

Corrective Experience of Values and Existential Fulfillment

in a course of short-term psychodynamic group psychotherapy

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The aim of the study was to evaluate the relations among (1) corrective experience of values defined as a justification for a given manner of behavior, reflection and feeling that enables the implementation of prior unrealizable values; (2) enhancement of the sense of existential fulfillment and; (3) change of symptoms intensity, during a three-month-long treatment composed of group psychotherapy and pharmacotherapy in a day unit setting.

38 patients with neurotic disorders, personality disorders, dysthymia and mild episodes of depression took part in the study. Measures applied included: Kokoszka's Corrective Experience of Values Scale, Existence Scale and Aleksandrowicz's Symptoms Check List. The results indicated a statistically significant: (1) increase in the ability to experience values and; (2) an increase in the sense of existential fulfillment with a simultaneous reduction of symptoms. The ability to experience values and the sense of existential fulfillment showed a strong positive correlation before entering a course of psychotherapy and after its completion. Furthermore, connections were observed between changes in the scope of the sense of existential fulfillment and the ability to experience values.

Key words: *existential fulfillment, experience of values, psychotherapeutic factors*

Das Ziel der Studie war eine Evaluation zwischen (1) korrigierender Werterfahrung, die als Rechtfertigung für bestimmtes Verhalten definiert war, Reflexion und Gefühl, die die Umsetzung von zuvor nicht verwirklichtbaren Werten ermöglichen, (2) Verstärkung eines Gefühls existenzieller Erfüllung und (3) Veränderung der Symptomintensität während einer dreimonatigen Behandlung in Gruppenpsychotherapie und Pharmacootherapie in einem Setting von Tageseinheiten.

38 Patienten mit neurotischen Störungen, Persönlichkeitsstörungen, Dysthymia und Episoden leichter Depression nahmen an der Studie teil. Die angewandten Maßnahmen umfassten: Kokoszkas korrigierende Wert erfahrungs-Skala, die existenzielle Skala und die Symptom-Checkliste von Aleksandrowicz. Die Resultate ergaben statistisch signifikante: (1) Steigerung in der Fähigkeit zur Wert erfahrung und (2) Steigerung des Gefühls existenzieller Erfüllung mit gleichzeitiger Verminderung der Symptome. Die Fähigkeit zur Wert erfahrung und das Gefühl existenzieller Erfüllung zeigten eine starke, positive Korrelation vor dem Beginn der Psychotherapie und nach ihrem Abschluss. Darüber hinaus wurden Verbindungen beobachtet zwischen Veränderungen im Ausmaß sowohl des Empfindens existenzieller Erfüllung als auch der Fähigkeit zur Wert erfahrung.

Schlüsselwörter: *existenzieller Erfüllung, Fähigkeit zur Wert erfahrung, psychotherapeutische Faktoren*

Introduction

In the current age of medical research, with its concentration on empirical facts, the efficiency of therapeutic methods tends to be measured by the intensity of symptoms. Cultural transformations, however, have meant an increase

in the attention being paid to the quality of a patient's life, especially in cases of lingering illness. The question of the meaning of life and values are often felt to be the domain of the patients' private choices and one in which therapists should not interfere. However, the manner in which a patient experiences the meaning of life and values constitute

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psychological issues that in turn are connected to mental disease and subsequent treatment. Given this situation, the relatively few researchers that are dealing with mental health problems from this perspective tend to develop their ideas independently. Therefore, an exchange of findings, including the evaluation of relations existing between these issues, is at a stage of great need. There is a significant need to fully understand the influence the existential sphere has on the development and treatment of pathological symptoms.

The aim of this paper is to briefly summarize Andrzej Kokoszka's idea of the corrective experience of values and Alfred Längle's Existential Analysis and compare changes in the way patients experience values and a sense of existential fulfillment.

The concept of corrective experience of values

Andrzej Kokoszka formulated the concept of corrective experience of values based on the views of the prominent Polish psychiatrist Antoni Kępiński and philosopher Józef Tischner (Kokoszka 2000). Antoni Kępiński, considered a founder of an axiological psychiatry, recognized that psychiatric disturbances were the result of a disruption in the order of values (the axiological order). He considered transitions in the manner in which patients experience themselves, others and the surrounding world, as changes that were possible to achieve during psychotherapy. According to Kokoszka's (1996, 1999) analysis, these experiential changes may occur in a relationship with another individual.

On the one hand, the therapist helps the patients recognize, understand and work through the experiences they have of themselves, of others and of the surrounding world by analyzing pathological schemas which have formed in the past and which the patient unconsciously displays in the presence of the therapist through a process of transference.

On the other hand, by upholding a certain attitude, a therapist can also help a patient to open up to experiencing values that confer a meaning to life. These experiences are inherent in every individual and become inaccessible only as a result of disturbances in functioning. For example, experiencing values that enable a patient to discover a meaning to life can be accessed through therapy, as well as the reduction of difficult or unbearable emotions that are tied to certain memories or conflicts.

A therapist should:

- On the one hand, remain relatively neutral and not burden the patient with personal issues;
- Simultaneously however, a therapist should be aware that the therapeutic method being used could be limited in its knowledge on the topic of human nature. Acknowledging this, a therapist should be open to the novelty and spontaneity present in their contact with every patient, even if it should mean the necessity of questioning profound personal beliefs.

This type of demeanour on the part of the therapist is parallel to the attitude expected of the patient; it „allows the

other individual to be“, it enables „the encounter with another person“ and fosters the building of bonds. In other words, the therapist should be: a good craftsman with the skillful ability to use and modify psychotherapy; a researcher open to recognizing new information and ready to verify their own views and outlooks; and most importantly, a therapist should be a person sensitive to the other individual's (the patient's) experiences.

To understand the experiences connected with regaining a sense of personal meaning in one's life and satisfaction from accomplishing values, Tischner's phenomenological analysis is helpful (1977, 1982). Tischner depicts two kinds of experiencing values: the agatological experience which allows a person to discover what is good and what is bad and the axiological experience which projects outward. Feelings of hope, strength and a „sense of reality“ in this latter category convey values that may be accomplished by the patient and stem from the experience expressed by the phrase: „if you want to, you can“. According to Tischner (1982), meaningful contact with another individual (the philosophy of dialogue refers to this as „encounter phenomenon“) is the source of axiological experience and best expressed by the statement, „I know that you understand me, therefore we are“.

Kokoszka's concept of corrective experience of values resonates with Frank's views concerning „demoralization“ (Kokoszka 1999). The condition of „demoralization“ is characterized by „the feelings of helplessness, social isolation, despair, deterioration of self-esteem and of rejection by others because of failure to meet their expectations“.

In Frank's opinion, the main problem of all patients who seek psychotherapy is demoralization. The effectiveness of all psychotherapeutic schools lies in their ability to restore a patient's morale through „specific“ therapeutic agents.

Corrective experience of value is defined as „an experience that justifies a certain way of behaving, thinking or feeling that initiates the realization of values which had been unavailable to the patient. The corrective axiological experience, however, can be understood as a special case of the corrective experience of values that allows for the attainment of a feeling of personal meaning in the realization of defined values and for regaining a sense of life“. (Kokoszka 2000, 51) Corrective experience of values supplements the therapeutic effect of insight into the symptoms' mechanisms and corrective emotional experience.

The second pilot study (Kokoszka & Curylo 1999) has concentrated on verifying a concept concerning the occurrence of changes in the way a patient experiences values during a course of psychotherapy. Patients asked about the most meaningful experience in the course of disease and therapeutic meetings that had most influences on improvement of the frame of mind, the patients adduce the moment of being ready to undertake action in the direction of executing aims. Their utterances concerning change concentrate on important values, contact with another person and changing the meaning of symptoms (Kokoszka & Curylo 1999). The questionnaire was sent to 56 persons who underwent three

months of intensive psychodynamic group psychotherapy at the daily unit. The main question in the questionnaire was: „During the course of the disease, did you observe such a stage in which symptoms did not disappear, but their meaning for you changed; as a result of which the symptoms had become less burdensome? If such a situation did occur, please write about these changes and the situation in which they occurred“. 20 (36 %) subjects replied; 11 women and 9 men of age ranged 21-51.

The descriptions of experiences supporting the concept of the corrective axiological experience were delivered by most of the subjects (12/14) who reached symptom relief after treatment and by no one from the group of 6 persons who reported a lack of improvement after the treatment.

Some of the descriptions are the following:

1. I understood then, that my neurotic symptoms, which were accompanying me, had helped me with the many responsibilities in my life. I decided that that I would take life into my own hands and that I would live my life according to my own rules.
2. Some symptoms remained, but I simply do not care about them; over most of them I have no influence. I do not have to try to be someone who I am not.
3. I changed my attitude towards the disease and towards the world around me – all the time I am trying to accept myself in the situation in which I am.

On the basis of the patients' reports about experiences during psychotherapy that are compatible with the corrective experience of values, Kokoszka constructed a Corrective Experience of Values Scale (CEVS).

It measures the changes in experiencing or the ability to experience values, but not the values themselves or their hierarchical order.

From the studies done on the transitions taking place during psychotherapy (conducted on a group of 60 patients who were attended to at the II Department of Psychiatry of the Medical University of Warsaw), a relevant increase in the results achieved on the Scale was confirmed after psychotherapy was completed. Furthermore, these transitions moderately correlated with the symptoms' improvement measured by the Aleksandrowicz's Symptoms Check List (Kokoszka et al 2003). Studies conducted previously concerning the validity of the Corrective Experience of Values Scale report on a positive correlation with the general result on the PIL – The Purpose in Life Scale. The PIL Questionnaire was constructed on the basis of Logotherapy and measures the appearance of „existential emptiness“ (Crumbaugh & Maholick 1981).

The statistically significant increase of the mean score in CEVS during group psychotherapy in a daily unit setting was found in the previous study (Kokoszka et al 2003). Furthermore, these transitions moderately correlated with the improvement of the symptoms measured by the Aleksandrowicz's Symptoms Check List.

The conditions and methods under which the corrective

experience of values occurs have yet to be clearly identified. Kokoszka (1996, 1999, 2000, 2003, 2004) considers the corrective experience of values to be the third therapeutic factor, the first being the intellectual insight into the mechanisms of certain experiences, followed by a corrective emotional experience concerning the emotions connected with prior traumatic experiences. Corrective changes in experiencing values are connected with a capability for direct action. This is in accordance to the approach that recognizes the extent to which cognitive, emotional and behavioral processes influence the three main aspects of psychological phenomena (Kokoszka 2004).

Existential fulfillment

In the years 1926-1933, Viennese psychiatrist Viktor Frankl (Längle 2003a), introduced Existential Analysis. The foundation of Existential Analysis dealt with the question of the meaning of one's life. While Existential Analysis was considered an anthropological research area, Logotherapy was considered to be its practical side, i.e. a method of treatment (Popielski 1987). Frankl claimed that the search for meaning was one of our basic human needs. If the striving for meaning was unfulfilled, it led to existential frustration (Opoczyńska 1999). The „existential vacuum“, as Frankl called it, was not a pathological phenomenon, yet in certain conditions it might cause „noogenic“ neuroses (Frankl 1978a).

The aim of Logotherapy was to guide a patient toward becoming more responsible for themselves and discovering their personal and unique meaning of existence. While Logotherapy continues to concentrate on the treatment of disorders that deal with meaning, Alfred Längle's contemporary theory of Existential Analysis (EA) is a psychotherapeutic method for treating a wider range of mental illnesses. The core of EA is utilizing the power of decision in order to gain a level of complete existence and fulfillment.

For this purpose Alfred Längle created the Meaning Finding Method (Längle 1988; Längle, Orgler, Kundi 2000) and the Personal Existential Analysis (PEA) (Längle 1993, 2000). He claims that gaining a sense of existential fulfillment is a continuous and active framing of oneself (the creation of personality) and the surrounding reality (Längle 2003a, 2003b) in a four-step process.

Discovering personal meaning in one's life starts with an observation and analysis of the surrounding reality (Längle 1988). An individual then begins to contemplate the possibilities he or she is given by life. At the same time, the individual begins to differentiate those aspects remaining under their personal influence and those that are not. In the second step, objects and events from the surrounding reality are acknowledged by the individual and reach the level of experience. The individual recognizes what effect reality has on them while simultaneously upholding a clear and precise hierarchy of personal values. The choice between possibilities and decision occurs in the third step following an emotional evaluation of the situation. Realizing the most

valuable possibility and taking responsibility for the choices one makes marks the fourth step of the meaning finding process.

The Existence Scale (ES) is a questionnaire based on Frankl's theory and definition of meaning and on Längle's specific method derived from it. As an instrument specifically designed to evaluate noetic dimensions it is based on an exploration of the personal and existential realities of human beings. ES is the only test developed from Logotherapy that measures the dynamics in the process of gaining a sense of existential fulfillment. Both PIL and Logo-Test diagnose the state of the sense of existential fulfillment in a given moment. For this reason it was of interest to see whether ES would turn out to be a tool sensitive enough to pick out transitions in the course of psychotherapy. Studies like these have not been conducted so far. However, it is known that the Existential Scale differentiates between patients with depressive disorders in comparison with the healthy ones (Längle 2003a); therefore Längle points to the need for research in this area. It is Längle's view that gaining a sense of existential fulfillment is possible despite existing disturbances.

Längle's research is one of the few cases where empirical studies are being conducted in existential psychotherapy. Polish enquiries into the subject of the meaning of life were conducted with the use of PIL and Logo-Test and dealt primarily with dependencies between the sense of meaning of life, specific values, certain personality traits and disorders (Popielski 1987).

The aim

1. To verify the hypothesis that phenomena described as corrective experience of values, and an increase in the sense of existential fulfillment, occur in the course of non-conceptual psychotherapy in existential categories.
2. Evaluating the correlations between experiencing values, existential fulfillment and the modification of symptoms.

Materials and method

38 patients participated in the study (25 females and 13 males) ranging in age from 20-47 years ($M=28.34$; $SD=7.60$). The patients underwent a three-month-long treatment composed of group psychotherapy *in a daily unit*. The subjects were asked to fill out the questionnaires before, as well as after psychotherapy.

Kokoszka's Corrective Experience of Values Scale (CEVS) (Kokoszka et al 2003) is a self-rating questionnaire measuring transitions in experiencing or in an ability to experience values (not the values themselves or their hierarchical order). A present state is characterized on a five-notch scale. Obtained results are comprised in the interstice from 22 to 110 points. An increase in the ability to experience values is represented by higher scores. The scale's reliability is .87 of alpha Cronbach. The scale's validity, circumscribed through its correlation with Crumbaugh and Maholick's PIL Scale, amounted to $r(38) = 0.73$.

The results of the studies conducted in the II Department of Psychiatry of the Medical University of Warsaw show that the Corrective Experience of Values Scale is a useful tool for measuring transitions appearing in the course of psychotherapy. It was proven that undergoing psychotherapy was followed by an increase of results on the CEVS form 47.85 ($SD = 2.95$) up to 89.98 ($SD = 6.48$) ($p < 0.001$) (the participants were a group of 60 patients taking part in therapy due to neurotic disorders as well as mild and moderate depressive disorders). The changes showed moderate correlations with the improvement of the symptoms evaluated on the Aleksandrowicz's Questionnaire.

Existence Scale of A. Längle, Ch. Orgler, M. Kundi (translation: Polish-German team of scientists under the guidance of A. Längle and A. Kokoszka) was created on the basis of Frankl's concept of Logotherapy. As an instrument specifically designed to evaluate noetic dimensions it is based on an exploration of the personal and existential realities of human beings (Längle 2003a, 2003b). ES is a self-rating questionnaire with 46 items, evaluated on a six-notch scale, where 1 stands for „strongly agree“ and 6 stands for „strongly disagree“. The ES measures the level of existential fulfillment on 4 subscales:

1. Self-distance (SD) – includes 8 items,
2. Self-transcendence (ST) – includes 14 items,
3. Freedom (F) – includes 11 items,
4. Responsibility (R) – includes 13 items.

A factor analysis allowed a separate Personal Factor. It is dependent on the level of personality development and describes the ability of realistic perception of the surrounding world and is formed by the „self-distance“ and „self-transcendence“ subscales.

The second detected factor is the Existential Factor describing the ability for independent decision making with a consciousness of consequences and is formed by the „freedom“ and „responsibility“ subscales. High scores are evidence of the sense of satisfactory existence, fulfillment and the meaning of life.

Aleksandrowicz's S-II Questionnaire (Aleksandrowicz 2000) measures the intensity or the changes of intensity of the neurotic symptoms, i.e. if and to what extent the symptoms and ailments were onerous within the last week. The questionnaire consists of 85 questions, which are evaluated on a four-notch scale. The general score is estimated on the basis of the sum of points. Values over 165 point to a neurotic disorder. The reliability of the questionnaire is .79 - .90 of alpha Cronbach.

Analysis of Results

The manner of experiencing values was measured with the use of Corrective Experience of Values Scale. High results on the scale signify a high ability to experience values. The sense of the meaning of life was measured by the Existence

Scale and high results represent fulfillment in this particular aspect of the meaning of life. Symptoms' modification was evaluated with the use of Aleksandrowicz's Symptoms Check List (S-II), where high results stand for high intensity of symptoms. The analyses were conducted with the use of a statistical tool - SPSS.

Transitions occurring in the course of psychotherapy

Transitions in the ability to experience values: Analyses of the t-test indicated that participants of the study who had undergone psychotherapy achieved significantly higher results in the Corrective Experience of Values Scale compared with the scores obtained before starting therapy [T(38) = -4.17; p < 0.0001]. Before starting psychotherapy the mean result on the CEV Scale was: M = 66.12; SD = 17.88. After undergoing psychotherapy the result was: M = 79.97; SD = 14.88.

Transitions in the sense of existential fulfillment: Analyses of the t-test indicated that participants of the study, who had undergone psychotherapy achieved significantly higher results on the Existence Scale, compared with the scores obtained before starting therapy [T(38) = -3.96; p < 0.0001]. Before starting psychotherapy the mean result on the ES was: M = 156.86; SD = 45.72. After undergoing psychotherapy the result was: M = 181.00; SD = 34.87.

Symptoms' modification: Analyses of the t-test indicated that participants of the study, who had undergone psychotherapy achieved significantly lower results in the S-II scale, compared with the scores obtained before starting therapy [T(38) = 4.55; p < 0.0001]. Before starting psychotherapy the mean result on the S-II scale was: M = 267.61; SD = 129.62. After undergoing psychotherapy the result was: M = 186.10; SD = 118.09.

	M before therapy	SD before therapy	M after therapy	SD after therapy	T	DF	P
CEV	66.12	17.90	79.97	14.88	-4.17	37	.0001
ES	156.86	45.72	181.00	34.87	-3.96	37	.0001
S-II	267.61	129.63	186.09	118.09	4.55	37	.0001

Table 1: The change (test-t) of mean results on the Corrective Experience of Values Scale (CEVS), Existence Scale (ES) and Symptoms Check List (S-II), survey before and after psychotherapy.

M - mean of the results, SD - standard deviation, T- test results, DF- degrees of freedom, P - probability level

Correlations before and after psychotherapy

The sense of existential fulfillment and the ability and manner of experiencing values: High results on the ES were accompanied by high results on the CEVS [correlation before

psychotherapy: r = 0.71; correlation after psychotherapy: r = 0.77; p < 0.0001].

The ability and manner of experiencing values and the intensity of symptoms: High results on the CEVS were accompanied by low results on the S-II scale [correlation before psychotherapy: r = -0.65; correlation after psychotherapy: r = -0.57; p < 0.001].

The sense of existential fulfillment and the intensity of symptoms: High results on the ES were accompanied by low results on the S-II scale [correlation before psychotherapy: r = -0.77; correlation after psychotherapy: r = -0.62; p < 0.001].

Correlations of transitions in the course of psychotherapy

A transition in the sense of existential fulfillment and the transition in the ability to and manner of experiencing values: Among the participants, a significant and strong positive correlation [r = 0.64; p < 0.001] appeared between the increase in results obtained on the CEVS and the increase in the results gained on the ES, in a course of psychotherapy.

A transition in the ability and manner of experiencing values and the modification of symptoms: Among the participants, a significant and strong negative correlation [r = -0.66; p < 0.001] appeared between the increase in results obtained on the CEVS and the decrease in the results gained on the S-II scale, in a course of psychotherapy.

A transition in the sense of existential fulfillment and the modification of symptoms: Among the participants, a significant negative correlation [r = -0.47; p < 0.05] appeared between the increase in results obtained on the ES and the decrease in the results gained on the S-II scale, in a course of psychotherapy.

	r - before therapy	r - after therapy	r - of changes
S-II			
CEV	-0.65 p=.001	-0.57 p=.001	-0.66 p=.001
CEV			
ES	0.71 p=.0001	0.78 p=.0001	0.64 p=.001
S-II			
ES	-0.77 p=.001	-0.62 p=.001	-0.47 p=.05

Table 2: The relations between results on the Corrective Experience of Values Scale (CEVS), Existence Scale (ES) and Symptoms Check List (S-II) during the course of therapy (correlations - r).

Discussion

During the course of psychotherapy, a significant increase in the scores of the Corrective Experience of Values Scale occurred. This result is compatible with prior findings (Ohl 2001, Kokoszka et al 2003) and indicates that patients undergoing psychotherapy show an increase in the ability to experience values. These transitions were also noticeable in the scope of existential fulfillment expressed. Results on the scale significantly increased after psychotherapy. This was the first time ES was used and the results obtained prove that, as a tool, ES provides a satisfactory measurement of the transitions in psychotherapy. Increases in the ability to experience values and the meaning of life paralleled an expected descent of the symptoms' intensity.

Further, the relationship between the manner in which values were experienced, the sense of existential fulfillment and the modification of symptoms during and after therapy were distinguished. Of significant interest was the fact that the relationship between the ability to experience values and the sense of existential fulfillment was characterized by one of the strongest correlations obtained in the study. It turned out that the correlation between the symptoms' improvement and an enhancement in the sense of existential fulfillment was almost as strong. The correlation between the symptoms' improvement and the ability to experience values was slightly lower.

An increase in the sense of existential fulfillment was accompanied by an increase in experiencing values, whereas lowering of the symptoms' intensity turned out to be related to an increase in the sense of existential fulfillment and the ability to experience values.

The increase in the ability to experience values measured by the Corrective Experience of Values Scale was noticeable in prior research (Ohl 2001, Kokoszka et al 2003). This result is not surprising, given that the scale was created on the basis of the patients' indications about this aspect of transition (in a greater extent than the non-specific factors or the insight). The results reaffirm that the CEVS is valid in measuring transitions in the axiological dimension of therapy. Although the transitions appear relatively fast (in short-term therapy) and are easily gained, a definitive answer as to what agent – the therapy, the therapist or other external factors – may or may not be responsible, remains difficult to ascertain. However, this was not a study on the process or effectiveness of psychotherapy. The aim, rather, was to analyze the relations between experiencing values and the sense of existential fulfillment on the grounds of psychotherapy.

The improvement in the categories of values is accompanied by an improvement in the aspect of sensing the existential fulfillment. Therefore, unblocking the experiencing of values may lead to (although it's difficult to talk about a cause – effect dependency) activating existential fulfillment. Furthermore, it seems important to try and find the location of the convergent points between these two concepts. The concept of experiencing values and Längle's pattern are both set on grounds of humanistic and existential

psychology. In existential psychology an overriding emphasis is given to the realization of meaning „in action“ (Frankl 1978b). According to Längle's model, gaining existential fulfillment is attained in a four-step process, in which implementing the chosen goal is the last step, crowning the act of fulfillment.

A parallel increase in the corrective experience of values and the sense of existential fulfillment can be explained by a point common to both concepts, i.e. referring to „the action“.

How can the results obtained in the Symptoms Check List S-II (in the light of significant improvement in experiencing values and the sense of the meaning of life) be explained? Researchers dealt with the aspect of the meaning of life (existential fulfillment) mainly in the context of differentiating ill individuals from the healthy ones and testing the sense of the meaning of life in different disorders. The scale most frequently used was PIL – a tool capable of diagnosing the lack or presence of the „existential vacuum“ in a given moment. The Existence Scale was used for the first time to observe the transitions occurring in the course of psychotherapy. Längle uses the expression „existential fulfillment“ when talking about the Existence Scale's object of measurement. This understanding of the meaning of life more closely reflects the dynamics of psychotherapy than an analysis of the lack or presence of an existential vacuum. This probably accounts for the increase in the sense of the meaning of life observed in these studies.

The highest correlation observed in the study was between the sense of existential fulfillment and the reduction of symptoms. This relation was strong both before and after psychotherapy. This outcome suggests an inextricable link between the improvement of symptoms and the upswing in the meaning of life. Without penetrating the essence at the core of an individual's sense of the meaning of life, changes in one's sense and experience of the meaning of life are achievable in every psychotherapeutic treatment (not only those treatments of an existential stream). It remains a matter, however, dependent on both the therapist and patient as to whether the transition or reduction of symptoms is possible and attainable during therapy (Czabala 2000).

Conclusions

1. Transitions described as corrective changes in an experience of values and increase of the sense of existential fulfillment occur in the course of intensive short-term psychodynamic psychotherapy. Their intensification is connected with the relief of symptoms.
2. Very strong correlations between the results obtained on the Corrective Experience of Values Scale and the Existence Scale indicate that they explore similar psychological processes.
3. The results confirm an essential role of the existential dimensions, in particular the axiological, within the therapeutic process.

Because of the methodology used in the study - it was not an experiment - we don't know if the observed changes

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were due to the therapeutic component as opposed to non specific factors or other events in patient's life.

Cause and effect relations between the existential state as well as the manner of experiencing values and the change in symptoms' intensity, cannot be ascertained. These issues ought to become a question of further research.

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