
*Collective Neuroses of the Present Day*¹

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The subject of my lecture is to be "the disease of our time." Now you have entrusted this task to a psychiatrist, and I am asking myself if I am therefore expected to give, as it were, the opinion of a psychiatrist on contemporary man: that my theme is to be "the neurosis of mankind."

One might well be tempted to this view on taking up a book entitled: "The Nervous Condition—The Disease of Our Time." The author's name is Weinke and the book was published in '53—not 1953, however, but 1853. . . .

The nervous condition, the neurosis, is thus not exactly a contemporary disease. Hirschmann of the Kretschmer Clinic, Tübingen University, showed statistically that neuroses have by no means increased during the last decades; all that has changed is their aspect, their symptoms. But it is surprising to find that in this context anxiety has comparatively decreased in prominence. Thus it is not altogether correct to say that anxiety constitutes the disease of our time.

Yet not only in the last decades but also in the last centuries—as far as we can ascertain—anxiety has not been on the increase. The American psychiatrist, Freyhan, asserts that earlier centuries had both more anxiety and more reason for anxiety than our own age and points to the witch trials,

¹Lecture held at Princeton University, September 17, 1957.

the religious wars, the migration of nations, the slave trade, and the great plagues.

One of the most commonly quoted statements of Freud is that the narcissism of mankind has suffered a severe shock on three occasions: first, through the teaching of Copernicus; second, through the teaching of Darwin; and third, through that of Freud himself. We can easily accept the fact of the third shock. But of the other two we cannot understand why an explanation of the "where" (Copernicus) or the "where from" (Darwin) of humanity should have been a shock. The dignity of man does not suffer in the least from the fact that he inhabits the earth, a planet of the sun, and is not the center of the universe. Being disturbed by this fact is like being disappointed because Goethe was not born at the center of the earth or because Kant did not live on a magnetic pole. Why should the fact that man is not the center of the universe affect the worth of man? Is the achievement of Freud impaired because the greatest part of Freud's life was not spent in the center of Vienna but in the Ninth District of the city? It is obvious that anything like the dignity of man depends on grounds other than his location in the material world. In brief, we are confronted here with a confusion of different dimensions of being, with a neglect of ontological differences. Only for materialism are light-years a measure of greatness.

Thus, if—in the sense of a *quaestio juris*—the right to make worth and dignity depend on spatial categories can be questioned, then—in the sense of a *quaestio facti*—it is doubtful whether Darwinism degraded man's self-esteem. It would seem rather to have increased it. For it seems to me that the progress-minded, progress-intoxicated generation of the Darwinian epoch did not at all feel themselves humbled, but rather seemed proud of the fact that their monkey ancestors had progressed magnificently far, so far that nothing blocked the road any longer for further

development, for "superman." Indeed, man's ability to stand erect had "gone to his head."

What then did give rise to the impression that the incidence of neuroses had increased? In my opinion it is due to the growth of something that one might call the psychotherapeutic need. In actual fact, some of the people who nowadays call on the psychiatrist in former days would have seen a pastor, priest, or rabbi. But now they refuse to go to a priest, so that the doctor is forced into what I call medical ministry. It is a ministry occupied not only by the neurologist or by the psychiatrist, but by every doctor. The surgeon, for example, must perform its functions when faced with inoperable cases or with those that he must maim by amputation; likewise, the orthopedist is confronted with problems of medical ministry when he is dealing with cripples; finally, the dermatologist dealing with disfigured patients, the physician dealing with incurables, and the gynecologist dealing with steriles must participate in this ministry.

Not only the neuroses, but also the psychoses have, in the course of time, not increased but have remained surprisingly constant. Here again there have been changes of aspect, different symptoms. I should like to illustrate this point with the condition known as masked depression: Only one generation ago the mask consisted of obsessional scruples, that is to say, guilt feelings and self-reproaches. Nowadays, however, the symptomatology is dominated by hypochondriacal complaints. Well, a condition of depression is sometimes attended by delusional ideas. It is interesting to note how the contents of these delusions have changed in the course of the last few decades. One is left with the impression that the delusional ideas of our patients are shaped by the spirit of the age and change with it; that therefore the spirit of the age makes itself felt right into the depth of psychotic mental life. Thus Krantz in Mainz and Von Orelli in Switzerland were able to show that the

delusional ideas of today are less dominated by a feeling of guilt—the guilt of man before God—and more by worry over the body, physical health, and working capacity than formerly. We notice time and again how the delusion of sin is replaced by fear of disease or poverty. The patient of our time is less concerned with the state of his morals than that of his finances.

Having glanced at the statistics for neuroses and psychoses, let us turn to those of suicide. There we see that the figures do change in the course of time, but not as the layman would expect. For it is a well-known empirical fact that in times of war and crises the number of suicides decreases. If you asked me for my explanation I should quote what an architect once said to me: The best way to buttress and strengthen a dilapidated structure is to increase the load it has to carry. In fact, mental and somatic strains and burdens—what in modern medicine is known as “stress”—are by no means always and necessarily pathogenic or disease producing. We know from our experience with neurotics that relief from stress is potentially at least as pathogenic as the imposition of stress. Ex-prisoners of war, former concentration camp inmates, and refugees all had to contend with great suffering, yet under the pressure of circumstances were not only forced but were also able to do their utmost, to give their best; these people were psycho-hygienically in grave danger as soon as the stress was taken from them—by sudden release. In this connection I am always reminded of the disease called “the bends,” which afflicts divers who are brought up too quickly to the surface from regions of increased pressure.

Let us return to the fact that the incidence of neuroses—at least in the precise clinical sense of the word—has not increased. This means that the clinical neuroses have by no means become collective and do not threaten to engulf mankind as a whole. But we can also put it in a more cautious way: It just means that what we are justified in

calling collective neuroses are not necessarily the same as neurotic conditions in the narrower clinical sense of the word!

Having made these limitations clear, let us now turn to those traits in the character of contemporary man, which may be termed neurosis-like, "similar to neuroses." Well, the "collective" neurosis of our time shows, according to my experience, four main symptoms:

1) An ephemeral attitude toward life. In the last war, man learned—by necessity—to live from one day to another; he never knew whether he would see the next dawn. Since the war, this attitude has remained with us and it appears justified by the fear of the atom bomb. People seem to be in the grip of a mid-century mood, the slogan of which is: "*Après moi la bombe atomique.*" And thus they have given up the idea of planning far ahead or of organizing their lives around a definite purpose. The man of today lives provisionally, lives from one day to the other, and is not aware of all that he is missing thereby. And he is not aware of the truth of a saying of Bismarck: "In life we experience much the same thing as at the dentist; we always believe the real thing is yet to come, and meanwhile it has already happened." Let us take as our models many a person in the concentration camp. For a Rabbi Jonas, for a Dr. Fleischmann, and for a Dr. Wolf even the camp life was not provisional. They never regarded it as a mere episode. For them it was rather the confirmatory test and became the high point of their existence.

2) A further symptom is the fatalist attitude toward life. Ephemeral man says: There is no need to plan my life since the atom bomb will explode one day in any case. Fatalist man says: It is not even possible. He tends to consider himself a plaything of external circumstances or internal conditions and therefore lets himself be shifted around. But he himself does some shifting as well—he shifts the guilt onto this or that, all according to the teachings of contemporary

nihilism. Nihilism has held a distorting mirror with a distorted image in front of his eyes, according to which he seemed to be either a psychic mechanism, or simply a product of economic environment.

I call this sort of nihilism "homunculism," for man misinterprets and misunderstands himself as a product of environment, of his psycho-physical makeup. This latter view can be well supported by the popular interpretations of psychoanalysis which appear to supply plenty of arguments in favor of fatalism. A depth-psychology, which considers its main task to be that of "unmasking" comes in most handy for the neurotic's own tendency toward "devaluation." At the same time we must not neglect the fact pointed out by the well-known psychoanalyst Karl Stern when he said: "Unfortunately, the reductive philosophy is the most widely acclaimed part of psychoanalytical thought. It harmonizes so excellently with a typical petit bourgeois mediocrity, which is associated with contempt for everything spiritual."² Well, the contempt for everything pertaining to the spirit and religion in particular is made very easy for the contemporary average neurotic by the help of a misconceived psychoanalysis. With all due respect for the genius of Sigmund Freud and his pioneering achievement, we must not close our eyes to the fact that Freud himself was a child of his time and not independent of the spirit of his age. Surely, Freud's consideration of religion as an illusion or an obsessional neurosis and God as a father-image was an expression of that spirit. But even today, after some decades have passed, the danger of which Karl Stern warned us should not be underestimated. With all that, Freud himself was by no means the man to look down on everything spiritual and moral. Did he not say that man was not only often much more immoral than he believed but also much more moral than he thought himself to be? I should like to complete this formula by adding that he is often much more

²K. Stern, *Die dritte Revolution* (Salzburg: Müller, 1956), p. 101.

religious than he suspects. I should not like to exclude even Freud himself from this rule. After all, it was he who once referred to "our God Logos."

Even the psychoanalysts themselves are now feeling something which one might call—in allusion to the title of Freud's book *Civilization and Its Discontents*—Popularity and Its Discontents. The word "complex" has become a shibboleth in our days. American psychoanalysts are already complaining that the so-called free associations—after all, part of the basic technique in analysis—have for a long time no longer been really free: The patients know far too much about psychoanalysis even before they come for treatment. And even the patients' dreams can no longer be relied upon by their interpreter. They too have been given a slant, so as to be welcomed by the doctor and fit in with his type of interpretation. This, at least, is being claimed by eminent analysts. So we get a situation—as pointed out by the well-known psychoanalyst Emil Gutheil, editor of the *American Journal of Psychotherapy*—in which patients of Freudians are always dreaming of Oedipus complexes, patients of Adlerians dream of power conflicts, and patients of Jungians fill their dreams with archetypes.

3) After this short reflection on psychotherapy in general and psychoanalysis in particular, we turn again to the collective neurotic character traits in contemporary man and come to the third of the four symptoms: conformist or collectivist thinking. This shows itself when the average man in ordinary life desires to be as inconspicuous as possible, preferring to be submerged in the mass. Of course we must not overlook the essential difference between mass and community. It is this: A community needs personalities in order to be a real community and a personality again needs a community as a sphere of activity. A mass is different; it is only disturbed by individual personalities, and therefore it suppresses the freedom of the individual and levels the personality down.

4) Conformist or collectivist man denies his own personality. The neurotic who suffers from the fourth symptom, fanaticism, denies the personality of others. No one else may prevail. No opinion other than his own can expect a hearing. Yet in actual fact he has no opinion of his own, but simply expresses public opinion—which, so to speak, has him. Fanaticism politicizes humans more and more; while actually politics should rather be humanized. We must not conceal the fact that the first two symptoms, i.e., ephemeral attitude and fatalism, seem to me to be more widespread in the Western world, whereas the two latter symptoms, conformist or collectivist thinking and fanaticism, dominate the Eastern world.

How widespread are these collective neurotic traits among our contemporaries? I asked some of my collaborators to test patients who appeared mentally healthy, at least in a clinical sense, and had only been treated in my clinic for organic-neurological complaints. They were given four questions to ascertain to what extent they displayed any of the four symptoms mentioned. The first question, directed at the ephemeral attitude, was: Do you consider it worthwhile to act, since after all we shall possibly be finished off by the atom bomb one day? The second question, aimed at fatalism, was formulated like this: Do you believe that man is a product and plaything of outer and inner forces and powers? The third question, intended to unmask a tendency toward conformist or collectivist thinking, was: Do you think it is best to make oneself inconspicuous? And finally the fourth, really a trick question: Do you believe that someone who has the best intentions toward his fellowmen is justified in using any means he considers appropriate to achieve his aim? In actual fact the difference between fanatical and humanized politics is this: that the fanatic believes that the end justifies the means, whereas we know that there are means which desecrate even the most sacred ends.

Well, of all these people tested only one single person appeared to be free from all symptoms of collective neurosis; 50% displayed three, if not all four, symptoms.

I have discussed these and similar subjects in North and South America and everywhere they asked me whether I felt that this state of affairs was something restricted to Europe alone. I improvised the following answer: It may be that the Europeans are more acutely endangered by these collective neurotic traits, but the danger itself—and it is the danger of nihilism—is a global one. And in actual fact all the four symptoms can be shown to derive from fear of and flight from freedom and responsibility; yet freedom and responsibility together make man a spiritual being. And nihilism should in my opinion be defined as being weary and tired of the spirit. As this worldwide wave of nihilism rolls forward with increasing momentum, Europe constitutes, so to speak, a seismographic station, registering at an early stage the advancing spiritual earthquake. Maybe the European is more sensitive to the poisonous fumes emanating from nihilism in his direction; let us hope that he is thereby enabled to produce the antidote while there is still time.

I have just spoken about nihilism. In this connection I should like to point out that nihilism is not a philosophy which says that there is only nothing, nihil, and therefore no Being; nihilism is that attitude toward life which says that Being has no meaning. A nihilist is a man who considers Being, and above all his own existence, meaningless. But, apart from this academic and theoretical nihilism, there is also a practical, as it were, "lived" nihilism: There are people—and this is more manifest today than ever—who consider their life meaningless, who can see no meaning in their existence and therefore think it is valueless.

Deep down, in my opinion, man is neither dominated by the will to pleasure nor by the will to power, but by what I call the will to meaning: his deep-seated striving and

struggling for a higher and ultimate meaning to his existence. This will to meaning can be frustrated. I call this condition existential frustration and oppose it to the sexual frustration which has so often been incriminated as an etiology of neuroses.

Every age has its neuroses, and every age needs its own psychotherapy. Existential frustration seems to me today to play at least as great a part in the formation of neuroses as formerly the sexual one did. I call such neuroses noögenic neuroses. When a neurosis is noögenic, that is, when it has its roots not in psychological complexes and traumata but in spiritual problems, moral conflicts, and existential crises, then such a spiritually rooted neurosis requires a psychotherapy focusing on the spirit; that is what I call logotherapy—in contrast to psychotherapy in the narrower sense of the word. However, even in a number of neurotic cases which are not noögenic but psychogenic logotherapy is indicated.

Adler has made us conversant with the important part played by what he called the sense of inferiority in the formation of neuroses. Well, it appears to me that today something else is playing at least as important a part, the sense of meaninglessness: not the feeling of being less valuable than others, but the feeling that life has no longer any meaning.

What threatens contemporary man is the alleged meaninglessness of his life, or as I call it, the existential vacuum within him. And when does this vacuum open up, when does this so often latent vacuum become manifest? In the state of boredom. And now we can understand the actual meaning of Schopenhauer's words when he said that mankind was apparently doomed to vacillate eternally between the two extremes of want and boredom. In actual fact, boredom is nowadays giving us—and certainly us psychiatrists—more problems to solve than want, even the so-called sexual want.

This problem of boredom is becoming increasingly topical. For the second industrial revolution, as automation is being called, will probably lead to an enormous increase in the leisure hours of the average worker. And they will not know what to do with all that free time.

But I can see further dangers arising from automation: One day man's understanding of himself might be influenced and endangered. Man might begin to misinterpret himself by analogy with the thinking and adding machine. At first he understood himself as a creature—in the image of his creator, God. Then came the machine age and he began to see himself as a creator—in the image of his creation, the machine: *l'homme machine*, as La Mettrie puts it. And now we find ourselves right inside the age of the thinking and adding machine. In 1954, a Swiss psychiatrist wrote in the Viennese Journal of Neurology: "The electronic computer differs from the human mind only in that it works comparatively without a hitch—which can unfortunately not be said about the human mind." Here lies in wait the danger of a new homunculism. The danger that man may once more misunderstand and misinterpret himself as a "nothing but." According to the three great homunculisms—biologism, psychologism, and sociologism—man was "nothing but" either an automaton of reflexes, a bundle of drives, a psychic mechanism, or simply a product of economic environment. Nothing but that was left of man, whom the psalmist had called "*paulo minor Angelis*" and had thus placed only just below the angels. The human essence had been removed. Nor should we forget that homunculism can make history—indeed, has already done so. We have only to remember how in recent history the conception of man as "nothing but" the product of heredity and environment or, as it was then termed, "Blood and Soil" pushed us all into historical disasters. In any case, I believe it to be a straight path from that homunculist image of man to the gas chambers of Auschwitz, Treblinka, and Maidenek. The corruption

of man's image by automation is still a distant danger; but after all it is our task as doctors not only, whenever possible, to recognize and, where necessary, to treat diseases, including diseases of the mind and even diseases of the spirit of our age, but also to prevent them, whenever possible; and therefore we must be permitted to raise our voices in warning.

I was saying before that existential frustration, the lack of knowledge about a meaning to existence which alone can make life worth living, is capable of creating neuroses. Well, I described what I called the neurosis of unemployment. In recent years another form of existential frustration has become increasingly urgent: the psychological crisis of retirement. This will have to be dealt with by psychogerontology or gerontopsychiatry.

To direct one's life toward a goal is of vital importance. When the professional task is no longer there, other life tasks must be found and, therefore, sought. In my opinion, it is the first and foremost aim of psychohygiene to stimulate man's will to meaning by offering him possibilities of meaning. And these exist outside the professional sphere as well. Nothing helps man to survive³ and keep healthy like the knowledge of a life task. Thus we understand the wisdom in the words of Harvey Cushing as quoted by Percival Bailey: "The only way to endure life is always to have a task to complete." I myself have never seen such a mountain of books waiting to be read as that on the desk of the ninety-year-old Viennese professor of psychiatry, Josef Berze, whose theory of schizophrenia many decades ago contributed so much to research in that field.

The spiritual crisis of retirement constitutes, so to speak, a permanent unemployment neurosis. But there is also a

³The American psychiatrist J. E. Nardini ("Survival Factors in American Prisoners of War of the Japanese," *The American Journal of Psychiatry*, 109: 244 [1952]) pointed out that American soldiers taken prisoner by the Japanese were more likely to survive their miserable life situation if they had a positive view of life directed toward a goal worthy of survival.

temporary, periodical one, the Sunday neurosis: a depression which afflicts people who become conscious of the lack of content in their lives—the existential vacuum—when the rush of the busy week stops on Sunday and the void within them suddenly becomes manifest.

Usually, of course, existential frustration is not manifest, but latent and masked, and we know the various masks and guises under which it appears.

In "Executive's Disease" the frustrated will to meaning is vicariously compensated by the will to power. The professional work into which the executive plunges with such maniacal zest only appears to be an end in itself: Actually it is a means to an end, that of self-stupefaction. What the old scholars used to call "horror vacui" exists not only in the realm of physics but also in that of psychology; man is afraid of his inner void, of the existential vacuum, and runs away into work or into pleasure. The place of his frustrated will to meaning is taken by the will to power, though it be just economic power, that is to say, the most primitive form of the will to power, the will to money.

Things work differently in what I call Mrs. Executive's Disease. While the executive has too much to do and therefore not enough time for a breather or a meeting with himself, the wives of many executives do not have enough to do and therefore have more time on their hands than they know what to do with. Least of all do they know what to do with themselves. They, too, seek to stupefy themselves when faced with existential frustration; only they do it by drugging themselves—even literally—with the help of alcohol. For the work mania of their husbands they substitute dipsomania: They flee from their inner void to cocktail parties, to gossip social parties, and to bridge parties.

Their frustrated will to meaning is thus compensated not by the will to power—as is the case with their husbands—but by the will to pleasure. This pleasure can, of course, also be sexual. We often notice that existential frustration can lead

to sexual compensation; that apparent sexual frustration hides a real background of existential frustration. Sexual libido only becomes rampant in the existential vacuum.

Besides work mania, dipsomania, gossip mania, and gambling mania, there is another possibility of escaping from the inner void and the existential frustration: the craze for speed. And here I want to clear up a widespread misunderstanding: The pace of our age, which is made possible, but not necessarily produced, by technical progress, is a source of disease only on the physical plane. It is known that in the last few decades far less people have perished by infectious diseases than ever before. But this "deficit of death" is richly made up for by fatal road accidents. On the psychological plane, however, the position is different: The speed of our age is by no means as productive of disease as is often assumed. On the contrary, I consider the pace, the haste of our times, to be rather an attempt—albeit an unsuccessful one—to cure ourselves of existential frustration. The less a man is able to discover a goal for his life, the more he speeds the pace of his living.

I regard the attempt to drown the existential vacuum with the noise of engines as the *vis a tergo* of motorization which is increasing so rapidly. Not only the feeling of meaninglessness, but also the feeling of inferiority in the most banal sense of the word can be compensated for by motorization. Does not the behavior of so many motorized parvenus remind us of what the animal psychologists term behavior intended to impress?

A vehicle is frequently bought in order to compensate for a feeling of inferiority: The sociologists call that prestige consumption. I know of a patient, a big industrialist, who presented the classical picture of Executive's Disease. His entire life was dominated by one single desire to the point where he overworked himself and thereby ruined his health; although he possessed a sports plane, he was not satisfied, but wished for a jet plane. Apparently his existential

vacuum was so great that it could only be overcome by supersonic speed.

We have spoken of the psycho-hygienic danger to man presented in our days by "lived" nihilism and a homunculist image of man; well, psychotherapy will be able to banish this danger only if it can keep itself free from a homunculist image of man. But it will remain homunculist and nothing but a caricature of man as long as it considers him as "nothing but" a being that is "driven" or just satisfies the conflicting claims of id and superego by compromise.

Man is not "driven," man decides. Man is free. But we prefer to speak of responsibility instead of freedom. Responsibility implies something for which we are responsible—namely, the accomplishment of concrete, personal tasks and demands, the realization of that unique and individual meaning which every one of us has to fulfill. Therefore, I consider it misleading to speak of self-fulfillment and self-realization. Only in the degree to which man accomplishes certain specific tasks in the surrounding world will he fulfill himself. Thus not *per intentionem* but *per effectum*.

Similar conditions prevail with regard to the will to pleasure. It must fail, since it contradicts and even opposes itself. We can see that time and again in sexual neuroses: The more a man strives for pleasure the less pleasure he achieves. And vice versa: The harder a man tries to evade unpleasure, or suffering, the deeper he plunges himself into additional suffering.

We have seen that there exists not only a will to pleasure and a will to power but also a will to meaning. Now we see further: We have not only the possibility of giving a meaning to our life by creative acts and beyond that by the experience of Truth, Beauty, and Kindness, of Nature, Culture, and human beings in their uniqueness and individuality, and of love; we have not only the possibility of making life meaningful by creating and loving, but also by

suffering—so that when we can no longer change our fate by action, what matters is the right attitude toward fate. Where we can no longer control our fate and reshape it, we must be able to accept it. For the creative shaping of our fate we need courage; for the right kind of suffering, when faced with inevitable and unchangeable fate, we need humility. Even a man who finds himself in the most dire distress—distress in which neither activity nor creativity can bring value to life nor experience give meaning to it—such a man can still give his life meaning by the way and manner in which he faces his fate, in which he takes his suffering upon himself. Precisely in this way he has been given a last chance to realize values.

Thus, life has a meaning to the last breath. The possibility of realizing what I call attitudinal values—by the very attitude with which we face our suffering—is there to the very last moment. Now we can understand the wisdom of Goethe when he said: “There is no condition which cannot be ennobled either by a deed or by suffering.” But we should add that the right kind of suffering is in itself a deed, nay, the highest achievement which has been granted to man.

Yet the meaning of human existence is threatened not only by suffering but also by guilt—and death. That which causes our guilt, for which we are responsible, can no longer be changed; but the guilt itself can be redeemed and here again everything depends on the right attitude toward ourselves—upon true repentance. (I am not referring to the cases where damage caused can be undone by expiation.)

And what about death—does it not completely cancel the meaning of our life? By no means. As the end belongs to the story, so death belongs to life. If life is meaningful, then it is so whether it is long or short, whether a man can live in his children or dies childless. If the meaning of life consisted in reproduction, then every generation would find its meaning only in the next generation. Hence, the problem of meaning would be postponed from one generation to another but

never solved. If the life of each generation of men has no meaning, is it not likewise meaningless to perpetuate something that has no meaning?

We have seen that life, every life, in every situation and to the last breath, has a meaning, retains a meaning. This is equally true of the life of a sick person, even the mentally sick. The so-called life not worth living does not exist. And even the manifestations of psychosis conceal a real spiritual person, unassailable by mental disease. Only the possibilities of communication with the outside world are inhibited by the disease; but the nucleus of man remains indestructible. And if this were not the case, it would be futile to be a psychiatrist.

When I was in Paris seven years ago for the first World Congress of Psychiatry, I was asked by Père Beirnaert whether I, as a psychiatrist, believed that idiots could become saints. I answered in the affirmative. But more than that, I told him that the very fact, horrible as it is, of having been born an idiot could be an occasion and a chance to prove oneself so well—by an inner attitude—that one might well be tantamount to a saint. Of course, other persons, even we psychiatrists, would hardly notice anything, since the very possibility of manifesting the self outwardly would be blocked by mental disease. Only God can know how many saints were concealed behind the miens of idiots. But then I asked Père Beirnaert whether it was not intellectualist self-conceit even to doubt this possibility. Did not doubting it mean supposing that saintliness or any moral qualifications of man were dependent on his I.Q., so that one might for instance say: Below an I.Q. of 90 there is not a chance. And another thing: Who would doubt that a child has, or rather is, a personality? Yet what else is an idiot but a man who is infantile and has thus remained a child?

There is, therefore, and I hope I have shown it, no reason to doubt the meaning of even the most miserable life. Life has an unconditional meaning and we need an uncondition-

al *belief* in it. This is more essential than ever in a time like ours, when man is threatened by existential frustration, by frustration of the will to meaning, by the existential vacuum.

But psychotherapy can only have an unconditional belief in the meaning of life, every life, if it starts with the right kind of philosophy, if it chooses the right philosophy. Thus we understand how Waldo Frank could write in an American journal that logotherapy gave testimony to the efforts everywhere to supplant the unconscious invalid philosophical hypotheses of the Freudians and Adlerians by a conscious philosophy. Modern psychoanalysts, particularly in the United States, have already understood and agreed that a psychotherapy without a conception of the world, without a hierarchy of values, however unconscious, cannot exist. It is all the more important to make the psychoanalyst himself conscious of his often unconscious image of man. A psychoanalyst of all people should realize the dangers of leaving it unconscious. In any case, the only way for him to straighten his image of man, distorted as it was by the influences of the past century, is to realize that what he has often taken as a starting point is really a caricature of man and not a true image and that it is necessary to correct his image of man.

That is precisely what I have attempted to do with existential analysis and logotherapy: to supplement, not to supplant, the existing psychotherapy and, thereby, to make the underlying image of man into a whole, a total image of true man, an image in all its dimensions, thus doing justice to that reality which belongs only to man and is called existence.

I am quite aware of the fact that you may now reproach me for having produced a caricature of that image of man which I have contended I would correct. And perhaps there is something in it. Perhaps I have really been one-sided; perhaps I have exaggerated when I sensed the threatening

danger of nihilism, of homunculism, as I called it, behind many a theory and unconscious philosophical system of modern psychotherapy; perhaps I am really hypersensitive to the slightest suggestion of nihilism. But if that is the case, please understand that I am so hypersensitive only because I have had to overcome nihilism within myself. And that is perhaps why I am so capable of smelling it out, wherever it may hide.

And if I may be allowed to tell tales out of the school of my own existential self-analysis, perhaps I can see the mote in the other's eyes so well because I have had to tear the beam out of my own.