Experiential psychotherapy focuses on the process of experiencing, on the body's orientation functions: emotions, senses, meanings. Full, undistorted experiencing is believed to be the condition of mental health. Therapeutic work and all its methods are oriented on achieving this goal.

„If you do not accept your pain
It will find you in your dreams
If you do not recognise your story
It will write the next one without you
" I.K.

Ireneusz Kaczmarczyk

„*Moments of movement*" in experiential psychotherapy for clients suffering from addiction.

What I find most interesting in therapeutic work is the way the patients live their lives. I look at the symptoms of emotional pain and how the patient deals with them. After years of practice I could say (after L. Greenberg) that I deal with my patients' problems in the context of their emotional-cognitive schemas, trying to understand and consider everything that contributed to building these schemas. That means looking at the patient's situation, where the whole of their experience influences the dynamics of the process of change.

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In this article I will present the foundations of humanistic-experiential therapy in working with a person suffering from addiction, based on my knowledge, the achievements of neuroscience, my own research (factors of change in AA community) and therapeutic experience. I will describe „moments of movement" and try to focus on healing factors of this modality. I will present theoretical context and methods of work, albeit not fully. The description is not based on a single process, but rather the sum of experience, elements of which I have already presented in my previous articles. For a more practical approach I will present and discuss transcripted fragments of sessions. I will refer directly or indirectly to the work of Rogers, Gendlin, Greenberg (integrative humanistic-experiential psychotherapy)

developed in psychotherapeutic practice at INTRA centre in Warsaw (the book „Experience and psychotherapy", a product of INTRA's scientific seminar, was published last year).
The article also shows how symptoms and substances, and, consequently, addiction, influence the direction of human actualizing (developmental) tendency and how to use its organismic energy in therapy. The content of this article was presented by me during „Moments of Movement" International Conference, organised by INTRA Centre in May 2019.

Traumas

The ability to process experience, i.e. the way a person organizes their experience in relations with others, is a development-promoting factor and one of the most important human competence (M. Warner). If the development is accompanied by traumas, the proces becomes distorted, which influences the shaping of identity and the ability to form relationships and create bonds. Traumas may lead to various disorders, including disruption or damage to connections between important systems and areas in the brain. It is already known that, put simply, without cooperation between neural networks and brain hemispheres the process of change becomes significantly limited. Why is this cooperation so significant?

Reaction to trauma often takes form of unsymbolised pain, resulting in reactions of the organism including self-blocking, dissociation etc. Someone who knows little about themselves, who has been deprived of care, turns to other ways of changing their mental state. Relief is achieved with substances and activities which alleviate the pain or separate the person from its source. They help survive moments of increased pain, but at the same time influence the ability to understand oneself, ones reactions, needs and their fulfilment, to recognize circumstances and discover their meaning. Many unexpressed, „frozen" experiences remain underneath, revealing fragile areas in pain or dissociated fragments. Amygdala in the brain reacts to specific events and tensions outside control. The brain creates a system of fast reactions (self-organization), which sometimes also changes the functioning of neural networks. Such schema becomes a part of SELF, responding to most of emotional needs.
A schema constructed in such a way does not leave much opportunity for modifying one's behaviour, only for further adaptation to living conditions, depriving a person of the ability to adequately process and reflect on experience. Behaviours are assigned meanings, fulfilling the need for meaning and maintaining the integrity of the self. This is most commonly achieved with reference to circumstances, life conditions, social convictions and environment.

Crisis

Self-organization leads to increased existential suffering, regulated always in the same way. This, in time, results in loss of control over one's life and reactions, hitherto achieved by substances or activities. In this context crisis is not „helplessness and weakness" towards addiction, but the experience of the fragility of structure of the self towards increasing emotional pain (unsymbolized suffering). This is often an „open" experience of primary injury, accompanied by loneliness and despair, until this moment „protected" in a frozen whole together with other experiences of similar character.
Such experience usually activates the need to regain the feeling of safety, which directs towards the search for help, God, higher power, community etc.

Therapy

Understanding addiction in this way one may propose that it results from many consequent traumatic experiences, which have not been incorporated into SELF. Regulation of emotional pain leads to changes in the process of experiencing; distorting the organizing functions (body reaction, emotions, senses, meanings, motivations). Treatment would therefore involve the whole system participating in processing experience. Cortex is capable of integration – inhibiting, processing and organizing impulses and emotions. Therapy also involves the pathways between the cortex and the limbic system, damaged by trauma, because they are responsible for processing experience and integration of neural networks between the hemispheres (although obviously it is not always possible).
Good cooperation between right and left hemisphere in therapy starts when the left one allows the right one to relive something, and the right one involves the left one in order to assign adequate meaning to this experience „here and now". When conscious and unconscious processes become increasingly synchronised, emotional pain is alleviated. Integration processes take place. The feeling of identity and the meaning of experience are shaped in the patient's "presence".

The dynamics of frozen early posttraumatic experiences and subsequent painful experiences (the effect of risky behaviours) resulting from long substance abuse are enormous. Impulses and amygdala activate the self-organization system in response to specific situations. Intense

pain becomes unbearable and unmanageable. Empiric psychology created a number of methods supporting the „bearing", but they are not effective in all cases.

Development

We are always searching for effective methods, relying on research, where the starting point was the symptom, controlling it, the abstinence, focusing on „visible" changes. Most of the research was conducted before we knew so much about the relations between trauma, addiction and brain activity (M. Cooper, M. Wojnar and others). In recent years many therapists decide to train in various approaches which offer these integrated foundations of addiction therapy, which enriches previous achievements in this field.

Focusing only on the symptom (through the mind) impedes the activation of transformative function of emotions, blocking inter-hemispheric cooperation. For some patients it may prove enough to „not drink, not use" for some time, though it does not free them from pain and failures. They still experience helplessness towards their state because their organism still does not know what it really needs. The patient, feeling „explained" in the model of illness does not direct attention towards their frozen wholes, but rather observes and judges themselves, creating sources of inner tension. Many wounds, traumas, where the patient is „stuck" determine the quality of life and its meaningfulness. The aim of therapy is to reshape the system of self-organization into a system of self-regulation, to move towards self-control, to achieving/regaining the ability to experience more fully and through this process to reach one's executive power. The trajectory of this process depends on the character of the patient's individual experience.

Substance or fixed behaviour remain a power that is regulating and overwhelming, but does not fulfil the need for acceptance and love, which are essential for change and for regaining the power over one's life. They are therefore a trap for many people burdened with generational trauma. Discovering its character and effects in therapy may be a dramatic process, but no longer tragic or chaotic.

Case study

Marek is 45. He's been drinking alcohol and for 25 years smoking marihuana, in the last five years almost constantly. He's single. During a consult he said: *„I'm losing memory, I don't know what I feel, what I need, I don't know who I am, I feel anxious, I do not*

understand what is happening to me, other people have families, and I don't know if I want to be with someone or not. I sit at home alone, it is becoming increasingly difficult to work. I get sick, I lose memory. I am tired with life, with the constant fight, anxiety and lack of stability. I don't know what I want – a career or a family? I am tired with the thoughts from the past, with specific people and relations, a lot of violence. I have nightmares. I leave things unfinished, I keep thinking „what if...". I operate best under pressure of time and fear". Saying these words he also asked not to refer him any further after this consult, it was his third attempt to find help.

Commentary

Marek made himself refrain from smoking and accept this state: „I cannot feel pain". However, he was not able to keep it up. He blamed himself, was ashamed, judged himself, creating new sources of tension. When he was smoking- he suffered. When he was not smoking, he also suffered, but he did not know why, though with time he „understood" that he should stop. He was convinced he was abnormal, that the suffering would never end, he considered suicide. He found the cause and the solution. The road towards change was completely blocked in him.

Therapy

Therapy did not focus on solving the patient's addiction problem. He did not expect that. He rather wanted to „change himself". The contract referred to the problems he mentioned, looking at everyday life, working on areas of existential pain and emptiness. Therapy was based on his everyday life, along with his smoking. Time and again problems emerged in relation to compulsive smoking, together with situations causing them. He recognised the function of smoking in the context of existential pain – struggle with emptiness and fear of the future (*I have achieved nothing*). He discovered quite soon that his smoking was associated with relationships. He would always smoke in situations associated with the risk of contact with others or lack of it. Stories from his life started to reveal themselves. Marek was telling the stories and his experience started to fill with content and meaning. Father's violence, mother's abandonment, no support from the family. Violence, fights and alcohol became common already in high school. He felt free and uninhibited in a subculture, a street „community" of people like him. He did not have to hide. At the same time he felt

torn, as he was also a meticulous student with artistic talent. Among people he felt like an „observer", when he got closer he would allow to be abused and suffer.

All previous attempts at life stabilization have been unsuccessful. He left the country. He avoided contact with his family of origin. Relationships based on shared substance abuse fell apart. Marek "wandered" and tried to stand all this. Obsessively and unsuccessfully, he sought security in subsequent jobs and education.

Factors of change – first phase

Emotional pain and its regulation with substance abuse appear to result from distorted ability to experience fully, usually due to relationship trauma. It is the relationship with oneself that needs healing in psychotherapy and therapeutic relations. If the contact is focused on the symptom, it does not fully create space facilitating change. Therefore effective therapy results from the therapist's knowledge what works and why, their awareness of the process, their own participation in shaping what happens between them and the patient.

Commentary

A part of the patient, the one that „knows", identifies with the symptom, blames and shames itself, seeks acceptance, at the same time revealing emotional problems in relationships (I have never met anyone who would not have them as a result of relationship traumas). When the patient gains security in relations, they calm down. The left hemisphere „proclaims" that there is nothing to be afraid of and the sources of current suffering may reveal themselves. Instead of an attitude „I have to accept and bear it" the patient discovers with time that they need the acceptance from another person, from the therapist.

When a relationship is shaped by acceptance, emphatic understanding and therapist's authenticity, the part of the patient so far supressed by fear is released. Emotions emerge, the patient becomes more „present", trying to see their experience as a whole. With each session their ability to modulate emotions increases, making it possible to express them verbally, to assign meaning, to read bodily reactions.

„Corrective experience is an experience that makes a person gain an understanding of an event or relationship, or effectively experiences it in another unexpected way." „Revealing oneself to another person and being accepted by them bring corrective emotional experience, change the feeling of isolation and often allow to create a relationship and feel closeness,

which is a new and unexpected experience. It emerges both in an interpersonal aspect in therapeutic relationships and inside the client, as a result of acquiring a new experience" (L.Greenberg, R.Elliott)

„Circle of contact"

M. Lux described factors of therapeutic change (Rogerian triad), which also influence brain neuroplasticity:

- Security in relationship– influences a system of engagement, decreases anxiety,
- Trust in relationship – facilitates patient's revealing themselves in relations, reduces tension, enables authenticity, initiates mutual engagement (secretion of oxytocin – the hormone of love),
- Interpersonal attunement in relationship - creates a sense of unity, neural coupling on both sides, which enables better understanding and discovery of meaning of the stories that are told; increases attention, solidarity, decreases physical pain, enables emotional regulation, deepens the relations and creates bond,
- Experience paraphrased by therapist – naming emotions decreases and regulates tension, activates the brain reward system, initiates the feeling of being understood and accepted (conversely, lack of understanding re-initiates defence mechanisms),
- Emphatic exploration of experience – giving meaning to things that emerge enables processing of past and current experience. Empathy enables the therapist to feel and react to the client's ability to deal with the emotions threshold, to accompany him to the threshold of what is known and unknown.

  Most commonly the patient does not accept themselves (as the result of „social Self" and conditions of worth). Meanwhile, if they experience acceptance in therapeutic or group relationships, a corrective change takes place. It is through such experience that the patient learns the relationship with themselves. Those two processes, the experience of being accepted and resulting from that the discovery of one's separateness initiate the potential of change. (M. Fijewska, Experience and psychotherapy). Experiencing the bodily sensations organismically (primarily), also as

the experience of existence, „takes precendence" over the psychoactive substances which regulated the pain so far.

The first phase of this therapy was „accepting the client", as a result the experience of a relationship with the therapist. In unconditional regard Marek experienced the fulfilment of the organismic (primary) need to „be with someone". He was accepted with his behaviours, blame, distrust, helplessness and shame. He would say, hesitantly: *I have never been with anyone like that and I did not know it was possible.* Sometimes it was difficult for me to contain his pain and failure and then I myself experienced the temptation to turn to substances and symptoms as the therapy goal. Every time the situation turned in that direction, the patient felt abandoned: „*I am all wrong, I can't cope, nothing will come out of it etc.".*

Change in therapy is usually preceded by activation of „relational brain". Telling stories in such safe conditions reveals new facts (new connections in neural networks are crated – see M. Lux), slowly creating a whole. I was trying to share my reactions with the patient in such a way as to help him find himself in this experience and to feel my presence (Alliance, contract etc.). This is what the first thirty sessions looked like. With time the stories featured new traumatic experiences, frozen so far, which resulted in many painful symptoms in life.

In the context of the above it is clear that the process of therapy indeed has its phases (P. Fijewski, Experience and psychotherapy). In this case, however, it remains a process, so that the patient's experience was their own and not resulting from the symptom and described mechanisms. In this article I will focus on initial phases, which in this approach seem to me crucial in working with patients with addictions.

Effects

Marek limited his smoking and then decided he did not want to use marihuana at all. However, panic attacks were frequent and then he would reach for the drug. He would buy a „fix", smoke half of it and throw away the rest of the „stuff" as if responding to the need of his „other half" that would say „you can't smoke, you have to cope". With time we recognised the two parts, the tension building up between them, separate thoughts and „voices", their strength, their uncompromising judgement, accepting them and assuming they are trying to tell him something.

History

Alcohol used to regulate the tension, but prevented him from undertaking any activity, which caused client's anxiety. Marihuana replaced alcohol. It was a compromise in coping with burdensom ruminations, symptoms of unprocessed posttraumatic pain (handwashing). Substances also „protected" the client from the risk of starting relationships and therefore experiencing pain and anxiety related with experience of loneliness (Marek would start smoking again when we had a break in our sessions). He suffered due to his OCD. Without smoking he experienced his state as „confusion, being in a fog, panic, despair", and most importantly the effect of relational trauma – emptiness.

Recognition of traumatic experience and its connection with addiction usually enables the therapist to conduct the process according to patient's history. Only in optimal (secure) conditions did the painful experiences from his life reveal themselves. Sometimes he wanted it very much (*„I'd like to finally have a good cry"*), but self-blocking reactions forbid access to them.

Systematic sessions using experiencing techniques (EFT, Focusing) and work in a therapeutic group created a secure base and most importantly directed him towards relationships. The first phase of the therapeutic process can be summarised as follows:

1. Recognition of context „**I – substance abuse**" in the process of experience. This opened a more existential dimension of his suffering. Helplessness, emptiness, anxiety, despair, loneliness. Being in it „together" with the therapist gave rise to hope and support.

2. Recognition of the function of substance abuse opened the way to a relationship with his own experience. Smoking would „turn off" the left hemisphere and soothe emotional reactions from the right one, allowing for some rest. Marek was slowly passing from „control of survival mode" (*not to feel, soothe, calm down, reduce tension and thoughts, finish work, rest, avoid OCD symptoms, sleep, rest)* to „Survival without control". This facilitated recognising his true needs, including the need for security, which in turn made way for deeper understanding of himself and his body reactions.

3. Processing of current experience and „learning" all reactions participating in that process.

4. „Defreezing" experience. Focus on emotions and experience causes the part that *knows* to overtake the part that had been blocked. It is the self-acceptance, preceded by acceptance on the part of the therapist (in that order) which initiates further change.

As a result the symptoms (panic and smoking) decreased in intensity. However, psychosomatic reactions, illnesses, increased OCD revealed themselves, which is a rather typical result present in many therapeutic processes. With time and accepting and reflective attitude towards oneself the intensity of these reactions decreased.

In the language of experiential therapy, reconstruction and reconstitution of experience was taking place, i.e. the fresh rediscovery of their meaning (Gendlin) and incorporating them into SELF, which was increasingly able to contain them without paralysing self-judgement. Marek, though still anxious, did not „have to" hide, protect himself, seek solutions, which so far activated the self-organisation system (panic) and led to habitual response. After a few months of therapy the patient gave up smoking completely. The session transcripted below presents the „moment of movement". It is an example of use of experiential techniques in working with internal „voices", also called configurations. (E. Królak, Experience and psychotherapy…). I assume that the „moment" presented below opened the subsequent phases of the patient's therapy.

P – I've been having those thoughts to smoke in the last few days, they appear out of nowhere and nothing is going on…
T – nothing special is happening, everything is as usual…
P – only there's a lot of work and I am worried I won't do it on time...
T – that you won't make it on time both with work and with other things that are happening… and so much haste to deal with everything …
P – well yeah, with the exams at work …I can't cope any more…
T – you can't cope to organise it and do it on time…
P – yeah, and I don't feel well, I've been seeing doctors, nobody tells me anything, nobody knows what's wrong with me, I feel weak (moist eyes)
T – you feel weak and you seem scared and you're trying to get together…

P – yes, but I can't manage it, it's difficult to get up in the morning, I can't get rid of these thoughts… and I feel like smoking…

T – let's try to identify them…(suggests work with the critic. The critical voice is judgemental, scary). *What is he saying…?*

P – you won't do it, you can't make it, therapy won't help you… you need to rely on yourself… and I don't have the strength, I'm so tired… (pause)

T – what do you feel now… (turning to the fragile part…)

P – heavy burden…

T – what's it like – to feel that heavy burden…

P – it's hard to breath…(sinks into the armchair)… and sad… (cries)

T – what does one need, feeling this heavy burden?...

P - ...for someone to believe in me…

T - ...who are you talking to?...

P – to my father, who was never there (cries)…

T - ...you didn't get support in difficult moments...

P – I never did... only sermons… (cries)

T – you never got support, only sermons… now it is also very difficult… what do you need…

P - ...I need you to tell me I can do it… and that I am changing, that something will come out of it, that I will be something…

T – I remember when you came here, what you were saying and now you know so much more about yourself, what you need… you take care of your health, you try, you seek help, you didn't know who you were and what you felt, and now you feel your feelings, and recognise your story…

P – yeah, I know… more and more and I am afraid there is still more to come…

T – you worry what is still to come, that there is so much pain and stories, and how you will cope with it… and with your life...

P – yes...

T – and now?

P – now it's better, I can talk about it… our meetings help… I'd like you to keep helping me… (wipes his tears)

Patient and therapist at the „moment of movement"

The patient reaches the experience of lack of support in his relations with his father, reveals his loneliness in difficult life situations. During the session there is a movement, change – **the patient identifies his need for support and directs it to the therapist**.
The therapist, accepting the patient in the world of his meanings „opens the door" to the patient's experience, activating the process of their processing and integration. The moment of movement in this session is: **making present something that has not been accepted** (mostly in relationship with the father) *„for someone to believe in me, for you to tell me that something will come out of it, that I will be something".*
The experience of being accepted fills the painful emptiness. It activates the process of change. The actualisation process starts from the moment where the patient once got stuck. The way of experiencing this crisis changes.
Gendlin calls this movement *carrying forward*. The experience of bond with the therapist creates new neural connections, activates actualising tendency, alternative to previous self-organisation in reaction to stimulus (smoking). It is also the beginning of reconstruction of the ability to create a secure bond, damaged in relational trauma.

I understood the symptom, the patient found himself on the edge between what he already knew about himself and what was yet not ready to be revealed. He experienced the already known emotional pressure, blame, helplessness, unidentified anxiety and pain, which activated panic and the brain's reaction – to smoke! I empathised with his tension, confusion. I was trying to recognise the function of this desire, in what area he needed relief, security. When he said he felt weak, he was already in touch with his feelings. I could see the change in his body and his facial expression. He was getting ready to open up and to accept intervention. During the intervention he allowed himself to experience his suffering through naming and expressing, he experienced himself with his needs, in a relationship. This was the moment of experiencing emotional flow and liveliness. Simultaneously, it allowed the patient to understand his anxiety and panic and their sources in a different way. The change took place. Movement from the desire to avoid and calm down (that's why he smoked) to experiencing himself, his emotions, his hitherto unrecognised and unexpressed needs.

Together with the later processed experiences, as a result of this experience, a new pathway in the client's schema of reaction was creating. From situation, through recognising bodily reaction, emotions, needs, giving them meaning, adequate behaviour and mostly being a „witness" to the process. Inter-hemispheric integration also took place. This, in time, opened other, hitherto unprocessed experiences, as the patient felt someone close to him. He became able to integrate them without feeling that a crisis is the end of the world, but opening of a

hitherto unknown area. The range of consciousness widened (each subsequent session revealed new situations).

Ending of the process

It was our thirtieth session (out of 65 total). Marek was sorting out more and more issues that troubled him. Despite burdensome symptoms (at this stage he was using pharmacotherapy) the patient was more present in the now. We were also working on changing behaviours, preparing for potential crisis situations. We did it on client's specific request: *please help me in this and that…* we were able to use the repertoire from other approaches.

At further stages of therapy many of the sessions focused on family relations. We found EFT techniques to be particularly helpful, as they are highly effective in trauma therapy (M. Tarnowska).

Description of further „moments of movement" exceeds the capacity of this publication.

After processing experience from the past, the focus of therapy moved to our relationship. The initial bond, which enabled us to work on Marek's past, inevitably needed working on what was happening between us. It was the consequence of decreasing previous symptoms and processing of traumas. „Here and now" the patient revealed a lot of ambivalence, anxiety and anger, and working on them constituted perhaps the most important phase of therapy.

Around fiftieth session we started talking about ending therapy. Talking about it opened a whole range of warm feelings in Mark, which in turn made way for important and painful relations from the past; a wave of powerful emotions, desire to smoke and even to withdraw from therapy. This opened the last stage of the process connected with experiencing bond, and grounding the results of the whole process. This stage took another few months.

P – I'm thinking about the end of therapy again.

T – Last time when you experienced warm feelings you felt like smoking

P - yes…

T – you want to leave revealing some trouble…?

P – I told you here once… that I have those feelings towards you, like I would want to make friends but at the same time it's impossible…

T – let's stay with the feelings…

P – when I say I want to leave I feel sadness that there will be no more meetings…
T- no more meetings…
P -…you will not be there… (tears in his eyes) … I don't want to get close, it will hurt… I don't want to get involved… I don't want to feel… loss…
T -…you want to leave not to get involved… as if therapy was about something that doesn't let you live, but at the same time makes it possible to live…
P – it's about all my relations… I wanted and I was afraid. like now… I was never so conscious of it…
T – we can keep talking about it, I also have various feelings towards you…
P – it's so new…unknown… thank you…(smiles)… and I don't feel like smoking…

In both cases we moved from the symptom, from the pain of parts of frozen wholes, to accepting them. In these moments the patient became witness to his experience, he would stop fearing himself and start listening. This moved the process forward, both in himself and in his close relations. He did not panic while testing his separateness in them, mostly in his relationship with his father.

Therapy is not fireworks or a waterfall of visible changes. It is mostly a sum of micro-processes, which in therapeutic relationship change the way the patients experience themselves, only then leading to a specific change – visible in patient's everyday life, important relationships and life choices. It is important to see the whole of this process. Reflecting the results gives the patient real self-reliance and agency. In one of the sessions the patient decided to say he was ready to end therapy. It took another few weeks.

P – I came here with „cognitive mind" and I didn't know how to live, now I still don't know, but I don't have to… I feel… and something always emerges…

T – what is necessary to „enter tomorrow" …

P – such mindfulness, not to let a spark lead to a black hole… everyday training, until it becomes organic, something you just have in yourself…

T – how will you protect your change?

P – all these changes… I wrote those moments in my diary… then I would return to them when things were hard… they are like stairs, on which you can sit, rest and find an answer in something that was…

T – and the last stair?

P – last time we were saying goodbye and I had always done it in anger and breakup, and now I am saying goodbye to someone I want to be with… and I don't want to say goodbye, and that is the change... that I am in it… I am experiencing it…

T – I am also in it and experiencing it… …

(emotion on both sides...)

T- anything else?

P – and earlier when I was talking to my father and I told him that our relationship is more important to me than the money he wants to give me… I felt a part of the family… I did not have to pretend, I was myself with my father… and he listened to me.

By the time Marek finished his two-year therapy he was in a stable relationship, he sorted out his relationship with his father, returned to relations and friendships, worked reasonably, cured his body. At this stage the patient completed his life projects that had been laid aside. The change was clearly recognisable in his experience of the relationship with his father, who has not changed, but as a result of the change in his son he did change his attitude towards him. They are each of them themselves and they can be with each other, despite differences. That means the ability to create relationships and bond.
It could be said that that was the main goal of therapy, as it all started with this pain in his life and ended with it, in order to open (hopefully) the next stages. Actualising tendency led Marek through various paths, now it seems the process is more in tune with what he discovered in himself and what he can lean on.
In perspective I believe more time could have been spent on working with OCD symptoms and their sources.

* * *

The more I „contained" the whole of my patients' experience, the more it changed me. And I was able to be with different parts of them. Sources of existential pain usually lie in

dissociated fragments of experience. The „whole" found as the result of therapy involves both the pain and its sources, giving meaning to life and shape to existence. This is one of the most important human needs.

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