I. Introduction

This article will present an overview of Viktor Frankl’s (1905–1997) logotherapy and existential analysis. Known as the “Third Viennese School of Psychotherapy,” logotherapy was developed in the 1930s because of Frankl’s dissatisfaction with both Freud and Adler.

Frankl accepts Sigmund Freud’s concept of unconsciousness but considers the will to meaning as more fundamental than the will to pleasure. Existential analysis is designed to bring to consciousness the “hidden” meaning or spiritual dimension of the client.

Frankl received training in individual psychology from Adler. He differs from Adler because he focuses on the will to meaning, while Adler emphasizes social interest and the will to power. However, some of the basic concepts of logotherapy, such as freedom and responsibility, bear the imprint of Adler’s influence.

A major difference between logotherapy and psychoanalysis is that both Freud and Adler focus on the past, while logotherapy focuses rather on the future—on the meanings to be fulfilled.

Although logotherapy and existential analysis tend to be used interchangeably or together as a single label, it may be helpful to recognize the following difference between these two terms:

Logotherapy means therapy through meaning, and it refers to Frankl’s spiritually oriented approach to psychotherapy. Existential analysis, on the other hand, refers to the analytical therapeutic process involved in addressing the patient’s spiritual, existential needs. To the extent that logotherapy makes the patient aware of the hidden meaning of existence, it is an analytical process.

Logotherapy is a distinct branch of existential–humanistic school psychotherapy, because of its focus on
the human spirit and “the meaning of human existence as well as on man’s search for such a meaning.” What sets Frankl apart from North America’s existential psychotherapy is his unconditional affirmation of life’s meaning. The main objective of logotherapy was to facilitate clients’ quest for meaning and empower them to live meaningfully, responsibly, regardless of their life circumstances.

Logotherapy was put to severe test in a very personal way between 1942 and 1945, when Frankl was committed to Nazi concentration camps. His experience in these camps was recorded in his best-selling book *Man’s Search for Meaning*. His personal triumph over unimaginable trauma has been the most compelling testimony to logotherapy. There are no other psychotherapists whose life and work are as inseparable as Frankl’s. He is logotherapy, and vice versa.

II. THE SPIRITUAL DIMENSION

It is not possible to practice logotherapy without understanding the human spirit or the spiritual dimension of human existence. According to Frankl’s dimensional ontology, human beings exist in three dimensions—somatic, mental, and spiritual. Spirituality is the uniquely human dimension. However, these different dimensions must be understood in their totality because a person is a unity in complexity.

A. The Defiant Power of the Human Spirit

One of the prepositions of logotherapy is that the human spirit is our healthy core. The human spirit may be blocked by biological or psychological sickness, but it will remain intact. The human spirit does not get sick, even when the psychobiological organism is injured.

According to Frankl, part of the human spirit is unconscious. When the human spirit is blocked or repressed, one experiences existential vacuum or neurosis. Existential analysis seeks to remove the block and brings to consciousness the will to meaning.

According to Joseph Fabry, the noetic dimension of the human spirit is the “medicine chest” of logotherapy; it contains love, the will to meaning, purpose, creativity, conscience, the capacity for choice, responsibility, sense of humor, and so forth.

The defiant power of the human spirit refers to people’s capacity to tap into the spiritual part of the self and rise about the negative effects of situations, illness or the past. Paul T. P. Wong proposes that it may be more helpful for scientific and therapeutic purposes to conceptualize the human spirit as inner resources, which can come to one’s aid in coping with life stress.

B. Logotherapy and Religion

Frankl differentiates between spirit, spirituality, and religion. Spirit refers to one of the dimensions of humanity. Spirituality is manifest in a person’s quest for meaning. Religion encompasses the ultimate meaning, super meaning, as well as God. He clearly recognizes the importance of religion but is reluctant to be considered religious. He equates authentic religion with deep spirituality.

In an interview with Matthew Scully in 1995, when Frankl was already 90, he seemed to be more explicit about the important role of religion and faith in logotherapy. Frankl said:

I have come to define religion as an expression, a manifestation, of not only man’s will to meaning, but of man’s longing for ultimate meaning, that is to say a meaning that is so comprehensive that it is no longer comprehensible … But it becomes a matter of believing rather than thinking, of faith rather than intellect. The positing of a super-meaning that evades mere rational grasp is one of the main tenets of logotherapy, after all. And a religious person may identify Supermeaning as something paralleling a Superbeing, and this Superbeing we would call God.

III. THE MEANING OF MEANING

The Greek word *logos* represents the word, the will of God, the controlling principles of the universe, or meaning. Dr. Frankl translates logos as meaning. Therefore, logotherapy means healing and health through meaning. But what is meaning?

A. Specific versus Ultimate Meaning

According to Frankl, there are two levels of meaning: (a) the present meaning, or meaning of the moment, and (b) the ultimate meaning or super-meaning. Dr. Frankl believes that it is more productive to address specific meaning of the moment, of the situation, rather than talking about meaning of life in general, because ultimate meanings exist in the supra-human dimension, which is “hidden” from us. He cautions
against addressing ultimate meanings in therapy, unless
the client is openly religious.

Each individual must discover the specific meanings
of the moment. Only the individual knows the right
meaning specific to the moment. The therapist can also
facilitate the quest and guide the client to those areas in
which meanings can be found.

**B. Meaning versus Value**

In his earlier writings, Frankl often used meaning
and value interchangeable. Fabry has clarified the dif-
ference between meaning and value:

> We create unique relationships and accept unique
tasks, face unique sufferings, experience unique guilt
feelings and die a unique death. The search for mean-
ing is highly personal and distinct. But millions of peo-
ple have gone through situations that were similar
enough so they could react in a similar way. They
found what was meaningful in standard situations.
They found universal meanings, which is the way
Frankl defines values: “meaning universals.”

Therefore, values are abstract meanings based on the
meaning experiences of many, many individuals. Frankl
believes that these values can guide our search for mean-
ing and simplify decision making. For example, life can
be made meaningful if we realize three categories of val-
ues—experiential, creative and attitudinal.

Traditional values are the examples of the accumula-
tion of meaning experiences of many individuals over a
long period of time. However, these values are threat-
ened by modernization. Frankl believes that “Even if all
universal values disappeared, life would remain mean-
ful, since the unique meanings remain untouched by
the loss of traditions.”

Implicit in all his writings, Frankl gives the impres-
sion that values, like Kant’s categorical imperatives, are
somehow universal, from which specific meanings flow. Thus, every experience of meaning involves the
realization of some values. But these values may lie la-
tent and need to be awakened or cultivated through ex-
istential analysis. This kind of reasoning may explain
why Frankl insists: “The meaning of our existence is
not invented by ourselves, but rather detected.”

**IV. BASIC TENETS**

The logotherapeutic credo consists of freedom of will,
will to meaning, and the meaning of life. These are the
cornerstones of logotherapy and existential analysis.

**A. Freedom of Will**

Frankl realizes that “Human freedom is finite free-
dom. Man is not free from conditions. But he is free to
take a stand in regard to them. The conditions do not
completely condition him.” Although our existence is
influenced by instincts, inherited disposition, and en-
vIRONMENT, an area of freedom is always available to
us. “Everything can be taken from a man, but … the
last of the human freedoms—to choose one’s attitude
in any a given set of circumstances, to choose one’s
own way.” Therefore, we always have the freedom to
take a stand toward the restrictive conditions and
transcend our fate.

Freedom of will is possible because of the human ca-
pacity for self-distancing or self-detachment: “By virtue
of this capacity man is capable of detaching himself not
only from a situation, but also from himself. He is capa-
ble of choosing his attitude toward himself.”

**B. Responsibility
and Responsibleness**

With freedom comes responsibility. Joseph Fabry
once said responsibility without freedom is tyranny,
and freedom without responsibility leads to anarchy,
which can lead to “boredom, anxiety, and neurosis.”
Frankl points out that we are responsible not only to
something but also to Someone, not only to the task,
but to the Taskmaster.

Frankl differentiates between responsibility and re-
ponsibleness. The former comes from possessing the
freedom of will. The latter refers to exercising our free-
dom to make the right decisions in meeting the de-
mands of each situation. “Existential analysis aims at
nothing more and nothing less than leading men to
consciousness of their responsibility.”

**C. Will to Meaning**

Frankl considers the will to meaning as “the basic
striving of man to find and meaning and purpose.” The
will to meaning is possible because of the human ca-
pacity to transcend immediate circumstances. “Being
human is being always directed, and pointing to, some-
thing or someone other than oneself: to a meaning to
fulfil or another human being to encounter, a cause to
serve or a person to love.”

Self-transcendence often makes use of the power of
imagination and optimism. Self-transcendence is es-
sential for finding happiness, which is not the end, but
the by-product of trying to forget oneself. “Only to the
extent to which man fulfils a meaning out there in the world, does he fulfil himself.”

D. Meaning of Life

Every meaning is unique to each person, and each one has to individually discover the meaning of each particular situation. The therapist can only challenge and guide the patient to potential areas of meaning: creative, experiential, and attitudinal values.

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.

Attitudinal values are especially important in situations of unavoidable suffering. Frankl claims: “This is why life never ceases to hold meaning, for even a person who is deprived of both creative and experiential values is still challenged by a meaning to fulfil, that is, by the meaning inherent in the right, in an upright way of suffering.”

V. EXISTENTIAL FRUSTRATION AND NOOGENIC NEUROSIS

Existential frustration is a universal human experience because the will to meaning can be blocked by external circumstances and internal hindrances. Existential frustration leads to noogenic neurosis or existential vacuum. According to Frankl, “Noogenic neuroses have their origin not in the psychological but rather in the ‘noological’ (from the Greek noos meaning mind) dimension of human existence.” Therefore, logotherapy is uniquely appropriate in dealing with existential neuroses.

Existential vacuum refers to general sense of meaninglessness or emptiness, as evidenced by a state of boredom. It is a widespread phenomenon of the twentieth century, as a result of industrialization, the loss of traditional values, and dehumanization of individuals. People may experience existential vacuum without developing existential neurosis. Many feel that life has no purpose, no challenge, no obligation, and they try to fill their existential vacuum with materials things, pleasure, sex, or power, busy work, but they are misguided. Frankl believes that “The feeling of meaninglessness not only underlies the mass neurotic triad of today, i.e., depression-addiction-aggression, but also may eventuate in what we logotherapists call a ‘noogenic neurosis.’”

Suffering is not a necessary condition for meaning, but it tends to trigger the quest for meaning. Frankl has observed that people are willing to endure any suffering, if they are convinced that this suffering has meaning. However, suffering without meaning leads to despair.

Logotherapists do not ask for the reason for suffering, but guide their clients toward the realization of concrete meanings, and choose the right attitudes. Often, logotherapists appeal to their clients to take a heroic stand toward suffering, by suggesting that unavoidable suffering gives them the opportunity to bear witness to the human potential and dignity.

Search for meaning is more likely to be occasioned by three negative facets of human existence: pain, guilt, and death. Pain refers to human suffering, guilt to the awareness of our fallibility, and death to our awareness of the transitoriness of life. These negative experiences make us more aware of our needs for meaning and spiritual aspiration. Neuroses are more likely to originate from our attempt to obscure the reality of pain, guilt, and death as existential facts. Logotherapy provides an answer to the tragic triad through attitudinal values and tragic optimism.

VI. LOGOTHERAPEUTIC TECHNIQUES AND APPLICATIONS

Frankl considers noogenic neurosis as the collective neurosis of contemporary Western society. The goal of logotherapy is to enable patients to discover their unique meanings and consider their own areas of freedom. In cases of psychogenic or individual neurosis, which may be treated by traditional psychotherapy or medication, logotherapy serves as a supplement and helps break the vicious cycles of neurosis.

According to E. Lukas, the four main logotherapeutic techniques are paradoxical intention, dereflection, modification of attitudes, and appealing techniques.

A. Paradoxical Intention

Frankl defines paradoxical intention as follows: “The patient is encouraged to do, or to wish to happen, the very things he fears (the former applying to the phobic patient, the latter to the obsessive-compulsive).”

This technique builds on the human capacity for self-detachment to break the vicious cycle, which traps people in psychogenic neuroses, such as phobia, anxiety, and obsessive—compulsive behaviour. Self-attachment enables to patient to adopt a new attitude, to stand back or laugh at the situation or self. In applying paradoxical intention, the therapist tries “to mobilize and utilize exclusive human capacity for humor.”
For the phobic patient, he has a “fearful expectation” that a particular symptom might occur, and his fear creates “anticipatory anxiety, which in turn brings about what the patient fears to happen. Thus “fear of fear” creates a “vicious cycle.” The most common reaction to “fear of fear” is “flight from fear,” and the phobic pattern is maintained by excessive avoidance. This vicious cycle is broken when “the pathogenic fear is replaced by a paradoxical wish.” As a result, the patient no longer avoids situations that create anxiety.

With phobic patient, paradoxical intention typically begins with self-detachment (often after invitation and persuasion). The second step is to ask the patient to develop a new attitude of not fearing but welcoming the symptoms. This typically results in a reduction of symptom, which allows therapist to work toward enhancing meaningful living.

In the case of obsessive–compulsive disorder, the patient fights against the obsessions or compulsions. However, the more he fights against these symptoms, the stronger they become. Again, a vicious cycle is created. To break this vicious cycle, the patient with compulsive hand washing because of fear of infection would be told to tell himself “I can’t get enough bacteria, I want to become as dirty as possible.”

According to D. Guttmann, paradoxical intention has been used with increasing frequency with good results especially in treating clients who suffer from phobia and obsessive–compulsive disorder.

B. Dereflection

Frankl developed dereflection to counteract hyperintention (trying too hard) and hyperreflection (thinking too hard). Examples of hyperintention include trying very hard to fall asleep, excessively pursuing pleasure, happiness, or power. Addiction is a form of hyperintention.

Hyperreflection involves excessively monitoring one’s performance, and becoming very anxious about failure. Hyperreflection may turn everyday minor problems into catastrophes, and small obstacles into insurmountable hurdles.

This technique is built on the human capacity of self-distancing and self-transcendence. The clients are asked to redirect their attention away from their problems to more positive aspects of their lives. For example, instead of worrying about not being able to fall asleep, the client is asked to use the time to read a book or watch TV. Typically, the first step is to help clients to put some distance between themselves and their symptoms. Then, they are invited to use their defiant power of the human spirit to transcend their present conditions and move toward positive activities. This will result in a reduction of symptom.

Joseph Fabry points out that by immersing ourselves in work or by choosing the right attitude, we can transcend not only external conditions but also ourselves. The goal of dereflection is to help clients transcend themselves and move toward creative and experiential values.

C. Modification of Attitudes

It is used for noogenic neuroses, depression, and addiction by promoting the will to meaning. It can also be used in coping with suffering related to circumstances, fate or illness. Generally, the emphasis is on reframing attitudes from negative to positive. For example, the client may be asked: “Is there anything positive about the situation?” or “What freedom is still available to you in this situation?”

D. The Appealing Technique

These three logotherapeutic techniques are more likely to be effective, when the therapist appeals to the client’s defiant power of the human spirit. The therapist makes use of the power of suggestion and directly appeals to the client to change for the better, regardless of the client’s current circumstances, and physical–emotional condition. The therapist expresses trust in the client’s dignity, freedom, responsibility, meaning orientation, and potential for positive change.

Frankl claims that “Logotherapy is neither teaching nor preaching. It is far removed from logical reasoning as it is from moral exhortation.” However, appealing often involves exhortation on the value of taking a heroic stand against suffering. For example, a nurse suffered from an inoperable tumor and experienced despair because of her incapacity to work. Frankl tried to appeal to her sense of pride and moral obligation to her patients:

I tried to explain to her that to work eight or ten hours per day is no great thing—many people can do that But to be as eager to work as, and so incapable of work, and yet not be despair—that would be as achievement few could attain. And then I asked her: “Are you not being unfair to all those sick people to whom you have dedicated your life; are you not being unfair to act now as if the life of an invalid were without meaning? If you behave as if the meaning of our life consisted in being able to work so many hours a day, you take away from all sick people the right to live and the justification for their existence.
E. The Socratic Dialogue

In Socratic dialogue, the therapist facilitates the client’s discovery of meaning, freedom, and responsibility by challenging and questioning. The dialogue may begin with a struggle between client and therapist but should never become negative.

According to Paul Welter: “Socratic questions need to be asked that stretch the thinking of the client. This requires careful listening to find the circumference of the client’s thought.” Another consideration is that counselors need to know the moment when silence is more curative. Often silence occurs when the clients reflect on the deeper meanings of words from the counsellors.

F. Family Logotherapy

J. Lantz has applied logotherapy to help the client family discover the meaning of opportunities within the family through social skills training, Socratic questioning, and existential reflection. According to E. Lukas, meaning-centered family therapy helps the family focus on meaningful goals rather than the obstacles; consequently, family members learn to overcome the obstacles to pursue meaningful goals.

G. The Therapist–Client Relationship in Logotherapy

Frankl tends to emphasize partnership between therapist and client in the quest for meaning. According to Lantz, logotherapeutic practice is based on the following assumptions: (a) commitment to authentic communication by the therapist, (b) the therapists’ communication of essential humanness, and c) the therapist’s ultimate concern being similar to that of the clients.

VII. RECENT DEVELOPMENTS

In the past 15 years, Dr. Frankl’s classic logotherapy has been elaborated and extended by Alfried Langle and the International Association of Logotherapy and Existential Analysis (Gesellschaft für Logotherapie und Existenzanalyse). This Viennese society (GLE-Wien) is parallel to Viktor-Frankl-Institut–Scientific Society for Logotherapy and Existential Analysis (Wissenschaftliche für Logotherapie und Existenzanalyse), also in Vienna.

According to A. Langle, existential analysis is now a full-fledged psychotherapeutic method, of which Dr. Frankl’s logotherapy is considered its subsidiary branch. Langle has applied existential analysis to cases of psychosocial, psychosomatic, and psychogenic disturbances.

Langle recognizes four fundamental preconditions for meaningful existence: (a) accept the situation, (b) find some positive value in the situation, (c) respond according to one’s own conscience, and (d) recognize the specific demands of the situation.

He also postulates four types of fundamental human motivations:

1. The question of existence: I am, but can I become a “whole” person? Do I have the necessary space, support, and protection?
2. The question of life: I am alive, but do I enjoy it? Do I find it fulfilling? Do I experience a sense of abundance, love, and realization of values?
3. The question of the person: I am myself, but am I free to be myself? Do I experience validation, respect, and recognition of my own worth?
4. The question of existential meaning: I am here, but for what purpose, for what good?

Langle has developed additional methods, such as the biographical method of using phenomenological analysis to overcome unresolved past issues and the project analysis to elucidate areas that have proved to be a hindrance to one’s life.

Joseph Fabry was largely responsible for introducing logotherapy to North America. Under his guidance and encouragement, Paul T. P. Wong has developed the integrative meaning-centred counselling and therapy (MCCT). It focuses on both the transformation of cognitive meanings as well as the discovery of new purposes in life. As an integrative existential therapy, it incorporates cognitive-behavioral interventions and narrative therapy with logotherapy.

See Also the Following Articles

Alderian Psychotherapy ■ Biblical Behavior Modification ■ Existential Psychotherapy ■ Humanistic Psychotherapy ■ Paradoxical Intention

Further Reading


