



LOGOTHERAPY-BASED PROMOTION AND PREVENTION PROGRAMS – SCOPE REVIEW

Programas de promoção e prevenção baseados na Logoterapia – revisão de escopo
Programas de promoción y prevención basados en Logoterapia - revisión de alcance

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DOI: <https://doi.org/10.62506/tqpcnt94>

Abstract: Prevention and promotion of mental health were a constant concern of Logotherapy and Existential Analysis (LEA) as a theory centered on the meaning of life. Therefore, the objective was to describe and analyze the degree of theoretical and methodological deepening of interventions that use LEA to promote the meaning of life, prevent existential emptiness, prevent suicide or reduce depressive symptoms. We carried out a scope review consulting with specialists, and searched in Pubmed and Scielo databases, with 440 results, 12 meeting the following inclusion criteria: a) articles that report interventions that used LEA as the basic theory or in some component of the intervention, having as outcome promoting the meaning of life or prevention of existential emptiness or reduction of depressive symptoms or suicide prevention; b) articles with full text available; c) articles written in English, Spanish or Portuguese. The results indicate that the most present concepts were attitudinal, experiential and creative values, although the interventions were heterogeneous regarding the outcome and target audience variables. It is concluded that the interventions have a satisfactory degree of theoretical deepening in logotherapy, but, in methodological terms, they require more rigorous experimental designs.

Keywords: meaning of Life. Existential vacuum. Depression. Suicide prevention. Logotherapy.

Resumen: La prevención y la promoción de la salud mental fueron una preocupación constante de la Logoterapia y Análisis Existencial (LAE) como teoría centrada en el sentido de la vida. Delante de eso, el objetivo fue describir y analizar el grado de profundidad teórica y metodológica de intervenciones que usan la LAE para la promoción del sentido de la vida, la prevención del vacío existencial, la prevención del suicidio o la reducción de síntomas depresivos. Se realizó una revisión de alcance con consulta a especialistas y búsqueda en las bases de datos de Pubmed y Scielo, con 440 resultados, 12 atendiendo los siguientes criterios de inclusión: a) artículos que relaten intervenciones que utilizaron la LAE como teoría de base o en alguna componente de la intervención, teniendo como resultado la promoción del sentido de la vida o prevención del vacío existencial o reducción de síntomas depresivos o prevención del suicidio; b) artículos con texto completo disponible; c) artículos escritos en inglés, en español o en portugués. Los resultados indican que los conceptos más presentes fueron los valores actitudinales, los experienciales y los creativos, aunque las intervenciones hayan sido heterogéneas como las variables de desfecho y de público-objetivo. Se concluye que las intervenciones tienen un grado satisfactorio de profundidad teórica en la Logoterapia, pero en términos metodológicos necesitan de delineamientos experimentales más rigurosos.

Palabras clave: sentido de la vida. Vacío existencial. Depresión. Prevención del suicidio. Logoterapia.

Resumo: A prevenção e a promoção da saúde mental foram uma preocupação constante da Logoterapia e Análise Existencial (LAE) como teoria centrada no sentido da vida. Diante disso, o objetivo foi descrever e analisar o grau de aprofundamento teórico e metodológico de intervenções que usam a LAE para a promoção do sentido da vida, a prevenção do vazio existencial, a prevenção do suicídio ou a redução de sintomas depressivos. Realizou-se uma revisão de escopo com consulta a especialistas e busca nas bases de dados Pubmed e Scielo, com 440 resultados, 12 atendendo os seguintes critérios de inclusão: a) artigos que relatem intervenções que utilizaram a LAE como teoria de base ou em alguma componente da intervenção, tendo como desfecho promoção do sentido da vida ou prevenção do vazio existencial ou redução de sintomas depressivos ou prevenção do suicídio; b) artigos com texto completo disponível; c) artigos escritos em inglês, em espanhol ou em português. Os resultados indicam que os conceitos mais presentes foram os valores atitudinais, os vivenciais e os criativos, ainda que as intervenções tenham sido heterogêneas quanto às variáveis de desfecho e de público-alvo. Conclui-se que as intervenções têm grau satisfatório de aprofundamento teórico na Logoterapia, mas, em termos metodológicos, necessitam de delineamentos experimentais mais rigorosos.

Palavras-chave: Sentido da Vida. Vazio Existencial. Depressão. Prevenção do Suicídio. Logoterapia.

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Introduction

The thought of Viktor Frankl, and consequently the theory he founded, Logotherapy and Existential Analysis (LEA), has spread widely and is not limited to application in the individual clinical context. Currently, it has been observed in interventions for health promotion and disease prevention. To approach this topic within the context of LEA, it is necessary to begin with the premise that "(...) the immunological situation depends on the affective situation, which in turn depends essentially on motivation, especially on the orientation toward meaning" (Frankl, 1995, p. 240). Thus, a necessary condition for protecting human life would be to promote the search for meaning in life, since it is constituted, ultimately, as the primary motivation in Viktor Frankl's view.

In this direction, the aforementioned author developed a psychotherapeutic theory to assist in the discovery of meaning in life (Frankl, 1986). Its anthropological foundation lies in three inseparable dimensions: freedom of will, the will to meaning, and the meaning of life. Freedom of will brings to light the question of free choice. However, the human being is not free from biopsychosocial conditioning, but free to take a stance toward such conditions. Therefore, it is understood that the human being possesses the capacity for self-distancing, which allows a free and responsible posture (Frankl, 2020).

The second dimension of the theory is the will to meaning. For Frankl, the human being always seeks meaning for life and may become mentally ill to the extent that this primordial aspiration is frustrated, a phenomenon he called existential vacuum (Frankl, 1989). To find meaning, the person needs to transcend oneself and direct oneself toward something or someone in the world through self-transcendence: "Self-transcendence denotes the fundamental anthropological fact that human existence always points to something beyond itself—to something or someone, that is, a goal to be achieved or the existence of another person whom one encounters" (Frankl, 1991, p. 18).

Finally, the third foundation of LEA is the meaning of life, which constitutes a philosophical view. The will to meaning emerges as one perceives meaning that emanates from life. Thus, the source of meaning would be life itself; for this reason, one should not give meaning but discover the meaning latent in situations (Frankl, 2019). The pathways to finding meaning lie in the values (Frankl, 1986). Through them, the human being discovers meaning by (a) encountering another human being (experiential value), (b) creating something to transform the world for the better (creative value), and (c) adopting a dignified attitude toward an immutable situation that brings suffering (attitudinal value).

In addition to theoretical constructs, LEA presents some techniques, among which the following stand out: autobiography, paradoxical intention, and dereflection. Autobiography is a self-report technique for understanding one's own existence, proposed in LEA by Lukas (1998) for understanding the subject's present, past, and future. The techniques of paradoxical intention and dereflection rely respectively on the human capacity for self-distancing and self-transcendence (Frankl, 2016). LEA allows the use of techniques from other theories, as long as the Franklian anthropology—its view of the human being and of the world—is preserved. Considering these points, it becomes necessary to understand its applicability for mental health promotion and prevention.

Mental health promotion and prevention have been a constant concern of LEA, as a form of prophylaxis centered on the meaning of life. Its origin can be traced to the suicide prevention program organized by Viktor Frankl through the Youth Counseling Centers. Initially established in Vienna in February 1928, it later expanded to six other cities, offering free assistance to young people in difficulties (Frankl, 1990; 2000; 2010).

The counseling sessions were individual and counted on the collaboration of other psychotherapists. Initially, the young people's difficulties were diverse, ranging from sexual problems, family conflicts, and neurotic disorders to economic issues. However, after the stock market crash in New York, which triggered a worldwide economic depression, Frankl observed the neurosis of unemployment, characterized by apathy resulting from the false association between unemployment and the sensation that life no longer had value (Frankl, 1989; 2010).

In addition to counseling centers with a preventive focus, Frankl taught the first course on mental hygiene at the People's University in Vienna during the 1920s (Frankl, 1990). With rising suicide rates, in 1930 he organized a special action in Vienna that resulted in no recorded voluntary deaths among young people that year (Frankl, 2010). This experience led him, in 1933, to assert: "I cannot imagine anything superior to the sense of having a duty, a mission to carry out, which can make a person capable of enduring subjective and objective difficulties!" (Frankl, 2010, p. 132).

Moreover, this experience was fundamental for his preventive practice in concentration camps during World War II, while he himself was an inmate. Initially, it was necessary to prevent the admission shock, characterized by panic. More specifically, the focus was on more vulnerable people, such as the elderly and the sick, to combat mental emptiness. This intervention was carried out in groups with the help of a speaker, Rabbi Regina Jonas (Frankl, 2020). Regarding suicide prevention, he organized an information service to identify and assist prisoners who expressed suicidal ideation (Frankl, 2020). His strategy was to appeal to the will to live and bring to awareness what life still expected of them, thus awakening the search for meaning.



In the more recent context, Martinez Ortiz (2006) considered five principles for the implementation of prevention based on LEA: (1) helping the human being become responsible for his or her own health and that of the community; (2) focusing on healthy personal resources; (3) promoting autonomy, freedom, and personal responsibility; (4) addressing the theme of meaning in life as a promoter of health; and (5) fostering resilience. Aquino, Simeão, and Rodrigues (2021), in turn, suggested a relationship between mental health prevention and LEA. For these authors, the universal prevention carried out by Frankl could be related both to the dissemination of assumptions through the book *Man's Search for Meaning* and to the radio lectures delivered to the general population in the post-war period. Selective prevention should be directed toward adolescent groups in order to protect them from the consequences of existential vacuum triggered by the loss of tradition. Finally, indicated prevention could be directed to those who already displayed symptoms such as drug use, aggression, and suicidal ideation. Knowing that Logotherapy emerges from suicide prevention, it is necessary to understand the applicability of this approach in the current context.

One of the symptoms of contemporary existential vacuum is suicide. For Frankl (1989), to the extent that a human being does not perceive any meaning, there is a tendency to end one's own life, despite all other needs being met. However, he warned that although not every reason for suicide should be reduced to existential frustration, having meaning to live provides greater capacity to endure life (Frankl, 1991). This assumption is supported by a study with 110 adult patients in treatment, in which two variables appeared as protective factors against depressive symptoms: perception of meaning in life and positive perception of the future (Aquino, Dará & Simeão, 2016).

Thus, promoting the search for meaning in life and reducing symptoms of mental disorders, especially anxiety and depression, are relevant strategies for early suicide prevention (Bertolote, 2002; Drum & Denmark, 2012; Frankl, 1991). However, although meaning in life is considered an important protective factor for suicide (Constanza, 2019), this theoretical construct is not limited to LEA. It is also addressed by other theoretical approaches, such as the Interpersonal Theory of Suicide (Drabentstott, 2019), presenting some conceptual and epistemological differences (Reker, 2000; Glaw et al., 2017). However, LEA appears to be the most comprehensive theory to address meaning in life, because it is well systematized and has an anthropological foundation that describes the human search for meaning. Considering this, the present study examined LEA-based interventions focused on suicide prevention and related outcomes, such as the reduction of depressive symptoms, the promotion of meaning in life, and the prevention of existential vacuum.

Evaluating the use of LEA in interventions of this type has scientific and social relevance, because, besides demonstrating patterns of evidence (Gottfredson et al., 2015), it helps illustrate how the theory can be applied beyond the individual psychotherapeutic context. Mapping studies based on LEA may encourage cultural adaptation, design, and improvement of scientifically grounded mental health preventive interventions. Furthermore, expanding such interventions may benefit individuals who do not access conventional psychotherapy, whether due to financial issues or resistance, offering short-term and low-cost services to support those experiencing psychological suffering.

Considering the foregoing, this study was guided by the following research question: How is LEA being used in interventions aimed at suicide prevention, reduction of depressive symptoms, prevention of existential vacuum, and promotion of meaning in life? Therefore, the objective was to describe and analyze the degree of theoretical and methodological depth of interventions that use LEA for the promotion of meaning in life, prevention of existential vacuum, suicide prevention, or reduction of depressive symptoms.

Method

A scoping review was conducted to identify all relevant literature, regardless of the study design, a characteristic of this type of review (Arksey & O'Malley, 2005; Tricco et al., 2018). The six stages of Colquhoun et al. (2014) for scoping reviews were followed: 1) formulating the research question; 2) consulting subject matter experts; 3) identifying and searching for relevant studies in scientific databases; 4) building a database and selecting relevant studies; 5) building a structure to group the data; 6) collecting, summarizing, and reporting the data. Given the nature of the study, experts were consulted at the beginning of the research, along with the search in electronic databases, instead of being consulted at the end, as proposed by the authors previously cited.

The search for relevant studies was conducted in the Pubmed and Scielo databases, using the following search terms in English, Spanish, and Portuguese: "meaning of life", "existential void", "logotherapy", "suicide", "suicide prevention", "logo-autobiography", "depression". The following search strategy was used: (meaning of life OR meaning of life OR sentido de la vida) OR (existential void OR existencial void OR vacío existencial) OR (logotherapy AND suicide OR logotherapy AND suicide OR logoterapia AND suicidio) OR (suicide prevention OR suicide prevention OR prevención del suicidio) OR (depression OR depression OR depresión) OR (depressed OR depressed OR deprimido) OR (logo-autobiography OR logo-autobiography OR logo-autobiografía). The complete database is available upon request to the authors of this research. No time or language limits were applied to the searches.

During the expert consultation phase, a communication was sent to the 144 institutes distributed across 45 countries, with email addresses available on the Viktor Frankl Institute website (<https://www.viktorfrankl.org/>). The communication was sent on November 18, 2021, and was written in English, Spanish, and Portuguese. It requested that the institutes indicate suicide prevention interventions that used Existential Analysis of Life (LAE) as a theoretical basis. Some experts suggested that the question also be raised in the Facebook groups "Logotherapy - The Third

Viennese School of Psychotherapy” and “Viktor E. Frankl - Logotherapy & Existential Analysis,” which have members from various countries. This suggestion was accepted and implemented by the research team on November 22, 2021. Two researchers with relevant scientific output on the subject were also consulted via email.

Inclusion criteria for the material and selection process of the studies

The inclusion criteria, both for publications suggested by experts and those found in databases, were: a) articles that report interventions that used LAE as a basic theory or in some component of the intervention, with the outcome being the promotion of the search for meaning in life or prevention of existential emptiness or reduction of depressive symptoms or suicide prevention; b) articles with full text available; c) articles written in English, Spanish, or Portuguese.

In the database search stages, 406 publications were identified, distributed in the databases as follows: Pubmed (385) and Scielo (21). The databases were searched from their respective start dates until November 30, 2021. After reading the title and abstracts of the articles, and applying inclusion criteria, 289 studies were discarded and 40 studies were retained for full-text analysis. After analyzing the full text, studies that did not use LAE as a theoretical basis or in components of the intervention were eliminated, totaling 11 studies included in this scoping review. The main reasons for exclusion were: the study presented clinical, epidemiological, or instrument validation research (64.7%), the study was not based on LAE (12.5%), the study was theoretical (8.8%), the study was a literature review (6.4%). Two reviewers worked independently on the review of the database. The agreement rate was 99%. Disagreements were resolved through debate and consensus.

The consultation with experts returned 34 responses (17 by email and 17 in Facebook groups). In only 10 responses was some type of material suggested on the topic. These were videos of lectures, event websites, courses, blog posts, books, theses, articles (the complete list can be obtained by requesting it from the first author). After applying the inclusion criteria, only 1 suggested material was included. The scoping review included a sample of 12 publications. Figure 1 shows the search flowchart.

Data Collection Procedures

In all included articles, two independent reviewers used Excel spreadsheets to extract and categorize the data. A test was conducted with the first 10 selected articles. All chosen studies were organized by theme: spatio-temporal (year and country of publication), theory (combination of theories, constructs of LAE, techniques used), methodological (design, outcome variables, measurement instruments, sample size, results, target audience involvement) and structural (target audience, context, number of meetings, duration of meetings, periodicity, modality and delivery channel, number of participants in the groups, age of participants).

Information on the theoretical basis of the intervention and techniques used was extracted only if explicitly mentioned in the intervention abstract or in the session description. This information was not extracted if it was mentioned in the article introduction but was not in the intervention description, stating that it was used in the program. The information on the measuring instruments used took into account the geographical diversity of the pu-

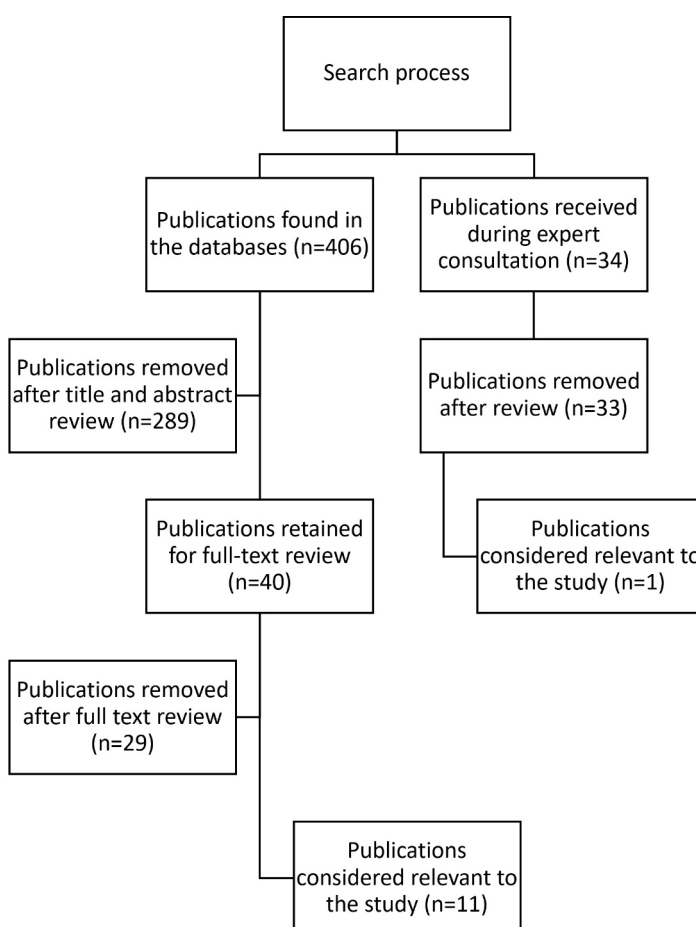


Figure 1
Prisma Flowchart (literature search and consultation with experts).



blications, so that the same instrument used in different countries was recorded only once, despite the difference in nomenclature.

Analysis Procedures

The analysis was conducted using the narrative and descriptive analytical review method (Colquhoun et al., 2014). A geographical location analysis of the studies was performed using a heat map, and three analytical frameworks were constructed to provide an overview of the breadth of the literature. The analysis of the structure of the interventions was based on the criteria of evidence of efficacy, effectiveness, and dissemination of the Society of Prevention Research – SPR (Gottfredson et al., 2015) and the theoretical framework of Prevention Science (Atkins et al., 2017; Eldredge et al., 2016; Michie et al., 2011; Wallerstein et al., 2017).

The analysis of the theoretical depth of the articles was based on the fundamentals of Logotherapy and Existential Analysis. Interventions with high theoretical depth were considered to be those that explicitly mentioned the central constructs of Logotherapy (freedom of will, will to meaning, attitudinal, experiential and creative values, among others) and used techniques developed by Viktor Frankl and Elisabeth Lukas. Interventions that cited Logotherapy without indicating the use of specific techniques or without detailed theoretical foundation were classified as having low theoretical depth.

The analysis of the methodological depth of the articles was based on the criteria of the Society of Prevention Research – SPR (Gottfredson et al., 2015) and the theoretical framework of Prevention Science (Atkins et al., 2017; Eldredge et al., 2016; Michie et al., 2011; Wallerstein et al., 2017). Interventions that used randomized or quasi-experimental clinical trials were considered methodologically rigorous. Interventions that used designs without a control group or without long-term evaluation were categorized as methodologically limited.

Results

The study's documentary base consisted of 12 studies (10 in English and 2 in Portuguese), published between 2008 and 2021. They were published in 6 countries: Brazil (n = 2), Canada (n = 1), South Korea (n = 4), United States of America (n = 2), Iran (n = 3), and Taiwan (n = 1). From a theoretical point of view, most studies (n = 8) used only LAE as a basic theory. And 4 articles combined LAE with other theories, with the grief intervention proposed by Lichtenthal et al. (2019), using attachment theory and the cognitive attachment model of prolonged grief, and interventions that made use of logo-autobiography (see Table 1). The most frequently used constructs of the theory were: values (attitudinal, experiential, and creative), self-transcendence, freedom, meaning of death, and meaning of life (see Table 2). Among the most used techniques are autobiography writing, psychoeducational tasks, dereflection, Socratic dialogue, paradoxical intention, bibliotherapy (reading and discussion of fables, poems, etc.) and the construction of a life project, detailed in Table 2.

From a methodological point of view, most studies (n = 8) used a quasi-experimental design. Regarding outcome variables, the interventions sought to promote the search for meaning in life (n = 7), prevent existential emptiness (n = 1), prevent suicide (n = 1) and reduce depressive symptoms (n = 11). Some interventions (n = 4) sought to promote the search for meaning in life and reduce depressive symptoms concomitantly. These interventions did not mention whether a health service was available if the participant needed individual psychotherapy and/or psychiatric follow-up due to the lack of reduction of symptoms via intervention or the severity of the same.

Most interventions that had the promotion of the search for meaning in life as an outcome variable used the Purpose in Life (PIL) test. This is a test that measures the perception of the meaning of life and is culturally adapted in several different countries. In cases where the outcome was to reduce symptoms of depression and anxiety, the Beck scales were the most used (Beck Depression Inventory - BDI, Beck Anxiety Inventory - BAI), although not exclusively.

The sample sizes ranged from 3 to 48 subjects (average of 34.2 subjects). Most interventions were effective in the outcome variables assessed. Only 2 interventions did not show a significant effect on symptoms of anxiety and distress. The interventions (n = 10) did not involve the target audience, but 2 programs conducted a pilot study before implementation and 1 conducted trials to evaluate and refine the treatment through active feedback. The studies did not involve stakeholders (potential users of the intervention, health professionals, managers) in the intervention design. All the studies screened conducted a partial efficacy assessment, since, using the criteria of Gottfredson et al. (2015), it was observed that 5 studies did not perform long-term follow-up, and 1 study did not use multiple measures. No assessments of effectiveness and cost-effectiveness were found. No study measured potential side effects or iatrogenic effects. Table 1 summarizes the main methodological information of the studies.

In some studies, the relationship between theory and technique is not explicit. In 2 studies, the authors use the term attitude modulation, without, however, citing Elisabeth Lukas (1990) who coined the term. Kim & Choi (2020) state that attitude modulation occurs through Socratic dialogue, citing the book "The doctor and the soul: from psychotherapy to logotherapy", by Frankl (1986). And Delavari et al. (2014) claim to use the attitude modulation technique in one of the meetings, citing Frankl's book "Man's Search for Meaning" (1967). In both books, Frankl discusses the importance of attitude towards suffering or situations beyond one's control, but does not mention attitude mo-



Table 1
Methodological information from studies

	Aquino et al., 2011	Bahar et al., 2021	Kim et al., 2020
Outline	Quasi-experimental	Quasi-experimental	Quasi-experimental
Outcome variables	Existential emptiness	Death anxiety, hope, depression, and adherence to medication treatment.	depressive symptoms
Sample size	33 subjects	40 subjects	44 subjects
Results	Reduction of existential despair and existential emptiness, and increase in existential fulfillment.	Reducing anxiety about death and depression, using appropriate medication to control glucose, and increasing hope.	Significant effects were observed on purpose in life, depressive symptoms, self-esteem, and quality of life; however, no significant effect was observed on anxiety symptoms.
Target audience engagement	There was no	There was no	Pilot test and review by three experts.
	Sun et al., 2019	Delavari et al., 2014	Heisel et al., 2020
Outline	quasi-experimental	randomized clinical trial	quasi-experimental
Outcome variables	suffering, depression and demoralization	anxiety and depression	to improve psychological resilience and prevent the onset or exacerbation of suicidal ideation.
Sample size	64 subjects	30 subjects	30 subjects
Results	Improvements in depression, improvement related to loss of meaning, dysphoria, discouragement, helplessness, feelings of failure and demoralization. No significant effect on distress.	reduction of anxiety and depression levels	Greater focus on finding meaning in life, increased psychological well-being and life satisfaction, satisfaction with retirement, and overall health ratings. Decreased suicidal ideation, hopelessness, and self-rated loneliness.
Target audience engagement	There was no	There was no	There was no
	Robatmili et al., 2015	Cho et al., 2021	Cho, 2008
Outline	randomized clinical trial	quasi-experimental	quasi-experimental
Outcome variables	to improve the sense of meaning in life and reduce levels of depression.	to reduce stress and depression and help them find meaning in their lives.	Meaning of life, somatization, interpersonal sensitivity, depression, hostility, anxiety
Sample size	20 subjects	48 subjects	40 subjects
Results	reduction of depression levels and an increased sense of meaning in life.	Lower levels of stress and depression, and higher levels of meaning in life.	Increased perception of meaning in life and decreased somatization, interpersonal sensitivity, depression, hostility, and anxiety.
Target audience engagement	There was no	Pilot test with 3 individuals from this target audience.	There was no
	Cho et al., 2013	Lichtenthal, 2019	Bridges, 2019
Outline	quasi-experimental	case studies	case studies
Outcome variables	Meaning of life and depression	Sense of meaning and symptoms of prolonged bereavement disorder (PBD) in parents. Depression, hopelessness, anxiety, ongoing attachments, attachment dimensions, positive and negative affect, and health-related quality of life (secondary outcomes).	meaning of life
Sample size	40 subjects	19 subjects	3 subjects
Results	Increased perception of the meaning of life and reduction of depressive symptoms.	Longitudinal post-intervention improvements in prolonged grief, sense of meaning, depression, hopelessness, continued bonding with their child, post-traumatic growth, positive affect, and various health-related quality of life domains.	increased perception of the meaning of life
Target audience engagement	There was no	Two open-label trials were conducted with a small sample size to evaluate and refine the treatment through active participant feedback.	There was no

dulation as a technique. Something similar occurs in 3 studies (Aquino et al., 2011; Delavari et al.; 2014, Kim & Choi, 2020) where the authors mention the techniques of paradoxical intention and dereflection, without relating them to their theoretical and anthropological foundation, which is the capacity for self-distancing and self-transcendence of the human being, respectively (Frankl, 2016). The use of autobiography is reported in 3 studies using the term logo-autobiography. In one of them, the authors state that, in 2008, Sunhee Choo “modified conventional logotherapy with a guided autobiography program and then integrated the two programs into a logo-autobiography” (Cho et al., 2013, p. 34). However, although autobiography is a literary genre and a technique used in various fields of knowledge, it was first proposed for use in logotherapy by Elisabeth Lukas (1998). These misunderstandings may have occurred due to the lack of translation of Elisabeth Lukas's books into English in previous decades and the non-publication of articles, hindering the dissemination of her ideas in other countries.



Table 2
Constructs and techniques of Logotherapy that were used in the interventions

	A1	A2	A3	A4	A5	A6	A7	A8	A9	A10	A11	A12
Constructs of theory												
Freedom of will, will to meaning, and meaning of life.	x		x								x	
Values: attitudinal, experiential, and creative		x	x	x	x	x	x	x	x	x	x	
Self-distancing												x
Self-transcendence	x	x	x			x		x				x
Conscience		x										x
Responsibility	x	x			x							
Freedom	x	x			x		x					x
It ought to be												x
Becoming	x											
Courage												x
Conformity and totalitarianism	x											
The meaning of death		x			x				x		x	
Meaning of life						x				x	x	x
Supersense	x											
Tragic Triad: Pain/suffering, guilt, and death.						x						
Uplifting triad: optimism/hope, gratitude, and joy.						x						
Techniques used												
reflection			x									
Socratic dialogue	x		x									
paradoxical intention			x									
modulation of attitudes			x									
autobiography								x	x	x		x
psychoeducational tasks (homework)		x					x				x	
bibliotherapy	x											x
building a life project	x											x
elicitation techniques					x							
values awareness technique							x					
improvisation												x
individualization												x
expression of expected anxiety					x							

Note: A1 = Aquino et al., 2011; A2 = Bahar et al., 2021; A3 = Kim et al., 2020; A4 = Sun et al., 2019; A5 = Delavari, 2014; A6 = Heisel et al., 2020; A7 = Robatmili, 2015; A8 = Cho et al., 2021; A9 = Cho, 2008; A10 = Cho et al., 2013; A11 = Lichtenthal, 2019; A12 = Pontes, 2019.

In other situations, a combined use of LAE with other theories has been observed. In one study, the authors mention the Reciprocal Path of Meaning-Making Theory (Lichtenthal et al., 2019), created from qualitative interviews conducted with parents bereaved by cancer, which blends LAE with theories about grief and Park's (2010) integrated model of meaning-making, based on the assumption that meaning has a reciprocal and dynamic movement (Lichtenthal et al., 2015). In another study, the authors state that "LAE is a meaning-centered approach to psychotherapy; it is compatible with cognitive-behavioral therapy" (Bahar et al., 2021, p. 2) and cite studies based on Cognitive-Behavioral Therapy (CBT) and Acceptance and Commitment Therapy (ACT), but did not report whether they used concepts or techniques from these theories in the intervention. In another study, the authors (Delavari et al., 2014) do not report using more than one theoretical approach, but in the description of the sessions, they report having used the expression of expected anxiety, a technique from Reverse Psychology, without, however, citing the source. This technique is not known in LAE.

Undoubtedly, LAE was conceived as a complementary psychotherapy system open to the contribution of other perspectives. In this vein, Pacciolla (2024) suggested the possibility of a perspective called existential cognitivism, an approach that aims to understand the patient's self-direction and their interpretation of reality, as well as to delve into the meaning of the symptom and the meaning of life. Thus, it can unveil not only cognitive and affective dissonances, but above all existential dissonances.

From a structural point of view, the target audience for the interventions was heterogeneous, comprising adolescents and young adults (high school and university students), adults with clinical conditions (wives of alcoholics, mothers of children with cancer, patients with breast and gynecological cancer, diabetic patients



with depression, parents who lost a child to cancer, people living with HIV, immigrant women), and older adults (older adults with depressive symptoms without suicidal ideation, retired men or those considering retirement). The interventions were delivered in schools, universities, hospitals, health clinics, and community centers. The age of the participants ranged from 14 to 70 years. The number of meetings ranged from 4 to 16 (average of 9.1), lasting from 60 to 120 minutes (average of 81.2), and with a frequency of once every two weeks to twice a week (average of 1.2). The number of participants in the interventions ranged from 3 to 34 individuals. Most interventions (n=10) were delivered in person, and two were delivered in a hybrid format, combining in-person and telephone sessions, and in-person and videoconference sessions. The latter assessed symptom improvement and the therapeutic alliance in both in-person and videoconference sessions, finding similar results and indicating that delivery via virtual channels can be effective (Lichtenthal et al., 2019). Table 3 presents the summarized information above. Given the diversity of studies in terms of target audience and outcome variables, a direct comparison between them was not possible.

Table 3
Characteristics of the structure of the studies

	Aquino 2011	Bahar 2021	Kim, 2020
Target audience	high school students	diabetic patients with depression	elderly people with depressive symptoms but without suicidal ideation
Context	public school	It doesn't specify, but it appears to have been at the hospital.	Senior center
Number of meetings	15 meetings	10 meetings	8 meetings
Duration of meetings	45 minutes	90 minutes	90 minutes
Frequency	2 per week	1 per week	2 per week
Delivery method	In a group	In a group	In a group
Delivery channel	In person	In person	In person
Number of participants	15 in GE and 18 in GC	20 in GE and 20 in GC	23 in GE and 21 in GC
Age	14 to 18 years old	20 to 70 years old	average age 77 years
	Sun 2019	Delavari, 2014	Heisel, 2020
Target audience	patients with breast and gynecological cancer	mothers of children with cancer	Retired men or men thinking about retiring.
Context	hospital	does not inform	Community center
Number of meetings	4 to 6 meetings	9 meetings	12 meetings
Duration of meetings	60 minutes	90 minutes	90 to 120 minutes
Frequency	bi-weekly	1 per week	1 per week
Delivery method	Individual	In a group	In a group
Delivery channel	In person and by phone (if necessary)	In person	In person
Number of participants	34 in GE and 30 in GC	15 in GE and 15 in GC	10 in each group
Age	average age 53 years	20 to 45 years old	55 to 70 years old (average of 63.7)
	Robatmili, 2015	Cho, 2021	Cho, 2008
Target audience	university students	university students	wives of alcoholics
Context	does not inform	At the university	Alcohol counseling centers
Number of meetings	10 meetings	6 meetings	6 meetings
Duration of meetings	60 minutes	90 minutes	120 minutes
Frequency	1 per week	1 per week	1 per week
Delivery method	In a group	In a group	In a group
Delivery channel	In person	In person	In person
Number of participants	10 in GE and 10 in GC	22 in GE and 26 in GC	19 in GE and 21 in GC
Age	does not inform	average age of 21.54 years (SD 2.84)	average age 46.28 years
	Cho, 2013	Lichtenthal, 2019	Bridges, 2019
Target audience	Korean immigrant women living in the USA	parents who lost a child to cancer	people living with HIV
Context	Mental health clinics and a Korean community organization	It does not inform.	hospital workshop room
Number of meetings	6 meetings	16	8
Duration of meetings	60 minutes	60 to 90 minutes	120 minutes
Frequency	Once a week	Once a week	twice a week
Delivery method	In groups and individually (depending on the participant's choice)	in a group	in a group
Delivery channel	In person	in person or via video conference	In person
Number of participants	20 in GE and 20 in GC	11 in the in-person group and 8 in the video conferencing group.	3 participants
Age	The average score was 56.10 in the experimental group and 47.40 in the control group.	36 to 65 years old (average age 49.4 years)	46 to 58 years old



Discussion

The objective of this study was to describe and analyze the degree of theoretical and methodological depth of interventions that use LAE to promote the search for meaning in life, the prevention of existential emptiness, suicide prevention, or the reduction of depressive symptoms. The findings suggest that there is a modest number of studies ($n = 12$), but a growing body of research identifying effective suicide prevention strategies and related outcomes based on LAE. The studies are recent and distributed across several countries.

The studies tracked by this scoping review were published more than half a century after the theory's popularization and outside its country of origin, as no studies were found in Western European countries. This provides clues about the development of the theory, since Frankl's writings began in Austria in 1926 (when he first used the word Logotherapy) and gained notoriety in the 1950s (Aquino, 2020). In Europe, this absence of interventions using LAE may indicate a practice predominantly focused on the neuropsychiatric field, and the need to apply the theory in other contexts (Girmenia et al., 2014). Historical issues may also have influenced recent production in this area. Preventive principles began to be adopted worldwide in the 1970s and 1980s, influenced by the World Health Organization (WHO), gaining more strength in the late 1990s, following the revision of the prevention model by the Institute of Medicine (IOM) (Abreu et al.; 2015, Schneider, 2015).

From a theoretical point of view, some interventions have made use of logo-autobiography (Cho et al., 2013; Cho, 2008; Choo & Jang, 2021). Frankl (1991) considers that the development of the human being unfolds through their biography, which allows Logotherapy to be configured as a form of existential analysis. However, if this technique is used only to analyze the past, only the clarification of being, it would be aligned with Binswanger's *Daseinsanalyse* and Heidegger's thought. For Frankl (1986), it is necessary to analyze becoming, the power to be, the possibilities of being in the world that are found in the area of freedom. Studies that have used logo-autobiography have not proposed to analyze the possibilities of being in the world of the participants, which is why they cannot be considered as based solely on LAE.

The theoretical constructs of LAE that appear most in the interventions are attitudinal, experiential, and creative values, despite the diversity of audiences, outcomes, and geographical contexts. These seem to be the central components of the interventions and the main driving mechanisms of change (Gottfredson et al., 2015). However, 5 interventions do not mention the main techniques of LAE: autobiography, dereflection, Socratic dialogue, paradoxical intention, attitude modulation, which may indicate little emphasis on the technique or a superficial understanding of the theory's fundamentals. Autobiography is a way of conducting existential analysis through the discovery of values and meanings in life within the temporality of the past, present, and future (Lukas, 1998). Dereflection is the technique used to break the vicious cycle of morbid hyperreflexion, directing the patient's gaze towards something or someone beyond themselves, reducing egocentrism (Lukas, 1989); Socratic dialogue, in turn, is used to unveil hidden meanings and values in situations through questions directed at consciousness (Lukas, 1989); Paradoxical intention, on the other hand, involves the inversion of intention by making the person desire what they fear, mobilizing self-distancing through humor (Frankl, 1991); finally, attitude modulation aims to work on the inner posture of the human being towards something positive or negative through the activation of the will to meaning (Lukas, 1989). In general, LAE positions technique as a means to an end, to access and awaken human phenomena. Thus, techniques are a means to access the healthy dimension of the human being, the person behind the pathology.

From a methodological point of view, the outcome variables were heterogeneous, the studies made a partial assessment of effectiveness, and stakeholder involvement was almost nonexistent. In five interventions, the outcome variables combined promoting the search for meaning in life and reducing symptoms of depression, which, from the perspective of Prevention Science (Abreu, 2015), would address health promotion and secondary prevention, or early treatment. However, from the perspective of LAE, it would be an indicated type of prevention, since it acts with those who already have an established existential void and already present suicidal symptoms, albeit in a mild form, considering the integrality of the human being (Aquino et al., 2021).

The review found only one intervention in which suicide prevention is one of the outcomes. And another, despite focusing on reducing stress and depression and promoting the search for meaning in life, states that it can be used as a prevention strategy, increasing participants' perception of the meaning of life (Choo, 2021). Similar results were found in the review by Cecchin et al. (2022), which sought interventions for suicide prevention among university students and found no programs based on LAE. This data demonstrates a certain contradiction, since LAE practically emerged from suicide prevention in the 1920s. This was Frankl's main interest, which led him to develop theory. And, currently, this is not actually being concretely worked on. The difficulty in measuring this outcome may be one of the causes. Especially when suicide prevention is considered a distal outcome, and not a proximal outcome. Prevention work at a universal and selective level should be aimed at individuals without suicidal ideation, acting on risk factors related to depression and anxiety (Bertolote, 2002).

On the other hand, the review identified a small number of studies conducted in the form of randomized clinical trials (RCTs), which impacts the robustness of the findings (Gottfredson et al., 2015). Most of the included studies used quasi-experimental designs, reflecting common challenges in psychological intervention research, especially in clinical, community, and educational settings.

The implementation of RCTs in this field faces practical and ethical obstacles. Complete randomization can be difficult due to resistance from participants and institutions to accept random allocation to control



groups that do not receive the intervention. Furthermore, in many contexts, such as hospitals and support groups, depriving individuals of a potentially beneficial intervention raises ethical concerns. The personalized nature of Logotherapy and Existential Analysis (LAE)-based interventions also presents a challenge to the standardization required in rigorous trials.

The absence of RCTs reduces the ability to establish strong causal relationships between interventions and assessed outcomes (Gottfredson et al., 2015). This can compromise the generalizability of findings, since contextual factors, such as cultural and institutional differences, can influence results (Wallerstein et al., 2017). Alternatively, future studies could adopt hybrid designs, combining experimental and evaluative methods to overcome some of these limitations. Cluster randomization and pragmatic clinical trials can offer more robust evidence without compromising the feasibility of the research.

In addition, no study involved stakeholders in the intervention design. Several theories that guide the design of interventions recommend that stakeholders participate throughout the entire design process, from problem formulation and needs assessment to defining the elements that will make up the program (Atkins et al., 2017; Eldredge et al., 2016; Michie et al., 2011; Wallerstein et al., 2017). The synergy of efforts between researchers and stakeholders contributes to greater use of available resources and increased partnerships, strengthening medium-term results and increasing the chances of maintaining the intervention over time.

From a structural point of view, the target audience and delivery channels are points to be observed. The interventions were designed for heterogeneous audiences, aiming to assist with the challenges of each developmental stage. Interventions focused on assisting and treating people with chronic diseases (diabetes, cancer, HIV) and their families prevailed. The review by Girmenia et al. (2014) also found similar results. These findings may be influenced by one of the databases consulted in this study, since PubMed is focused on international biomedical scientific literature. However, these results may also indicate an expansion of LAE to the broader health context. It is being used in situations where the human being is in a state of severe suffering and faces existential questions, enabling the humanization of care and psychological and spiritual support in situations where medical sciences cannot provide answers (Girmenia et al., 2014).

Among the gaps in the literature identified through the review is the absence of effectiveness and cost-effectiveness assessments, since all the studies screened proceeded with a partial assessment of effectiveness. Thus, more studies are needed to measure the lasting effect of the interventions and to recommend their widespread dissemination. Another gap is the absence of assessment of potential side effects or iatrogenic effects of the interventions. For an intervention to be considered effective, there should be no serious negative (iatrogenic) effects on important outcomes (Gottfredson et al., 2015), however, to make this claim, these effects must be observed and measured.

Among the limitations of this study are the reduced number of databases consulted. In addition, the use of search terms in English, Spanish and Portuguese may have limited the results. In future studies, it is recommended to include other relevant databases in the area of Psychology and mental health, such as PsycINFO, Web of Science and Embase. The results suggest some avenues for further research in the area, and for it to be expanded, standardization of methodological issues is necessary in five aspects. The first aspect concerns conducting more rigorous experimental studies, using randomized controlled trials (RCTs) or hybrid designs, combining experimental and evaluative methods. In contexts where individual randomization may be unfeasible, cluster randomization can be an alternative, allocating entire groups (such as school classes or hospital units) to different experimental conditions. To evaluate the effectiveness of interventions in real-world settings, the adoption of pragmatic RCTs is suggested, allowing for flexibility in implementation and greater representativeness of participants. In cases where a control group without intervention may be ethically problematic, the adoption of waitlist groups, treatment as usual, or comparisons between different intervention formats (in-person versus online) is suggested.

The second aspect relates to the use of the same instrument for measuring an outcome. For example, in the case of the outcome meaning of life, the use of the PIL test is recommended, since it has been validated in several countries. Efforts to standardize the use of measurement instruments could facilitate the comparison between data from different interventions and the conduct of systematic reviews and meta-analyses, with which Girmenia et al. (2014) agree.

The third point indicates that studies should conduct long-term evaluations (follow-up) to assess whether the effects are maintained over time. In addition to providing periodic reinforcement sessions to assist in maintaining and improving the effects.

The fourth aspect suggests conducting feasibility and acceptability assessments of the interventions, evaluating issues such as the therapeutic alliance and gathering suggestions from participants on how to improve the intervention.

The fifth indicates conducting studies with larger samples, allowing for effectiveness and cost-effectiveness assessments. Furthermore, involving stakeholders, such as health professionals, educators, and managers, in the planning of interventions can increase the applicability of the findings and participant adherence. All these precautions can strengthen the evidence on the impact of LAE in promoting the search for meaning in life, preventing existential emptiness and suicide, and reducing depressive symptoms.

Regarding interventions that combined LAE with other approaches, Frankl's (1989) stance on the subject is recalled: "as for logotherapy, I myself am one who has always taught that it is not a panacea, and therefore it is open to cooperation with other psychotherapeutic methods and is open to its own evolution" (p. 10). However, he recom-



mends "great care, however, so that eclecticism does not degenerate into syncretism" (Frankl, 1978, p. 201). Thus, two strategies are suggested to broaden the theoretical adequacy of the interventions. First, the formation of a team for the design of the intervention. In general, professionals and researchers are specialists in a field. In a team, each member can share knowledge according to their theoretical and technical expertise, ensuring the well-founded use of each theory. Secondly, the adoption of explicit honesty regarding the points of convergence and divergence between the theories used in the intervention, if and what choices were made and under what justification. This can contribute to the legitimacy and adoption of the study by other researchers and/or professionals.

LAE understands that human beings are complex and that only one point of view or theoretical approach may not be sufficient to explain and intervene in some phenomena. However, it is necessary to realize that theoretical approaches are based on epistemological positions that may diverge in some aspects, hence the importance of the intellectual honesty of researchers. Future studies can evaluate the acceptability and credibility of interventions that make use of more than one theoretical approach, and the implications of this combined use in the scientific and social environment.

In other literature reviews, it is suggested to consult more databases and use the terms "Meaning-Centered Grief Therapy (MCGT)" and "Meaning-Centered Psychotherapy (MCP)" in the search strategy to locate more studies. These terms were found in some studies during the database review process and seem to name interventions based on LAE in some countries around the world.

From a structural point of view, it is suggested that future studies offer online intervention programs, increasing the audience served and promoting continuous and autonomous participation. From a theoretical point of view, it is suggested that the authors present the rationale for the techniques used, making it explicit whether there was a combination of psychological approaches.

In terms of implications for practice, it is suggested that there should be greater dialogue between Logotherapy institutes and scientific publications. Since the studies tracked by this scoping review come from 6 countries that have Logotherapy institutes, and these interventions were not mentioned in consultation with them, it would be interesting to have a platform that brings together not only books but also scientific articles.

In summary, interventions to promote the search for meaning in life, the prevention of existential emptiness, suicide prevention, or the reduction of depressive symptoms demonstrated a satisfactory degree of theoretical depth in LAE, presenting the main constructs and techniques used. In methodological terms, there is still much to be done, because a large part of the interventions do not use randomized clinical trials, which is the design that offers the best scientific evidence.

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Recebido em 15.12.2024 – Primeira Decisão Editorial em 18.02.2025 – Aceito em 02.05.2025