential point, or better to say, the essential shortcomings of views of man which interpret him as a being for whom

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reality serves as nothing but a mere means to the end of "satisfying needs, reducing tensions, and/or maintaining equilibrium." From such a perspective, man is considered in what I call a *monadologicistic* way (Frankl, 1959) in which his tie with the world in which he exists is disregarded. (This term refers to one of the main works of Leibniz: *Monadology*, in which he spoke of 'monads' as the prime factors of reality, and which I would define as spiritual atoms without any 'windows' leading to the outer world and, therefore, without any connection to the other monads.)

In a monadologicistic view of man there is no place for any true encounter between man on the one hand and the world and its objects on the other. The objects in the world are no longer seen in their objective essence but, instead, only as more or less useful tools for the maintenance of homeostasis. There is no room left for anything such as commitment to a cause for its own sake or participation with a partner for the partner's sake. Instead, causes and partners are devaluated to the level of mere means to an end, namely the end of restoring certain conditions in the subject's psychic system. As means, they appear to the subject to have no value in themselves but to be only of use to him.

This brings to mind the well-known phenomenon observed in cases of sexual neurosis. We often hear such patients speak of "masturbating on a woman" by which they mean that they sometimes "use" their partners simply for the purpose of reducing sexual tension. As we see, this clearly corresponds to that view of man which we have previously referred to as 'monadologicistic.' It must not be forgotten, however, that such cases are neurotic and, hence, abnormal. The normal approach of man to the world is never primarily that of a means to an end relation, as we shall subsequently see.

Rather, such a view, centered on the means-end relationship, corresponds to what is observed in animals which have been exposed to certain artificial conditions. I refer now to the self-stimulation experiments as described by Olds and Milner (1954), Brady (1958), and Werner (1958). They implanted electrodes in the brains of rats, and under certain conditions, i.e., when the electrodes were localized in certain nerve centers of the hypothalamus and the rhinencephalon, the closing of the circuit resulted in a behavior which could be explained only as need satisfaction. Moreover, the animals, when given the opportunity to press a lever which closed the circuit, soon began to do so continuously. The most impressive aspect of this experiment,

however, seems to me to be the observation of the experimenters that the animals then completely neglected real food and real sexual partners. It was thus evidenced by the experiments that, as soon as the objects in one's world are considered merely as means to the end of need satisfaction, they may be neglected or even omitted altogether. One need attend to them no longer; closing the electrical circuit suffices.

As Jung (1958) rightly points out, the foregoing holds true only for experimental animals in such an artificial situation, and not under normal circumstances. This proves, however, that even an animal is not normally or, at least, not primarily interested in the restoring of that psychic condition which is called satisfaction. *A fortiori*, much less is this the case in man. According to Logotherapeutic concepts, man is not primarily interested in any psychic conditions of his own, but rather is oriented toward the world, toward the world of potential meanings and values which so to speak are waiting to be fulfilled and actualized by him. In Logotherapy we speak, in this connection, of a 'will to meaning' (Frankl, 1958b), and contrast it to the pleasure principle (which we could also call a 'will to pleasure') and, on the other hand, to the so called 'will to power.'

As it is generally accepted, the pleasure principle includes avoidance of displeasure. In this way, it nearly coincides with the principle of reducing tensions. However, we must ask ourselves whether there really exists anything like a will to pleasure in the sense of a primary tendency to be found in man. Now, in our opinion and in accordance with some utterances published by Kant and Max Scheler, pleasure is primarily and normally not an aim but an effect, let me say a side-effect, of the achievement of a task. In other words, pleasure establishes itself automatically as soon as one has fulfilled a meaning or realized a value. Moreover, if someone really attempts to gain pleasure by making it his target, he would necessarily fail for he would miss what he had aimed at. This can be easily demonstrated in those cases of sexual neurosis in which our patients are thwarted in obtaining sexual pleasure precisely because they attempt to attain it directly. The more a man sets out to demonstrate his potency or a woman her ability to experience orgasm, the less they will be able to do so. I dare say, not a few cases of sexual neurosis could be traced back to such a starting point.

Something analogous holds true for some other human phenomena as well, e. g., that phenomenon which is circumscribed by the famous bestseller's title: 'Peace of Mind.' We can go a step farther by asserting



that 'pursuit of happiness' to quote another book title amounts to a self contradiction: the more we strive for happiness, the less we attain it. Peace of mind also must content itself with being an automatic effect, for it is self-destroying as an intention. We can illustrate this with that specific kind of 'peace of mind' which is associated with a good conscience. A man who is striving for a condition in which he can rightly say, "I possess a good conscience" would already have become a Pharisee. A really good conscience can never be reached by grasping for it, but solely by doing a deed for the sake of the cause, or for the sake of the person involved, or for God's sake. A good conscience is one of those things which can be brought about only as an unintended side-effect, and is destroyed at the moment that it is sought after directly. (Note the sort of a man who is directly striving for good health. To the degree in which he does so he has already fallen ill, i.e. displaying that nervous illness called hypochondria.) This can be stated in a simple formula: the aims of both the hedonistic philosophy of the Epicureans and the quietistic philosophy of the Stoics, i.e. happiness and peace of mind (or, as the latter was called by the ancient Greeks, *ataraxia*), cannot possibly be the real aim of human behavior, and they cannot for the *a priori* reason that they elude man exactly to the same degree that he strives for them.

It seems to me that such 'bestsellers,' as well as the present increasing tendency to the addiction to tranquilizing drugs, are signs that man of today has been more and more seduced to a belief in the illusion that he can strive for happiness, or for peace of mind. He cannot even strive for 'peace of soul,' for this kind of peace, which apparently means the (re-) establishment of a good conscience, eludes him as soon as it has become a matter of *intention* instead of remaining a matter of *effect*.

This is true, even apart from that interpretation of conscience which is offered by psychodynamics in which the conscience is regarded in terms of the so called Superego. In the framework of this concept of human morality, man strives for moral behavior only for the sake of getting rid of the stimulus of a bad conscience, or, to stick to psychodynamic terminology, the stimulus of a discontented Superego. Obviously such a view of man's moral behavior misses the point of true morality, which begins only when man has begun to act for the sake of something or someone, but not for his own sake, that is, for the sake of having a good conscience or of getting rid of a bad one.

To return to the question before us, that is, whether or not the homeostasis principle is actually that by which man is guided, we can refer to a simple and well-known fact which, in my opinion, demonstrates that homeostasis never could be the ultimate aim in life. What would be the result if man should have the opportunity to completely satisfy all of his needs and drives? Assuredly the results of such an experiment would consist in nothing like the experience of deepest fulfillment, but rather on the contrary, in a frustrating inner void, in the desperate feeling of emptiness, or, to use a Logotherapeutic term, in the awareness of one's *existential vacuum*. This is the result of the frustration of the will to meaning which we mentioned above. Inasmuch as we may define as existential whatever is connected (not only with man's existence but also) with the meaning of man's existence, we are thus permitted to speak of *existential frustration* which is an important concept in Logotherapy. Today man's existential vacuum is of primary, and steadily increasing importance.

Logotherapy teaches that this existential vacuum, along with other causes, can result in neurotic illness. In the frame of reference of this school, such neuroses are termed, in contrast with psychogenic neuroses (i.e. neuroses in the narrower sense of the word), noogenic neuroses. Noogenic neuroses have a different etiology from psychogenic neuroses for they originate in a different dimension of the personality. They originate in the noetic dimension rather than the psychic. In other words, in cases of noogenic neuroses we are dealing with psychological illnesses which are not, as the psychogenic neuroses, rooted in conflicts between different drives, or clashes of psychic components such as the so called Id, Ego, and Superego. They are, rather, rooted in collisions between different values, or in the unrewarded longing and groping of man for that hierarchically highest value an ultimate meaning of his life. To put it simply, we are dealing with the frustration of man's struggle for a meaning to his existence a frustration of his will to meaning. It goes without saying that, in all of those cases in which neurotic symptoms can be traced back to existential frustration as their source, Logotherapy is indicated as the appropriate psychotherapeutic method of treatment. [A discussion of *Existenzanalyse* in the sense of a psychotherapeutic method and of Logotherapy as a psychotherapeutic technique are beyond the scope of this paper. The reader is referred to the bibliographic index (Arnold & Gasson, 1954; Frankl, 1954, 1959a, 1959c, 1959d, 1958a)]

It should be noted that when we speak in this connection of the meaning of one's existence, we specifically refer to the concrete meaning of one's personal existence. By the same token, we could speak of one's mission in life, indicating that every man has a mission in life to carry out. Each human being is unique both in his essence (*Sosein*) and his existence (*Dasein*) and thus is neither expendable nor replaceable. In other words, he is a particular individual with his unique personal characteristics experiencing a unique historical context in a world which has special opportunities and obligations reserved for him alone.

Of course it is never the task of the therapist to 'give' a meaning to the life of the patient. It is up to the patient himself to 'find' the concrete Meaning of his existence. The therapist merely assists him in this endeavor. That he must 'find' the meaning implies that this meaning is to be discovered and not invented. It implies that the meaning of one's life is in a certain sense objective.

Unfortunately this objectivity is frequently neglected by some of those writers who call themselves existentialists. Though they never weary of repeating *ad nauseam* that man is a "being in the world," they seem to forget that meaning is also "in the world" and thus not merely a subjective factor. It is more than a mere *self-expression*, or a projection of the self *into* the world.

Herewith we are touching the problem concerning that aspect of the self, frequently referred to nowadays in psychological literature, called *self-actualization*. For instance, it is well-known that K. Goldstein "fights and argues against a prevalent theory of motivation which assumes that the basic motive is reduction of tension and thus re-establishment of equilibrium. He argues against homeostasis as a theory of motivation. He argues against the idea that the goal of drives is an elimination of the disturbing tension which they produce. Thus, he argues against Freud's pleasure principle and the tension release theory." (Piotrowski, 1959) "To Goldstein, an individual whose chief goal is merely to maintain his level of adjustment is manifesting a sign of illness." Kukuruz sinn schwer zu verstehen (1. C 3 "Self expression or self realization is the ultimate motive in states of health." (1. e.) Charlotte Bühler (1959) asserts, "the concept of self-realization has gone through many variations from Nietzsche and Jung to Karen Homey, Erich Fromm, Kurt Goldstein, Frieda Fromm Reichmann, Abraham Maslow, Carl Rogers, and others who seem to be searching for an all-

encompassing theory of life's ultimate goal. With again another connotation, it appears in the context of existentialist thinking."

Elkin (1958-9) critically comments, with regard especially to Horney and Fromm, that "their conceptions have taken on mystical connotations. This recalls Jung's conception of the self whose mystical connotations closely parallel those found in eastern religion." Our criticism, however, comes from a different direction, for the main mistake consists in the fact that appointing self realization as "the ultimate motive" would again devalue the world and its objects to mere means to an end. As a matter of fact, A. H. Maslow explicitly contends that "the environment is no more than means to the person's self-actualizing ends."

So now we must pose the crucial question whether or not man's primary intention, or even his *ultimate destination*, could ever be properly circumscribed by the term 'self-actualization'. I would venture a strictly negative response to this question. It appears to me to be quite obvious that self actualization is an effect and cannot be the object of intention. Mirrored in this fact is the fundamental anthropological truth that self-transcendence is one of the basic features of human existence. Only as man withdraws from himself in the sense of releasing self-centered interest and attention will he gain an authentic mode of existence. This rule finds its clinical application (and clinical validation) in the Logotherapeutic techniques of *dereflection* and *paradoxical intention* (Frankl, 1956; Kocourek, Niebauer & Polak, 1959; Weisskopf-Joelson, 1958)

Charlotte Bühler (1960) was, in my opinion, quite right in her assertion that "what they [the representatives of the self-actualization principle] really meant was the pursuit of potentialities." Since self-actualization refers to the fulfillment of the available possibilities, or potentialities, within the subject, one might well call it *potentialism*. Herein the life task of the individual is conceived of as the actualizing of potentialities which will to the greatest possible degree fulfill his personality. Therefore, the degree of self-actualization depends on the number of potentialities realized. But what would be the result if a man should merely actualize the potentials within himself? An answer comes to mind in the case of Socrates. He confessed to the potentiality within him to become a criminal and, therefore, if he had succeeded in fully developing his potentialities, the great defender of law and justice would also have been a common criminal!

The potentialities of life are not indifferent possibilities, but must be seen in the light of meaning and values. At any given time only one of the possible choices of the individual fulfills the *necessity* of his life task. Herein is involved the challenge of each life situation the challenge to responsibility. Man must make his choice concerning the mass of present potentials: which will be condemned to non-being and which one shall be actualized, and thus rescued for eternity? Decisions are final for the only really transitory aspects of life are the potentialities. When one is actualized, it is actualized forever and can never be destroyed. Man, therefore, must face the responsibility for these immortal "footprints in the sands of time." He must decide, for weal or for woe, what will be the monument of his existence.

Potentialism involves an attempt to avoid this burden of responsibility. Under the pressure of time and in the face of life's transitoriness, man is often beguiled into believing that he can escape the necessity of making responsible choices. His efforts, however, are in vain, for wherever he turns, he is confronted with the exigencies of life and the inexorable demand—a demand rooted in some source beyond himself—to make meaningful and valuable and, thus, existential commitments.

At the same time there is an indispensable value problem involved; for the choice in question is a choice of the only potentiality, among many possibilities, which is worth actualizing. Thus the problem really just begins when potentialism ends. The potentialist attempts to evade this axiological problem but, though he may postpone it, he never really can rid himself of it.

A close examination of such escapism reveals that the potentialist finds the tension between what is and what should be (*Sein* and *Seinsollen*) intolerable. However, this tension cannot be eradicated, even by potentialism, for it is inherent in human existence. There is no conceivable human condition in which man may be relieved of the tension between what he has done and, on the other hand, what he must yet do or should have done. As a finite being, man never perfectly completes his life task. When he is willing and able to shoulder the burden of this incompleteness, he is acknowledging this finiteness. This acceptance of finiteness is the precondition to mental health and human progress, while the inability to accept it is characteristic of the neurotic personality. Thus the homeostasis principle, of which we spoke previously, is by no means a normal phenomenon, but rather, a neurotic

one. It is the neurotic individual who cannot abide the normal tension of life whether physical, psychic, or normal.

In addition to this unbridgeable gap between what is and what should be in human existence, there is yet another polarity to be considered. This is the rift between the subject and the object of cognition. This rift is also ineradicable, though many an author speaks of having “overcome” it. Such a statement is very questionable for such an achievement would be tantamount to the overcoming of *la condition humaine* the insurmountable finitude of being human. [As Adrian L. Van Kaam has pointed out—in private correspondence to the author—even Heidegger, the leading spirit of existential philosophy, neither thought nor taught that true cognition could be achieved beyond the duality of subject and object.] The author of this paper is not a theologian and, thus, does not intend to speak in this connection of a ‘hybris’; but rather, to assert that man should *not attempt to overcome the two-fold tension of human existence but, instead, to undergo it*. An apt, though perhaps a trifle crude, metaphor sets forth the matter succinctly: modern philosophy should not throw the baby (the cognitive object) out with the bathwater (Cartesian dualism).

To be sure, the subject by its cognitive acts is capable of approaching the object and thereby establishing that cognitive closeness to the things in the world, which I have called “being with” (*Beisein*) the object (Frankl, 1949, pp. 27ff.). Thus it is the remarkable achievement of cognition that the subject attains the object across the gap which separates them. However, the object which is reached by the subject is still an object and does not through the cognitive process become a part of the subject itself. [The reader will be interested in a similar statement in the writings of Erwin Straus (1958, p. 147).] Any theory which tends to obscure the objectivity of the object, by disregarding its intrinsic otherness through the assumption that the world is a mere self-expression and nothing but a projection of the subject, is a theory which misses the point.

A complete eradication of the subject-object differentiation would not be commendable even if it were possible. Each cognitive act of man is based indispensably upon the polar field of tension between the subject and the object. The essential dynamic which constitutes human cognition has its source in this tensional situation between man and that ‘world’ which he ‘is in’ (to use a popular existential ex-

pression). In Logotherapy this dynamic, in contrast to all psychodynamics, is referred to as noo-dynamic (Frankl, 1959e).

To ignore the noo-dynamic tension between subject and object is to ignore the objectivity of the world. Any philosophy or psychology which by its careful investigation of psychic phenomena in their richness and fullness deserves to be called a 'phenomenological approach,' must acknowledge the primordial fact that every true cognitive act implies the objectivity of the object. So, what is called the object, or to speak more generally, the world, is essentially more than a *mere self-expression of the subject*. To speak of the world as a mere 'design' of the cognitive subject is to do injustice to the full phenomenon of the cognitive act which is the *self-transcendence of existence toward the world as an objective reality*. It is true that man cannot grasp more than a subjective segment as it is cognitively cut out of the world, or, in other words, he can only make a subjective selection from the full spectrum of the world; nevertheless, he is always making a subjective selection of an objective world.

The point of view, however, adopted by some of the existentialist writers blurs the objectivity of the object. It might be called a *kaleidoscopic epistemology*. When one peers into a kaleidoscope, he does not look through it, but, instead, observes a certain constellation of differently colored bits of glass which are a part of the kaleidoscope. Is not this the same as the epistemological theory of such authors? To them man is a being who, in all his cognitive acts and efforts, can never reach a real world. His world is but a design, projected by himself, and mirroring the structure of his being. Just as the kaleidoscopic observation depends on how the little pieces of glass have been thrown, this kaleidoscopic epistemology presents a 'world design' (*Weltentwurf*) wholly dependent upon man's 'thrown-ness' (*Geworfenheit*) a simple reflection of his subjective condition and structure.

The extent to which such subjectivism misses the point of true human cognition becomes obvious as soon as one recalls the fundamental truth that only insofar as a person is capable of ignoring and forgetting himself is he able to recognize anything in and of the world. Only as he moves to the periphery of his attention, can he become properly aware of objects beyond himself. This can be illustrated in the case of the eye which sees itself, or something in itself (e. g., a 'mouche volante'), only when there is a visual defect. The more the eye sees itself, the less the world and its objects are visible for it. The ability of the eye to



see is dependent upon the inability to see itself. Admittedly, finite human cognition cannot be completely rid of subjective moments which are inherent in its activity, but this does not alter the fact that the more cognition actually becomes mere self-expression and a projection of the knowing subject's own structure, the more it becomes involved in error. In other words, cognition is true cognition only to the extent in which it is the contrary of mere self expression, only to the extent in which it involves self-transcendence.

It appears, in conclusion, that those theories of man which are circumscribed by the individual himself, whether based upon the reduction of his tension as in homeostasis theory, or the fulfillment of the greatest number of immanent possibilities—as in self-actualization—when weighed, are found wanting. It is the contention of the author that an adequate view of man can only be properly formulated when it goes beyond homeostasis, beyond self-actualization, even beyond man himself to that transcendent sphere of human existence in which man chooses what he will do and what he will be in the midst of an objective world of meanings and values.

### BIBLIOGRAPHY

- Allport, G.W. (1955) *Becoming, Basic Considerations for a Psychology of Personality*. New Haven: Yale University Press
- Arnold, M.B. and Gasson, J.A. (1954) *The Human Person*. New York: Ronald Press (See esp. Chapter 16: Logotherapy and Existential Analysis)
- Brady, J. V., (1958) In: Reticular formation of the brain. Edit. H. H. Jasper, 689.
- Bühler, C. (1960) Basic Tendencies of Human Life. Theoretical and Clinical Considerations. In R. Wisser (Ed.): *Sein und Sinn. Anniversary Volume for Prof. von Rintelen*. Tübingen.
- . (1959) Theoretical Observations About Life's Basic Tendencies. *American Journal of Psychotherapy* 13, 561-581
- Elkin, H. (1958-9) "On the Origin of the Self," *Psychoanalysis and the Psychoanalytic Review* 45, 57-74.
- Frankl, V.E., (1939) Philosophie und Psychotherapi., Zur Grundlegung einer Existenzanalyse. *Schweiz. med. Wschr.* 69, 707
- . (1949) *Der unbedingte Mensch, Metaklinische Vorlesungen*, Wien: Franz Deuticke (English edition, New York: Flarper and Brothers)
- . (1954) Group Therapeutic Experiences in a Concentration Camp, *Group Psychotherapy*, 7, 81 (Paper read before the Second International



- Congress of Psychotherapy in Leiden, the Netherlands, on September 8, 1951.)
- . (1955) *The Doctor and the Soul, an introduction to Logotherapy*, Knopf: New York
- . (1955) The Concept of Man in Psychotherapy, *Pastoral Psychology*, 6, 16-26, 1955.
- . (1956) *Theorie und Therapie der Neurosen, Einfuhrung in Logotherapie und Existenzanalyse*, Wien and München: Urban & Schwarzenberg
- . (1958a) On Logotherapy and Existential Analysis, *The American Journal of Psychoanalysis*, 18, 28-37 (Paper read before the Association for the Advancement of Psychoanalysis on April 17, 1957.)
- . (1958b) The Will to Meaning, *The Journal of Pastoral Care*, 12: 82-88.
- . (1959a) In: *Critical Incidents in Psychotherapy*, Standal, S.W. and Corsini, R.J. eds., Englewood Cliffs: Prentice Hall
- . (1959b) *Das Menschenbild der Seelenheilkunde, Drei Vorlesungen zur Kritik des dynamischen Psychologismus*, Stuttgart: Hippokrates Verlag
- . (1959c) *From Death Camp to Existentialism, A Psychiatrist's Path to a New Therapy*, Preface by Gordon W. Allport, Boston: Beacon Press
- . (1959d) Logotherapy and the Collective Neuroses, in: *Progress in Psychotherapy*, Vol. IV, Masserman J.H. and Moreno J.L. eds., New York: Grune & Stratton
- . (1959e) The Spiritual Dimension in Existential Analysis and Logotherapy, *Journal of Individual Psychology*, 15, 157-165
- Jung, R. (1958) *Deutsche Medizinische Wochenschrift*, 83, 1716
- Knickerbocker, L. (1948) Leadership: A Conception and some implications, *Journal of Social Issues*, 4, 23-40
- Kocourek, K., Niebauer, E. and Polak, P., (1959) Ergebnisse der klinischen Anwendung der Logotherapie, in: *Handbuch der Neurosenlehre und Psychotherapie*, edited by V. E. Frankl, V. E. v. Gebattel and J. H. Schultz, Band III, Munich and Berlin: Urban & Schwarzenberg
- Maslow, A. H. (1954) *Motivation and Personality*, New York: Harper & Brothers, New York
- McGregor, D. (1948) The staff function in human relations, *Journal of Social Issues*, 4, 5-22.
- Murelius, O. (1958) Ethics and Psychology, *American journal of Psychotherapy* 12, 641-649
- Olds, J. and Mimer, P., (1954) *Journal of comparative and physiological Psychology* 47, 419
- Piotrowski, Z. A. (1959) Basic Human Motives According to Kurt Goldstein, *American Journal of Psychotherapy*, 13, 553-560, 1959.
- Polak, P., (1949) Frankl's Existential Analysis, *American Journal of Psychotherapy*, 3, 617-622

Straus, E.W., (1958) In *Existence*, edited by May, R., Angel, E. and Ellenherger, H.F., New York: New York

Weisskopf-Joelson, E., (1955) Some Comments on a Viennese School of Psychiatry, *Journal of Abnormal and Social Psychology*, 51, 701-703

———. (1958) Logotherapy and Existential Analysis, *Acta Psychotherapeutica*, 6, 193-204

Werner, G. (1958) *Klinische Wochenschrift* 36, 404



## THE PHILOSOPHICAL FOUNDATIONS OF LOGOTHERAPY

**A**ccording to a statement made by Gordon W. Allport, Logotherapy is one of those schools which in this country are labeled, 'existential psychiatry.' As Aaron J. Ungersma has pointed out in his book on Logotherapy, this school is actually the only one, within the vast field of existential psychiatry, which has succeeded in developing what one might be justified in calling a psychotherapeutic technique. In his volume, *Logotherapy and the Christian Faith*, Donald F. Tweedie observes that this fact will elicit the interest of the typical American, whose outlook is traditionally pragmatic.

However this might be, Logotherapy exceeds and surpasses existential analysis, or *ontoanalysis*, to the extent to which it is essentially more than analysis of existence, or being, or *ontos*; what Logotherapy is concerned with is not only being but also meaning; not only *ontos* but also *logos*; and this feature may well be accountable for the activist, therapeutic orientation of Logotherapy. In other words, Logotherapy is not only *ontos* but also *logos* and not only analysis but also therapy.

As is the case in any type of therapy, there is a theory underlying its practice—a *theoria*, i.e., a vision, a *Weltanschauung*. In contrast to many other therapies, however, Logotherapy is based on an explicit philosophy of life. More specifically, it is based on three fundamental assumptions which form a chain of links interconnected with one another, viz.

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

*Reprinted from Erwin W. Strauss (Ed.) (1964). Phenomenology: Pure and Applied. Pittsburgh: Dusquesne University Press*

### MAN'S FREEDOM OF WILL

Man's *freedom of will* belongs to the immediate data of his experience. These data *yield* to that empirical approach which, since Husserl's days, is called phenomenological. Phenomenology, as I understand it, speaks the language of man's pre-reflective self-understanding rather than interpreting a given phenomenon after preconceived patterns.

Actually only two types of people maintain that their will is not free: schizophrenic patients suffering from the delusion that their will is manipulated and their thoughts controlled by others; and, alongside them, deterministic philosophers. To be sure, these latter admit that we are experiencing our will as though it were free but this, they say, is a self-deception. Thus the only point of disagreement between their conviction and my own refers to the question whether or not our experience is conducive to truth. Who should be the judge? In order to answer this question, let us take as a starting point the fact that not only abnormal people such as schizophrenics but even normal persons can—under certain circumstances—experience their will as something which is not free. They can do so if we have them take a small dose of Lysergic Acid Diethylamide. Soon they start suffering from an artificial psychosis in which, according to published research reports, they experience themselves as automata. In other words, they arrive at the 'truth' of determinism. However, it is high time to ask ourselves whether or not it is probable that truth is accessible to men only after his brain has been poisoned? A strange concept of *aletheia*: disclosing and uncovering truth through a delusion—mediating *logos* through *patho-logos*!

Needless to say, the freedom of a finite being such as man is a freedom within limits. Man is not free from conditions, be they biological or psychological or sociological in nature; but he is, and always remains, free to take a stand toward these conditions; he always retains the freedom to choose his attitude toward them. Man is free to rise above the plane of somatic and psychic determinants of his existence. By the same token a new dimension is opened. Man enters the dimension of the noetic, in contradistinction to the somatic and psychic phenomena. Thereby, he becomes capable of taking a stand, not only toward the world but also toward himself. Man is a being capable of reflecting, and even rejecting, himself. He can be his own judge, the judge of his own deeds. In short, the specifically human phenomena

linked with one another: self-consciousness and conscience, would not be understandable unless we interpret man in terms of a being capable of detaching himself from himself, leaving the 'plane' of the biological and psychological, passing into the 'space' of the noological. This specifically human dimension, which I have titled noological is not accessible to a beast.

The specifically human capacity of self-detachment is mobilized and utilized for therapeutic purposes in a special Logotherapeutic technique called paradoxical intention. Only recently the clinical director of the Connecticut Valley Hospital, Dr. Hans O. Gerz, published a paper in the *Journal of Neuropsychiatry* (August, 1962) on the treatment of very severe cases of obsessive-compulsive and phobic neurosis by applying this psychotherapeutic method. The results as presented in his paper are indeed astonishing and I recommend his report to you. A clear and concise illustration of paradoxical intention may be seen in a case which has been included in my book *Man's Search for Meaning: An Introduction to Logotherapy* (Beacon Press, Boston, 1963).

The patient was a bookkeeper who has been treated by many doctors and in several clinics without any therapeutic success. When he came to my clinic he was in extreme despair, admitting that he was close to suicide. For some years he had suffered from a writer's cramp which had recently become so severe that he was in danger of losing his job. Therefore, only immediate short-term therapy could alleviate the situation. In starting treatment my associate recommended to the patient that he do just the opposite from what he usually had done; namely, instead of trying to write as neatly and legibly as possible, to write with the worst possible scrawl. He was advised to say to himself, "Now I will show people what a good scribbler I am!" And at that moment in which he deliberately tried to scribble, he was unable to do so. "I tried to scrawl but simply could not do it," he said the next day. Within forty-eight hours the patient was in this way freed from his writer's cramp, and remained free for the observation period after he had been treated. He is a happy man again and fully able to work.

A sound sense of humor is inherent in this technique. This is understandable since we know that humor is a paramount way of putting distance between something and oneself. One might say as well, that humor helps man rise above his own predicament by looking at himself in a more detached way. So humor would also have to be located

in the noetic dimension. After all, no animal is able to laugh, least of all at himself.

Another instance of paradoxical intention, with regard to stuttering, was reported to me by the chief of the psychiatric department of the University of Mainz in West Germany. When he was in Junior High School his class was to present a play. One of the characters was a stutterer and so they gave this role to a student who actually stuttered. Soon, however, he had to give up the role because it turned out that when standing on the stage he was completely unable to stutter. He had to be replaced by another boy.

The basic mechanism underlying the technique of paradoxical intention can perhaps best be illustrated by a joke which was told to me some years ago: "A boy who came to school late offered as an excuse to the teacher the fact that the icy streets were so slippery that whenever he moved one step forward he slipped two steps back again. Thereupon the teacher retorted: "Now I have caught you in a lie—if this had been true, how could you ever succeed in arriving at school?" Whereupon the boy calmly replies: "I finally turned around and went home!"

I am convinced that paradoxical intention is not at all a procedure which just moves on the surface of a neurosis, but rather enables the patient to perform on a deeper level a radical change of attitude, and a wholesome one at that. However, there are attempts at explaining the undeniable therapeutic effects obtained by this Logotherapeutic technique on the grounds of psychodynamic interpretations. One of the doctors on my staff at the Vienna Poliklinik Hospital, for instance, a fully-trained Freudian, presented to the oldest Psychoanalytic Society in the world—the Viennese one—a paper on paradoxical intention explaining its successes exclusively in psychodynamic terms. While he was preparing the paper, it happened that he was consulted by a patient suffering from a severe agoraphobia and tried paradoxical intention on her. But, unfortunately, after one session she was free from any complaints and it was very difficult for him to get her to return for more sessions in order to find out the psychodynamics underlying the cure!

## THE WILL TO MEANING

Now let us turn to the second basic assumption after freedom of will: will to meaning. For didactic reasons the will to meaning has been

counterposed by way of a heuristic oversimplification to both the pleasure principle which is so pervasive in psychoanalytic motivational theories and the will to power, the concept which plays such a decisive role in Adlerian psychology. I do not weary of contending that actually the will to pleasure is a self-defeating principle inasmuch as the more a man would really set out to strive for pleasure the less he would gain it. This is due to the fundamental fact that pleasure is a by-product, or side-effect, of the fulfillment of our strivings; but destroyed and spoiled to the extent to which it is made a goal or the target. The more a man aims at pleasure by way of a direct intention, the more he misses the aim. And this, I venture to say, is a mechanism etiologically underlying most cases of sexual neurosis. Accordingly, a Logotherapeutic technique based on this theory of the self-thwarting quality of pleasure intention yields remarkable short-term results which have been shown to be available even to psychodynamically-oriented therapists on my staff. One of them, to whom I have assigned the responsibility for treatment of all sexually neurotic patients, has used this technique exclusively—in terms of a short-term procedure which has been the only one indicated in the given setting.

In the last analysis, it turns out that both the will to pleasure and the will to power are derivatives of the original will to meaning. Pleasure, as mentioned above, is an effect of meaning fulfillment; power is a means to an end. A certain amount of power, such as economic or financial power, is generally a prerequisite of meaning fulfillment. Thus we could say that the will to pleasure mistakes the effect for the end; while the will to power mistakes the means to an end for the end itself.

Actually, however, we are not justified in speaking of a will to pleasure, or power, since psychodynamically-oriented schools assume that man follows the actual goals of his behavior unwillingly and unwittingly. By this I refer to the fact that most of the pertinent motivational theories maintain that conscious motivations are not the real motivations. Erich Fromm, for instance, only recently (*Beyond The Chains of Illusion*, Simon and Schuster, New York, 1962, p. 38) spoke of “the motivating forces which make man act in certain ways, the drives which propel him to strive in certain directions.” As for myself, however, it is not conceivable that man be really driven to strivings; I would say, either he is striving, or he is driven. *Tertium non datur*. Ignoring this difference, or better, sacrificing one phenomenon to another, is a procedure not worthy of a scientist. It rather means preserving a



selective blindness toward facts in favor of one's adherence and obedience to hypotheses, such as the assumption that man "is lived by" his instincts. Since the man whom I just quoted is Sigmund Freud, let me, for the sake of justice, add another statement which is not as well known as the former one. You find it in a book review written by him in 1889 in the *Wiener Medizinische Wochenschrift*. Therein Freud says: "Reverence before the greatness of a genius is certainly a great thing. But our reverence before facts should exceed it."

Anyway, Freud—and consequently his epigones—have taught us always to see something behind, or beneath, human volitions: unconscious motivations. underlying dynamics. Freud never took a human phenomenon at its face value, to adopt the formulation used by Gordon W. Allport: "Freud was a specialist in precisely those motives that cannot be taken at their face value" (*Personality and Social Encounter*, Beacon Press, Boston, 1960, p. 103). Does this, however, imply that there are no motives at all which should be taken at their face value? Such an assumption would, in my opinion, be tantamount to what a man said when he was shown a stork: "Oh, I thought the stork didn't exist!" Does the fact that this bird has been misused to hide the facts of life from children—does this fact detract from the reality of a stork?

The reality principle is, according to Freud's own words, a mere extension of the pleasure principle, serving the latter's purposes. But one could say as well that the pleasure principle itself is a mere extension working in the service of a wider concept called the homeostasis principle. Ultimately, the psychodynamic concept of man presents him as a being basically concerned with maintaining or restoring his inner equilibrium, and, in order to do so, he is trying to gratify his drives and satisfy his instincts. Even in the perspective in which man has been portrayed by Jungian psychology, human motivation is interpreted along this line.

They, too, are mythical beings (as Freud called the instincts) and, again, man is seen as a being concerned with getting rid of tensions, be they aroused by drives and instincts claiming their gratification and satisfaction, or by archetypes urging their materialization. In any case, reality, the world of beings and meanings, is debased and degraded to a pool of more or less usable instruments to be used to get rid of various stimuli such as irritating Superegos or archetypes. What has been sacrificed, however, and hence totally eliminated in this view of man, is the fundamental fact which lends itself to a phenomenological

analysis, namely, that man is a being encountering other beings and reaching out for meanings to fulfill.

And this is precisely the reason why I speak of a will to meaning rather than a need for meaning, or a drive to meaning. If man were really driven to meaning he would embark on meaning fulfillment solely for the sake of getting rid of this drive, in order to restore homeostasis within himself; at the same moment, however, he would no longer be really concerned with meaning itself but rather with his own equilibrium and, thus, in the final analysis, with himself.

In addition, it may have become clear that a concept such as *self-actualization*, or *self-realization*, is not a sufficient ground for a motivational theory. This is mainly due to the fact that self-actualization also belongs to a certain class of phenomena which can only be obtained in terms of a side-effect but are thwarted precisely to the extent to which they are made a matter of direct intention. Self-actualization is a good thing; however, I deem that man can only actualize himself to the extent to which he fulfills meaning—then, self-actualization occurs by itself, automatically, as it were; while it is destroyed, and spoiled, like pleasure, when it is aimed at, or made an end in itself.

When I was lecturing at Melbourne University some years ago, I was given as a souvenir an Australian boomerang. In contemplating this unusual gift, it became clear to me that, in a sense, it was a symbol of human existence. Generally, it is true, one assumes that a boomerang returns to the hunter; but actually, I have been told in Australia, only that boomerang comes back to the hunter which has missed its target, the prey. Well, man also returns to himself, being concerned with his self, only after he has missed his mission, having failed to find a meaning in his life.

One of my assistants, Ernest Keen, during a teaching period at the Harvard Summer School, devoted his doctoral dissertation to demonstrating that the short-comings of Freudian psychoanalysis have been compensated for by Heinz Hartmann's ego psychology; and the deficiencies of ego psychology, in turn, by Erikson's identity concept. However, Keen contends, a last link has still been missing, and as he sees it, the completion and solution is offered by Logotherapy. In fact, I believe that man should not, indeed cannot, struggle for identity in a direct way but finds identity to the extent to which he commits himself to something if, beyond himself, to a cause greater than himself. No one has put it as marvelously as Karl Jaspers did when he said:

“What man is he ultimately becomes through the cause which he has made his own.”

Also, the other of my Harvard assistants, Rolf von Eckartsberg, in a paper delivered in Allport's seminar, has pointed out the insufficiency of the role-playing concept by which the very problem behind it, that is, the problem of choice and value, is obscured and shunted. For again the problem reads: which role to adopt, which cause to advocate? We are not spared decision-making.

The same holds for those who teach that both man's ultimate destination and primary intention is to develop his potentialities. In a paper published in the *Journal of Existential Psychiatry* I have already cited the example of Socrates who confessed that he had within himself the potentiality to become a criminal, but decided to turn away from materializing this potentiality, and this decision, we could add, was the point, after all.

But let us ask now what might be behind all these stories told to man: that he should just try to live out his inner potentialities, or—as it is also put—to express himself? It is my contention that the hidden motive is to lessen the tension aroused by the gap between what a man is, and what he ought to become; the tension between the actual state of affairs, and the ideal one which he is to materialize; the tension between existence and essence, or as we could say as well, between being and meaning. In fact, preaching that man need not worry about ideals and values since they are nothing but 'self-expressions' and therefore he should just embark on the actualization of his own potentialities—all this is good news, a happy message; for, thereby, man is told, as it were, that he need not reach out for the stars, to bring them down to earth, for everything is all right, is already present, at least in the form of potentialities to actualize.

Pindar's imperative: become what you are, is then deprived of its imperative quality and transmuted into an indicative statement, namely, that man has been all along what he should become! He, therefore, need not reach out for the stars, to bring them down to earth, for the earth is itself a star!

However, the tension between being and meaning is ineradicable in man. It is inherent in being human. And that is why it is also indispensable for mental well-being. Thus, we have started from man's meaning orientation, i.e., his will to meaning; and now we have arrived at another problem, namely, his meaning confrontation. The first issue

refers to what man basically is: oriented toward meaning; the second refers to what he should be: confronted with meaning.

Well, confronting man with values which are interpreted merely as his self-expression would not do. All the less would it be the right start to have him see in values "nothing but defense mechanisms, reaction formations, or rationalizations of his instinctual drives," as the two most outstanding psychoanalytically oriented workers in the field have defined them. My own reaction to this theorizing is that I would not be willing or ready to live for the sake of my defense mechanisms, much less to die for the sake of my reaction formations.

On the other hand, it could well be that in a given case and setting, the indoctrination of a patient along the lines of psychodynamic interpretations serves the purpose of what I should like to call *existential rationalization*. If I am taught that my concern with an ultimate meaning to my life is no more than, say, a way of coming to terms with my early childhood Oedipal situation, then my concern can be analyzed away, along with the existential tension aroused by it.

This is different in Logotherapy. Logotherapy does not spare man's being confronted with the specific meaning which he has to carry out and which we have to help him find. Donald F. Tweedie, in his book "Logotherapy and the Christian Faith," has referred to what once happened in my office when an American visitor to Vienna asked me to tell him the difference between Logotherapy and psychoanalysis in one sentence. Thereupon, I invited him to tell me, in the first place, what he regarded as the essence of psychoanalysis; and when he replied: "In psychoanalysis the patient must lie down on a couch and tell you things which sometimes are disagreeable to tell," I quickly retorted: "Well, in Logotherapy he is allowed to sit erect but must hear things which sometimes are disagreeable to hear!"

What Erwin Straus so rightly has stressed, namely, that in existential thinking the otherness of the other being should not be blurred, also holds true for meaning. The meaning which a being has to fulfill is something beyond himself and never just himself. Only if his otherness is retained by meaning, can meaning exert upon a being that demand quality which yields itself to a phenomenological analysis of our experience of existence. Only a meaning which is not just an expression of the being itself means to this being a true challenge. You remember what is told in the Bible: God's glory preceding in the form of a cloud when Israel wandered through the desert: only in this way

was it possible that Israel was guided by God. Imagine, on the other hand, what would have happened if God's presence, the cloud, had dwelled in the midst of Israel. Rather than leading them the right way, this cloud would have clouded everything, and Israel would have gone astray.

What I mean is that meaning must not coincide with being; meaning must be ahead of being; *meaning sets the pace of being*. Existence falters unless it is lived in terms of transcendence toward something beyond itself. Viewed from this angle, we might distinguish between people who are pacemakers while others are peacemakers: the former confront us with meanings and values, thus supporting our meaning orientation; while the latter alleviate the burden of meaning confrontation. A pacemaker, in this sense, was Moses; he did not soothe man's conscience but rather stirred it up. Moses confronted his people with the Ten

Commandments and did not spare them being confronted with ideals and values.

And there is the other type of peacemakers. They appease people; they try to reconcile them with themselves. Let's face facts, they say. Why worry about one's shortcomings? Only a minority lives up to ideals. So let's forget them; and let's care for peace of mind, or soul, rather than those existential meanings which just arouse tensions in human beings.

What the peacemakers overlook is the wisdom laid down in Goethe's warning: "If we take man as he is, we make him worse; if we take him as he ought to be, we help him become it."

Once meaning orientation turns to become meaning confrontation, the stage of maturation and development is reached where freedom—this concept so much emphasized by existentialist philosophy—turns to be responsibility. Man is responsible for the fulfillment of the specific meaning of his personal life. But he is also responsible before something, or to something, be it society, or humanity, or mankind, or his own conscience. However, there is a significant number of people who interpret their own existence not just in terms of being responsible to something but rather to someone, namely, to God. As for Logotherapy, as a secular theory and medical practice, it must restrict itself to such a factual statement, leaving to the patient the decision as to how to understand his own being responsible: whether along the lines of religious beliefs or agnostic convictions. Logotherapy must remain

available for everyone; to this I would be obliged to adhere, if for no other reason, by my Hippocratic oath. Logotherapy is applicable in cases of atheistic patients, and usable in the hands of atheistic doctors. In any case, Logotherapy sees in responsibility the very essence of human existence. Capitalizing responsibility to this extent, a logotherapist cannot spare his patient the decision for what, and to what, or to whom, he feels responsible.

A Logotherapist is not entitled consciously to influence the patient's decision as to how to interpret his own responsibility, or as to what to embrace as his personal meaning. Anyone's conscience, as anything human, is subject to error but this does not release man from his obligation to obey it—existence involves the risk of error. He has to risk committing himself to a cause not worthy of his commitment. Perhaps my commitment to the cause of Logotherapy is erroneous. But I prefer to live in a world in which man has the right to make choices, albeit wrong choices, rather than a world in which no choice at all is left to him. In other words, I prefer a world in which, on the one hand, a phenomenon such as Adolf Hitler may occur, and, on the other hand, phenomena such as the many saints who have lived—I prefer this world to a world of total, or totalitarian, conformism and collectivism in which man is debased and degraded to a mere cogwheel functioning in the service of a party or the government.

### THE MEANING OF LIFE

Meanwhile, we have reached the point where the third basic assumption comes in: after discussing freedom of will and will to meaning, meaning itself is now the problem. Well, no Logotherapist “prescribed” a meaning. But he may well “describe” it. What I mean is: in a purely descriptive way, just describing the way in which man really exists, or in a phenomenological way, he might widen and broaden the visual field of his patient as for meanings and values, making them loom, as it were. In the course of a growing awareness it might then finally turn out that life doesn't cease to hold and retain a meaning up to the very last moment. This is due to the fact that, as a phenomenological analysis yields, man not only finds his life meaningful through his deeds, his works, his creativity, but also through his experiences, his encountering what is true, good, and beautiful in the world, and, last but not least, his encounter with another, a fellow human being in his

very uniqueness. The grasping of another person in his uniqueness means loving him; but even in a situation in which man is deprived of both creativity and receptivity, he might still fulfill a meaning in his life, since precisely when facing such a fate, when being confronted with a hopeless situation—precisely then is he given a last opportunity to fulfill a meaning, nay, to realize even the highest value, to fulfill even the deepest meaning, and that is the meaning of suffering. It goes without saying that suffering can be meaningful only if the situation cannot be changed—otherwise we would not have to deal with heroism but rather masochism.

Let me summarize: Life can be made meaningful in a threefold way: First, through what we *give* to life (in terms of our creative works); second, by what we *take* from the world (in terms of our experiencing values, be it in nature, or in culture); and third, through *the stand we take* toward a fate we no longer can change (an incurable disease, an inoperable cancer or the like). However, even apart from this, man is not spared facing his human condition which includes what I call the tragic triad of human existence, namely, pain, death, and guilt. By pain, I mean suffering; by the two other constituents of the tragic triad, I mean the twofold fact of man's mortality and fallibility.

Stressing these tragic aspects of man's life is not as superfluous as it may seem to be at first sight. In particular, the fear of aging and dying is pervasive in the present culture, and Edith Weisskopf-Joelson of Purdue University has claimed that Logotherapy might help counteract these particularly widespread American anxieties. As a matter of fact, it is my contention, and a tenet of Logotherapy, that life's transitoriness does not in the least detract from its meaningfulness. The same holds for man's fallibility. So there is no need to reinforce our patients' escapism before the tragic triad of existence.

And now let me come back for a moment to suffering. You may have heard the story which I so much like to tell my audiences because it proves to be so helpful in "making the meaning of suffering loom". An old doctor consulted me in Vienna because he could not get rid of a severe depression caused by the death of his wife. I asked him, "What would have happened if you had died first and your wife would have had to survive you?" Whereupon he said: "This would have been terrible for her—how she would have suffered!" I then added, "Well, your wife has been spared this suffering and it was you who spared her. But now, as it were, you have to pay for it, by surviving and mourning her."



The old man suddenly saw his plight in a new light, re-evaluating his suffering in the meaningful terms of a sacrifice for the sake of his wife.

Even if this story is well-known to you, what is unknown is a comment which was given by an American psychoanalyst some months ago. After hearing this account, he stood up and said, "I understand what you mean, Dr. Frankl; however, if we start from the fact that obviously your patient had only suffered so deeply from the death of his wife because unconsciously he had hated her all along . . ."

If you are interested in hearing my reaction, here it is: It may well be that after having the patient lie down on your couch for 500 hours, you will have brain-washed and indoctrinated him to the point where he confesses, like the communists behind the iron curtain in the course of what they call self-criticism: "Yes, Doctor, you are right, I have hated my wife all along, I have never loved her at any time..." "But then," I told my discussant, "you would have succeeded in depriving that old man of the only precious treasure he still possessed, namely, this ideal marital life they had built up, their true love ... while I succeeded, within a minute, in bringing about a significant reversal of his attitude, or let me frankly say: in bringing consolation."

One's will to meaning can only be elicited if meaning itself can be elucidated as something which is essentially more than his mere self-expression. This implies a certain degree of objectiveness, and without a minimum amount of objectiveness meaning would never be found worthwhile to be fulfilled. We do not just attach and attribute meanings to things, but rather find them; we do not invent them, we detect them. (No more than this is meant when I speak of the objectiveness of meaning.) On the other hand, however, an unbiased investigation would also reveal a certain subjectiveness inherent in meaning. The meaning of life must be conceived in terms of the specific meaning of a personal life in a given situation. Each man is unique, after all, and each man's life is singular; no one is replaceable nor is his life repeatable. This twofold uniqueness adds to man's responsibility. Ultimately, this responsibility derives from the existential fact that life is a chain of questions which man has to answer by answering for life, to which he has to respond by being responsible, by making decisions, by deciding which answers to give to the individual questions. And I venture to say that each question has only one answer, namely, the right one!



This does not imply that man is always capable of finding the right answer or solution to each problem, of finding the true meaning to his existence! Rather the contrary is true: as a finite being, he is not spared from erring and, therefore, has to take the risk of erring. Again, I must quote Goethe who once said: "We must always aim at the bull's eye—although we know that we will not always hit it." Or, as I would say in my prosaic language: we have to try to reach the absolutely best else we shall not even reach the relatively good.

While speaking of the freedom of will, I referred to meaning *orientation*; while speaking of the will to meaning, I referred to meaning confrontation; while speaking of the meaning of life, I now must refer to meaning frustration, or existential frustration. It represents the very collective neurosis of our time as I have tried to evidence elsewhere. The dean of students at one of the major universities of this country has told me that the experience of a total and ultimate meaninglessness of life, of that inner void and emptiness that I have termed the existential vacuum, is confronting him in his counseling work every day. Moreover, not a few instances of suicide among the students are evidently due to this state of affairs. What seems to be needed, at this time, may well be the installing of a "basis of convictions and beliefs so strong that they lifted individuals clear out of themselves and caused them to live, and die, for some aim nobler and better than themselves" This quotation came from an address to the Annual Convention of the American Association of School Administrators in which the group was urged to teach the students that "ideals are the very stuff of survival" (*The Detroit News*, Feb. 20, 1963). The speaker was not a Logotherapist, nor a psychotherapist, psychiatrist, or psychologist, but rather U. Col. John H. Glenn, Jr., America's best known astronaut. It is, in a symbolic sense, fitting that such a person should issue such a challenge, for I believe that indeed, "height" psychology is going to replace more and more the ancient and old fashioned 'depth' psychology.

PART II

PHILOSOPHICAL ASPECTS OF  
LOGOTHERAPY &  
EXISTENTIAL ANALYSIS

2.1

LOGOTHERAPY & EXISTENTIALISM

The present situation of psychotherapy is characterized by the rise of what is called in the United States existential psychiatry. In fact, Existentialism is one of the major features of present psychotherapy (Frankl, 1967). However, we have to remain aware that there are as many existentialisms as there are existentialists. Not only has each existentialist molded his own version, but each has a nomenclature different from the others. Such terms as existence and *Dasein* have meanings deviating from each other in the writings of Jaspers and Heidegger, for example.

Nonetheless, the existential authors in psychiatry do have something in common. However, it is only a favorite phrase which they so often use—and misuse—which reads: “being in the world.” Many authors seem to regard it a sufficient credential of existentialism to apply this phrase time and again. Most of these authors also misconceive Heidegger’s concept of being in the world. They interpret it in the direction of mere subjectivism—as though ‘the world in’ which a human being ‘is’—were nothing but a mere self-expression of the very same being himself.

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By speaking of 'being in the world,' these authors pretend to have overcome the split between object and subject. Yet, a truly phenomenological analysis would reveal that there is no such thing as cognition outside the polar field of tension between object and subject. To understand the phrase "being in the world," properly, one must recognize that being human means being engaged and entangled in a situation, and confronted with a world whose objectivity and reality is in no way detracted from by the subjectivity of that 'being' who is 'in the world.' However, misunderstandings in the field of existentialism may easily be understood. Here the terminology is sometimes esoteric, to say the least.

As to the position of Logotherapy, most of the authors agree that it falls under the category of existential psychiatry. Pertinent statements have been made by Pervin (1960), Kazcanowski (1960; 1965), Ungersma (1961), Tweedie (1961; 1963), Allport (1962), Crumbaugh and Maholick (1963; 1964) and Leslie (1963; 1965). In fact, as early as in the 1930s I coined the word *Existenzanalyse* as an alternative name for Logotherapy (Frankl, 1965a; 1965b)—a term which I had already coined in the twenties. Later on, when American authors started publishing in the field of Logotherapy, they introduced the term 'existential analysis' (Polak, 1949; Weisskopf-Joelson, 1958; Birnbaum, 1961) as a translation of *Existenzanalyse*. Unfortunately, other authors did the same with the word *Daseinsanalyse*—a term which, in the forties, had been selected by the late Ludwig Binswanger, the great Swiss psychiatrist, to denote his own teachings and henceforth existential analysis became quite an ambiguous word. In order not to add to the confusion, I decided to refrain more and more from using the term existential analysis insofar as my publications in English were concerned—at the risk, to be sure, of speaking of Logotherapy even in a context where no therapy in the proper sense of the word was involved. For example, what I call medical ministry forms an important aspect of the practice of Logotherapy but is indicated precisely in those cases where actual therapy is impossible—simply because the patient faces an incurable disease. To be sure, in the widest possible sense Logotherapy is treatment even then—it is treatment of the patient's attitude toward his unchangeable fate.

Logotherapy has not only been subsumed under the heading of existential psychiatry but also has been acclaimed, within this province, as the only school which has succeeded in developing what one might

he justified in calling a technique. (This at least is the contention of such authors as Ungersma, Tweedie, Leslie, Kazcanowski and Crumbaugh.) This does not imply that we Logotherapists are too proud of this fact. He have long realized that what counts in therapy is not techniques but rather the human relation between doctor and patient, or the personal and existential encounter, Again I have used a typically existential phrase which has all too often been misused. I had an opportunity to discuss with Martin Buber the oversimplification of his concept of encounter, particularly on the American scene.

A purely technological approach to psychotherapy may block its therapeutic effect. Some time ago I was invited to lecture at an American university before a team of psychiatrists who had been assigned the care of evacuees after a hurricane catastrophe. I selected the title 'Techniques and Dynamics of Survival' which obviously pleased the sponsors of my lecture very much. But when I started this lecture I frankly told them that as soon and as long as we actually interpret our assignment merely in terms of techniques and dynamics we have missed the point—and we have missed the hearts of those to whom we wish to offer mental First Aid in their predicament. Approaching human beings merely in terms of techniques necessarily implies manipulating them. Approaching them merely in terms of dynamics implies reifying them, making human beings into mere things.<sup>1</sup> And these human beings immediately feel and notice the manipulative quality of our approach and our tendency to reify them.

When, on the occasion of another lecture tour, I was asked to address the prisoners at San Quentin, I was assured, afterwards, that in a way it was the first time they had really felt understood. I had just taken them as human beings—and not mistaken them as mechanisms to repair. I had just interpreted them in the same way as they had interpreted themselves all along, that is to say, in terms of being free and responsible—and I had not offered them a cheap escape from feelings of guilt by conceiving of them as victims of biological, psychological or sociological conditioning processes. Nor had I taken them as helpless pawns on the battleground of Id, Ego and Superego. I had not provided them with an alibi. Guilt had not been taken away from them. I had not explained it away. I had taken them as peers. They learned that

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1 A human being is not nothing, but rather no thing. This no-thingness rather than nothingness is the lesson to learn from existentialism.

it was a prerogative of man to become guilty—and his responsibility to overcome guilt.

What else did I implement when addressing the prisoners at San Quentin if not phenomenology in the truest sense? In fact, phenomenology is an attempt to describe the way in which man understands himself and interprets his own existence, far from preconceived explanations such as are furnished by psychodynamic or socio-economic hypotheses. In adopting the phenomenological methodology, Logotherapy, as Paul Polak once put it, tries to couch man's unbiased self-understanding in scientific terms.

Let me again take up the issue of technique versus encounter. Psychotherapy is more than technique in that it is art, and goes beyond pure science in that it is wisdom.

But even wisdom is not the last word. In a concentration camp I once saw the body of a woman who had committed suicide. Among the effects was a scrap of paper with the words, "More powerful than fate is the courage that bears it." Despite this motto she had taken her life. Wisdom requires the human touch.

Recently I received a telephone call at three in the morning from a lady who told me that she was determined to commit suicide but due to her curiosity wished to hear what I would say. I evolved all the arguments speaking against this resolution and for survival, and I talked to her for 30 minutes—until she finally gave her word that she would not take her life but rather would come to see me in the hospital. But when she visited me there it turned out that no one of all the arguments presented by me had impressed her. The only reason why she had decided not to commit suicide was the fact that, rather than growing angry because of having been disturbed in my sleep in the middle of the night, I had patiently listened to her and talked with her for half an hour, and a world, she found, in which this can happen, must be a world worth living in.

In psychotherapy, it is mainly to the credit of the late Ludwig Binswanger that the human being has been reinstated in his humanness. More and more the I-Thou relation could be regarded the heart of the matter. Yet another step was due. There was a dimension still to be entered. Because the *intentional referent* (defined below) of the I-Thou relation had not yet been considered. The encounter between I and Thou cannot be the whole story. Due to the essentially self-transcendent quality of human existence *man is a being reaching*

*out beyond himself.* (Frankl, 1966b) Therefore, if Martin Buber along with Ferdinand Ebner interprets human existence basically in terms of a dialogue between I and Thou, we must recognize that this dialogue defeats itself unless I and Thou transcend themselves.

If you take up those forms which you find in an American office, you may read: *From (the desk of) ... to ... R.E: . . .* From this you may learn that the true dialogue is more than a mere talk between I and Thou. Speaking *from I to Thou* always *refers to* something, and unless this point of reference is not included, the dialogue remains a dialogue without logos.

In psychotherapy, what encounters one another is not two monads, but rather human beings of which one confronts the other with logos, i.e. the meaning of being.

By placing an emphasis on an encounter I to Thou, *Daseinsanalyse* has made the partners of such an encounter truly listen to one another and thus freed them from their ontological deafness, one could say. But we still have to free them from their ontological blindness; we still have to make the meaning of being shine forth. This is the step taken by Logotherapy. Logotherapy goes beyond *Daseinsanalyse* (or, to adopt the translation by Jordan M. Scher, ontoanalysis) in that it is not only concerned with *ontos* or being, but also with logos or meaning (Frankl, 1966c). This may well account for the fact that Logotherapy is more than mere analysis, namely, as the very name indicates, it is therapy. In a personal conversation, Ludwig Binswanger felt that, as compared with ontoanalysis, Logotherapy was more activistic, and even more, that Logotherapy could lend itself as the therapeutic supplement to ontoanalysis.

By way of a deliberate over-simplification for didactic purposes one could define Logotherapy by the literal translation as healing through meaning. What in Logotherapy is called the will to meaning indeed occupies a central place in the system. It refers to the fact which reveals itself to a phenomenological analysis, namely, that man is basically striving to find and fulfill meaning and purpose in life. Today, the will to meaning is often frustrated. In Logotherapy, one speaks of existential frustration. Patients who fall into this diagnostic category usually complain of a sense of futility and meaninglessness or of emptiness and a void. In Logotherapy, this condition is termed "existential vacuum." As to its etiology it seems to me to be due to the following facts. First, in contrast to an animal no drives and instincts tell man

what he must do. Second, in contrast to former times, no conventions, traditions and values tell him what he should do. Soon, one may predict, he will not *even know* what he basically wishes to do. All the more he simply will wish to do what other people do, or he just will do what other people want him to do. That is to say, he will fall prey to conformism or totalitarianism, respectively, the first being representative for the West, the second being representative for the East.

The existential vacuum constitutes the mass neurosis of our age. In a recent publication, a Czechoslovakian psychiatrist, Stanislav Kratochvil, has pointed out that existential frustration makes itself felt even in Communist countries. In cases in which existential frustration produces neurotic symptoms, one is dealing with a new type of neurosis which I call 'noogenic neurosis.' It goes to the credit of James C. Crumbaugh to have developed a special test diagnostically to differentiate the noogenic neurosis from the conventional neuroses. After publishing the results obtained by his Purpose-in-Life Test (PIL) together with Leonard T. Maholick (1964) he delivered an amplified version before the annual meeting of The American Psychological Association, the data having been based on a total of 1,151 subjects. Crumbaugh arrived at the conclusion that "noogenic neurosis exists apart from the conventional diagnostic categories" and is not "identical with any of the conventional diagnostic syndromes." It represents "a new clinical syndrome which cannot be adequately comprehended under any of the classical descriptions. Present results lend support" and are "favorable to Frankl's concepts of noogenic neurosis and existential vacuum." Along with the empirical corroboration and confirmation of Logotherapeutic concepts as furnished by Crumbaugh, statistical research has been conducted referring to the frequency of noogenic neurosis. Werner in London, Langen and Volhard in Tübingen, Prill in Würzburg, and Niebauer in Vienna agree in so far as they estimate that about 20 per cent of the neuroses one encounters are noogenic in nature and origin.

It goes without saying that meaning and purpose in life cannot be prescribed like a drug. It is not the job of a doctor to give meaning to the patient's life. But it may well be his task, through an existential analysis, to enable the patient to *find* meaning in life. And, according to Logotherapeutic teachings, meaning is not really lacking in any life situation. This is due to the fact that even the negative aspects of human existence such as suffering, guilt, and death can still be turned

into something positive, provided that they are faced with the right attitude. Needless to say, meaning can be found only in unavoidable suffering whereas accepting avoidable pain would form some sort of masochism rather than heroism. As a matter of fact, unavoidable suffering is inherent in the human condition and the therapist should take heed not to reinforce the patient's evasive denial of this existential fact.

Logotherapy, far from being a panacea, is indicated in certain cases and contraindicated in others (Frankl, 1960; Gerz, 1962, 1966; Crumbaugh, 1965; Frankl, 1966). First, it is applicable in cases of neurosis. Here another distinction between Logotherapy and ontoanalysis comes to the fore. Binswanger contributed to psychiatry a better understanding of the psychotic mode of being in the world. In contrast, Logotherapy does not aim at a better understanding of psychosis but rather at a shorter treatment of neurosis. Another oversimplification, to be sure.

Some authors contend that Binswanger applies Heideggerian concepts to psychiatry while Logotherapy is the result of an application of Max Scheler's concepts to psychotherapy.

What about Freud and Adler? Is Logotherapy less indebted to them? By no means. In the first paragraph of my first book I express this indebtedness through the analogy of the dwarf who, standing on the shoulders of a giant, sees a bit farther than the giant himself. After all, psychoanalysis is, and will remain forever, the indispensable foundation of each and every psychotherapy, including any future schools. However, it will also have the fate of a foundation, that is to say, it will become invisible to the extent to which the proper building is erected on its basis.

Freud limited his research to the foundations, the deeper layers, the lower dimensions of human existence. In a letter to Binswanger he said: "I have always confined myself to the ground floor and basement of the edifice" called man. (Binswanger, 1957)

Freud (1889) once expressed his conviction that reverence before a great master is a good thing but should be surpassed by our reverence before facts. Let us now try to reinterpret Freud's psychoanalysis in the light of those facts which came to the fore only after Freud had died.

Such a reinterpretation of psychoanalysis will deviate from Freud's own self-interpretation. Columbus believed that he had found a new way to India. Meanwhile, he had discovered a new continent. There is a



similar difference between what Freud believed and what he achieved. Freud believed that man could be explained by mere mechanisms and that his psyche could be cured by mere techniques. This was what he believed. But what he achieved was something different, something still tenable, provided we re-evaluate it in the light of existential facts. Let us see what then turns out.

Freud once stated that psychoanalysis rests on the recognition of two concepts, repression as the cause of neurosis and transference as its cure. Whoever believes in the importance of these concepts may justifiably consider himself a psychoanalyst.

Repressed material should be counteracted by growing awareness. As Freud put it, where Id had been, Ego should become. Freed from the eggshells of the mechanistic ideology of the 19th century, seen in the light of the existentialist philosophy of the 20th century, one could say that psychoanalysis promotes the self-understanding of man.

Similarly, the concept of transference can be refined and purged. The Adlerian psychologist Rudolf Dreikurs once pointed to the manipulative quality inherent in the Freudian concept of transference (Dreikurs, 1960). Freed from its manipulative quality transference could be understood as a vehicle of that human and personal encounter which is based on the I-Thou relation. Relating the two concepts, self-understanding is reached only through encounter. In other words, Freud's statement, "where Id is, Ego should be," could be enlarged: *Where Id is, Ego should be; but the Ego only can become Ego through a Thou.*

As to that material which had fallen prey to repression, Freud believed that it was sex. In fact, at his time sex was repressed even on a mass level. This was partly due to the Puritanism prevalent in Anglo-Saxon countries. Small wonder that it was these countries which proved most receptive to psychoanalysis—and resistant to those schools of psychotherapy which went beyond Freud.

To identify psychoanalysis with psychology or psychiatry is as mistaken as to identify Marxism with sociology. To be sure, indoctrination—Western as well as Eastern style—may blur the difference between sect and science.

In a way, however, the place of Freud in the history of psychotherapy is irreplaceable. In the oldest synagogue of the world, Prague's medieval *Alt-Neu Synagogue*, the guide shows visitors the seat once occupied by the famous Rabbi Loew. It has never been taken over by any

of his successors—for them another seat was set up—because Rabbi Loew could never be replaced, no one could match him, and for centuries no one was allowed to sit in his seat.

The chair of Freud should also be kept empty.

### BIBLIOGRAPHY

- Binswanger, L., (1957) *Reminiscences of a Friendship*, New York: Grune and Stratton, p. 96.
- Birnbaum, F., (1961) Frankl's Existential Psychology from the Viewpoint of Individual Psychology. *J. med. Psychol.* 17, 162.
- . & Maholick, L. T., (1963) The Case for Frankl's 'Will to Meaning'. *Journal of Existential Psychology* 4, 43.
- . & Maholick, L. T., (1964) An Experimental Study in Existentialism: The Psychometric Approach to Frankl's Concept of Noogenic Neurosis. *Journal of Clinical Psychology* 20, 200
- . (1965) The Application of Logotherapy. *Journal of Existentialism.* 5, 403.
- Dreikurs, R., (1960) The Current Dilemma in Psychotherapy. *J. Existent. Psychiatry* 1, 187206.
- Frankl, V.E., (1960) Paradoxical Intention: A Logotherapeutic Technique. *American Journal of Psychotherapy* 14, 520.
- . (1962) *Man's Search for Meaning: An Introduction to Logotherapy*. Pref. by Gordon W. Allport, Boston: Beacon Press
- . (1965a) *The Doctor and the Soul: From Psychotherapy to Logotherapy*. Second edition. New York: Knopf
- . (1965b) The Concept of Man in Logotherapy. *J. Existent.* 6, 53.
- . (1966) Logotherapy and Existential Analysis: A Review. *American Journal of Psychotherapy*, 20, 252.
- . (1967) *Psychotherapy and Existentialism: Selected Papers on Logotherapy*. New York: Washington Square Press
- Freud, S., (1889) Über Forel: Der Hypnotismus, seine Bedeutung und seine Handhabung. *Wiener medizinische Wochenschrift*, 34, 1098.
- Gerz, H. O. (1962) The Treatment of the Phobic and the Obsessive-Compulsive Patient Using Paradoxical Intention. *J. Neurosych.*, 3, 375.
- . (1966) Experience with the Logotherapeutic Technique of Paradoxical Intention in the Treatment of Phobic and Obsessive-Compulsive Patients. *Journal of Psychiatry*, 123, 548.
- Leslie, R.C., (1963) Book Review, *Journal Of Religion & Health*, 2, 169.
- . (1965) *Jesus and Logotherapy: The Ministry of Jesus as Interpreted Through the Psychotherapy of Viktor Frankl*. New York: Abingdon Press

- Pervin, L.A., (1960) Existentialism, Psychology and Psychotherapy. *Amer. Psychol.* 15, 305-9.
- Polak, P., (1949) Frankl's Existential Analysis. *American Journal of Psychotherapy* 3, 517.
- Tweedie, D.F., (1961) *Logotherapy and the Christian Faith: An Evaluation of Frankl's Existential Approach to Psychotherapy*. Grand Rapids: Baker Book House
- Tweedie, D.F., (1963) *The Christian and the Couch: An Introduction to Christian Logotherapy*. Grand Rapids: Baker Book House
- Ungersma, A.J., (1961) *The Search for Meaning: A New Approach to Psychotherapy and Pastoral Psychology*. Philadelphia: The Westminster Press
- Weisskopf-Joelson, E., (1958) Logotherapy and Existential Analysis. *Acta Psychotherapeutica*, 6, 193

## PHILOSOPHICAL BASIS OF PSYCHOTHERAPY

“Respect for greatness belongs definitely to the  
best attributes of human nature.

But it should not take precedence over a respect for facts.  
One should not hesitate to speak out if one rejects dependence  
on an authority because of one’s own judgment  
based on a study of the facts.”

Sigmund Freud,

*Wiener medizinische Wochenschrift*  
Nr. 39, 1889, p. 1098.

One of the statements of Freud most commonly quoted is that the narcissism of mankind has suffered three severe shocks: the first through the teaching of Copernicus, the second through that of Darwin and the third through that of Freud himself. We can easily accept the fact of the third shock. But of the other two we cannot understand why an explanation of the “where” or the “where from” of humanity should have been a shock. The dignity of man does not suffer in the least from the fact that he inhabits the earth, a planet of the sun, and is not the center of the universe. This fact does not affect the worth of man any more than the achievement of Freud is impaired because the greatest part of Freud’s life was not spent in the center of Vienna but in the ninth district of the city.

It is obvious that anything like the dignity of man depends on grounds other than his location in the material world. In brief, we are confronted here with a confusion of different dimensions of being, with a neglect of ontological differences.

Thus, if—in the sense of a *quaestio juris*—the right to make worth and dignity depend on spatial categories can be questioned then—in

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the sense of a *quaestio facti*—it is doubtful whether Darwinism degraded man's self-esteem. It would seem rather to have increased it. For it seems to us as if the progress-minded, progress-intoxicated generation of the Darwinian epoch was not at all conscious of being humbled, but seemed rather proud of the fact that their monkey-ancestors had progressed magnificently far, so far that nothing blocked the road any longer for further development, for 'superman.' Indeed, evolutionism had gone to man's head.

Let us remember that only within a materialistic frame of reference can we understand the excessive self-evaluation of psychoanalysis as expressed in its interpretation of 'shocks' to mankind. Only for materialists are light years a measure of greatness. Meanwhile many things have changed. Today, by far not all psychoanalysts are materialists. The mechanical affinity of their thinking, euphemistically called dynamics, was inherent in psychoanalysis from the beginning. After all it was Freud himself who called the psychoanalysts "incurable mechanics and materialists." But today we would speak less of their materialism, for the neglect of the dimension of the spiritual (not only in contrast to the physical but also to the psychical) is less vital. We would consider far more important the intentional neglect of those two constituents of human nature that—besides spirituality—are so basic for all human beings, freedom and responsibility. In other words, it is determinism that fashions the concept of man in psychoanalysis, at least in its practical, therapeutic consequences!

The reproach that psychoanalysis is pansexualist has long been obsolete. Every understanding critic admits that we can no longer speak of a pansexualism in the strict sense of the word. But what remains true is what we call pan-determinism, nothing escapes deterministic interpretations. But today even the walls of pan-determinism have begun to crumble. We might mention a statement of the American psychologist, C. R. Rogers, (1960) made at the convention of the American Psychological Association (during a symposium on existential psychology and psychotherapy) in Cincinnati on September 4, 1959. He said that one of the elements of existential thinking is the fact that man is spoken of as being free and responsible. For an American psychologist this is the most shocking of all statements. However, a student of Rogers had submitted a dissertation from which it was clear that a correctly made statistical factor analysis did not lead to the expected result: that the probability of recidivism of criminal indi-

viduals is best established when in concrete cases the social and family conditions are taken into consideration. The computation of correlation resulted rather in the fact that the determining factor at any given time is the degree of self understanding, of insight—or as we might say—the capacity for searching one's soul. Since that day, Rogers said, he believed again in the freedom of human volition.

In this connection I might mention an encounter between a prominent American psychoanalyst and a European Logotherapist. The latter had mentioned that he was going mountain climbing. The psychoanalyst shook his head and told the story of what he had experienced in his childhood, asking for understanding of his own lack of understanding and his horror of alpine adventures or even alpine ambitions. His father had taken him on excursions which were both boring and tiring. Then the Logotherapist told his story. He too had been taken on wanderings for hours and they too were fatiguing, hated and feared. But nevertheless he became an alpine climber. Apart from a number large enough to establish a 'level of confidence,' that is, statistical probability, any psychological prediction is an absurdity.

Nowadays it is admitted more and more that the physician's attitude affects the patient, regardless of what kind of attitude it is, whether it is pan-deterministic or one that recognizes the freedom of man. And this is true even if the physician's attitude is not spoken of explicitly during treatment. Professor Edith Weisskopf-Joelson of the Purdue University stated at the Unitarian Symposium no. 12 on November 13, 1959 in Cincinnati: "In this country the great majority of psychotherapists is quite sure that the therapist should in no way influence the patient regarding any hierarchy of values. Fundamental is the idea that under no circumstances ought the therapist take the lead but must rather restrict himself to encouraging the patient to bring his personality to its full development. These therapists usually say very little. However, a word often used is 'hm, hm'. When you investigate such therapeutic talks, you'll find that 'hm, hm' is a powerful word. You can do quite a lot by the way you say that 'hm, hm' and—under certain conditions, there can result something comparable to brain-washing. A psychologist at the University of Indiana asked students to indicate words to him just as they came to their mind. Whenever a student named a plural such as 'tables,' the experimenter would say 'hm, hm.' After a while the students spoke many more words in the plural than in the beginning of the experiment. 'Hm' is an important word.

The transference of a concept of man and a philosophy of life from the physician to the patient is especially hazardous when it takes place in a situation where the physician is, implicitly at least, seen as concerned only with the satisfaction of drives and the goal (in the sense of the hypothetical principle of homeostasis) of quieting the 'psychic apparatus' stirred up by its needs. In earlier psychoanalysis man was reduced to a mere must-do aspect. Through neo-psychoanalysis, no less one-sided, he is reduced to the aspect of can-do, for the goal is not so much a 'quieting' as self-actualization, the realization of one's possibilities. The theory of self-actualization sees life's purpose in the most complete development of the best potencies of the individual to lead to the most perfect satisfaction of that individual. The problem of value is put out of focus. It becomes the problem of discovering at any given time the best possibilities.

As opposed to this, we think that the possibilities with which we are here concerned are not the potentialities of self-realization but of the actualization of meaning and value. The fact that these are passing possibilities, that if not actualized disappear forever, only leads us to conclude that we must see man not only as free but also as responsible. This is to say that he is truly responsible for the realization of fleeting possibilities to fulfill the meaning of his personal life in its concrete conditions. He thus brings about their eternalization. They become actualized once and forever. To actualize something is to save its perishable and transitory character.

#### Philosophic Threshold Problems of Psychotherapeutic Practice

Interpretation of meaning presupposes that man is spiritual. Fulfillment of meaning takes for granted that he is free and responsible. These three existential elements are accessible only when we follow them into the noological sphere where man as a whole is transcending the psycho-biological level and establishing himself truly. But even on the psycho-biological level man's primary orientation to meaning shows itself, if only in the negative sense of its frustration. It is known that the total deprivation of sense impressions leads to hallucinations. This has been discovered in experiments touching preparations for outer space travel. Experiments carried out at Yale and Harvard have shown, though, that "it is not the absence of sense stimuli as such that produces the effects of deprivation of sensory impressions but rather the absence of meaningful stimuli." The conclusion is that "what the

brain needs to function normally is a continuous meaningful contact with environment."

However, due to limitations of the human mind only a particular meaning is accessible at any given time. The meaning of the whole surpasses the human power of apprehension. Only a borderline notion such as the one of 'suprameaning' helps the will-to-meaning. But there, then, knowledge becomes faith.

The physician nowadays must have the courage for such issues, if he takes his task seriously in treating a man, not only illnesses. For doubt about the meaning of life, the despair of a person because of the apparent lack of meaning in his life, is indeed not an illness, but a potential characteristic of the human being.

Formerly the sceptic and the man in despair went to his pastor. Today they come to the psychiatrist for advice and help. This matter of fact not only entitles the physician, but obliges him to respond, beyond physical and psychic illness, to the need of the patient as a man, not just as an invalid. To consider this a transgression of limits of his profession is as wrong as the overestimation of the spiritual.

#### BIBLIOGRAPHY

- Bühler, C., (1960) Die Wertproblematik der Psychotherapie in *Handbuch der Neurosenlehre and Psychotherapie*, hrsg. von Frankl, V.E., von Gebattel, V.E., und Schultz, J.H., vol. V, Muenchen & Berlin: Urban & Schwarzenberg
- Davis, J.M., McCourt, W.F., and Solomon, P., (1960) The effect of visual stimulation on hallucinations and other mental experiences during sensory deprivation in *American Journal of Psychiatry*, 116, p. 889.
- Frankl, V.E., (1945) *Aerztliche Seelsorge*, Wien: Franz Deuticke
- . (1949) *Der unbedingte Mensch, Metaklinische Vorlesungen*. Wien: Franz Deuticke
- . (1950) *Homo patiens. Versuch einer Pathodizee*. Wien: Franz Deuticke
- . (1956) *Theorie und Therapie der Neurosen. Einführung in Logotherapie und Existenzanalyse*. München & Basel: Ernst Reinhardt
- . (1959) *Das Menschenbild der Seelenheilkunde. Drei Vorlesungen zur Kritik des dynamischen Psychologismus*. Stuttgart: Hippokrates Verlag
- Freud, S. *Schriften, Londoner Ausgabe*, vol. XVII, p. 29.
- . op. cit., vol. XI, p. 370.
- Hartmann, H., (1960) Ich Psychologie and Anpassungsproblem. *Psyche*, 14, p. 81.
- Rogers, C.R., (1960) Discussion. *Existential Inquiries* 1, no. 2, p. 9.





## THE PLURALISM OF SCIENCES & THE UNITY OF MAN

**T**oday we are more and more confronted with the problem of how to maintain or restore a unified concept of man in the face of the many scattered data, facts and findings as they are furnished by a compartmentalized science. We are living in an age of specialists but sometimes a specialist is a man who no longer sees the forest of truth for the trees of fact.

Let me give you an example—the problem of the origin of schizophrenia. There are a lot of facts which have been supplied from the field of biochemistry. Equally, there are a lot of facts underlying a schizophrenic psychosis which have been unearthed in the field of psychodynamics. Furthermore, there are a lot of writings concerned with the specific mode of being in the world, which is a property of schizophrenia. You are certainly familiar with the phrase “being in the world”; it is a favorite phrase used by existential writers in the field of psychiatry.

Now, you may also be aware that there are practically as many existentialisms as there are existentialists. And, sometimes the only common denominator between all these existentialist writers is the fact that they use this phrase “being in the world” in each second or third line of their writings. But certainly this is not sufficient ground to regard oneself to be a true existentialist.

But apart from this problem in the field of research on schizophrenia, there are many—and many-faceted—facts which have been furnished. However, I venture to say that anyone who tells you that he knows what schizophrenia really is, is either deceiving you or, at best, deceiving himself.

*Lecture given on June 30, 1966 at the Horace Mann Auditorium Teachers College, Columbia University, sponsored by the International Center for Integrative Studies*

In itself there is no danger of loss of knowledge necessarily involved in the fact that we are confronted with disparate pictures of reality. Reality is depicted in various aspects which differ from one another. This is not necessarily accompanied by loss of knowledge, but on the contrary, it may well contribute to our knowledge. For instance, if we think of stereoscopic vision, we are confronted with two different pictures—a left picture and a right picture; and these pictures differ from one another. However, it is precisely this difference between the pictures which opens up no more nor less than a whole added dimension. Through this difference in the depiction of reality, we gain in knowledge rather than losing knowledge.

A whole new dimension, the dimension of three-dimensional space, is achieved and obtained precisely through this difference of pictures. To be sure, the precondition for gaining this added dimension is what the psychologists call the fusion of the two different pictures on our retinas. If we cannot obtain and achieve a fusion of these two different pictures, what results is sheer confusion.

And the same holds for cognition as well as for stereoptic vision, in that it is hard today to unite the different pictures with which we are supplied by the various sciences in a *Weltanschauung*, a unified world view.

We cannot turn back the wheel of history, or to put it differently, society cannot do without the specialists simply because the style of research of our age is stamped, characterized, by what is called teamwork. We cannot do without the specialists in the framework of teamwork. But the real danger does not lie in the fact that there is a lack or a loss of universality of knowledge among the specialists. The true danger lies in the pretense and claim of totality of knowledge.

Let me illustrate this point as it applies to the theory of man. Whenever an expert in the field of biology declares that he is able to explain man—human existence—the phenomenon of being human—exclusively in terms of biology, then this man falls prey to what—in Europe at least—is called biologism. At the same moment biology becomes biologism, a science becomes an ideology. In the same way psychology becomes psychologism at the moment when a psychologist tries to cover the whole phenomenon called being human merely in terms of psychodynamics or behaviorism, or in terms of conditioned (or more or less conditioned) reflexes.

Finally, in an analogous way sociology becomes sociologism—an ideology—at the moment when, for instance, a sociologist with Marxist orientation says everything in history and every phenomenon in human life, in human existence can be explained along the lines of Marxist or Leninist or Stalinist theories and practices.

We often hear people deploring the fact that scientists are specializing more and more. There is no danger in scientists specializing. The actual danger is that the specialists are generalizing. That is to say, they embark on over-generalized statements such as those to which I have referred.

You are certainly familiar with the expression *terrible simplificateur*. But side by side with the *terrible simplificateurs* are the *terribles generalisateurs*—the terrible generalizers. Let me mention one example of such an over-generalized statement. I will spare the author of this statement by not mentioning the name of the pertinent book. This man states, in a book now only one year old: “Man is a complex biochemical mechanism powered by a combustion system which energizes computers with prodigious storage facilities for retaining encoded information.”

As a neurologist, I support the view that it is thoroughly, profoundly legitimate to explain and to interpret—say the central nervous system of man—by way of an analogy, in terms of a computer, or of mechanisms inherent in a computer. This is perfectly legitimate. The mistake, the error begins when we forget that this is just a model—when we forget that it is an analogy. I am going to use analogies, too, as you will see. The error begins with the statement that man is *nothing but* a computer. In a sense, man is a computer, but at the same time, man is infinitely more than a computer. Anticipating what I am going to explain and elaborate upon, let me say that man is dimensionally more than just a computer.

Let me conclude this preliminary exposition with the statement that formerly nihilism was unmasked by use of the term: ‘nothingness.’ Today, however, I believe that nihilism is masked behind the use of the phrase ‘nothingbutness.’ You, in your country, have created a specific word to denote this pseudo-scientific approach to human phenomena. You speak of *reductionism*.

Reductionism deprives the human phenomenon of its very humanness, by making it a mere epiphenomenon, that is to say, by reducing a human phenomenon to intrinsically subhuman phenomena. In

other words, I would define reductionism as subhumanism. Let me illustrate my contention by two examples. For instance, we are often confronted with reductionist definitions or interpretations of such human phenomena—specifically, distinctly human phenomena—as love or conscience. Love is interpreted by reductionism as nothing but sublimation of sex. But this is impossible since love is a required pre-condition whenever sex is to be sublimated. In other words, the Ego in the final analysis is only capable of integrating its own Id to the extent to which it is directed and intending a Thou. Only that personality is capable of really integrating his own sexuality who is lovingly directed toward another human being.

As for conscience—another intrinsically human phenomena—I am in agreement in this respect with really modern psychoanalysts and even Freudians that the Superego is not identical with the true, authentic phenomenon called conscience. They cannot be identical simply because true conscience, last but not least, has the assignment to contradict and to oppose these conventions and traditions and values which are usually reflected in our Superego. Conscience is not always opposed to traditions and values. But sometimes, if need be, it may be opposed and therefore it cannot be identical with the Superego.

Please allow a digression in this context. It concerns the general agreement that traditions and values in our age are crumbling and even vanishing. This accounts for much of that sense of profound meaninglessness, for that feeling of complete emptiness of which our psychiatric patients complain more and more. I have described this condition in terms of what I call the “existential vacuum.” The existential vacuum seems to be due to the fact that in contrast to an animal, no instincts tell man what he must do, nor do traditions today tell man what he *should* do. And it is easy to predict that soon man will no longer know what he basically wants to do. Rather, he will want to do what other people do—that means conformism—or else he will do what other people want him to do and this means totalitarianism.

I have spoken of values in the context of the sense of meaninglessness, but consider the fact that values are not the same as meanings. In passing, let me give you my own definition of values as meaning universals in contrast to meanings—true meanings are always unique. Whenever I use the term *meaning*, what I mean is the unique meaning of a unique situation. The meaning of a situation changes from time to time and from man to man. Just now, the meaning which is inherent

in this situation which unites us, you and me, is different for you from the meaning which is inherent in this situation for me. The meaning of this situation for me is to try to make myself understood in a language which is foreign to me. The meaning for you is not to talk but to listen and to try not to fall asleep while I elaborate on such abstract matters as the difference between meanings and values.

The crumbling and vanishing of traditions only affect values but cannot affect the unique meanings inherent in all those unique situations of which our lives form a chain. That is to say, there is meaning inherent in a situation independent from what values, traditions and conventions may say. And there is only one means available to find out this unique meaning of each and every unique situation, and this means is conscience. Conscience is the capacity of man to find out, to smell out as it were, the unique meaning inherent in all those unique situations.

In an age like ours, in an age of the existential vacuum, education has the task and assignment not just to transmit knowledge and general, universally held values as in the past, but rather to refine and develop the personal conscience of man to enable him to stand this confrontation, this challenge of vanishing traditions and values and to resort to the source of his conscience which will enable him always, up to the last breath, to the last moment of his life—to find a meaning in his existence.

Meanwhile, instead of supplying meanings education often reinforces the existential vacuum in young people simply because it is often based on reductionist premises and convictions and interpretations. Reductionism accounts for much of what in this country is aptly called the 'reification' of man: that means dealing with a human being as if we had to deal with a mere thing. But this takes its toll. Let me quote a young American sociologist, William Irwin Thompson, who recently wrote the following sentence: "Humans are not objects that exist as chairs or tables. They live—and if they find that their lives are reduced to the mere existence of chairs or tables, then they commit suicide."

Ladies and gentlemen, this is by no means an overstatement. When I lectured at one of the major universities in this country, after I had elaborated on what I have labeled the existential vacuum, the dean of students stood up and told me: "Dr. Frankl, what you have described as the existential vacuum is something with which we are confronted daily in our counseling activities. I can offer you a list of young peo-

ple, of students, who have committed suicide—or at least tried to do so—who were obviously suffering from what you call the existential vacuum.” So you see, Dr. Thompson did not make an overstatement.

Another sociologist and psychologist from this country, Edward D. Eddy, has published a book about college influence on student character and therein he says that “on almost every campus from California to New England, student apathy is a topic of conversation. It is also the subject mentioned most often in our discussions with both faculty members and students.” After this work was published, the California College Association invited Professor Huston C. Smith, the philosopher of MIT, to discuss with me the subject of value dimensions in teaching. The discussion was made into a movie by the California College Association and it is now available to universities and colleges.

At the outset of my discussion with Professor Smith, he asked me the question: “How may we teach values in colleges and universities?” My response was that values cannot be taught, values must be lived. We cannot give meaning to our students. The only thing we can give to our students is the personal example of our own commitment to the cause of truth or research. Professor Smith then began to speak of that phenomenon on which Professor Eddy had elaborated in his book—of the apathy and boredom which is so widespread among the academic youth. He asked me what I thought of this phenomenon and what one could do about it. I improvised definitions—apathy as not being able to take initiative and boredom as not being able to take an interest. Then I returned the question to Professor Smith and asked how he could expect the average American student, who is so exposed to indoctrination along the lines of the mechanistic and reductionist picture of man, to develop initiative and interest? How could the student take the initiative if he is taught that man is nothing but the battleground of the clashing claims of the Id, Ego and Superego. Or how can the average young student be expected to take an interest in a cause if he is indoctrinated along the lines of a reductionist interpretation of meanings and values as, for instance, it is exhibited in the definition of two outstanding American psychoanalysts who once said that meanings and values are nothing but reaction formations and defense mechanisms. You may have read my reaction to this reaction-formation theory. It was as follows: “As for myself, I would not be ready or willing to live for the sake of my defense mechanisms or even less to die for the sake of my reaction-formation.”

This reductionist indoctrination is apt to undermine and erode the original and natural enthusiasm in young people. And I must say that I am deeply impressed by the seemingly inexhaustible enthusiasm available in American young people. Otherwise, I could not understand how it is that so many young people join the Peace Corps, or the Job Corps and so forth.

Now let us proceed to the actual issue at hand. How is it possible to preserve the humanness of a human being in the face of reductionism? This problem boils down to the question: How may we preserve the unity of man in the face of the pluralism of sciences confronting us? It is precisely this pluralism which forms the fertile ground upon which reductionism and over-generalized pseudo-scientific statements grow, time and again.

It is to the credit of two outstanding German philosophers that they tried to allot to each individual science a province of restricted, limited validity. The first was Nicolai Hartmann in his ontology; the second was Max Scheler in his anthropology in the sense of what is called philosophical anthropology.

Both refer to the various strata which constitute a human being, or, better stated, the strata in which human beings participate and which they share. Hartmann defines single steps or levels, as it were; the bodily basis of human existence, the mental, and finally the spiritual as the specifically human stratum. However, he used the term spiritual not with any religious, or at least not primarily religious connotation, but rather simply in the sense of that which is a distinctly and definitely human phenomenon. I myself use the term noological in contradistinction to psychological and biological.

Max Scheler takes a somewhat different view having a biological, psychological stratum and a personal, spiritual axis. Within each province the individual sciences—psychology, biology and so forth, have a realm of, limited validity. Both Nicolai Hartmann and Max Scheler do justice to the ontological differences within a human being. However, the problem which I see in their approaches is that body, mind and soul—or spirit—do not in themselves compose man. In other words, these authors neglect and do not fully take into account the fact that we have not only to deal with ontological differences but also with what I like to call the anthropological oneness. Human existence is intrinsically, profoundly the coexistence of both ontological differences on the one hand, and on the other hand, anthropological oneness and



unity because bodily, mental and spiritual phenomena and aspects are profoundly united within human existence.

In the framework of psychology and biology, man seems to be what is usually called a closed system, be it of reflexes, of reactions or of responses to stimuli. He really seems in a way to be a computer. But seen in the light of dimensional anthropology, this apparent closedness of man no longer contradicts the humanness of man. Because closedness must appear in one or another dimension. In other words, dimensional anthropology solves neither the body-mind problem, nor the problem of determinism versus indeterminism. But it helps to understand why these problems are necessarily unsolvable, because the unity of man, the oneness of man cannot be found in the lower dimension from which we have merely projected man. This unity must dwell in the specifically human dimension—in the noological dimension from which we have torn him and dragged him down, whenever we deal with him exclusively in terms of biology and/or psychology.

The apparent closedness of a dimensional projection of man seemingly contradicts the intrinsic openness of human existence. Man's existence is intrinsically open. This has been evidenced by the great zoologist, Adolf Portmann, who incidentally is a member of the Board of Sponsors of the International Center for Integrative Studies, and it has also been evidenced by Max Scheler, whom I quoted before and by Arnold Gehlen, the famous anthropologist and sociologist of Germany.

Time and again we are confronted with theories which deal with man as if he were a closed system and this is mainly the case in motivational theories, which are based on the homeostasis principle. The homeostasis principle is not even tenable in biology any longer as Ludwig von Bertalanffy, the famous theoretical biologist, has shown in his work. It is even less tenable in the field of psychology, as has been shown by Gordon W. Allport, Kurt Goldstein, Abraham Maslow and Charlotte Bühler.

Being human means always being directed toward something other than oneself. Even the concept of self-actualization can never do full justice to the main essence of human existence. Human existence always points to and is directed to something which is not existence itself. Human existence is not characterized by self-actualization but rather by what I call self-transcendence—pointing beyond itself. Un-

fortunately again, the homeostasis theory is still maintained in the field of education, particularly as practiced in America.

Young people are approached by educators in a way that assumes they should be spared tensions. One should not arouse tensions by confronting young people with ideals, values, tasks and assignments, and with meanings to fulfill. My own contention is that what man needs is not freedom from tension but rather a sound amount of tension. Such tension is usually established within a polar field in which one pole is constituted by a human being reaching out for meaning to fulfill, while the other pole consists of that unique meaning which the human being is to fulfill—which, as it were -is waiting to be fulfilled by him and exclusively by him. Particularly in an age like ours, in an age of the existential vacuum and beyond that, in an age of so-called affluent society, one should be cautious in sparing young people confrontations with meanings and sparing them tensions at any price or expense. Because if young people are spared tensions by the adult generation, then they go and create their own tensions—be it in a sound, healthy way, for instance by sports, or in a less healthy way, for instance in the way of beatniks, hooligans or by creating thrills and kicks. The Viennese youngsters provoking policemen in order to create tensions within themselves are the same as mods and rockers in Britain forming gangs and fighting one another; and in America, young people playing 'chicken' in order to create tensions—tensions they are spared at any price by the adult generation and particularly by educators who still base their educational convictions and theories on the old fashioned and partially abandoned principle of homeostasis.

This discussion may assist the understanding that man necessarily appears to be a closed system in the lower dimensions, although he, as a human being, is and remains open to meanings to fulfill and toward other beings to encounter. By the same token you may understand why the sound findings in lower dimensions such as those furnished by behaviorism, by learning theories, by psychodynamic theories, by Adlerian psychology—are by no means and in no way annulled if we add another dimension, if we venture to enter this specifically human dimension. They are not annulled but rather re-evaluated and re-interpreted in the light of the intrinsically human phenomena. In other words, all these findings, rather than being annulled are rehumanized.

It is particularly important that we be cautious not to misinterpret my terms 'higher dimension' and 'lower dimension'. A higher dimen-

sion means nothing more than that we must deal with a dimension which includes and encompasses a lower dimension, just as a cube encompasses the square which forms its base. In other words, man is and remains an animal in a sense. He doesn't cease to be an animal, he retains the properties of an animal, but at the same time he is also infinitely more than that. An airplane, for instance, still retains the capacity to move on a two-dimensional plane—on the ground of an airfield—but it will reveal and prove itself to be a true airplane only at the moment it rises into the third dimension, into the air.

A neurosis by definition is a psychogenic illness or disease. However, we may be confronted with a clinical picture of a neurosis which by no means is psychogenic in origin but which might be somatogenic, for instance. I could show that some cases of agoraphobia may be traced to hyperthyroidism and be treated accordingly. I could also show that not a few cases of claustrophobia may be traced to a tetanoid disturbance of metabolism and accordingly dealt with in therapeutic terms. And even apart from psychogenic and somatogenic neurosis we might be confronted with what I have termed a noogenic neurosis, that is, a neurosis which has its origin in the specifically human—in the noological dimension. In other words, we might be confronted with a neurosis which is due to a spiritual problem—to a moral conflict, to a conflict between the Superego and one's authentic conscience or due to the existential vacuum or existential frustration.

What is needed then is a dimensional diagnosis. To the extent to which the etiology of a neurosis is multidimensional, the symptomatology is ambiguous as to what is beyond and behind it, what is above it and casts a shadow on the lower dimension. Pathology is always ambiguous in that we must search for the 'logos of pathos'—the meaning of suffering. We must embark on a dimensional diagnosis, striving to make the symptoms transparent, as it were. In order to do this, we always have to transcend the mere dimension of clinical symptomatology because as we have seen, the origin of a neurosis need not necessarily dwell in the clinical, psychological dimension. The true origin of a neurosis, as for instance in the case of a noogenic neurosis, may well hide in another—higher—dimension.

The same concept holds for therapy. A few years ago in Montreal, at a conference on psychopharmacology, a warning was raised that medicine and psychiatry in particular, might become mechanized and our patients might be depersonalized by drug treatment or by elec-

troshock treatment. I cannot see any reason to expect such a danger, simply because the danger never lies in a technique in itself, but solely in the spirit in which the technique is applied and handled.

In my department, electroshocks are sometimes applied, for instance in severe cases of endogenous depression. In my department, drug treatment is frequently applied in connection with psychotherapy and I vouch for the fact that the dignity and humanness of our patients are in no way violated by this act. On the other hand, I know a lot of so-called depth psychologists who would strictly abhor and refuse to write up a prescription for drugs, and even less for an application of electroshock. Yet, by the very concept of man through which they approach human beings—their patients—they so violate the dignity of man.

Now to conclude this discussion of dimensional anthropology, let us consider another dimensional projection of man. Instead of a neurosis, substitute acoustic, auditory hallucination, such as the hearing of voices in schizophrenia. A case of schizophrenia may be simple or it might also be complex and involve phenomena such as hearing schizophrenic voices. At the very same time, in a higher dimension, the same person may have accomplished a great historic achievement. Just think of Joan of Arc. For the historian, Joan of Arc was a person of historic achievement. For the theologian, she is a saint; she had a religious experience and encounter. What I wish to convey to you in terms of dimensional ontology is that the fact that she is a great historic figure or even that she might be a saint does not change the fact that in the framework of psychiatry she was a schizophrenic. On the other hand, her being a schizophrenic does not detract from or contradict the fact that she made a great historic achievement.

From this discussion, we might now understand what I mean when I say that, in the lower dimension, what is depicted of a phenomenon is ambiguous. This is true not only of the higher human or anthropological dimension but also of the theological level as it is depicted in the lower dimension. Science is compelled to work with projections—science cannot do without projections. A scientist is always compelled to shut out the full dimensionality, the intrinsic multidimensionality of reality. He is compelled to behave as if reality were something unidimensional. That is to say, a psychiatrist must insist on Joan of Arc being a schizophrenic. As a psychiatrist, he can never know what might hide behind this plane—what might hide above the state of being a

schizophrenic. A scientist, however, must know what he is doing. He must know that he is dependent upon projection in order to refrain from overgeneralization and from reductionist conclusions. Although he must restrict himself to his dimension, he must still refrain from the pitfalls and fallacies of reductionist inferences.

Professor Rolf von Eckartsberg, who is now on the faculty of Duquesne University in Pittsburgh, conducted a follow-up study in his doctoral dissertation of one hundred people who graduated from Harvard University twenty years ago, who have built up a wonderful career and a successful life. His study showed that a large percentage of these people were suffering from a deep sense of futility and meaninglessness. In other words, they were caught in what I have called the existential vacuum—in despair despite success. However, there are people who are caught in a hopeless situation and yet they are triumphing over their predicament. It is possible to be caught in existential despair despite full success and on the other hand to fulfill yourself although you are caught in a hopeless situation.

I owe you evidence for this and I have it in my hand. About one and a half years ago, I was contacted by the director of the California State Prison at San Quentin. The chief editor of the *San Quentin News*, a man sentenced for life, had written a review of my book entitled *Man's Search for Meaning*. The director thought I could help a lot by talking to this man, so I went to San Quentin Prison and talked with him. The conversation was taped and the tape was broadcast in the educational system of the Prison and the prisoner also wrote up this interview and published it in the *San Quentin News*. And what happened? This article that covered Dr. Frankl's visit to San Quentin in December of last year took first place in a national penal press journalism contest sponsored by Southern Illinois University at Carbondale. The article was selected for top honors from a representative group composed of entries from more than 150 American correctional institutions.

This is only the preface. Now we come to the point. I was advised to write a few words of congratulations to this man, so I did. I received a letter in reply from which I am going to quote a few sentences: "There was some local criticism, Dr. Frankl, of my article that went something like "It's fine in theory, but life doesn't work that way.'" It developed that prisoners of San Quentin had commented on my conversation with the chief editor in this way after it had been broadcast into the cells, or better said 'cages'—these terrible cages of that place where, as

you know, there is still a gas chamber. (Only a few weeks ago I had to address the prisoners again. They begged me to say particularly a few words to a man who was waiting on death row to be executed two days later.)

The editor went on to say: "I plan to write an editorial drawing from our current situation, our immediate predicament, showing that life does indeed "work this way". And I shall show them an exact circumstance from our prison, where from the depth of despair and futility a man was able to mold for himself a meaningful and significant life experience. They would not believe that a man under these circumstances could possibly undergo a transmutation which would transform despair into triumph. I shall attempt," concludes this man in prison, "to show them that not only is it a possibility, it is a necessity."

Speaking of San Quentin Prison motivates me to touch on the fact that we have not only to care for the unity of man, but also we have to be concerned with the unity of mankind, with the unity of humanity. Some millennia ago mankind took an important step. This achievement was monotheism, the belief in one God. I think another important step is due today, what I would call "monoanthropism", not the belief in one God, but the awareness of one mankind. If we arrive at monoanthropistic convictions, then I think we would become aware in our democratic countries of the Western world that we enjoy our freedom but perhaps are not fully aware of our responsibilities. I think freedom threatens to degenerate into arbitrariness unless it is lived in terms of responsibility.

## QUESTIONS & ANSWERS

*Question: How does man work for self-transcendence as contrasted with self-actualization?*

*Answer:* I do not wish to debase the concept of self-actualization. I am in touch with Abraham Maslow and admire him very much. We both agree that self-actualization is an excellent thing. However, self-actualization is only obtainable to the extent to which a man fulfills the meaning of his life or for that matter, the unique meaning of each unique life situation. Then self-actualization occurs automatically and spontaneously, as it were, while it would be spoiled and destroyed and would be self-defeating if I tried to attempt to obtain in a direct way,

by way of direct intention. Only to the extent to which I fulfill a meaning do I also actualize myself. *Per effectum* rather than *per intentionem*.

*Question: You say meaning is inherent in a situation and therefore distinct from values?*

*Answer:* I would say that values are general universal meanings and by being universal meanings, they alleviate the human situation. Being guided by universal values, we are not compelled incessantly to make existential decisions. In the final analysis, man is finding and fulfilling meanings, guided and sometimes also misled by his finite conscience. Conscience is creative in that a man might find that the meaning of which he becomes aware through conscience contradicts any general or universal values. Then he is creating a new value because the meaning discovered through creative conscience today becomes the universal values of tomorrow.

*Question: Does not your concept of meaning through suffering give rise to the danger of masochism?*

*Answer:* There is no danger of masochism because meaning, potential meaning, is only available in indispensable, inescapable, unavoidable suffering. To needlessly shoulder the cross of suffering in the case of an operable cancer when pain relief is available doesn't constitute any meaning. This would be sheer masochism rather than heroism. Nowhere have I found a clearer differentiation between unavoidable, necessary suffering (which gives an opportunity to transmutation into a meaningful achievement) on the one hand, and on the other hand, unnecessary, avoidable suffering (which does not yield any meaning) than in an advertisement which I read in a New York newspaper. It was written in German but an American friend translated it into English. It was couched in the form of a poem and this poem read as follows:

“Calmly bear without ado  
That which Fate imposed on you”

That is to say, unavoidable suffering should be borne courageously and thereby made into a human heroic achievement:

“Calmly bear without ado  
That which fate imposed on you,  
But to bedbugs don't resign  
Turn for help to Rosenstein.”

*Question: Doesn't your view of the noological dimension imply that the psychiatrist is not competent to administer existential therapy in the noological dimension?*

*Answer:* This is not true. The job assigned to psychiatrists is to make a clinical symptom transparent against the higher dimension, the intrinsically human dimension and thus it is the job of the psychiatrist to treat noogenic neurosis. Particularly, this is his assignment in an age like ours in which, as the famous German Catholic psychiatrist, Viktor von Gebstattel, says men are migrating from the priest, pastor or rabbi toward the psychiatrist. A psychiatrist today has to play the role of a substitute for ministry or as I have called it, the role of the medical ministry. No one is justified in saying: "Oh, these people are confronted with existential or philosophical or spiritual problems; we don't wish to embark on dealing with such problems. They should go to a priest, or if they are non-believers then I don't care." These people confront us and we have to do our best. This is not just my personal conviction. There is even a paragraph in the constitution of the world's largest medical association, the American Medical Association, which states that a doctor, when he is not able to cure a patient or even to bring relief from pain, is entitled and even obliged to try to offer some consolation. So this area still pertains to the realm of the medical profession.

*Question: Two people have asked whether I have been in touch with Rabbi Leo Baeck*

*Answer:* I met Rabbi Leo Baeck in a concentration camp. It was more than just a meeting, it was a true encounter. From then on, I kept in touch with him. Rabbi Leo Baeck was assigned to write a chapter on the borderlines between Judaism and psychotherapy in a five volume encyclopedia of neurosis theory and psychotherapy which I edited with V.E. von Gebstattel and J. H. Schultz from Berlin. While working on that manuscript, Rabbi Baeck died in London and thus he could not complete his assignment.

*Question: Is there a place for religion in your theory?*

*Answer:* There cannot be a place for religion in a psychiatric school or theory precisely because of the difference of dimension. The only thing that can be demanded of a psychiatric approach is that it be left open



toward a higher dimension. Psychiatry is no closed system. Psychiatry must remain open so that the religious patient is not done an injustice, but is understood in intrinsically human terms rather than becoming a victim of a reductionist approach to neurosis and psychotherapy. If for no other reason, I am compelled by the Hippocratic Oath on which I had to swear when I took the medical degree to guarantee that Logotherapy be available for each and every patient, including the agnostic patient and usable by each and every doctor, including the atheistically oriented doctor. Psychotherapy belongs to medicine, at least according to the legislation of Austria, and so that Hippocratic Oath is applicable to psychotherapy, including Logotherapy. Thus I have to be available for each and every suffering human being.

*Question: Do you believe man can overcome despair without a personal God or religious orientation?*

*Answer:* It does not matter what I personally believe. I speak and stand for a school called Logotherapy. Logotherapy seeks to know, not to believe. The ultimate decision, the most personal decision for or against a religious *Weltanschauung* or philosophy of life is up to the patient rather than to the doctor. Logotherapy doesn't have the answers, but Logotherapy is education toward responsibility and thus the Logotherapist is least in danger, of all psychiatric schools, of taking responsibility for such a decision from the shoulders of the patient. He will try to enable the patient to make a decision of his own.

*Question: How can you explain the concept of God?*

*Answer:* Of course, as a logotherapist, as a psychiatrist for that matter, I cannot explain it. And it would be a very dangerous venture to try to explain it. An apropos example was given by Sigmund Freud in a letter addressed to the great, late famous Swiss psychiatrist, the creator of *Daseinsanalyse* Ludwig Binswanger. Freud said that all his life he had restricted his view to the basement and ground floor of the edifice—that is to say, to a lower dimension. This is not a debasing expression; it doesn't imply any value judgment. It is just that the less inclusive dimension is overarched and humanized by adding the intrinsically human dimension. So Freud was aware of the limitation of his view and was no reductionist when saying so. He only became the victim of the reductionism of his era when he continued his first sentence by saying:

"I also believe that I have found a place for religion in that edifice, in that basement, by disposing of it in terms of the collective neurosis of mankind." Only in that moment, even a genius such as Freud could not fully resist the temptation of reductionism.

*Question: Did you intend your last symbol to be a cross?*

*Answer:* I wonder if you know that I am not a Christian. It just happens that this diagram is a cross; but I don't mind that it is a cross. And further, viewed in terms of dimensional ontological teachings, I would have to say it may well be that in a higher dimension, this "happening" that the figure is a cross has a deeper or a higher meaning.

*Question: How do you counteract existential vacuum?*

*How do you give meaning to a patient?*

*Answer:* Despite my insistence that we do not give meaning, we do have to promote the patient to that point where he spontaneously finds meaning, because meaning is something to be found rather than to be given. You do not give meanings, attribute meanings, ascribe meanings, attach meanings to things or happenings as if reality were just a projective test. Reality is no neutral screen upon which you project your wishful thinking or upon which you express your inner makeup by attaching meanings. We cannot give meanings in an arbitrary way but if at all, in the way in which we give answers. In the final analysis there is one answer only to each question. There is one solution only to each problem and likewise in the final analysis there is one meaning only to each situation—the right meaning, the true meaning. Reality, rather than being a Rorschach blot into which we project our wishful thinking, expressing ourselves, is rather a hidden figure and we have to find out the meaning. I made the statement that giving meanings is something like giving answers. Let me explain this by evoking something which happened a few years ago on a theological campus. People in the audience were given cards and invited to write their questions in block letters—printed. Then a theologian gathered the questions and in passing them to me, singled out one and wanted to skip it. I asked why. He said, "It's sheer nonsense. 'Dr. Frankl, how do you interpret 600 in your theory of existence?'" I looked at it and said, "Excuse me, I read it in a different way: 'Dr. Frankl, how do you interpret GOD in your theory of existence?'"

It is a projective test, isn't it? The theologian read "600" and the neurologist read "GOD", an unintentional projective test. I made a slide of it and used it as a projective test in classes of American students studying at the Vienna University. I showed them the slide and then invited them to vote on what it meant. Believe it or not, nine students said "GOD", nine others said "600" and four students oscillated between the two interpretations. What do I wish to convey to you? Only one mode of interpretation of the question was the right one. The way in which I understood the question was the right one. What do I mean by that? That each situation in life implies a question, a call. And we have to try to find out the meaning. You may now understand how I arrive at the definition of meaning. Meaning is that which is meant either by the man who asks a question or by life which incessantly raises questions, existential questions, to be answered in an existential way by making decisions. But these decisions cannot be made arbitrarily, they must be made responsibly. That is to say, our answer is a call from life or from that superpersonal entity called God which stands behind life asking questions. Our answer has to be an existential, responsible action; our answer is action rather than just an intellectual or rational answer.

*Question: What is your solution for ending the existential vacuum and how does it tie in with the religious feeling?*

*Answer:* I have spoken of meanings to be found and have made the clear-cut statement that meaning cannot be given, least of all by a doctor, to the life of a patient. A book has recently been published by Redlich and Friedman and unfortunately both authors dismiss Logotherapy as an attempt to give meanings to patients. Thus you see, one cannot but be misunderstood again and again, even by people who receive reprints of your writings for years in which they may read: "Meaning cannot be given; meaning must not be given by a doctor; meaning must be found by the patient himself." If you think it was a Logotherapist who contended that he had the answers, you are mistaken. It was not a Logotherapist, but a serpent in Paradise who said: "I tell people what is wrong and what is right and what is meaningful and what is meaningless."

Let me conclude. What is to be done for a young man, for instance, who cannot see any meaning in life, at least not immediately. He should

be made aware that this condition which is called existential vacuum is no neurotic symptom. Rather than being something to be ashamed of, it is something to be proud of. It is a human achievement. It is above all, particularly a prerogative of young people; not to take for granted that there is meaning inherent in human existence, but rather to try, to venture, to question and to challenge the problem of meaning of existence. This is an achievement to be proud of rather than a neurosis to be ashamed of. If a neurosis at all, it is a collective neurosis. It is a neurosis of mankind. But if such a young man has the courage to pose such questions, he should also have the patience to wait until meaning will dawn upon him. And until that time—if he is caught in the existential vacuum, in this abysmal feeling (this abyss experience, to put it alongside the peak experience so beautifully elaborated on by Abraham Maslow)—if need be, he should tell himself: This dreadful experience is exactly what Jean Paul Sartre describes so beautifully in his work on *Being and Nothingness*. In this way, he is enabled to put distance between this dreadful experience and himself. There are two main features and traits which characterize and constitute human existence. The first is self-transcendence—the fact that man is always reaching beyond himself, reaching out for meaning to fulfill, for other beings to encounter. The second is self-detachment, the intrinsically human capacity to rise above the level of somatic and psychic data, above the plane within which an animal being moves and to which an animal being is bound. Man is by no means fully free. Man is not free from determinants. Man's freedom is a finite freedom, not freedom from conditions; his freedom lies in the potentiality for taking a stand toward whatever conditions might confront him.

When Professor Huston C. Smith interviewed me on this matter of human freedom I said, "Man is determined but he is not pandetermined." Then Professor Smith said, "You, Dr. Frankl, as a professor of neurology and psychiatry are certainly aware that there are conditions and determinants to which man is bound." I replied: "Well, Dr. Smith, you are right. I am a neurologist and a psychiatrist and as such I know very well the huge extent to which man is conditioned—is subject to biological, psychological and sociological conditions. But apart from being a professor in two fields, I am also a survivor of four concentration camps, and as such, I bear witness to the incredible and unexpected extent to which man is also capable of braving conditions, be they the worst conditions, including those of a camp such as Auschwitz."

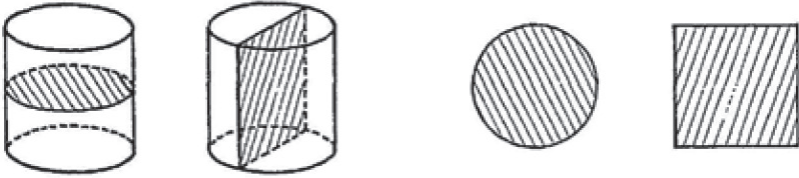


## DETERMINISM &amp; HUMANISM

Three years ago, my alma mater, the University of Vienna, was celebrating its centennial—in fact, its sixth centennial. On that occasion also, I was invited to give a lecture; and at that 600th anniversary I was expressing my conviction that the two perennial issues, the problem of body and mind, and the problem of free choice (or, as it might be called, determinism versus indeterminism) cannot be solved. But at least it is possible to identify the reason why they are unsolvable.

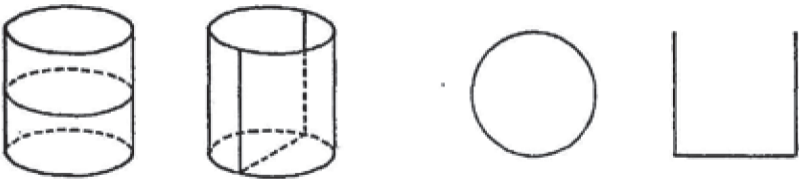
The body-mind problem can be reduced to the question: How is it possible to conceive of that unity in diversity which could be the definition of man? And who would deny that there is diversity in man? As Konrad Lorenz says: “The wall separating the two great incommensurables, the physiological and psychological, is unsurmountable. Even the extension of scientific research into the field of psychophysics did not bring us closer to the solution of the body-mind problem.” (*Über tierisches und menschliches Verhalten*, Munich: 1965, pp. 362 and 372). As to the hope that future research might bring a solution, Werner Heisenberg has arrived at an equally pessimistic statement in contending that “we do not expect a direct way of understanding between bodily movements and psychological processes, for even in the exact sciences reality breaks down into separate levels.”

In fact, we are living in an age of what I would call the pluralism of science, and the individual sciences depict reality in such different ways that the pictures contradict each other. However, it is my contention that the *contradictions do not contradict* the unity of reality. This holds true, also, of the human reality. In order to demonstrate this, let us recall that each science, as it were, cuts out a cross section of reality. Let us now follow the implications of this analogy from geometry:



If we cut two orthogonal cross sections from a cylinder, the horizontal cross section represents the cylinder as a circle whereas the vertical cross section represents it as a square. But as we know, nobody has managed as yet to transform a circle into a square. Similarly, none has succeeded as yet in bridging the gap between the somatic and psychological aspects of the human reality. And, we may add, nobody is likely to succeed, either, because the *coincidentia oppositorum*, as Nicholas of Cusa has called it, is not possible within any cross section but only beyond all of them in the next higher dimension. It is no different with man. On the biological level, in the plane of biology, we are confronted with the somatic aspects of man, and on the psychological level, in the plane of psychology, with his psychological aspects. Thus, within the planes of both scientific approaches we are facing diversity but missing the unity in man, because this unity is available only in the human dimension and must necessarily disappear within the cross sections through the human reality as they are used by biology and psychology. Only in the human dimension lies the *unitas multiplex* as man has been defined by Thomas Aquinas. And this unity now turns out to be not really a "unity in diversity" but rather a unity *in spite of diversity*.

What is true of the oneness of man also holds for his openness.



Going back to the cylinder let us now imagine that it is not a solid but an open vessel, say, a cup. In that case, what will the cross sections be like? While the horizontal one still is a closed circle, in the vertical plane the cup is now seen as an open figure. But as soon as we realize that both figures are mere cross-sections, the closedness of one

figure is perfectly compatible with the openness of the other. Something analogous holds for man. He, too, is sometimes portrayed as if he were merely a closed system within which cause-effect relations are operant such as conditioned or unconditioned reflexes, conditioning processes or responses to stimuli. On the other hand, being human is profoundly characterized as being open to the world, as Max Scheler and Arnold Gehlen have shown. Or, as Martin Heidegger has said, being human is "being in the world." What I have called the self-transcendence of existence denotes the fundamental fact that being human means relating to something, or someone, other than oneself, be it a meaning to fulfill, or human beings to encounter. And existence falters and collapses unless this self-transcendent quality is lived out. Let me illustrate this by a simile. The capacity of the eye to perceive the world outside itself, paradoxically enough, is tied up with its incapacity to perceive anything within itself. In fact, to the extent to which the eye sees itself, for example, its own cataract, its capacity to see the world is impaired. That is to say, the seeing eye in principle sees something other than itself. Seeing, too, is self-transcendent.

That the self-transcendent quality of existence, that the openness of being human is touched by one cross section and missed by another, is understandable. Closedness and openness have become compatible. And I think that the same holds true of freedom and determinism. There is determinism in the psychological dimension, and freedom in the noological dimension which is the human dimension, the dimension of human phenomena. As to the body-mind problem, we wound up with the phrase "unity in spite of diversity." As to the problem of free choice, we wind up with the phrase "freedom in spite of determinism." It parallels the phrase once coined by Nicolai Hartmann, "autonomy in spite of dependency."

As a human phenomenon, however, freedom also is an all too human phenomenon. Human freedom is finite freedom. Man is not free from conditions. But he is free to take a stand to them. The conditions do not completely condition him. For within limits it is up to him whether or not he succumbs and surrenders to the conditions. He may as easily rise above them and by so doing open up and enter the human dimension. As a professor in two fields, neurology and psychiatry, I am fully aware of the extent to which man is subject to biological, psychological and sociological conditions. But in addition to being a professor in two fields I am a survivor of four camps-concentration



camps, that is—and as such I also bear witness to the unexpected extent to which man is capable of defying and braving even the worst conditions conceivable.

Sigmund Freud once said, “Let us attempt to expose a number of the most diverse people uniformly to hunger. With the increase of the imperative urge of hunger all individual differences will blur, and in their stead will appear the uniform expression of the one unstilled urge.” Actually, however, the reverse was true. In the concentration camps people became more diverse. The beast was unmasked—and so was the saint. The hunger was the same but people were different. In truth, calories do not count.

Ultimately, man is not subject to the conditions that confront him; rather, these conditions are subject to his decision. Wittingly or unwittingly, he decides whether he will face up or give in, whether or not he will let himself be determined by the conditions. Of course, it could be objected that such decisions are themselves determined. But it is obvious that this results in a *regressus in infinitum*. A statement by Magda B. Arnold epitomizes this state of affairs and lends itself as an apt conclusion of the discussion: “All choices are caused but they are caused by the chooser” (*The Human Person*, New York, 1954, p. 40),

Interdisciplinary research covers more than one cross section. It prevents us from one-sidedness. As to the problem of free choice, it prevents us from denying, on the one hand, the deterministic and mechanistic aspects of the human reality and, on the other hand, the human freedom to transcend them. This freedom is not denied by determinism but rather by what I am used to calling pan-determinism. In other words, the alternative really reads pan-determinism versus determinism, rather than determinism versus indeterminism. And as to Freud, he only espoused pan-determinism in theory. In practice, he was anything but blind to the human freedom to change, to improve, for instance, when he once defined the goal of psychoanalysis as giving “the patient’s ego the freedom to choose one way or the other” (*The Ego and the Id*, London, 1927, p. 72).

Last but not least, human freedom implies man’s capacity to detach himself from himself. I am used to illustrating this capacity of self-detachment, as I call it, by the following story. During World War I a Jewish army doctor was sitting together with his gentile friend, an aristocratic colonel, in a foxhole when heavy shooting began. Teasingly, the colonel said: “You are afraid, aren’t you? Just another proof that the

Aryan race is superior to the Semitic one” “Sure, I am afraid,” was the doctor’s answer. “But who is superior? If you, my dear colonel, were as afraid as I am, you would have run away long ago.” What counts and matters is not our fears and anxieties as such but rather the attitude we adopt toward them. This attitude, however, is freely chosen.

The freedom of choosing an attitude toward our psychological make-up even implies the pathological aspects of this make-up. Time and again, we psychiatrists meet patients whose attitude toward what is pathological in them is anything but pathological. I have met cases of paranoia who, out of their delusional ideas of persecution, have killed their alleged enemies. And I have met cases of paranoia who have forgiven their alleged adversaries. The latter have not acted out of mental illness but rather reacted to this illness out of their humanness. To speak of suicide rather than homicide, there are cases of depression who commit suicide, and there are cases who managed to overcome the suicidal impulse for the sake of a cause or a person. They are too committed to commit suicide, as it were.

I for one am convinced that a psychosis such as a paranoia or an endogenous depression is somatogenic. More specifically, its etiology is biochemical. And yet we are not justified in making fatalistic inferences. They would not even be valid in cases in which biochemistry is based on heredity. In this context, I never weary of quoting Johannes Lange who once reported the case of identical twin brothers. One brother wound up as a cunning criminal. The other wound up as a cunning criminologist. Being cunning might well be a matter of heredity. But becoming a criminal or a criminologist, as the case may be, is a matter of attitude. Heredity is no more than the material from which man builds himself. It is no more than the stones that are, or are not, refused and rejected by the builder. But the builder himself is not built of stones.

Even less than heredity does infancy univocally determine the life course. A non-patient of mine once wrote me a letter in which she said: “I have suffered more from the thought that I should have complexes rather than from actually having them. Actually I would not trade my experiences for anything and believe a lot of good came out of them.”

Moreover, early childhood experiences are not as decisive for the religious life as some psychologists have thought them to be. Least of

all is it true that the concept of God is univocally determined by the father image.

A poor religious life cannot always be traced back to the impact of a negative father image. Nor does even the worst father image necessarily prevent one from establishing a sound relation to God (Viktor E. Frankl, *The Will to Meaning*, New York and Cleveland, 1969, p. 136 1). The promise that "the truth will make you free" must not be interpreted as if being truly religious were a guarantee of being free from neurosis. Conversely, however, freedom from neurosis does not guarantee a truly religious life. Three years ago, I had an opportunity to discuss this issue with a prior who ran a Mexican monastery of Benedictine monks and insisted that they should undergo strictly Freudian psychoanalysis. The outcome? Only 20 percent stayed in the monastery. I wonder how few people would have become, and remained, psychiatrists if they, too, had been screened for neurotic flaws. Let him who is without neurotic flaws among you be the first to cast a stone at me, be he a theologian or a psychiatrist.

Fatalism on the part of the psychiatrist is likely to reinforce the fatalism on the part of the patient which is characteristic of neurosis, anyway. And what is true of psychiatry also holds for sociology. Pan-determinism serves the criminal as an alibi. It is the mechanisms within him that would be blamed. Such an argumentation, however, proves to be self-defeating. If the defendant argues that he really was not free and responsible when he committed the murder, the judge may claim the same when passing sentence.

Actually, the criminals, at least once the judgment has been passed, do not wish to be regarded as mere victims of psychodynamic mechanisms or conditioning processes. As Scheler once pointed out, man has a *right* to be considered guilty and to be punished. To explain his guilt away by looking at him as the victim of circumstances, also means taking away his human dignity. I would say that it is a prerogative of man to become guilty. To be sure, it also is his responsibility to overcome guilt. This is what I told the prisoners of San Quentin in California whom I once addressed at the request of this prison's director. Joseph B. Fabry, an editor at the University of California, accompanied me and afterwards related to me how these prisoners, who were the toughest criminals in California, had reacted to my address. One prisoner said, "The psychologists (in contrast to Frankl) always asked us about our childhood and the bad things in the past. Always

the past—it's like a millstone around our necks." And then he added, "Most of us don't even come any more to hear psychologists speak. I only came because I read that Frankl had been a prisoner, too" (Joseph B. Fabry, *The Pursuit of Meaning*, Boston, 1968, p. 24). Carl Rogers once arrived at "an empirical definition of what constitutes 'freedom'" (*Discussion, Existential Inquiries*. Vol. 1, No. 2, 1960, pp. 9-13). After a student of his, W.L. Kell, had studied 151 cases of adolescent delinquents it turned out that their behavior could not be predicted on the basis of the family climate, educational or social experiences, the neighborhood and cultural influences, the health history, the hereditary background, and the like. By far the best predictor was the degree of self-understanding, correlating .84 with later behavior. It would seem that self-understanding in this context implies self-detachment, detaching oneself from oneself. The capacity of self-detachment, however, is crippled by pan-determinism.

Let us turn determinism against pan-determinism. Let us ask ourselves what are the causes of pan-determinism. I would say that it is lack of discrimination that causes pan-determinism. On the one hand, causes are confounded with reasons. On the other hand, causes are confounded with conditions. What is the difference between causes and reasons? If you cut onions you weep. Your tears have a cause. But you have no reason to weep. If you do rock climbing and arrive at a height of 10,000 feet you may have to cope with a feeling of oppression and anxiety. Oppression has either a cause or a reason. Lack of oxygen may be the cause. But if you know that you are badly equipped or poorly trained anxiety has a reason.

Being human has been defined as "being in the world." The world includes reasons and meanings. But reasons and meanings are excluded if you conceive of man in terms of a closed system. What is left is causes and effects. The effects are represented by conditioned reflexes or responses to stimuli. The causes are represented by conditioning processes or drives and instincts. Drives and instincts push but reasons and meanings pull. To be sure, if you conceive of man in terms of a closed system you notice only forces that push but no motives that pull. Consider the front doors of the Drake Hotel. From within the lobby you notice only the sign 'push.' The sign 'pull' is noticeable only from without. Man has open doors, as does the Drake Hotel. He is no monad which has no windows. Indeed, psychology degenerates into some sort of monadology unless it recognizes his openness to the

world. This openness of existence is reflected by its self-transcendence. The self-transcendent quality of the human reality in him is reflected in the "intentional" quality of human phenomena as it has been called by Franz Brentano and Edmund Husserl. Human phenomena refer and point to "intentional objects" (Herbert Spiegelberg, *The Phenomenological Movement*, Vol. 2, 1960, p. 721). Reasons and meanings represent such objects. They are the logos for which the psyche is reaching out. If psychology is to be worth its name it has to recognize both halves of this name, the logos as well as the psyche.

'Once that the self-transcendence of existence has been denied, also existence itself is distorted. It is reified. Being is made into a mere thing. Being human is depersonalized. And, what is most important, the subject is made into an object. This is due to the fact that it is the characteristic of a subject that it relates to objects. And it is a characteristic of man that he relates to intentional objects in terms of values and meanings which serve and function as reasons and motives. On the other hand, if self-transcendence is denied and the door to meanings and values is closed, reasons and motives are replaced by conditioning processes and it is up to the 'hidden persuaders' to do the conditioning, to manipulate man. It is reification that opens the door to manipulation. And vice versa. If one is to manipulate human beings he has to reify them, in the first place, and, to this end, to indoctrinate them along the lines of pan-determinism. "The expanding economy of the 'affluent society' could not subsist without such manipulation," says Ludwig von Bertalanffy. "Only by manipulating humans ever more into Skinnerian rats, robots, buying automata, homeostatically adjusted conformers and opportunists can this great society follow its progress toward ever increasing gross national product. The concept of man as robot was both an expression of and a powerful motive force in industrialized mass society. It was the basis for behavioral engineering in commercial, economic, political, and other advertising and propaganda." (General System Theory and Psychiatry, in Silvano Arieti, ed., *American Handbook of Psychiatry*, Vol. 3, pp. 70 end 721.)

Causes are not only confused with reasons but also with conditions. In a way, however, causes themselves are conditions. They are sufficient conditions in contrast to conditions in the strict sense which are necessary conditions. Incidentally, there are not only necessary conditions but also what I would call possible conditions. What I mean is releases and triggers. So-called psychosomatic diseases, for example,

are not caused by psychological factors, that is to say, they are not psychogenic as are neuroses. Rather, psychosomatic diseases are somatic diseases that have been triggered off by psychological factors.

A sufficient condition is sufficient to create and engender a phenomenon. That is to say, the phenomenon is not only determined by such a cause in its essence but also in its existence. By contrast, a necessary condition is a precondition. It is a prerequisite. There are cases of mental retardation, for example, that are due to a hypofunction of the thyroid gland. If such a patient is given thyroid extract his I.Q. improves and increases. Does that mean that spirit is nothing but thyroid substance, as I said in a book I once had to review? I would rather say that thyroid substance is "nothing but" a necessary condition which the author had confounded with a sufficient condition. For a change, let us turn to a hypofunction of the adrenocortical glands. I myself have published two papers based on laboratory research to the effect that there are cases of depersonalization resulting from the hypofunction of the adrenocortical glands. If such a patient is given desoxycorticosterone acetate he again feels like a person. The sense of selfhood is restored. Does that mean that the self is nothing but desoxycorticosterone acetate?

Here the point is reached at which pan-determinism turns into reductionism. Indeed, it is the lack of discrimination between causes and conditions that allows reductionism to deduce a human phenomenon from, and reduce it to, a sub-human phenomenon. Indeed, reductionism may be called sub-humanism. However, by being derived from a sub-human phenomenon the human phenomenon is turned into a mere epiphenomenon.

Reductionism is the nihilism of today. It is true that Jean Paul Sartre's brand of existentialism hinges on the pivots 'Being and Nothingness,' to quote the title of a book. But the lesson to be learned from existentialism is not nothingness but rather a hyphenated nothingness, namely, the no-thingness of the human being. A human being is not one thing among other things. Things determine each other. Man, however, determines himself. Rather, he decides whether or not he lets himself be determined, be it by the drives and instincts that push him, or the reasons and meanings that pull him.

The nihilism of yesterday was teaching nothingness. Reductionism is preaching nothing-but-ness. Man is said to be nothing but a computer or a "naked ape". It is perfectly legitimate to use the computer as

a model, say, for the functioning of our central nervous system. The *analogia entis* extends and is valid down to the computer. However, there are also dimensional differences which are disregarded and neglected by reductionism. Consider, for example, the typically reductionist theory of conscience according to which this uniquely human phenomenon is nothing but the result of conditioning processes. But the behavior of a dog that has wet the carpet and now slinks under the couch with its tail between its legs does not manifest conscience but something I would rather call anticipatory anxiety, more specifically, the fearful expectation of punishment, and this might well be the result of conditioning processes. It has nothing to do with conscience because true conscience has nothing to do with the fearful expectation of punishment. As long as a man is still motivated either by the fear of punishment or by the hope of reward—or, for that matter, by the wish to appease the Superego-conscience—has not had its say as yet.

Lorenz was cautious enough to speak of “moralanaloges Verhalten bei Tieren” (behavior in animals that is analogous to moral behavior in man.) By contrast, the reductionists do not recognize a qualitative difference between both types of behavior. They deny that a uniquely human phenomenon exists at all. And this they do not do on empirical grounds as one might assume, but rather on the basis of an *a priori* denial. They insist that there is nothing in man which cannot be found in animals as well. Or, to vary a well known dictum, *nihil est in homine, quod non primus fuerit in animalibus*. In this connection, what comes to mind, is the rabbi who, as a joke has it, once was consulted by two parishioners. One man contended that the other’s cat had stolen and eaten five pounds of butter. The other contended that his cat did not care for butter. “Bring me the cat,” the rabbi ordered. They brought him the cat. “Now bring me scales,” he continued. And they brought him scales. “How many pounds of butter did you say the cat has eaten?” he asked, “Five pounds, rabbi,” was the answer. Thereupon the rabbi put the cat on the scales and, believe it or not, it weighed exactly five pounds. “Now I have the butter,” the rabbi said, “but where is the cat?” He had started with the *a priori* assumption that if there are five pounds, it must be five pounds of butter. But is it not the same with the reductionists? They, too, start with the *a priori* assumption that if there is anything in man, it must be possible to explain it along the lines of animal behavior. Eventually, they rediscover in man all the conditioned reflexes, conditioning processes, innate releasing mecha-



nisms and whatever else they have been in search of. "Now we have it," they say like the rabbi, "but where is man?"

The devastating impact of an indoctrination along the lines of reductionism must not be underrated. Here I confine myself to quoting from a study by R.N. Gray and associates on 64 physicians, 11 of them psychiatrists. The study showed that during medical school cynicism as a rule increases while humanitarianism decreases. Only after completion of medical studies this trend is reversed but unfortunately not in all subjects (*An Analysis of Physicians' Attitudes of Cynicism and Humanitarianism before and after Entering Medical Practice*, *J. Med. Educat.*, Vol. 40, 1955, p. 760). Ironically, the author of the paper which reports these results, himself defines man as nothing but "an adaptive control system" and values as "homeostatic restraints in a stimulus-response process" (Joseph Wilder, *Values and Psychotherapy*, *American Journal of Psychotherapy*, Vol. 23, 1969, p. 405). According to another reductionist definition of values, they are nothing but reaction formations and defense mechanisms. You know what my reaction to this theory was? I said that as for myself, I am not prepared to live for the sake of my reaction formations, even less to die for the sake of my defense mechanisms. Such reductionist interpretations are likely to undermine and erode the appreciation of values.

As an example, let me report the following observation. A young American couple returned from Africa where they had served as Peace Corps volunteers, completely fed up and disgusted. At the outset, they had had to participate in mandatory group sessions led by a psychologist who played a game somewhat as follows: "Why did you join the Peace Corps?" "We wanted to help people less privileged." "So you must be superior to them." "In a way." "So there must be in you, in your unconscious, a need to prove yourself that you are superior." "Well, I never thought of it that way but you are a psychologist, you certainly know better." And so it went on. The group was indoctrinated in interpreting their idealism and altruism as hang-ups. Even worse, the volunteers "were constantly on each other's backs, playing the 'what's your hidden motive' game," according to the report of a Fulbright fellow who studied in Vienna at my hospital last year. Here we are dealing with an instance of what I would call hyperinterpretation. Unmasking is perfectly legitimate but it must stop as soon as one is confronted with what is genuine, genuinely human, in man. If it does not, the only



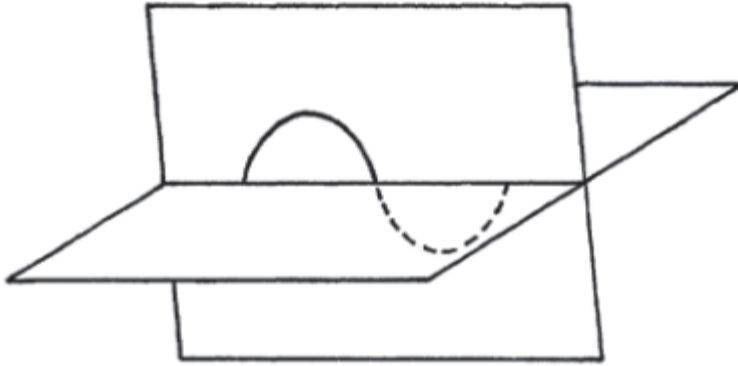
thing that is unmasked is the unmasking psychologist's own 'hidden motive,' namely, his unconscious need to belittle the greatness of man.

A recent study by Edith Weisskopf-Joelson and associates shows that the value that ranks highest among American college students is self-interpretation (Relative Emphasis on Nine Values by a Group of College Students, *Psychological Reports*, Vol. 24, 1969, p. 299). Thus, the cultural climate that is predominant and prevalent in the U.S., adds to the danger that self-interpretation not only becomes an obsession, as was the case with the Peace Corps volunteers, but even a collective obsessive neurosis.

Thus far we have discussed causes over against reasons and necessary conditions over against sufficient conditions. However, there is a third discrimination we have to consider. What is usually understood by sufficient conditions, is efficient causes as opposed to final causes. Now my contention is that final causes or, for that matter, meanings and purposes, are perceptible and visible only to a scientific approach that is appropriate to them. The pan-determinist who contends that there are no meanings and purposes, is like a man "who would study organic existence," to quote Johann Wolfgang von Goethe. He: first drives out the soul with stern persistence; Then the parts in his hand he may hold, but the spiritual link is lost, alas!

There is a 'missing link,' indeed. Meaning is missing in the world as described by many a science. This, however, does not imply that the world is void of meaning but only that many a science is blind to it. Meaning is scotomized by many a science. It is not demonstrated by every scientific approach, it is not touched by every 'cross section,' to stick to our simile. Consider a curve that lies in a vertical plane.

What is left of this line in a horizontal plane, is no more than three points, isolated points, disconnected points, points without a meaningful connection between them. The meaningful connections lie above and below the horizontal plane. But is it not the same with those events which, as science sees them, are random events, for example, chance mutations? And is it not conceivable that there is a hidden meaning—a higher or a deeper meaning—that eludes the cross-section because it lies above or below it, as the higher and the lower parts of the curve do? The fact remains that not everything can be explained in meaningful terms. But what now can be explained is at least the reason why this is *necessarily* the case.



If this is true of meaning, how much more does it hold for ultimate meaning! The more comprehensive the meaning, the less comprehensible it is. Infinite meaning is necessarily beyond the comprehension of a finite being. Here is the point at which science gives up and wisdom takes over. Blaise Pascal once said: “Le coeur a ses raisons que la raison ne connaît point” (the heart has reasons that reason does not know.) There is, indeed, what is called the wisdom of the heart. Or one may call it the ontological self-understanding. 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 than being the battleground of the clashing claims of Ego, Id and Superego, as Fulton J. Sheen once put it, and there is more to being human than being a pawn and plaything of conditioning processes or drives and instincts. From the man in the street we may learn that being human means being confronted continuously with situations of which each is at once chance and challenge, giving us a chance to fulfill ourselves by meeting the challenge to fulfill its meaning. Each situation is a call, first, to listen, and then to respond.

And now the point is reached at which the circle is closed. We departed from determinism as a limitation of freedom and have arrived at humanism as an expansion of freedom. Freedom is part of the story and half of the truth. Being free is but the negative aspect of the whole phenomenon whose positive aspect is being responsible. Freedom may degenerate into mere arbitrariness unless it is lived in terms of responsibility. That is why I would recommend that the Statue of Liberty

on the East Coast be supplemented by a statue of Responsibility on the West Coast.

## TIME &amp; RESPONSIBILITY

Logotherapy assumes that man's mind is free to make choices. It moves responsibility into the center of human existence. The question is often asked: how can responsibility be a basic feature of our existence in view of the transient nature of our lives? For if we accept the view that everything is transient, we eventually come to the point where we can see only that the future does not (yet) exist, and the past does not (any more) exist; thus all that really exists is the present. In this view, man is a creature coming from nothing and going into nothing; born out of nothingness and threatened by nothingness. How, in the face of this situation, can he find meaning in his existence, and the strength to make responsible choices?

This emphasis on the unique significance of the present is the starting point of existential philosophy. The opposite view is held by quietism (as it developed from Plato and St. Augustine), which regards not the present, but eternity, as the true reality. Quietism sees eternity as a simultaneous, four-dimensional reality—permanent, rigid, and predetermined. It denies not only the reality of future and past but also the reality of time itself. According to the quietist view, time is something imaginary: past, present, and future are mere illusions of our consciousness, and only appear to be following each other, while they really exist next to each other.

The quietist view by necessity leads to fatalism: man will remain inactive because everything already 'is,' and cannot be changed. This fatalism, born out of a belief in an eternal state of being, has its counterpart in the pessimism of existential philosophy, the unavoidable consequence of the belief that everything is forever unstable and changing.

Logotherapy takes a middle position between these views of existential philosophy and quietism which can best be presented by a comparison with the hourglass, the ancient symbol of time. Imagine the upper part of the hourglass to denote the future—that which

still is to come would be the sand in the upper part. The sand passes through the narrow passage—the present—into the lower part of the hourglass representing the past. Existential philosophy sees only the narrow passage of the present while disregarding the upper and lower parts, the future and the past. Quietism, on the other hand, sees the hourglass in its totality but considers the sand as an inflexible mass that does not ‘flow’—it simply ‘is.’ Logotherapy would claim that, while it is true that the future really ‘is not,’ the past is the true reality.

While this position still can be explained by the simile of the hourglass, the simile is, like all similes, faulty. But it is precisely through those faults that the true significance of time can be demonstrated. An hourglass can be turned around when the upper part has become empty. This cannot be done with time—time is irreversible. Another difference: by shaking the hourglass we can mix up the grains of sand, changing their positions in relation to each other. This we can do with time only in part: we can ‘shake up’ and change the future, and thus also change ourselves. But the past is fixed. To return to the simile with the hourglass: Once the sand has passed through the narrow opening of the present, it becomes rigid, as if treated by a fixing agent—or rather, by a conserving agent. In the past, everything is being conserved forever.

Logotherapy claims that what are transitory and passing are the possibilities, the chances to realize values, the opportunities to create, to experience, and to suffer meaningfully. Once the possibilities have been realized they no longer are passing, they have passed and are part of the past—which means that they have been conserved; nothing can change them, nothing can make them undone. They remain for eternity.

Thus, Logotherapy emphasizes the optimism of the past while existential philosophy stresses the pessimism of the present. Let us consider what practical meaning such a view, that is, of events being part of the past—with the accent on the ‘being’ rather than on the ‘past’—has in a person’s life. Imagine a woman who lost her husband after only one year of marriage; she is desperate and sees no meaning in her future life. It means much to such a person if she can be made to realize that she has preserved this one year of pure happiness, that she has rescued it for her past where it is tucked away safely for all times, and that nothing and no one can take this experience away from her.

But, one may ask, is this memory not also transitory? Who, for instance, will keep it 'alive' after the widow dies? To this one may answer, that it is irrelevant whether anyone remembers or not; just as it is irrelevant whether we look at something, or think about something, that still exists and is with us. For it exists regardless of whether we look at it or think about it. While it is true that we can't take anything with us when we die, the totality of our life, which we have lived to completion and death, remains outside the grave, and outside the grave it remains. And it remains not although, but because it has slipped into the past and has been preserved there. Even what we have forgotten, what has escaped from our consciousness, remains preserved in the past; it cannot be eliminated, it 'is' and remains part of the world.

And even if it has never reached our consciousness, it still exists; it has come into the world and has become reality. To identify what is part of the past with what is remembered would mean a subjectivistic and psychologistic re-interpretation of our concept of the existential character of the past.

It is true: on the one hand, everything is transitory—a person, a child we produce, a great thought, a great love from which the child has sprung. Man's life lasts 'threescore years and ten,' possibly 'four-score years,' and if it is a good life it was worth the trouble. Well, a great thought may last perhaps seven seconds but if it was a good thought it contained truth. But the great thought is just as transitory as the child or the great love. Everything is transitory.

But, on the other hand, everything is eternal. Not only that: it becomes eternal by itself. We do not have to do anything about it. But we do have a responsibility—the responsibility of selecting what becomes part of eternity as a consequence of our choices.

Everything is written into the eternal record—our whole life, all our activities, our experiences, and our suffering. All this is contained in the record, and it remains there. The world is not, as a great existential philosopher has seen it, a manuscript written in a code we have to decipher. No, the world is no manuscript which we are asked to decipher, but cannot; it is, rather, a record which we have to dictate ourselves.

This record is written down in a dramatic form. As Martin Buber has said, the mind functions not in monologs but in dialogs. The record of the world is in dramatic form because it contains the record of our lives, and life continuously poses questions, it interrogates us,

and we have to be responsive and responsible. Truly, life is a question-and-answer test.

The eternal record cannot be lost—that is a comfort and a hope. But neither can it be corrected and that is a warning and a reminder. It reminds us that, while nothing existing in the reality of the past can be taken away, it is up to us to have put it there and continue to do so. In this way, Logotherapy presents not only an optimism of the past (in contrast, to existential philosophy's pessimism of the present) but also an activism, of the future (in contrast to the quietist fatalism of eternity). For if everything in the past is retained forever, everything depends on what we, in the present, at every moment of our lives, choose to 'create' by making it part of the past. This 'creation into existence,' into the past, is, in the last analysis, a creation from nothingness—out of the vacuum of the future.

This, then, is the reason why everything is so transitory: everything is fleeting because everything flees from the nothingness of the future into the reality of the past. It is as if everything were terrorized by the fear of the nothingness, and would rush from the future into the past and into existence, causing a congestion at the narrow passage of the present. There everything crowds and pushes, and waits for its deliverance—either as an event passing into the past, or as our experience or our decision admitted by us into eternity.

The narrow passage of the present leading from the nothingness of the future to the eternal existence of the past is, then, the borderline between nothingness and existence; it is the borderline of eternity. From this it follows that eternity is finite—it always extends to the moment of the present—to the moment when we decide what we want to let into eternity. The borderline of eternity is the place where, in every moment of our lives, our decision is made as to which of our choices we let into the past so that they can become eternal.

If we look at time in this manner, we also see that 'gaining time' does not mean putting things off into the future. We gain time for ourselves when, rather than putting something off into the future, we rescue it safely for the past.

What happens, finally, when all the sand has run through the neck of the hourglass and the upper part has become empty? When time has run out on us and our own existence has run to its final point—death?

In death everything becomes inflexible; nothing can be changed any more. The person has nothing left, has no more influence over his body and his psyche. He has completely lost his psychophysical ego, What remains is the self, the spiritual self. Man no longer has an ego, he 'has' nothing left, he only 'is'—his self.

Some people say that a man dying in a sudden accident sees his whole life flash by, like a fantastically fast movie. To stay with this concept, one might say that in death, man has become the movie himself. He now 'is' his life as he lived it, he is his own life history as it happened to him, as good as he has created it. Thus, he is his own heaven and his own hell.

This leads to the paradox that man's own past is his true future. The dying man has no future, only a past. But the dead 'is' his past. He has no life, he is his life. That it is his past life does not matter; we know that the past is the safest form of existence—it cannot be taken away.

Man's past is past perfect in the literal sense of the term, not imperfect. His life is perfected, completed—it exists only as the completed life. While in the course of his life only single *faits accomplis* pass through the narrow passage of the hourglass, now, after death, life in its totality has passed through—as *par-fait accompli*!

This leads to a second paradox—a two-fold one: We said before that we make something a reality by passing it on, into the existence of the past. If this is so, then it is the person himself who makes himself a reality, for it is his own self that he makes a reality by completing his life. And second, man does not become reality at his birth but at his death, for his self is not something that 'is' but something that is becoming—and has been completed only at the moment of his death.

Men, in general, misunderstand the meaning of death. When the alarm clock goes off in the morning and frightens us from our dreams, we regard this awakening as a terrifying intrusion upon our dream world and do not realize that the alarm arouses us to our real existence, our day world. Do we mortals not act similarly, being frightened when death comes? Do we not also misunderstand that death awakens us to the true reality of ourselves?

And even if a loving hand awakens us from sleep—the motion may be ever so gentle but we do not realize its gentleness—we feel only the terrifying intrusion upon our dream world. In the same way we regard death, too, as something terrifying that happens to us, and we hardly suspect how well it is meant!



Logotherapy considers the relationship between time and responsibility in positive terms. Our responsibility is indeed a basic feature of our life, and its meaning is not at all destroyed by the transitory nature of our existence. On the contrary: human responsibility, the foundation of a meaningful life, rests on the flow of time from a future that contains mere possibilities to a past that holds reality. Human responsibility rests on the 'activism of the future,' the choosing of possibilities from the future, and the 'optimism of the past,' the making these possibilities a reality and thereby rescuing them into the haven of the past.

## WHAT IS MEANT BY MEANING?

Elsewhere this author has substantiated his contention that self-transcendence is the essence of human existence. In plain words, being human always means to be directed to something other than oneself. In other words, man is characterized by his reaching out for meaning and purpose in life. And restless is his heart, to couch it in Augustinian terms, unless he has found and fulfilled meaning and purpose in life. This statement epitomizes much of the theory and therapy of neurosis, at least insofar as that type which I have termed noogenic (Frankl, 1963) is concerned.

However, man's basic meaning-orientation, his original and natural concern with meaning and values, is endangered and threatened by that pervasive reductionism which is prevalent in Western civilization. This reductionism is likely to undermine and erode idealism and enthusiasm, particularly in young people.

Along the lines of reductionism, the human being is portrayed as nothing but, say, a computer. But "humans are not objects," says William Irwin Thompson, (1962) "that exist as chairs or tables, they live, and if they find that their lives are reduced to the mere existence of chairs and tables, they commit suicide." And "if the most educated members of our culture continue to look at geniuses as disguised sexual perverts, if they continue to think that all values are the specious fictions that are normative of collective man but not of the clever scientist who knows better, how can we be alarmed if the mass of our culture shows little regard for values and instead loses itself in an orgy of consumption, crime, and immorality?"

Reductionism itself may be reduced by being traced to relativism and subjectivism. Let us, then, ask ourselves whether or not meanings and values are as relative and subjective as some believe them to be. To anticipate our answer to this question, meanings and values are both

relative and subjective. However, they are so in a different sense from that in which relativism and subjectivism conceive of them.

In which sense, then, is meaning relative? Meaning is relative inasmuch as it is related to a specific person who is entangled in a specific situation. One could say that meaning differs in two respects: first, from man to man, and second, from day to day—indeed, from hour to hour. It is true that if I read a speech, the situation unites me and my audience. But the meaning of the situation is still different. Our tasks are different. They have to listen. I have to talk.

To be sure, I, for one, would prefer to speak of uniqueness rather than relativity. Uniqueness, however, holds not only for a situation but also for life as a whole since life after all is a chain of unique situations. Thus, man is unique in terms of both existence and essence. He is unique in that, in the final analysis, he cannot be replaced. And his life is unique in that no one can repeat it.

There is, therefore, no such thing as a universal meaning of life, but only the unique meaning of individual situations. (Frankl, 1965a) However, we must not forget that among these situations there are also situations which have something in common, and consequently there are also meanings which are shared by human beings throughout society and, even more, throughout history. Rather than being related to unique situations these meanings refer to the human condition. And these meanings are what is understood by values. So that one may define values as those meaning-universals which crystallize in the typical situations a society—humanity—has to face.

By values or meaning-universals man's search for meaning is alleviated inasmuch as, at least in typical situations, he is spared making decisions. But, alas, he has also to pay for this relief and benefit. For, in contrast to the unique meanings pertaining to unique situations, it may well be that two values collide with one another. And, as is well known, value collisions are mirrored in the human psyche in the form of value conflicts, and as such play an important part in the formation of noogenic neurosis.

Let us imagine that the unique meanings referring to unique situations are points, while values or meaning-universals are circles. It is understandable that two values may well overlap with one another whereas this cannot happen to unique meanings. But we must ask ourselves whether two values can really collide with one another, in other words, whether their analogy with two-dimensional circles is

appropriate. Would it not be more adequate to compare values with threedimensional spheres? Two three-dimensional spheres projected out of the three-dimensional space down into the two-dimensional plane may well yield two two-dimensional circles overlapping one another, although the spheres themselves do not even touch on one another. Likewise, the impression that two values collide with one another is due to the fact that a whole dimension is disregarded and this dimension is the hierarchical order of values. According to Max Scheler, (1960) valuing implicitly means preferring one value to another. Thus, the rank of a value is experienced together with the value itself. The experience of one value includes the experience that it ranks higher than another. There is no place for value conflicts.

However, this is not to say that the experience of the hierarchical order of values dispenses man from decision-making. Man is pushed by drives. But he is pulled by values. He is free to accept or reject a value he is offered by a situation. It is up to him to take a stand as to whether or not he wishes to realize a value. This is true of the hierarchical order of values as it is transmitted and channeled by moral and ethical traditions and standards. They still have to stand a test, the test of man's conscience, unless he refuses to obey his conscience and suppresses its voice.

One may discern and distinguish three chief groups of values. I have classified them in terms of creative, experiential, and attitudinal values. This sequence reflects the three principal ways in which man can find meaning in life: first, by what he gives to the world in terms of his creation; second, by what he takes from the world in terms of encounters and experiences; and third, by the stand he takes when faced with a fate which he cannot change. This is why life never ceases to hold meaning, since even a person who is deprived of both creative and experiential values is still challenged by an opportunity for fulfillment, that is, by the meaning inherent in an upright way of suffering.

By way of illustration I would like to quote Rabbi Earl A. Groll, a man who once "received a call from a person dying of an incurable disease." "How can I meet the thought and reality of death?" she asked. And the Rabbi continues to report: "We spoke on numerous occasions and as a rabbi, I introduced many of the concepts of immortality found in our faith. As an afterthought, I also mentioned the attitudinal value concept (of Dr. Frankl). Much of the theological discussion had made little impression upon her but attitudinal values invited her curiosity

(especially when she learned that the founder of this concept was a psychiatrist who was incarcerated in a concentration camp. This man and his teaching captured her imagination for he knew more than just the theoretical application of suffering). She resolved then and there if she could not avoid the inescapable suffering, she would determine the manner and mode in which she would meet the illness. She became a tower of strength to those around her, whose hearts were lacerated with pain. At first it was 'bravado,' but with the passage of time the act became invested with purpose. She confided to me: "Perhaps my single act of immortality might be in the way I face this adversity. Even though my pain at times is unbearable I have achieved an inner peace and contentment that I had never known before." She died in dignity and is remembered in our community for her indomitable courage."

I do not wish in this context to elaborate on the relationship between Logotherapy and theology. Suffice it to say that in principle the attitudinal value concept is tenable and applicable, irrespective of whether or not a religious philosophy of life is espoused. By now we have dealt with the question in which sense meanings are relative. Now we have to proceed to the question of whether or not they are subjective. Is it not true that meanings are a matter of interpretation? And doesn't an interpretation always imply a decision? Are there not situations which allow for a variety of interpretations among which one has to make a choice?

Let me illustrate this by a story I once read in a Viennese newspaper. Some years ago the owner of a tobacco shop was assaulted by a hoodlum. She cried out for Franz, her husband. The gangster thought that Franz was behind the curtain which divided the room, and fled. Actually, however, this woman had not called for her husband. She could not even do so for the simple reason that he had died some weeks earlier. In her emergency and agony his widow had sent a prayer to Heaven and begged Franz to intervene with God for the sake of rescuing her at the last moment.

It is entirely up to each of us how to interpret this sequence of facts. One might see therein an understandable misunderstanding on the part of the hoodlum or else assume that a prayer has been accepted by Heaven. Why should not Heaven hide a supernatural occurrence behind such a natural sequence of facts?

Obviously, man is giving meanings to things which in themselves are neutral. In the face of this neutrality, reality is like a screen upon which

man projects his own wishful thinking, as is the case with Rorschach blots. Meanings, then, would be a mere means of self-expression and therefore something intrinsically subjective.

Actually, however, the only thing which is subjective is the perspective through which we approach the world. But this subjectivity of perspective does not in the least detract from the objectivity of the world itself. Human cognition is not of kaleidoscopic nature. If I look into a kaleidoscope, I do not see anything except that which is inside of the kaleidoscope itself. Contrariwise, if I look through a telescope, I see something which is outside of the telescope itself. And if I look at the world, I also see more than, say, the perspective. What is *seen through* the perspective, however subjective the perspective may be, is the objective world. In fact, 'seen through' is the literal translation of the Latin word, *perspectum*.

The term 'objective' can be substituted by another one which is used by Allers, (1961) namely, 'trans-subjective.' This does not make a difference. Nor does it make a difference whether we speak of things or meanings. Both are 'trans-subjective.' For meanings are found rather than given. If given at all, they are not given in an arbitrary way but rather in the way in which answers are given. That is to say that there is one answer only to each question, the right one; there is one solution only to each problem, the right one; and there is one meaning only to each situation, and this is its true meaning.

Let me invoke what once happened on one of my lecture tours through the United States. Before a question period was started, my audience had been requested to print the questions in block letters. After they had done so, a theologian passed the questions to me but wished me to skip one for, as he said, it was "sheer nonsense." "Someone wishes to know," he said, "how you define 600 in your theory of existence." But I read the question in a different way: "How do you define GOD in your theory of existence?" Printed in block letters, 'GOD' and '600' were hard to differentiate, indeed.

Well, was not this an unintentional projective test? After all, the theologian read '600', and the neurologist read 'GOD'. Later on, I also used it intentionally by making the facsimile into a slide and showing it to my American students at the University of Vienna. Believe it or not, nine students read '600', another nine students read 'GOD', and four students undecidedly vacillated between both modes of interpretation.

What I wish to demonstrate is the fact that only one way to read the question was the right one. Only one way to read the question was the way in which it had been asked. And only one way to read the question was the way in which it was meant by him who had asked it. Thus we have arrived at a definition of what meaning is. Meaning is what is meant, be it by a person who asks me a question, or by a situation which, too, implies a question and calls for an answer. However it may be, I cannot say, my answer right or wrong, as the British say, my country right or wrong. I must do my best and try hard to find out the true meaning of the question which I am asked.

To be sure, a man is free to answer the questions he is asked by life. But this freedom must not be confounded with arbitrariness. It must be interpreted in terms of responsibility. Man is responsible for giving the *right answer* to a question, for finding the *true* meaning of a situation. And, to repeat it, meaning is something to be found rather than given. Man cannot invent but must discover it. And it is Crumbaugh and Maholick (1963) to whom credit is due to have pointed out that finding meaning in a situation has something to do with Gestalt perception. This assumption is supported by the Gestaltist Wertheimer's following statement: "The situation, seven plus seven equals ... is a system with a lacuna, a gap. It is possible to fill the gap in various ways. The one completion—fourteen—corresponds to the situation, fits in the gap, as what is structurally demanded in this system, in this place, with its function in the whole. It does justice to the situation. Other completions, such as fifteen, do not fit. They are not the right ones. We have here the concepts of the demands of the situation, the 'requiredness.' 'Requirements' of such an order are objective qualities" (Wertheimer, 1961)

In his search for meaning man is led and guided by conscience. Conscience could be defined as the intuitive capacity of man to find out, to scent out, as it were, the meaning of a situation, that Gestalt quality which is hidden in the situation. Since this meaning is something unique, it doesn't fall under a general law, and an intuitive capacity such as conscience is the only means to seize hold of Gestalt meaning.

Apart from being intuitive, conscience is creative. Time and again, an individual's conscience commands him to do something which is opposed to what is preached by the society to which the individual belongs—his tribe. Suppose this tribe consists of cannibals. An individual's creative conscience may well find out that, in a given situation,

it is more meaningful to spare the life of an enemy than to kill him. This way his conscience may well start a revolution in that the unique meaning becomes a universal value.

The reverse happens today. In an age of crumbling traditions, as is ours, universal values are on the wane. That is why ever more people are caught in a feeling of aimlessness and emptiness or, as I am used to calling it, an 'existential vacuum.' However, even if all universal values disappear, life would remain meaningful since the unique meanings would remain untouched by the loss of traditions and the consequent lack of universal values. To be sure, if man is to find meanings in an era without values, he has to be equipped with the full capacity of conscience. In our age it is the foremost task of education to refine this capacity. For in an age in which the Ten Commandments seem to lose their unconditional validity, man must learn more than ever to listen to the ten thousand commandments arising from the ten thousand unique situations of which his life consists. And as to *these* commandments, he is referred to and must rely on his conscience.

True conscience has nothing to do with what I would term 'Superegotistic pseudomorality.' Nor can it be dismissed as a conditioning process. Conscience is a definitely human phenomenon. (Frankl, 1965b) But we must add that it also is 'just' a human phenomenon. It is subject to the human condition in that it is stamped by the finiteness of man. For he is not only guided by conscience in his search for meaning but sometimes misled by it. Unless he is a perfectionist, he also will accept this fallibility of conscience.

It is true, man is free and responsible. But his freedom is finite. Human freedom is not omnipotence. Nor is human wisdom identical with omniscience. And this holds for both cognition and conscience.

One never knows whether or not it is the true meaning to which he is committed. And he will not know it even on his deathbed; *ignoramus ignorabimus*, as Emil Du Bois-Reymond once put it within a different context.

But, if man is not to contradict his own human-ness, he has to obey his conscience although he is aware of the possibility of error, I would say that the possibility of error does not release him from the necessity of trial. The risk of erring does not dispense him from the task of trying. As Gordon W. Allport puts it, "we can be at one and the same time half-sure and whole-hearted."



The possibility that my conscience errs implies the possibility that another one's conscience is right. This entails humility and modesty. If I am to search for meaning, I have to be certain that there is meaning. If, on the other hand, I cannot be certain that I will find it, I must be tolerant. This does not mean that I must share another one's belief. But it does mean that I acknowledge another one's right to believe in, and obey his own conscience.

As to the psychotherapist, it follows that he must not impose a value on the patient. The patient must be referred to his own conscience. This neutralism would have to be maintained even in the case of Hitler. After all, I am convinced that Hitler would never have become what he was if he had not *suppressed* within himself the yoke of conscience in the first place.

It goes without saying that in emergency cases the psychotherapist need not to stick to his neutralism. In the face of a suicidal risk it is legitimate to intervene, for it is my contention that only an erroneous conscience will ever command a person to commit suicide. But also apart from this assumption the very Hippocratic Oath would compel the doctor to prevent the patient from committing suicide. As for myself, I gladly take the blame for having been directive along the lines of a life-affirming *Weltanschauung* whenever I had to treat a suicidal patient.

As a rule, however, the psychotherapist will not impose a *Weltanschauung* on the patient. The Logotherapist is no exception. No Logotherapist has claimed that he has the answers. After all, it was not a Logotherapist but the serpent who "said to the woman, 'you. . . wilt be like God, who knows good and bad.'"

#### BIBLIOGRAPHY

- Allers, R., (1961) Ontoanalysis: A New Trend in Psychiatry. *Proceedings of the American Catholic Philosophical Association*, 78
- Allport, G.W., (1962) Psychological Models for Guidance, *Harvard Educational Review*, 32, 373
- Crumbaugh, J.C., (1965) The Application of Logotherapy, *Journal of Existentialism*, 5, 403
- Crumbaugh, J.C. and Maholick, L.T., (1963) The Case for Frankl's 'Will to Meaning.' *Journal of Existential Psychiatry*, 4, 43
- Frankl, V.E., (1963) *Man's Search for Meaning: An Introduction to Logotherapy*. New York: Washington Square Press

- Frankl, V.E. (1965a) *The Doctor and the Soul: From Psychotherapy to Logotherapy*. 2nd expanded edition, New York: Knopf
- Frankl, V.E., (1965b) The Concept of Man in Logotherapy. *Journal of Existentialism*, 6, 53
- Frankl, V.E., (1965c) Fragments From the Logotherapeutic Treatment of Four Cases. In *Modern Psychotherapeutic Practice: Innovations In Technique*, edited by Arthur Burton. Palo Alto: Science and Behavior Books
- Frankl, V.E., (1966) Self-transcendence as a Human Phenomenon, *Journal of Humanistic Psychology*. 6, 97-106
- Frankl, V.E. (1967) *Psychotherapy and Existentialism: Foundations and Applications of Logotherapy*. New York: Washington Square Press.
- Grollman, E.A., (1964) Viktor E. Frankl: A Bridge between Psychiatry and Religion. *Conservative Judaism*, 19, 19
- Haworth, D.S., (1965) Viktor Frankl *Judaism*, 14, 351
- Scheler, M., (1960) *On the Eternal in Man*. New York: Harper & Brothers
- Strunk, O., (1965) Religious Maturity and Viktor E. Frankl, In *Mature Religion*, New York and Nashville: Abingdon Press
- Thompson, W.I., (1962) Anthropology and the Study of Values, *Main Currents in Modern Thought*, 19, 37
- Wertheimer, M.: (1961) Some Problems in the Theory of Ethics, In *Documents of Gestalt Psychology*, edited by M. Henle. Berkeley & Los Angeles: University of California Press



PART III  
SPECIAL ASPECTS OF  
LOGOTHERAPY &  
EXISTENTIAL ANALYSIS

3.1

LOGOTHERAPY &  
THE CHALLENGE OF SUFFERING

There has been considerable progress in the development of psychotherapy during the last years, inasmuch as a turning is noticeable from the older psychodynamic concept of man as a being mainly concerned with need satisfaction, to the new anthropological view of man whose aim in life was now conceived of as selfactualization and the realization of his own potentialities. We could also say that the category of necessities (in the sense of man's being fully determined by instinctual drives and conditioned by social circumstances) has been replaced more and more by another category, i.e., potentialities to be fulfilled. In other words, we could speak of a re-interpretation of the human being. The whole phenomenon of human existence, however, is ineffable and cannot be circumscribed except by a sentence, the sentence, "I am". This "I am" had first been interpreted in terms of "I must" (i.e., I am forced by certain conditions and determinants, drives and instincts, hereditary and environmental

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1961*

factors and impacts), whereas in the following period the "I am" was understood in terms of an "I can" (i.e., I am able to actualize this or that aspect of myself).

There is still lacking, however, a third concept; for if we want to obtain an appropriate view of the human reality in its full dimensionality we would have to go beyond both necessities and possibilities insofar as we have to bring in—in addition to the "I must" and "I can" aspects of the total "I am" phenomenon—that dimension which would have to be referred to as the "I ought". What I ought to do, however, is in each instance to fulfill the concrete meaning which challenges me in each situation of my life. In other words, at the moment when we brought in the "I ought", we complemented the subjective aspect of human existence, i.e., being, by its objective counterpart which is meaning.

Only after we have done so, does the present trend of emphasizing self-actualization become justified! Whereas, when self-actualization is made an end in itself and aimed at as the objective of a primary intention, it could not be attained at all. For man would founder in such an attempt to seek directly that which is brought about only as a side-effect. *For only to the extent that man has fulfilled the concrete meaning of his personal existence will he also have fulfilled himself!*

This is in no way contradictory to the theory of self-actualization as presented by Abraham Maslow. For also he seems to me to have taken this full into account. For instance, when he says "it is possible to call my subjects more objective in all senses of the word than average people. They are more problem-centered than ego-centered... strongly focused on problems outside themselves. It may be a task that they feel is their responsibility, duty, or obligation. These tasks are non-personal or unselfish". So, Maslow would certainly agree if I venture the statement that self-actualization is neither the primary intention nor (to envisage the same thing from a more objective angle and not from the subject's viewpoint) the ultimate destination of man but rather an outcome or by-product.

Thus, we can see that when speaking of man's being in the world we should not deny that there is also a meaning in the world. Only when we have taken into full account this meaning have we supplemented the subjective aspect of human existence by its objective correlate. Not before then have we become aware of existence as being expanded in a polar field of tension between the self and the world.

However, no concept of the world would be adequate then as long as it would be understood in terms of mere projection or self-expression. If, above all, the meaning in the world to be fulfilled by man and the values therein to be realized by him would actually be no more than his “secondary rationalization, sublimations, and reaction formations”, nobody would be justified in expecting man to live up to his obligations. As a matter of fact, such pseudo-values totally lack any obligative character when they are understood merely as a mirroring of processes which go on in the individual in an impersonal way or merely as projections and expressions of the inner structure of the respective subject. The world must be seen as essentially more than that. We have to take into account the objectivity of the world which alone presents a real challenge to the subject. However, it would not be enough if we simply refrain from regarding the world and its objects—including values and meanings and their challenge to us—as mere self-expression; but we also should beware of regarding the world as a mere instrument serving purposes of our own, an instrument for the satisfaction of instinctual drives, for re-establishing an inner equilibrium, for restoring homeostasis, or a means to the end of self-actualization. This would mean degrading the world and again destroying intrinsically the objective relation of man to the world he “is in”. I dare say, man never, or at least not normally and primarily, sees in the partners whom he encounters and in the causes to which he commits himself merely a means to an end; for then he actually would have destroyed any authentic relationship to them. Then, they would have become mere tools, being of use for him, but, by the same token, would have ceased to have any value, that is to say, value in itself.

Whenever speaking of meaning, however, we should not disregard the fact that man does not fulfill the meaning of his existence merely by his creative endeavors and experiential encounters, or by working and loving. We must not overlook the fact that there are also tragic experiences inherent in human life, above all that “Tragic Triad”—if I may use this term—which is represented by the primordial facts of man’s existence: suffering, guilt, and transitoriness.

Of course, we can close our eyes to these ‘existentials’. Also the therapist can escape from them and retreat into mere somato- or psycho-therapy. Here, “psycho-therapy” is meant in the narrower sense of

the term, as against that wider concept of psychotherapy which brings in also the essentially human dimension of the 'noetic' in contrast to the psychic. This psychotherapeutic approach is called Logotherapy, and in its frame we have elaborated what is termed 'dimensional ontology'. Therein, we don't speak any longer of layers or levels of being for this would imply a disruption of man; to maintain his wholeness and unity we speak of dimensions and differentiate a biological, a psychological, and the essentially human dimension which is called in German *geistig* as against *leiblich* and *seelisch*. Since there is a distinction between *geistig* and *geistlich* (the latter referring to the suprahuman dimension) we are not at a loss. In English, however, spiritual has a religious connotation Logotherapy but whenever speaking of it Logotherapy has not yet entered the religious dimension. Therefore we prefer to speak, in addition to the biological and psychological dimensions, of a 'noological' one. The noological dimension is *ex definitione* what makes man a human being. This would be the case, for instance, when the therapist tries to tranquilize away the patient's fear of death, or to analyze away his feelings of guilt. With special regard to suffering however, I would say that our patients never really despair because of any suffering in itself! Instead, their despair stems in each instance from a doubt as to whether suffering is meaningful. Man is ready and willing to shoulder any suffering as soon and as long as he can see a meaning in it.

Ultimately, however, this meaning cannot be grasped by merely intellectual means, for it supersedes essentially—or to speak more specifically—dimensionally, man's capacity as a finite being. I try to indicate this fact by the term super-meaning. This meaning necessarily transcends man and his world and, therefore, cannot be approached by merely rational processes. It is rather accessible to an act of commitment which emerges out of the depth and center of man's personality and is thus rooted in his total existence. In one word, what we have to deal with is no intellectual or rational process, but a wholly existential act which perhaps could be described by what I call '*Urvertrauen zum Dasein*' which, in turn, could be translated by 'the basic trust in Being'.

Aware now that the meaning of being, or the logos of existence essentially transcends man's mere intellectuality, we will understand that "logo-" therapy is as far removed from being a process of "logical" reasoning as from being merely moral exhortation. Above all, a psychotherapist—and the Logotherapist included—is neither a teacher nor a preacher, nor should he be compared with, let me say, a painter. By this

I wish to say that it is never up to a therapist to convey to the patient a picture of the world as the therapist sees it, but rather to enable the patient to see the world as it is. Therefore, he resembles an ophthalmologist more than a painter... Also, in special reference to meanings and values, what matters is not the meaning of man's life in general. To look for the general meaning of man's life would be comparable to the question put to a chess player: "What is the best move?" There is no move at all, irrespective of the concrete situation of a special game. The same holds for human existence inasmuch as one can search only for the concrete meaning of personal existence, a meaning which changes from man to man, from day to day, from hour to hour. Also the awareness of this concrete meaning of one's existence is not at all an abstract one, but it is, rather, an implicit and immediate dedication and devotion which neither cares for verbalization nor even needs it in each instance. In psychotherapy it can be evoked by the posing of provocative questions in the frame of a maieutic dialogue in the Socratic sense. I should like to draw your attention to an experience of such a dialogue during the group psychotherapeutic and psychodramatic activities of my clinic as they are conducted by my assistant, Dr. Kurt Kocourek.

It happened that I stepped in the room of the clinic where he was at the moment performing group therapy; he had to deal with the case of a woman who had lost her son rather suddenly. She was left alone with another son, who was crippled and paralyzed, suffering from Little's disease. She rebelled against her fate, of course, but she did so ultimately because she could not see any meaning in it. When joining the group and sharing the discussion I improvised by inviting another woman to imagine that she was eighty years of age, lying on her deathbed and looking back to a life full of social success; then I asked her to express what she would feel in this situation. Now, let us hear the direct expression of the experience evoked in her—I quote from a tape: "I married a millionaire. I had an easy life full of wealth. I lived it up. I flirted with men. But now I am eighty. I have no children. Actually, my life has been a failure," And now I invited the mother of the handicapped son to do the same. Her response was the following—again I am quoting the tape: "I would look back peacefully, for I could say to myself, "I wished to have children and my wish was granted. I have done my best; I have done the best for my son. Be he crippled, be he helpless, he is my boy. I know that my life was not a failure. I have reared my son and cared for him—otherwise he would have to



go into an institution. I have made a fuller life possible for this my son"" Thereupon I posed a question to the whole group: "Could an ape which is being used to gain serum for *poliomyelitis* ever grasp what his suffering should be for?" The group replied unanimously, "Of course it cannot." And now I proceeded to put another question: "And what about man? Man's world essentially transcends an ape's *'Umwelt'*. That is why the ape cannot become cognizant of the meaning of its suffering. For its meaning cannot be found in the *'Umwelt'* of the animal, but only in the world of man. Well," I asked them, "are you sure that this human world is something like a terminal in the development of the cosmos? Shouldn't we rather admit that there is possibly a world beyond, above man's world, a world, let me say, in which the question of the ultimate meaning of our sufferings could be answered, and man's quest for this super-meaning could be fulfilled?"

I had but to pose this question, which was answered subsequently by the members of the group in various ways, in personal ways, in no way, however, in a negative sense.

What comes to light here is that the ultimate questions of human existence are on the lips of each 'man on the street' and are continually confronting the therapist. It is not necessary, however, to enter into sophisticated debates with the patients.

'Logos' is deeper than logic.

## RELIGION &amp; EXISTENTIAL PSYCHOTHERAPY

## THE SPIRITUAL AS THE

## ESSENTIALLY HUMAN DIMENSION

**A**ny new development in psychotherapy must necessarily be grounded on Psychoanalysis and Individual Psychology. It is our strict duty to keep these foundations in mind. Yet, the edifice which they began has its limitations. No matter how high this structure may seem to have risen, it is our duty and privilege to build higher on these foundations.

Psychotherapeutic theory has been seriously handicapped by *Psychologism*. It is characteristic of Psychologism to lay aside a logical inference under the guise of a psychological conclusion. By this psychologistic process a psychotherapist may try to avoid the sphere of content in order to take refuge in the sphere of expression. He considers only the psychic. The spiritual, for him, is non-existent; at least it is not recognized as an independent, autonomous system.

Misconceptions concerning the 'psychosomatic' unity and the 'holism' of man have made their own contributions to psychologism by contending that man is a mere psychic-corporeal unity. In our opinion this unity is not what makes man a man; it does not constitute his wholeness. True human wholeness must include the spiritual as an essential element. Moreover, the spiritual is precisely that constituent which is primarily responsible for the unity of man.

Psychoanalysis has always been distinctively 'psychologistic' because it tends to see in a human being nothing but *pleasure-seeking* and *instinct-determinism*. It leaves out *value-seeking* and *meaning-orientation*. Now, just as soon as an analyst fails to consider something like meaning and values in his analysis, all the pertinent phenomena become ambiguous in one way or another. "The twilight of the purely psychological turns all cats grey" quips von Gebattel (1, p. 34).

Erwin Straus was one of the first scholars to demonstrate the inherent contradictions in the fundamental psychoanalytic concepts of 'repression,' 'sublimation,' and 'Censor.' Scheler calls psychoanalysis an 'alchemy' because it tries to produce goodness and love out of instinct. Such a concept seems to be self-contradictory. Has anyone ever heard of a river building its own power plant?

Since psychotherapeutic theory has neglected the categories of meaning and value, there is all the more reason why Logotherapeutic theory was forced to place special emphasis on them. Freud himself must have suspected this deficiency, if he did not actually forestall it. In one place he says that the normal man is not only far more amoral than he thinks, but also far more moral than he knows. In another place he advises the therapist to treat the moral considerations of a person with moral means.

It seems quite evident nowadays that, even unconsciously, psychoanalysts have been doing this for a long time. In our opinion ever is effective in the final analysis only in so far as it involves an existential readjustment.

### PSYCHOTHERAPY & LOGOTHERAPY

The new psychotherapy must be set up in contrast to all psychological theories which ignore the spiritual in man. It must be directly oriented towards the spiritual. This orientation has a twofold direction. On the one hand, it is a psychotherapy derived "from the spiritual," or in Hegelian terms, from the "objective spirit," from *Logos*. And on the other hand, it is a psychotherapy aimed "towards the spiritual," towards the "subjective spirit," towards *Existenz*. In the first case it is *Logotherapy*; in the second, *Existenzanalyse*.

The spiritual has to be added to their substructure. The spiritual belongs essentially to this perfectly integral system.

Adler and Freud are complementary in still another way. First, Psychoanalysis saw principally sexual determinism in human existence. Then, later, Individual Psychology regarded mainly the "social interest." They overlooked one thing. Both developments were each merely one aspect of that original, total human phenomenon of love. Ludwig Binswanger places this notion of love, intact and undiminished, at the center of his *Daseinsanalyse*. He opposes it to the Hei-

deggerian interpretation of human *Dasein* (Existence) as pure *Sorge* (sorrow, concern).

*Existenzanalyse* aims to complement these previous theories, to remodel and surpass them, and to complete a truer picture of the “complete” man, namely, “being man” as essentially spiritual *Existenz*. This procedure will refute that old reproach, that we have tried to build the house be, ginning with the roof. Our intention was simply not to stop with the foundation or at any particular storey. “We aimed to bring the ‘whole’ house under a ‘roof.’”

From the supplementary character of these theories it will be easy to detect clearer indications of a kind of *convergence* in the individual schools of psychotherapy. If such a convergence is possible, it necessarily demands cooperation among the representatives of the individual tendencies. Not only is the soul itself a “broad land,” as Arthur Schnitzler calls it, but also the knowledge of the soul, therapeutics of the soul, psychotherapy, is such a broad land that it must be paced off in all different directions and dimensions. If the law of cooperation applies to research, it applies even more to theory and especially to practice. Here the most appropriate rule is a deliberately eclectic mode of procedure.

Not every Psychotherapist is capable of handling every method of treatment. On the other hand, not every method of treatment is good for every case and every type of patient. For this reason there is a need for adaptability in psychotherapeutic pedagogy. Psychotherapy is like an equation with two unknowns—Psi equals x plus y. The one unknown is that ever variable and incalculable factor, the *personality of the Doctor*, and the other unknown is the *individuality of the patient*.

### EXISTENCE & TRANSCENDENCE

Psychotherapy has progressed in two stages since the time of Freud. The first stage led *from Automatism to Existence*; the second *from Autonomy to Transcendence*. These two steps are necessary, first because the human being never comes into the picture in a bundle of pure instinct and automatic reflexes, and secondly because the complete picture of man goes beyond the framework of immanence. Fortunately, today the notion of transcendence is not immediately taken as offensive when it is included in the explanation of human nature; or even when it is applied to the nature of human illness. No less a scientist

than Einstein expressed this attitude briefly: "Science without religion is lame—religion without science is blind."

What is at the root of some narrow, futile efforts to interpret human beings merely in terms of immanence without considering their transcendental? Why do they insist on regarding man, if not as an automaton, nevertheless as an absolutely autonomous nature? These questions lead us to Freud's assertion that the "Narcissism" of mankind has suffered a severe shock on three occasions. The first was brought about by the theory of Copernicus, the second by Darwin, and the third by Freud himself.

As far as the first shock is concerned, it has never been completely self-evident why mankind's feeling of self-esteem should be shaken upon learning that he was not the center of the universe. The fact itself could not cause any deterioration in the genuine worth of man. And being disturbed by this fact is like being disappointed because Goethe was not born at the center of the earth, or because Kant did not live on a magnetic pole.

At any rate it is interesting to note that the historical moment of transformation from a geocentric to a heliocentric cosmogony of astronomy coincided with the historical moment of transformation from a theocentric to an anthropocentric cosmogony of philosophy. At that rate, completely in line with Freud's view, the Copernican cosmogony must really have caused a severe concussion in the consciousness of mankind. In Adlerian terms this concussion might be called a planetarian feeling of inferiority, and completely in accord with the operation of this mechanism, it would demand its overcompensation: Man felt himself thrown out of the center of the cosmos, so he set himself up all the more as the center of being—in place of God.

This self-deification may have had something to do with the source of European Nihilism of recent times. Every idolatry leads eventually to despair; in the words of Rudolf Allers, it wreaks its vengeance at the precise point where the hierarchy of values has been sinned against. There is a timely example near at hand. In the recent past the German nation divinized 'Blood and Soil.' The value system which this slogan captions was raised to an absolute principle and made an exclusive rule of acting. What happened? It lost precisely 'Blood and Soil': a large part of its 'soil,' its territory, and a good part, the best part, of its 'Blood,' its generation of young men. Statistics show that out of a hundred

men of the 1924 age group in Germany only 37 are alive and healthy today, as compared with 87 of the same age group in Switzerland.

Psychotherapy sees itself confronted with this nihilism and the despair of the man of today. This means an unusual widening of its scope. In 1945 when the city of Vienna had been completely bombed out and the streets were still strewn with the debris, Otto Kauders tried his best to deliver a private lecture on psychotherapy to the junior neurologists. He did not have time to continue the course for more than a few class periods, but he took time to put across an idea which was as daring as it was stimulating and unforgettable. He thought that this point ought to be perfectly clear: psychotherapy could certainly not afford to content itself with giving neurotic patients some more or less innocuous relief; it had to go far beyond these limitations and confront itself with the spiritual mass-misery which surrounded it.

### NEUROSES & PSEUDO-NEUROSES

The question of extending the scope of psychotherapy in regard to its object and related functions must be clarified by some very careful distinctions. If neuroses are considered as the object of psychotherapy, or, more exactly, if the treatment of neuroses is considered as the task of psychotherapy, in this sense neuroses are taken as specific psychogenic illnesses; but psychogenic in this sense does not have the same meaning as *functional*. Modern research has disclosed the widest varieties of vegetative and endocrine functional disorders which are not psychogenic illnesses in the strict sense of the term. In our research we have tried to show how behind many cases of agoraphobia a hidden hyperthyroid condition is operative. We have also shown that a latent, subnormal productivity of the adrenocortical system can be one cause in many syndromes of de-personalisation, possibly combined with disturbance of attention and inability to concentrate. Since these cases are not really psychogenic, but rather functional conditions, they should be called *pseudoneuroses*.

Moreover, the same distinction ought to be made in regard to every appearance of illness which is not genuinely neurotic, where there is not so much a question of a genuine *cause* stemming from the psychic, but rather a mere *release*, giving rise to what might be called *secondary neuroses*. Outstanding examples in this class are cases in which the mechanism of anticipatory anxiety supports a diseased condition

which was not originally psychogenic. Such cases which have been activated, for example, by the indiscreet suggestion of the Doctor or through the media of mass suggestions, have been termed *iatrogenic* neuroses. It is clear that these are likewise responding to psychotherapy, for it has long been established that the scope of psychotherapeutic treatment coincides in no way with the scope of psychogenesis. Bronchial asthma or angina pectoris are not necessarily psychogenic in the strictest sense of the word, and yet, to a great extent, both lend themselves to psychotherapeutic treatment. Finally, there are such cases as warts, whose specific curability by psychotherapeutic means has been known since the time of Bloch, although they are far from being psychogenically evolved.

### DISTRESS & ILLNESS

There are also pseudoneuroses which we have termed *noogenic*. These cases do not involve a condition of psychic illness, but rather a condition of spiritual distress. Some existential crisis of maturation is running its course under the clinical appearance of a neurosis, and yet there is no reason for diagnosing it as an illness in the narrow sense. "How all becoming appears so sick!" (Georg Trakl) There is no reason why a man who is laboring under the throes of some spiritual problem or ethical conflict should not sleep just as badly, or shiver as easily, or sweat as much as a neurotic, without actually being a neurotic in the strict sense.

In all these cases, to take psychotherapy in a narrow, traditional, psychologistic sense would mean simply to repress the 'metaphysical need,' It could easily amount to nothing short of education for 'metaphysical levity' (Max Scheler). A somatotherapy of this kind would not only repress the metaphysical need, but try to drown it in tranquilizers.

Keeping these distinctions in mind, it remains for us to prove the necessity of broadening the scope of psychotherapeutic functions. Rudolf Virchow coined the phrase: "Politics are nothing but medicine in the large." The temptation today is to turn the phrase, "Politics are nothing but Psychiatry in the large," In the Eighth Scandinavian Congress of Psychiatry (1946) the results of a psychiatric commission established by the Norwegian Ministry of Justice, were reported. Of 50,000 former followers of Quisling, 250 percent more paralytics, paranooids, and paranoid psychopaths were found among this group than

in the normal Norwegian population. Some people have postulated periodic series of psychiatric examinations for all political leaders.

There is much which could be said concerning the problem of a *Pathologie des Zeitgeistes* (The Spiritual Pathology of Our Age). One point, at least, should be made clear. Such a problem can be alleviated only by a psychotherapy which looks beyond Darwin's 'Struggle for Existence,' and beyond 'Mutual Help,' to a caption which ought to run: "The struggle for a meaning of existence—and mutual help in finding this meaning." Such a psychotherapy has to be in a truly humanistic understanding of man and of the world. Contemporaneous Nihilism must be opposed by Humanism, not by Homunculism. Homunculism ignores in man precisely the man himself, the genuinely human, the *homo humanus*. Either it concentrates exclusively upon *zoon politikon*, the *homo faber*, man as a technician; or it overemphasizes the *homo sapiens*, man idolized as reason; or it insists that man is a mere product of heredity and environment without free choice; or it may even condescend to consider man as a kind of higher mammal, whose ability to stand erect has 'gone to his head.' Within the framework of a true picture of man, so necessary for psychotherapeutic purposes, room must be left for the *homo patiens*. In order to instruct a 'suffering man,' psychotherapy must first learn the meaning of suffering. Suffering, at least in its highest potentiality, is a positive achievement in the highest sense of the term; it is "endowed with meaning" (Paul Polak).

### THE MEANING OF SUFFERING

Psychotherapy cannot rest content with making man capable of enjoying pleasure or of doing a day's work; it must also make him capable of bearing suffering, in a very definite sense. This statement does not deserve the augurs' laugh, nor does it merit that fashionable catchword of modern Western psychology, 'Escapism.' True escapism means evading reality, and it consists precisely in fleeing from the reality and from the predestined necessity of suffering, and from the possibility of filling that suffering with meaning. It is the neurotic above all who lacks the courage to suffer; he refuses to dare to suffer. He will not be helped by that imperative, *sapere audi* (dare to know), which represents the one-sided, superficial conception of *homo sapiens*; he needs that other imperative, *pari aude* (dare to suffer), which corresponds to the con-



ception of *homo patiens*, the man who suffers meaningfully, who fills his suffering with meaning.

Every age has its neurosis, and needs its psychotherapy. It has been reserved for our age to incorporate the capacity of man to suffer into the scope and purpose of psychotherapy. Ours is a generation tried in suffering, experienced in the deepest degradation. Perhaps, only by means of this experience could it find its way back to the acknowledgement of the spiritual personality of man. The new psychotherapy and its underlying conception of man were not concocted at a conference table or at a prescription desk; they took shape in the hard school of air-raid shelters and bomb craters, in Prisoner-of-War and Concentration Camps. If a person did not actually participate in any of these 'Borderland Situations, he has only to read the novels of the Resistance in order to understand why the age-old adage, *primum vivere deinde philosophari*, was no longer applicable. In these extremities the ultimate question was finding a meaning for life and accounting for the meaning of death. Man was compelled of his own will to render this account, so that he could stand upright and go ahead and die in a manner somewhat worthy of a human being. What really mattered was: *primum philosophari deinde mori*. In these situations anyone who theorized in categories of 50 years ago would have simply missed the point. Talking about complexes and feelings of inferiority would have been useless and completely senseless.

The question of mastering existentially these borderland situations has been treated by our book on the psychology of Concentration Camps. An American review of this book considered one thing alone of any importance. It attempted to show by *a priori* reasoning how the experiences delineated in this book manifested a regression back to urethral and anal erotic stages of development. In reaction to this review, a young European psychiatrist has described his own experiences in a Concentration Camp shortly before the end of the war. The sentence of his execution had already been pronounced, but at the last moment it was forestalled. During those last hours when his death seemed certain, he held a dialogue with himself. He testifies that there was no question of urethral or anal eroticism, nor of Oedipus or inferiority complexes, but the thought which completely occupied his mind was a self-administered 'Existenzanalyse.'

Logotherapy tries to answer the psychotherapeutic needs of our time. Modern man needs to be considered as more than a psycho-

physical reality. His spiritual existence cannot be neglected. He is not a mere organism. He is a person. Even the mentally sick man is a person. The worth of this person must be respected by psychotherapy in practice. Atrocities against his person, as well as his life, must not be repeated. Only a psychotherapy which presupposes a boundless respect for the individuality and the transcendentalism of all human existence can guarantee that the personal dignity of each individual man will be observed in practice in our modern age. The personal dignity of an individual is inviolable because it is, in a sense, infinite. A person is worth as much today as when the words of the Talmud first proclaimed: "Whoever destroys even a single soul should be considered the same as a man who destroyed a whole world, and whoever saves one single soul is to be considered the same as a man who has saved a whole world." The possibility of destroying a whole world was never so imminent as it is today, nor has a practical respect for the individual person ever been so necessary.

#### BIBLIOGRAPHY

- Arnold, M.B. and Gasson, J.A., (1954) *The Human Person*, New York: Ronald Press. See Chapter 16: Logotherapy and Existential Analysis.
- Frankl, V.E., (1954) Group Therapeutic Experiences in a Concentration Camp, *Group Psychotherapy*, 7, 81 (Paper read before the Second International Congress of Psychotherapy in Leiden, Netherlands, on September 8, 1951),
- . (1955) *The Doctor and the Soul, An Introduction to Logotherapy*, New York: Alfred A. Knopf
- . (1955) The Concept of Man in Psychotherapy, *Pastoral Psychology*, 6, 16-26 (Paper read before the Royal Society of Medicine, Section of Psychiatry, on June 15, 1954)
- . (1958a) On Logotherapy and Existential Analysis, In *American Journal of Psychoanalysis*, 18, 28-37 (Paper read before the Association for the Advancement of Psychoanalysis on April 11, 1951)
- . (1958b) The Will to Meaning, *The Journal of Pastoral Care*, 12, 82-88
- . (1959a) In: *Critical Incidents in Psychotherapy*, edited by S. W. Standal and R. J. Corsini, Englewood Cliffs: Prentice Hall
- . (1959b) *From Death Camp to Existentialism, A Psychiatrist's Path to a New Therapy*, Preface by Gordon W. Allport, Boston: Beacon Press
- . (1959c) Logotherapy and the Collective Neuroses in: *Progress in Psychotherapy*, Vol. IV, edited by J. H. Masserman and J. L. Moreno, Grune & Stratton, New York

- . (1959d) The Spiritual Dimension in Existential Analysis and Logotherapy, *Journal of Individual Psychology*, Vol. 15, Nr. 2, November 1959
- Gebsattel, V. E. von, (1947) *Christentum und Humanismus*, Stuttgart: Ernst Klett
- Polak, P., (1949) Frankl's Existential Analysis, *American Journal of Psychotherapy*, 3 611-622
- Weisskopf Joelson, E., (1955) Some Comments on a Viennese School of Psychiatry, *Journal of Abnormal and Social Psychology*, 51, 101-103
- . (1958) Logotherapy and Existential Analysis, *Acta Psychotherapeutica*, 6, 193-204

## ON THE SHOULDERS OF GIANTS

## ON THE MEANING OF LOVE

Unless life in general had a meaning, it would not make sense to speak of the meaning of love in particular. And what is true of love also holds for procreation: if life were meaningless, its procreation would be equally meaningless.

But it is the very problem of our time that people are caught by a pervasive feeling of meaninglessness, which is the most conspicuous symptom of the collective neurosis of our time. It is accompanied by a feeling of emptiness. Since I described and denoted it as the 'existential vacuum' in 1955, it has increased and spread literally all over the world. Our industrialized society is out to satisfy all needs, and our consumer society is even out to create needs in order to satisfy them; but the most human of all human needs—the need to see a meaning in one's life—remains unsatisfied. People may have enough to live by; but more often than not they do not have anything to live for. This is most perceptible in the young generation, more specifically in the form of a mass neurotic syndrome consisting of depression, aggression, and addiction. There is ample empirical evidence to the effect that suicide proneness, violent behavior, and drug dependency are, in fact, due to a lack, or loss, of meaning.

## MOTIVATIONAL THEORIES

How can we cope with this malaise and frustration of our time? Whenever we want to overcome a frustration, we must first under-

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stand the motivation. So let us have a look at what the motivational theories of the two great Viennese psychotherapeutic schools teach us. According to Freud's psychoanalysis, human behavior is ruled by a pleasure principle, and according to Alfred Adler's individual psychology, the human person is dominated by a striving for superiority. As you see, however, both motivation theories depict the human as a being basically concerned with intrapsychic conditions—be it an inner equilibrium or a feeling of inferiority versus a feeling of superiority. But this is not a true human picture. Actually, being human always means reaching out beyond oneself—reaching out for something other than oneself—for something or someone: for a meaning to fulfill, or for another human being to love. In other words, being human always means transcending oneself, and unless this self-transcendent quality of the human reality is recognized, psychology degenerates into some sort of monadology. In a word, self-transcendence is the essence of existence.

But what about self-actualization? It certainly is a perfectly worthwhile thing; in the final analysis, however, we can arrive at self-actualization only via self-transcendence. And in his diaries, even Abraham Maslow—who made the concept of self-actualization the cornerstone of his 'psychology of being'—stated that I had "convinced him" that self-actualization can best be carried out "via a commitment to an important job." (Maslow, 1965) In fact, self-actualization, I would say, is a by-product, or side effect, of self-transcendence—and the same holds for pleasure and happiness: 'pursuit of happiness,' the unalienable right of the Declaration of Independence, is a contradiction in terms because, as I see it, happiness cannot be pursued but must ensue, that is to say, it must establish itself by itself, automatically, as the unintentional effect of our dedication and devotion to a cause to serve, or a person to love. On the other hand, any direct intention of pleasure proves to be self-defeating—as easily can be seen in sexual neurosis: the more a male patient tries to demonstrate his potency, the more likely he will end up with impotence; and the more a female patient tries to convince herself that she is fully capable of experiencing orgasm, the more she is liable to frigidity. The cue to cure then lies in forgetting oneself by giving oneself.

But now let us come back to the issue of meaning: I hope I could show you that man's basic concern is neither the will to power, nor a will to pleasure, but a will to meaning, his search for meaning—precisely that which is so much being frustrated today! But man needs not only meaning but also something else: he needs the example and model of people who have *fulfilled* the meaning of their lives, or at least are on the way to do so. And this is precisely the moment at which the issue of the family comes in. For I regard the family as a lifelong opportunity to watch and witness what it means to fulfill meaning in life by living for others, nay, by living for each other: the family, indeed, is an arena where mutual self-transcendence is enacted!

### LOVE & SEX

By and large, family life is initiated by love—or at least by what is misnamed love while it really is no more than mutual sexual attraction. This brings up the question, what is the relation between love and sex? More specifically, human sex. Well, as far as the latter is concerned, it is truly human only to the extent to which it serves as the expression of something meta-sexual, and that is love. In other words, human sex is always more than *mere* sex, and it is so to the extent to which it functions as the physical expression of love—or let me say as the 'incarnation' of love.

However, human sex cannot be human a priori but must *become* human, and it does so by ever more becoming self-transcendent, thus ever more participating in the intrinsic self-transcendence of human phenomena. Figure 1 shows the developmental stages of the psycho-sexual maturation, step by step. First, there is only an interest in what Albert Moll called 'detumescence,' i.e., the decrease of tension as it is aroused by the sex drive. There is yet no relation to any partner so we may say that in order to get rid of sexual tension, masturbation would do—if need be, helped by using a vibrator. Anyway, the goal of sexual activity in the first stage, on the first step, is tension reduction.

However, according to a distinction introduced by Sigmund Freud, drives do not only have a goal but also an object. In the case of sexuality, the object is represented by a partner. But the partner is still seen, and used, as a mere tool to satisfy one's own sex drive and, as a mere tool, is interchangeable—a fact that results in promiscuity—or, even worse, the partner is anonymous—as is the case with prostitutes. That

such a relationship still lacks the human characteristic of self-transcendence is laid bare whenever those of our patients who suffer from sexual neurosis speak of “masturbating on a woman.”

Only in the third stage of development, on the third step of maturation, the subhuman type of sexual activity is overcome because now the partner is no longer used as an object but seen as a subject, seen as a human being—a fact that precludes being made a mere tool of drive satisfaction. Let us not forget that there is a second version of Immanuel Kant’s famous ‘categorical imperative,’ and it reads as follows: A human being must never be taken as a mere means to an end.

But the highest level of our scale is reached where the partner is seen not only in his or her humanness but, in addition, in his or her uniqueness—that uniqueness which constitutes a person as someone incomparable.<sup>1</sup> Only now we have entered the domain of love because it is love alone which empowers us for getting hold of the uniqueness of another human being. And since the loving person alone is enabled to grasp the loved person as someone incomparable and hence irreplaceable, love is the supreme warrant of a monogamous relation which, in turn, is the guarantee of its own durability.

Duns Scotus	person -i	human
Immanuel Kant	subject suj	
Sigmund Freud	object	
	goal	sub-human
Albert	goal	

#### The Developmental Stages of Psychosexual Maturation

### MEANING IS UNCONDITIONAL

At the outset, we spoke of the meaning of love and the meaning of life. Love is certainly one way to meaning; but it is not the only way. In

<sup>1</sup> Duns Scotus, the great medieval thinker, allotted to uniqueness a central place in his scholastic-philosophical system and coined for it the word ‘haecceitas.’

other words, it is in no way a *sine qua non*, an indispensable prerequisite of finding meaning in life. The same holds for procreation. There is an old Chinese dictum according to which a man, in the course of his life, should have written a book, begot a son, and planted a tree. Well, what about myself? I have authored 27 books; but, alas, I have begot only a daughter rather than a son; and, to make it worse, I have never in my life planted a tree! Should I have lived in vain? Should the meaning of life really be dependent on whether or not one is married and has children? How poor would life be if this were true; actually, life is infinitely rich as to the possibilities to fill it with meaning because—contrary to what the feeling of meaninglessness whispers into our ears—life is even unconditionally meaningful; that is to say, it holds a meaning under each and every condition, including misery and tragedy. Or could you otherwise understand and explain that life still can be found, or made, meaningful if you *have* been married but have lost your spouse or if you *have* had children and then have lost them? Let me for the sake of those among you to whom such a possibility sounds unbelievable, invoke the following dialogue, which I am going to quote from a book authored by the German Bishop Georg Moser: “A few years after World War II a doctor examined a Jewish woman who wore a bracelet made of baby teeth mounted in gold. “A beautiful bracelet,” the doctor remarked. “Yes,” the woman answered, “this tooth here belonged to Miriam, this one to Esther, and this one to Samuel...” She mentioned the names of her daughters and sons according to age. “Nine children,” she added, “and all of them were taken to the gas chambers.” Shocked, the doctor asked: “How can you live with such a bracelet?” Quietly, the woman replied: “I am now in charge of an orphanage in Israel.” The widowed doctor had lost his wife, and the Jewish mother had lost her children; but as it is said in The Song of Songs, love is as strong as death.

#### BIBLIOGRAPHY

- Lowry, R.J., (1982) *The Journals of Abraham Maslow* Lexington, Kentucky: Lewis, p. 39.
- Maslow, A.J., (1965) *Eupsychian Management: A journal*, Homewood, Illinois: R. Irwin,, p. 136.





## FROM LECTURE HALL TO AUSCHWITZ

A well-known psychiatrist once said that Western Humanity had turned away from the priest to the doctor. Another psychiatrist complained that nowadays so many patients approached the medical man with problems which should really be put before the priest; but when one tried to send them to a priest they would not go. Actually, we find that patients repeatedly come to us with such problems as the meaning of their existence. It is by no means true, however, that we doctors attempt to carry philosophy over into medicine, though this is often said of us; it is the patients themselves who bring us philosophical problems—the problems of their own concept of life.

It may well be that the individual doctor, confronted with such problems, is somehow driven into a corner; but medicine, and psychiatry in particular, has thereby been compelled to review a new world of problems.

Even now, a doctor can make things easy for himself; just as before, he can escape from these new questions. For instance, he may escape into the sphere of psychology, proceeding as if the spiritual distress of a human being, striving for a meaning to his existence, were nothing but a psychological phenomenon and a pathological one at that.

Man lives in three dimensions: the somatic, the mental and the spiritual. Psychologism ignores this third dimension, the spiritual dimension—although this is the very one which *makes* a being human. It may often be that man's concern about a meaning in life, which should be worthy of life, is not in itself a sign of disease or of neurosis. The differential diagnosis between 'achievement and symptom'—to use the antithesis of Oswald Schwarz—can only be made by someone who can see the spiritual. At any rate, the worry about the meaning of his life, this spiritual agony, may have very little connection with a disease of the psyche.

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Psychoanalysis has put forward its theory of the principle of pleasure; individual psychology has told us about the '*Geltungsstreben*'. The principle of pleasure could be termed the will-to-pleasure; the *Geltungsstreben*, on the other hand, corresponds to the will-to-power. But where do we hear of that which most deeply inspires and pervades man; where is the innate, albeit often unconscious and sometimes even repressed, desire to give as much meaning as possible to one's life, to realize as many values as possible—what I would call the will-to-meaning? Psychotherapy would turn this will-to-meaning—this most human phenomenon of all (since an animal certainly never worries about the meaning of existence)—into a human frailty, a pathological phenomenon, a complex, or something of the kind. A therapist who ignores the spiritual, and is thus forced to ignore the will-to-meaning is giving one of his most valuable assets away, for it is this very will-to-meaning that we should evoke, it is to this will that a psychotherapist should appeal. Again and again we have seen that, even under the most unfavourable conditions, both within and without, an appeal to continue life, to survive such situations, can only be made when such a survival appears to have a meaning. Above all, when a specific, personal mission is concerned—a meaning of existence, which can be realized by this one and only person; for we must not forget that every man is unique in the universe and we believe he exists but once in all time.

I remember my dilemma in a concentration camp when faced with a man and a woman who were close to suicide; both had told me the same thing—that they expected nothing more from life. In that moment the indicated therapy was to try to achieve a kind of Copernican switch by asking both my fellow-prisoners whether the question was really what we expected from life or, rather, was it not what life was expecting from us. I suggested that life was awaiting something from them. In fact, the woman was being awaited by her child abroad and the man by a series of books which he had begun to write and publish, but had not yet finished.

A goal can only be a goal of life, however, if it has a meaning. Now I am prepared for the argument that psychology and its medical application, psychotherapy, belong to the realm of science and are therefore not concerned with values; but I believe there is no such thing as psychotherapy unconcerned with values, only one that is blind to values. A psychotherapy which not only recognizes the spiritual, but actually

starts from the spiritual, may be termed Logotherapy. In this connection Logos is intended to signify 'the spiritual' and beyond that 'the meaning'. The Giessen psychiatrist, Richard Kraemer, once, so aptly, said with regard to Logotherapy: Up to now the spirit was regarded 'as the enemy of the psyche' (he was referring to the famous book by Ludwig Klages); now the spirit has become fellow-fighter for the psyche's health. Now we attack the disease with three armies: somatotherapy, psychotherapy and Logotherapy.

It is, of course, not the aim of Logotherapy to take the place of psychotherapy within the usual meaning of that term, but only to complement it, thus complementing the concept of man to form a picture of complete man, the completeness of whom includes essentially the spiritual dimension. In the first place such a therapy, which is directed towards the spiritual, will be indicated in cases in which a patient turns to a doctor because of spiritual distress and not actual disease. One can, of course, if one wants to, speak of neuroses even in such cases, neuroses within the widest sense of the term; one may also call the despair over an unsuccessful striving for a meaning to life a neurosis, say an *existential* neurosis as opposed to the *clinical* neurosis. And just as, for example, sexual frustration may—at least according to psychoanalysis—lead to neuroses, it is also conceivable that a frustration of the will-to-meaning may also be pathogenic, that is to say, may lead to a neurosis. I call this frustration existential frustration. The Head of the Psychotherapy out-patients' Department of the Neurological Poliklinik in Vienna noted that 12% of the cases were existential neuroses. Ruth Volhard and D. Langen in their report on the Psychotherapy out-patients' Department of the Neuropsychiatric Clinic at Tübingen University (under Professor Kretschmer) found roughly the same percentage.

In these cases Logotherapy is a specific therapy; in other cases it is a non-specific therapy; that is to say, there are cases in which the disease, in particular the neurosis, is psychogenic in the usual sense of the term, and yet the therapy can only be carried to its full success when concluded by Logotherapy.

Thus we have shown when Logotherapy is a specific therapy and when it can be effective though non-specific; but there are also cases in which it is no therapy at all, but something else, namely medical spiritual care. As such, it is to be used not only by the neurologist or the psychiatrist, but by every doctor, since, for example, the surgeon needs

it just as much when faced with inoperable cases or with those that he must maim by removing a limb. Likewise the orthopaedic surgeon is confronted with problems of medical spiritual care when he is dealing with cripples; finally, the dermatologist when dealing with disfigured patients, and the physician with incurables.

In all these cases there is, of course, more at stake than psychotherapy has hitherto been aiming at. Its aims used to be capacity to work and capacity to enjoy life; medical spiritual care is concerned with the capacity to suffer. Thus we are faced with an interesting problem; the question as to what fundamental possibilities there are at all of giving life a meaning, of realizing values. The answer is that life can be given a meaning by realizing what I have called creative values, or by achieving a task. But one can also give meaning to one's life by realizing experiential values, by experiencing the Beautiful, the Good, the True, or by experiencing one single human being in his uniqueness. And to experience one human being as unique, truly as Thou, means to love him. But even a man who finds himself in the most dire distress in which neither activity nor creativity can bring values to life, nor experience give meaning to it—even such a man can still give his life a meaning by the way in which he faces his fate, his distress, in which he takes his destined suffering upon himself as a burden to be borne; in this he has been given a last chance of realizing values.

Thus life has a meaning to the last breath. For the possibility of realizing values by the very attitude with which we face our destined suffering, this possibility is there to the very last moment. I call such values attitudinal values. The right kind of suffering—facing your fate boldly—is the highest achievement which has been granted to man. Thus, even where man must renounce the realization of creative and experiential values he can still achieve something. I should like to illustrate my point by the following case: A nurse in my department suffered from a tumour which was shown by laparotomy to be inoperable. In her despair the nurse asked me to visit her and our conversation revealed that the cause of her despair was not so much her illness in itself as her incapacity to work. She had loved her profession above everything and now she could no longer follow it, hence her despair. What should I say? Her situation was really hopeless; nevertheless I tried to explain to her that to work eight hours or ten hours or any number of hours per day is no great thing, many people can do that; but to be as eager to work as she was, and so incapable of work, and yet

not to despair—that would be an achievement few could attain. And then I asked her: 'Are you not really being unfair to all those thousands of sick people to whom you have dedicated your life as a nurse; are you not being unfair if you now act as if the life of a sick or incurable person, that is to say, of someone incapable of working, were without meaning?' I said: 'If you despair in your situation, then you are behaving as if the meaning of our life consisted in being able to work so many hours a day; but in so doing you would take away from all sick and incurable people the right to live and the justification for their existence.'

It goes without saying that the realization of attitudinal values, the achievement of meaning through suffering, can only take place when the suffering is unavoidable and unescapable. It may well be asked if such an approach as I have described can still be said to belong to the sphere of medicine, and I can certainly be reproached with the fact that medicine thus extended can at least no longer be said to belong to the realm of pure natural science. For my part, I would then immediately admit that the methods of natural science are most certainly necessary, for instance, to amputate a leg; but I should just like to permit myself the question, how can pure natural science help us to prevent the patient from committing suicide, either after, or even before, the amputation? The great psychiatrist Dubois once said so rightly 'Of course, one can manage without all that and still be a doctor, but one should realize that then the only thing that makes us different from a veterinary surgeon is the clientele.'

Thus the fact remains that even where we, as doctors in the narrower sense of the word, must resign, we can still work as doctors in the wider sense by medical spiritual care, and I am sure that this work still belongs to the proper sphere of medical activity. Not for nothing did Emperor Francis Joseph II dedicate the great General Hospital in Vienna, which even today houses most of the university clinics: '*Saluti et solatio aegrorum*' - 'to the Care and Consolation of the Sick.'

And how easy it is for a doctor to provide consolation. I should like to quote the case of a colleague, an old practitioner, who turned to me because he still could not get over the loss of his wife who had died two years earlier. His marriage had been very happy and he was very depressed, I asked him quite simply: 'Tell me, what would have happened if you had died first and your wife had survived you?' 'That would have been terrible,' he said, 'quite unthinkable; how my wife

would have suffered.' 'Well, you see,' I answered, 'your wife has been spared that, and it was you who spared her, though of course, you must now pay by surviving and mourning.' In that very moment his mourning had been given a meaning—the meaning of a sacrifice.

I have said earlier that *man should not ask what he can expect from life, but should rather understand that life expects something from him*. One might also formulate it like this: in the last resort man should not ask, what is the meaning of my life, but realize that he himself is the one on trial; life is putting its problems to him, and it is up to him to face the problems by shouldering his responsibility, thus answering *for* his life.

Life is a task, and religious man differs from the apparently irreligious one only by experiencing his existence not simply as a task but as a mission. This means that he also experiences the taskmaster, the origin of his mission. For thousands of years this authority has been called God.

I said before that Logotherapy is no substitute for psychotherapy, but its complement; but least of all does medical spiritual care aspire to be a substitute for the proper care of souls; that is practised by the priest. Now, what is the relation between the medical and the priestly care of souls? What is the relation between psychotherapy and religious care? In my view the answer is simple: the goal of psychotherapy is to heal the soul, to make it healthy; the aim of religion is something essentially different—to save the soul. So much for the different aims of psychotherapy and religious care of souls. But if instead of asking what is being aimed at we try to see what is the result, the, so to speak, unintended side-effect, we will find that the side-effect of religious care of souls is an eminently psychohygienic one. This is due to the fact that religion provides man with a spiritual anchor and with a feeling of security, such as he can find nowhere else. But to our surprise, psychotherapy can produce an analogous unintended side-effect; for although the psychotherapist is not concerned with, must not even be concerned with, helping his patient to achieve a capacity for faith beyond restitution of his capacity to work, enjoy and suffer—in spite of this, in certain felicitous cases the patient regains his capacity for faith, although in the course of his psychotherapeutic treatment neither he nor his doctor had aimed at that.

For such a result can never be the aim of psychotherapy from the beginning, and a doctor will always have to beware of forcing his philosophy upon the patient. There must be no transference (or rather,

countertransference) of a personal philosophy, of a personal concept of values, to the patient. The Logotherapist must be careful to see that the patient does not shift his responsibilities on to the doctor. Logotherapy is ultimately education to responsibility; and with this responsibility the patient must push forward independently towards the concrete meaning of his personal existence. Thus we have spoken of the necessity and the possibility of psychotherapy, particularly in the form of Logotherapy, caring for the spiritual distress of contemporary man. Now that we have passed out of the sphere of the purely clinical into a meta-clinical domain, that of existential neurosis, we may process to the para-clinical realm of collective neurosis, the realm of a pathology of the 'Zeitgeist', the spirit of our time, as one might call it.

The collective neurosis of our time is characterized by four symptoms, which I shall briefly describe.

First there is a planless, day-to-day attitude towards life. Contemporary man is used to living from one day to the next. He learnt it in the last World War and since then this attitude has, unfortunately, not been modified. While people used to live in this way because they were waiting for the end of the war and further planning, therefore, made no sense, the average men of today says: 'Why should I act, why should I plan? Sooner or later the atom bomb will come and wipe everything out.' And thus he slides into the attitude: 'Après moi, la bombe atomique' And just as any other anticipatory anxiety, this anxiety of anticipating atomic warfare is dangerous, since, like all fear, it tends to make that which it fears come true.

The second symptom is the fatalist attitude to life. This again has been learnt in the last World War. Man was pushed. He let himself drift. The day-to-day man considers planned action unnecessary; the fatalist considers it impossible. He feels himself to be the product or result of outer circumstances or inner conditions.

The third symptom is collective thinking. Man would like to submerge himself in the masses. Actually he is only drowned in the masses; he surrenders himself as a free and responsible being.

The fourth symptom is fanaticism. While the collectivist ignores his own personality, the fanatic ignores that of the other man, the man who thinks differently. The other man does not count, only his own opinion is valid. In reality his opinions are those of the group and those he does not really have; they have him.



Just as a normal conflict, a conflict of conscience, can become pathogenic by leading to an existential neurosis, so we can understand how as long as man is capable of a conflict of conscience he will be immune to fanaticism and to collective neurosis in general; conversely, a man who suffers from collective neurosis will overcome it to the degree to which he is re-enabled to hear the voice of his conscience and to suffer from it; existential neurosis will then cure the collective one! Some years ago I spoke on this subject at a congress where, among others, were colleagues who lived under a totalitarian régime. After the lecture they came to me and said: "We know this phenomenon very well: we call it 'functionary's disease'. A certain number of party functionaries are ultimately driven by the increasing burden of their conscience into a nervous breakdown and then they are cured of their political fanaticism."

Fanaticism crystallizes in the form of slogans, and these again produce a chain reaction; this psychological chain reaction is even more dangerous than the physical one, such as forms the basis of the atom bomb. For the latter could never be put into action if it had not been preceded by the psychological chain reactions of slogans.

Thus, if we speak of this pathology of the spirit of our time as of a mental epidemic, we might add that somatic epidemics are typical consequences of war, while mental epidemics are potential origins of war.

Ultimately, all these four symptoms can be traced back to man's fear of responsibility and his escape from freedom. Yet responsibility and freedom compose the spiritual domain of man. Contemporary man, however,—and this is characteristic—has become weary of the spiritual and this weariness is perhaps the essence of that nihilism which has so often been quoted and so rarely defined. This would have to be counteracted by a collective psychotherapy. It is true that Freud once declared in conversation: "Humanity has always known that it possesses a spirit; it was my task to show that it has instincts as well". But I myself feel that humanity has certainly in the last years demonstrated *ad nauseam* that it has instincts or rather drives. And today it appears after all more important to remind man that he has a spirit, that he is a spiritual being. And psychotherapy itself should remember this fact, particularly in face of collective neurosis. And now we find ourselves immediately faced with the question of the concept of man in psychotherapy. Every form of psychotherapy has a concept of man,

albeit not always consciously; but then it will be up to us to make it conscious. Or do we, who have learnt from Freud, really have to point out how dangerous the unconscious can become? We must explicate the unconscious, the implicit concept of man in psychotherapy; we must develop it just as one develops a negative, bringing it out of its latency towards a clear manifestation. For a psychotherapist's concept of man, under certain circumstances, can be such that it reinforces the patient's neurosis, for it can itself be entirely nihilistic.

Three factors characterize human existence as such: man's spirituality, his freedom, his responsibility.

The spirituality of man is no epiphenomenon. It cannot be derived from and causally explained by something not spiritual; it is irreducible and indeducible. Spiritual life may very well be conditioned by something, without therefore being caused by it. Normal somatic functions are conditional to the unfolding of spiritual life, but they do not cause or produce it. Again I should like to illustrate this point by an advertisement from *The Times*, published some years ago: a witty gentleman inserted the following: 'Unemployed. Brilliant mind offers its services completely free; the survival of the body must be provided for by adequate salary.'

A normally functioning psychophysical organism is thus no more or less than the condition for the unfolding of the spiritual self.

Now freedom means freedom in face of three things: (i) the instincts; (ii) inheritance; and (iii) environment.

Certainly man has drives, but these drives do not have him. We have nothing against the drives, not even against man accepting them, but we hold that such an acceptance must presuppose that he also had the possibility of rejecting a drive, that there was thus freedom of decision. We have nothing against the acceptance of drives, but we are, above all, concerned with man's freedom in the face of them.

As for inheritance, the most serious research on heredity has shown how high is the degree of human freedom in the face of predisposition. In particular, research on twins has shown how different lives can be built up on the basis of identical predispositions.

I myself am in possession of a letter from a woman psychologist abroad who wrote to me that her character was down to every detail identical with that of her twin sister. They like the same clothes, the same composers, and the same men. There is just one difference: one sister is full of life and the other utterly neurotic.

As for environment, we know that it does not make man, but that everything depends on what man makes of it, on his attitude towards it. In the concentration camps we witnessed how, faced with the identical situation, one man became a swine while the other attained almost saintly status. And Robert J. Lifton (1954) writes about American soldiers in North Korean prisoner-of-war camps: "There were examples among them both of altruistic behaviour as well as the most primitive forms of struggle for survival."

Thus man is by no means a product of inheritance and environment. Man ultimately decides for himself! And in the end education is just education towards the ability to decide.

But also psychotherapy must direct its appeal to the ability for decision, to the freedom of attitude. Thus it appeals not only to what we have called man's will-to-meaning but also to the freedom of man's will.

And so we come to the third factor—after the spirituality and the freedom of man: his responsibility. To whom is man responsible? First of all, to his conscience. But this conscience again is also irreducible and indeducible, thus an original phenomenon and no epiphenomenon. One day I was sitting in a restaurant with an internationally famous psychoanalyst. He had just given a lecture and we were discussing it. He was denying that such a thing as a conscience, as an original phenomenon, existed at all, and asked me to tell him what this conscience was. I answered briefly: "Conscience is that which has made you present us tonight with such a splendid lecture". Whereupon he waxed furious and screamed at me: "That isn't true—I did not deliver this lecture for my conscience, but to please my narcissism!"

Today modern psychoanalysts themselves have come to the conclusion that "true morality cannot be based on the concept of a Superego" (Weiss, F. A. (1952) *Amer. J. Psychoan.*, p.41).

We are thus confronted with two original phenomena which cannot be reduced to other phenomena or rather deduced from them. The first phenomenon was man's spirituality, the second man's responsibility. In the face of these two, dynamic or genetic contemplation is insufficient; drives cannot repress themselves. But neither can man be responsible to himself; at least not in the last analysis. Behind his conscience stands—albeit often unknown to him—an extra-human authority. Freud once said: "Man is not only often much more immoral than he believes, but also often much more moral than he

thinks". I should like to add that he is often much more religious than he suspects. These days, people see more in man's morality than an introjected father-image; and in his religion more than a projected father-image. And they have long ceased to consider religion a general obsessional neurosis of humanity.

I have said that man is often more religious than he himself suspects. But we must not make the mistake of looking upon religion as something emerging from the realm of the Id, thus tracing it back again to instinctual drives. Even the followers of Jung have, alas, not avoided this error. They reduce religion to the collective unconscious or to archetypes. Once I was asked after one of my lectures whether I did not admit that there were such things as religious archetypes, since it was remarkable that all primitive peoples ultimately reached an identical concept of God, and this could after all only be explained with the help of a God-archetype. I asked my questioner whether there were such a thing as a Four-archetype. He did not understand immediately, and so I said: "Look here, all people discover independently that two and two make four—perhaps we do not need an archetype for an explanation—perhaps two and two really do make four. And perhaps we do not need a divine archetype to explain human religion either—perhaps God really does exist."

There is, ultimately, no such thing as repression of drives by themselves, just as there is no such thing as responsibility to oneself; we can only be responsible to an entity higher than ourselves, and, if we derive the Ego from the Id and the Superego from the Id and the Ego, what we achieve is not a correct picture of man but in some way a caricature of man. This sounds like a tall story of Baron Munchhausen with the Ego pulling itself out of the bog of the Id by its own Superego shoelaces.

There is a danger that we may corrupt a man, that we may work into the hands of his Nihilism and thus deepen his neurosis, if we present him with a concept of man which is not the true concept of man—if we make man into a homunculus. The modern homunculus is not produced in the alchemist's vaults and in retorts, but wherever we present man as an automaton of reflexes, as a mind-machine, or as a bundle of instincts, as a pawn of drives and reactions, as a mere product of instinct, inheritance, and environment.

It occurs, in short, whenever we draw from biological data conclusions which are solely biologicistic, from psychological data, psycho-

logistic conclusions. I became acquainted with such biologism in my second concentration camp, in Auschwitz. For that is where biologism led to, right into the gas chambers of Auschwitz, that was the ultimate consequence of the theory that man is nothing but a product of inheritance and environment, or, as they liked to say in those days, of 'Blood and Soil'. I am absolutely convinced that the gas chambers of Auschwitz, Treblinka and Majdanek, were ultimately not prepared in some Ministry or other in Berlin but rather at the desks and in the lecture halls of Nihilistic scientists and philosophers.

## COLLECTIVE NEUROSES OF THE PRESENT DAY

**T**he subject of my lecture is to be the Disease of our Time. Now you have entrusted this task to a psychiatrist and I am asking myself if I am therefore expected to give, as it were, the Opinion of a Psychiatrist on Contemporary Man; that my theme is to be the Neurosis of Mankind?

One might well be tempted to this view, on taking up a book, the title of which says: 'The Nervous Condition—the Disease of our Time.' The author's name is Weinke and the book was published in '53—not 1953 however, but 1853.

The nervous condition—the neurosis—is thus not exactly a contemporary disease. Hirschmann of the Kretschmer neurological clinic, Tübingen University, showed statistically that the neuroses have by no means increased during the last decades; all that has changed is their aspect, their symptoms. But it is surprising to find that in this context anxiety has comparatively decreased in prominence. Thus it is not altogether correct to say that anxiety constitutes the disease of our time par excellence.

Yet not only in the last decades, even in the last centuries as far as we can ascertain anxiety has not been on the increase. The American author Freyhan at least asserts that earlier centuries had both more anxiety and more reason for anxiety than our own age and points in this connection to the witch trials, the religious wars, the migration of nations, the slave trade and the great epidemics of plague.

What then did give rise to the impression that the incidence of neuroses had actually increased? In my opinion it is due to the growth of something that one might call the psychotherapeutic need. In actual fact some of the people who nowadays call on the psychiatrist would have done much better to see a priest and in former days that is precisely what they would have done. But now they refuse to go to a

priest, so that the doctor is forced into what I venture to call medical ministry.

Not only the neuroses, but also the psychoses have in the course of time not increased, but have remained surprisingly constant. Here again there have been changes of aspect, different symptoms. I should like to illustrate this point with the condition known as masked melancholy: only one generation ago the mask consisted of obsessional scruples, that is to say compulsive guilt feelings and self reproaches. Nowadays, however, the symptomatology is dominated by hypochondriacal complaints and vegetative troubles; thus such cases are today referred to as vegetative depressions. (In general, vegetative dystonia has become so popular, as to constitute a fashionable disease). Now melancholy is sometimes attended by delusional ideas. It is interesting to note how the contents of these delusions have changed in the course of the last few decades. One is left with the impression that the delusional ideas of our patients are shaped by the spirit of the age and change with it; that therefore the spirit of the age makes itself felt right into the depth of psychotic mental life. Thus Krantz in Mainz and von Orelli in Switzerland were able to show that the melancholic delusional ideas of today are less than formerly dominated by a feeling of guilt—the guilt of man before God—and more by worry over the body, physical health and working capacity. We notice time and again how the melancholic delusion of sin is replaced by fear of disease or poverty. The melancholic patient of our time is less concerned with the state of his morals than that of his finances.

Having glanced at the statistics for neuroses and psychoses, let us turn to those of suicide. There we see that the figures do change in the course of time, but contrary to what the layman would expect. For it is a well-known empirical fact that in times of war and crises the number of suicides decreases. If you asked me for my explanation I should quote what an architect once said to me: the best way to buttress and strengthen a dilapidated structure is to increase the load it has to carry. In actual fact, mental and somatic strains and burdens—in short what in modern medicine is known according to Selye as “stress”—is by no means always and necessarily pathogenic or disease producing. We know from our experience with neurotics that relief from stress is potentially at least as pathogenic as the imposition of stress. Ex-Prisoners-of-War, former Concentration camp Inmates and Refugees who had all to contend with great suffering, yet were under the pressure

of circumstances not only forced but also able to do their utmost, to give their best, these people were psychohygienically in grave danger as soon as the stress was taken from them by being suddenly released. In this connection I am always reminded of the disease known as caisson disease called 'the bends', where men who are brought up to the surface from regions of increased pressure are in particular physical danger.

Let us return to the fact that the incidence of neuroses at least in the precise clinical sense of the word has not increased. This really means that the clinical neuroses have by no means become collective and do not threaten to engulf mankind as a whole. But we can also put it in a more cautious way: it just means that what we are justified in calling collective neuroses are not necessarily the same as neurotic conditions in the narrower clinical sense of the word!

Having made these limitations clear, let us now turn to those trails in the character of contemporary man, which may be termed neurosis-like—'similar to neuroses.' Well, the 'collective' neurosis in this sense shows, according to my experience, four main symptoms:

[1] An ephemeral attitude towards life. In the last war man learned—by necessity—to live from one day to another; he never knew whether he would see the next one dawn. But since the war this ephemeral attitude has remained with us and in our days it appears justified by the fear of the atom bomb. People seem to be in the grip of a mid century mood, the slogan of which is: "Après moi la bombe atomique." And thus they have given up the idea of planning far ahead or of organizing their lives around a definite purpose.

[2] A further symptom is the fatalist attitude towards life. Ephemeral man says: there is no need to plan my life, since the atom bomb will explode one day in any case. Fatalist man says: it is not even possible. He tends to consider himself a plaything of external circumstances or internal conditions and therefore lets himself be shifted around. But he himself does some shifting as well—he shifts the guilt onto this or that, all according to the teachings of the various contemporary homunculisms.

He feels himself to be the product of environment, of his psychophysical make-up: a simple automaton of reflexes or a bundle of 'drives'. This latter view can be so well supported by the popular interpretations of psychoanalysis, which appear to supply plenty of arguments in favour of his fatalism. A depth psychology, which considers its main task to be that of 'unmasking', comes in most handy for the



neurotic's own tendency towards 'devaluation.' At the same time we must not neglect the fact, which the well-known psychoanalyst Karl Stern—who is now in Canada—pointed out, when he said: "Unfortunately, the reductive philosophy is the most widely acclaimed part of psychoanalytical thought. It harmonizes so excellently with a typical petit bourgeois mediocrity, which is associated with contempt for everything spiritual." Well, the contempt for everything pertaining to religion in particular is made very easy for the contemporary average neurotic by the help of a misconceived psychoanalysis and with all due respect for the genius of Sigmund Freud and his pioneering achievement, we must not close our eyes to the fact that Freud himself was a child of his time and not independent of the spirit of his age. Surely it was above all an expression of that spirit, when Freud considered religion an illusion or an obsessional neurosis and God a father image. But even today, after some decades have passed, the danger of which Karl Stern gave warning, should not be underestimated. With all that, Freud himself was by no means the man to look down on everything spiritual and moral—did he not say that man was not only often much more immoral than he usually believed, but also much more moral than he thought himself to be?—and we might complete this formula by adding: and also often unconsciously much more religious than he suspects. I should not like to exclude even Freud himself from this rule. After all, it was he who once referred to "our God Logos."

Even the psychoanalysts themselves are now feeling something which one might call—in allusion to Freud's book title 'Civilization and its discontents'—'Popularity and its discontents.' The word complex has become a shibboleth in our days. American Psychoanalysts are already complaining that the so called free associations—after all part of the basic technique in analysis—have for a long time no longer been really free: the patients know far too much about psychoanalysis even before they come for treatment. And even the patients' dreams can no longer be relied upon by their interpreter. They too have been given a slant, so as to be welcomed by the doctor and fit in with his type of interpretation. This, at least, is being claimed by eminent analysts. So we get the situation—as pointed out by the well-known psychoanalyst Gutheil, editor of the American Journal of Psychotherapy—that patients of Freudians are always dreaming of Oedipus complexes, patients of Adlerians dream of power conflicts and patients of Jungians fill their dreams with archetypes.

[3] After this short reflection on Psychotherapy in general and Psychoanalysis in particular, we turn again to the collective neurotic character traits in contemporary man and come to the third of the four symptoms: collectivist thinking. This shows itself when average man in ordinary life desires to be as little conspicuous as possible, preferring to be submerged in the mass. Of course we must not overlook the essential difference between mass and community. It is this: a community needs personalities in order to be a real community and a personality again needs a community as a sphere of activity. A mass is different: it is only disturbed by individual personalities; and therefore it suppresses the freedom of the individual and levels the personality down.

[4] Collectivist man denies his own personality. The neurotic who suffers from the fourth symptom—I mean the fanatic—denies the personality of others. No one else may prevail. No opinion other than his own can expect a hearing. Yet in actual fact he has no opinion of his own, but simply expresses public opinion—which, so to speak, has him. We must not conceal that the first two symptoms, i. e. ephemeral attitude and fatalism, seem to me to be more widespread in the Western world whereas the two latter symptoms, namely collectivist thinking and fanaticism, dominate rather the Eastern world.

How wide is the spread of these collective neurotic trails among our contemporaries? I asked some of my collaborators to test patients who appeared mentally healthy, at least in a clinical sense, and had only been treated in my clinic for organic neurological complaints. They were given four questions to answer, in order to ascertain to what extent they displayed any of the four symptoms mentioned. The first question directed at the ephemeral attitude, was: do you consider it worthwhile to act, since after all we shall possibly be finished off by the atom bomb one day? The second question, aimed at fatalism, was formulated like this: do you believe that man is a product and plaything of outer and inner forces and powers? The third question, intended to unmask a tendency towards collectivist thinking, was: do you think it is best to make yourself inconspicuous? And finally the fourth, really a trick question: do you believe that someone who has the best intentions towards his fellow men is justified in using any means he considers appropriate to achieve his aim? In actual fact the difference between fanatical and human politics is this: the fanatic believes that

the end justifies the means, whereas we know that there are means which desecrate even the most sacred ends.

Well, of all these people tested only one single person appeared to be free from all symptoms of collective neurosis, while fifty percent displayed three, if not all four symptoms.

I discussed these and similar subjects two years ago in North and South America and everywhere they asked me whether this state of affairs was not just something restricted to Europe alone. To this question I improvised the following answer: it may be that the Europeans are more acutely endangered by these collective neurotic traits, but the danger itself—and it is the danger of nihilism—is a global one. And in actual fact all the four symptoms can be shown to derive from fear of and flight from freedom and responsibility; yet freedom and responsibility together make man a spiritual being. And nihilism should in my opinion be defined as being weary and tired of the spirit. As this worldwide wave of nihilism rolls forward with increasing momentum, Europe constitutes, so to speak, a seismographic station registering at an early stage the advancing spiritual earthquake. Maybe the European is more sensitive to the poisonous fumes emanating from nihilism in his direction; let us hope that he is thereby enabled to produce the antidote while there is still time.

I have just spoken about nihilism and in this connection I should like to point out that nihilism is not a philosophy which says that there is only Nothing—*nihil*—and therefore no Being; nihilism is that attitude towards life which says that Being has no Meaning. A nihilist is a man who considers Being and above all his own existence meaningless. But, apart from this academic and theoretical nihilism, there is also a practical, as it were 'lived' nihilism: there are people—and this is more manifest today than ever and therefore should be discussed in connection with collective neuroses—there are people who consider their life meaningless, who can see no meaning in their existence and therefore think it is valueless.

But innate in man there is not only the principle of pleasure which psychoanalysis has featured so strongly. We might also term it: the will to pleasure. Not only the drive for power, which the Individual Psychology of Alfred Adler has so well understood and forcibly demonstrated as pathogenic of neuroses; this again we might identify with the will to power. But deep down—according to my opinion—man is neither dominated by the will to pleasure nor by the will to power,

but by what I should like to call: the will to meaning—his deep-seated innate striving and struggling for a higher and ultimate meaning to his existence. This will to meaning can be frustrated. This condition I call existential frustration and oppose it to the sexual frustration, which has so often been incriminated as an etiology of neuroses. And I must say that existential frustration seems to me today to play at least as great a part in the formation of neuroses as formerly the sexual one. I call such neuroses noogenic neuroses, but I would certainly never maintain that every neurosis is noogenic. However, when a neurosis really is noogenic, that is to say, when it has its roots not in psychological complexes and traumata but in spiritual conflicts and ethical problems—then such a spiritually rooted neurosis requires a psychotherapy hailing from the spiritual and that is what I call Logotherapy—in contrast to psychotherapy in the narrower sense of the word. However, even in a number of neurotic cases which are not noogenic but psychogenic, Logotherapy is indicated. Professor Edith Joelson when writing about this “Viennese School of Psychiatry” says: “Although traditional psychotherapy has insisted that therapeutic practices have to be based on findings on etiology, it is quite possible that certain factors might cause neuroses during early childhood and that entirely different factors might relieve neuroses during adulthood. Helping the patient develop effective and socially acceptable defences against anxiety—such as a supportive system of ethical values—seems a more realistic, even though perhaps a less ambitious goal of therapy, than getting to the roots of the disorder.”

At the same time, I should certainly not like to put the will to meaning, that is to say the human claim to the maximum amount of meaning to his existence, on the same level as the sexual instinct. I should only be like the assistant in the bookshop, who, when asked by Norman Vincent Peale about the sales figures of the Kinsey Report, answered: “Religion is much more popular this year than sex.”

Adler’s Individual Psychology has made us conversant with the important part played by what it calls the sense of inferiority in the formation of neuroses; well, it appears to me that today something else is playing at least as important a part—what I should call the sense of meaninglessness. Thus not the feeling of being less valuable than others, but the feeling that life has no longer any meaning.

What threatens contemporary man is the alleged meaninglessness of his life or, as one might call it, the existential vacuum within him.

And when does this vacuum open up, when does it appear, when does this so often latent vacuum become manifest? In the state of boredom. And now we can understand the actual meaning of Schopenhauer's words, when he said that mankind was apparently doomed to vacillate eternally between the two extremes of want and boredom. In actual fact, boredom is nowadays giving us—and certainly us psychiatrists—more problems to solve than want—even the so called sexual want.

And this problem of boredom presenting a threat to psychohygiene is becoming increasingly topical. For the second industrial revolution—as automation is being called—will probably lead to an enormous increase in the leisure hours of the average worker. And they will not know what to do with all that amount of free time.

But I can see further dangers arising from automation: one day man's understanding of himself might be influenced and endangered. Man might begin to misinterpret himself by analogy with the thinking and adding machine. Let us remember: at first he understood himself as a creature in the image of his creator, God. Then came the machine age and he began to see himself as a creator in the image of his creation, the machine—*l'homme machine*, as La Mettrie puts it.

And now we find ourselves right inside the age of the thinking and adding machine. Already we find a Swiss Psychiatrist writing in the Viennese Journal of Neurology, volume 1954: "the electronic computer differs from the human mind only in that it works comparatively without a hitch—which can unfortunately not be said about the human mind." Here lies in wait—here at least I sense—the danger of a new homunculism. The danger that man may once more misunderstand and misinterpret himself as a 'nothing but'.

The three former great homunculisms: biologism, psychologism and sociologism had held a distorting mirror with a distorted image in front of his eyes, according to which he was 'nothing but' either an automaton of reflexes, a bundle of drives, a psychic mechanism or simply a product of economic environment. Nothing but that was left of man, whom the psalmist had still called *paulo minor Angelis* and had thus placed only just below the angels. The human essence in any case had already been removed. And let us not forget: homunculism can make history—has already done so. We only have to remember how in recent history the conception of man as 'nothing but' the product of heredity and environment or as it was then termed 'Blood and Soil' pushed us all into historical disasters. In any case, I believe it to be a

straight path from that homunculist image of man to the gas chambers of Auschwitz, Treblinka and Majdanek. The corruption of man's image by automation is still a distant danger; but after all it is our task as doctors not only, whenever possible, to recognize and where necessary to treat diseases, including diseases of the mind and even diseases of the spirit of our age—but also to prevent them, whenever possible; and therefore we must be permitted to raise our warning voices.

I was saying before that existential frustration—man's lack of knowledge about a meaning to his existence which alone can make life worth living—is capable of creating neuroses. Well, almost a quarter of a century ago I described what I then called the neurosis of unemployment. In recent years another form of existential frustration has become increasingly urgent: the psychological crisis of the pensioners. This will have to be dealt with by an up and coming branch of modern gerontology: psychogerontology or gerontopsychiatry.

To direct one's life towards a goal is of vital importance. When the professional task is no longer there, other life tasks must be found and therefore sought. In my opinion it is the first and foremost aim of psychohygiene to stimulate man's will to meaning—by offering him concrete possibilities of meaning. And these exist outside the professional sphere as well. In any case, nothing helps man so efficiently to survive and keep healthy as the knowledge of such a life task. Thus we understand the wisdom in the words of Harvey Gushing as quoted recently by Percival Bailey in his lecture at the 112th meeting of the American Psychiatric Society: "The only way to endure life is always to have a task to complete." I myself have never seen such a mountain of books on anyone's desk all waiting to be read, as on that of the 90 year old Viennese Professor of Psychiatry Josef Berze, the creator of a theory on Schizophrenia which many decades ago contributed so much to Schizophrenia research.

The spiritual crisis of pensioners constitutes so to speak a permanent unemployment-neurosis. But there is also an impermanent, periodical one: I mean the Sunday neurosis; a depression, which afflicts people who become conscious of the lack of content in their lives—the existential vacuum—when the rush of the busy week stops on Sunday and the void within them suddenly becomes manifest.

Usually, of course, existential frustration is not manifest, but latent and masked, and we know the various masks and guises under which it appears:

First of all, I am thinking of 'Manager's disease.' The frustrated will to meaning is vicariously compensated by the will to power. For the professional work into which the manager plunges with such maniacal zest only appears to be an end in itself: actually it is a means to an end, that of self-stupefaction. What the old scholars used to call the *horror vacui* exists not only in the realm of physics but also in that of psychology; man is afraid of his inner void, of the existential vacuum and runs away into work or into pleasure. The place of his frustrated will to meaning is taken by the will to power, even though it be just economic power, financial power, that is to say the most primitive form of the will to power: the will to money.

Things work differently in what I should call Mrs. Manager's disease: while the manager has too much to do and therefore not enough time for a breather or a meeting with himself, the wives of many managers have not enough to do and therefore too much time on their hands which they do not know what to do with. Least of all do they know what to do with themselves. They, too, seek to stupefy themselves, faced with existential frustration, only this time by drugging—even literally—with the help of alcohol. For the work mania of their husbands they substitute dipsomania: they flee from their inner void to cocktail parties; not only to them, but also to gossip social parties and bridge parties.

Their frustrated will to meaning is thus compensated, not by the will to power—as is the case with their husbands—but by the will to pleasure. This pleasure can of course also be sexual. We often notice that existential frustration can lead to sexual compensation; that apparent sexual frustration shows a real background of existential frustration. Sexual libido only becomes rampant in existential vacuum.

Beside work mania, dipsomania, gossip mania and gambling mania, we know of another possibility of getting over an inner void and an existential frustration: the craze for speed. And here I want to clear up a widespread misunderstanding: the pace of our age, which is only made possible, but not necessarily produced by technical progress, is only on the physical plane a source of disease: in actual fact it is known that in the last few decades far fewer people perished by infectious diseases than formerly. This 'deficit of death' is however richly made up by fatal road accidents. On the psychological plane, however, the position is different: there the speed of our age is by no means as productive of disease as is often assumed. On the contrary: I consider the pace,



the haste of our lives to be rather an attempt—albeit an unsuccessful one—to cure ourselves of existential frustration: the less man knows about his life's goal the more he speeds the pace of his living.

I regard the attempt to drown the existential vacuum with the noise of engines as the *vis a tergo* of motorization which is increasing so rapidly. Not only the feeling of meaninglessness, but also the good old feeling of inferiority in the most banal sense of the word can be compensated by motorization. Does not the behaviour of so many motorized parvenus remind us of just one thing: what the animal psychologists—or as they call themselves today: researchers in comparative behaviour—term: behaviour intended to impress?

Frequently a vehicle is only bought in order to compensate a feeling of inferiority: the sociologists call that prestige consumption. I know of a patient, a big industrialist, who presented the classical picture of manager's disease. His entire life was dominated by one single desire—even to the point of overworking and thereby ruining his health. Although he possessed a sports plane, he was not satisfied but wished for a jet plane. Apparently his existential vacuum was so great, that it could only be overcome by supersonic speed.

We have spoken of the psychohygienic danger to man presented in our days by 'lived' nihilism and a homunculist image of man; well, psychotherapy will only be able to banish this danger if it can keep itself free from homunculist images of man. But it will remain homunculist and nothing but a caricature of man as long as it considers him as 'nothing but'—a being that is 'driven' or just satisfies the conflicting claims of Id and Superego drives by compromise.

Man is not 'driven'—man decides. Man is free. But we prefer to speak of responsibility instead of freedom: responsibility implies something for which we are responsible—and that is: the accomplishment of concrete, personal tasks and demands—the realization of that unique and individual meaning which every one of us has to fulfill. Therefore I consider it misleading to speak of self fulfillment and self realization. Man must not only fulfill and realize himself, but quite specific values, the realization of which can be achieved by him alone. And only in the degree to which he accomplishes certain specific tasks in the surrounding world will he fulfill himself. Thus not *per intentionem* but *per effectum*.

Similar conditions prevail with regard to the principle of pleasure. If carried through to its last consequences it must fail, since it con-



tradicts and even opposes itself. We can see that time and again in sexual neuroses: the more a man strives for pleasure the less pleasure he achieves. And vice versa: the harder he tries to evade unpleasure, or suffering, the deeper he plunges himself into fresh additional suffering. Professor Edith Joelson of the Purdue University pointed out only recently in a paper on my Logotherapy, that it contained a corrective of particular importance to the American Mental Health Movement: the possibility of man to achieve a meaning even in suffering—particularly by the right kind of steadfast suffering—and thereby to attain even the highest possible value. This really is my conviction and in recent years I have time and again tried to emphasize it. But Mrs. Joelson thinks that to know this is of specific importance for North Americans; since they tended to regard a suffering human being as maladjusted or even psychoneurotic. This mistaken idea turns man into an escapist, that is to say, he runs away from his destined suffering, albeit without being able to escape on the contrary: he only burdens himself with fresh unnecessary suffering. For now he suffers not only from his fate but also from his belief that, as a sufferer, he is automatically a neurotic. Thus he not only suffers but suffers additionally on account of his suffering.

We have seen that there exists not only a will to pleasure and a will to power but also a will to meaning. Now we see further: we have not only the possibility of giving a meaning to our life by creative acts and beyond that by the experience of Truth, Beauty and Kindness, of Nature, Culture and, last not least, of human beings in their uniqueness and individuality—by the meeting of I and Thou, and that means by love—we have thus not only the possibility of making life meaningful by creating and loving, but also by suffering. So that when we can no longer change our fate by action, what matters is the right attitude towards fate. Where we can no longer control our fate and reshape it, we must be able to accept. For the creative shaping of our fate we need courage; for the right, steadfast kind of suffering, when faced with truly destined, that is to say inevitable and unchangeable fate, we need humility.

Yet the meaning of human existence is threatened not only by suffering, but also by guilt and death. That which causes our guilt, for which we are responsible, can no longer be changed; but the guilt itself can be redeemed and here again everything depends on the right attitude towards ourselves—the true repentance. (I am not even referring to the cases where damage caused can be undone by expiation.)

And what about Death—does it not completely cancel the meaning of our life? By no means. Let us not forget that what is past is not lost, but on the contrary: stored and saved from transitoriness. Usually man only considers the stubblefield of transitoriness and overlooks the full granaries of the past, wherein he has saved once and for all his deeds, his joys and also his steadfast suffering.

Thus we have seen that life, every life, in every situation and to the last breath has a meaning—retains a meaning. This is just as true about the life of a sick person—even when mentally sick; a so-called life not worth living does not exist. And even the trappings of psychosis conceal a real spiritual person, unassailable by mental disease. Only the means of communication with the outside world are inhibited by the disease, but the nucleus of man still remains indestructible. And if this were not the case it would be futile to be a psychiatrist.

When I was in Paris seven years ago for the first World Congress of Psychiatry, I was asked by kukuruz Père Beirnaert whether I, as a Psychiatrist, believed that Idiots could become Saints. I answered in the affirmative. But more than that. I told him I thought that the very fact—horrible as it is—of having been born an idiot—could be an occasion and a chance to prove oneself morally so well—by an inner attitude—that one might well be tantamount to a saint. Of course the other, humans, even we psychiatrists, would hardly notice anything, since the very possibility of self-manifestation towards the outer world was blocked by mental disease. Only God can know how many saints were concealed behind the masks of idiots. But then I asked Père Beirnaert whether it was not intellectualist self-conceit even to doubt this possibility. Did it not mean supposing that saintliness or any moral qualifications of man were dependent on his I. Q., so that one might for instance say: below an I. Q. of 90 there is not a chance. And another thing: who would doubt that a child has or rather is a personality? Yet what else is an idiot, but a man who is infantile and has thus remained a child?

There is therefore—and I hope I have shown it—no reason to doubt the meaning of even the most miserable life. Life has all absolute meaning—and we need an absolute belief in the meaning of life. This is more than ever essential in a time like ours, when man is threatened by existential frustration, by frustration of the will to meaning, by the unfulfilled claim to a meaning for man's existence, by the existential vacuum.

But Psychotherapy can only have an absolute belief in the meaning of life—every life—if it starts with the right kind of philosophy, if it chooses the right philosophy. Thus we understand how Waldon Frank could write in an American journal that Logotherapy gave testimony to the efforts everywhere to supplant the unconscious invalid philosophical hypotheses of the Freudians and Adlerians by a conscious philosophy. In actual fact both the Freudians and the Adlerians have each their own philosophy and modern psychoanalysis, particularly in North America, has already understood and agreed that a psychotherapy without a conception of the world, without a hierarchy of values, however unconscious, cannot exist. All the more important to make the psychoanalyst himself conscious of his often unconscious image of man. A psychoanalyst of all people should realize the dangers of leaving it unconscious. In any case this is the only way of him to straighten his image of man—distorted as it was by the influences of the past century—when he realizes that he has often taken as a starting point what is really a caricature of man and not a true image and that it is necessary to correct his image of man.

That is precisely what I have attempted to do with my existential analysis and Logotherapy—not to supplant the existing psychotherapy but to supplement it and thereby to make the underlying image of man into a whole, a total image of true man, an image in all its dimensions, thus doing justice to that reality which belongs only to man and after all is called existence.

I am of course quite aware of the fact that you may now reproach me for having produced a caricature of that image of man which I pretended to correct. And perhaps there is something in it. Perhaps I have really been one-sided and perhaps I have exaggerated when I sensed the threatening danger of nihilism, of homunculism, as I called it, behind many a theory and unconscious philosophical system of modern psychotherapy; perhaps I am really hypersensitive to the slightest suggestion of nihilism. But if that is the case, then please understand that I am only so hypersensitive because I have had to overcome nihilism within myself. And that is perhaps why I am so capable of smelling it out, wherever it may hide.

And if I may be allowed to tell tales out of the school of my own teaching analysis—or rather an existentialist self analysis: perhaps I can see the mote in the other's eyes so well because I have had to tear the beam out of my own.



**VIKTOR E. FRANKL**

AUTHOR OF *MAN'S SEARCH FOR MEANING*

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