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Antoni Kępiński – a Man, Philosopher, Physician. Biographical Impressions and Inspirations for Pedagogical Activity

Abstract

This article aims to reconstruct the basis of the therapeutic concept of Antoni Kępiński, one of the most outstanding Polish psychiatrists, along with considering the possibility of relating the main assumptions of axiological psychiatry, as well as the phenomenological and existential foundations underlying his way of perceiving the relationship with the patient, to more general, pedagogical relationships in the process of upbringing. For this purpose, I will analyze critical events (turning points) in the psychiatrist's biography, theoretical inspirations that are a source of reflection as well as the subsequent development of the concepts of mental health, illness and individual well-being. Then I will reflect on which of them can be an inspiration for contemporary pedagogical thinking and activities.

Keywords: axiological psychiatry, phenomenology, relationship, inspiration, upbringing.

Antoni Kępiński is one of the best-known and most outstanding Polish psychiatrists. He was born on November 16, 1918, in Dolina near Stanisławów. He came from a family with strong intellectual background; his father was a district governor, and his mother was a home lady. As an eighteen-year-old, in 1936, he began to study medicine at the Jagiellonian University, what were interrupted

by the outbreak of World War II. As a participant in the September Campaign, Kępiński attempted to get to Hungary and France to join the newly organized Polish military units. While crossing the Pyrenees, he was detained by the Spanish authorities and imprisoned in the concentration camp in Miranda de Ebro. Released, he went to Great Britain, where he served in the Polish Army in the United Kingdom for some time. In 1945–46, he continued his medical studies in Edinburgh, and in July 1947, he returned to Poland. Shortly after his return, he started working in one of the clinics of the Medical University in Krakow. There, he defended his doctoral thesis in psychiatry (1949), obtained his Habilitation degree, the highest university degree (1960), and was appointed a professor (1972). He died as a result of a severe illness on June 8, 1972.[1]

Analysing Kępiński's biography, we notice that there are no accidental events in it – everything he participated in, even if it was a coincidence, was used in the process of biographical learning. Turning points in biography are of particular importance in this context.

This article aims to reconstruct the basis of the therapeutic concept of Antoni Kępiński, one of the most outstanding Polish psychiatrists, along with considering the possibility of relating the main assumptions of axiological psychiatry, as well as the phenomenological and existential foundations underlying his way of perceiving the relationship with the patient, to more general, pedagogical relationships in the process of upbringing. For this purpose, I will analyze critical events (turning points) in the psychiatrist's biography, theoretical inspirations that are a source of reflection and the subsequent development of the concepts of mental health, illness and individual well-being. Then I will reflect on which of them can be an inspiration for pedagogical thinking and action today.

Turning points in Antoni Kępiński's biography

Turning points in biographies are usually understood as significant events constituting the beginning of something new, accompanied by moments in which there is a reflection on what has happened so far. They often add a new quality to biography and have a developmental significance: new perspectives of action are revealed, and there are corrections and revisions of plans for the future and ways of assessing or interpreting the past. (Szmidt, 2012)

Twenty-year-old Kępiński studied medicine at the Jagiellonian University. When, as a third-year student, he was returning home through Krakow's Matejki Square, he was attacked by a group of young extremists, because he was wearing a red student cap, the colour of which was assigned to the field of study and

[1] Retrieved from: https://nauka-polska.pl/#/profile/scientist?id=216198&_k=yhh0y2

did not result from political beliefs. The whole situation, as well as the severe beating, resulted in a long break from attending medical classes. Probably, Kępiński was so deeply immersed in despair, so shocked and unreconciled with what happened to him, that he suffered a psychotic episode as a result of the attack – this is the opinion of, among others, Krystyna Rożnowska. (Rożnowska, 2024)

This experience, with all its drama and separation from the reality and events happening around him and their rational dimension, was supposed to make him admire psychiatrists, their knowledge, and the range of skills needed to diagnose and deal with patients. Another thesis says that the very inexplicability of the attackers' actions initiated Kępiński's interest in psychiatry. Already as a doctor, in his practice, he represented the view that severe mental experiences, including episodes of illnesses classified as mental, can be a source of strength and have auto-formative potential. (Kępiński, 2002) The question always arises whether the psychiatrist's mental problems make him understand his patients better. We do not know whether Antoni Kępiński thought so, but we know he was a declared opponent of hasty diagnoses, pigeonholing and treatment regimens. He realized that the world of a mentally ill person is more diversified than the one of a healthy person, which is why he approached each person individually with respect and readiness to listen.

An additional and significant event in Kępiński's biography was his eight-year stay outside Poland (1939–1947). The novice worked as a paramedic and male nurse. However, after the defeat of the September Campaign, like many young people, he tried to get to France, where Polish army units were being formed under the command of General Sikorski. Unfortunately, the crossing was interrupted by internment in Hungary and then by arrest in Madrid, as a result of which Kępiński was imprisoned and sent to the Miranda de Ebro concentration camp, where he spent 2.5 years. After leaving it, he went to Great Britain. In Edinburgh, he completed his medical studies and started working as a doctor for the first time. Although he had all the necessary qualifications to continue his medical career in emigration, he returned to Poland in July 1947, and then, equipped with letters of recommendation from England, he started working at the Neurological and Psychiatric Clinic in Krakow at Botaniczna street (later, the clinic was moved to Kopernika Street, where the 6th Neurological and Psychiatric Department of the hospital dedicated to St. Lazarus was established). Several turning points can be marked during the period in question. The first one was the stay in the Miranda de Ebro camp. Despite the difficult conditions in the field, Kępiński tried to remain calm and maintained his mental hygiene as much as possible, and, above all, good relationships with his fellow prisoners.

Since it was more of an internment camp than a labour one, Kępiński talked a lot with the people he met and wrote letters to his family in which he asked about the situation in the country, health and everyday affairs of the recipients.

He did not complain and did not want to distress his relatives, hoping that the situation he found himself in would end soon. He read the Holy Bible, Kipling's stories and Nowakowski's books. He diligently studied anatomy and physiology from medical textbooks purchased and sent by the Polish Red Cross, and he also learned English and Spanish. Work-related activities included tedious but also useful ones, such as peeling potatoes and senseless ones, such as carrying soil in baskets from one place to another and moving stones (Mateja, 2019, pp. 129–169).

Kępiński did not particularly care about the two situations in April and October 1941 in which he was beaten and sent to solitary confinement only because he caught the attention of a man guarding the soup queue. It may be assumed that during his stay in the camp, he learned to adapt to challenging conditions, to find meaning in the problematic and hopeless everyday life without absorbing or worrying those in the distant homeland waiting for his return and praying for his health and life. The breakthrough of the time spent in internment lies in the unique ability to recognize what is abnormal as usual without losing faith and hope for the return of true normality, also by shifting attention away from oneself and focusing it on what, even temporarily, brings oblivion and on those who need conversation, comfort or even co-presence. Memories, visualizations of dreams, stories from pre-war times, and plans for the future played a significant role in these processes.It is safe to say that Kępiński dabbled in therapeutic activities for several years before he became a psychiatrist. His maturation as a person and a doctor seemed to be accelerated by self-reflection on whether he could complete his medical studies and become financially independent.

Kępiński reached the British Isles via Gibraltar in the spring of 1943 and then reported to the RAF military centre, where he attended a pilot course, which he was unable to complete successfully. He soon reached Edinburgh, where he resumed his medical studies at the turn of October and November 1944. He received his medical diploma two years later. Employment in three Scottish hospitals, and then English supplies – this was not how one could imagine the beginning of a medical career. Also working for food and accommodation in a military, under-heated sub-tenant room, was not what he expected. Therefore, driven by the desire to become independent and self-fulfilled, but also because of the growing longing for his family, he returned to Poland in July 1947. It was another turning point in the psychiatrist's career. It combined two completely different realities: studies in pre-war Poland, living in a Krakow home full of warmth and love, plans and dreams of working as a doctor and returning from a seven-year war wandering to a country where the only family member left in Krakow was his mother. It was a return to a country where people who had actively fought for Poland's freedom in the ranks of the Home Army were sought (Kępiński's sister, Łucja, and her husband were among them), where working

youth were not cared for[2], work orders were issued, tenants were moved to surviving apartments, et cetera. Despite this, Kępiński found himself well in the demanding reality: he moved in (although only for half a year) with his lonesome mother. He started working in a neurological and psychiatric clinic in Krakow. Then he left, according to his employment referral, to care for a team of labour brigades near Lwówek Śląski.

Jacek Bomba, who observed the beginnings of the doctor's career, when asked what, in his opinion, determined Kępiński's choice of specialization, emphasized that Antoni had the mind of a philosopher and anthropologist, not a medical practitioner. First, he wanted to understand reality and the causes of diseases and only then treat them, which is sometimes impossible in clinical and emergency medicine. He dismissed the reason of Kępiński`s interest in psychiatry was the desire to understand his situation, including overcoming bad memories, as is the case with some psychologists and psychiatrists. (Mateja, 2019, pp. 49–53).

On January 31, 1948, Kępiński married his childhood friend, Janina Kłodzińska, and, apart from his wife, he gained another friend for the rest of his life in the person of his brother-in-law, Doctor Stanisław Kłodziński, who practised as an ophthalmologistm(now a pulmonologist). All sources describe the Kępińskis' marriage as successful and lasting, emphasizing that it was not an arranged relationship – the spouses fell in love, and they committed themselves to each other, knowing that it is easier to go through the world together than separately. Jadwiga Kłodzińska provided support and help; she cared for her husband and the house and organized trips and social gatherings. They had no children but cared for several animal pets. They were very happy. This relationship, along with the beginning of a psychiatrist's career in the clinic, can be considered a kind of summary of youth and entry into the stage of mature biography.

The last turning point that had a significant impact on the life and scientific legacy of Antoni Kępiński was cancer. It seems the threat of his diagnosis in 1970 (multiple myeloma) turned his life upside down. Nothing could be further from the truth. Kępiński did not stop working, and the renouncement was not made immediately. When, in the last case, it was no longer possible to take care of himself and continue managing of the clinic, he moved to the nephrology ward. He was given a hospital room where his wife, beloved cat (Antoś) and dog (Czarusia) could stay at all times. Realizing that time was passing to his detriment, he prepared for printing `Fear`, `Psychopathology of neuroses`, and `Rythm of Life`. However, he left many notes, lectures, and other valuable materials that made possible to publish his works posthumously.

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[2] The evidence may be, for example, the decision to dispose of rotten fish intended for consumption by the Junaks, which Kępiński, as a doctor in charge of the unit, made, and for which he had to pay for the batch of "wasted food" from his own wages.

He woke up at 4 a.m. and wrote intensively, because later, he had scheduled treatments and visits from guests: doctors, students, and friends. The endless stream of visitors even prompted someone to hang a note on the door urging more restraint when visiting a seriously ill man. He died on June 8, 1970, at only 52 (Mateja, 2019).

Sources of Antoni Kępiński's concept of therapy

Kępiński's first master was doctor Władysław Stryjeński. They thought similarly about patients who consulted a psychiatrist – their differences are not due to the disease but to greater sensitivity than the general population, which is most often the cause of deterioration of the condition and the occurrence of disease symptoms. Later, several other doctors introduced him to the secrets of psychiatry, but he covered most of the path to outstanding achievements – not only thanks to his medical knowledge. An analytical mind, intelligence and war experiences supported him—observation of complex situations where he often found himself also provided grounds for an accurate diagnosis. Kępiński read many works by philosophers, psychologists and psychiatrists. He probably learned his first philosophical writings while still a high school student and later used them in his medical practice, including Aristotle, Thomas Aquinas, and Giovanni Pico Mirandola[3]. They show that the basis of humanistic psychiatry is that the patient is an integral person with legal personality, value and full respect for subjectivity. Then it was time to recall Descartes' thoughts – mental illness violates Cartesian logic and disrupts the concept of referent (in the world of a person who suffers from schizophrenia, objects change their properties, so concepts are unstable) through the specificity of feeling the world, it creates the illusion of duality – being in both the real and the fantastic world and the line between them is thin and not always obvious. (Kępiński, 2002)

Immanuel Kant's thoughts in "Critique of the Power of Judgment" also seem valuable in building a psychiatrist's knowledge. The philosopher writes about the power and uniqueness of imagination, which among living creatures only humans have (Kant, 1964), while the psychiatrist notes that its transformation and blurring of the boundaries between what is and what the affected mind perceives and treats as accurate, true, serves to build one's imaginary world, which can be both beautiful and dangerous in the sense of controlling the patient's intentions and actions.

The inspiration for Kępiński's therapeutic activities was primarily phenomenology. What is characteristic here is both the mapping of nature and all human

[3] Paulina Walesiak, retrieved from: https://ogrod-nauk.pl/antoni-kepinski-i-jego-niezwykla-monografia-poznanie-chorego/

activities in the world (Husserl, 1982), realized in acts of transcendence (I in the world), as well as the reflection of the universe in man, the saturation of the personality with values flowing from the environment, building one's own beliefs and self-image based on about observation, but also interpretations made by others, which is possible thanks to the processes of socialization and internalization (the world inside me). At the same time, every act of experiencing the world and oneself in the world is an act of self-confirmation and self-interpretation of the surrounding reality. The development process uses two integrated forces: the logos of life and the individual's creative imagination. The entire universe, and therefore man as a part of it, is changeable and subject to constant transformations, so creating a specific, unchanging method of cognition and supporting development processes through dualisms (body-soul, finite-infinite, subject-object) loses its meaning. (Tymieniecka, 1987)

These assumptions give a unique character to Kępiński's therapeutic concepts – each disease history is also the history of a person's life, has biographical sources and is deeply rooted in lived experiences and turning points. Diagnosis becomes a specific act of cognition and is the result of a thorough exploration of not only the current condition of the patient but also environmental factors contributing to the deterioration of health. The recovery process is about modifying how the patient experiences these factors.

Next to phenomenology, Victor Frankl's (2011)logotherapy was the second significant source of inspiration for a psychiatrist.

Kępiński and Frankl share similar war past – both were prisoners of camps, and thus contributed to their further biographies not only a certain amount of negative experiences but also the need to work with them – to search for the meaning of themselves so as not to destroy hope, but also in order to restore faith in the possibility of change.

The search for the meaning of life and the pursuit of values accompanying existential analysis, were more of introspective than retrospective nature. Kępiński tried to convey the main ideas of it to his patients with probably varying degrees of success, focused on setting a goal and striving for something. Lack of aspirations, boredom, existential emptiness and frustration are often followed by anxiety and neurotic disorders. The truth of these assumptions was confirmed by the psychiatrist personally, who tried to occupy his time during internment with reading, a writing dialogue with his family, organizing the camp community, learning languages, and praying to eliminate the destructive impact of the surrounding conditions and the situation in which he found himself on his psyche. In his writings, Frankl presents faith in the sense of searching for truth. This meaning, just like the meaning of our lives, is individual, and existential therapy aims to awaken responsibility for oneself, for one's own life, despite the wrong circumstances and what has happened to us. Whatever has happened to us, we will not be given a second

life to live it, writes Frankl. These are the only ones we have that can be used so as not to feel regret for what we could have changed or what we had influenced. The purpose of existence in logotherapy is broadly understood. We can direct it towards creative work or action (creative, i.e. one that changes something in us and around us or combines these aspects), experiencing something (ideas, faith, grace), contact with other people, the way we endure suffering and what is inevitable in our lives and at the same time does not depend on us. (Frankl, 2011)

In some places, logotherapy is combined with the postulates of phenomenological thinking, and the point of contact is the concept of transcendence as the uniquely human ability to go beyond oneself and search for meanings and possibilities despite or above what surrounds us. The author wrote, 'There is space between the stimulus and the reaction; in this space lies the freedom and power to choose our response" (Frankl, 2011).

Kępiński's biography seems to exemplify this principle in many moments of his life. Whether he was beaten by militants, interned in Spain or dying of cancer, he was able to put it into practice.

Therapeutic work implies reflection on the motives of our actions and their proper structuring. There is no point in thinking about `why`; you must first consider `what for` before applying `how`.

To cut a long story short, effective action is one in which we first set a goal and then develop the means to implement it. There is a similarity in education – we derive goals and principles from values, and methods appear later. For Kępiński, the philosophical source of information about the meeting with another person in the therapy process, was probably Martin Buber's concept of I and You (Buber, 1992). The Jewish philosopher writes about the fundamental relationship of a spiritual aspects of a person with another human, leading to the acquisition of self-awareness, speaking in the first person, constituting one's "I" towards others and recognizing one's "I" in others. It helps set boundaries. It touches on the process of shaping identity and the emergence of someone who has experienced evil, good, suffering, joy and sadness, health and disease in life. (Buber, 2022) Therefore it applies to the reconstitution of a person in the process of therapy, what Buber did not mention about. Personal, therapeutic contact with the patient is a variation of Buber's set, i.e. a situation in which "I" relates to "You". It causes a profound effect, becoming the beginning of change.

Interestingly, this change affects both the patients themselves and the doctor. Exceptional nature of psychiatry lies in its uniqueness – experiences, methods of treatment, recognition what helps to regain health and what hinders it. This therapeutic encounter is probably, as Siemion Frank (2007) would say, an encounter with a mystery, unique and undefined, which needs to be understood and tamed in order to give a chance to emerge what is new, unknown, and which helps to live better and cope with everyday life.

Another type of reference included the works of famous psychologists of both psychoanalytic and humanistic orientation, among which it is worth mentioning the writings and reflections of Sigmund Freud, Erich Fromm, Karen Horney, Carl Gustav Jung, Alfred Adler and Harry Stack Sullivan. Antoni Kępiński combined what was individual with what was social; he looked for interpersonal conditions in intrapsychic processes and vice versa – everything he became familiar with served to deepen and improve his already vast knowledge, adapting therapy to the needs of patients.

Basics of Kępiński's therapeutic concept. Axiological, understanding psychiatry

The basis of Antoni Kępiński's therapeutic concept is his theory of energy and informative metabolism, which is also a kind of model of living nature. Its primary assumption is that there is a continuous process of energy and information exchange between every living organism and its environment. (Kokoszka, 1999) While the energetic part belongs to the body (soma), the information part refers to the psyche (psyche). Within it, we can distinguish the self-preservation instinct, which consists of innate mechanisms of action and reaction intended to ensure the body's survival; the emotional layer – which consists of mechanisms that subconsciously regulate our behaviour; and finally, the socio-cultural layer, which consists of what is adopted in the socialization process – patterns, norms, rules of social life (also certain moral content, scripts and narratives that introduce an individual to the world – note by MK).

Therapy penetrates all these layers but excludes shaping the patient, so its nature is non-directive and facilitative. Refraining from judgments and valuations is an element of phenomenological reduction (epoche), withdrawing what constitutes knowledge and judgments about the reality around us before becoming familiar with it and adopting the assumptions of humanistic psychology. The therapeutic process is therefore carried out on three parallel levels: intellectual understanding of the symptoms of the disease and searching for their causes, corrective emotional experiences that change the way one perceives oneself, the surrounding world and other people in the process of direct contact with problems, feelings, reflections and doubts caused by attitude, behaviour and the patient's statements (Kokoszka, 1999). Only their disclosure, denunciation, and acceptance can initiate a change in patients` perception of themselves, the situation, or the problem. The conversation plays a unique role at this stage, which reveals what is crucial in the patient's daily functioning. Finally, a corrective experience of values allows one to return to everyday life, hierarchize individual elements of reality, and regain hope and meaning by organizing one's in-

ternal space and setting the boundaries between what is internal and external. Kępiński used Buber's in-depth dialogue, carried out in the formula of a meeting between I and You (Buber, 1992). He also used non-specific therapeutic factors, which are components of influence, agency, identification (transference), and charisma-all of these skills characterized him. In this approach, it is about the ability to identify what elements of relationships with others and self-image have been disturbed – the ability to restore the patient's will to live and regain faith in the possibility of reconstructing the experienced world depends on an accurate diagnosis at this stage. It is also about the power of words and revealing the factors that cause the patient to take on the role of a victim or aggressor, indicating why he gives up his subjectivity and unique opportunities to create his own life and become a person in the process of self-realization and self-actualization. (Rogers, 2002; Maslow, 2004) However, the author's diagnosis and therapy concept would not be possible without the values that constitute its foundation. The axiological triad consists of freedom, love and truth.[4] By connecting and complementing each other, they (to varying degree) directed therapeutic work, constituting simultaneously a signpost and the center of the psychiatrist's therapeutic influence. By making them the basis of therapy, the doctor admitted that they were a reference point in other types of relationships and, therefore, as one might assume, in upbringing. They allow one to be human being and discover the meaning of life both on the individual and social level. Rejection of values and actions inconsistent with them arouses fear and leads to internal conflicts and axiological conformism because – however trivial it may sound – they are the ones who order the world and our thinking, helping to hierarchize the surrounding reality.

The humanistic dimension of the doctor-patient relationship based on the writings of Antoni Kępiński

> For him, the patient was a guide introducing the doctor to the world of the disease. He treated him as a partner with whom they should seek recovery together. It does not change that it was Kępiński who had knowledge and therapeutic experience, both of them significant, considering the large number of patients he dealt with. Kępiński's relationships with patients have always been professional. Devoid of both familiarity and affection. Based on the stories patients told him, I can say that Docent – as Kępiński was addressed for many years – focused on making them believe in themselves: that they can live despite traumatic experiences, that they can overcome fear and separate delusions from reality.
>
> Kępiński treated not only with words, as is commonly believed. He was able to ideally prescribe and sometimes mix pharmacological treatments, as among others, told me Halina Bortnowska, a publicist whose mother was Kępiński's patient"[5]

[4] Some commentators on Kępiński's activities mention other values: faith, hope and love

[5] Magda Roszkowska talks to the author of the book about Antoni Kępiński, Anna Mateja, retrieved from: https://weekend.gazeta.pl/weekend/7,177333,25596208,antoniego-kepinskiego-interesowal-czlowiek-a-nie-tylko-choroba.html/

Antoni Kępiński made a breakthrough in Polish psychiatry, as he was a precursor of a modern approach to patients based on sensitivity, understanding, openness, and respect for the other person's dignity. He combined psychiatry and psychotherapy with individual case study, commonly applied in social pedagogy. As an advocate of the community approach, he also supported patients outside the hospital. A therapeutic community was organized in the hospital, and the main purpose of it was to maintain what was achieved through pharmacotherapy and individual meetings with doctor. It was also extended by a club called Zawilec, where current and former clinic patients met. (Mateja, 2019) Kępiński believed that isolation, lack of responsibilities and dull daily routine make recovery difficult. The main therapeutic factor is the bond with those in similar situation that allows one to survive the most difficult experiences, as he discovered during his internment in Miranda de Ebro. Establishing relationships with others and escaping loneliness support the recovery process to the same extent as pharmacological treatment and psychotherapy do.

He did not limit the patient's knowledge to the natural sphere – it had primarily a humanistic dimension – limiting himself to scientific and medical knowledge alone makes it impossible to make a proper diagnosis because the patient treated as an object takes a defensive attitude. At the same time, Kępiński wanted to avoid mistakes common in therapy (e.g. judge's or mask ones). First, he focused on establishing a bond with the patient based on empathy and trust, which did not exclude distance and professionalism. Distance to one's life and oneself contains the element of consent to what we do not influence – including the passing of time, the evolution of what we find, and passing away. Not accepting the above can cause frustration and block our internal growth.

The treatment with the word, conversation mentioned in the above quote was strengthened by a parallel, horizontal patient-doctor relationship, respecting the principle that the patient's well-being is more important than scientific goals, affirmation of the human person (*amo ergo sum*), creating an atmosphere of support for which the starting point was a common search for a path to recovery. Dialogue and therapeutic contact also involve silence: kindness, alertness, and approval, understood as helping the patient and as an incentive to change and act. As Zdzisław Ryn, one of Kępiński's many students, writes, everyone felt better and uplifted by him (Ryn, 2007).

As a doctor, Kępiński was insightful, and it is noteworthy that he combined treatment with a biological profile with an existential and phenomenological approach to the patient, characterized by deep understanding, dialogue and consistency in behaviour. As a person, the psychiatrist was cheerful, patient, and understanding of the weaknesses of others, but also very consistent in what he said and did (Leśniak, 2014). He was considered an expert and authority in the clinic, always helping, distinguishing and supporting those who experienced dif-

ficulties. He could bring out the best in others, look for goodness and hope, and point out the creative aspects of illness. (Ryn,2007)

Inspirations and impressions for pedagogical thinking and action

When looking for connections between the concept of therapy developed by Antoni Kępiński and upbringing or education, it is worth returning to its sources, considering the phenomenological relationship between a person, his interior and the world of the culture surrounding him. When developing his concept of mental illness therapy, the psychiatrist stuck to the relationship between a person and his environment and noticed that past experiences largely determine our mental condition. It was confirmed in the doctor's biography.

Therefore, the processes of upbringing and socialization considered from a phenomenological perspective appear to us as alternating cycles of interiorization – norms, rules of social life, cultural patterns and externalization – of what has been lived, known and experienced. Interiorization is mainly about taking over cultural heritage, in which intergenerational transmission plays a fundamental role. We enter ready-made structures of language, customs, and ethical and aesthetic norms, subordinating what is individual to collective. To some extent, we lose authenticity and uniqueness – all the more we need a Master, a spiritual guide – someone who will explain the world, a strange, unique and not always understandable world. Language does not fully express our experiences, although it undoubtedly determines the limits of our world (Wittgenstein), hence the demand for deep contact with another person, face to face, based on conversation, the interpenetration of I and Thou (Buber) and facing mystery (Frank), a specific exchange of perspectives, points of view and references ("my world is your world ") (Schütz, 1986 after Krasnodębski). Such contact is present both in the opening, non-directive therapeutic meeting and upbringing – only when it has the features mentioned above it awakens introspective abilities in the person being raised (Śliwerski, 2001) – opening up to the other person, their presence and message. Only then is it possible to internalize the values represented by the parent, teacher or Master. In addition to internalization and externalization, transgression is another mechanism enabling contact with the world and oneself. It concerns both activities "from the world" and "to the world" (Kozielecki, 1987). The first type is cognitive, where the communicative message dominates.(explicite knowledge) It can also take the form (both in therapy and education) of feedback, resulting in the development of a reflected self (Mead) and, over time, self-knowledge. The second one refers to the body, to emotional, non-verbal, and not always logical or rational factors. It uses symbols, images, and signals from the body, not words. It is dominated by conjunctive knowledge (implicite knowledge).

Since culture is a set of expanding circles of common meanings that connect people, both in education, based on the extraction of potential from a person, and in therapy, the aim of which is to return to the surrounding reality, it is about searching for what connects us, people, and the means to which is interpersonal rapprochement in a horizontal plane, creating a horizontal relationship that is a form of support and becomes a reference point on a map densely woven with meanings referring to what is here and now, but also to what once was.

According to the concept of information and energy metabolism, what comes from culture and what is social and collective, gradually, over time and with overlapping influences (ethos, agos), distances us from the biological, drive nature, making us look for values that could be a reference point in our activities. The importance of values in education is that they allow us to build ourselves, internalize what is important on the basis of habitus. They also refer to future. In contact with values, using impressive methods or one's example, the idea is to awaken in the student the desire to be someone who has specific features – this may be about imitation, getting closer to the person of the Master, but also about prospective implementation and embodiment of others. Personal role models (examples like idols, authorities) are also about becoming a "better version of yourself". Values are the carriers of specific attitudes. They help to hierarchize reality and thus determine what is most important in life and set personal goals. This last aspect is also essential in therapy and was used by Antoni Kępiński: he understood therapy as a process in which the old is annihilated and the new is born. You have to deny something in yourself and around you to bring to life something different, unknown, related to values other than those previously professed. It is confirmed in biographical breakthroughs but also in resocialization or in naturally occurring development processes, where internal transformation leads to revitalizing resources and the reconstruction of the development initiative (Erikson, 2004). Contact with values and the Master, authority or therapist who represents them directs the student, ward or patient to search for purpose and meaning in life. This process refers to Frankl's logotherapy, reconstructed earlier as one of the sources of Kępiński's therapeutic concept.

So, what is the goal of therapy? According to the assumptions of humanistic, non-directive psychology, it is the process of recovery, regaining contact with ourselves and the surrounding world, which leads to transgressive behaviour, self-fulfilment and self-actualization. In the course of them we revise our self-image and visions of the surrounding world in order to be closer to reality, other people and, using the right of choice, strive to become oneself, fully functioning human being (Rogers, 2004). Education understood as a horizontal relationship of two entities leads to similar effects – through dialogue, contact with You and I, often due to understanding biographically significant turning points, results in the search for – and finding individual purposes and meaning in life.

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The uniqueness of Antoni Kępiński's therapeutic concept is undoubtedly based on the fact that he opened (or even broke down) a door to modern psychiatry, introducing an innovative, personalistic approach to the patient, which preceded the appearance of humanistic psychiatry (Jankowski, 1976) in Poland by several decades. It is worth noting that this was not a concept that required, as it happens in medicine, the use of expensive, unavailable solutions. Kępiński treated with words, empathy and commitment, and above all, with the ability to restore hope for health improvement. He used philosophical and psychological inspirations, but above all turning points in his life and the self-knowledge that resulted from them. He was able to use the difficult situations he experienced in a formative way and encouraged his patients to do the same. What is also particularly noteworthy is that while living and working in unobvious, difficult times, he avoided politics, connections, glitter, and popularity, remaining true to himself. For the above reasons, it is worth using in upbringing and education as well as interpersonal communication this original concept based on love for people and acceptance of their weaknesses, because it combines a non-directive, horizontal I and You relationship with the world of culture, spiritual encounter, introception and the emergence of a person from dialogue saturated with values.

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Antoni Kępiński – człowiek, filozof, lekarz. Biograficzne impresje i inspiracje dla pedagogicznego działania

Streszczenie

Celem niniejszego artykułu jest rekonstrukcja podstaw koncepcji terapeutycznej Antoniego Kępińskiego, jednego z najwybitniejszych polskich lekarzy psychiatrów wraz z rozważeniem możliwości odniesienia głównych założeń psychiatrii aksjologicznej, a także podstaw fenomenologicznych i egzystencjalnych leżących u podłoża jego sposobu postrzegania relacji z pacjentem, do bardziej ogólnych, pedagogicznych relacji w procesie wychowania. W tym celu poddano analizie kluczowe wydarzenia (punkty zwrotne) w biografii psychiatry, a także inspiracje teoretyczne stanowiące źródło refleksji i przemyśleń oraz późniejszego rozwijania koncepcji zdrowia psychicznego, choroby i dobrostanu jednostki. Następnie podjęto namysł nad tym, które z nich współcześnie mogą stanowić inspiracje dla pedagogicznego myślenia i działania.

Słowa kluczowe: psychiatria aksjologiczna, fenomenologia, relacja, inspiracje, wychowanie.