

**Published as:** Sym Agnieszka, Wiraszka-Lewandowska Katarzyna, Kokoszka Andrzej  
Corrective Experience of Values and Existential Fulfillment in a course of short-term  
psychodynamic group psychotherapy. *Existenzanalyse* 2006, 23, 1, 61-67

## **Corrective Experience of Values and Existential Fulfillment in a course of short-term psychodynamic group psychotherapy**

Agnieszka Sym, M.A.\*, Katarzyna Wiraszka-Lewandowska, M.A.\*,  
Andrzej Kokoszka, M.D., Ph.D.\*

\*II Department of Psychiatry, Medical University of Warsaw, Poland

### ***Abstract***

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 (25 females and 13 males), aged 20 - 47 ( $M=28.34$ ;  $SD=7.60$ ) 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 (CEVS Scale), Existence Scale (ES – Längle, Orgler, Kundi) and Aleksandrowicz's Symptoms Check List (S-II).

The results indicated a statistically significant: (1) increase in the ability to experience values [ $t(38)=-4.17$ ;  $p<0,0001$ ] and; (2) an increase in the sense of existential fulfillment [ $t(38)=-3.96$ ;  $p<0,0001$ ] with a simultaneous reduction of symptoms [ $t(38)=4.55$ ;  $p<0.0001$ ]. The ability to experience values and the sense of existential fulfillment showed a strong positive correlation before entering a course of psychotherapy [ $r(38)=0.71$ ;  $p<0.0001$ ] and after its completion [ $r(38)=0.78$ ;  $p<0.0001$ ]. Furthermore, connections were observed between changes in the scope of the sense of existential fulfillment and the ability to experience values [ $r(38)=0,64$ ;  $p<0.001$ ] were observed.

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

## **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 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 Alfried 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 Kepiński and philosopher Józef Tischner (Kokoszka, 2000). Antoni Kepiński, 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 a patient experiences 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 patient 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 the experiencing of 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. Experiencing values that enable a patient to discover a meaning to life can be accessed through therapy and the reduction of difficult or unbearable emotions that are tied to certain memories or conflicts, for example.

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, p.51). Corrective experience of values supplements the therapeutic effect of insight into the symptoms' mechanisms and corrective emotional experience. Recent studies have concentrated on verifying a concept concerning the occurrence of changes in the way a patient experiences values during a course of psychotherapy that are consistent with the concept of corrective experience of values. Description of the methods facilitating its appearance is planned for further research. 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 (Kokoszka, Ohl, Bieniek, Nikolska, Kwiatek-Skrobańska, Popielarczyk, 2003), 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, 2003 et.al).

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 with the approach that recognizes the extent to which cognitive, emotional and behavioral processes have on 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, Alfried 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.

Alfried Längle created the Personal Existential Analysis (PEA). 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. 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 of PEA, 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 PEA.

The Existence Scale (ES) is a test based on the four steps of PEA described above. 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 day 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, 2003 et.al.) 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 from 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 symptoms' improvement 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 and Längle's four-step process of complete existence and fulfillment shaping (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,
1. Self-transcendence (ST) – includes 14 items,
2. Freedom (F) – includes 11 items,
3. 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.

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	SD	M	SD	T	DF	P
	before therapy	before therapy	after therapy	after therapy			



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

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.

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).

	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

## 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 extend 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. It seems important, therefore, 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 sense realization "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? During psychotherapy, the symptoms’ intensity was reduced yet not to a level where neurotic disturbances were completely eliminated. 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. (Czabała, 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, however, 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. This issue ought to become a question of further research.

## References

1. Aleksandrowicz J.W. (2000). Kwestionariusz Objawowy S-II (Symptoms Check List SCL – II). *Psychiatria Polska*, 34, 945-959.
2. Crumbaugh J.C, Maholick L.T.: Manual of instructions for the Purpose In Life Test . Psychometric Affiliates.
3. Czabała J.C. ( 2000). Czynniki leczące w psychoterapii (Therapeutic factors in psychotherapy). Warszawa: PWN.
4. Frankl V.E. (1978a). Homo patients. Warszawa: Pax.
5. Frankl V.E. (1978b). Nieuświadomiony Bóg.( The Unconscious God) Warszawa: Pax.
6. Kokoszka A. (1996). Rozumieć aby leczyć i „podnosić na duchu”. *Psychoterapia według Antoniego Kępińskiego. (To understand in order to cure and support: Psychotherapy according to Kępiński)*. Kraków: Collegium Medicum UJ.
7. Kokoszka A. (1999). Jak pomagał i leczył profesor Antoni Kępiński. (Treatment and counseling by Antoni Kępiński). Kraków: Wydawnictwo Medycyna Praktyczna.
8. Kokoszka A (2000). The concept of corrective experience of values and its inspirations: The axiology of Józef Tischner and the axiological psychiatry of Antoni Kępiński. *Constructivism in the Human Sciences*, 2000, 5, 43-52.
9. Kokoszka A (2004). Information metabolism as a model of mental processes and its application for psychotherapy. In: Freeman A., Mahoney M.J., Devito P., Martin D. (eds): *Cognition and Psychotherapy*. Springer Publishing Company, New York, 2004, 323-348.
10. Kokoszka A., Ohl M., Bieniek A., Nikolska A., Kwiatek-Skrobańska K., Popielarczyk A. (2003). Korektywne przeżycie wartości – rozwój koncepcji i konstrukcja skali pomiarowej, doniesienie wstępne (The corrective experience of values – evolution of the conception,

- construction of the scale: introductory report). *Wiadomości psychiatryczne, Wiadomości Psychiatryczne*, 2003, 6, 41-47.
11. Langle A. (2003a). Rozmowa terapeutyczna jako droga odkrywania siebie samego. "Drogowskazy" do wolności. (A therapeutic conversation for finding oneself. A guidance to one's own will ) *Psychoterapia*, 2003,1, 41-54.
  12. Langle A. (2003b). The method of „Personal Existential Analysis”. *European Psychotherapy*, 4 (1), 59-75.
  13. Längle A., Orgler Ch., Kundi M. (2003a). The Existence Scale. *European Psychotherapy*, 4 (1) ,143-145.
  14. Ohl M. (2001). Doświadczenie aksjologiczne w psychoterapii – zmiany w sposobie przeżywania wartości pod wpływem psychoterapii (Corrective axiological experience in psychotherapy – changes in experiencing of values in psychotherapy. Unpublished Master Thesis. Library of University of Social Psychology in Warsaw.
  15. Opoczyńska M. (ed.) (1999). Wprowadzenie do psychologii egzystencjalnej (Introduction to existential psychology). Kraków: UJ.
  16. Popielski K. (1987). Logoteoria i logoterapia w kontekście psychologii współczesnej (Logotherapy and logotherapy in the context of contemporary psychology). In: Popielski K. (ed.): *Człowiek pytanie otwarte* . Lublin: KUL.
  17. Tischner J.: *Przestrzeń obcowania z drugim* (The space of communication with other). *Analecta Cracoviensia*, 1977, 9, 71-86.
  18. Tischner, J. *Myślenie według wartości* (Thinking according to values). Kraków: Znak, 1982.

*Please address correspondence to Andrzej Kokoszka M.D., Ph.D., II Department of Psychiatry, Medical University of Warsaw, ul. Kondratowicza 8, 03- 242 Warszawa, Poland, e-mail: kokoszka@amwaw.edu.pl*