

LOGOTHERAPY AND EXISTENTIALISM

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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’s¹ 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.

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, mis-

understandings 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 coined in the twenties, already. 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

¹I would not venture to criticize this wide-spread misconception unless I had had an opportunity to discuss it in personal conversation with Martin Heidegger himself, and had found myself agreed with by him.

but also has been acclaimed, within this province, as the only school which has succeeded in developing what one might be 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. We 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.¹ And these human beings immediately feel and notice the manipulative quality of our approach and our tendency to reify them.

When, on 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 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 guilt feelings 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 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 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

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

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 . . . re . . . 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 activist, and even more,

that logotherapy could lend itself as the therapeutic supplement to ontoanalysis.

By way of a deliberate oversimplification 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 emptiness and 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 Tuebingen, Prill in Wuerzburg, 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 other ones (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 reevaluate 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 regard 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.

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