Frankl, Viktor

1923-1927: From Individual Psychology to Logotherapy

In 1926, Viktor Frankl employed the term *Logotherapy* for the first time in a lecture addressed to the Academic Society for Medical Psychology. In the following ten years, influenced by his work in youth counseling centers he helped found and by his specialist training in psychiatry and neurology at the Viennese mental hospitals of Rosenhügel, Maria Theresien-Schössl and the psychiatric clinic Steinhoff, Frankl gradually developed Logotherapy into the independent therapeutic system that is known today.

During the 1920s, Frankl would not have been able to think of founding his own psychotherapeutic or psychiatric school. In 1926, he defined his sole matter of concern as the formation of a therapeutic and theoretic programme that should complement an understanding of neurosis, based upon the framework of Alfred Adler's 'Individual Psychology'. In other words, Frankl wanted to create an encounter basis for patients whose outlook on life jeopardised the prospects of a successfully conducted therapy:

> One cannot help a pessimist who is very intelligent and sensible to feed himself and play sports via advice giving, because for that — as for the entirety of his well-being — his philosophy provides him with no reason to do so. Here we must first influence his evaluation in order to provide any grounds for further treatment; namely, his evaluation of the value of discussing neuroses at all! (Frankl, 1925, 250).

In the framework of this therapeutic model, Frankl also worked out a detailed phenomenology and classification system of disturbed world references (e.g., Frankl, 1926a) and was one of the

first within the Individual Psychology movement to submit a phenomenological research endeavour on neurotic orientations towards life. Interestingly enough, this classification system did not find its way into modern Logotherapy, although Frankl used a few of his 1926-era thoughts and observations subsequently as excerpts in his *Pathologie des Zeitgeists* (i.e., *Pathology of the Times*, Frankl, 1949). While the latter collectively described abnormal orientations that were formulated in the context of World War II experiences, the former was aimed at individually disturbed person-world-relationships. As such, these were intended in a narrower sense to serve as diagnostic and therapeutic connecting threads in clinical practice.

There are several reasons why Frankl may have avoided further usage of his classification system: Firstly, within a few years he had developed Logotherapy and Existential Analysis into an independent and complete form of therapy, whereby the classification of neurotic orientations towards life lost its importance relative to the now broader applications of his new Logotherapy and Existential Analysis. Secondly, Frankl recognised the limitations of any typology and diagnostic schematisation given the ever broader applicability of his new form of therapy, and increasingly came to place the relationship with the unique person of the patient at the foreground of psychotherapy. Nevertheless, the classification system Frankl worked out presents itself from a differential diagnostic rationale as an enduringly compelling research theme: one is able, for instance, to look at the thought patterns of the *intellectual neurotic* in the framework of modern-day Logotherapy as personality-specific forms of expression of *nöogenic neuroses*. This framework provides concrete guidelines that create therapeutic openness, while managing to avoid succumbing to the temptation to place the prevailing typological attribution over the individuality of the patient itself. In any case, an examination of case studies described in *Die Psychotherapie in der Praxis* (*Psychotherapy in Practice*) suggests that Frankl himself had quite frequently referred back to his classification system a decade later.

Frankl's recognition that it can be necessary before beginning therapy to make the patient conscious of the value of discussing neuroses reveals a conceptualisation of a Person

and of Disease in which the successful course of therapy depends entirely upon the willingness and insights of the patient. In and of itself this is not a fundamentally new insight — every clinician and therapist knows that all patients do not begin their therapy equally motivated. What is new, however, is Frankl's attempt to understand the reason for these differences in motivation as an expression of an orientation towards life, as well as to view them as relatively independent of the fundamental neurotic disturbance, and to give them due consideration:

It is, *a priori*, not in the least agreed upon that which we call pathological is actually pathological. It is by no means certain that that an intellectual opinion or evaluation, for instance, some view put forward by Individual Psychology, is not in itself incorrect (Frankl, 1926a, ix). In other words, it is by no means a conclusive expression or symptom of a psychological disturbance if a patient doubts the meaning of life. Under certain conditions and particular life philosophies this can be quite rational and logically consistent. Consequently, there is little hope of altering his overall life situation via successful treatment of a physical or mental disease. With this understanding, Frankl uncoupled the neurotic patient's orientation towards life from his mental state of mind. The latter may indicate pathological features, but not the former — at least not necessarily. If this type of symptom is not treated by the therapist, it will persist relatively unchanged during the course of treatment. This is precisely because it is not a symptom of disease as such.

On the other hand, it is more obvious that certain orientations towards life can worsen existing symptoms or undermine the prospects of success in therapy from the outset. Even after successful therapy, certain orientations towards life have a statistically higher risk of relapse. That is why it is necessary in the pre- and post-care phases of therapy to lead the patient into an appropriate person-world-relationship, or to place before him the possibility of a positive approach to existence. Frankl's earlier teacher and mentor, Rudolf Allers, also defined 'the purpose of all psychotherapeutic efforts […] as the undertaking of bringing about a reconciliation between Person and World' (Allers, 1963/2005, 12). There is every reason to

believe that this does not automatically come to be when the original disease symptomatology is reduced to a tolerable degree or cured entirely. This is due to that fact that, even following successful therapy, the disease leaves its mark on the biography and learning history of the patient, and therefore also alters his philosophy of life.

At the same time, it cannot be the goal of any humane psychiatric or psychotherapeutic treatment to take away the life experience and learning history of the patient: In the first place, it is doubtful whether this is possible at all within the framework of an ethical, justifiable therapy; and even if it were, such an action would contradict logotherapy's understanding of the dignity of the person. All the more, it remains the task of psychotherapy in the post-treatment phase to lead the patient towards a free, elegant, and realistic agreement with life, on which basis the patient can go on to prosper and flourish.

Still earlier in 1923, Frankl originally observed that there are mistaken and strained manners of existence whose aetiology is not confined solely to mental or physical causes, but rather whose reasons lie rooted in the spiritual and philosophical dimensions of the person. At that time, the teenage Frankl spoke of the possibility of a 'spiritual disease in the truest meaning of the word, not in the medical-clinical sense, because I speak of spirit and not of mind' (Frankl, 1923). This observation has since been empirically confirmed (e.g., Moomal, 1989; Stewart et al., 1993; Testoni & Zamperini, 1998; McHoskey et al., 1999).

Already as a student at university, and even at high school, Frank's early theories were anticipating the developments in psychology that would only be accepted within the scientific community a decade later during the period known as 'the Cognitive Revolution'. A broad agreement prevails today on the point that any respectable psychological research program must take into account the variety of human concerns, attitudes, and viewpoints. There are only a few models stubbornly holding out which seek to dismiss the spiritual motives and concerns of humanity as 'nothing but' in the context of an ideological reductionism, and which seek to replace them with drive-dynamic and behavioural conceptualisations.

We can surmise that Frankl's early orientation towards the spiritual and personal helped to corrode his loyalty to his two first teachers, Freud and Adler. At the same time, it appears that he himself was initially not fully aware of the significance of the delineation between the spiritual and mental. It is also possible that he capitulated for a short time under the influence of his first great teacher, Sigmund Freud: His first scientific publication in the *Internationalen Zeitschrift für Psychoanalyse* at least truly distinguished the young Frankl as an original thinke r— here he attempts an explanation of affirmative and negative facial expressions as continuations of coital and nausea reactions. But even as such, he apparently succumbs to the temptation to trace the problem of fundamental human concerns back to the psychodynamic substrate, explicitly denying that affirmation and negation could have a spiritual element. We are not able to search for the origins of the facial affirmation and negation expressions in such a manner that we interpret the relevant head movements as symbols of an intellectual affirmation or negation […] we will accordingly refer to the two elementary life instincts – the nourishment instinct and the sexual instinct— for an explanation of the phenomena. (Frankl 1924). It is not easy to recognise the eventual founder of Logotherapy and Existential Analysis in these lines. But soon after their publication Frankl began to distance himself from Sigmund Freud's Psychoanalysis and turn to Alfred Adler's Individual Psychology. Apart from his unsuccessful attempt to begin *Lehranalyse*[1] under Paul Federn, there were probably several other reasons that would lead Frankl to turn away from psychoanalysis. The first is perhaps that Frankl's active interest in philosophy and his lively social engagement with the philosophical community were largely ignored in psychoanalysis — indeed Frankl's first post-psychoanalytic publications dedicate themselves to these two themes. Moreover, he may have soon become

[1] Editor's note: *Lehranalyse*, translated roughly as "apprenticeship analysis," is a required part of the training to become a psychoanalyst, whereby the trainee undergoes many hours of psychoanalysis in the role of patient.

aware that the psychoanalytic model only described a part of the human psyche, a psyche whose upper portions were continually exposed to danger from psychoanalysis by way of its tendency to pathologise the philosophical and metaphysical concerns of the patient, rather than acknowledge them as such and address them in the framework of therapy where judged necessary (reductionism). These thoughts also find their expression in Frankl's first publication within the school of Individual Psychology. Only a year after his publication in the *Internationalen Zeitschrift für Psychoanalyse*, Frankl publishes an article that would already anticipate many routes of his subsequent life's work. In *Psychotherapie und Weltanschauung* (*Psychotherapy and Worldview*) Frankl writes:

> The neurotic patient cannot be happy because he has not grown into life, because he despises it, devalues it, and hates it. It is the task of the psychotherapist to fully give back his love for life and will to community, and while not as empirical proofs, he can easily re-instil these in the course of a critical discussion of the value of living and the value of community […]. (Frankl 1925).

The contrast between both of these passages, which could hardly be more antithetical, may in part be explained by the three-year gap between their composition; three years in which Frankl once again returned to his original notion of the noetic as its own dimension. He not only returned to it, but also attempted to make it therapeutically useful in the framework of Individual Psychology in a fundamentally expanded and enlarged, deepened form.

In 1926, we already encounter Frankl as an active Adlerian: among other things, as a regular session participant in Individual Psychology dialogue rounds at Café Siller and as an editor of a Journal 'for the proliferation of Individual Psychology' (*Der Mensch im Alltag*; translated as *The Person in Everyday Life*). Already in September of the same year he would be marked out to present a central position paper at the International Congress for Individual Psychology in Düsseldorf.

At about this time Frankl had probably met his early mentor Rudolph Allers, who had, like Frankl, recently broken away from Sigmund Freud.. From around the beginning of 1925, he would associate himself with Adler's circle. Frankl assisted Allers between 1925 and 1926 at the Physiological Institute of the University of Vienna, during which time Allers would conduct his sensory and physiological studies for graduation on colour perception. Allers, together with the future founder of psychosomatics Oswald Schwartz, presided over the anthropological wing of the Individual Psychology union, for whose philosophical concerns he probably took over responsibility in 1924. Meanwhile, content-related conflicts with orthodox Individual Psychology emerged at the outset of these efforts. There were fundamentally two primary criticisms regarding Adler's theory which were expressed by the anthropological circle of Allers, Schwarz, and Frankl. They can be summarised as a criticism of the one-dimensionality of Individual Psychology's picture of the human being. Firstly, they argued that Adler presented a mono-causal concept of neuroses, which attempted to derive mental disturbances almost exclusively from conflicts between feelings of belonging, power, and striving after success; second, it seemed to them that the very project of a comprehensive philosophical, anthropological system associated with Individual Psychology was jeopardised because Adler observed values primarily from the viewpoint of the person's social and psychological utility, failing to draw the distinction between rules and values sharply enough (Allers, 1924:10ff.). A rule describes in an ideal case possibilities for the realisation of values, without necessarily themselves being such. Over and above that, the emphasis on the compulsory nature of social agreements sets forth a concept of norms that now and again also is able promote non-values to values. From the viewpoint of a sound, anthropological epistemology of values, the person is not only responsible to the community but, above all, to his own values-intuition and conscience; this is especially valid whenever these should run counter to prevailing norms or current utility. In a retrospective upon these philosophical discussions later in his career, Allers writes:

> No further explanation is required if a statistic is rejected as the basis for a boundary determination. It is obvious that the average only corresponds to normal if it occurs in such a way that the normal phenomena constitute a noticeable majority. This however means that one must be clear with himself about 'normal' before one uses statistical data. In a population where 99% exhibit tuberculosis, the remaining one percent still remains representative of normality. This is true of diseases as it is for all other aspects of human existence. Statistics regarding morality are not able to provide evidence for what normal morality is; this must be defined, in order to employ the statistic in a meaningful manner (Allers, 1963/2005:123).

In a similar same way to Allers and Schwarz, Frankl first hoped to reform Individual Psychology from the inside and to be able to place the theory on a firmer philosophical, anthropological foundation (Frankl, 2002:43). After the 1927 Congress for Individual Psychology in Düsseldorf — there Frankl already abandoned the grounds for orthodox Individual Psychology, describing neuroses not only as an arrangement of factors, but also as an authentic expression of the person — the rifts between the anthropological wing of the Individual Psychology section and Adler increased; it came to a public break soon after that:

> Then came […] the evening in 1927 at which Allers and Schwarz *coram publico* represented and gave reasons for their already previously announced withdrawal from the Society for Individual Psychology. The meeting took place in the great lecture hall of the Histological Institute of the University of Vienna. In the last few rows sat a few Freudians who gloatingly looked upon the spectacle, as what was now unfolding. Adler was in a position no different from Freud, out of whose Viennese psychoanalytic association Adler, for his part, had likewise left (Frankl, 2002:42f.).

In 1927, a few months after Frankl's teachers and mentors, Rudolf Allers and Oswald Schwarz, announced their withdrawal from the Society for Individual Psychology, Frankl was shut out from the Society at Adler's personal wish, on account of holding 'unorthodox views'.

1927-1930: Regarding Adolescent Psychology

For Frankl, the split from Individual Psychology not only meant the loss of the illusion that what at that time was still the most fundamentally liberal-minded psychotherapeutic school in Vienna could be reformed from the inside but also an important forum in which he could discuss his ideas and the clinical advancement of Individual Psychology with Adler and his close associates.

At the same time, the following years brought new challenges for Frankl and his system. A markedly active time followed his expulsion, during which Frankl collected important experiences in the course of his practical counselling activities. Already in 1926, Frankl had pointed out the necessity of psychological care for adolescents in numerous publications (e.g., Frankl, 1925b, 1926c). He was stimulated by Wilhelm Börner's founding of prototype counselling centres in Vienna for people who were weary of life. While it is true that comparable facilities were already being co-ordinated in Vienna by individual psychologists and the first advocates of Austrian social psychiatry, these directed their counselling services primarily towards parents and educators and not to adolescents themselves. Indeed, their concerns and worries scarcely found consideration.

After his exodus from the Individual Psychology union, together with his former colleagues from Adler's circle — among them Rudolph Allers, August Aichorn, Wilhelm Börner, Hugo Lukacs, Erwin Wexberg, Rudolph Dreikurs, and Charlotte Bühler — Frankl answered the request that he himself had initially made in Vienna in 1928, and subsequently in six other European cities after the Vienna Group's model, by orgaanising youth counselling

centres in which adolescents in emotional distress were psychologically attended to, free of charge and anonymously. The counselling took place in the apartment or practice of the volunteer collaborator — and so it was in Frankl's parents' apartment at Czerningasse 6 in Vienna's Leopoldstadt (the apartment identified in all publications and flyers as the contact address) for routing to the youth counselling centres.

In view of the fact that Frankl's initiative filled an important gap in in Vienna, it is not surprising that requests for consultation and counselling were many and that the work of the youth counselling centres were extraordinarily successful. Information as to just how successful — and how necessary — came in a later review article of Frankl's, in which he reports retrospectively and summarily on his activity as a youth counsellor. In these papers, Frankl refers to approximately 900 counselling cases that he alone had attended to (Frankl, 1930; Frankl, 1935a) and at the same time takes sobering stock of the situation of Viennese adolescents: at least 20% of those who sought counselling exhibited, 'enduring weariness of life and thoughts of suicide' (Frankl, 1930).

From 1930, Frankl paid particular attention to the incidence of student suicide which had increased considerably in the days immediately preceding and following the distribution of report cards. In the same year, Frankl organised the first special campaign for student counselling, paying particular attention to the critical period of the school year's end.

Already in its first year (1930) the campaign proved to be a great success — the incidence of suicide attempts among students declined sharply. For the first time in many years, 1931 recorded no student suicides in Vienna.

By 1930, Frankl had successfully completed his medical studies and he now took up his specialist training in psychiatry and neurology at four of the most renowned psychiatric clinics and mental hospitals in Vienna at that time. Here he would be able to gain further insights and

awareness via direct contact with patients that would fundamentally shape the still nascent Logotherapy and Existential Analysis. For the publication of *Der Mensch im Alltag* and during his student counselling activities, he had concerned himself up until this point primarily with crisis prophylaxes and psychological hygiene. Now, in the narrower field of psychiatric practice, he would expand his therapy.

Just how mature his theory of motivation already was at this time is displayed in a work from 1933. In this work, Frankl describes the mental and spiritual distress of the unemployed, which he interprets not only socially and economically but, rather significantly, traces it back to a lack in a sense of purpose and meaning, i.e., to what he would later call the 'existential vacuum'. In the same article Frankl refers to *attitudinal values* in the face of unavoidable suffering and discusses the concept of *creative values* in the presence of remediable suffering and also describes the application of Socratic dialogue as a therapeutic method for the treatment of the *existential vacuum*.

With this basic theoretical understanding and equipped these therapeutic tools, Frankl took up his specialist medical training. In the article that he composed in 1933, he had already drawn attention to the problem of unavoidable suffering in otherwise psychologically healthy individuals. At the psychiatric clinic of Steinhof he encountered, in a narrower sense, the psychopathological suffering of psychologically diseased patients (he primarily attended to depressive patients). Here, as well, he was able to observe the effects of the trans-morbid, spiritual resources that he had previously described as a crucial element of treatment during follow-up therapy, as well as for the counselling of unemployed youth (Frankl 1933).

It appears in hindsight that Frankl's work in psychiatry was the first practical test and possibly even the actual birth of Logotherapy and Existential Analysis as we know it today. In order to fully comprehend the magnitude of this development, we must be aware of Frankl's

situation at that time: A young doctor discovers what neither of his former teachers (Freud and Adler) are ready to concede — that the noetic dimension of the human being can make a contribution to the course of counselling and therapy, and this because the spiritual can be taken to be relatively independent of illness, and free right up to the last moment despite an oppressive daily existence. In the course of his counselling and therapy activities, the young doctor observed this fundamental principle having an effect across a variety of problem constellations, such as in the treatment of neurotic patients, students at risk of suicide, and unemployed youths. Consequently, his experiences showed him that neither psychological nor social fate can deprive the person of his spiritual freedom. They also demonstrated to him that the spiritual freedom of the person is not only an anthropological fact of experience, but can also be quite clinically efficacious due to the fact that it gives the patient his autonomy and self-assertiveness back, which are being threatened by his psychological or social fate.

With this knowledge — along with the methods that arose from efforts aimed at returning the patient's awareness to his freedom of choice — Frankl now stepped into a patient group whose illness expressed itself biologically while also being socially and psychologically conditioned. Would his recognition that the noetic stands relatively independent of fate be confirmed, even here? The answer to this question was, at least at one time, uncertain: The biological component of endogenous depression had made discussing neuroses and such things impossible. Moreover, the question presented itself: How would he assess his understanding of the noetic dimension of the person in his sometimes severely and chronically afflicted depressive patients by making an appeal to personal responsibility and the like, without intensifying the already exaggerated guilt-ideation characteristic of this group?

As a solution to this problem, Frankl proceeded for the time being in a manner more phenomenological than therapeutical. In short, he made careful observations. In a subsequent retrospective, he writes that during this period the patients themselves became his teachers;

according to his own statement, he attempted at this time ‘to forget what [he] had learned from Psychoanalysis and Individual Psychology’ (Frankl, 2002:52). In place of his academic teachers and mentors, Frankl would henceforth turn to his patients in order to discover what measures beyond directly psychiatric or psychotherapeutic interventions could contribute to their healing and recovery. Once again his model of the trans-morbid noetic proved itself valid, irrespective of the presence of disease. Frankl saw in his recovered patients that the spiritual resources of the person could actually not only aide the apathetic and neurotic patient, but also the stabilised psychotic patient to accept a self-chosen and responsible stance towards his own illness, which in turn affects the course of the disease itself.

It is in this context that Frankl subsequently coined the term *pathoplastic* — the retained ability of the diseased person to shape (up to a certain point) the nature of his symptoms, or to mould an existence that has been overshadowed by a psychological illness. Out of this area of conflict between a fateful illness and one’s freely chosen response arose Frankl’s enduring concept of freedom, which defines human contingency not as a hindrance, but rather as freedom’s impetus. For a freedom that proves itself even or especially when the internal or external circumstances appear overwhelming, is a freedom that persists not merely as a theoretical ability or philosophical commitment, but rather as a liveable reality and remains, to a clinically relevant extent, even in the face of biological fate.

This model has important consequences for applied therapy: For one reason, because the attitude of the patient towards the disease influences it and does so particularly in the long-term (this has been sufficiently demonstrated, for example, with regards to patients affected by phase-oriented illnesses who take responsibility for their own care in the face of renewed symptomatology) and secondly, because the patient, by way of distancing himself from events associated with the illness, functions not merely as a passive bearer of symptoms and seeker of assistance, but to a certain extent becomes a co-worker of the doctor/therapist. However, freedom

and responsibility are not guaranteed if the autonomy of the diseased person —even his autonomy towards the doctor/therapist! — is not preserved (Frankl 1986:223).

Naturally, realistic limits need to be set regarding these ties to the patient. For example, the collaborative attempt to bring the disease under control presupposes a fundamental understanding of disease that psychotic patients in an acute stage of illness do not, as a rule, possess. Moreover, this collaboration must be brought to a halt whenever the doctor encounters the patient not as co-labourer, but as clinician, perhaps prescribing a medicinal therapy. Frankl is not concerned with a socially romantic and ill-conceived democratisation of therapy, but rather he seeks to appreciate the personal core of the diseased person, and to make this process therapeutically useful, allowing the patient to positively influence the course of disease and therapy. Now and again — for example, in the case of endogenous depression — this collaboration may not mean anymore to the patient for the time being than allowing the doctor to work and supporting his therapeutic efforts until the treatment takes effect. We have to bring the patient to the place where he does not try to 'pull himself together', on the contrary: to where he allows the depression to issue out around himself insofar as it is possible— that he takes it precisely to be endogenous, in a word, that he *objectifies* it and, as such, *distances* himself from it — and this is possible in light to moderate cases. Whether one person *ceteris paribus* distances himself from his endogenous depression while another allows himself to succumb to the depression rests not upon the endogenous depression itself, but rather upon the spiritual person; for the person was always at work, always exerting some effect, always co-forming disease outcomes (Frankl1986: 237).

The most important discovery of his training period at Steinhof was the confirmation of the efficacy of spiritual freedom even in the face of biological fate: 'it always co-formed disease outcomes'. But how did it co-form and by what criteria? With the posing of this question, Frankl returned from his detour to the dialectic between destiny and freedom back to the question of

the value of discussing neuroses at all. In the case of the psychotically ill person, the perception of the value of discussing the illness not in isolation but together with the patient's stance towards the illness proved most efficacious. Also of central importance was the question of whether or not — and if so, to what extent — the patient was ready to make use of his relative freedom. This placed two fundamental concepts of Logotherapy before a real-world test: First, the ability of human beings to suffer in the face of an unchangeable fate; and second, the person's Will to Meaning, that is to say the ability of the person to bear difficult life circumstances because there is a 'More' through which suffering becomes bearable.

In his 1933 article on the spiritual distress of the unemployed adolescent, Frankl had already pointed out that the knowledge of a meaning of existence allows for protection against depression, resignation, and apathy. Frankl was also able to confirm these observations in his depressive patients who were under suicide watch at Steinhof:

> Now insofar as it is necessary to evaluate precisely to what extent the seriousness of suicide risk a person represents, either when one is determining the advisability and reasonableness of discharging the patient from a closed facility, or else during a patient's initial intake into inpatient institutional care, I myself have created a standard method that proves itself effective without fail. It enables us to provide a diagnosis of continued suicide risk, or rather to make a diagnosis of the dissimulation of suicidal tendencies as such. At first, we pose the question to the respective patient as to whether he still fosters suicidal intentions. In every case — both in the case where he is telling the truth, as well as in the case of mere dissimulation of actual suicidal intentions — he will deny our first question; whereupon we submit to him a second question, which almost sounds brutal: *why* does he no longer wish to take his own life? And now it is shown with regularity, that he who genuinely does not harbour suicidal intentions is immediately ready with a series of reasons and counterarguments that all speak against him throwing his own life away: that he still takes his disease to be curable, that he remains considerate of his family or must think of his professional commitments, that he still has

many religious obligations, etc. Meanwhile, the person who has only dissimulated his suicidal intentions will be exposed by our second question, and not having an answer for it, react from a position that is characterized by embarrassment. This is truly simply on account of the fact that he is at a loss for an argument that would speak against suicide […]. (Frankl, 1947:121).

Frankl developed another central element of Logotherapy during his stay at Steinhof. This addresses itself less to the personhood of the patient and more to the doctor's perception of himself: Medical actions, as Frankl understands them — especially whenever the doctor is actively conducting research — constitute, among other things, the doctor's attempt to retain his role as scientist while also recognising the patient not merely as an object of study, but also as a unique individual. With this recognition, not only do the doctor and researcher give consideration to Frankl's basic understanding of un-detachedly bestowed personal value, but also this type of attention to the patient also paves the way to new diagnostic and therapeutic findings, making it very important in clinical terms. That Frankl's concern was not only for psychotherapy, but also for 'psychiatry with a humane disposition', is expressed as the guiding principle of his actions in an exemplary paper published in 1935, in which Frankl reports of a lively Yom Kippur celebration organised by a colleague and himself at the Steinhof clinic. One must be aware that Frankl set this and similar initiatives in place a decade before any psychiatric reform began in Austria:

> Individual hallucinatory patients continue to quietly lead conversations with themselves and their empty gaze wanders aimlessly about the hall. The rabbi turns himself towards them there — the Service of Men is also the Service of God — and he begins to speak German. He urgently describes to them the meaning of the above […] statement— and they attend! It goes on this way through an hour, six hours on the next day. Soon he had achieved what the diseased soul needs accomplished: to snatch him away from the delusional world, to continually

> draw his attention to something new— to occupy the ill person. Much empathy, adaptability, patience, and interpersonal skill was necessary for this work (Frankl, 1935c:7).

Frankl's fundamental premise that the noetic dimension of the person is not directly affected by the course of illness, however fully affected he is by the disease of the psycho-physical substrate, has unlimited practical applications for making the patient's estranged experiences at least supportable by recognising his indestructible dignity and personality. Rather it was his utmost aim and highest task as a doctor to treat the underlying disease itself under the focal point of the best possible medical care. It is in this context that we recall Frankl's axiom from around 1933: 'to bear [...] need, whenever it is necessary, and to remedy it, whenever possible'. Those with psychological illness may find the 'bearing' to be more possible than 'remedy', especially in acute stages of the disease. From Frankl's perspective, it is all the more the task of the doctor to search always for new and better treatment possibilities for psychological illness. In 1939 he described the pharmaceutical support of psychotherapy in a population of neurotic patients and with the research findings described in this article, took a monumental step forward for modern European psychopharmacology (Frankl 1939a). He subsequently conducted original pioneering work whereby he introduced the common cold medicine Myoscain as a forerunner drug to contemporary anti-anxiety medications. Credit for his work continues to be found on package inserts included with Myoscain:

> 'Introduced into therapy by Viktor E. Frankl as the first supplement for the abatement of anxiety in Europe, indicated by anxious arousal in conjunction with depressive conditions, anxiety neuroses (expectations anxiety, test anxiety, etc.), stuttering […]'.

1938-1945: …Nevertheless, Say Yes to Life *(Man's Search for Meaning*)

In 1938—the year of the Austrian *Anschluss* into Nazi Germany — Frankl published his paper, *Zur gestigen Problematik der Psychotherapie* (*On the Spiritual Problems of Psychotherapy)*, in which he not only coined the term *Existential Analysis*, but also applied his theory to a broad range of issues:

> Where is that therapeutically oriented therapy that would include the 'higher' strata of human existence in its outline and in this sense, in contrast to the phrase 'depth psychology,' merit the name 'height psychology'? To put it another way, where is that theory of broad mental events and specific neurotic phenomena that, as it regards the domain of the psyche, would sufficiently take into consideration the entirety of human existence and could accordingly be described as Existential Analysis? (Frankl, 1938:36).

In this article, as well as in a subsequent article entitled *Philosophie und Psychotherapie* (*Philosophy and Psychotherapy*), Frankl returned to the sources of Logotherapy from circa 1933 and issued forth broadly about what he had hitherto published in the field of psychotherapy. For the first time we find in this work Logotherapy and Existential Analysis' theory of motivation — the meaning orientation of the human being — as a fully worked-out concept; we also find here the first mention of the three categorical values, which Frankl later described as the 'three avenues to meaning'; and here we also encounter for the first time descriptions of a few of the techniques and methods of Logotherapy and Existential Analysis. Also pivotal is Frankl's appeal to psychotherapy, where he argues that it must with its 'predetermined image of the human being carry over the bodily-mental-spiritual Unity into its view of mentally ill individuals' (Frankl 1939b). After all, Frankl placed so much value on this commitment to the integrity of personality — even of the mentally ill person — that he has this as one of the few passages of his article to be printed in italics.

Frankl writes these lines precisely at the time when the Nazis were working out the systematic annihilation of mentally ill patients. And here, as already nearly ten years before on

behalf of distressed Viennese adolescents, Frankl makes his own plea: At first alone, later with the help of the then director of the Psychiatry Clinic of the University Vienna, Otto Pötzl, he managed to protect numerous Jewish psychiatric patients from Hitler and Schirach's euthanasia program using falsified diagnoses (Neugebauer, 1997), to fill the beds of the Jewish nursing home on Vienna's Malzgasse with psychotic patients. It was forbidden for the nursing home to accept mentally ill patients, but:

> […] I now bypassed this stipulation [the one which forbade the nursing home to accept nursing care cases related to mental illness], as I protected the administrator of the nursing home (whose own head was eventually put into a noose) by issuing medical certifications: one with schizophrenia transmuted into aphasia, '"thus an organic brain illness', and one with melancholy transmuted into fever-induced delirium, so 'no psychosis in the actual meaning of the wor. There was once a patient accommodated in a cot in the nursing home who, due to needs associated with schizophrenia, could only be treated in an open section with Metrazol shock therapy, without which there would be a melancholic phase endured without suicide risk (Frankl, 2002:60).

'Endured without suicide risk' — what Frankl mentions here in a subordinate clause, represents his final neuro-physiological work before his deportation to Theresienstadt. After he was forced to give up his newly opened first private practice as a psychiatrist and neurologist on the grounds of Nazi race laws, Frankl was appointed from 1939 as the Chief Physician for Neurology at the Rothschildspital of the Israelite Cultural Municipality — a position that guaranteed him and his immediate family members protection against deportation for the time being. At the Rothschild Hospital, Frankl could continue to practice his duties as a doctor, although he would now be confronted with horrors few people would have guessed that were still to descend upon 20th Century Europe. These set before doctors particular challenges. Within the framework of his certification activities and his duties at the suicide pavilion at the Steinhof Clinic, Frankl had been aware of his obligation as a doctor to protect and save life and

here again he would fulfil his medical responsibility. Under the degrading living conditions and partly also in the face of looming deportation, numerous Viennese Jews committed suicide. Particularly great was the medical challenge to the hospital: sometimes up to ten attempted suicides attempts a day were admitted to the Rothschild Hospital. True to his conviction as expressed in his numerous preceding assignments that, with respect to the suicides, 'everything that is therapeutically possible should be done' (Frankl, 1942), Frankl developed his own technique with the help of the patients he attempted to save in spite of the most serious poisonings from sleeping pills whereby he circumvented the blood-brain barrier to inject an antidote locally. Patients could be resuscitated for a short time with this method, even though they had already been given up as moribund by the clinic staff. Frankl could not develop this method any further, because in 1942 he was deported with his family and first wife to Theresienstadt (Batthyany, 2006).

Before his deportation, Frankl completed the first major work of Logotherapy and Existential Analysis, *Ärtzliche Seelsorge* (*Medical Ministry*; henceforth referred to by the English language publication title, *The Doctor and the Soul*), although it would not be published until after the liberation. The 1942-era original version of this book[2] provides us with insight into Frankl's commitment to Hope as the antidote to suicide, even where any hope of a way out is ostensibly hope for a miracle. In fact, this unconditional Hope also preserves the argument for the unconditional meaningfulness of existence, including the possibility of retroactively reclaiming meaning from the *tragic triad* of suffering, guilt, and death:

[2] The following citation originates from one of two copies of the original typed manuscript of the first version of *Ärztliche Seelsorge* (published in English as *The Doctor and the Soul*). As is generally known, Frankl had lost the original in the disinfection chamber at Auschwitz. Two copies remained in Vienna: One was smuggled into the jail cell of Frankl's childhood and climbing friend Hubert Gsur in 1942 as he awaited his execution from a death sentence on account of 'subversion of the armed forces and attempted coup'. It is not known what happened to Huber Gsur's copy; it was probably destroyed by the prison administration. The other copy found itself in the care of Paul Polak during the war, who gave it back to Frankl after his return to Vienna. The following citation originates from this copy, which is kept today in Viktor Frankl's private estate and document archive.

> Even if only one individual from the many who commit suicide under the conviction of the hopelessness of their circumstances proves to be incorrect — namely, if they would have eventually found a way out — then every attempter of suicide is wrong on that point: because the conviction for all of them is equally fixed and no one can know in advance just whether his conviction will remain justified, or else be proven a lie through the following events of a missed hour, even though he might not ultimately survive. (Frankl 1940/42:83).

A short time after he wrote these lines, Frankl was deported together with his family and first wife to Theresienstadt. Only one sister was able to escape deportation by fleeing to Australia. We know from the autobiographical writings of Frankl that he strengthened his own argument for unconditional hope in difficult moments of utmost despair by his own stance and perhaps still more significantly, by trying to help others. Only a short time ago, writings of former cellmates were discovered in private estates documenting that Frankl shared his belief in unconditional meaning with his comrades in the concentration camps, and in that place, even under the most hostile external circumstances, tried as Doctor, Friend, and Human Being to be a comforter to others (Isaiah: 'Comfort ye, comfort ye my people').

Like the majority of doctors there, Frankl was assigned to the section for illness care in Theresienstadt. Here he encountered the Berlin rabbi and originator of liberal Judaism, Leo Baeck. Baeck, who endeavoured to encourage and give heart to camp inmates in Theresienstadt via lectures and sermons, also asked Frankl to give speeches. An announcement card from Frankl's lectures is still preserved — as a motto he noted on the reverse side at that time: 'There is nothing in the world that empowers a human being to overcome external difficulties or internal hardships so much as the awareness that one has a task in life'.

With the help of the director of medical provisions Erich Munk and his assistant Karel Fleischmann, Frankl erected mobile psychological counselling stations in Theresienstadt. The

so-called lShock Squadl was composed of doctors and volunteer helpers who, wherever possible, dispensed comfort, help, and healing for those inmates affected by psychological distress. The Shock Squad focused their attention above all on the weak and helpless in Theresienstadt: the elderly, the diseased, the psychologically ill, and those who already in the midst of degrading life circumstances who stood at the bottom of the camp's social hierarchy. The group of volunteer helpers also viewed as important the task of alleviating the shock of those newly arrived at Theresienstadt. Whenever Frankl and his volunteer collaborators — among them Regina Jonas, the first female rabbi — were referred to a resident of the Theresienstadt Ghetto because of suicide risk, they would seek the person out in order to take the heavy load off of their shoulders, requesting an opportunity for a conversation where they would 'give life back to him' (Frankl 1993). As in the years before, Frankl's commitment to the suffering person yielded results: The suicide rate in Theresienstadt was able to be significantly reduced (Berkley, 1993:123f.).

The years in the concentration camps — Frankl would be interned in four concentration camps by the war's end — were stations of farewells for him as well: His father, mother, wife, mother-in-law, brother — even the manuscript of the first version of *The Doctor and the Soul* - would all be taken from him within a period of months, often only days. On March 5, 1945, Frankl was placed in his final camp, Türkheim. Türkheim, a branch camp of Dachau, was originally erected as a 'recuperation camp' for sick camp inmates. Frankl registered himself there voluntarily for service as a doctor and was assigned, amongst other duties, to the typhus fever barracks. It was only a matter of time until he himself, weakened after a year-long internment, contracted typhus. Stricken by serious illness, Frankl began to reconstruct the manuscript of *The Doctor and the Soul* that he had lost in Auschwitz:

> What I personally have arrived at — I am convinced that — my determination to reconstruct the lost [in Auschwitz] manuscript contributed not in the least to my own survival. I set out

> upon it as I took ill with typhus fever and sought to keep myself awake at night so as not to succumb to vascular collapse. A comrade had given me a pencil stub for my 40th birthday and had conjured up a few small SS-forms, upon whose backside I now — with high fever — scribbled stenographic notes, with whose help I even thought to reconstruct *The Doctor and the Soul* (Frankl, 2002:76f.).

1945-1997: Systematisation and Validation

After his liberation from the concentration camp on April 27, 1945 by American troops, Frankl was appointed to the position of camp doctor in the military hospital for displaced persons at the Bavarian health resort of Bad Wörishofen. He worked there for about two months as chief doctor until in the summer of 1945 he finally succeeded in returning to Vienna on the first half-legal transport. Directly after that, he began to reconstruct his first book, *The Doctor and the Soul* as well as to expand the chapter, *Zur Psychologie des Konzentrationslagers* (*On the Psychology of Concentration Camps*). In the new edition of the book, Frankl presented Logotherapy and Existential Analysis systematically and founded a new independent school of therapy — described after Freud and Adler as the Third Viennese School of Psychotherapy (Soucek, 1948) — one which placed the will to meaning, freedom, dignity, and the responsibility of the human being at the centre of its therapeutic efficacy (Frankl, 1946a).

Shortly thereafter Frankl began to work on the transcript of his autobiographical report *…trotzdem Ja zum Leben sagen* (published in English as *Man's Search for Meaning*), which in the spring of 1946 was published originally under the title *Ein Psycholog erlebt das Konzentrationslager* (*A Psychologist Experiences the Concentration Camp*) by the Viennese publishing house Jugend & Folk (Frankl, 1946b). The contemporary title proper *…trotzdem Ja zum Leben sagan* (see above) first made the cover a few years later. At first Frankl had planned to publish his autobiographical report using his inmate number as a *nom de plume*; soon afterwards he made up his mind to let it be published completely anonymously — Frankl felt a

strong aversion towards 'psychological exhibitionism' (Frankl, 1994a), as his autobiographical report incidentally points out. Obviously, the primary point for him is not merely to describe his own fate. In fact he intended to present an objective text which, along with personal experiences from the concentration camps, would impart the central messages of Logotherapy and Existential Analysis: that pain, guilt, and death may not take away the unconditional meaning of our existence; that even in the face of the most adverse life circumstances in the camp, the person can 'transform tragedy into triumph' (Frankl, 1994b); that even in the most hopeless situation, a final, residual —and decisive — core of existential freedom remains for the human being, a freedom that can come into full force not in spite of, but rather precisely in and through the person's contingency:

> We have met people as possibly no generation up until now. What then is the human being? He is the being that always *decides* what he is. He is the being that invented the gas chambers; but he is at the same time also the being that went into the gas chambers, upright and with the Lord's Prayer or the *Shema Israel* on his lips.

While Frankl's first post-war publication *The Doctor and the Soul* quickly sold out in the first three days after its publication and, on the grounds of enormous demand, five editions were issued between 1946 and 1948, *Ein Psycholog erlebt das Konzentrationslager* sold sluggishly at first. The publishing house launched a second edition in conjunction with the first run of 3,000, this time with the author's name on the cover, in an attempt to capitalise on the high degree of popularity of the author of *The Doctor and the Soul* (whose name had even then only been published inside the book). This second edition sold so badly, however, that a good proportion were thrown away, even after Frankl had acquired around a hundred reduced-price copies from the publisher and donated them to the Concentration Camp Association.

There are probably many reasons why the book initially could hardly penetrate the market in post-war Vienna, even though Frankl himself was a much sought-after lecturer and

sometimes referred to the book in his discussions and radio presentations. Probably a major reason for the restrained reception of the book may have been his first title (*Ein Psycholog erlebt das Konzentrationslager*; *A Psychologist Experiences the Concentration Camp*), which Frankl edited probably not without good reason. This was the first and last time that Frankl altered a book title without at the same time changing the content itself of the corresponding book.

After a decade-long delay, the book's actual impact would unfurl primarily via the American edition, which was promoted by then-President of the *American Psychological Association*, Gordon W. Allport. The translation was published in 1959 under the title, *From Death-Camp to Existentialism* (and after 1963 under the title, *Man's Search for Meaning*) by Beacon Press in Boston (Frankl 1959/1963) and developed quickly into an international bestseller: since then, ten million copies of the book have been sold in more than 150 editions. The *Library of Congress* in Washington nominated it as one of the ten most influential books in America. It is in this context that Frankl observes in his memoirs:

> Is it not peculiar, that of all of my books, the one that I wrote assuredly in the mindset that it would be published anonymously and could at no time bring me personal success — that precisely this book advanced into a bestseller, a bestseller even in American terms? (Frankl, 2002:84f.)

In February of 1946, Frankl was appointed to the post of director of the neurological department of the Vienna Polyclinic. He held this position for 25 years until his retirement. There at the Polyclinic Frankl met the young dental assistant Eleonore Schwindt. They married soon after. . A year later the eminent American philosopher Jacob Needleman would state, with

regards to the marriage and joint work of Viktor and Eleonore: 'She is the warmth that light escorts'. In 1947 their daughter Gabriele was born.

Many of Frankl's books and articles were published in the following years, among them *Psychotherapie in der Praxis* (*Psychotherapy in Practice*). Next to *The Doctor and the Soul*, this work constitutes one of the most detailed portrayals of Logotherapy and Existential Analysis, primarily describing the practice of applied Logotherapy by means of diagnostic and therapeutic guidelines (Frankl, 1948). Numerous publications followed, in which Frankl deepened the theory and practice of Logotherapy and Existential Analysis and made its area of application relevant to a broad general public. Altogether Frankl published 32 books over his lifetime. They were translated into 31 languages. Frankl's 33rd book — *Gottsuche und Sinnfrage* (*The Search for God and the Question of Meaning*) — was first discovered in the summer of 2004 amongst his unpublished writings and has recently been published on the occasion of his 100th birthday (Frankl 2005a). Also recently published is the 34th book by Frankl's daughter, Dr. Gabriele Vesely-Frankl, which offers a commentated and edited anthology of the early writings (appropriately entitled, *Frühen Schriften*) of Viktor Frankl, from 1923 until 1942 (Frankl, 2005b).

Logotherapy and Existential Analysis aroused great interest in German-speaking regions when it first appeared in *The Doctor and the Soul*, and found increasing acceptance in international scientific communities from the late fifties. Frankl was invited worldwide for presentations, seminars, and lectures. Even in America one became increasingly mindful of Frankl: Guest professorships ensued at Harvard University in Boston, as at universities in Dallas and Pittsburgh. The United States International University in California erected an institute and a professorship for Logotherapy and Existential Analysis especially on Frankl's behalf. Over 200 universities on five continents invited Frankl for talks and guest lectures.

In the context of the intensified diffusion of Frankl's scientific work within university campuses, Logotherapy and Existential Analysis now developed more methodological branches of research: numerous scientific studies were carried out to investigate empirically its basic principles, concepts, and clinical efficacy. Over the last 30 years, over 600 empirical contributions validating Frankl's psychological model and his therapeutic applications have been published in psychological and psychiatric professional journals alone (Batthyany & Guttman, 2005). These stand alongside an approximately similar number of further publications investigating the theoretical foundations and numerous areas of application (Vesely & Fizzotti, 2005).

Next to his work for and on Logotherapy and Existential Analysis in the narrower sense, Frankl published further in the area of neurology and psychopharmacology: His neuropsychological research works after 1945 return to the theme of the somatic substrate of mentally disturbed character structures — in this way he was able, amongst other things, to show that certain forms of anxiety and depersonalisation disturbances are co-induced by endocrinal factors (Frankl, 1993:84ff.) and to achieve with that discovery a meaningful contribution to the differential diagnosis and therapy of these diseases.

From the beginning of his career as doctor and researcher, Frankl had not employed a variety of methods, rather he straight promoted them. His model holds body, mind, and spirit in the human being to be aspects of a single entity, whose component parts need to be distinguished qualitatively, in order to be able to appropriately describe or treat the whole with a single method. And Frankl had also anticipated something here that a decade later, sometime after his death, would enter the scientific arena for the first time: The trend towards varying methodologies reflects itself today in the increasing interdisciplinary interdependence of the empirical behavioural sciences. There are calls from many factions within the field of scientific psychology, for a systematic focusing of the research activities of different subject disciplines.

It remains to be seen whether these calls will be heard and what concrete form their realisation will assume. In any case, however, we can already see an acceptance that there is not one but numerous sciences of humanity, which is a fundamental creed of Frankl's conceptualisation of the human being. His differentiated aetiological model of mental disturbances has met with empirical confirmation in the last few decades: For one, modern cognitive psychology schematics increasingly afford insight today into the cognitive mechanisms of numerous psychological disturbances as, for example, anxiety and compulsive illnesses. Two of the central techniques of Logotherapy — *dereflection* and *paradoxical intention* — encounter in this context confirmation no longer limited just to clinical settings. For the first time a contemporary theoretical model is now coming into view which is able to explain what happens on the cognitive level whenever patients lose conscious monitoring of their experiences (e.g., during panic attacks) or will (e.g., in compulsive disorders (Wenzlaff et al., 1988; Wegner, 1989; Anderson & Green, 2001). Many of these models express with only a few different words what Frankl already deemed long before the 'Cognitive Revolution' of psychology to be co-aetiological in the emergence of disturbed states of experience and behaviour and made successfully treatable through the development of his therapeutic methods.

His model of the bodily contribution to the disease aetiology of a whole series of mental disorders — a subject that during Frankl's lifetime remained particularly prone to conflict, primarily within humanistic psychotherapy and the psychiatric movement — has found empirical validation in the course of the last decade. And here again *Franklemerges* — Logotherapy in hand — in his role as pioneer: In the course of refined diagnostic methods and the development of imaging techniques, it becomes increasingly clear today that there is no mental condition that occurs that is not capable of being linked to a neuronal correlate. The recognition of the neuronal-mental covariance represents the standard for empirical behavioural science today. Frankl described this model in the formation of the *psychophysical parallelism*

in a day when front-line psychotherapy sought to validate early childhood and psychodynamic causes of mental disorders and was, as a rule, inclined either to devalue or completely deny the somatic component of their aetiology. In contrast, Frankl endeavoured over his lifetime to abandon the essence of various (spiritual, mental, and bodily) phenomena to their wholeness and then to conceive of them in their collaborative impact upon the unity of the human person. To abandon them to their wholeness means: to recognise the proper dimension of each of the phenomena, without classing it in an inferior category of phenomena. Meanwhile, to conceive of them in their wholeness and unity means to understand them within the interplay of the totality of being embodied by each person. Frankl summarised this sophisticated ontology and methodology in the dictum of *Der Pluralismus der Wissenschaften und der Einheit des Menschen* (*The Pluralism of the Sciences and the Unity of Man*; Frankl, 1965).

Frankl developed this model at a time when psychotherapy as a science still fell within the discipline of classical medicine, but when it was at the same time speculative to a large extent (Robinson 1985:3ff.; 1995:149ff). It is true that he himself argued that the noetic dimension - on the grounds of its ontological independence – is in and of itself an aspect of the human being which exists beyond the purview of every sort of empiricism, but given this it is surely all the more noteworthy that it was Frankl who, to a much greater degree than both of his early mentors Freud and Adler, was interested in Logotherapy and Existential Analysis as a branch of research to be empirically validated. In actual fact, Logotherapy has undergone further developments since its fundamental principles were initially formulated, primarily in dialogue with its neighbouring academic disciplines.

Future Prospects: The Challenges of the Future

Until 1997, this developmental process was primarily tied to the person of Frankl and the first generation of students to be acquainted with Logotherapy. But Frankl supported the connection and dialogue between Logotherapy and science amongst future logotherapists as well:

> You cannot turn the wheel back and you won't get a hearing unless you try to satisfy the preferences of present-time Western thinking, which means the scientific orientation or, to put it in more concrete terms, our test and statistics mindedness […]. That's why I welcome all sober and solid empirical research in logotherapy […]
>
> Why should we lose, unnecessarily and undeservedly, whole segments of the academic community, precluding them *a priori* from understanding how much logotherapy 'speaks to the needs of the hour'? Why should we give up, right from the beginning, getting a hearing from the modern researchers by considering ourselves above tests and statistics? We have no reason not to admit our need to find our discoveries supported by strictly empirical research. (Fabry, 1978-1979:5).

This retrospective also offers the opportunity to honour one of the youngest deceased pioneers of empirical Logotherapy: James Crumbaugh. Logotherapy and Existential Analysis have him and his co-author Maholick to thank for one of the first large-scale empirical works. Crumbaugh and Maholick were the first to attempt to capture the logotherapeutic construct of *meaning-fulfillment* psychometrically, with the help of the *Purpose in Life* (PIL) tests. Their paper was published in 1964 in the *Journal of Clinical Psychology* under the revealing title: *An Experimental Investigation in Existentialism* (Crumbaugh & Maholick, 1964). This was an unusual choice for a title at that time as it is today — one does not bring existentialism in direct connection with empirical studies. However it is precisely this tension between fundamental philosophical research on the one hand, and, on the other, the readiness to submit to empirical scrutiny outside of the protected realm of philosophy which illustrates the unique position of Logotherapy within psychiatry and psychotherapy and moreover its attempt to be accepted there

as an anthropological branch of research.. This study from Crumbaugh and Maholick marked the beginning of the scientific-empirical tradition within Logotherapy: The PIL was the first of what would prove to be 15 test-instruments that were developed in the framework of Logotherapy (Guttman, 1996). Between 1975 and 2005 alone, over 600 empirical and clinical studies in professional psychiatric and psychological journals were published which substantiated the clinical efficacy of Logotherapy and Existential Analysis, as well as the validity of its psychological motivation and cognition principles (for a commentated abstract bibliography of these studies, see Batthyány & Guttmann, 2005).

It is against this background that Logotherapy is recognised in Austria and Switzerland by the state as an independent school of psychotherapy, as well as in the United States by the *American Psychology Association*. Recognition in Germany is still due, although there is still cause for hope that the deepening of Logotherapy's empirical foundations can help to change this. Worldwide there are approximately 80 institutes and training programs.[3] Moreover, Logotherapy seems already to have withstood its most important real-world tests. It is an independent school of therapy and research which has grown into an integral part of the non-reductionist tradition in the clinical, theoretical, and empirical behavioural, social, and human sciences and, as such, can no longer be casually dismissed.

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[3] For a list of these institutes, see www.viktorfrankl.org

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