PSYCHOTERAPIA 2 (201) 2022
PAGES: 5–15
DOI: 10.12740/PT/150509

Dominik Gawęda

WINDOWS OVERLOOKING LIFE AND DEATH. REFLECTIONS ON THE CHANGING PRACTICE OF PSYCHOTHERAPY

private practice

For Alexei, Elena and their Family
during their war-time wandering

fear of death
existential psychotherapy
war

Summary

The purpose of this article is to draw therapists' attention to the vast increase in exposure of ourselves and our patients to death caused by the Covid 19 pandemic and the war in Ukraine. The number of situations reminding us of our own mortality that we have come to experience in the past two years stands out significantly from many of the previous ones. This situation cannot but affect our psychotherapeutic practice. My personal experience of the past two years indicates a greater presence of the broadly defined theme of death during the therapy processes. Patients experience fears of death and deal with these fears differently. Meanwhile, their psychotherapists experience similar fears and seek their own ways of coping with them. That is what this article is about. By referring to the source literature, cinema, and my own psychotherapeutic practice, I will try to show this process as well as the threats and opportunities it brings to the process of psychotherapy and clinical supervision.

Windows

When I had to leave my previous practice three years ago, I spent a long time looking for the right place for myself. Finally, I found a place that I liked, yet it seemed very problematic. The thing about this place which I considered to be its greatest asset, caused me a lot of anxiety at the same time as it potentially could be a source of disturbance in my future work with patients. A modernist tenement building, the disturbing charm of which laid in the openness of the glass wall with a huge number of windows. Rather than distancing, these windows were bringing you closer to what was outside. This feeling was enhanced by the fact that the practice was on the first floor. A huge part of what was outside could be heard and seen. Soon after moving to a new place, one of my patients observed that it made him feel that: "we are both a part of something bigger. "On the other hand, one of my other patients said: "I feel like we are talking on the street. "Soon after moving

to the new location, I obsessively started thinking about how many sounds and images I wanted to let into the office. Should I leave the window open or closed? Should I draw the blinds, or not? I was constantly faced with similar dilemmas during my first weeks at a new workplace. Eventually, I got used to it. I grew fond of the typical downtown traffic, the sounds of people meeting on the street, greeting each other, and sometimes arguing. The city was alive.

After a year of working in the new office, the view outside the window changed drastically; the city turned into a ghost town. People disappeared from the streets, restaurants and many stores were closed, and the city was just dead quiet. After two years of the pandemic, according to official estimates, nearly 115,000 people have died in Poland[1]. In addition to these appalling statistics, those of us who were fortunate enough not to lose any of our loved ones have probably heard about others who were not so lucky over these two years. The media were constantly shocking us with the threat of death or disability. This period inevitably must have stimulated our fears of death and our defense mechanisms en masse. As a community of psychotherapists, we found ourselves in a situation where we had to simultaneously deal with our own and our patients' fears of death.

In early 2022, one could feel a wave of optimism after a brief moment of concern over the emergence of a new coronavirus variant called Omicron. The variant, according to many, was less severe, with the number of hospitalizations declining. The situation on the streets seemed to be getting back to normal. People were going for walks, meeting in restaurants, and making plans for their winter holidays. The prevailing idea was to go skiing, finally without the threat of closing the ski slopes. People were happy to "get their lives back" and to make plans for the future.

On February 24, 2022, at 5 a.m., the Russian army launched missile attacks on Ukraine. Since then, people have been killed every day. Countless numbers of people fled and are still fleeing from Ukraine to avoid death. As I am writing these words, millions[2] of women with children and seniors are fleeing from Ukraine to our country, leaving their material possessions in their homeland to save their own lives. They leave men, husbands, and fathers who stay there to fight, risking their own lives.

My practice is located close to the train station, not far from where aid for refugees has been successfully organized. I started noticing more and more women with children who speak Ukrainian through my windows. They flee from the bloody war, which takes the lives of their relatives, husbands, and sons. It is a reminder of death for all of us; death, which is an everyday reality several hundred kilometers away.

---

1) This data was collected from the news website "Forsal.pl"
2) This paper was written in April 2022

Psychotherapy in the shadow of death

Among those fleeing are people of many professions. There are also female psychotherapists who, despite the hardships of dealing with their trauma and danger to their lives, decided to also stay in their professional role – the role of psychotherapists – and bring help to their compatriots. They face their own predicament. At the same time, they are members of the refugee community and are experiencing the same concerns as them; concerns – for their lives and those of their loved ones. However, they still continue to bring help to the community.

Meanwhile, I also think of the psychotherapists who have decided to stay and continue working in Ukraine. A dramatic description of work in a country in a state of war is provided in the article entitled [1] „Being, thinking, creating: When war attacks the setting and the transference counter-attacks," written by Marie-Therese Khair Badawi. In her article, the author describes how she continued her work as a therapist despite the real threat of death when Beirut, where she worked, was being bombed. Despite the falling bombs, she decided to keep working. She describes her nervous anticipation of her patients – a couple in therapy – Nadine and Karim when they were running late for reasons still unknown to her. When she got to the doorbell and opened the door, she saw Nadine, alone, dressed in black with a white headscarf on her head – a sign of mourning in Islam. For a moment, she was connecting the dots: the terrorist missile attack she had heard about on television, the victims, torn to shreds, and the address Nadine and Karim had given in an earlier session. What can a therapist do for a patient in such a situation? This is one of those situations that are beyond words. For a short time, the two women looked at each other, and finally, Nadine, full of grief, embraced her therapist.

To see or not to see?

We are currently living close to war and the death that it brings. So close that we can easily see and hear it. We can also try to look away, plug our ears, and close doors and windows. How we react will largely depend on to what extent we are willing to allow to be filled with the fear of death and how we will withstand it. A city that lives is welcoming and energetic. It is an entirely different experience to see death outside one's window. One can then cover the window to protect oneself from this view, or one can see and pretend that nothing is happening behind it.

In the film "Life is beautiful," the director, co-writer, and also the lead actor – Robert Benigni, plays the role of Guido Orefice. Guido, because of his Jewish origin, is sent to a concentration camp along with his son, uncle, and wife when the war breaks out. Guido, anxious to save his son from unpleasant experiences, lies to him that what he sees happening around him is fiction, and in truth, they are participating in a competition in which the main prize is a tank. In this world of illusion created by Guido, the guards are cruel only because they want to win the main prize. The film's plot perfectly illustrates a defense

mechanism well known to psychotherapists – suppression or repression, depending on the severity of the phenomenon. In order to avoid suffering, we are lying to ourselves, much like Guido did to his son. At the same time, we risk that the illusion will shatter at any moment, leaving us unprepared for when we stumble upon someone's corpse and go into shock.

The role of the therapist is to help the patient grow and mature so that it becomes possible to talk with him about the reality of death and so that the patient can endure this reality. An excellent depiction of this process of development is presented in the description of experiences of the founder of logotherapy Viktor Frankl who was an Auschwitz prisoner. His book [2] "Man's Search for Meaning" is a touching account of the memories of a man for whom dealing with death (his father, mother, brother, and wife died in concentration camps or gas chambers) did not lead to a breakdown and a feeling of meaninglessness in life. Instead, these experiences led to his extraordinary creativity and a very valuable and useful concept of psychotherapeutic work.

Mr. X. – An illustration of the fear of death in psychotherapy

Mr. X, at the time a 35-year-old man, came to me in April 2020. He came to me because of emerging symptoms of psychological stress in stressful situations. He experienced full body tremors, sweating and felt that he was losing control of his entire body. As by far the worst symptom, he mentioned panic attacks, which he recently experienced again after a long hiatus. At the time, he did not know what to do and whether he would be able to survive this attack. During his attacks, he tried to hide from other people at all costs.

The reported symptoms first appeared at school when he was 12 years old. The teacher promised to give an A grade to the student who would sing the poem, which the class had to learn instead of simply reciting it. Mr. X. decided to volunteer. He then developed the aforementioned symptoms and struggled with them until the age of 20, when they spontaneously resolved. The relapse occurred in March 2020.

Mr. X. grew up in a nuclear family. His mother, as he describes her, was a very fearful and cautious person. She tried to protect him from all dangers (for example, she considered swimming lessons to be such). It came to my attention that she coped with her fear of death by withdrawing herself and her son from confronting activities. She was busy taking care of the house and rarely ventured out of it.

His father, on the other hand, was an overly bold person. He worked in the mine as a miner, and he happened to drink alcohol frequently. He always encouraged Mr. X. to take risky actions, which Mr. X. usually could not manage to do. From his story, it seemed that he strongly denied the existence of death.

Mr. X. recalled that as a child, he had his own group of friends in the neighborhood. His social situation rapidly changed when he was twelve when: "his friends turned their backs on him." He associates this situation with the fact that his friend group was dominated by a boy who started hanging out with them when Mr. X was ten years old. He trained

kickboxing, was strong and popular, and very quickly managed to dominate the group and impose his authority. The group started to bully Mr. X., and he began to withdraw from the group. The group, which was supposed to give him a sense of security and support, failed in its function, and he began to feel small, weak, and humiliated. There were times when he wouldn't leave his house for hours whenever he saw them around his block. He was scared of them. The situation lasted until the problematic friend moved to another city, which happened when Mr. X. was 16 years old. Then, his former friend renewed his friendship with him, and Mr. X, as he claims, "managed to impose his authority on this group and began to take revenge on its members by bullying and hurting them."

After graduating from elementary school, he decided to continue his education in a vocational school. In retrospect, he considered this a wrong decision. He chose this school because most of his friends decided to go there. It was not a prestigious school. After graduating from vocational school, he got hired as a factory worker. When a vacancy for a warehouseman at the same factory became available, he took the job.

After a few consultations, we arranged for weekly sessions. Admittedly, the beginning of our work together came at a time that was in many ways unprecedented. Moments before Mr. X. came to me, news of the mysterious "Wuhan virus" began circulating in the media. The 4th of March 2020 – exactly on this day in Poland, the media reported that the first person in the country had been infected with the coronavirus. Fake news spread about the closing of all stores, and people in a state of panic started buying up products in stores to help them survive. More service industries were being closed, then schools, eventually even forests, and restrictions on free movement were implemented. We were supposed to sit at home. One of the very few forms of entertainment that was left was television, in which news of the deadly virus was broadcast non-stop at the time. When we started meeting with Mr. X., the city was lifeless. People disappeared from the streets, free parking spaces were abundant, and on the streets, one could hear an overwhelming silence as well as a handful of people trying to get somewhere. In a place that was still alive not so long ago, this silence was very much noticeable, and this lack of people was all too evident.

Under these circumstances, I was overwhelmed and frightened by the surrounding reality myself. Hence, I concentrated on work, having little else to do. I eagerly interpreted his fear of being humiliated and how his refuge in the warehouse reinforced his escape tendencies and created temporary protection, taking away the motivation for further development. I keenly analyzed his relationship with his dad, competitive tendencies, castration anxiety, and many other threads that yielded nothing in particular. Of course, it cannot be ruled out that my various interpretations, including his transference, such as the one that: "in his fantasies I was a shaming, strong father, in front of whom he felt small and weak," – were describing something that actually occurred between us. But all these interpretations simply did not help him much.

After four months of work, on a warm July afternoon, our already well-established sequence of interactions, which was slowly becoming routine, was interrupted by a certain event. An alarm siren could be heard growing louder and louder through the open windows.

Soon, with a great noise, an ambulance arrived and stopped in front of an apartment building on the opposite side of my office. Through the many windows of my office, located on the first floor, the situation could be seen and heard perfectly. From the apartment building across the street, paramedics quickly took the unconscious man and drove away.

Mr. X. began experiencing a panic attack moments after they left. The attack lasted a few minutes. My involvement was limited to letting him know that I was by his side and he was in no danger. When the attack was over, we were able to talk about what had just happened to him. The transcript of a fragment of that conversation is provided below.

Him: Just now, I experienced the same feeling that I remember from when I was 12 years old. I thought about the man being carried out and that he was dead. Then I remembered that when I was 12 years old, I began to realize that my father was getting weaker and weaker and would also die someday. When I was young, I thought my dad was immortal. After all, he often used to say so himself. I thought that if I managed to become as strong as him, then I would also be immortal.

Me: The feeling of being weak reminded you of your own and your father's mortality and made you panic.

Him: And are you sometimes afraid of death?

Me: Yes, sometimes I am afraid.

Him: And what do you do then?

Me: It depends; I often try, even though I am afraid, to pinpoint what exactly makes me scared about death, and this often helps. Now that the two of us are talking about it also helps me, the very conversation about death. If I were here alone, I would probably be more afraid.

Him: Yes, I also feel that this conversation helps me. Thank you for not pretending to be afraid. And that you answered my questions honestly. It helped a lot. For the first time, I can openly say that I am afraid of death and then learn that someone else is also afraid of it too. Two grown men simply talking about death. It's a little strange, but it's a good feeling.

Me: It was a good feeling for me too, and I also want to thank you for your help. Without you, it would have been harder for me to bear my fears of death.

We sat together like this for a while, without talking, just enjoying the moment. I did not want to interpret anything. I think he did not need my interpretations at that moment. He just needed my presence.

Yalom [3, p. 141] writes about what he believes are the two most important ways to deal with the fear of death: "We are unique and immortal (...) because we have an observing, omnipotent being or force continuously concerned with our welfare. Because we are unique and special beings, special forces in the universe are concerned with us. Though our ultimate rescuer is omnipotent, he is at the same time, our eternal servant." For Mr. X, this being was his father. During this session, he realized that something that was supposed to protect him from death was only an illusion, and he experienced a "death attack," as he later described his panic attack. When the illusion of an omnipotent being shattered, then he became aware of his father's mortality. The benevolent presence of another human being

as weak and fragile as himself proved to be soothing. Time has shown that my presence, despite my frailty (or perhaps thanks to it), proved sufficient to withstand the "attack of death" (awareness of the existence of death) and live on.

Ms. Z. An illustration of the fear of death in clinical supervision

This March morning in 2022, when I had the opportunity to host Ms. Z. for a clinical supervision session, I recalled a story that had touched me a few days earlier. Back then, I heard, at a certain social gathering with psychotherapists, about a situation that happened to one of our colleagues. This person reportedly specializes in working with people that are diagnosed with psychosis. On the day when the war in Ukraine broke out, the said therapist began to suspect a relapse of psychosis among several of his patients when they started to bring up concerns about war and death during sessions. I remember that I pondered about the perversity of this situation, a reversal of a certain stereotype. People, who are often out of touch with reality in social communication, try to convey the truth about the world to a therapist, who passes for a person with normative knowledge. The therapist, in turn, denies this truth and suspects the truth-tellers of insanity.

Ms. Z., a young, very capable, and usually percipient therapist, was telling me that morning about her ongoing work. For the past three months, she had been working with a patient who came to her with symptoms of social phobia. She began to tell his life story and later his course of therapy. While recounting the course of the therapy, she said that during sessions, the patient persistently brings up current topics, which she, in turn, tries to ignore, attempting to make him focus on more relevant, more profound topics instead of "skimming the surface." In her opinion, the fears that the patient describes are an expression of "deeper problems." She saw projections of his own aggressiveness and murderous desires regarding the deaths of his loved ones in the current political threads and the themes he has brought about with the war in Ukraine, and fantasies of his and his loved ones' deaths. In her opinion, the patient's fear that he would die was an expression of his guilt over his aggressive feelings, a punishment for them.

It wasn't the content of her interpretations (interesting ones, by the way) that surprised me the most. Rather the fact that she was so adamant in refusing to deal with the content that the patient wanted to deal with, i.e., the war that could bring death. I asked her if she was interested in the current global situation, specifically the war that had just broken out. She replied that she was not particularly keen on watching television and that she preferred books. Since the coronavirus, the news causes her anxiety, so she avoids them. I knew her attitude towards coronavirus from her previous work with patients. She said on more than one occasion that whenever a patient mentions coronavirus and their concerns about it, she ignores the topic because she is fed up with it and waits for a change of topic.

I asked what she expected from me. She replied that, first of all, she would like to know why the patient was so nervous about the interaction with her. And second of all, she would

like to understand her feelings toward this patient, the fact that his attitude was increasingly angering her and causing her unspecified anxiety. I replied that, in my opinion, the patient is so nervous because he simply wants to talk about the war, the fear of his death, and the death of his loved ones. I supposed that the patient feels that he cannot express that in their interaction. As far as her feelings about the relationship with her patient are concerned, I am happy to describe a phenomenon that might interest her and which I think I was able to observe during my clinical supervision with her. She replied that she wanted to find out what I was able to observe.

I am including a transcript of the rest of our dialogue with Ms. Z., as we remembered it, below. Ms. Z. gave her permission to share our conversation, and she provided her own corrections. At this point, I will only mention that apart from the subtle mind of Ms. Z., she impresses me with something else as well. Of all the people I know, she is probably the one who has watched the greatest number of movies in her life. In this regard, we have always found it easy to get along by referring to them. If I finally watched some film, I was sure that Mrs. Z. would most likely be very familiar with it. And here is the transcript:

Me: Do you see any resemblance between the fact that not only do you avoid the very same aspect of reality, which is war, but also you forbade your patient to talk about it? Just like you did to your other patients who wanted to talk about the coronavirus.

Her: */after a moment's thought/* Something is up.

Me: Have you ever watched the movie "The Big Blue"?

She: Yes, why do you ask?

Me: I ask because I believe I have come up with an idea of how to explain what I think is going on in your relationship with the patient. I think it will be easier if I use an image that we both know. I thought of "The Big Blue" because, for me, it's a film about depth, death, and its denial. That is how I understand it. It is about the depth of friendship between two men, Jacques and Enzo, who compete in an extreme sport. They dive as deep as possible without oxygen tanks. Throughout the movie, they go down deeper and deeper, completely disregarding death. These were my thoughts while I was watching it.

She: I was thinking the same thing. It both frightened and fascinated me, and they weren't afraid; they were too much into it.

Me: I had a similar experience watching their rivalry; it terrified and fascinated me at the same time. As you may recall, Jacques meets a woman who tries to keep him alive and gets pregnant. She is scared and has a premonition that she might lose him. She knew just like us that Jacques, together with his friend, was obsessed with the thought of descending deeper and deeper and ignoring life and death. In the end, Enzo pays for his disregard for death with his life. While dying, he asks his friend to leave him at the bottom of the sea.

She: At the time, I thought it was a beautiful death for a diver.

Me: Like the death of a climber in the mountains. The last scene especially moved me. Jacques' partner noticed that he was going for a night dive. Something bothered her, she ran after him and jumped into the boat. She tried to stop him. She shouted to him that she

was pregnant, but he jumped into the water and gradually descended deeper and deeper. In the end, he saw a dolphin. They always fascinated him. He must have known that he could die if he stayed underwater for too long. Jacques hesitated whether to return to his love, and perhaps to the whole world of men in general, or stay deep underwater like this forever. The ending is confusing, but it suggests that he chose the depths and died.

She: Oh, so you watched the European version. In the American version, he surfaces out of the water with the dolphin, but in the European, he stays at the bottom and dies. We, Europeans, got the depressing version.

Me: I am truly impressed with your knowledge of movies. But going back to your relationship with the patient, it seems to me that he is trying to call you back and tells you that life can be lost, and you, quite like Jacques, are diving deeper and deeper and are fascinated by the underwater life, the colorful interpretations. When he says he needs you to help him to deal with the fact that his children may die in the war, just as children are dying in Ukraine, you dive into the colorful world of interpretation and refuse to go back. You refuse to recognize that the threat of death is real for him, and he needs to face the fact that he and his loved ones may lose their lives.

She: That is a very vivid comparison. Frankly, I must admit that as I was discussing it with you, I began to feel more and more that it was difficult to talk about it. It will be difficult for me to discuss this with a patient if I don't pull myself together. I will try to deal with this issue in my therapy. I would like to get back to this subject during our next clinical supervision.

Me: These are two very good ideas.

I think I managed to show her how she, in a very subtle way, avoided her fears of death. I have done so through our favorite means of communication, that is, through an image. Her problem significantly hindered her ability to connect with her patient, who became increasingly angry that he was not being seen and heard by his therapist. To see and hear him again, Ms. Z. must first face her own fear of death. Despite her declaration that this fear is a complex topic for her, I am sure she will overcome it.

Getting used to the idea of death and making sense of it

So much has been written about death that, were I to cite the works of only the most important philosophers, I would not manage to finish it throughout my whole life. Therefore, I will limit myself to works that are likely to be most useful in the therapeutic dialogue.

Irvin Yalom was one of the psychotherapists who gave the most comprehensive view on the subject of coping with the inevitability of death. He described this phenomenon both from the perspective of theory [3,4] and in practice [5,6]. In "Existential Psychotherapy" [3, s. 211], he provides the following description of the phenomenon of "desensitization to death." "It seems that, with repeated contact, one can get used to anything – even to dying. The therapist may help the patient deal with death terror in ways similar to the techniques that he uses to conquer any other form of dread. He exposes the patient over and over to

the fear in attenuated doses. He helps the patient handle the dreaded object and to inspect it from all sides. ”Naturally, a proper therapeutic relationship is needed for this to happen. It is not very controversial that the possibility of conducting effective psychotherapy depends on the ability to build a good therapeutic relationship. On the other hand, I think that in order for even the most empathetic and likable therapists to be able to help their patients become accustomed to the phenomenon that is death, the therapist must stop being terrified of it and get accustomed to it themselves. Otherwise, they will encounter similar problems as those encountered by Ms. Z. during her work with her patient. An old therapeutic truth says that it is difficult to guide a patient further than you have been yourself.

Usually, when we bring up such a complex topic as our attitude to the phenomenon of death, at first, we don't even know what it is that we are afraid of. When we manage not to run away from this issue, we are usually able to specify it. It turns out that someone might be afraid of death because it means leaving their child alone in this world or the vision of physical suffering strikes fear into one's heart. At other times, the thought that we will pass away and leave nothing behind may be worrying to us. A common source of fear for believers is the thought that they were bad people and would be condemned to eternal damnation at the final judgment. When we are able to withstand the initial terror, we often manage to specify the source of our fears and experience a sense of relief that we can still do something in the face of death. However, in the case of fear of death, it is not about a simple sense of relief but rather dealing with the panic that paralyzes us. When we manage to achieve this, we acquire the ability to think about our limitations. Then it has a primarily motivational value and also encourages people to engage in valuable activities other than those that bring immediate relief.

The sign of our times is the increasing secularization and many people who come to therapy struggle with the question of the meaning of life. Indeed, many share the belief that the existence of death, without the concept of an afterlife, calls into question the meaning of one's entire life and significantly lowers their motivation to continue living meaningfully. Where else would psychotherapists look for ways to help their patients with such dilemmas if not with the founder of logotherapy, Viktor Frankl? His books [2,7,8] offer many valuable suggestions for such work. In the book "The Doctor and the Soul. From Psychotherapy to Logotherapy" [7, s. 63-64] he writes about it as follows: "Now, does death really decrease the meaningfulness of life? On the contrary. For what would our lives be like if they were not finite in time, but infinite? If we were immortal we could legitimately postpone every action forever. It would be of no consequence whether or not we did a thing now; every act might just as well be done tomorrow or the day after or a year from now or ten years hence. But in the face of death as absolute finish to our future and boundary to our possibilities, we are under the imperative of utilizing our lifetimes to the utmost, not letting the singular opportunities – whose "finite" sum constitutes the whole life – pass by unused."

Thus, according to Frankl, this finiteness of human life, although problematic for many, makes it possible to think of this life as potentially meaningful and prompts one to take

responsibility for it, and a sense of responsibility for one's life is the foundation of any psychotherapeutic work, and without it, it is difficult to imagine constructive therapeutic work. I think this is a valid argument in favor of bringing the fear of death into the therapy process.

It is worth leaving the windows open sometimes

As I finish writing this article, sitting in my office, I can hear some noises coming from the open windows from time to time. I get annoyed that the noises distract me and keep me from writing, but I can't help but peek through the windows, at least for a moment, to see what's going on behind them. An older man walks unhurriedly past my practice and stops by a woman with a stroller, who pushes the stroller with one hand and with the other pulls wheeled luggage that makes you think they are on a journey. For a moment, the older man and the young woman bend over the stroller, waving their hands at the child, saying something. Three generations of people are laughing together for a while, and I am also smiling. The man takes the luggage from the woman, and now he carries it, and she can concentrate on her child. Their presence outside the window, though it irritated me for a while, turned out to be an opportunity for something potentially creative. To them, I owe the conclusion of this article, thank you. I hope that their journey will end well. Regardless of the inconveniences, today, I think that this practice was a good choice.

Literature

1. Khair Badawi MT. Being, thinking, creating: When war attacks the setting and the transference counter-attacks. Int. J. Psychoanal. 2011; 92(2): 401–409. DOI: 10.1111/j.1745-8315.2011.00399.x
2. Frankl VE. Człowiek w poszukiwaniu sensu. Warszawa: Czarna Owca; 2020.
3. Yalom ID. Psychoterapia egzystencjalna. Warszawa: Instytut Psychologii Zdrowia PTP; 2008.
4. Yalom ID. Patrząc w słońce. Jak sobie radzić z przerażeniem śmiercią. Warszawa: Czarna Owca; 2022.
5. Yalom ID. Istoty ulotne. Warszawa: Czarna Owca; 2020.
6. Yalom ID. Kat miłości. Warszawa: Czarna Owca; 2017.
7. Frankl VE. Lekarz i dusza. Wprowadzenie do logoterapii i analizy egzystencjalnej. Warszawa: Czarna Owca; 2017.
8. Frankl VE. O sensie życia. Warszawa: Czarna Owca; 2021.

Address: dominikgaweda@op.pl
Translated by Adam Gawęda