

The Call of Self in Chronic Illness

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The Call of Self

Psychosynthesis has been described as a spiritual psychology, a psychology with a soul, i.e. a psychology which includes the different dimensions of man: body, mind, emotions, soul and social expression. Assagioli, the founder, called it “a method of psychological development and Self-realization...” (Assagioli, 2000, p.26). What stands out, after 100 years, is that it is a psychology that serves human beings in their wholeness. It assumes a potential for conscious evolution, which means, for any individual or group, the possibility of moving through life’s challenges and difficulties in a conscious and healthy way. The core principles and practices of psychosynthesis support this conscious evolution, across the whole spectrum of human experience, from historical trauma to current life issues, into finally, the quest for meaning, purpose and values in life. This has been noted as the call of Self, life purpose and Self-realization.

What has been hard to come to terms with is how these processes (and outcomes) can be accomplished. How does one find life’s purpose? Hear the call of Self? Become Self-realized? Much of any life is defined by outer constructs, demands, needs, external situations and cultural and familial norms. Many adults follow “scripts” that were written for and by them long ago. And it is just as true that most adults have no choice but to contend with external realities that strongly define their possibilities. Happy or unhappy, directed or lost, enlightened or dismayed, when it rains, we get wet; when we are hungry, we need food; when war or disaster come our way, we live our lives in relationship to those realities.

It is not an easy task to live in a process of conscious evolution. Rare are life practices that invite inner reflection and give space for hearing a deeper Call. Assagioli wrote, “When we observe the most obvious characteristics of contemporary civilization, we are struck by its extreme extroversion, its desire to know and master the forces of nature in order to satisfy its ever growing needs and demands” (Assagioli, 1965, p.12), and he goes on, in *The Act of Will* (1973) “... the wide gulf between man’s [sic] external and internal powers is one of the most important and profound causes of the individual and collective evils which afflict our civilization and gravely menace its future” (p.4). These were accurate and pointed statements forty years ago and true today as well. While throughout time, there have been those who seek the call of an inner life, most of us live in the outer world, addressing the daily needs of increasingly complex and demanding lives. And in that

world, consciously or unconsciously, we still seek to find the call of Self, the purpose of our lives and the path to Self-realization. As human beings we *are* meaning makers and in any life, that call to purpose is within us, whether we can hear it or not.

Spirituality and Chronic illness

It is an assumption of psychosynthesis that the human psyche is organized towards a wholeness that includes a transpersonal dimension: that is, a dimension that is more than individual concerns. Inherent in the human being is a predisposition towards knowing oneself in a universal and spiritual context, as well as in a personal and social context. It is this essential nature of humans that allows us to “find” ourselves, not just in our roles, but as our Self. With the demands of any life, this is not an easy task. The call of the external world, as Assagioli noted, pulls against the quieter, but even more urgent call of the inner world. We are invited, in all phases of life to look deeply into the “bigger questions” of life: *Why? To what end? Who am I?*

When someone is ill, the bigger questions are both harder to answer and, at the same time, more important. All of the easy ways of knowing ourselves are taken away. The comfort of being “normal,” of the well-defined roles and tasks, of being THIS or THAT, is taken away. Chronic illness threatens the very nature of how a human being knows him or herself. The most basic element of being human, the body that we inhabit (the body that we are) can no longer be counted on. In both Europe and the United States, it is now clear that chronic illness accounts for a large percentage of all illness and is the leading cause of death (Centers for Disease Control, 2009; Busse et al., WHO, 2010). Given that most medical health care is still directed primarily towards acute conditions and given the multi-layered nature of chronic illness, psychotherapy has become a key component in the “treatment” or “management” of chronic illnesses. Better said, psychotherapy is crucial for many people living with a chronic illness and psychosynthesis psychotherapy holds a philosophy and methodology that may well offer the chronically ill patient a powerful means for regaining wholeness, even if physical health cannot be regained. Whether we are faced with the normal trials of life or a chronic illness, we have the potential to access wholeness. Self-realization, life purpose and the call of Self are never limited by circumstances, though it may certainly feel that they are when illness strikes.

An Undiagnosed Illness

Bob (client identities have been protected) came into therapy with what was being called, for want of a better description, depression. It clearly was not clinical depression, though he was rapidly becoming more and more distressed. Peeling away the first layer of “depressed” symptoms, Bob could clearly articulate a physical reality that preceded the emotional response. He was sick. He felt sick. He had strange symptoms, including: odd smells, memory loss, confusion, exhaustion even after sleep, lack of

motivation and more. Bob came to therapy in 1985, long before the realization that unknown chronic illnesses were a deadly reality. No one was ready to diagnose Bob, like thousands of others who were experiencing the reality of Chronic Fatigue Syndrome (also called Chronic fatigue Immune Dysfunction Syndrome and more commonly in Europe, Myalgic Encephalomyelitis). It was not until 1988 that the disease was finally named, and even then, and still to this day, many doctors do not fully recognize it. The trauma of being sick *and* being undiagnosed compounds every aspect of the experience. There were (and are) many other such silent illnesses among us. By the time CFS was beginning to be recognized as “something” it was hastily called the “Yuppie flu”, a derisive term pointing to a psychosomatic illness of the upwardly mobile young adult. Bob lived through that period when his doctors thought it was psychosomatic. His friends were labeling it the yuppie flu, and his wife was sure it was his own wounded childhood experience that caused him to drop out of school, give up his promising work career and become, in her mind, a deadbeat.

Bob felt sick and exhausted. He couldn’t think straight. He couldn’t read or comprehend the books he needed to assimilate for his master’s degree. By the time he was in therapy with me he said, “I would rather have terminal cancer than whatever this is.” Three years later, Bob had a diagnosis and a name for his illness, an explanation for his symptoms and through research and trial and error, he had some means to cope with it. His friends and family had slowly but surely altered their perspective and Bob was shown the respect and empathy that he deserved. Support groups began and Bob was not alone. Still, to this day, he lives with this incurable chronic illness of unknown origin, with little in the way of treatment options.

Work with Bob consisted first of being an external unifying center for him: a place and a person reflecting back to him his essential Self (Assagioli, 2000). That I believed him was perhaps the most important part of our therapeutic encounter in the early days. The role of my presence, *bearing witness* as Zen teacher Bernie Glassman (1999) names it, was paramount. Here, at last, was a place he could talk about every odd symptom he had. He could talk about his fears, his sense of betrayal: betrayed by his body, his loved ones, the medical profession, and his God. He would allow himself from time to time to slip into his own deepest fear: *What if they are right? What if I’m just crazy or lazy?* While being an active ally in supporting his quest for medical (allopathic and complementary) practitioners who could help him, our early work was about sustaining his sense of Self, struggling to find meaning and purpose and holding on to deeply held beliefs, even while he lived in illness and not knowing.

Needs of the Chronically Ill Person

While all humans share basic needs, the chronically ill person has some very specific needs that most of us, gratefully, do not encounter as driving forces in our lives. Various themes emerge in the research that point to these core needs. Among them are the needs: to make sense of the illness, to

experience respect and empathy from health providers, to feel positive support from friends and family, to reorient priorities, and to manage “well” in service of personal moral values (De Vries, 1981; Drachler, et al., 2010; Townsend, Wyke & Hunt, 2006). Issues that are likely to arise include everything from old issues that are reactivated in the current crisis, to never before faced issues, such as fear of death or infirmity, loss of control, dependency, feelings of betrayal, and, most deeply, the loss of a sense of identity.

Loss of Identity

Caroline came into therapy after a recurrence of stage 1 breast cancer. Her cancer had been caught early and Caroline continued with her life as usual. This controlled, competent, business professional and family woman was not about to let this blip on the radar interfere with her well-orchestrated life. The more frequent mammograms were just another thing on the “to do” list until one resulted in another scare, though the biopsy that followed revealed no cancer. It was then, though, that Caroline began to “come unglued” as she later said. Mammograms every 3 months led to frequent biopsies and it became clear that cancer, for her, was a chronic condition. Keeping up her brave front, it was not until a recurrence and the follow up treatment that she “fell apart” (her words). When she entered therapy she was like a lost child. She cried, without any sense of why. She had trouble organizing her thinking. She pleaded for answers. What was fairly clear to her, and her doctors agreed, was that this illness was NOT likely to lead to her death. Her cancer was contained and while it might return it was very likely that it would be safe enough to deal with from a medical stand point. She had a good team of practitioners and her family was present for her. Caroline was now 3 years into what had become a chronic condition. And, along the way, she had lost every answer she had to the question “Who am I?” It was there our work began.

Stages of Psychosynthesis Work

When illness strikes, our sense of identity is threatened. Psychosynthesis posits a core process that leads to knowing our Self beyond content. Assagioli notes, “we are dominated by everything with which our self becomes identified” (Assagioli, 2000, p.19). And conversely, when we disidentify, we step away from content and story, from limited ways of knowing ourselves and into a more expansive position: Self-identification. Self, in psychosynthesis is defined as being “contentless awareness and will”. This concept points to what meditative traditions have always offered: a way of knowing ourselves outside of our “story.” And it allows us to take ownership of all the content, while being controlled by none.

In order to move into deepened disidentification though, we need to first know who we are. Assagioli talks about four basic stages of work. They involve acquiring a deep knowledge of one’s

personality; learning to be in right relationship to those elements; and the realization and discovery of the deeper, truer Self, the internal unifying center that is who we are, beyond the circumstances of a life. The final stage is building the personality around the true Self: that is, becoming the person we truly want to be (Assagioli, 2000).

Key in the early work is the recognition of various subpersonalities that are involved in a person's current struggles. For anyone with a chronic illness, we can expect that old "child" subpersonalities, wounds, feelings of vulnerability and lack of control, will come back again. The feeling of helplessness will emerge, like a ghost from our wounded past. Adding to that, the internalized critical voices that have been with us throughout time are out in full force. Every variation of these earliest subpersonality clusters: the wounded child, rebel, victim, critical parent, persecutor, judge, and more are ready to take over consciousness at this threatening time.

Bob had long ago internalized messages from his family of origin about who he should be: successful, academically advanced, rich. His own life's energy had taken him into very different paths. He had been a wanderer and adventurer. He had moved away from his family's staid life and strict religious views. Those young adult years called him towards certain kinds of work and spiritual practice and those were years that he felt free and whole. He met his wife in a community of like-minded, spiritual people. They had their children as young idealists. But family life started to call on new qualities as well as calling back old *shoulds*. The reality of raising a family and making money had pushed Bob towards stepping back onto the path that had been pre-ordained for him. He was back in school and on a "good" career track. But he hadn't sacrificed his deeper values. Instead of being the businessman that he was expected to be, he was moving into social work. Instead of aiming to be rich, he was aiming to provide for his family and do good work in the world. He had, when illness struck, found a healthy balance. He was living his best sense of his life purpose.

Bob's unnamed illness cast him into a realm where he could neither provide for his family nor explain why he couldn't. His happiness - and his health - was gone. Working with core subpersonalities that were deeply internalized revealed a very wounded inner child, who always felt "not good enough." The voice of this subpersonality came back with an energy that Bob had never felt before. He wasn't good enough for any of the things life seemed to be asking of him. He wasn't a good provider, a good father, a good husband. He was long used to not being a good enough son. His internal critical voice berated him. His child voice lashed out at the world, frightened and angry.

In our sessions, old hurt and current hurt took center stage. Bob felt unseen and unheard. His pain was not recognized and he was unmet by those he most needed. His parents had not seen him for who he was. His wife and friends did not either. There was no empathic holding environment in Bob's life, except for that afforded by therapy. And this, above all things, is what psychosynthesis psychotherapy, any good therapy in fact, is about. As I accepted his wounded parts, Bob became more and more able to do so.

Presence: the Psychotherapist's Most Important Task

Presence: the ability to sit in unconditional positive regard (Rogers, 1989); to be in an I-Thou relationship (Buber, 1989); to enter the client's world fully, without expectation or agenda (Firman & Gila, 2010) is the greatest gift we have to give our clients. The requirements for the psychotherapist, in order to be that empathic other, or to be as Assagioli called it, an external unifying center, are stringent. It is not enough to be trained in theory and practice. As psychotherapists we are invited to leave our own stories behind. I am not there in service of my own scripts (*Be helpful*) or to support my own wounded subs (*See what a good person I am*). I am not there to save the world, prove anything to anybody, be loved or even to "fix" the other. I am there to be an ally and stand side by side with fellow human beings as they listen for the call of Self. The job of the therapist is to hold what has been called a bi-focal vision (Whitmore, 2004), seeing both the presenting issue, whatever that is, in all its pain and anguish, and seeing the emerging Self that is embedded in that very issue.

The question "What is emerging?" is a guiding theme in psychosynthesis: not "What's wrong?" or "How can I fix it?" The deeper role of the guide (Brown, 2004), a term often used in place of counselor or psychotherapist, is to facilitate a movement towards wholeness that is already in process. Like the bulb, preparing to send its shoots up through the ground, the traveler (client) is already on this journey of growth. We, the guides, are, at best, the gardeners that help to tend the soil and nurture the plant.

Who am I?

Caroline's work with subpersonalities brought her to see the most obvious survival strategies (Firman & Gila, 2002) that had been in place since she was a child. She was *the good girl* and this very young subpersonality had served her well... until now. She had survived an abusive family, created a meaningful life, become successful in business and nurtured her two children and never much looked at what she, herself, might need. Cancer changed that. She came in one day, telling me first about a lovely day the family had and how everyone pitched in and did all the work. *But who am I if I am not doing the caretaking?* was her first tearful question, followed by a sudden awareness of an early and defining script. *I must take care of others in order to be safe.* Sobbing quietly, Caroline untied a knot that had been with her since she was three.

Working with both Bob and Caroline, we discovered that those earliest sub-personalities were still running the show, in oh so many ways. And we also discovered, first by deeply identifying with those sub-personalities and their feelings, thoughts and needs, that deeper still was a Self that could hold those wounded parts, a Self that was more than the wounding.

It is not uncommon in this work for there to be a moment (and then many) when the power of identification with pain and longing, with hurt, with an old sub-personality, a limiting thought, a

tightened bodily experience or an overwhelming feeling, gives way to “the still small voice” that is the Self. Disidentification happens. The moment that Self shines through is a sacred moment in psychotherapy. In that moment there is no work to be done, no conversation needs to be had. The psychotherapist has nothing important to say. In that moment, the gift the psychotherapist can give is simply to reflect back the power and deep truth of that experience. This is the experience of being more than the story, more than the personality, more than the survival strategies, conditions or scripts that have defined us. It is the experience of disidentification (Firman, 2011). “I have that good girl subpersonality, but I am not that.” “I have those messages that say I am not good enough, and I am more than these.”

As work moves through that first stage of getting to know the personality, we initially find the various wounded parts that formed to create safety. We peel away family and culture of origin and the conditioning that has accrued because of them. We learn to attend to our various needs, moving through the stages of subpersonality work. And we also discover our deepest resources. Assagioli, a thinker far ahead of his time, was perhaps one of the first to notice, what is now so prevalent in the field, the nature of our resilience and our potential for growth. As early as 1965, he wrote: “We shall also discover the immense reserve of undifferentiated psychic energy latent in every one of us, that is, the plastic part of our unconscious which lies at our disposal, empowering us with an unlimited capacity to learn and to create” (p.22).

Living in the Present, toward the Future

Here lies the pivotal point between being defined by the past and taking hold of the present with the awareness and will that moves us towards our own future: a future based on our own deepest purpose, in response to the call of Self. For the person with a chronic illness, this is a crucial moment. Many of the ongoing dreams of the future have been shattered. Living with illness destroys the five-year plan, the happily-ever-after fantasy, and the work and life goals that were so easy to hold on to in full health.

Another element of psychosynthesis that serves deeply, here, is the realization that purpose in life is not bound to any form. No one needs to be a doctor or an engineer or a parent to achieve his or her life’s purpose. A purposeful life is a life that is built on qualities, not forms. The call of Self is a call towards meaning and values, not towards specific outcomes. In this way, psychosynthesis psychotherapy re-engages the chronically ill client with a life full of possibilities, not a life experienced through the loss of possibility. Some of what the chronically ill person may have wanted will be taken away. None of what he or she truly needs will be taken away.

When the deeper experience of “I am” (Self-identification) is discovered, it becomes clear that I am not my story, my body, my sub-personalities, my conditioning, my past or my future. I am not my thoughts or feelings or images. I am not what I want or what I have. I have nothing that I need to grasp. There is no list of “shoulds.” I am a center of pure self-awareness and will, unlimited by any

content. This description points us to the many images of wise beings through the ages. It reminds us of the work of meditation, developing step by step an observing self, who sees, but is not caught by the content of consciousness. This may be considered the experience of immanence and transcendence (Firman & Gila, 2002), held in one moment. I am both in this world and beyond this world.

Two things begin to happen when we step outside of limiting identifications. We become the conductor of a magnificent piece of music, rather than just a member of the orchestra, the tuba player or violinist. We look at our various musicians and their instruments (sub-personalities, desires, realities, resources) and work with them to help organize the playing of this piece. The client becomes the conductor of life. As Bob got to know himself in his woundedness, he also began to notice some core elements of his personality that had been repressed. He loved to walk in nature and began to do so, though slowly and for short periods, as his illness allowed. He found, as he played the “good father” role less that he was a much more affectionate and playful father. He discovered his long lost love of music and began playing his guitar. Bob, while losing so much, gained much as well.

As we take on the role of conductor, we are invited to know ourselves as the composer as well. For what piece of music are we conducting? In the end, we find our life purpose, hear the call of Self and experience the process of Self-realization when we compose our own lives. The composer is our identification with Self. This is the capstone of psychosynthesis, the experience of knowing ourselves, in a universal context as Higher Self (or Self). I am not only conducting the orchestra and playing the instruments; I am composing this piece of work that is my life. And, while I do not expect to live continually within the experience of transpersonal knowing, I do now know that I am, truly and deeply, the “more” that I have tasted in disidentification.

The Call of Self in Psychotherapy

As a psychotherapist, one of our most important tasks is to listen carefully for the deeper story, the deeper truths. Caught in a lifetime of conditioning, it is hard for a client, especially in crisis, to differentiate the many messages to find what is true. Caroline said one day, in passing, almost a throw off line, “You know, I guess I’m not *just* that good mother. I don’t have to always be taking care of everyone else.” Here I stepped in. “You’re right, you are NOT just the caretaker. Who are you Caroline?” A long pause... a brief effort to regain a story. “Who are you really, Caroline?” A deep breath, muscles relaxing, gaze softening, eye contact. Quiet and slow, so unlike the frantic pace our sessions had often had. “I am..... me.... strong..... okay... but vulnerable, too. Strong and vulnerable. And okay.... no matter what.”

Self-realization is a process, not an outcome. We don’t get done with it. It is the delicate and difficult task of coming to know who we really are. Bob and Caroline both had ongoing experiences, in psychotherapy and in their lives, of experiencing themselves as Self. Bob’s deep awakened moment was simply an early morning walk in a mist-covered field, where he knew, without a doubt, that he

was more than all of his troubles. He anchored into his own internal unifying Center and was at peace. Caroline, in therapy, said, with amazement and then a laugh, “I’m okay, even if I die!” Tapping into Self takes us to the place where we are safe. Old messages, fears and survival strategies are seen for what they are. We are, for a moment at least, contentless awareness and will. We are our Self.

The work that Bob and Caroline had done, identifying various aspects of themselves, working with old wounding, noticing and challenging limiting patterns, feeling their feelings, telling their stories, watching their thoughts, identifying hopes and dreams, imagining both the best and the worst outcomes they had ever conceived and stepping beyond all of that, left them open to the call of Self. Both Caroline and Bob began to hear this deeper call in big moments and in small moments. They claimed their own center, and I, the therapist, became less of an external unifying center as they became more their own internal unifying centers.

Engaging Life

Once we have learned to hear (on a good day) the call of Self and understand, in whatever way we do, our life purpose, we still need to get up every day and live our lives. In my work with Bob and Caroline, this last stage of psychosynthesis work wasn’t always easy, but it was always directed by an inner knowing, by what Piero Ferrucci calls “the best therapist” (Ferrucci, 1982).

The question Bob and Caroline both asked so poignantly, “Who am I now?” had, in fact, to be answered. To the extent that we have built our personality around survival needs and family of origin scripts, we are not living our deepest life purpose. As we hear the call of Self, we must create resonance with that call in our personality and in our lives.

To change is no easy matter, but chronic illness demands it. And the change can be a loss: a surrender to bad luck and difficult circumstances or it can be a gain: a surrender into deeper Self. Caroline had another oncology visit to go to. So many had been the precursor to bad news and to further treatment. In this moment she realized she had all options. She momentarily noted, “I don’t have to go at all.” She could laugh at that thought, both in a child like joy at realizing that no one could make her do anything and also in a release of the ties that bound her into one story: “I am a sick person.” That moment, Caroline claimed her will and began composing her own life. She called her doctor, telling him that she needed to change the appointment because she very much wanted to go to an art opening in New York City. The doctor was fine with that decision. Caroline had begun to recreate her life, as a person with a chronic illness, and not as a sick person. She was becoming a person with her own will, a person with unique qualities, a person who knew her Self. Caroline was becoming free.

Bob’s process of engaging life unfolded differently. He came to terms with the likelihood that he would be ill for his lifetime. He learned the patterns of his ups and downs and the things he could do to mediate the effects of his illness. His wife became a true life-partner, coming to understand

Bob's world and working with him to create a meaningful life together. In an unexpected turn of events, she went on to get advanced degrees and go into business, something that greatly pleased and surprised her. Bob became the house-husband, caring for the home, attending to the needs of their growing daughters, and creating a safe haven for his wife, now the bread winner. His nurturing side blossomed in profound ways and he became, true to the call of Self, a loving and caring husband, father, friend and son. Never having found a way to be the son his parents wanted in his younger years, as they aged, he became the son they needed, and amongst his siblings, the one who could be fully present to his father as he suffered through dementia and died, with his son by his side.

Closing

The work I have done with clients with chronic illnesses spans thirty years. During this time I have worked with many other clients as well. Psychosynthesis has served as my primary orientation throughout that time. Its principles and practice serve my clients well, as those same practices serve me in my own life's work. Bob and Caroline will go on to face new challenges, with more tools for their own growth and with a stronger sense of themselves. The work of psychosynthesis and the work of life are ongoing. Throughout, there will be joys and sorrows, trials and grace, good days and bad. Tuning into our own call of Self is our work and it takes a lifetime to do a life's work.

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