This essay was first published in *The Psychotherapy Patient,* 1992, Vol. 8, No. 3/4, pp. 11-25. It was reprinted in E. Mark Stern, ed., *Betrayal in Psychotherapy and its Antidotes: Challenges for Patient and Therapist* (New York: Haworth Press, 1992), pp. 11-25. This present on-line version was revised July 2002.

Living the Symptom

Greg Mogenson

Summary. The problems that psychotherapists are asked to resolve are often the very experiences that the patient should be living. This paper describes how easily the therapist can collude with the patient's rejection of life by agreeing to treat a symptom. After differentiating two therapeutic attitudes, the attitudes of "Merlin" and "Christ," the case of a patient whom the author refused to treat for her "insomnia," lest he collude with her rejection of life, is considered. Finally, Nietzsche's notion of *amor fati* and Tillich's view of courage are examined in terms of their usefulness in therapy.

My calamity is my Providence.
Outwardly it is fire and vengeance. Inwardly
it is light and mercy.

Baha'u'llah

Symptoms originate in our refusal of them. The penis that will not produce an erection, the vagina that will not open, the black mood that darkens the spirit, the hounding thought that obsesses the mind, the fear that inhibits an initiative: none of these occurrences is a *symptom* until we refuse to accept it as a part of life. A sleepless night is just a sleepless night until we attempt to avoid it. A pang of conscience is just a pang of conscience until we flee from it. "Insomnia," "secondary

impotence," "vaginismus," "depression," "obsessional thinking," "neurotic guilt" and "anxiety": these "clinical entities," as well as a host of others, do not exist in their own right, but rather, are created by our refusal (whether conscious or unconscious) to experience the vicissitudes of life that underpin them.

Whatever we refuse to suffer as part of life becomes a category of psychopathology. The act of saying "No" to life--whether in whole or in part--calls into being an order of negated existence which seems, at first, to offer protection from life. But nature abhors a vacuum. Brush one devil from the house and it returns with seven more (Matt. 12:44, 45). No sooner do we say no to life than we are haunted by our unlived life. The mechanism of repression is belied by the imagination's inability to represent negation. Indeed, it is precisely our attempt to repress, ward off, or mollify an unwelcome experience that guarantees that it will pursue us.

Dreams reflect this in striking imagery. Each night we watch ourselves battling monsters and fleeing the parts of ourselves we cannot accept. Feelings that we will not allow ourselves to feel crawl over us like spiders or rats while the dream-ego reaches for the pesticide can. Enemies threaten and attack us. It is not just that we see the stick in our brother's eye and not the beam in our own. It's that the unconscious shows us the face we show it. The frightening events of our dreams, like the unwelcome events of our lives that they reflect, are a function of our avoidance of them. We are chased because we are running away.

The pathologies of family life are created in a similar manner. As we evolve together through time, as our children grow and change, we often refuse to surrender outmoded strategies of adaptation. The family as a system tends to lag behind the transitions of its own life cycle. New challenges become misconstrued as problems and are handled anachronistically with tried and true

methods that are already obsolete. The solutions, as the associates of the Mental Research Institute have so succinctly put it, become the problem (Watzlawick, Weakland, & Fisch, 1974, pp. 31-39). Little wonder so many people dread their families and experience the nest as a place of extinction. To live in the past, rather than in the present, is not really to live at all.

The refusal of life, like the impassioned living of it, has a religious quality, albeit a false one. What we refuse to live as part of life, we reify and deify. The elevator we are afraid to enter, the food we cannot keep down, the house we are unable to leave: ironically, anything can become sacred in this secular age. Whatever we feel overwhelmed by we propitiate as if it were holy. Whatever we cannot absorb becomes our god.

Pathology as Religion

The similarity between psychopathology and religion has long been recognized. Freud (1907/1950), in his paper "Obsessive Acts and Religious Practices," notes the resemblance between the ceremonial behaviour of obsessional neurotics and the ritualistic behaviour that characterizes the religious life. Jung, also, notes this resemblance, although he does not *reduce* religious practices to the pathological syndromes they resemble. "Religions," in Jung's (1964\1970) view, "are psychotherapeutic systems...which express the whole range of the psychic problem in mighty images" (p.172). More recently, archetypal psychologists, among them Hillman (1975), Giegerich (1988), and Miller (1974), have explored in considerable detail the "divine" backgrounds to a variety of pathological conditions. Beginning with Jung's (1967) remark--"the gods have become diseases; Zeus no longer rules Olympus, but rather the solar plexus" (para. 54)--these authors have elaborated

a psychology that is in touch with the religious dimension of our psychic life. My own book, *God Is a Trauma: Vicarious Religion and Soul-Making*, works within this same tradition in its attempt to spell out the religious dimension of a traumatized life (Mogenson, 1989).

Symptoms have a religious quality regardless of whether we have been brought up within a religious tradition or not. So long as we are unwilling to suffer an experience or live our lives to the fullest we are at the mercy of the offended spirits of the life we have not lived. Like a jealous god, the unlived life requires sacrifices--many of them human--to appease its wrath. In earlier ages this was understood. In ancient Greece, for instance, long before our current psychiatry, a person afflicted with symptoms consulted an oracle in order to find out which god had been offended, which aspect of life had been ignored. Today, however, we don't imagine our lives as a part of a larger order in this same way. Rather than find ways to harmonize ourselves with the flow of life we wish to control that flow.

Technologized Therapy

Technology has proven to be a mixed blessing. Not only does it threaten the life of the planet; it tends to dislocate us from our sense of soul. The technological mind has a tendency to turn the problems of life into *technical* problems--forgetting the moral, ethical, religious, and historical dimensions that are also at stake. It is not simply that a little knowledge is a dangerous thing or that fools rush in where angels fear to tread. *The danger is that in exercising our power over life we will fail to empower one another to actually live it*.

These considerations are important for the psychotherapist to consider. The last thirty years have witnessed an unprecedented advance in clinical acumen and technological know-how. Strategic and behavioral therapy, in particular, have contributed a wealth of powerful techniques to the field. How

we put this know-how to work--*with what attitude?*--is a crucial issue. In our earnest endeavour to "solve the presenting problem" let us not forget that the presenting problem is also a piece of life. Two wrongs do not make a right--not even paradoxically. If, like the patient, we fail to recognize a symptom's rootedness in life we run the risk of colluding with his or her rejection of that life.

Merlin and Christ

> "If the wrong man uses the right means, the right means work in the wrong way." This Chinese saying, unfortunately only too true, stands in sharp contrast to our belief in the "right" method irrespective or the man who applies it. In reality, everything depends on the man and little or nothing on the method. (Jung, 1967, para. 4)

In Medieval Romance the difference between technical know-how and the wisdom of life was personified by the figures of Merlin and Christ. Merlin is the technical virtuoso. He has an uncanny knack for making the most obdurate problems of our day-to-day life disappear in thin air. With a turn of a phrase and a pass of his magic wand, this maker of spells can "reframe" a situation such that the problem at its core seems to vanish. Merlin's world is a world of magic and illusion. The assumption that underpins the contemporary version of this wizardry is that we live, move, and have our being in what Watzlawick and others have called an "invented reality." Nothing is sacred. There are no "eternal verities" except those we have fashioned and re-fashioned for ourselves. Anything can be reformulated; everything can be reframed. Abracadabra. Just say "be" and it is.

Christ, on the other hand, is not a magician. Though he is able to perform miraculous healings he does not accomplish this through sorcery. People do not feel tricked by him. He is not an illusionist. On the contrary, he is a teacher who takes the trouble to explain things. His stories and parables contain a practical wisdom and are designed to locate us more congruently in our lives. Though

Christ and Merlin both work with metaphors, Christ's metaphors are answerable to life in a way that Merlin's are not. When Merlin utters an incantation or casts a spell he does so in the conviction that his wizardry is better than our real lives. If he brings about change or healing it merely bears witness to his occult powers. Christ's words, on the other hand, are on the side of meaning. This meaning is not something arbitrary that he has brashly invented as part of a brilliant performance. When Christ, the "Living Word," speaks, his words are chosen with the knowledge that one cannot touch a blade of grass without troubling a star. The listener's reality is respected. His goal in speaking is not to exalt himself as a power above all others, but to empower others to more completely inhabit their lives. "I came that you might have life, and might have it abundantly" (1 John 10: 10).

Having made this distinction between Merlin and Christ, let me hasten to add that both are necessary. Without the trickery of Merlin, without a sense of our own manipulative power, there is the danger that we may unconsciously enact these very qualities even while we naively think ourselves to be on the side of Christ. As therapists, we must take care that we do not become a party to those priesthoods which, as Blake (1953, p. 127) warned, are established in every age by those few who would turn the poetic tales that heal the soul into forms of worship that enslave it. Parables have a poetic truth, not a literal one, and they must be subverted again and again by Merlin to prevent our therapeutic piety from being reified into a fixed system of salvation. Again, as the Mental Research Institute associates have insisted, our problems are embedded by our dogmatic methods of solving them.

Case Example

While treating a single mother, whose capacity to attach to her youngest child and to feel adequate with any of her children, had been severely impeded by her own abusive childhood, I became concerned about the vast number of phobic and obsessional symptoms from which this woman also suffered. Though she exhausted herself each day with the performance of compulsive acts related to house cleaning, and though she suffered from a variety of (apparently) inexplicable fears, her greatest complaint was insomnia. For many years her sleep had been very unsatisfactory, despite the use of various medical interventions. The subject of insomnia came up for the first time, some years into the treatment, in the context of a discussion we were having about what she did to comfort herself. In one particular session I had found myself wondering what this woman, who had been so massively failed by her earliest caregivers, did to soothe herself. One by one she enumerated a long list of things she had tried but which she had abandoned. Struck by her dismissive tone, I asked her why she had she abandoned the pleasure of a bath, the pleasure of reading, the pleasure of an evening walk? As if unaware that any of these things had any value in themselves, she answered that none of them had solved her "INSOMNIA." As we continued to pursue this theme, it became evident that despite the obvious gains she was making in her relationship to her son, she covertly judged our work together in terms of its lack of impact on her insomnia, a problem she had not mentioned to me until now. Only vaguely aware of the implications of our exchange in terms of the transferences and resistances involved (this was a number of years before my analytic training), my response to this was to consider designing a strategic therapy intervention to resolve the insomnia. It would take us off course, I then thought, but why not devote a few sessions to the task of freeing her from her sleeplessness? Or, if I wanted to preserve the current focus, perhaps the insomnia could be sub-contracted, as it were, to a colleague who was a highly accomplished practitioner of the strategic

therapy approach. In the end I decided on a third alternative. I decided that I would decline her invitation to treat the insomnia and instead confront her with her tendency to undervalue our work because it had not met this need. In retrospect, I can see that in this exchange I was struggling against both the patient's and my own tendency to take the insomnia literally, as if it were just something to be eradicated.

At our next session I told my patient that I did not think that our work--which, after all, had had a very different focus--should to be held answerable to her insomnia. I said that it was unfair to measure her success in therapy and her success in family life in this way. Neither my support, her increased comfort with being a parent, nor baths, books, or evening walks should be devalued on account of their not having served as an effective means to the end of promoting sleep. Could these not be regarded and enjoyed as ends in themselves? As we spoke, a religious metaphor crept into the discourse. I said that she was in a false religion, worshipping a false god. So much in her life--her children, her husband, her therapy, not to mention the multitude of life's simple pleasures--she was sacrificing to the tyrannical God, Insomnia, by rendering them answerable to it. I invited her to consider that a sleepless night was a part of life--something we all suffer. Playing to her sense of dignity, I added that she might stop humiliating herself and adding insult to injury by begging "Mr. Insomnia" to let her sleep with him. "You can sleep with Sleep," I told her, "but not with Insomnia." At the conclusion of the session, I challenged her to give up trying to sleep and start awakening to life by doing things for their own sake instead of turning them into sleeping pills.

My intervention of not intervening proved useful to my patient. Not only did she sleep better subsequently (there were still some sleepless nights); she also started in other ways to let go of her obsessively controlling stance and to allow life to support and cradle her. She began to bond (so to

speak) with the things of her life and no longer held them at bay in that ambivalent manner that was so characteristic of the way she and her young son had held each other at bay when I first met them.

Discussion

Of course, my intervention of not intervening was a strategic intervention, well described in the literature of that school (Haley, 1985, p. 59). I had externalized the problem (White, 1988/89; 1990), interdicted my patient's attempted solution (Watzlawick, *et*.,*al*., 1974, p. 35), and jammed the "be-spontaneous paradox" (Watzlawick, *et*., *al*., p. 64) in which she had trapped herself, thereby allowing sleep to come unbidden and spontaneously as is its nature and its wont. The subtler point I wish to consider, however, is whether the intervention was in the spirit of magic or miracle, Merlin or Christ. Despite a measure of Merlin's artistry, I think the intervention was clearly intended to empower the patient to live her life more abundantly and was executed in what we have been describing as the more Christ-like spirit. My metaphors, though they could certainly be described as examples of "re-framing," were in a deeper sense parables. I wasn't trying to trick my patient (except maybe when I said she could sleep with sleep but not with insomnia) or to deceive her. I was trying to supply her with a reading of life that would help her to live it--all of it, including those dark nights of the soul that we today call insomnia. At the same time, I was supplying this woman who felt so failed by the earliest caregivers of her life with a reading of life that would help her to accept my failures as a part of life as well. Had I agreed to treat her insomnia, it might be argued, I would have been putting on the robes of a magician. I did not have that much confidence in my wizardry or in wizardry in general. After all, had not everyone else who tried to help her been foiled in their attempts? If I agreed to treat her insomnia not only would I be owning the problem, I would be

colluding (however subtly) with that core attitude that underpins so many "symptoms," the attitude of refusing an experience. But, as Hillman (1976) has written, "*Whenever treatment directly neglects the experience as such and hastens to reduce or overcome it, something is being done against the soul*. For experience is the soul's one and only nourishment" (p. 23). More important than "reducing" or "overcoming" the patient's "insomnia," I believed, was helping her to *experience* it. Specifically, the patient needed to experience that a sleepless night was not a bad mother. Were I, through some powerful intervention, to eradicate her tendency to be wakeful at night I would do so at the cost of embedding the split in her representational world, a split that underpinned most, if not all, of her other symptoms, and that it was the purpose of therapy to address. I would become the good mother who brought sleep, but wakeful nights would still be construed as belonging to the domain of the bad mother. In order to integrate good and bad it was crucial for the patient to experience both my helpfulness and my failure to help. Indeed, as Kohut has pointed out, it is not for therapy to successfully provide the patient with what others have failed to provide--that would merely promote infantilization. The therapist must fail the patient as well, though not as massively or abruptly as others have done in the past. It is in this way that the patient internalizes the support that the outer world has suddenly ceased to provide (Kohut, 1987, p. 23).

Ironically, Merlin is more likely to play the saviour than is Christ. Being on the side of the abundant life, Christ shows us how to live it authentically, even when that entails suffering and crucifixion. "Pick up your cross," he admonishes, "and follow me"(Matt. 16:24). Merlin, on the other hand, can easily fall prey to the power principle. Even when his magic is "white" and he works from the well-intentioned desire to "solve the presenting problem," his magical approach tends to preserve the negative evaluations that the patient has ascribed to those aspects of life he or she has

refused to live. As I have expressed it elsewhere, "Whatever we do not face, but gain salvation from, remains unredeemed and becomes Satanic. Evil is the excrement or waste product emitted by the salvation process itself. Ironically, the more we are saved the more there is to be saved from" (Mogenson, 1989, p. 25).

Priesthood, in particular, has tended to turn the empowering Christ of the gospels into an all-powerful Merlin, the cross into a magic wand. Rather than serving as the exemplar of the authentic life, Christ, as vicarious atonement, is now marketed as the antidote for life. Contemporary religious fundamentalism is not a throwback to an earlier age, nor is it a compensation to today's secularism. On the contrary, both fundamentalism and secularism are denominations of the same life-refusing religion. Our modern habit of taking sleeping pills and psychotropic medications as if they were the eucharist is utterly consistent with our tendency to view Christ as a pill as well. Indeed, there is precious little difference between the doctor who says, "Take two aspirins and call me in the morning," the therapist who doles out re-frames, and the priest who admonishes his flock to let Jesus suffer their sins and pains for them. All three run the risk of curing the symptom at the expense of the soul, particularly if they discount its importance as a part of life.

Though the work I have described with this patient could be described as a strategic intervention, and though I was aware of the possibility that it might relieve her of her symptom in a paradoxical manner, I was being honest with her in saying that I did not wish to hold our treatment answerable to her complaints about sleeplessness. I would rather treat her as a soul and wait for healing to come via miracle than to treat her as a machine that might be altered by my magic. In fact, in encouraging her to not let her false god, "Mr. Insomnia," take the measure of the therapy I felt that I was working in a Jungian spirit.[1] The religious metaphor was not a strategic attempt to "speak the client's

language"--important though this may be. The patient was not a religious woman, at least not in any conscious or collective sense. And yet, her problem was a religious one. Her daily life was full of rituals through which she attempted to propitiate the events of life that she otherwise refused to honour, suffer and live. I wanted her to have insight into how she was running away from her life. I wanted her to realize that she had been treating herself as a broken thing in need of fixing instead of a soul in need of care. I wanted her to become more open to life.

In a later session I shared with her a stanza from D.H. Lawrence's poem, "Healing."

> I am not a mechanism, an assembly of various sections.
> And it is not because the mechanism is working wrongly,
> that I am ill.
> I am ill because of wounds to the soul, to the deep
> emotional self
> and the wounds to the soul take a long, long time, only
> time can help
> and patience, and a certain difficult repentance
> long, difficult repentance, realisation of life's mistake,
> and the freeing oneself
> from the endless repetition of the mistake
> which mankind at large has chosen to sanctify.
>
> (Cited by Hillman, 1976, p. 96.)

Amor Fati

Patients (and their therapists, too) need to acquire an attitude toward life that will allow them to live it--all of it, including its more difficult and unpleasant aspects. Somehow they must be encouraged to embrace the calamities and catastrophes inherent in life, rather than avoiding them.

Part of the difficulty here is that the avoidance of life, as we just heard from D.H. Lawrence, is sanctioned by the collective. In their zeal to help or cure, doctors, therapists, and clergy are often unwittingly a party to this. In the name of freeing their patients or parishioners from symptoms or sins they often intervene in a manner that actually further divorces their patients from life.

The present age is not an age of the exemplary character; it is the age of the tranquillizer and the anti-depressant. Where once we looked to the example of courageous men and women, now we look to the pharmacist. Our increased capacity to alter our lives, though not in itself a bad thing, has led to a diminution of consciousness. The unpleasant events of life are now so avoidable that we hardly seem to require a philosophy of life. What need have we today of such pharmacologically inert vagaries as wisdom, tenacity, courage, and truth? But so far no cure has been found for death. We will still have to live that last moment of existence--unless our souls have died before the end of our bodily life.

Nietzsche (1967), who more than any other philosopher was a philosopher of life, encouraged in his writing an attitude that he called *amor fati*.

> My formula for the greatness of a human being is *amor fati*: that one wants nothing to be different--not forward, not backward, not in all eternity. Not merely bear what is necessary, still less conceal it...but *love it*. (p. 258)

The key for Nietzsche to an abundant life is to "*love it*." While the moribund spirit says no to life, the lover of life is a yea-sayer. As lovers of life we do not look away from this existence to other worlds; nor do we look for antidotes beyond the reach of our own creating will. In the affirmation of a single moment we affirm as well all other moments--our childhood, our parents, the accidents of history. Events from the past are redeemed by transforming every "`It was' into an `I wanted it

thus!"'(Nietzsche, 1961, p. 161). And with the same arms as we embrace ourselves, including "the ugly that could not be removed," we embrace the fatality of that which has been and will be, saying, "Nothing that is may be subtracted, nothing is dispensable" (cited in Kaufmann, 1950, p. 282).

> Did you ever say Yes to one joy? O my friends, then you said yes to *all* woe as well. All things are chained and entwined together, all things are in love; if ever you wanted one moment twice, if ever you said: `You please me, happiness, instant, moment!' then you wanted *everything* to return! You wanted everything anew, everything eternal, everything chained, entwined together, everything in love, O that is how you *loved* the world, you everlasting men, loved it eternally and for all time: and you say even to woe: `Go, but return!' *For all joy wants--eternity!* (Nietzsche, 1961, pp. 331-332).

Courage

In his book, *The Courage To Be*, Paul Tillich (1952) suggests that much of what secular psychotherapy would view as pathology and attempt to alleviate or cure is actually given with life.[2] Anxiety, the threat nonbeing poses to being, is existential in Tillich's view and only becomes a pathology when we try to escape it. Echoing Jung's clinical observation that within a neurosis is concealed the natural and necessary suffering that the patient has refused to bear,[3] Tillich (1952) writes that "Neurosis is the way of avoiding nonbeing by avoiding being" (p. 66). Rather than collude with their patients' avoidance of being, psychotherapists must en-*courage* them to embrace it. Though we may empathize with their fears, we must not mistake a smaller life for a remedy. The reasonable goal of "solving the presenting problem" degenerates into a moral and spiritual tragedy if the self that is affirmed in the process is a reduced one (Tillich, 1952, p. 66). In order to live life fully courage is required. Indeed, the two stand in a complementary relationship to one another. As Tillich

(1952) puts it, "The ontological question of the nature of being can be asked as the ethical question of the nature of courage. Courage can show us what being is, and being can show us what courage is" (p. 2).

Therapy misses the mark when it fails to foster the courage necessary to live the chronicity of life. The symptom-free patient, *soul-lessly desensitized to the threat of nonbeing*, is hardly the ideal toward which therapy should strive, regardless of the fact that this patient is the most impressive from the point of view of an outcome study. Is psychotherapy's "urge to alleviate" a function or symptom of its own lack of the courage to be? Are we therapists perhaps even more uncomfortable with our anxieties than our patients are with theirs? Are they suffering from *our* lack of courage in addition to their own? "Courage," writes Tillich (1952),

> does not remove anxiety. Since anxiety is existential, it cannot be removed. But courage takes the anxiety of nonbeing into itself. Courage is self-affirmation "in spite of," namely in spite of nonbeing. He who acts courageously takes, in his self-affirmation, the anxiety of nonbeing upon himself. ... Anxiety turns us toward courage, because the other alternative is despair. Courage resists despair by taking anxiety into itself. (p. 2)

In my practice I find that courage can be bolstered. Sometimes I simply ask for it. People know what it is, they just didn't know it was called for. Suddenly, expectations change. They know their anxiety is not going to go away, else the courage wouldn't be called for. In subsequent sessions I celebrate their self-affirming determination, decorate them for their bravery. With other people, the support offered by the therapeutic relationship is enough to enable them to face, suffer, and grieve what they must. Through empathy we share the anguish and bear it together. Of course, there can be very difficult moments, moments when despair seems to have all but triumphed. Mostly, these seem to correspond to lapses in my own courage. I feel I am not helping, not doing enough. I start thinking

of technical procedures and magical interventions. I forget that anxiety, the patient's and my own, is given with life, and that much of it, as Tillich reminds us, will never go away.

Notes

1. Perhaps the effectiveness of Michael White's (1990, pp. 38-71) technique of externalizing those problems or symptoms which divide patients against themselves or family members against one another resides in its unwitting recognition of the religious manner in which psychic life is actually experienced. In an essay titled, "Psychology and Religion," Jung (1958/1977) writes:

> The truth is that we do not enjoy masterless freedom; we are continually threatened by psychic factors which, in the guise of "natural phenomena," may take possession of us at any moment. The withdrawal of metaphysical projections leaves us almost defenceless in the face of this happening, for we immediately identify with every impulse instead of giving it the name of the "other," which would at least hold it at arms's length and prevent it from storming the citadel of the ego (p. 87).

White's technique of turning an all-too-personal symptom into an impersonal agency or spirit (a child's encopresis into "sneaky poo") compensates the secularism of our present age. We have lost our supernatural moorings and so must ourselves become the grotesque carriers of the archetypal powers which were once recognized and propitiated as other. Where an earlier age would have automatically attributed their problems to the actions of an existing spirit or deity, we must re-invent the daemons to free us from the perils of identification with them. The point I wish to make is that White's technique is a secularized re-make of yesterday's religion. Perhaps, if we bear this in mind, we can use the technique with the proper, reverential attitude.

2. Though I do not think we can reduce all psychopathology to existential anxiety, I do think that the courage to live in the face of a symptom or a disease is always important. The patient diagnosed with schizophrenia needs more than medicine. He or she needs to be prevented from affirming a smaller identity merely because of the diagnosis.

3. "Neurosis is always a substitute for legitimate suffering" (Jung, 1938/40, para. 129).

REFERENCES

Blake, W. (1953). *Selected Poetry and Prose of Blake*. (Northrop Frye, Ed.). New York: Random House.

Freud, S. (1950). "Obsessive acts and religious practises." In E. Jones (Ed.), *Collected Papers: vol. II*. London: The Hogarth Press.

Giegerich. W. (1988). *Die Atombombe als Seelische Wirklichkeit. ein Versuch Uber der Geist des Christlichen Abendlandes*. Zurich: Schweizer Spiegel Verlag, Raben-Reihe.

Haley, J. (1985). *Conversations with Milton H. Erickson, M.D., Vol. One: Changing individuals*. New York: Triangle Press.

Hillman, J. (1975). *Re-visioning Psychology*. New York: Harper & Row.

Hillman, J. (1976). *Suicide and the Soul*. Dallas: Spring Publications.

Jung, C.G. (1964/1970). The state of psychotherapy today. In *Civilization in Transition* (*CW* 10, pp. 157-173). Princeton: Princeton University Press.

Jung, C.G. (1967). "Commentary on `The secret of the golden flower'." In *Alchemical Studies* (*CW*: 13, pp.1-55). Princeton: Princeton University Press.

Jung, C.G. (1938/1940). "Psychology and religion." In *Psychology and Religion: East and West* (*CW* 11, pp. 4-105). Princeton: Princeton University Press.

Kaufmann, W. (1950). *Nietzsche: Philosopher, Psychologist, Antichrist*. (3rd ed). New York: Random House.

Miller, D. (1974). *The New Polytheism*. New York: Harper & Row.

Mogenson, G. (1989). *God Is a Trauma: Vicarious Religion and Soul-making*. Dallas: Spring Publications.

Nietzsche, F. (1961). *Thus Spoke Zarathustra*. Harmondsworth: Penguin Books.

Nietzsche, F. (1967). *On the Genealogy of Morals* & *Ecce Homo*. New York: Random House.

Tillich, P. (1952). *The Courage to Be*. New Haven: Yale University Press.

Watzlawick, P., Weakland, J.H., & Fisch, R. (1974). *Change: Principles of problem formation and problem resolution*. New York: W.W. Norton.

White, M. (1988/1989). "Externalizing the problem." Dulwich Center Newsletter.

White, M., Epston, D. (1990). *Narrative Means to Therapeutic Ends*. New York: W.W. Norton.