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LOGOTHERAPY FOR CLINICAL PRACTICE

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Logotherapy is based on the meaning-focused existential philosophy of Viktor E. Frankl (1905–1997). Numerous mental health professionals have been inspired by his most popular book, Man's Search for Meaning; however, many are unfamiliar with the depth of Frankl's work. The purpose of this article is to discuss the tenets of logotherapy, including fundamental concepts, applicability and techniques, roles of the therapist, and assessment tools and new research findings. Logotherapy can readily be integrated with techniques that mental health professionals frequently use, and thus it has much to offer mental health professionals regardless of their theoretical orientation.

Keywords: meaning, purpose in life, logotherapy, Viktor Frankl, positive psychology

Logotherapy is based on the existential concepts of Viennese psychiatrist and philosopher Viktor E. Frankl (1905–1997). Frankl chose the term *logotherapy*—based on the Greek word “logos” as “meaning”—because his perspective emphasizes the unique capacity of human beings to perceive meaning. Many have been inspired by

Frankl's most popular book, *Man's Search for Meaning* (Frankl, 2006; originally published in English in 1959 as *From Death-Camp to Existentialism*), written over a 9-day period shortly after his concentration camp liberation during World War II (Hutzell, 2006; Klingberg, 2001). The book contains a narrative of concentration camp experiences and outlines some of the basic elements of logotherapy. A sense of personal life-meaning is critical to logotherapy, and *Man's Search for Meaning* is a prime example of how people may reduce despair in severe circumstances by incorporating personal meaning through attitudes, experiences, and behaviors.

Man's Search for Meaning was written in 1945, yet it was still rated as one of the top 10 books to make a difference in the lives of American readers as recently as the 1990s (Library of Congress, 1991). Russ Newman, American Psychological Association Executive Director for Practice, noted it to be of particular relevance to psychologists after the terrorist attacks of September 11, 2001 (Newman, 2002). The newest U.S. edition of the book (2006) indicates that there are more than 12 million copies in print. Despite its continued relevance, many mental health professionals are not familiar with the depth of Frankl's work.

Frankl is credited with writing over 30 books. Many were published originally in German, but there have been translations into at least 32 languages. He published over 700 articles. An abbreviated version of Frankl's vita was published by J. I. Levinson in 2001 (Levinson, 2001). For more information about Frankl's life and how it influenced the formulation of logotherapy, such as his youth in Vienna, correspondence with Freud and Adler, experiences in concentration camps during World War II, and his personal and professional development thereafter, the interested reader is referred to Frankl (1997b), Gould (1993), and Klingberg (2001). The purpose of the current article is to present various aspects of logotherapy, including major tenets, applicability and judicious use of the

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approach, therapist strategies, assessment-related issues, and new research support and remaining needs. Our intent is to provide an in-depth, yet concise, orientation to logotherapy compiled from often difficult-to-find publications (e.g., out-of-print sources), incorporating recently translated texts and current and forthcoming empirical findings. This article represents an update as to logotherapy's current status in the United States, with emphasis on logotherapy's utility and accessibility to a broad audience.

Meaning and Well-Being

A major reason that logotherapy has something to offer mental health professionals across various theoretical orientations has to do with the influence of the meaning construct on human health and behavior. There is a growing basis for the relationship between a sense of meaning and psychological and physical well-being (Melton & Schulenberg, 2008; Reker, 1994; Ryff, 2000; Ryff & Singer, 1998a, 1998b; Savolaine & Granello, 2002; Spiegel & Fawzy, 2002; Zika & Chamberlain, 1992). For example, meaning may contribute to an array of areas related to wellness, including awareness of social support, sense of identity and values, health-promoting behaviors (motivation to follow through), and stress inoculation (Ryff & Singer, 1998b; Savolaine & Granello, 2002). Moreover, in a recent review of the literature, Melton and Schulenberg (2008) noted that meaning is associated with a range of outcomes, such as stable mood and less psychological distress, more proactive and sociable behavior, and favorable attitudes toward life and the self. Meaning has clear significance to the human condition. The concepts emphasized in logotherapy are of interest to mental health professionals striving to find ways to help their clients help themselves and are compatible with a variety of existing theoretical orientations and the contemporary positive psychology movement.

Relationship to Other Therapies and Positive Psychology

Several sources indicate that spirituality (in the general sense of meaning, values, and purpose, as is emphasized in logotherapy) is becoming increasingly relevant in modern psychotherapy and medicine (see DuBois, 2007, Mahoney, 2000, and Savolaine & Granello, 2002), and there is increasing evidence that spirituality is associated with pos-

itive health outcomes (Seeman, Dubin, & Seeman, 2003). The field of psychology has shown increased interest of late not only in spirituality but also in resilience and positive mental health (e.g., Emmons & McCullough, 2004; Keyes & Haidt, 2003; Lopez & Snyder, 2003; Snyder & Lopez, 2002). Logotherapy has long emphasized the importance of meaning, faith, hope, humor, and many other adaptive constructs that have become a part of positive psychology; thus there is increasing support for the utility of logotherapy concepts to researchers and clinicians. Frankl and other logotherapists have done much clinical work in these areas, and this existing work can readily be incorporated into positive psychology, as well as other, specific paradigms.

Logotherapy is often regarded as a humanistic-existential school of thought, but it has much in common with other paradigms. Indeed, McMullin (2000) noted that "logotherapy is one of the precursors to cognitive therapy" (p. 31), and in describing innovative techniques used in cognitive restructuring therapy (specifically perceptual shifting), he outlined many techniques that are consistent with those practiced by logotherapists. Particularly relevant examples of perceptual shifting described by McMullin include bridging techniques, with the "Hierarchy of Values Bridges" exercise being a prime illustration of how clients' personally meaningful values hierarchy may be used to shift from old, maladaptive beliefs into new, more adaptive beliefs.¹ Similarly, the creative, active, and strengths-focused aspects of logotherapy have parallels with constructive therapies, such as solution-focused or narrative-focused therapies (Combs & Freedman, 1994; Furman & Ahola, 1994), in the encouragement of a more positive outlook in relation to life circumstances.

Frankl saw logotherapy, with its emphasis on the meaning-dimension of human beings (often termed the *spiritual dimension* in the broad sense of the word) as an addition to other therapies (Frankl, 1985, 1986, 1988, 2006), with the goal of enhancing techniques as opposed to replacing them. Simply put, logotherapy is intended to be collaborative (Fabry, 1981; Kovacs, 1999), and it has been explored in relation to a number of

¹ Logotherapy techniques are described in a subsequent section of this article. For additional information regarding perceptual shifting and relevant examples, the reader is referred to McMullin (2000).

specific forms of therapy over the years, with rational emotive behavior therapy (Hutchinson & Chapman, 2005) and acceptance and commitment therapy (Sharp, Schulenberg, Wilson, & Murrell, 2004; Sharp, Wilson, & Schulenberg, 2004) being recent examples. Training in logotherapy may benefit clinicians from a variety of perspectives, given its congruence with many different methods.

Fundamental Tenets

The fundamental tenets of logotherapy have been documented by Frankl in a number of English-language texts. Available books include the most recent edition of *Man's Search for Meaning* (Frankl, 2006) and the recent translation of *On the Theory and Therapy of Mental Disorders: An Introduction to Logotherapy and Existential Analysis* (Frankl, 2004). Additional English-language texts include *The Doctor and the Soul: From Psychotherapy to Logotherapy* (Frankl, 1986), *The Will to Meaning: Foundations and Applications of Logotherapy* (Frankl, 1988), *The Unheard Cry for Meaning* (Frankl, 1985), and *Man's Search for Ultimate Meaning* (Frankl, 1997a).

Described in the aforementioned texts, one construct central to logotherapy is referred to as the *tri-dimensional ontology*—the conceptualization of human beings along three overlapping dimensions: physical, psychological, and spiritual (i.e., noological, meaning oriented). It is commonly understood that human beings often respond with conditioned or automatic reactions (such as self-statements, behaviors, and emotions) in the first two dimensions and that other animals also function in the first two dimensions. The third dimension is emphasized in logotherapy as distinguishing human beings from other animals. However, human beings do not have to function in the third dimension (i.e., can behave in conditioned and automatic ways). Functioning in the third dimension often demands a perceptual shift away from the typical conditioned adherence to peer group expectancies or mass advertising, for instance.

In addition to the tri-dimensional ontology, logotherapy's basic tenets assert that (a) human life has meaning, (b) human beings long to experience their own sense of personal life meaning, and (c) human beings have the potential to experience life meaning under all circumstances.

Frankl held the position that opportunities to respond—in action, experience, or attitude—exist throughout an individual's life, and when the chosen response is consistent with the individual's personal values hierarchy, the individual experiences the longed-for sense of life meaning. Frankl held that each individual's personal life meaning incorporates reaching out to an overall order to the universe, to other human beings, and to other animals. Responses inconsistent with one's personal life meaning do still have objective impact; however, they do not provide the individual a sense of life meaning. Oftentimes, individuals are objectively successful according to what others (e.g., peer groups, marketing companies, and cultural ideals) might find important, but they lack a sense of life meaning, leaving a feeling of emptiness labeled *existential vacuum*.

Applicability to Mental Health Problems

In practice, logotherapy has application at each of the dimensions of the human being (the tri-dimensional ontology). Physiologically, logotherapy is recognized for its efficacy in the reduction of despair in unavoidable suffering. Psychologically, Frankl developed useful techniques, notably paradoxical intention and dereflection, especially for problems originating in anticipatory anxiety. From the spiritual sphere, many people experience meaninglessness at some point that is characterized by existential vacuum (Frankl, 2006; Hutzell, 1990; Sahakian & Sahakian, 1972). As such, individuals may feel bored or apathetic, as if they are “just going through the motions” of their lives (Frankl, 2006; Hutzell, 1990). It is this feeling of emptiness that can motivate people to respond to their circumstances, and it is their awareness of their personal life meaning that can guide them in an objective direction that they experience as full or satisfying. However, left unchecked, the feeling of emptiness may lead to disturbances from a lack of actualization of personal life meaning or from conflicts of personally meaningful values (Frankl, 2006; Hutzell, 1990; Sahakian & Sahakian, 1972).

When the existential vacuum leads to disturbances, the most common problems that are predicted to fill the existential vacuum are violations of social norms, distress symptoms, and physiological/psychological addictions. Frankl labeled these the *mass neurotic triad* and spoke

of them as aggression, depression, and addiction (Frankl, 2006; Hutzell, 1990). Although each of these problems can originate also from the physiological and psychological dimensions, when the symptoms originate from a sense of meaninglessness, they can then be treated with therapy designed to work particularly with discovering personal life meaning. The idea that meaninglessness is associated with alcohol (and other drug use) is well supported in the literature (Marsh, Smith, Piek, & Saunders, 2003). The parallels between logotherapy and the spiritual elements of Alcoholics Anonymous have been discussed (Holmes, 1991; Koster, 1991), and logotherapy has been applied in the treatment of alcohol problems (Crumbaugh, 1980, 1981; Crumbaugh, Wood, & Wood, 1980; Henrion, 2002; Hutzell, 1984).

In addition to drug and alcohol problems, logotherapy has been useful with depression, anxiety, and psychoses, as well as despair associated with incurable illnesses (see Fabry, 1994; Frankl, 2004; Lukas, 2000; Lukas & Hirsch, 2002). Logotherapy has applicability in a growing number of areas, such as rehabilitation (Ososkie & Holzbauer, 2004; Starck, 1982, 2003), mental retardation/developmental disabilities work (Hingsburger, 1989, 1990; Schulenberg, 2003a, 2003c), pastoral psychology (Graber, 2003; Leslie, 1965; Welter, 1987), aging (Kimble, 2000), family therapy and relationship counseling (Crumbaugh & Henrion, 2004; Lantz, 1993; Winters, 2002), and daily life/work-related issues (Crumbaugh, 1973; Pattakos, 2004).

Recent World Congresses on Logotherapy have included colloquiums on incorporating logotherapy into the treatment of specific diagnoses of the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev.; *DSM-IV-TR*; American Psychiatric Association, 2000). These protocols are subsequently published in *The International Forum for Logotherapy*. Examples of recent papers have included applications with mood disorders (Henrion, 2004; Ungar, 2002), anxiety disorders (Rogina, 2002), and personality disorders (Rodrigues, 2004; Rogina, 2004; Rogina & Quilitch, 2006).

Judicious Use of the Approach

When applications of a particular theory or technique are discussed, the question of when the theory or technique is contraindicated often

arises. In other words, are there situations in which logotherapy should not be used? There is little in the logotherapy literature on this subject because logotherapists do not tend to think in these terms. Logotherapists consider that each human being has internal resources, or strengths, that may be applied in any given situation. Logotherapists work with clients on helping them to identify and access these internal resources. However, there are situations that arise that significantly inhibit the ability of clients to identify and access their internal resources. For example, while the potential utility of logotherapy with psychoses was noted previously, in extreme cases in which individuals are experiencing severe psychotic states and reality testing is poor because of active hallucinations, delusional systems, or both, symptoms must be managed via other methods (e.g., medication) prior to application of logotherapeutic principles. However, even in such cases, logotherapy may be useful with friends and family who are struggling in terms of how they can assist their loved one. Moreover, in the above instance, once symptoms are brought under control via other treatment, logotherapy is applicable with regard to helping clients understand and accept their diagnoses, work with mental health professionals, and adhere to their treatment programs in spite of the fact that the logotherapy is not expected to "cure" the psychosis. Thus, rather than thinking in terms of contraindications, logotherapists typically think in terms of judicious use of the approach, working in collaboration with other strategies as necessary, to maximize the chances of a positive treatment outcome on the one hand and, on the other hand, to minimize the despair that can be associated with situations in which a positive outcome (cure) is not possible.

Logotherapeutic Strategies

The roles of the therapist. The roles of the therapist in logotherapy include regarding clients as fellow human beings, emphasizing their uniqueness, teaching that they have some freedom to respond to their situations or problems, and demonstrating to clients various techniques and how they may be applied to their situations or problems. When clients assert that they have no freedom to respond, the therapist helps them to search for their remaining freedom, plus encourages them to take responsibility to respond to that freedom through behaviors, experiences, or atti-

tude changes in ways that they find meaningful and adaptive.

In regarding clients as equal human beings, therapists set a high standard by including not only their clients' physiological and psychological dimensions but also their spiritual dimensions, in which responsibility, morality, and personal life meaning are possible. Modernizing a quote of the German poet Goethe, Frankl (1967) said, "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" (p. 12; see also Fabry, 1981). The logotherapist, Joseph Fabry, paraphrased it this way: "As long as we treat human beings as animals that can be trained, and machines that can be manipulated, we make them into animals and machines. If we make them aware of the resources of their human spirit we help them lift themselves into their true humanness" (Fabry, 1981, p. 11). In other words, logotherapists afford clients the dignity of expecting them to be capable as human beings in spite of the limitations of their current situation or problem.

In logotherapy, the client is active and participatory, retaining responsibility to alter maladaptive patterns and to actualize personal life meanings (Lukas, 1979/1995). The therapist assists the client in facilitating this process. The client is encouraged to recognize the freedom he or she has and to implement that freedom in order to take the energy away from the problem or symptom and, instead, to move in a less problematic, and more personally meaningful, direction. The therapeutic relationship is one of equality and offering opportunities to clients rather than one of superiority and "fixing" clients. As such, the therapist helps clients to clarify and work toward actions, experiences, and attitudes in which clients experience personal life meaning. The therapist insists that choices are always available, even if they are limited to choices among attitudes (Lukas, 1979/1995).

Phases of logotherapy. When logotherapy is conducted, oftentimes a series of four phases, or steps, are followed (see Fabry, 1994, and Lukas, 1979/1995). The first step involves differentiation of clients from their symptoms. Clients are more than clusters of symptoms, and in logotherapy it is imperative that they not overidentify with a given diagnosis. They remain human beings with the ability to overcome obstacles and experience personal life meaning. The second step involves attitude modification about the symptoms. Atti-

tudes are shifted away from overfocus on the symptoms and shifted toward awareness of remaining options that are in keeping with what the individual perceives as his or her personal life meaning, in spite of the symptoms. Attitudes are not forced upon clients (unless in severe cases such as suicide); rather, in the process of working with clients, a logotherapist facilitates the development of adaptive attitudes that are derived from each client's perceived personal life meaning (or personally meaningful values hierarchy). What choices are available in response to a particular situation or problem? What directions are most meaningful to a client? The third step involves symptom reduction, which often occurs automatically following successful completion of modification of attitudes. At other times, specific techniques for symptom reduction are incorporated (e.g., coping skills, self-efficacy techniques). Once symptom separation has been achieved, and more adaptive attitudes have been discovered, clients sense that options are available, and symptoms become more manageable. The final step involves maintenance of mental health through future orientation and facilitation of continued awareness of personal life meaning and the resultant purpose or goals in life.

Well-known therapeutic techniques. Logotherapy has yielded several specific, well-known therapeutic techniques. They focus on heightening peoples' awareness of their personal life meaning (i.e., their personally meaningful values hierarchy), facilitating goal development, living responsibly, and making adaptive choices consistent with personal life meaning (Hutzell, 1990). Attitude modification, particularly facilitated through Socratic dialogue (Fabry, 1994; Guttman, 1996; Hutzell, 1990; Lukas, 1979/1995; Lukas & Hirsch, 2002), is the most often used logotherapy technique. Socratic dialogue is a technique whereby a therapist asks questions of clients to facilitate internal exploration to discover personal life meanings, to explore how these may be actualized, and to foster recognition that choices toward these ends are always available. In the case of working with a client who feels faced with an insurmountable problem for which there is no solution, a logotherapist may ask about responses to similar problems in the past, seeking clues from the client as to personally meaningful attitude modifications that may have been used successfully to reduce the despair of the unchangeable problem. For the client, such

discussion prompts the rediscovery of a personally meaningful hierarchy of values, thought processes, and motivations that may be brought to bear on the current situation. In addition to attitude modification, well-known logotherapeutic techniques that have been developed include paradoxical intention, dereflection, and logoanalysis.

Paradoxical intention is a technique that behavior therapists have empirically validated, that Frankl developed independently in the 1920s (Ascher, 1989; Fabry, 1982; Frankl, 1975; Lukas, 1986), and that was first published in 1939 (Frankl, 1939, 1975, 1978/1979). It has been useful in cases involving recursive anxiety, such as agoraphobia and public speaking anxiety (Ascher & Schotte, 1999; Schotte, Ascher, & Cools, 1989; see also Schulenberg, 2003a). Components of classical paradoxical intention, when conducted by logotherapists, have been described (Fabry, 1982; Frankl, 1975, 1985; Hutzell, 1990; Lukas, 1982, 1986; Yoder, 1994) and include (a) a nonmanipulative therapist–client partnership, (b) ruling out of biological etiology, (c) educating clients about paradoxical intention with regard to what it is and how it works, (d) tailoring the technique to the individual's presenting complaints, (e) participating in the fear state, while (f) simultaneously incorporating humor to counteract anxiety. (In logotherapy, the spiritual dimension—in this case through the use of humor—is utilized to facilitate self-distancing to allow attitude change and then behavior change.)

Dereflection (Frankl, 1975, 1985, 1988, 2004; Hutzell, 1990; Lukas, 1986, 2000), as reported by Frankl, appeared in the 1940s (in German), with the first English-language appearance in 1952 (Frankl, 1952, 1975). It is known that, in some cases, people focus on the possibility of a problem or a symptom with such intensity that they create anticipatory anxiety that actually makes the problem or symptom worse (Frankl, 2006; Hutzell, 1990; Sahakian & Sahakian, 1972). The point of dereflection is to reorient a client's attention away from the preoccupying problem or symptom and refocus the attention instead onto related, highly motivating areas of personal life meaning (Frankl, 2006; Hutzell, 1990). The resulting effect is typically a reduction of the anticipatory anxiety associated with the symptom or problem in question and thus a reduction in the symptom or problem itself (Frankl, 2006; Hutzell, 1990; Sahakian & Sahakian, 1972). Dereflection is often a technique of choice when

working with sexual dysfunction (reorienting the focus of an individual toward the pleasure of one's partner instead of one's own physiological success), and it has been argued that the influential work of W. H. Masters and V. E. Johnson in relation to sexual problems validates Frankl's approach in this area (Frankl, 1952, 1975; Sahakian & Sahakian, 1972). Use of dereflection has grown over the years such that it is used to help clients respond to a variety of mental health difficulties when too much focus is placed on symptoms to the detriment of client strengths.

Another logotherapeutic technique, logoanalysis (developed by Crumbaugh, 1973), is applied to persons experiencing a lack of sense of personal life meaning (initially experienced as boredom or apathy but with the potential to evolve into violations of social norms, distress symptoms, and physiological and psychological addictions). Logoanalysis offers a systematic process of mental and written exercises to help individuals set a life direction and subsequent achievable goals based on their personal life meaning. The process lends itself well to self-help (Crumbaugh, 1973; Hutzell & Eggert, 1989; Hutzell & Jerkins, 1995) and small-group formats (Hutzell, 1983, 2002) and has yielded a variety of therapeutic exercises. For example, the Meaning in Life Evaluation scale (MILE; Crumbaugh & Henrion, 2004; Henrion, 2001) was designed to heighten an individual's sense of personal life meaning through awareness of their hierarchy of personally meaningful values, by prompting individuals to select from among 20 different values via a paired-comparisons approach. Examples of values incorporated in the MILE include friendship, acceptance, health, and so forth. Of the 20 different values, the 5 highest ranked by the paired-comparisons process are then emphasized to foster meaningful goal setting. The MILE facilitates active thinking and prioritizing of values, as well as recognition as to whether energy is being focused on the pursuits that are most meaningful in relation to the participant's values hierarchy.

Lesser-known logotherapy techniques. Many other applications and techniques of logotherapy have been developed that are not as widely known as those described above. These techniques include the Mountain Range Exercise (Ernzen, 1990; Schulenberg, 2003c, 2004b), the Movies Exercise (Schulenberg, 2003b; Welter, 1995), the Family Shoebox Game (Lantz, 1993), use of stories and metaphors

(Moore, 1998; Schulenberg, 2003b; Welter, 1995), and a variety of additional, assorted exercises designed to clarify values and enhance meaning.

The initial idea for the Mountain Range Exercise was noted by Frankl (see *The Doctor and the Soul*, Frankl, 1986), and developed as an activity by Ernzen (1990). A mountain range is drawn, and the person completing the exercise places people of importance to him or her (such as friends or family members, authors, musicians, and the like) on the various peaks. Participants are asked what they share in common with the individuals on their peaks, as well as whose mountains they would like to be a part of. The activity assists individuals in identifying positives in their lives, as well as in values clarification. The activity is useful in either individual or group therapeutic settings and has been used with a variety of populations and treatment contexts, such as people with alcohol-related problems, psychiatric inpatients, and meaningful living groups (Ernzen, 1990). It has also been used with adolescent male sex offenders with mental retardation (or developmental disabilities) and sexual behavior problems as a means of building rapport and discussing important treatment issues, such as values and sexual offense histories (Schulenberg, 2003c, 2004b). Variations on the traditional Mountain Range Exercise have also been proposed. Pattakos (2004) suggested adapting the Mountain Range Exercise to the work environment to clarify values and find meaning in employment via those people who have influenced a particular individual's professional development.

There are two components to the Movies Exercise (Schulenberg, 2003b; Welter, 1995), both of which focus on facilitating awareness of personal life meaning. The first component prompts an individual to develop a movie of his or her life, focusing on the past up to the present time. The second component is a movie from the present into the future. These creative activities afford opportunities to develop various movie aspects. (Who will be in them? What actor or actors will play the lead roles? What are the movies' titles? What kind of budgets will be available? What will the movies be about, and what genre will typify each film?) These various aspects are discussed in terms of the participant's personally meaningful values hierarchy, identity formation, interpersonal relationships, and key experiences in order to help clarify the participant's sense of personal life meaning.

In the Family Shoebox Game (Lantz, 1993), the therapist presents a family with a shoebox, tape, scissors, and magazines; the task is to adhere magazine pictures to the shoebox to represent family values and meanings. The outside of the box is used for values and meanings that are presented to people outside of the immediate family, while the inside of the box is used for values and meanings of particular importance to the members of the immediate family. Lantz (1993) argued that such tasks help families in two primary ways: first, it gives family members a clear task that requires communication about values and meanings that are important to the family experience, and second, it provides the family therapist with a means of observing family interaction patterns that may help or hinder a family's search for meaning and direction. An underlying premise of Lantz's (1993) applications of logotherapy to family therapy is that increased knowledge of family values and meaning can serve to stimulate healthy family interaction patterns, which can, in cyclical fashion, further guide family members toward an increased sense of values and meaning and direction for the family as a whole.

Logotherapists often use stories and metaphors as one means of facilitating attitudinal change (Moore, 1998; Schulenberg, 2003b; Welter, 1995). Frankl's own life experiences in the concentration camps and his attitudinal stance toward adversity (Frankl, 2006; Klingberg, 2001) serve as one remarkable example. However, the logotherapeutic literature is replete with stories and metaphors that function as illustrations for how one may adaptively deal with adversity. Some of these stories are real-life examples of the experiences of logotherapists. For instance, in a case of irreversible physical loss, as was recounted by Long (1995), Klingberg (2001), and Levinson (2002), a well-known logotherapist, Jerry Long, was a teenaged baseball player whose pitching had the attention of the professional leagues. Then he broke his neck and became physically dependent on others for his most basic activities of daily living. While he recognized that his potential for an athletic career had vanished, he also came to realize that much freedom remained in other areas in which he could actualize personal life meaning. He took responsibility for implementing that freedom: graduated from high school, went on to college, and eventually earned his doctorate in clinical psychology

and became a practicing logotherapist. He was able to lead a fulfilling life in spite of quadriplegia. He often summed up succinctly his inspiring credo for life: "I broke my neck; it didn't break me." He took responsibility to do what he could, within the freedom that he had, to establish and maintain an attitude to pursue a personal life meaning, in spite of his physical condition. Clients learn from such stories that regardless of one's circumstances, a proactive attitudinal stance toward adversity may be chosen.

A number of additional exercises to increase awareness of personal life meaning and to motivate people toward the actualization of their potentials have been described by Fabry (1988), Mendez (2004), Pattakos (2004), and Crumbaugh and Henrion (2004). One example contained in Fabry's text is the Value Auction, in which individuals are invited to consider various values that are auctioned off and how much they wish to "bid" on them from their limited pool of "funds." Another example is the Self-Appraisal Exercise, in which people are encouraged to participate in answering questions such as those relating to descriptions of themselves, whom they and others wish themselves to be, and their views as to their potentials. Such exercises prompt reflection on the consistencies between the individual's internal and external behaviors and their sense of personal life meaning. Mendez (2004) additionally outlined a number of less well-known techniques applied by logotherapists (e.g., Logodrama, Life Review and Life Preview, Guided Discovery of Meaning Potentials, the Logoanchor, and Appealing Techniques). Finally, Pattakos' (2004) exercises are geared toward personal life meaning in the workplace, while Crumbaugh and Henrion's (2004) activities relate to enhancing personal life meaning in interpersonal relationships.

Psychometric Assessment of the Meaning Construct

A variety of logotherapy tools have been introduced over the years to quantify and study the meaning construct. The best known of these are the Purpose in Life test, the Life Purpose Questionnaire, and the Seeking of Noetic Goals test. There is ample evidence for the internal consistency of the global scores generated by these measures, with coefficient alphas often reported in the .80s, and

in some instances exceeding .90 (Melton & Schulenberg, 2008).

The Purpose in Life (PIL) test is the earliest and most widely studied of the well-known logotherapy psychometric instruments (Crumbaugh & Maholick, 1964, 1969) and is the primary logotherapy measure of the degree to which an individual experiences a sense of personal life meaning. The PIL has been psychometrically reviewed in a number of sources (e.g., Crumbaugh & Henrion, 1988; Hutzell, 1987a, 1988; Melton & Schulenberg, 2008; Reker, 2000; Schulenberg, 2004a). With regard to validity, the PIL, as is expected, correlates positively with constructs such as happiness, emotional stability, and extroversion, and negatively with constructs such as boredom proneness, anxiety, and depression (Hutzell, 1988, 1989; Melton & Schulenberg, 2007, 2008; Robak & Griffin, 2000; Schulenberg, 2004a). Such correlations are consistent with logotherapy conceptualizations and research studies that demonstrate the relationship between meaning and well-being (Melton & Schulenberg, 2008; Schulenberg, 2004a).

The Life Purpose Questionnaire (LPQ; Hablas & Hutzell, 1982; Hutzell, 1989) is another measure of the degree to which an individual experiences a sense of personal life meaning, but it was designed for use with specialized populations, such as geriatric neuropsychiatric inpatients, for whom the PIL proves impractical (Hablas & Hutzell, 1982), and the LPQ is sometimes the measure of choice over the PIL because it uses a simple dichotomous-choice format, in contrast to the PIL's more complex Likert-type response format (Hablas & Hutzell, 1982; Hutzell, 1989). The LPQ is the second most frequently studied of the logotherapy measures. Validity support is evident via moderate-to-high correlations with the PIL and scores that demonstrate statistically significant improvement in programs that incorporated a life purpose component (Burnette, Swan, Robinson, Lester, & Little, 2003; Kish & Moody, 1989; Melton & Schulenberg, 2008; Schulenberg, 2004a).

The Seeking of Noetic Goals (SONG) test (Crumbaugh, 1977a, 1977b) was developed to assess motivation to find meaning. There is much less empirical data available in the published literature on its psychometric properties (Hutzell, 1987b; Schulenberg, 2004a).

Empirical Support and Future Research Needs

Frankl was well aware of the emphasis placed on empirical scrutiny, and he encouraged researchers to investigate logotherapy (Fabry, 1978/1979). Many studies have appeared with a focus on the logotherapy paradigm, meaning in general, and meaning-related constructs. Schulenberg (2003a) described research progress with direct relevance for logotherapy, including such areas as paradoxical intention and assessment, as well as positive psychology constructs such as gratitude, humor, hope, and love (all of which are central to logotherapy).

For a recent and comprehensive source of empirical articles relevant to logotherapy, the reader is referred to Batthyany and Guttmann's (2006) annotated bibliography, which is an important step in the advancement of the scientific study of logotherapy because of its collection of abstracts on general theory, techniques, psychopathology, and test construction and validation. It documents how far the empirical study of logotherapy has come, and it is clear that meaning-related research continues to advance. However, while empirical studies continue to be conducted, research needs remain a priority. Research is one means that may facilitate the continued evolution of logotherapy into the mainstream of the mental health field (DuBois, 2007; Guttmann, 1996; Hutzell, 2000; Schulenberg, 2003a). Areas of particular importance include expanding the psychometric properties of logotherapy assessment tools, isolating and studying specific logotherapy tenets, conducting studies of logotherapy's utility in relation to specific mental health diagnoses, and empirically examining logotherapy's relevance to clinical/disaster psychology, diverse populations, and psychoneuroimmunology.

Logotherapy measures: Expanding the psychometric foundation. One area to target for future research is that of continuing to expand the psychometric properties of various logotherapy measures with different populations and under different contexts (Guttmann, 1996; Melton & Schulenberg, 2008). Procedures such as exploratory and confirmatory factor analyses may have particular relevance for logotherapy measures and the meaning construct in general as assessed by these instruments (Melton & Schulenberg, 2008; Reker, 2000; Reker & Chamberlain, 2000). For example, the PIL continues to be of interest

from a factor analytic standpoint, as in the case of the development of psychometrically sound alternative forms of the measure. In a new study using samples of undergraduate students, Schulenberg and Melton (in press) took the 20 items of the PIL and demonstrated how factor analysis is of assistance in the assessment of the meaning construct, in this instance, in providing preliminary support for a replicable two-factor model of the PIL, as well as a psychometrically viable short form that may be useful for future research. In addition to this study, other recent factor analytic studies have been completed (e.g., Schulenberg & Gohm, in press; Schulenberg, Gohm, & Anderson, 2006); however, such studies require replication. Samples should be drawn from increasingly diverse populations (in each of the previously mentioned studies, samples were primarily female, Caucasian undergraduates), as factor structure may vary by population.

Isolating and examining logotherapy tenets. While there is growing research assessing various aspects of logotherapy, more research is needed in isolating and testing specific logotherapy postulates using increasingly stringent research designs. As one example of such, Melton and Schulenberg (2007) conducted a study examining Frankl's oft-noted postulate that boredom is one outcome of meaninglessness. Melton and Schulenberg (2007) found support for the association of the two constructs via a statistically significant negative correlation between the PIL and the Boredom Proneness Scale (BPS; Farmer & Sundberg, 1986) with a sample of psychology undergraduate students. In this case, higher PIL scores (greater meaning) were associated with lower BPS scores (less boredom proneness). However, the study was correlational in nature, and statements with regard to causation could not be made. Since Frankl's postulate indicates a causal path, that is, boredom results from meaninglessness, stronger research designs are necessary to further delineate the relationship (Melton & Schulenberg, 2007). For example, one idea posed by the authors is whether an experimental group writing about meaningful experiences will report less boredom and greater meaning than would a control group writing about more neutral topics.

In addition to further studying the aforementioned relationship, empirical studies should be designed to target other logotherapeutic postulates that have been put forth over the years. Researchers should also continue to investigate

the meaning construct and related postulates in different cultures, because how meaning is defined, and the pathways to a sense of life meaning, may differ cross-culturally (Savolaine & Granello, 2002; Schulenberg, 2003a).

Logotherapy's relevance to mental health problems: Serious mental illness as case in point. Earlier in this article the incorporation of logotherapy into the treatment protocols for various *DSM-IV-TR* diagnoses was noted. Outcome studies integrating logotherapy with other treatment approaches to better document its effectiveness are needed as follow-up. People with a variety of forms of mental illness may benefit from logotherapy, given its focus on the motivational effects of personal life meaning; empowerment to be positive, hopeful, and proactive (in life and in treatment); and encouragement to recognize the choices that may be made in spite of unchangeable circumstances. Given the emphasis on client attributes and abilities, logotherapy may be particularly helpful in developing diagnostic formulations, communicating diagnostic feedback to clients (Winters & Schulenberg, 2006), and addressing questions as to how people may adaptively respond when facing mental illness. Despite their difficulties, clients can still have "a personal identity, a meaning for existence, a place in life, a worthwhile cause" (Crumbaugh, 1973, p. ix).

These concepts have become increasingly important in the mental health literature. One recent example has to do with empowerment and individuals with serious mental illness, for whom empowerment refers to attempts to free individuals from the grip of their symptoms as well as enhancing their ability to be proactive and for whom serious mental illness refers to disorders such as schizophrenia, schizoaffective disorder, and major depression (Strack, 2008; Strack, Deal, & Schulenberg, 2007). There is an indication that individuals with serious mental illness perceive recovery from their disorder in terms of areas directly relevant to logotherapy, such as meaning, self-determination, and hope (Strack, 2008). In logotherapy terms they can still be "Somebody" despite their symptoms (Crumbaugh, 1973, p. ix).

In a new study of meaning and empowerment in individuals with serious mental illness, Strack (2008) found through a series of regression analyses that empowerment is dependent on meaning in life and psychiatric symptoms (those reporting greater empowerment reported fewer

mental health symptoms and greater meaning). The study offered support for the importance of meaning to individuals with serious mental illness, particularly via its relationship to empowerment. These results suggest future research directions, such as investigating the degree to which meaning-related interventions directly result in increases in empowerment. In addition, it supports the rationale that meaning is a construct of much significance to those with serious mental illness and should be considered in mental health evaluations and interventions.

Clinical/disaster psychology. Clinical/disaster psychology is a rapidly growing field, in which mental health professionals are taught how to readily assist individuals directly affected by disasters. Often a community approach is taken, in which clinicians respond to traumatic events in the field (e.g., the terrorist attacks of September 11, 2001; Hurricane Katrina). Clinicians may work with individuals in the immediate aftermath of a disaster or in an ongoing therapeutic capacity in an office setting. They work with a wide variety of disaster-related presenting complaints, such as those that may meet formal *DSM-IV-TR* criteria for Acute Stress Disorder or Posttraumatic Stress Disorder (PTSD).

There is a wealth of literature on the topic of logotherapy's utility in assisting people with adapting to and overcoming traumatic experiences, and Frankl's own life experiences in the concentration camps during World War II offers added support for logotherapy's relevance in an array of disaster situations, such as natural disasters (Halpern & Tramontin, 2007; Schulenberg, 2003a) and refugee mental health,² in which individuals may be displaced from their countries of origin for a variety of reasons, including persecution on the basis of sex, racial or ethnic background, or spiritual beliefs. Refugees must not only deal with the traumas associated with their displacement, but they must also deal with postmigration stressors as well (i.e., stressors associated with moving from one country to another under duress). Halpern and Tramontin (2007) noted that Frankl's perspective advocates for the ability of disaster survivors to learn how to triumph over suffering, assisting individuals directly affected by disasters to not only discover

² See Reyes and Jacobs (2006) for a primer on issues in refugee mental health.

meaning in the events but also serve as a means of facilitating posttraumatic growth.

As a follow-up to the previous section referencing serious mental illness, one area to investigate systematically is logotherapy's usefulness as an adjunctive treatment approach with individuals with Acute Stress Disorder or PTSD. There is logotherapy literature available on these topics, although primarily related to PTSD. For instance, Gilmartin and Southwick (2004) and Southwick, Gilmartin, McDonough, and Morrissey (2006) noted a rationale for logotherapy's application to combat-related PTSD, describing multiple case studies. Schiraldi (2000) noted logotherapy and the relevance of the meaning construct to individuals with PTSD, listing several exercises to identify and enhance meaning. There is a strong rationale for considering logotherapy in relation to traumatic experiences and specific diagnoses such as PTSD; however, much of the literature available is either conceptual or based on case studies. Systematic outcome studies are warranted to better delineate the aspects of logotherapy that are of particular relevance in treating people who have experienced traumatic events. For example, for those diagnosed with a disorder such as PTSD, would enhancement of meaning result in a better prognosis? To what measurable extent does logotherapy enhance client resilience?

In addition, are there certain elements of logotherapy that could be incorporated into the Psychological First Aid (PFA) training of mental health professionals who respond to disasters? PFA is a fundamental aspect of the training of mental health disaster responders (Schulenberg et al., 2008). The tenets of PFA include fostering a sense of hope and focusing on problem solving (being proactive), self-reliance, and strengths.³ Dereflection may be a particularly useful technique in this respect. Finally, while logotherapy may be integrated with PFA training that is offered to mental health professionals, it would be interesting to study whether certain aspects of logotherapy should be included in PFA training that is offered to paraprofessionals, such as disaster responders of the American Red Cross, as PFA training tends to teach basic skills that can be applied by mental health professionals and paraprofessionals alike. For instance, under the supervision of mental health professionals, could paraprofessionals at an American Red Cross shelter be trained to administer meaning-enhancing

activities to groups of individuals receiving services? If so, how effective would such interventions be? While these and other questions await the attention of researchers, what is known is that the meaning construct holds much promise in terms of applicability to different types of trauma responses and conditions, and logotherapy is one specific means of facilitating the discovery of meaning.

Logotherapy and diversity. The number of logotherapy organizations established worldwide exemplifies the fact that cross-cultural applications and implications are integral to the approach (see the Appendix for further information). Because of logotherapy's emphasis on values clarification within a given person, it affords mental health professionals opportunities to consider the unique cultural context of the individual. However, while there is much cross-cultural, or international, literature published, there is little research or descriptive information available on logotherapy and multicultural issues in the United States. A notable exception is Corey (2005), who discusses multicultural issues in existential therapy and mentions logotherapy specifically.

Logotherapy is one means of empowerment. It helps people to facilitate identity development through the recognition and clarification of values, and it galvanizes people to find ways to deal with adversity. For these reasons, logotherapy should be studied empirically in relation to diversity issues, such as racial and ethnic identity formation, acculturation and acculturative stress, racism and discrimination, and sexual orientation or gender identity development, each of which may influence an individual's functioning in subtle to profound ways (Hunter & Lewis-Coles, 2004; Paniagua, 2005; Schneider, 2008; Strack, Dunaway, & Schulenberg, 2008). Logotherapy may assist individuals in determining how much importance they wish to place on their diversity and how to deal with individuals and a larger society whose values may differ markedly from their own. Logotherapy inspires people toward discovering their individuality, their uniqueness, and how to feel comfortable within themselves

³ See Schulenberg et al. (2008) for a review of the PFA literature and a discussion of the roles of psychologists in clinical/disaster psychology, specifically, natural disaster response.

and within the larger world in which they live. As a meaning-based approach, logotherapy may prove to be one means of stimulating people to respond adaptively to stressors and find a positive voice in the face of oppression.

With respect to women, sexism, and feminist therapies, logotherapy also has a wide range of applicability. However, these topics are rarely discussed in the logotherapy literature. Feminist therapies have traditionally focused on empowerment and perception of meaning, as well as how aspects such as oppression and marginalization affect clients (Brown, 2008). The egalitarian partnership of client and therapist within feminist therapies is similar to the structure of the therapeutic relationship within logotherapy. Brown (2008) is one of the few authors who specifically mentions Frankl and the relevance of *Man's Search for Meaning* with respect to these issues.

Psychoneuroimmunology. Another research area in which logotherapy has applicability is psychoneuroimmunology, which is a field that encompasses many disciplines (psychology, psychiatry, immunology, endocrinology, and neurology) in order to better understand health and disease processes (Ader, 2007; Goodkin & Visser, 2000). The relationship between sense of life meaning and well-being was noted previously (e.g., Melton & Schulenberg, 2008; Ryff, 2000; Ryff & Singer, 1998a, 1998b; Savolaine & Granello, 2002). With regard to physical well-being specifically, some have noted that meaning may be of special importance in prognoses with illnesses such as cancer (Spiegel & Fawzy, 2002). By implication, logotherapy has relevance to the field of psychoneuroimmunology theoretically, anecdotally, and empirically. However, the need for additional research on the sense of personal life meaning in relation to health and disease processes remains (Ryff, 2000). As studies in the field of psychoneuroimmunology continue to proliferate, logotherapy as a meaning-based therapy could become an increasingly important part of the empirical dialogue.

Conclusions

A central theme of this article is the idea that meaning-centered interventions such as logotherapy are of prime importance to the human condition, with applicability to an array of presenting mental health complaints. The presence of meaning is associated with a range of positive out-

comes, and logotherapy is particularly attractive, given its ability to work in collaboration with other approaches. Frankl synthesized the thinking of others and added his experiences (both with human beings and as a human being) to develop logotherapy. As a result, logotherapy has much in common with other schools of psychotherapy. Thus, therapists may find that logotherapy fits with their existing ideas and work. Furthermore, because of Frankl's emphasis on human experience in general and spirituality in specific, his ideas ring true to many clients.

In addition to describing logotherapy and its applications, we sought to present examples of well-known logotherapy techniques that clinicians may find useful and to denote lesser-known examples in the logotherapy literature. Measures to assess meaning have been developed within the logotherapy paradigm and were summarized with regard to their psychometric properties. Finally, research progress was discussed, along with the need for expanding the psychometric properties of logotherapy measures and advancing the study of logotherapy in relation to specific mental health diagnoses and diverse populations, as well as growing fields such as clinical/disaster psychology and psychoneuroimmunology.

The Appendix includes a brief discussion of logotherapy research, educational, and training resources. While one may learn about the theoretical, descriptive, and empirical underpinnings of logotherapy through such outlets, and how various techniques are applied, each therapist-client pairing forms a unique dyad with its own unique challenges. When asked what advice he would give to clinicians interested in logotherapy, J. C. Crumbaugh encouraged them to utilize dereflection to help individuals focus on successes (toward the positives), to find what will work in a specific situation (Schulenberg & Henrion, 2005). For logotherapy to be conducted successfully, clinicians must not only study logotherapy and work to apply it clinically, they must learn to live logotherapy as well; and each day, each moment, presents new opportunities to live meaningfully—this is the essence of logotherapy.

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Appendix

Research, Training, and Educational Resources in Logotherapy

To enhance the study of logotherapy, a web-based logotherapy research discussion group has been established by the scientific board of the Viktor Frankl Institute of Vienna (http://logotherapy.univie.ac.at/e/news_platform.html). In addition to facilitating discussion, the website includes an annotated list of meaning-related measures of interest to researchers.

There are logotherapy organizations worldwide, and these often offer training and education; a good place to start looking for these is the Logotherapy Vienna website at <http://logotherapy.univie.ac.at/>. The website lists over 50 societies and institutes in 24 countries (DuBois, 2007). In the United States, training is offered through the Viktor Frankl Institute of Logotherapy, which currently headquarters out of Texas and maintains a website at <http://www.logotherapyinstitute.org/>. Training in the United States includes introductory (providing a

basic foundation for principles of logotherapy), intermediate (focusing on applications of logotherapy, such as attitudinal change), and advanced (focusing on Franklian theory and therapy of mental disorders) courses to reach Associate Certification. In addition, through advanced supervised study, qualified mental health professionals may achieve Diplomate Clinician or Educator/Administrator Certification. The institute's logotherapy curriculum is available for purchase for educational use in the form of a set of CDs (Rice, Graber, Pitts, Rogina, & Sjolie, 2005). The U.S. institute also conducts a bi-annual world congress on logotherapy, which provides a forum for the exchange of information, research, and practical applications. Finally, *The International Forum for Logotherapy*, published since 1978, is a peer-reviewed journal that specifically focuses on the theoretical, descriptive, and empirical aspects of logotherapy.