

Man's Search for Meaning

LOGOTHERAPY

IN A NUTSHELL

READERS OF MY SHORT AUTOBIOGRAPHICAL STORY usually ask for a fuller and more direct explanation of my therapeutic doctrine. Accordingly I added a brief section on logotherapy to the original edition of *From Death-Camp to Existentialism*. But that was not enough, and I have been besieged by requests for a more extended treatment. Therefore in the present edition I have completely rewritten and considerably expanded my account.

The assignment was not easy. To convey to the reader within a short space all the material which required twenty volumes in German is an almost hopeless task. I am reminded of the American doctor who once turned up in my office in Vienna and asked me, "Now, Doctor, are you a psychoanalyst?" Whereupon I replied, "Not exactly a psychoanalyst; let's say a psychotherapist." Then he continued questioning me: "What school do you stand for?" I answered, "It is my own theory; it is called logotherapy." "Can you tell me in one sentence what is meant by logotherapy?" he asked. "At least, what is the difference between psychoanalysis and logotherapy?" "Yes," I said, "but in the first place, can you tell me in one sentence what you think the essence of psychoanalysis is?" This was his answer: "During psychoanalysis, the patient must lie down on a couch and tell you things which sometimes are very disagreeable to tell." Whereupon I immediately retorted with the following improvisation: "Now, in logotherapy the patient may remain sitting erect but he must hear things which sometimes are very disagreeable to hear."

Of course, this was meant facetiously and not as a capsule version of logotherapy. However, there is something in it, inasmuch as logotherapy, in comparison with psychoanalysis, is a method less retrospective and less introspective. Logotherapy focuses rather on the future, that is to say, on the meanings to be fulfilled by the patient in his future. (Logotherapy, indeed, is a meaning-centered psychotherapy.) At the same time, logotherapy defocuses all the vicious-circle formations and feedback mechanisms which play such a great role in the development of neuroses. Thus, the typical self-centeredness of the neurotic is broken up instead of being continually fostered and reinforced.

To be sure, this kind of statement is an oversimplification; yet in logotherapy the patient is actually confronted with and reoriented toward the meaning of his life. And to make him aware of this meaning can contribute much to his ability to overcome his neurosis.

Let me explain why I have employed the term "logotherapy" as the name for my theory. Logos is a Greek word which denotes "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. According to logotherapy, this striving to find a meaning in one's life is the primary motivational force in man. That is why I speak of a will to meaning in contrast to the pleasure principle (or, as we could also term it, the will to pleasure) on which Freudian psychoanalysis is centered, as well as in contrast to the will to power on which Adlerian psychology, using the term "striving for superiority," is focused. The Will to Meaning

Man's search for meaning is the primary motivation in his life and not a "secondary rationalization" of instinctual drives. This meaning is unique and specific in that it must and can be fulfilled by him alone; only then does it achieve a significance which will satisfy his own will to meaning. There are some authors who contend that meanings and values are "nothing but defense mechanisms, reaction formations and sublimations." But as for myself, I would not be willing to live merely for the sake of my "defense mechanisms," nor would I be ready to die merely for the sake of my "reaction formations." Man, however, is able to live and even to die for the sake of his ideals and values!

A public-opinion poll was conducted a few years ago in France. The results showed that 89 percent of the people polled admitted that man needs "something" for the sake of which to live. Moreover, 61 percent conceded that there was something, or someone, in their own lives for whose sake they were even ready to die. I repeated this poll at my hospital department in Vienna among both the patients and the personnel, and the outcome was practically the same as among the thousands of people screened in France; the difference was only 2 percent.

Another statistical survey, of 7,948 students at forty-eight colleges, was conducted by social scientists from Johns Hopkins University. Their preliminary report is part of a two-year study sponsored by the National Institute of Mental Health. Asked what they considered "very important" to them now, 16 percent of the students checked "making a lot of money"; 78 percent said their first goal was "finding a purpose and meaning to my life."

Of course, there may be some cases in which an individual's concern with values is really a camouflage of hidden inner conflicts; but, if so, they represent the exceptions from the rule rather than the rule itself. In these cases we have actually to deal with pseudovalues, and as such they have to be unmasked. Unmasking, however, should stop as soon as one is confronted with what is authentic and genuine in man, e.g., man's desire for a life that is as meaningful as possible. If it does not stop then, the only thing that the "unmasking psychologist" really unmasks is his own "hidden motive"—namely, his unconscious need to debase and depreciate what is genuine, what is genuinely human, in man. 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 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 "noögenic neuroses" in contrast to neuroses in the traditional sense of the word, i.e., psychogenic neuroses. Noögenic neuroses have their origin not in the psychological but rather in the "noölogical" (from the Greek *noös* meaning mind) dimension of human existence. This is another logotherapeutic term which denotes anything pertaining to the specifically human dimension. Noögenic Neuroses

Noögenic neuroses do not emerge from conflicts between drives and instincts but rather from existential problems. Among such problems, the frustration of the will to meaning plays a large role.

It is obvious that in noögenic cases the appropriate and adequate therapy is not psychotherapy in general but rather logotherapy; a therapy, that is, which dares to enter the specifically human dimension.

Let me quote the following instance: A high-ranking American diplomat came to my office in Vienna in order to continue psychoanalytic treatment which he had begun five years previously with an analyst in New York. At the outset I asked him why he thought he should be analyzed, why his analysis had been started in the first place. It turned out that the patient was discontented with his career and found it most difficult to comply with American foreign policy. His analyst, however, had told him again and again that he should try to reconcile himself with his father; because the government of the U.S. as well as his superiors were "nothing but" father images and, consequently, his dissatisfaction with his job was due to the hatred he unconsciously harbored toward his father. Through an analysis lasting five years, the patient had been prompted more and more to accept his analyst's interpretations until he finally was unable to see the forest of reality for the trees of symbols and images. After a few interviews, it was clear that his will to meaning was frustrated by his vocation, and he actually longed to be engaged in some other kind of work. As there was no reason for not giving up his profession and embarking on a

different one, he did so, with most gratifying results. He has remained contented in this new occupation for over five years, as he recently reported. I doubt that, in this case, I was dealing with a neurotic condition at all, and that is why I thought that he did not need any psychotherapy, nor even logotherapy, for the simple reason that he was not actually a patient. Not every conflict is necessarily neurotic; some amount of conflict is normal and healthy. In a similar sense suffering is not always a pathological phenomenon; rather than being a symptom of neurosis, suffering may well be a human achievement, especially if the suffering grows out of existential frustration. I would strictly deny that one's search for a meaning to his existence, or even his doubt of it, in every case is derived from, or results in, any disease. Existential frustration is in itself neither pathological nor pathogenic. A man's concern, even his despair, over the worthwhileness of life is an existential distress but by no means a mental disease. It may well be that interpreting the first in terms of the latter motivates a doctor to bury his patient's existential despair under a heap of tranquilizing drugs. It is his task, rather, to pilot the patient through his existential crises of growth and development.

Logotherapy regards its assignment as that of assisting the patient to find meaning in his life. Inasmuch as logotherapy makes him aware of the hidden logos of his existence, it is an analytical process. To this extent, logotherapy resembles psychoanalysis. However, in logotherapy's attempt to make something conscious again it does not restrict its activity to instinctual facts within the individual's unconscious but also cares for existential 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 noölogical dimension in its therapeutic process, tries to make the patient aware of what he actually longs for in the depth of his being. Logotherapy deviates from psychoanalysis insofar as it considers man a being whose main concern consists in fulfilling a meaning, rather than in the mere gratification and satisfaction of drives and instincts, or in merely reconciling the conflicting claims of id, ego and superego, or in the mere adaptation and adjustment to society and environment. Noö-Dynamics

To be sure, man's search for meaning may arouse inner tension rather than inner equilibrium. However, precisely such tension 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 one's life. There is much wisdom in the words of Nietzsche: "He who has a why to live for can bear almost any how." I can see in these words a motto which holds true for any psychotherapy. In the Nazi concentration camps, one could have witnessed that those who knew that there was a task waiting for them to fulfill were most apt to survive. The same conclusion has since been reached by other authors of books on concentration camps, and also by psychiatric investigations into Japanese, North Korean and North Vietnamese prisoner-of-war camps.

As for myself, when I was taken to the concentration camp of Auschwitz, a manuscript of mine ready for publication was confiscated.¹ Certainly, my deep desire to write this manuscript anew helped me to survive the rigors of the camps I was in. For instance, when in a camp in Bavaria I fell ill with typhus fever, I jotted down on little scraps of paper many notes intended to enable me to rewrite the manuscript, should I live to the day of liberation. I am sure that this reconstruction of my lost manuscript in the dark barracks of a Bavarian concentration camp assisted me in overcoming the danger of cardiovascular collapse.

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 one still ought to accomplish, or the gap between what one is and what one 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 a potential meaning for him to fulfill. It is only thus that we evoke his will to meaning from its state of 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 a worthwhile goal, a freely chosen task. 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 "noö-dynamics," i.e., the existential dynamics in a polar field of tension where one pole is represented by a meaning that is to be fulfilled and the other pole by the man who has to fulfill it. And one should not think that this holds true 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 should not be afraid to create a sound amount of tension through a reorientation toward the meaning of one's life.

Having shown the beneficial impact of meaning orientation, I turn to the detrimental influence of that feeling of which so many patients complain today, namely, the feeling of the total and ultimate meaninglessness of their lives. They lack 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 the "existential vacuum." The Existential Vacuum

The existential vacuum is a widespread phenomenon of the twentieth century. This is understandable; it may be due to a twofold loss which man has had to undergo since he became a truly human being. At the beginning of human history, man lost some of the basic animal instincts in which an animal's behavior is imbedded and by which it is secured. Such security, like Paradise, is closed to man forever; man has to make choices. In addition to this, however, man has suffered another loss in his more recent development inasmuch as the traditions which buttressed 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; sometimes he does not even know what he wishes to do. Instead, he either wishes to do what other people do (conformism) or he does what other people wish him to do (totalitarianism).

A statistical survey recently revealed that among my European students, 25 percent showed a more-or-less marked degree of existential vacuum. Among my American students it was not 25 but 60 percent.

The existential vacuum manifests itself mainly in a state of boredom. Now we can understand Schopenhauer when he said that mankind was apparently doomed to vacillate eternally between the two extremes of distress and boredom. In actual fact, boredom is now causing, and certainly bringing to psychiatrists, more problems to solve than distress. And these problems are growing increasingly crucial, for progressive automation will probably lead to an enormous increase in the leisure hours available to the average worker. The pity of it is that many of these will not know what to do with all their newly acquired free time.

Let us consider, for instance, "Sunday neurosis," that kind of depression which afflicts people who become aware of the lack of content in their lives when the rush of the busy week is over and the void within themselves becomes manifest. Not a few cases of suicide can be traced back to this existential vacuum. Such widespread phenomena as depression, aggression and addiction are not understandable unless we recognize the existential vacuum underlying them. This is also true of the crises of pensioners and aging people.

Moreover, there are various masks and guises under which the existential vacuum appears. Sometimes the frustrated will to meaning is vicariously compensated for by a will to power, including the most primitive form of the will to power, the will to money. In other cases, the place of frustrated will to meaning is taken by the will to pleasure. That is why existential frustration often eventuates in sexual compensation. We can observe in such cases that the sexual libido becomes rampant in the existential vacuum.

An analogous event occurs in neurotic cases. There are certain types of feedback mechanisms and vicious-circle formations which I will touch upon later. One can observe again and again, however, that

this symptomatology has invaded an existential vacuum wherein it then continues to flourish. In such patients, what we have to deal with is not a noögenic 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 suffering further relapses. Therefore, logotherapy is indicated not only in noögenic cases, as pointed out above, but also in psychogenic cases, and sometimes even 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."²

Let us now consider what we can do if a patient asks what the meaning of his life is. The Meaning of Life

I doubt whether a doctor can answer this question in general terms. For the meaning of life differs from man to man, from day to day and from hour to hour. What matters, therefore, is not the meaning of life in general but rather the specific meaning of a person's life at a given moment. To put the question in general terms would be comparable to the question posed to a chess champion: "Tell me, Master, what is the best move in the world?" There simply is no such thing as the best or even a good move apart from a particular situation in a game and the particular personality of one's opponent. The same holds for human existence. One should not search for an abstract meaning of life. Everyone has his own specific vocation or mission in life to carry out a concrete assignment which demands fulfillment. Therein he cannot be replaced, nor can his life be repeated. Thus, everyone's task is as unique as is his specific opportunity to implement it.

As each situation in life represents a challenge to man and presents a problem for him to solve, the question of the meaning of life may actually be reversed. Ultimately, man should not ask what the meaning of his life is, but rather he must recognize that it is he who is asked. In a word, each man is questioned by life; and he can only answer to life by answering for his own life; to life he can only respond by being responsible. Thus, logotherapy sees in responsibility the very essence of human existence. The Essence of Existence

This emphasis on responsibility is reflected in the categorical imperative of logotherapy, which is: "Live as if you were living already for the second time and as if you had acted the first time as wrongly as you are about to act now!" It seems to me that there is nothing which would stimulate a man's sense of responsibility more than this maxim, which invites him to imagine first that the present is past and, second, that the past may yet be changed and amended. Such a precept confronts him with life's finiteness as well as the finality of what he makes out of both his life and himself.

Logotherapy tries to make the patient fully aware of his own responsibility; therefore, it must leave to him the option for what, to what, or to whom he understands himself to be responsible. That is why a logotherapist is the least tempted of all psychotherapists to impose value judgments on his patients, for he will never permit the patient to pass to the doctor the responsibility of judging.

It is, therefore, up to the patient to decide whether he should interpret his life task as being responsible to society or to his own conscience. There are people, however, who do not interpret their own lives merely in terms of a task assigned to them but also in terms of the taskmaster who has assigned it to them.

Logotherapy is neither teaching nor preaching. It is as far removed from logical reasoning as it is from moral exhortation. To put it figuratively, the role played by a logotherapist is that of an eye specialist rather than that of a painter. A painter tries to convey to us a picture of the world as he sees it; an ophthalmologist tries to enable us to see the world as it really is. The logotherapist's role consists of widening and broadening the visual field of the patient so that the whole spectrum of potential meaning becomes conscious and visible to him.

By declaring that man is responsible and must actualize the potential meaning of his life, I wish to stress that the true meaning of life is to be discovered in the world rather than within man or his own psyche, as though it were a closed system. I have termed this constitutive characteristic "the self-transcendence of human existence." It denotes the fact that being human always points, and is directed, to something, or someone, other than oneself—be it a meaning to fulfill or another human being to encounter. The more one forgets himself—by giving himself to a cause to serve or another person to love—the more human he is and the more he actualizes himself. What is called self-actualization is not an attainable aim at all, for the simple reason that the more one would strive for it, the more he would miss it. In other words, self-actualization is possible only as a side-effect of self-transcendence.

Thus far we have shown that the meaning of life always changes, but that it never ceases to be. According to logotherapy, we can discover this meaning in life in three different ways: (1) by creating a work or doing a deed; (2) by experiencing something or encountering someone; and (3) by the attitude we take toward unavoidable suffering. The first, the way of achievement or accomplishment, is quite obvious. The second and third need further elaboration.

The second way of finding a meaning in life is by experiencing something—such as goodness, truth and beauty—by experiencing nature and culture or, last but not least, by experiencing another human being in his very uniqueness—by loving him. The Meaning of Love

Love is the only way to grasp another human being in the innermost core of his personality. No one can become fully aware of the very essence of another human being unless he loves him. By his love he is enabled to see the essential traits and features in the beloved person; and even more, he sees that which is potential in him, which is not yet actualized but yet ought to be actualized. Furthermore, by his love, the loving person enables the beloved person to actualize these potentialities. By making him aware of what he can be and of what he should become, he makes these potentialities come true.

In logotherapy, love is not interpreted as a mere epiphenomenon³ of sexual drives and instincts in the sense of a so-called sublimation. Love is as primary a phenomenon as sex. Normally, sex is a mode of expression for love. Sex is justified, even sanctified, as soon as, but only as long as, it is a vehicle of love. Thus love is not understood as a mere side-effect of sex; rather, sex is a way of expressing the experience of that ultimate togetherness which is called love.

The third way of finding a meaning in life is by suffering. The Meaning of Suffering

We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation—just think of an incurable disease such as inoperable cancer—we are challenged to change ourselves.

Let me cite a clear-cut example: Once, an elderly general practitioner consulted me because of his severe depression. He could not overcome the loss of his wife who had died two years before and whom he had loved above all else. Now, how could I help him? What should I tell him? Well, I refrained from telling him anything but instead confronted him with the question, "What would have happened, Doctor, if you had died first, and your wife would have had to survive you?" "Oh," he said, "for her this would have been terrible; how she would have suffered!" Whereupon I replied, "You see, Doctor, such a suffering has been spared her, and it was you who have spared her this suffering—to be sure, at the price that now you have to survive and mourn her." He said no word but shook my hand and calmly left my office. In some way, suffering ceases to be suffering at the moment it finds a meaning, such as the meaning of a sacrifice.

Of course, this was no therapy in the proper sense since, first, his despair was no disease; and second, I could not change his fate; I could not revive his wife. But in that moment I did succeed in changing his attitude toward his unalterable fate inasmuch as from that time on he could at least see a meaning in his suffering. It is one of the basic tenets of logotherapy that man's main concern is not to gain pleasure or to avoid pain but rather to see a meaning in his life. That is why man is even ready to suffer, on the condition, to be sure, that his suffering has a meaning.

But let me make it perfectly clear that in no way is suffering necessary to find meaning. I only insist that meaning is possible even in spite of suffering—provided, certainly, that the suffering is unavoidable. If it were avoidable, however, the meaningful thing to do would be to remove its cause, be it psychological, biological or political. To suffer unnecessarily is masochistic rather than heroic.

Edith Weisskopf-Joelson, before her death professor of psychology at the University of Georgia, contended, in her article on logotherapy, that "our current mental-hygiene philosophy stresses the idea that people ought to be happy, that unhappiness is a symptom of maladjustment. Such a value system might be responsible for the fact that the burden of unavoidable unhappiness is increased by unhappiness about being unhappy."⁴ And in another paper she expressed the hope that logotherapy "may help counteract certain 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" so that "he is not only unhappy, but also ashamed of being unhappy."⁵

There are situations in which one is cut off from the opportunity to do one's work or to enjoy one's life; but what never can be ruled out is the unavoidability of suffering. In accepting this challenge to suffer bravely, life has a meaning up to the last moment, and it retains this meaning literally to the end. In other words, life's meaning is an unconditional one, for it even includes the potential meaning of unavoidable suffering.

Let me recall that which was perhaps the deepest experience I had in the concentration camp. The odds of surviving the camp were no more than one in twenty-eight, as can easily be verified by exact statistics. It did not even seem possible, let alone probable, that the manuscript of my first book, which I had hidden in my coat when I arrived at Auschwitz, would ever be rescued. Thus, I had to undergo and to overcome the loss of my mental child. And now it seemed as if nothing and no one would survive me; neither a physical nor a mental child of my own! So I found myself confronted with the question whether under such circumstances my life was ultimately void of any meaning.

Not yet did I notice that an answer to this question with which I was wrestling so passionately was already in store for me, and that soon thereafter this answer would be given to me. This was the case when I had to surrender my clothes and in turn inherited the worn-out rags of an inmate who had already been sent to the gas chamber immediately after his arrival at the Auschwitz railway station. Instead of the many pages of my manuscript, I found in a pocket of the newly acquired coat one single page torn out of a Hebrew prayer book, containing the most important Jewish prayer, Shema Yisrael. How should I have interpreted such a "coincidence" other than as a challenge to live my thoughts instead of merely putting them on paper?

A bit later, I remember, it seemed to me that I would die in the near future. In this critical situation, however, my concern was different from that of most of my comrades. Their question was, "Will we survive the camp? For, if not, all this suffering has no meaning." The question which beset me was, "Has all this suffering, this dying around us, a meaning? For, if not, then ultimately there is no meaning to survival; for a life whose meaning depends upon such a happenstance—as whether one escapes or not—ultimately would not be worth living at all." Meta-Clinical Problems

More and more, a psychiatrist is approached today by patients who confront him with human problems rather than neurotic symptoms. Some of the people who nowadays call on a psychiatrist would have seen a pastor, priest or rabbi in former days. Now they often refuse to be handed over to a clergyman and instead confront the doctor with questions such as, "What is the meaning of my life?" A Logodrama

I should like to cite the following instance: Once, the mother of a boy who had died at the age of eleven years was admitted to my hospital department after a suicide attempt. Dr. Kurt Kocourek invited her to join a therapeutic group, and it happened that I stepped into the room where he was conducting a psychodrama. She was telling her story. At the death of her boy she was left alone with another, older son, who was crippled, suffering from the effects of infantile paralysis. The poor boy had to be moved around in a wheelchair. His mother, however, rebelled against her fate. But when she tried to commit suicide together with him, it was the crippled son who prevented her from doing so; he liked living! For him, life had remained meaningful. Why was it not so for his mother? How could her life still have a meaning? And how could we help her to become aware of it?

Improvising, I participated in the discussion, and questioned another woman in the group. I asked her how old she was and she answered, "Thirty." I replied, "No, you are not thirty but instead eighty and lying on your deathbed. And now you are looking back on your life, a life which was childless but full of financial success and social prestige." And then I invited her to imagine what she would feel in this situation. "What will you think of it? What will you say to yourself?" Let me quote what she actually said from a tape which was recorded during that session. "Oh, I married a millionaire, I had an easy life full of wealth, and I lived it up! I flirted with men; I teased them! But now I am eighty; I have no children of my own. Looking back as an old woman, I cannot see what all that was for; actually, I must say, my life was a failure!"

I then invited the mother of the handicapped son to imagine herself similarly looking back over her life. Let us listen to what she had to say as recorded on the tape: "I wished to have children and this wish has been granted to me; one boy died; the other, however, the crippled one, would have been sent to an institution if I had not taken over his care. Though he is crippled and helpless, he is after all my boy. And so I have made a fuller life possible for him; I have made a better human being out of my son." At this moment, there was an outburst of tears and, crying, she continued: "As for myself, I can look back peacefully on my life; for I can say my life was full of meaning, and I have tried hard to fulfill it; I have done my best—I have done the best for my son. My life was no failure!" Viewing her life as if from her deathbed, she had suddenly been able to see a meaning in it, a meaning which even included all of her sufferings. By the same token, however, it had become clear as well that a life of short duration, like that, for example, of her dead boy, could be so rich in joy and love that it could contain more meaning than a life lasting eighty years.

After a while I proceeded to another question, this time addressing myself to the whole group. The question was whether an ape which was being used to develop poliomyelitis serum, and for this reason punctured again and again, would ever be able to grasp the meaning of its suffering. Unanimously, the group replied that of course it would not; with its limited intelligence, it could not enter into the world of man, i.e., the only world in which the meaning of its suffering would be understandable. Then I pushed forward with the following question: "And what about man? Are you sure that the human world is a terminal point in the evolution of the cosmos? Is it not conceivable that there is still another dimension, a world beyond man's world; a world in which the question of an ultimate meaning of human suffering would find an answer?" The Super-Meaning

This ultimate meaning necessarily exceeds and surpasses the finite intellectual capacities of man; in logotherapy, we speak in this context of a super-meaning. What is demanded of man is not, as some existential philosophers teach, to endure the meaninglessness of life, but rather to bear his incapacity to grasp its unconditional meaningfulness in rational terms. Logos is deeper than logic.

A psychiatrist who goes beyond the concept of the super-meaning will sooner or later be embarrassed by his patients, just as I was when my daughter at about six years of age asked me the question, "Why do we speak of the good Lord?" Whereupon I said, "Some weeks ago, you were suffering from measles, and then the good Lord sent you full recovery." However, the little girl was not content; she retorted, "Well, but please, Daddy, do not forget: in the first place, he had sent me the measles."

However, when a patient stands on the firm ground of religious belief, there can be no objection to making use of the therapeutic effect of his religious convictions and thereby drawing upon his spiritual resources. In order to do so, the psychiatrist may put himself in the place of the patient. That is exactly what I did once, for instance, when a rabbi from Eastern Europe 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 of life, for then life in itself would become meaningless, and something which in itself is meaningless cannot be rendered meaningful merely by its perpetuation. However, the rabbi evaluated his plight as an orthodox Jew in terms of despair that there was no son of his own who would ever say Kaddish⁶ 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. However, my question was followed by 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,⁷ were thus found worthy of the highest place in Heaven, but as for himself he could not expect, as an old, sinful man, to be assigned the same place. 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?⁸ So perhaps none of your sufferings were in vain." For the first time in many years he found relief from his suffering through the new point of view which I was able to open up to him. Life's Transitoriness

Those things which seem to take meaning away from human life include not only suffering but dying as well. I never tire of saying that the only really transitory aspects of life are the potentialities; but as soon as they are actualized, they are rendered realities at that very moment; they are saved and delivered into the past, wherein they are rescued and preserved from transitoriness. For, in the past, nothing is irretrievably lost but everything irrevocably stored.

Thus, the transitoriness of our existence in no way makes it meaningless. But it does constitute our responsibility; for everything hinges upon our realizing the essentially transitory possibilities. Man constantly makes his choice concerning the mass of present potentialities; which of these will be condemned to nonbeing and which will be actualized? Which choice will be made an actuality once and forever, an immortal "footprint in the sands of time"? At any moment, man must decide, for better or for worse, what will be the monument of his existence.

Usually, to be sure, man considers only the stubble field of transitoriness and overlooks the full granaries of the past, wherein he had salvaged once and for all his deeds, his joys and also his sufferings. Nothing can be undone, and nothing can be done away with. I should say having been is the surest kind of being.

Logotherapy, keeping in mind the essential transitoriness of human existence, is not pessimistic but rather activist. To express this point figuratively we might say: The pessimist resembles a man who observes with fear and sadness that his wall calendar, from which he daily tears a sheet, grows thinner with each passing day. On the other hand, the person who attacks the problems of life actively is like a man who removes each successive leaf from his calendar and files it neatly and carefully away with its predecessors, after first having jotted down a few diary notes on the back. He can reflect with pride and

joy on all the richness set down in these notes, on all the life he has already lived to the fullest. What will it matter to him if he notices that he is growing old? Has he any reason to envy the young people whom he sees, or wax nostalgic over his own lost youth? What reasons has he to envy a young person? For the possibilities that a young person has, the future which is in store for him? "No, thank you," he will think. "Instead of possibilities, I have realities in my past, not only the reality of work done and of love loved, but of sufferings bravely suffered. These sufferings are even the things of which I am most proud, though these are things which cannot inspire envy." Logotherapy as a Technique

A realistic fear, like the fear of death, cannot be tranquilized away by its psychodynamic interpretation; on the other hand, a neurotic fear, such as agoraphobia, cannot be cured by philosophical understanding. However, logotherapy has developed a special technique to handle such cases, too. To understand what is going on whenever this technique is used, we take as a starting point a condition which is frequently observed in neurotic individuals, namely, anticipatory anxiety. It is characteristic of this fear that it produces precisely that of which the patient is afraid. An individual, for example, who is afraid of blushing when he enters a large room and faces many people will actually be more prone to blush under these circumstances. In this context, one might amend the saying "The wish is father to the thought" to "The fear is mother of the event."

Ironically enough, in the same way that fear brings to pass what one is afraid of, likewise a forced intention makes impossible what one forcibly wishes. This excessive intention, or "hyper-intention," as I call it, can be observed particularly in cases of sexual neurosis. The more a man tries to demonstrate his sexual potency or a woman her ability to experience orgasm, the less they are able to succeed. Pleasure is, and must remain, a side-effect or by-product, and is destroyed and spoiled to the degree to which it is made a goal in itself.

In addition to excessive intention as described above, excessive attention, or "hyper-reflection," as it is called in logotherapy, may also be pathogenic (that is, lead to sickness). The following clinical report will indicate what I mean: A young woman came to me complaining of being frigid. The case history showed that in her childhood she had been sexually abused by her father. However, it had not been this traumatic experience in itself which had eventuated in her sexual neurosis, as could easily be evidenced. For it turned out that, through reading popular psychoanalytic literature, the patient had lived constantly with the fearful expectation of the toll which her traumatic experience would someday take. This anticipatory anxiety resulted both in excessive intention to confirm her femininity and excessive attention centered upon herself rather than upon her partner. This was enough to incapacitate the patient for the peak experience of sexual pleasure, since the orgasm was made an object of intention, and an object of attention as well, instead of remaining an unintended effect of unreflected dedication and surrender to the partner. After undergoing short-term logotherapy, the patient's excessive attention and intention of her ability to experience orgasm had been "dereflected," to introduce another logotherapeutic term. When her attention was refocused toward the proper object, i.e., the partner, orgasm established itself spontaneously.⁹

Logotherapy bases its technique called "paradoxical intention" on the twofold fact that fear brings about that which one is afraid of, and that hyper-intention makes impossible what one wishes. In German I described paradoxical intention as early as 1939.¹⁰ In this approach the phobic patient is invited to intend, even if only for a moment, precisely that which he fears.

Let me recall a case. A young physician consulted me because of his fear of perspiring. Whenever he expected an outbreak of perspiration, this anticipatory anxiety was enough to precipitate excessive sweating. In order to cut this circle formation I advised the patient, in the event that sweating should recur, to resolve deliberately to show people how much he could sweat. A week later he returned to report that whenever he met anyone who triggered his anticipatory anxiety, he said to himself, "I only sweated out a quart before, but now I'm going to pour at least ten quarts!" The result was that, after suffering from his phobia for four years, he was able, after a single session, to free himself permanently

of it within one week.

The reader will note that this procedure consists of a reversal of the patient's attitude, inasmuch as his fear is replaced by a paradoxical wish. By this treatment, the wind is taken out of the sails of the anxiety.

Such a procedure, however, must make use of the specifically human capacity for self-detachment inherent in a sense of humor. This basic capacity to detach one from oneself is actualized whenever the logotherapeutic technique called paradoxical intention is applied. At the same time, the patient is enabled to put himself at a distance from his own neurosis. A statement consistent with this is found in Gordon W. Allport's book, *The Individual and His Religion*: "The neurotic who learns to laugh at himself may be on the way to self-management, perhaps to cure."¹¹ Paradoxical intention is the empirical validation and clinical application of Allport's statement.

A few more case reports may serve to clarify this method further. The following patient was a bookkeeper who had been treated by many doctors and in several clinics without any therapeutic success. When he was admitted to my hospital department, he was in extreme despair, confessing 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, Dr. Eva Kozdera recommended to the patient that he do just the opposite of 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 the 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 similar case, dealing, however, with speaking rather than writing, was related to me by a colleague in the Laryngological Department of the Vienna Poliklinik Hospital. It was the most severe case of stuttering he had come across in his many years of practice. Never in his life, as far as the stutterer could remember, had he been free from his speech trouble, even for a moment, except once. This happened when he was twelve years old and had hooked a ride on a streetcar. When caught by the conductor, he thought that the only way to escape would be to elicit his sympathy, and so he tried to demonstrate that he was just a poor stuttering boy. At that moment, when he tried to stutter, he was unable to do it. Without meaning to, he had practiced paradoxical intention, though not for therapeutic purposes.

However, this presentation should not leave the impression that paradoxical intention is effective only in mono-symptomatic cases. By means of this logotherapeutic technique, my staff at the Vienna Poliklinik Hospital has succeeded in bringing relief even in obsessive-compulsive neuroses of a most severe degree and duration. I refer, for instance, to a woman sixty-five years of age who had suffered for sixty years from a washing compulsion. Dr. Eva Kozdera started logotherapeutic treatment by means of paradoxical intention, and two months later the patient was able to lead a normal life. Before admission to the Neurological Department of the Vienna Poliklinik Hospital, she had confessed, "Life was hell for me." Handicapped by her compulsion and bacteriophobic obsession, she finally remained in bed all day unable to do any housework. It would not be accurate to say that she is now completely free of symptoms, for an obsession may come to her mind. However, she is able to "joke about it," as she says; in short, to apply paradoxical intention.

Paradoxical intention can also be applied in cases of sleep disturbance. The fear of sleeplessness¹² results in a hyper-intention to fall asleep, which, in turn, incapacitates the patient to do so. To overcome this particular fear, I usually advise the patient not to try to sleep but rather to try to do just the opposite, that is, to stay awake as long as possible. In other words, the hyper-intention to fall asleep, arising from

the anticipatory anxiety of not being able to do so, must be replaced by the paradoxical intention not to fall asleep, which soon will be followed by sleep.

Paradoxical intention is no panacea. Yet it lends itself as a useful tool in treating obsessive-compulsive and phobic conditions, especially in cases with underlying anticipatory anxiety. Moreover, it is a short-term therapeutic device. However, one should not conclude that such a short-term therapy necessarily results in only temporary therapeutic effects. One of "the more common illusions of Freudian orthodoxy," to quote the late Emil A. Gutheil, "is that the durability of results corresponds to the length of therapy."¹³ In my files there is, for instance, the case report of a patient to whom paradoxical intention was administered more than twenty years ago; the therapeutic effect proved to be, nevertheless, a permanent one.

One of the most remarkable facts is that paradoxical intention is effective regardless of the etiological basis of the case concerned. This confirms a statement once made by Edith Weisskopf-Joelson: "Although traditional psychotherapy has insisted that therapeutic practices have to be based on findings on etiology, it is possible that certain factors might cause neuroses during early childhood and that entirely different factors might relieve neuroses during adulthood."¹⁴

As for the actual causation of neuroses, apart from constitutional elements, whether somatic or psychic in nature, such feedback mechanisms as anticipatory anxiety seem to be a major pathogenic factor. A given symptom is responded to by a phobia, the phobia triggers the symptom, and the symptom, in turn, reinforces the phobia. A similar chain of events, however, can be observed in obsessive-compulsive cases in which the patient fights the ideas which haunt him.¹⁵ Thereby, however, he increases their power to disturb him, since pressure precipitates counterpressure. Again the symptom is reinforced! On the other hand, as soon as the patient stops fighting his obsessions and instead tries to ridicule them by dealing with them in an ironical way—by applying paradoxical intention—the vicious circle is cut, the symptom diminishes and finally atrophies. In the fortunate case where there is no existential vacuum which invites and elicits the symptom, the patient will not only succeed in ridiculing his neurotic fear but finally will succeed in completely ignoring it.

As we see, anticipatory anxiety has to be counteracted by paradoxical intention; hyper-intention as well as hyper-reflection have to be counteracted by dereflection; dereflection, however, ultimately is not possible except by the patient's orientation toward his specific vocation and mission in life.¹⁶

It is not the neurotic's self-concern, whether pity or contempt, which breaks the circle formation; the cue to cure is self-transcendence! 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. Psychotherapy would not only reflect a nihilistic philosophy but also, even though unwillingly and unwittingly, transmit to the patient what is actually 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 biological, psychological and sociological conditions, or the product of heredity and environment. Such a view of man makes a neurotic believe what he is prone to believe anyway, namely, that he is the pawn and victim of outer influences or inner circumstances. This neurotic fatalism is fostered and strengthened by a psychotherapy which denies that man is free.

To be sure, a human being is a finite thing, and his freedom is restricted. It is not freedom from conditions, but it is freedom to take a stand toward the conditions. As I once put it: "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."¹⁷ Critique of Pan-Determinism

Psychoanalysis has often been blamed for its so-called pansexualism. 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." By that I mean the view of man which disregards his capacity to take a stand toward any conditions whatsoever. Man is not fully conditioned and determined but rather determines himself whether he gives in to conditions or stands up to 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 predict his future only within the large framework 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. Yet one of the main features of human existence is the capacity to rise above such conditions, to grow beyond them. Man is capable of changing the world for the better if possible, and of changing himself for the better if necessary.

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 Mephistophelean being, a satanic figure. At that time he was generally called "the mass murderer of Steinhof" (the large mental hospital in Vienna). When the Nazis 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, 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. "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 with the help of his comrades made 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 Lubianka 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 Lubianka. There he died, at about the age of forty, from cancer of the urinary 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 we dare to predict the behavior of man? We may predict the movements of a machine, of an automaton; more than this, we may even try to predict the mechanisms or "dynamisms" of the human psyche as well. But man is more than psyche.

Freedom, however, is not the last word. Freedom is only part of the story and half of the truth. Freedom is but the negative aspect of the whole phenomenon whose positive aspect is responsibility. In fact, freedom is in danger of degenerating into mere arbitrariness unless it is lived in terms of responsibility. That is why I recommend that the Statue of Liberty on the East Coast be supplemented by a Statue of Responsibility on the West Coast. 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 may 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.

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 Rehumanized

For too long a time—for half a century, in fact—psychiatry tried to interpret the human mind merely as a mechanism, and consequently the therapy of mental disease merely in terms of a technique. I believe this dream has been dreamt out. What now begins to loom on the horizon 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 confess 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 determine each other, but man is ultimately self-determining. What he becomes—within the limits of endowment and environment—he has made out of himself. In the concentration camps, for example, in this living laboratory and on this testing ground, we watched and witnessed some of our comrades behave like swine while others behaved 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 invented the gas chambers of Auschwitz; however, he is also that being who entered those gas chambers upright, with the Lord's Prayer or the Shema Yisrael on his lips.

This part, which has been revised and updated, first appeared as "Basic Concepts of Logotherapy" in the 1962 edition of *Man's Search for Meaning*.

1. It was the first version of my first book, the English translation of which was published by Alfred A. Knopf, New York, in 1955, under the title *The Doctor and the Soul: An Introduction to Logotherapy*.
2. Magda B. Arnold and John A. Gasson, *The Human Person*, Ronald Press, New York, 1954, p. 618.
3. A phenomenon that occurs as the result of a primary phenomenon.
4. "Some Comments on a Viennese School of Psychiatry," *The Journal of Abnormal and Social Psychology*, 51 (1955), pp. 701–3.
5. "Logotherapy and Existential Analysis," *Acta Psychotherapeutica*, 6 (1958), pp. 193–204.
6. A prayer for the dead.
7. L'kiddush basbem, i.e., for the sanctification of God's name.
8. "Thou hast kept count of my tossings; put thou my tears in thy bottle! Are they not in thy book?" (Ps. 56, 8.)
9. In order to treat cases of sexual impotence, a specific logotherapeutic technique has been developed, based on the theory of hyper-intention and hyper-reflection as sketched above (Viktor E. Frankl, "The Pleasure Principle and Sexual Neurosis," *The International Journal of Sexology*, Vol. 5, No. 3 [1952], pp. 128–30). Of course, this cannot be dealt with in this brief presentation of the principles

of logotherapy.

10. Viktor E. Frankl, "Zur medikamentösen Unterstützung der Psychotherapie bei Neurosen," Schweizer Archiv für Neurologie und Psychiatrie, Vol. 43, pp. 26–31.

11. New York, The Macmillan Co., 1956, p. 92.

12. The fear of sleeplessness is, in the majority of cases, due to the patient's ignorance of the fact that the organism provides itself by itself with the minimum amount of sleep really needed.

13. American Journal of Psychotherapy, 10 (1956), p. 134.

14. "Some Comments on a Viennese School of Psychiatry," The Journal of Abnormal and Social Psychology, 51 (1955), pp. 701–3.

15. This is often motivated by the patient's fear that his obsessions indicate an imminent or even actual psychosis; the patient is not aware of the empirical fact that an obsessive-compulsive neurosis is immunizing him against a formal psychosis rather than endangering him in this direction.

16. This conviction is supported by Allport who once said, "As the focus of striving shifts from the conflict to selfless goals, the life as a whole becomes sounder even though the neurosis may never completely disappear" (op. cit., p. 95).

17. "Value Dimensions in Teaching," a color television film produced by Hollywood Animators, Inc., for the California Junior College Association.