

Logotherapy and Existential Analysis—A Review

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In his preface to a book of mine, Harvard's Gordon W. Allport (1) characterizes logotherapy as one of the schools which constitute what in the United States is called existential psychiatry. Robert C. Leslie (2), however, claims that precisely in this respect logotherapy is a "notable exception," inasmuch as it has succeeded, in contrast to the other schools, in developing what one is justified in calling a technique. His contention is supported by parallel statements made by other authors, such as Tweedie (3, 4), Ungersma (5), Kaczanowski (6), and Crumbaugh (7). In fact, as compared with ontoanalysis (8), for example, logotherapy, as the very name indicates, is more than mere analysis (9, 10, 11), in that it is therapy. And it is concerned not only with *ontos*, or being, but also with *logos*, that is to say, meaning. What in logotherapy is called the will to meaning (12) indeed occupies a central place in this 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." It constitutes the mass neurosis of our age. In a recent publication, a Czechoslovakian psychiatrist, Stanislav Kratochvil (13), 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." In order to substantiate this concept, Crumbaugh and Maholick (14), the directors of a Research Center in the United States, devised their Purpose in Life (PIL) test and administered it to 225 subjects. "The results," they write, "consistently support Frankl's hypothesis that a new type of neurosis—which he terms 'noogenic neurosis'—is present in the clinics alongside the conventional forms. There is evidence," the authors conclude, "that we are

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in truth dealing with a new syndrome.”† As to the frequency of its occurrence, let me refer to the statistical research conducted by Werner (15) in London, Langen and Volhard (16) in Tübingen, Prill (17) in Würzburg, and Niebauer (18, p. 753) in Vienna. 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 in my opinion, meaning is something to be found rather than to be given (19). At least, meaning cannot be given in an arbitrary way. Again it was Crumbaugh and Maholick (20) who, to my knowledge for the first time, have pointed to the fact that finding meaning in a situation has something to do with a Gestalt perception. This assumption is confirmed by a Gestaltist, Wertheimer (21), who explicitly states that a quality of “requiredness” is inherent in the situation and, what is even more, “the demands and ‘requirements’” of the situation “are objective qualities.”

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 (22), 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 (23).

Alongside the will to meaning stands the will to power and what one could call the will to pleasure. In the final analysis, however, the will to pleasure proves to be self-defeating. The more one tries to gain pleasure, the less one is able to obtain it. Therein lies one of the major factors underlying sexual neuroses, be it impotence or frigidity. Sexual performance or experience are strangled to the same extent to which they are made either an objective of intention or an object of attention. In logotherapy, one speaks of hyperintention or hyperreflection, respectively. In cases of impotence, hyperintention is frequently due to the fact that the patient approaches sexual intercourse as something which is demanded of him. Correspondingly, a logotherapeutic technique has been developed in order to remove this demand quality.‡ This technique is termed de-reflection

† By this time, the test has been administered to 1,200 subjects, with the same results.

‡ It is often possible to overcome the “demands of the partner” through a trick: We advise the patient to inform the partner that he consulted a doctor who considered

(25, pp. 253 ff.). Yet the logotherapeutic treatment of sexual neurosis is applicable regardless of whether or not one adopts the logotherapeutic theory. In the Neurological Department of the Poliklinik Hospital in Vienna, I have entrusted an outpatient ward for patients with sexual neuroses to a doctor who is a strict Freudian, but in the given setting, where only short-term procedures are indicated, he uses the logotherapeutic rather than the psychoanalytic technique.

Along with de-reflection, there is another logotherapeutic technique which lends itself to the short-term treatment of obsessive-compulsive and phobic patients rather than those with sexual neuroses. This technique is called paradoxical intention (25, § pp. 221 ff.). I have described it as early as 1946 in the original German version of one of my English books, *The Doctor and the Soul*, (26) and in other papers (27). Again, it should be noted that even doctors who adhere to theories different from the one which underlies logotherapy, include paradoxical intention in their armamentarium. For example, many psychoanalysts have been using the paradoxical intention technique successfully. Now they try to explain this success and specifically to explain it in psychodynamic terms. To cite another instance, Müller-Hegemann (28) interprets paradoxical intention in terms of a "neurophysiologically oriented approach." He "has observed favorable results in the last years in patients suffering from phobias" and therefore considers paradoxical intention "to have much merit."

What is going on when paradoxical intention is applied? In order to understand it one must consider the phenomenon called "anticipatory anxiety." By this I mean the response and reaction to an event in terms of the fearful expectation of the recurrence of the event. However, fear tends to make come true precisely that which one is afraid of and in the same vein anticipatory anxiety triggers off what the patient so fearfully expects to happen. Thus a vicious circle is established. A symptom evokes a phobia and the phobia provokes the symptom. The recurrence of the symptom then reinforces the phobia.

How can one break up this vicious circle? It can be managed in two ways,

the patient's case as not serious and the prognosis favorable. It is most important for him, however, to tell his partner that the doctor also has absolutely forbidden coitus. His partner now expects no sexual activity and the patient is "released." This release from the demands of the partner enables the patient to express his sexuality again, undisturbed and unblocked by the feeling that something is demanded or expected from him. Often, in fact, the partner is not only surprised when the potency of the patient becomes apparent, but she goes so far as to reject him because of the doctor's orders. It is then, usually, with the *fait accompli*, that the vicious circle of apprehension and compulsion to self-observation is completely broken (24).

§ The new American edition of this book contains a complete American bibliography on logotherapy and existential analysis.

first by psychotherapy and second by pharmacotherapy. With regard to pharmacotherapy, let me refer to those cases with agoraphobic symptoms in which I could show that hyperthyroidism is an underlying factor (29). Or cases of claustrophobia which I could trace to latent tetany (30). Incidentally, the first tranquilizer ever developed on the Continent—it was developed by me as early as 1952 (31)—even lends itself to the drug treatment of these claustrophobias in a specific way. One should bear in mind, however, that the organic factor involved in such cases provides no more than a mere inclination to anxiety while the full-fledged anxiety neurosis does not develop unless the anticipatory anxiety mechanism comes into play. Therefore, to unhinge the circle one must attack it both psychically and organically. And taking the wind out of the sails of anticipatory anxiety is precisely the job done by paradoxical intention. To put it in a nutshell, the patient is thereby encouraged to do, or wish to happen, the very things he fears. In other words, the pathogenic fear is replaced by a paradoxical wish.

Alongside the circle formation built up by anticipatory anxiety in phobic cases, there is another feedback mechanism which one may encounter in obsessive-compulsive neurotics. They are plagued by the idea that they might commit suicide or even homicide or that the strange thoughts which haunt them might be signs of imminent, if not present, psychosis. For these reasons the patients fight their obsessions and compulsions. But pressure induces counterpressure, and counterpressure, in turn, increases pressure. Conversely, if one succeeds in making the patient stop fighting his symptoms—and this may well be accomplished by paradoxical intention—the symptoms soon diminish and finally atrophy.

Most of the authors who have practiced paradoxical intention and published their work agree that it is a short-term procedure. The assumption, however, "that the durability of results corresponds to the length of therapy" is one of "the illusions of Freudian orthodoxy," to quote Emil A. Gutheil (32), the late editor of the *American Journal of Psychotherapy*. It is also "a completely baseless assertion," to cite the grand old man of German psychotherapy, J. H. Schultz (33), "that symptom removal must be followed by substitute symptoms." Edith Weisskopf-Joelson (34, 35), an American psychoanalyst, has expressed the same view in a paper on logotherapy. "Psychoanalytically oriented therapists," she says, "might argue no real improvement can be achieved with methods such as logotherapy, since the pathology in 'deeper' layers remains untouched, while the therapist limits himself to the strengthening or erecting of defenses. Such conclusions are not free of danger. They may keep us from the awareness of major sources of mental health because these sources do not fit into a specific theoretical framework. We must not forget that such concepts as 'defenses,' 'deeper

layers,' and 'adequate functioning on a superficial level with underlying pathology' are theoretical concepts rather than empirical observations." By contrast, the results obtained by paradoxical intention do deserve to be qualified as empirical observations.

There is evidence that paradoxical intention even works in chronic cases. For example, in the German *Encyclopaedia of Psychotherapy* the case of a sixty-five-year-old woman is described who for 60 years had suffered from a hand-washing compulsion. A member of my staff successfully applied the paradoxical intention technique in this case. The patient was finally able to joke about her compulsion, to develop a sense of humor (18, p. 752). In fact, paradoxical intention should always be formulated in as humorous a manner as possible. Humor is indeed a definitely human phenomenon. After all, no beast is capable of laughing. What is even more important, humor allows man to create a perspective, to put a distance between himself and whatever may confront him. By the same token, humor allows man to become detached and thereby to attain the fullest possible control over himself. To make use of the human capacity for self-detachment is what paradoxical intention basically achieves. Keeping this in mind, it seems no longer true that we do not take humor seriously enough (*dass wir den Humor noch nicht ernst genug nehmen*) as Konrad Lorenz (36, p. 411) contends in his most recent book.

Jaspers' dictum, "in philosophy, being new speaks against being true" (37, p. 151), may also hold for psychotherapy. Unwittingly and unwillingly, paradoxical intention has certainly been used all along. On the other hand, Gerz (38, 39) and Tweedie (3, 4) have proved that it must not be confounded with persuasion and that the results obtained by paradoxical intention cannot be explained merely in terms of suggestion. Actually, our patients often set out to use paradoxical intention with a strong conviction that it simply cannot work and yet they finally succeed. In other words, they do succeed not because, but rather in spite, of suggestion. However, in some cases paradoxical intention cannot be launched without being preceded by persuasion. That is particularly true of obsessions with blasphemy, for the treatment of which a special logotherapeutic technique has been devised (25, p. 239).

The remarkable results obtained by some workers in the field should not tempt us to assume that logotherapy is a panacea. Neither is logotherapy applicable to every patient with the same degree of success nor is every doctor capable of handling it with the same degree of skill. For this if for no other reason it is justified to combine logotherapy with other methods as it has been propounded, among others, by Ledermann (hypnosis [40]), Bazzi (relaxation training after Schultz [41]), Kvilhaug (behavior therapy after

Wolpe [42]), Vorbusch, (43) and also Gerz (pharmacotherapy with emphasis placed on Valium [44]).

Attempts have been made to clarify the indications for logotherapy. In my opinion, however, it is even more important to delineate where paradoxical intention is counterindicated. It is strictly counterindicated in psychotic depressions. For such patients a special logotherapeutic technique is reserved whose guiding principle is the decrease of that burden of guilt feelings on the part of the patient which is due to his tendency to self-accusations. It would be a misconception of existential psychiatry to interpret these self-accusations as indicating that a patient suffering from endogenous depression not only feels guilty, but really is guilty, "existentially guilty," and hence depressed. This would amount to mistaking an effect for the cause. Even more, such an interpretation would reinforce the patient's guilt feelings to the extent that his suicide might well be the result (45). Incidentally, logotherapy offers a special test to evaluate the suicide risk in a given case, as was pointed out by Kaczanowski^{||} and Wallace.^{||}

As far as schizophrenic patients are concerned, logotherapy is far from providing a causal treatment. As a psychotherapeutic adjunct, however, the aforementioned logotherapeutic technique called de-reflection is also recommended for such patients. The volume, *Modern Psychotherapeutic Practice* (46), includes some tape-recorded sessions with schizophrenic patients to demonstrate the way in which de-reflection can be utilized.

Burton (47) recently stated that "the last 50 years of therapeutic psychiatry have made a fetish of the deep personal history of the patient. Freud's startling cures of supposed unremitting hysterics led us to seek a similar traumatic experience in every patient and to reify insight as curative, something we are only now recovering from." But even if one assumes that neuroses or even psychoses are caused by what is supposed to cause them in terms of psychodynamic hypotheses, logotherapy would still be indicated in terms of a noncausal treatment. For one must consider the fact that as long as there is an existential vacuum in the patient, the symptoms will rush into it. That is why the "logotherapeutic encounter," as Crumbaugh (7) contends, "continues beyond where most therapies, especially analytically oriented methods, stop: it holds that unless purposeful goals and commitment to them is attained, therapy will have been for naught as the pathological etiology will remain and the symptom will later return."

It has been said that logotherapy adds a new dimension to the systems of Freud and Adler; more specifically, that it adds to them the dimension (48, 49) of the distinctively human phenomena. If this is true, the very dimensional quality of my contribution would imply that the findings of the

^{||} Personal communications.

pioneering schools are not annulled by logotherapy but rather overarched by it. Therefore, logotherapy can never become a substitute for psychotherapy, but it may well add to its rehumanization.

SUMMARY

Man's primary concern is to find and fulfill meaning and purpose in life. Today, however, ever more patients relate the feeling of a profound meaninglessness or, as one could call it—in contradistinction to Maslow's peak-experience—an "abyss-experience." In logotherapy, this inner void is referred to as the "existential vacuum." In cases in which it results in a neurosis, this is termed in logotherapy a "noogenic" neurosis—in contradistinction to the psychogenic neurosis which is the neurosis in the conventional sense of the word.

According to existential analysis (*Existenzanalyse*) which underlies logotherapy, there are two specifically human phenomena, the "capacity of self-transcendence" and the "capacity of self-detachment." They are mobilized by two logotherapeutic techniques, "de-reflection" and "paradoxical intention," respectively. Both lend themselves particularly to the short-term treatment of sexual as well as obsessive-compulsive and phobic neuroses, especially in cases in which the anticipatory anxiety mechanism is involved. It is the contention of some authors that in existential psychiatry, logotherapy is the only school which has evolved psychotherapeutic techniques.

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