The Rehabilitation Professional, 23(1), pp. 23–28

Ethical Lessons Learned from Viktor Frankl's *Man's Search for Meaning*

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Abstract. Viktor Frankl's 1946 book, *Man's Search for Meaning*, chronicles his experiences in a concentration camp during World War II and provides not only his personal account of the prisoner's experience, but also offers an insightful commentary that became his proprietary clinical intervention following his liberation. Unfortunately, not all prisoners in the Nazi concentration camps were as prosperous. The individuals in positions of authority and responsible for prisoners during the Nazi occupation of Europe were able to engage in behaviors that are considered unethical by today's standards, especially in the profession of psychology, where we recognize a responsibility for others and position of authority as part of professional psychology. The following paper will outline the conditions faced by both prisoners and certain subgroups of German civilians during the World War I era, and the behavior of Nazi affiliates in positions of authority, most notably physicians. Further, responses to the Nazi agenda by both international courts and in the context modern ethical code will be discussed. Finally, a review of the implications of the actions during this era as well as applications of these to modern ethical code and the future of psychology is provided.

In the 1946 book, *Man's Search for Meaning*, Viktor Frankl chronicles his experiences as he spent time imprisoned in German concentration camps under the Nazi regime in the early 1940s. Within his work, Frankl, an Austrian neurologist and psychiatrist provides his personal account of the prisoner's experience, insightful commentary, and later, clinical applications of these insights. In the field of psychology, Frankl is hailed as a champion of his circumstances and has been very influential in the field ranging from the sub-disciplines of existentialism to contextual behavioral science. As psychologists, an understanding of not only the historical context surrounding Frankl's work, as well as the happenings during that period generally, might be important, as both have influenced and have impacted the field of psychology today in ways that are not always clear. It could be argued that clear connections between this time in history and implications for psychotherapy and trauma work, as well as research regarding social influence in the form of obedience and conformity exists. However, a less apparent, but essential connection can be made between this period and the ethical guidelines we currently adhere to in the field of psychology today. The lamentable occurrences during World War II have in many ways shaped the ways we acquire and use our knowledge, make ethical decisions, and navigate relationships. In his book, Frankl references each of these, and whether intentional or not, his commentary about life in a Nazi concentration camp provides the beginnings for further discussion about psychologists' responsibilities as figures of authority and responsibility to behave ethically.

In *Man's Search for Meaning,* Frankl describes his experiences of sent to Auschwitz and fortunately, being able to avoid death in the gas chambers. However, he later finds out that the other members of his family were not so lucky, as his separation from them plagued him throughout the duration of his imprisonment. Frankl spent three years in the concentration camp system as a prisoner at four different camps including those at Auschwitz and Dachau. The majority of his internment was spent in Auschwitz, and his time there was marked by malnutrition and hard labor which were rampant in those camps that provided inexpensive forced labor to Schutzstaffel (SS) –owned or operated businesses (United States Holocaust Museum, 2014).

Viktor Frankl also describes his experience of eventually serving as a doctor to his fellow prisoners and volunteering in a typhus ward, which occurred only during the last few weeks of his imprisonment. Illness was rampant within the camps, and prisoners who had

medical knowledge, like Frankl, were sometimes called on to serve as doctors in lieu of providing physical labor. In his book, Frankl describes the dire circumstances surrounding illness in the camps where those who were ill often died of their illness or were sent to their deaths. Resources were limited and prisoner-physicians, like Frankl, were often required to make impossible decisions usually having life-or-death implications.

Despite the deplorable conditions he faced during his time in the Nazi concentration camp system, Frankl survived and left with a broad collection of insights that would later become his proprietary approach to psychotherapy. Logotherapy is a form of psychotherapy that focuses on the future and the attainment of meaning in the life of the client. Rooted in existentialist philosophy, logotherapy posits that the ultimate freedom is in choosing one's attitude in the face of unchangeable circumstances, and finding one's ultimate meaning in the midst of suffering is of utmost importance. From his narrative, it is shown that Frankl had this experience during his time in the camp, and that this experience is what ultimately freed him although he was still physically imprisoned.

Unfortunately, the torture endured during one's imprisonment in the Nazi concentration camps was not typically followed by the discovery of meaning in one's life. More likely, one would face death or enduring psychological and physical torture at the hands of the SS officers, Capos, and other Nazi-affiliated personnel. Though *Man's Search for Meaning* also brings some attention to the injustice and inhumanity present during this period of history. This book reveals a less probable outcome of a prisoner within the concentration camp system. Under the regime of Adolf Hitler, the Nazi party successfully occupied much of Europe from their rise to power in 1933 to the liberation of the camps and suicide of Adolf Hitler in 1945 (United States Holocaust Museum, 2014). Along with cruelty to those considered racially inferior or dangerous to Germany, even certain German citizens (e. g., the mentally ill) were subject to imprisonment or death at the hands of those in power. Even before the war, Nazi-affiliates enacted policies that allowed for compulsory sterilization of those considered unfit to reproduce and euthanasia of those with medical or neurological disorders in Germany, and these and similar practices continued during German occupation and were generalized to psychiatric hospitals, prisons, and concentration camps (Strous, 2006).

Concentration Camps

The Nazi concentration camps were filled with mostly European Jews although other ethnic minorities (e.g. Gypsies), political opponents (e.g., Social Democrats, Communists liberals), homosexuals, and others with incompatible or less mainstream religious views (e.g., Jehovah's witnesses), who were ultimately put to work or death (Concentration camp system in depth, ushmm.org, Holocaust encyclopedia). As mentioned in Frankl's book and corroborated by many witnesses, prisoners were treated inhumanely and in most cases, were not even provided with bare necessities. Clothing was inadequate for harsh winter conditions, food was provided sparingly and portions were inadequate, and shelters were not adequately protective, sanitary, or allowing for privacy. Further, medical care was not commensurate and the physical and psychological well-being of the prisoners were not considered in the slightest when decisions were being made. Sadly, the total disregard for the well-being of these individuals was accompanied by a wealth of resources for forcing the prisoners to provide services on behalf of the Nazi party (e.g., labor, medical care, food service) and for ending their lives once they were unable to prove their usefulness. Possibly even more inhumane than methods causing instantaneous death, was the punishment enforced by Nazi officers and fellow prisoners who were put in positions of authority (Capos). Physical punishment was also prominent in the camps when there was dissatisfaction with the prisoners.

Responsibility for Prisoners

Though the substandard conditions of the concentrations camps was inappropriate and unacceptable behavior of authority figures were ubiquitous during Nazi occupation, it was the case that the camp system stood outside of German law. This allowed the camps to run without being subjected to review by any German authorities other than the SS and other internal Nazi policing bodies (United States Holocaust Museum, 2014). So formally, German legislators and judicial authorities cannot be held responsible for the activities within the concentration camps neither legally nor ethically.

However, Nazi party officials, SS officers, and other authorities involved in the handling of prisoners could be deemed responsible for the happenings in the camps as well as for the prisoners and their safety, well-being, and livelihood. Along with SS officers, physicians were instrumental in the concentration camps' development and maintenance during the German occupation. Although some prisoners, like Viktor Frankl, who had medical training served as doctors in the camps, Nazi-affiliated physicians also had a place within the camp system (Strous, 2006). These individuals were in the Nazi party and had roles that were central and necessary for Nazi success in carrying out their agenda. Nazi physicians were ultimately responsible for the health of prisoners and filled that role in some ways under certain circumstances. However, they also sent some of the sick to their deaths. Other applications of the physicians' skills were implemented during the war, many of

these being reprehensible. Strous (2006) gives a comprehensive review of some of the confirmed actions of Nazi-affiliated physicians during the Nazi occupation of Europe.

Even before the war as the Nazis were gaining power, it was physicians who are credited with providing both the groundwork and logistical means by which hundreds of thousands of the mentally ill and ethnically and mentally inferior were killed (Strous, 2006). Nazi doctors also provided medical expertise with regard to forced sterilization and options for the burning of large quantities of dead bodies. In the camps, specifically in Auschwitz, physicians not only supervised killings, but performed killings by shooting new arrivals sent to be killed (as opposed to labor camps), and they were also the individuals who presided over killings using carbon monoxide within the gas chambers and using their medical knowledge, determined when victims were dead. Physicians were also responsible for deciding who should not be sent to the gas chambers so that they could be used for medical experimentation (Strous, 2006). These experiments were carried out for the supposed purpose of contributing the body of medical knowledge as well as to better serve German military troops who were fighting in the war. Experiments testing immunizations for diseases (e.g., malaria, typhus, smallpox, cholera, etc.) and conducting anatomical research (e.g., by collecting skeletons) were justified by the Nazi physicians for their possible contributions to future medical interventions. Other experiments that were in response to experiences within the German armed forces included those involving the effects of high-altitude, freezing, mustard gas, salt-water, and poison, and treatments involving sulfanilamide, tissue regeneration and bone transplant to name a few. Sterilization experiments were also conducted to further the Nazi agenda of eventually eliminating enemy populations (Harvard Law School Library, 2003).

Ethical Concerns and the Nazi Regime

This period during the late 1930s through 1940s was marked by ethical concerns by today's most broad ethical standards. A general trend in the behaviors of the SS officers, Nazi authorities, and Nazi physicians was the presence of maleficence, oppression, dehumanization. Maleficence was present in the form of refusal to adequately provide the most basic necessities, tend to the sick, and take responsibility for those whom were dependent upon them for survival. Oppression was rampant in the forced physical labor imposed on the prisoners as well as the forced participation in painful and fatal medical experiments. The use of physical punishment perpetuated both harm and control in the prisoners, and each of the previous ethical failures contributed to what is possibly the most repugnant ethical fault, namely the dehumanization of the individuals forced into this imprisonment. The ideologies held by the Nazis that certain groups should not exist, reproduce, be allowed to have certain rights, etc. and reduced prisoners to animals "below" human beings are contributed to the overall harm done within the camps. Additionally, the objectifying and instrumental view of these individuals as subjects to be experimented without consideration for their safety, health, or opinion contributed to their being treated as less than human. Also, the denial of their individuality and autonomy by authority figures further created a context where the prisoners were dehumanized (Haslam, 2006).

Although the abuse of those held in the Nazi concentration camps went on for an unacceptably long period of time, as soon as outsiders realized the extent of harm done, steps were taken to issue consequences and prevent future occurrences of such widespread abuse. Charges were brought against the physicians suspected of participating in criminal activity, and the following international war crimes tribunal provided the start of this process.

Trials at Nuremberg

Criminal trials following the end of World War II were held in Nuremberg, Germany from November 20, 1945 to October 1, 1946. In the case of *U. S. A. v. Karl Brandt et al.*, or the Doctors' Trial, Nazi doctors were tried for criminal activity during the war. Karl Brandt, the senior medical official of Germany, and 22 other senior doctors and SS administrators were indicted on four counts. They were charged with: 1) conspiracy to commit war crimes against humanity, 2) war crimes, 3) crimes against humanity, and 4) membership in a criminal organization. Specific charges related to counts two and three were mostly in response to experiments and other medical crimes inflicted on those in the concentration camps. (Harvard Law School Library, 2003). Of those tried in court, Karl Brandt, along with six others were convicted and sentenced to death, nine were convicted and sentenced to prison terms, and seven were acquitted (Harvard Law School Library, 2003). Convictions were made on the specific charges of: conducting of experiments on prisoners (i.e., high altitude, freezing, malaria, mustard gas, sulfanilamide, bone/muscle/nerve regeneration and bone transplant, seawater, epidemic jaundice, typhus and other vaccine experiments, sterilization, and poison experiments) as well as killing Jewish individuals for anatomical research and euthanasia of sick and disabled German citizens. The doctors on trial were also convicted of criminal conspiracy as part of Count 1 and membership in the SS (Count 4).

Following *U.S.A. v. Karl Brandt et al.*, direct statements were made involving ethics, namely within the field of medical research. At the time of World War II,

there was no available statement that clearly differentiated between ethical and unethical experimentation. Nazi physicians took advantage of this lack of specificity and conducted experiments, many of which were deemed criminal due to the harm imposed on the participants in the form of injury or death. Another concern was that the physicians in question subjected prisoners to these conditions without their knowledge of risks or permission. In direct response to this, concern about the rights of research participants were addressed for the first time on the international stage.

Nuremberg Code. A direct result of the Nazi Doctors' Trial was the Nuremberg Code. The code was established in 1948 and became the first international document which advocated for the rights of the research participant. The ten points on the code specifically address concerns elicited from the crimes of the Nazi physicians during the period of Nazi rule. The first point emphasizes the necessity of acquiring voluntary informed consent from the human subject, and that consent can only be obtained from those legally able to give consent and in the absence of any coercion. Related to this, the ninth point requires that the human subject should have the right to terminate the experiment at his or her own volition. Experiments must also have justification and clear connections to prior knowledge. The idea that experiments should be based on prior knowledge of animal experimentation and knowledge of the phenomenon, disease, or problem under study is part of the third point. This point also states that conducting experiments in this way allow for justification of the performance of the experiment. Points four and five suggest that experiments should be conducted in ways that avoid all unnecessary suffering and injury, both physically and mentally, and that experiments should not be conducted if there are grounds to believe that death or disabling injury might occur. An extension of this is seen in the seventh point which calls for preparations to be made to protect against even the slightest possibility of injury, disability, or death. Points eight and ten make suggestions about the experimenter's qualifications and judgment, where experiments should only be conducted by those who are scientifically qualified and that experimenters should be prepared to terminate experiments if there is reason to believe that it is in the best interest of the participant to do so. The last group of points illuminates the underlying purpose for research which is to contribute to society. The second point states that research experiments should produce results that are useful and for the good of society, and that they should not be random or unnecessary. Further, should be conducted only when no other means of obtaining needed knowledge is available. The sixth, and final, point states that the degree of risk taken in an experiment should be appropriate as a function as the humanitarian benefit of the knowledge to be gained. Risk imposed on human subjects should be justifiable by the value of the information to be gained by the performance of the experiment. This is especially important, as the lives of humans are deemed more valuable than knowledge itself, which was a dramatic shift from Nazi research philosophy and justification.

Nazi Germany: Applications to Modern Ethical Code

In addition to the Nuremberg Code, other documents outlining ethical principles and standards have addressed some of the concerns present in the behavior of Nazi affiliates including the SS officers and physicians and have aimed to prevent future occurrences of similar patterns of behavior both on small and large scales. The American Psychological Association Code of Ethics, for example, provides a framework for ethical behavior within the profession of psychology that has served as a model for the development of other modern ethical codes. Though the individuals involved in the activities of Nazi officials and physicians were not bound to this ethical code, the implications of the activity during this time are of utmost relevance and importance to the field of psychology, as professionals in the field are often responsible for the well-being of others while also being in a position of authority.

This specific code contains two major sections: General Principles and Enforceable Standards (APA, 2002). The principles reflect moral values present within the enforceable standards and are meant to guide the behavior of psychologists. The enforceable standards are a set of behavioral rules also intended to guide behavior, but can be enforced by the APA Ethics Committee and can definitively establish what is and is not acceptable. When applied to the behaviors of those in positions of power and authority in the Nazi concentration camps, clear connections to ethical violations by our standards can be made.

Ethical Principles. When examining the behavior of those involved in the atrocities presented by both Frankl and other corroborated accounts, many behaviors of those in positions of authority and responsibility are blatantly unethical by the American Psychological Association ethical criteria (APA, 2002). First, each of the ethical principles presented in the APA code (i.e., Principles A – E) are violated. Principle A aspires to beneficence and nonmaleficence, and this principle reflects the obligation to do no harm while simultaneously seeking out opportunities to do what is good. In the evidence provided previously, it is clear that authority figures, including physicians, in the camps were not striving to fulfill these principles on behalf of those for whom they were responsible. Principle B seeks to establish fidelity and responsibility as vital components in relationships. Psychologists, by this standard, should be aware of and accept their re-

sponsibilities to their clients, community, and society while also building relationships of trust with others. German physicians and Nazi authorities neglected these ideals as they were unable to be trusted with the lives and well-being of the prisoners for whom they were responsible. Also, it can be noted that they did not accept a responsibility to society as a whole and held ideologies that greatly decreased any possibility that they might have even considered this. Integrity (Principle C) was lost during that period as truth was often misrepresented and the deception directed toward others, especially the prisoners, was not of benefit to them. Principle E recognizes that justice and fairness are essential and that all individuals should have equal opportunities to benefit from contributions put forward by the field of psychology. Applied to concentration camp experience, injustice was an underlying theme and means for expanding Nazi ideologies and agendas. Thus, there are convincing pieces of evidence that would reject the existence of justice in the actions of the Nazi party. Finally, Principle E calls for respect for people's rights and dignity. This principle reflects the desire for psychologists to aspire to ensure that their actions allow individuals their rights to privacy and self-determination. Additionally, psychologists should aspire to protect those who are in vulnerable conditions, while respecting differences including those based on age, culture, religion, ethnicity, disability, etc. Those in authority who were directly responsible for prisoners in the concentration camps neglected this value in their dealings with the prisoners, who were vulnerable and denied basic human rights under the deplorable circumstances of their imprisonment.

Ethical Standards. Although ten ethical standards exist for psychologists, the three that are most relevant to the activities of the Nazi part during World War II are Standard 1: Resolving Ethical Issues and Standard 3: Human Relations, and Standard 8: Research and Publication. Standard 1.03 involves conflicts between ethics and organizational demands. The activities of the Nazi party within the concentration camp system clearly illustrate how the demands of the SS and Nazi organization directly conflict with the ethical principles outlined by the APA. Standard 3.01 prohibits unfair discrimination of the basis of age, race, ethnicity, culture, religion, sexual orientation, disability, etc. Further, Standard 3.04 mandates that psychologists take reasonable steps to avoid harming anyone with whom they work. Conflicts of interest are addressed in Standard 3.06, and exploitative relationships are identified as unethical by Standard 3.08. Those operating the concentration camps and implementing the Nazi agenda engaged in discriminatory behavior, mostly on the basis of religion (e.g., Jews), but also on the basis of sexuality, age, and ability or disability. Also, those in power openly exploited those over whom they had power by forcing labor and participation in experiments, for example. Conflicts of interest also existed mostly clearly in the role of physicians. Physicians are bound to "do no harm" and heal the sick, but under these circumstances, they also had the responsibility of carrying out experiments and killing the sick, infirmed, or "inferior" in clear conflict of both medical and psychological ethical codes.

Another important ethical standard directly connected to this period of history are Standard 3.10, which necessitates informed consent for assessment, therapy, counseling, and outlines what constitutes adequate informed consent. Also, Standards 8.01 and 8.02 illustrate the need for institutional approval when conducting research as well as more specific guidelines for obtaining informed consent in a research setting. Other standards under Standard 8 outline clearly what is acceptable in research. This is directly related to the Nuremberg Code created following World War II and seeks to prevent future disregard for the rights of participants in a research setting.

Man's Search for Meaning and the Future of Ethics

As a profession, psychologists have been successful in preventing widespread disregard for ethical behavior and improper treatment of others, in direct opposition to those professionals involved in the systematic torture, killing, and further dehumanization of the millions of European Jews who lived through the Nazi occupation of Europe. However, psychologists still have room for improvement in their aspiration to embody the values of the profession. One theme in Viktor Frankl's book is the freedom to choose, and although psychologists are generally able to adhere to the standards regarding autonomy, there is still some room for debate whether certain practices in psychology truly allow for freedom of the client. Two examples of this might be the decision to force-feed clients with eating disorders against their will or involuntary commitment. Although we assume that these actions are in the best interest of those for whom we are responsible, it is important that we notice the possible harm caused by taking away the freedom to make a choice.

The time period encompassing the events in *Man's Search for Meaning* also brings attention to issues surrounding the identification of basic human rights. It is apparent from Frankl's writings as well as other accounts in the concentration camps that individuals were deprived of their basic right to live, much less live freely. However, as we notice shifts in what constitutes basic human rights (e.g. marriage, health care, a living wage, etc.) it is important that the field of psychology continues to adapt its ethical standards in a way that is sensitive to the basic rights of all people. As a profession, it is important that psychologists

continue to move forward and continue to pave the way for individuals to be treated with respect for what makes each of them human regardless of personal and societal biases. Though these biases always exist, it is our responsibility as professionals in psychology to act objectively, in ways that best serve others.

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