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EXISTENTIAL ANALYSIS AS A METHOD OF INTERVENTION FOR PATIENTS EXPERIENCING RELATIONAL TRAUMA

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Say yes to life anyway.

V. Frankl, On the meaning of life¹

cPTSD
relational trauma
existential analysis

Summary

Existential Analysis, as a personal-phenomenological approach, supports the search for personal meanings and answers to questions about human existence. Recognizing the uniqueness of an individual's life, it leads to finding one's own answers to four fundamental questions: 1) "can I be here?", 2) "do I like to live?", 3) "do I have the right to be the way I am?" and 4) "what do I live for?" The Four Fundamental Motivations constitute the theoretical basis of the original 4FM Acceptance Training as a method of group work with psychiatrically hospitalized people with experience of relational trauma who meet the criteria for the diagnosis of cPTSD according to ICD-11. Relational trauma limits or causes the loss of an individual's natural dispositions to be and act, feel and enter into relationships, remain in harmony with oneself and the outside world, and give purpose and meaning to life. It disrupts processes within all Fundamental Motivations (4FM). Hence, the therapeutic relation teaches one to experience one's own existence, understand oneself, the world and others in relation to the individual context. With deep concern for people experiencing various psychological difficulties, it enables the exploration of complex reality and the search for consent to life. The aim of the article is to review the assumptions of Existential Analysis and the four Fundamental Motivations of Alfred Längle, Frankl's student, which constitute the theoretical basis of the 4FM Acceptance Training.

Existential approach in psychotherapy

Existential psychotherapy, taking into account therapeutic factors common to other approaches, particularly focuses on and respects the importance of personal beliefs regarding the values that guide a person in life [1-3]. It has its roots in both philosophy and

¹⁾ Viktor Frankl. On the meaning of life. Czarna Owca, 2022.

existential psychology [3]. It refers to areas that constitute a human being: 1) the need for meaning and purpose; 2) the ability to make decisions, the ability to choose and the need for freedom; 3) awareness of one's limitations; 4) the subjective world of experiences, discoverable phenomenologically; 5) the need to be in internal exchange, with oneself and externally, with the world [4]. It encourages the search for individual answers and, where possible, supports the reconstruction of an individual's natural dispositions and the use of his or her personal potential. The goal of psychotherapeutic work is the subjective, phenomenological flow of an individual's experience, related to the experience of other people and the world. Existential psychotherapy treats each person as a separate, unique and complex existence in which everyone is responsible for their own life. It focuses on supporting people in accepting experiences that often exceed their understanding. It recognizes that by overcoming existential suffering, a person can reduce the severity of psychopathological symptoms or prevent them [5].

There are four main schools of existential therapy [4, 5]:

- Binswanger's Daseinsanalysis, providing patients with a permissive therapeutic relationship in which they can freely express themselves and develop greater openness to their world,
- Frankl's logotherapy, aimed at helping patients determine the meaning and purpose of their lives, using, among others, teaching techniques such as Socratic dialogue,
- a British school of existential therapy, adopting a descriptive, phenomenological approach, encouraging patients to explore their life experiences,
- an existential-humanistic approach, based on supportive interactions, using the psychodynamic-interpretive trend to help patients develop and meet their needs, referring to concepts such as freedom, isolation, lack of meaning, mortality.

In Poland, the representative of the existential school in psychiatry was Antoni Kępiński, considered the author of axiological psychiatry [6], which treats respect and love for other people as a moral obligation. He postulated the principle of dialogue in interpersonal relations. He advocated a horizontal plane of therapeutic contact based on the principle of equal partnership between dialogue participants.

Kępiński devoted a lot of attention to values, claiming that the disease can disrupt the hierarchy of values. He claimed that therapy should lead to a new experience and understanding of values by the patient [6]. He pointed out the importance of openness and adopting a phenomenological attitude: "it seems that, first of all, the therapist himself should be open to values, open to accept everything that happens (...) When starting a psychotherapy session, both the patient and the psychotherapist do not know where will it lead" [7 p. 137]. Viktor Frankl, an Austrian psychiatrist and psychotherapist [1, 2], thought similarly, and Irvin Yalom [8] emphasized that most experienced psychotherapists, regardless of whether they belong to a specific school of therapy, use existential influences. An example of this may be changing the perspective, making patients aware of their finitude, "activating the will" that helps in making decisions, and the fact that what most patients have in common is suffering from the lack of meaning in their everyday lives.

Alfried Längle, a representative of Existential Analysis, a student of Frankl, postulates the search for inner consent to life in dialogue with one's inner world, where the will to meaning is the main motivation [1]. It encourages one to take responsibility for one's life and, consequently, cope with it better [1, 2, 9]. It supports people in fully experiencing themselves and the world, both cognitively and emotionally, in accordance with the contents, goals and values that are really important to them [1].

Existential Analysis and Logotherapy are methods recognized by the American Psychiatric Association, the American Psychological Association, the American Medical Association and the WHO. The European Psychotherapy Association in Vienna recognized the scientific value and therapeutic validity of Logotherapy and Existential Analysis within the International Association of Existential Analysis and Logotherapy – GLE International, granting accreditation under the European psychotherapy certificate [5, 10].

Research perspective in existential psychotherapy

Orlinsky [11] believes that the paradigm dominant in research narrows the way of viewing the phenomenon of psychotherapy to such an extent that the object of treatment becomes the disorder, not the person. Symptom improvement, as a criterion for effective psychotherapy, does not take into account the complexity of human mental functioning, reducing it to the diagnosis and the severity of symptomatology in the mental and bodily dimensions, without taking into account the personal dimension. According to other authors, the reason limiting the number of studies on existential psychotherapy is the diversity of the structure of the impact used [12] and methodological difficulties accompanying research in this field [13, 14]. This is confirmed by an extensive meta-analysis [4] assessing the effectiveness of various forms of existential psychotherapy from 1970 to 2014.

In the first stage, 1,046 reports were identified. In the next two steps of examination the following studies were excluded from the analysis: studies which lacked existential intervention or any intervention or did not provide results, description of the intervention or for other methodological reasons. Ultimately, 15 randomized controlled trials (RCTs) were included. These trials were conducted in the United States (n = 7), Canada (n = 4), the Netherlands (n = 2) and Australia (n = 2). The authors [4] indicate that most studies described the effectiveness of meaning therapy or supportive-expressive therapy in patients nearly fifty years old diagnosed with cancer or other somatic diseases. Greater benefits were achieved by subjects participating in group meaning therapy, compared to participating in a social support intervention, being on a waiting list, or receiving standard therapy (TAU). The authors [4] showed that participants in group meaning therapy found the meaning or purpose of life to a greater extent. The level of experienced psychopathology decreased moderately, and the sense of self-efficacy strengthened. Supportive-expressive and experiential-existential therapies reduced psychopathology to a small but statistically significant extent compared to the control group.

In a literature review [15], the authors showed that humanistic psychotherapies are effective in the case of interpersonal problems, relational trauma, helpful in depression, psychosis, also in patients with chronic diseases and habitual self-destructive actions. For

anxiety disorders they appear to be less effective than CBT. The therapeutic effect lasts up to 18 months after the end of treatment. The effectiveness of impact based on a humanistic approach, focused on acceptance, mindfulness and stress reduction, has also been demonstrated [15], but these were not RTC studies. When planning interventions and examining their effectiveness, it should be remembered that experiences of relational trauma often leave a lasting mark, and efforts to transform it into a form that does not renew the wound sometimes last a lifetime.

Research perspective in logotherapy

The work by Kocourek and colleagues, published in 1959, is the first report on logotherapy and existential analysis, describing case studies and statistical analyses of the effectiveness of existential analysis and logotherapy at the Vienna Polyclinic [16]. The authors reviewed the literature from three research areas: tools operationalizing the theoretical foundations of logotherapy, the impact of the sense of meaning and purpose in life on the pathogenesis of disorders, and the clinical effectiveness of logotherapy. A study on the effectiveness of a 6-week logo-autobiography [17, 18] showed that in the treated group, compared to the control group, the post-treatment and four-week assessment showed lower levels of depressive symptoms and higher scores regarding life purpose. Similarly, the effectiveness of 10-week group logotherapy was confirmed in a randomized pre-post-follow-up study [19]. Group logotherapy – 12 sessions over 3 months significantly reduced distress in the group of surveyed women compared to the control group [20].

Existential Analysis by Alfried Längle

Frankl's three-dimensional concept of man is the basis for understanding man in the Existential Analysis of Alfried Längle, a student and friend of Viktor Frankl [1, 5]. Frankl perceived man in terms of freedom, spirituality and responsibility. To the two existing dimensions, bodily and mental, Frankl added a third dimension – personal, which refers to the sphere of free choices, experiencing values, and the sense of meaning in life. Dimensions “relate to each other” and do not “compose” a person [21]. You can experience deficiencies in each of them, while being fulfilled in the others [21]. Existential Analysis, as a phenomenological (i.e., guided by the patient's statements, consisting in understanding, not explaining) and dialogical (i.e., related to introducing the patient into active contact with his world) psychotherapy, focuses on accompanying the individual in achieving free experience and making authentic choices and an independent, responsible approach to one's life and the world. At its center is the concept of “existence”, which means a meaningful life shaped in freedom and responsibility, in connection with the world with which we remain in mutual relations. The axis of the therapeutic process is the therapist's empathetic participation, and the center of the experience is emotions. In the dialogue between the therapist and the patient, an attempt is made to understand the patient's inner world. Existential analysis views man as a person inextricably linked to his life situation. It assumes

that man is understandable only through his dependencies and can be cured in relation to his interpersonal relations and references to the world.

The practical task of existential analysis is to explain (“illuminate”) life situations as important and valuable possibilities, the realization of which is called “existence.” An attempt to understand how existence came to be shaken. The specific understanding of a person’s existential reality gives rise to the possibility of taking a different look at one’s own attitudes towards life and the decisions one makes, gradually becoming able to be guided by the content, goals and values that are genuinely important to him [1].

Diagnosis in Existential Analysis

The main components of the diagnosis in Existential Analysis according to Alfried Längle are: the structural model – Four Fundamental Motivations, the processual model – Personal Existential Analysis and the understanding of psychopathology based on the adopted diagnostic systems – ICD/DSM [22]. The aim of diagnosis is the process of understanding what is the source of the patient’s suffering [1]. Diagnosis involves cooperation with other specialists and combines subjective examination with a phenomenological approach. The diagnostic process is circular and consists of five stages. The order of the stages is flexible, the duration covers several sessions, and obtaining a picture of the patient’s problems requires going through each stage at least once. The diagnosis process answers the following questions:

1. Is existential analysis an optimal treatment method in a given case, or is a psychiatric consultation recommended?
2. Is it advisable to use elements of other therapeutic approaches (systemic therapy, couples therapy, logotherapy techniques, body work, psychodrama, etc.) and when to use them?
3. What resources does the patient have (internal: cognitive abilities, ability to self-reflect; external: support from family, friends, etc.) enabling him to undertake therapy?
4. What potential difficulties should be considered for the success of the therapeutic work, both for the patient and the therapist?
5. What is a realistic goal, scope and time of work?

It is important that the diagnosis and therapeutic process take into account a holistic approach to the patient. The psychotherapist should look at the dimensions defined by Frankl, expand them to include motivations defined by Existential Analysis and refer to the multidimensional conceptualization of the patient’s problems in accordance with the current ICD/DSM classifications. Conceptualization is formed at the stage of diagnosis and is updated along with the implemented therapy plan, and the process of diagnosis and psychotherapy is dynamic and interdependent. The psychotherapist according to Personal Existential Analysis, should look for and understand the patient’s and his own internal inhibitions, blockages and resources. Get closer to the patient’s subjective world of experience, update the diagnosis and therapy plan to effectively predict treatment outcomes. The stages of the diagnostic and therapeutic process constitute an integrated system of diagnostic and therapeutic interactions that are in constant exchange and dialogue with each other.

An illustration of integrated diagnostic and therapeutic interactions is Figure 1.

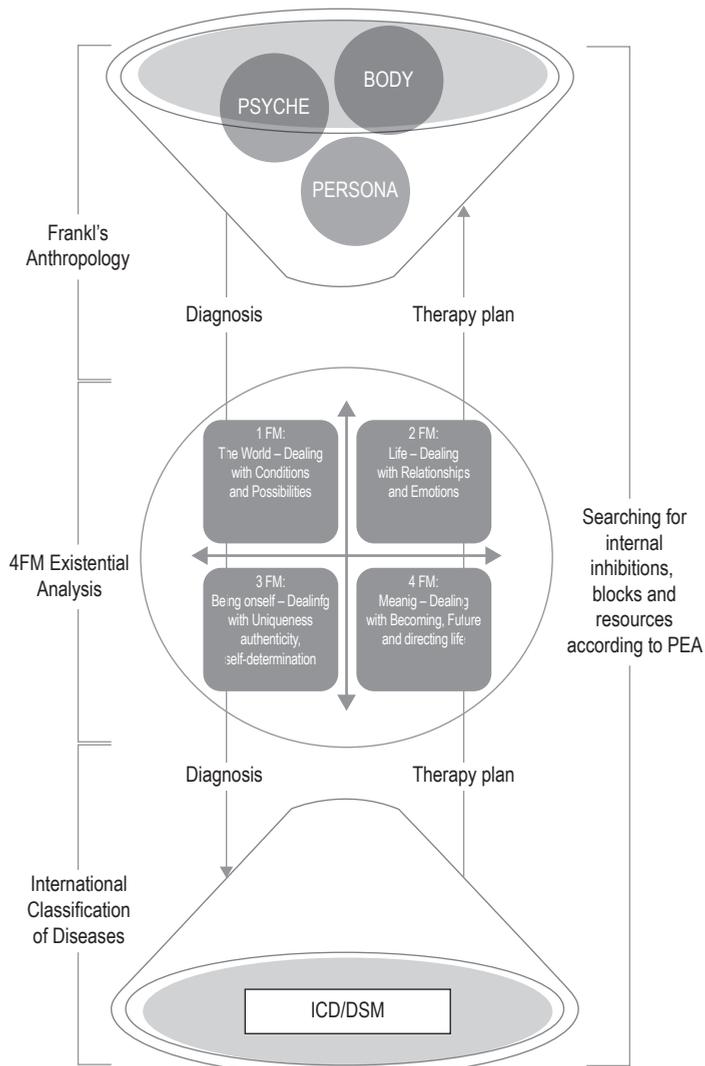


Figure 1. **Diagnostic and therapeutic scheme (own elaboration, with the author's consent, based on [22])**

The individual stages of the diagnostic and therapeutic process concern:

1. Searching for the patient's internal inhibitions, blockages and resources in the physical, mental and personal dimensions.
2. Internal search for the patient's inhibitions, blockages and resources in relation to the 4 Fundamental Motivations (expansion of the personal area). Examination of openness to dialogue (PEA) and disturbances in the process of receiving, processing and reacting, revealed in the therapeutic relationship.

3. Relating conceptualization (the way of understanding inhibitions, blockages and resources) in the existential trend to the ICD-11/DSM-V classification. Assessment of the severity of difficulties or psychopathology along with understanding the origins and reasons why the patient seeks help – understanding the patient's motivation to undertake treatment.
4. Development of a therapy plan.
5. Continuous updating of conceptualization in the therapeutic process, based on PEA and the acquisition and/or strengthening of the patient's resources in the therapy process.

Four Fundamental Motivations (4FM)

Frankl considered the will to meaning to be man's deepest motivation. Contemporary Existential Analysis draws attention to three more basic forces (motives) preceding the motivation of meaning, which move humans equally deeply. All together they create four personal-existential basic motives, four Fundamental Motivations (4FM). The first three motivations (personal) refer to a person, while the fourth (existential) to his life. Each is related to a specific fundamental existential question. The first concerns existence, the possibility of being. Second, life as such, its values. Third, the patient as a person, the ability to be himself. Fourth – the sense of meaning in existence [1]. Fundamental Motivations are associated with the concept of acceptance, which means recognizing, responding to, and accepting reality with its specific conditions. According to the assumptions of Existential Analysis, a person, regardless of the situation he finds himself in, faces the choice of accepting reality [23]. By responding to it, he gives his inner consent, understood as the recognition of given conditions of reality (which does not necessarily mean approval of them, it concerns the acceptance of reality as it is, without illusions and distortions). In the absence of inner consent, it is impossible to live fully and as a result, symptoms of mental disorders may appear.

The First Fundamental Motivation (1FM) refers to the ability to exist in specific conditions of reality. The existential question underlying this motivation is: I am here, but can I be here? By accepting reality along with experiences gained from the family system, painful experiences, mistakes, failures, weaknesses, criticism, inevitable suffering – a person confronts what is given, builds an existence based on truth, not illusion. What supports the ability to be is a sense of security, sufficient protection and support. The effect of the first Fundamental Motivation being fulfilled is a feeling of power and the ability to act. Disorders in this area of motivation are most often the result of insufficient support from reality, these are usually anxiety disorders and psychotic disorders.

The Second Fundamental Motivation (2FM) refers to the individual, emotional attitude to life. By building an emotional relationship, values are found for which a person wants to live and that move him. The existential question of this motivation is: I am alive, but do I like my life? To enjoy life you need: closeness, building relationships with yourself and others, and time. The effect of the second Fundamental Motivation fulfilled is a feeling of connection with one's life and building a bond. When a person experiences difficulties in experiencing values, he perceives life as sterile and devoid of content. Depression is a disorder associated with blocking the ability to experience the value of life.

The Third Fundamental Motivation (3FM) is about experiencing yourself as an individual. The existential question of this motivation is: I am, but do I have the right to be as I am? It refers to the feeling of self-worth, i.e., internal belief in being the way we are. Self-esteem is built in two ways – from the outside, thanks to other people – through the experience of being accepted, recognized, seen, treated seriously, and from the inside – by building it yourself, by recognizing your own distinctiveness and taking responsibility for yourself. The most typical disorders associated with a lack of a sense of inner authenticity and individuality are personality disorders.

The Fourth Fundamental Motivation (4FM) refers to the meaning of life, one's own existence, also in the longer term, in the future. The existential question of this motivation is: I am here, but why? The will to meaning complements and connects the other motivations. To feel meaning, you need personal commitment, the feeling that the area in which you act has value. Seeing meaning means seeing yourself, your experiences and actions in their connection with values. Man experiences meaning by implementing tasks and values, belonging to larger structures, developing himself, and also through religion. These experiences make it easier for him to be in harmony with his own world and find in it an individual meaning that can be realized in every moment of life [2]. When a person feels the meaninglessness of his life or cannot express meaning in his actions, then existence becomes blocked. This motivation may include disorders related to previous motivations, but addictions and suicides are most strongly related to the will to meaning.

Personal Existential Analysis (PEA)

The model relating to the processes occurring in psychotherapy and the relationship between the therapist and the patient is Personal Existential Analysis [9], which emphasizes the ability to build dialogue. Its basis is phenomenology in combination with the patient's experience with the "here and now" of his internal and external world. Personal Existential Analysis is based on Frankl's theory, but methodologically it goes beyond logotherapy. It assumes a turn towards the patient's internal experience, and therefore moves away from the focus on the external world of duties and possibilities present in logotherapy [2, 9].

The method focuses on dialogue, on the phenomenon of meeting between the therapist and the patient, being in the present, in constant exchange aimed at mutual knowledge. It teaches openness to dialogue, examines disturbances in the process of receiving, processing and reacting, which are revealed in the therapeutic relationship. There are four stages in Personal Existential Analysis:

1. Descriptive phase: What does the patient say? How does he say it? Why does he say? Why does he say this to me? Why now? How do I take it? The purpose of a thorough description is to create an impression.
2. Phenomenological analysis of impressions, connection with emotions.
3. Analyzing the internal attitude, finding the attitude towards the situation.
4. Expressing an attitude towards the world, along with taking responsibility and taking action.

Conceptualization of trauma according to Existential Analysis

Trauma, due to its nature, is an experience that goes beyond ordinary human experiences [24, 25]. In the case of relational trauma, repeated situations of violence or neglect make the individual helpless and terrified. They lose trust in the world (1FM), people (2FM), and themselves (3FM). They take away the meaning of existence, they break the existential coherence embedded in 4FM. One of the characteristic features of the experience of trauma, apart from the paralyzing experience of terror, is the experience (perception) of the devastating incomprehensibility of reality, which is unparalleled [26] because it violates the ontological meaning of existence. When faced with trauma, a person experiences a pervasive loss of trust in himself, people and the world, and is unable to cognitively respond to the situation. Trauma violates existence at all levels of motivation: the ability to be (exist), the sense of meaning and value of existence, the ability to live in a relationship, the integrity of personality – it ruins self-image and self-esteem. It deprives you of faith in the future, in development in which one's own life and actions could bring satisfaction and be developing. A person deprived of structural elements of existence (fundamental motivations) loses access to his or her personal resources: self-perception (creating boundaries as the basis for dialogue), self-evaluation through free self-definition, self-esteem.

The experience of trauma introduces a “state of suffering”, a permanent state that is not a process in which the experience remains external without the possibility of internalization [26]. Existence becomes blocked: the world ceases to be safe, life becomes unattractive, foreign, access to oneself is lost, the future is not constructive, there is no meaningful growth and transformation [26]. Authentic contact with oneself, people, the world is disrupted and basic trust is violated. A person with an experience of complex trauma finds himself in a state of “prolonged processing paralysis”. Instead of processing, old images are activated against the background of primary emotions. Emotional numbness and anhedonia appear, and activity shifts to the reaction level with predominant avoidance behavior [26].

In the light of research on relational trauma (diagnosis of cPTSD according to ICD-11), people with this experience are characterized by deficits in the area of affect regulation. Their experiences are not fully understandable to them, they have no control over their intensity, and they have difficulties in adequately experiencing the present [27]. Understanding relational trauma as “emotional freezing” as a result of violence and/or neglect corresponds to the definition of pathology proposed by Existential Analysis and may indicate a lack of internal consent on each of Alfred Längle's Fundamental Motivations: 1FM – hostile, suspicious attitude towards the world (reference to the world), 2FM – withdrawal from social contacts (reference to life), 3FM – feeling of emptiness (self-reference), 4FM – hopelessness, chronic state of tension (giving meaning, understanding context). The symptoms of both PTSD and cPTSD, according to ICD-11, from the perspective of the Four Fundamental Motivations, corresponds to each of the 4FM [24, 26]:

- 1FM – weakening the ability to be, the sense of one's physicality – sleep disorders, vegetative arousal, tremors, excessive motor reaction to sudden stimuli, weight loss – violated space, lack of protection and safety, sense of threat – attack on fundamental trust, according to ICD-11: again experiencing a traumatic event in the present, a current sense of threat.

- 2 FM – disturbances in emotional exchange with the world, lack of connection with values – “emotional numbness”, irritability, low mood, difficulties in regulating emotions, feeling of being flooded by emotions related to recurrent experience of traumatic situations/experiences, avoidance of situations/people similar to traumatic events, continuous processing of traumatic events – emergence of vivid memories or dreams, according to ICD-11: avoidance, affect dysregulation, relationship disorders.
- 3FM – disorders in the area of self, lower self-esteem, lack of sense of coherence – the need to keep the traumatic experience “away from yourself” – which causes even greater distance from yourself, splitting – self and trauma, according to ICD-11: negative self-image.
- 4FM – disturbances in the perception of the future, lack of horizon, interruption of the “life line”, vision of a world in which everything valuable can be destroyed at any time according to ICD-11: current sense of threat, impaired functioning for PTSD and DSO.

Deficits in all dimensions of existence (illustrated in Figure 2), structural weakening of basic motivations and stopping human existential fulfillment, explain the co-occurrence of PTSD/cPTSD according to ICD-11 with anxiety, depression, dissociation, somatization and addictions [26, 30].

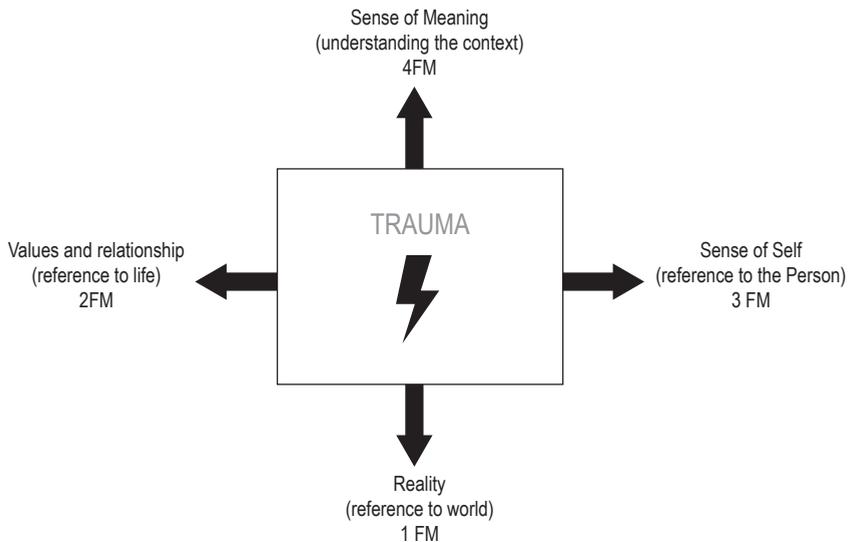


Figure 2. Trauma understood as massive disruptions within 4FM (own elaboration, with the author’s consent, based on [25])

Disturbances within 4FM relate to therapeutic work, they indicate specific areas of work in accordance with the structural model of existential analysis and fundamental motivations affected by trauma. They determine the sequence of stages of therapy:

- 1FM: reality (reference to the world) – working on accepting what is given, restructuring assumptions about reality.
- 2FM: values and relationships (reference to life) – relationship with the therapist and gradual inclusion of emotions in the therapeutic relationship, empathetic accompaniment.
- 3FM: restructuring of the “I” (self-reference) – gradual work on recovering one’s own history, processing traumatic experiences and building (restructuring) the image of oneself as a person.
- 4FM: understanding the context (giving meaning) – restructuring, searching for meaning, giving meaning, integration of experiences and resources and therefore post-traumatic growth.

Therapy in the Personal Existential Analysis model allows you to “stop” and observe the experience, experiencing it in a safe way. Individuals can create continuity of experience and consistency within themselves. In other words, Personal Existential Analysis allows you to return “to yourself”, on the emotional and cognitive level.

Theoretical basis of the 4FM Acceptance training

The 4FM Acceptance training refers to each of the Fundamental Motivations. According to the assumptions of Existential Analysis, psychopathology is defined as a situation in which a person feels blocked or prevented from trying to live the life they consider appropriate for themselves [1, 9]. The planned therapeutic procedures, taking into account the time constraints of the process in day wards, focus on teaching acceptance understood as accepting reality with its specific conditions on each dimension. The 4FM Acceptance training involves equipping the patient with tools related to building or strengthening relationships with himself and the world in internal dialogue, teaching and supporting acceptance of reality, giving meaning and purpose to life along with recognizing one’s biography. It is based on multimodal influences in the mental, bodily (existential grounding), personal and existential dimensions. The training indicates the differences between acceptance and approval and the possible consequences of both attitudes. It teaches how to understand the individual world and accompany oneself and others in achieving free experiences, making choices and an independent, responsible approach to one’s own life and the world.

Summary

The way of perceiving a human being presented in this article takes into account a holistic approach both in the diagnostic process and in planning therapeutic proce-

dures. According to the ICD-11 classification, it refers to dimensions and not categories of individual mental disorders, thus allowing us to get closer to the subjective world of the patient's experiences. The proposed diagnostic and therapeutic scheme allows the patient to learn and accept himself, the world and people based on the principle of equal partnership of dialogue participants. It facilitates the restructuring of meanings damaged by trauma at each Fundamental Motivation. It helps in discovering individual meaning. It emphasizes the dynamic course of diagnosis and psychotherapy, which are interdependent and interchangeable. It refers to the multidimensional conceptualization of personality disorders introduced in ICD-11. It indicates the severity of difficulties in relation to important areas of human functioning, and supports the patient's understanding by referring to his subjective world of experiences and beliefs. It enables the patient to be equipped with tools related to strengthening the relationship with himself and the world, supporting acceptance of reality, giving meaning and purpose to life along with recognizing his life history – which is crucial for the effective treatment of cPTSD [2, 28]. It introduces a functional approach that is close to what Aho points out in his collection of essays on existential medicine [29 p. 12]: “Human existence (Dasein) cannot be reduced to measurements from blood tests, cardiographs and stethoscopes. Rather, existence is a way of being, an affective, situated and embodied activity – not a ‘what?’ but ‘how?’ – we are as people” [29, p. 12].

Existential Analysis takes into account human life as a whole, assuming that the fulfillment of existence can be achieved in a situation of connection and cooperation of all human dimensions. It emphasizes the importance of activities aimed at supporting people in fully experiencing themselves and the world, both cognitively and emotionally. It places emphasis on individual dispositions such as making decisions in harmony with oneself and taking responsibility for one's life, which in turn enables better coping with it [1, 5]. It develops those abilities that have been blocked as a result of experiencing relational trauma: the ability to live life to the fullest (revealed as “freezing” or hyperactivity), sense of meaning, acceptance of reality (instead of avoiding, experiencing a feeling of threat), being yourself, accepting yourself, building satisfying relationships with oneself and others [24]. The 4FM Acceptance training involves therapeutic procedures that equip patients with tools leading to better understanding and acceptance of the world, life and themselves, and inspires to the search for individual meaning.

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