

CANDLES IN MY BEDROOM

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In medicine, “kairological” counselling looks at the person suffering from the conscious interaction of the biological and psychological-existential dimensions, accordingly with the epistemological bases of the “person centered medicine”. The counselling, tried in adolescents affected by chronic diseases, has proven itself both efficient and effective, and so demonstrates the possibility of application in psychiatric diseases classified in DMS IV. Herewith is presented an example of counselling applied to Silvia, a nineteen year-old girl under psychiatric and pharmacological treatment due to an anxious-depressive neurosis causing panic attacks, compulsive eating disorders, suicidal behaviour and drug and occasional alcoholic abuse. In her childhood years, Silvia was sexually abused by her older brother's best friend. She lived in a deep, virtual, reality; fascinated by the darkness, and often lying down in bed, surrounded by candles which helped lighten her sad and miserable life. After the analysis of the empathic phenomena and the reconstruction of her existential experiences, the kairological counselling intended to sustain Silvia's efforts to abandon every kind of dependence, in order to face the reality and the mystery of life, armed the protagonist with a renewed courage.

The working hypothesis of the counselling was that the loss of existential meaning brings a frail and sensitive person like Silvia on the brink of the abyss, i.e. the annulment of her self, causing unsustainable psychological and spiritual suffering.

The analysis of the girl resources, and the confirmation of their presence, permitted the suffering to change into creative *pathos*, that supported a deep and stable change in her lifestyle. The recovery of her perception of her personal dignity and of her creative possibilities aided Silvia regain her health, i.e. a condition of well-being and being-well.

The rigorous application of kairological counselling, based over manifest epistemological principles, gives the theoretical bases for a comparison with the usual approaches to the diseases classified among the list of psychiatric disorders. Moreover, it stimulates the reflection over the efficacy of interventions based on the consciousness of the teleonomic structure of human nature, that during adolescence reveals itself as a search for a meaningful reply to the existential : truth, love and beauty.

Key Words: Adolescence, Kairological counselling, Person centered medicine, Psychiatric diseases, DMS IV.

1. Introduction

The introduction to the clinical practice of the medical "kairological" counselling, whose epistemological bases lie in the "person centered medicine" (Brera, 2001), represents a new possibility of treating those people, especially adolescents, suffering from diseases in the psychological - existential sphere. It has already proven its effectiveness in those patients afflicted with chronic diseases (Bosio, 1995; Bosio, 1997).

The following pages will present the case of a teenage girl suffering from various diseases, classified in the American Academy of Psychiatry (DMS IV). She was already having psychiatric and pharmacological therapy, but without any result as she had also attempted suicide. She has agreed to responsibly take part in the non- directive counselling aiming at helping her recover existential meaning and her personal dignity.

2. Subject and method

Silvia's personality takes shape through her parents' words. With anguish they describe how their nineteen-year-old daughter attempted suicide when she cut her wrist in the bathroom. It was a week ago, just before the conversation planned with the Psychologist who is still treating her for her serious behavioural disorders. Silvia was then promptly taken to emergency and treated. She is now out of danger and was discharged by the Neurologist who confirmed the continuation of the prescription (paroxetine chlorydrate), started two months earlier and intended to treat her anxious-depressive neurosis and panic attacks. She presently refuses the psychiatric therapy to which she has been subjected. It is thanks to her parents' perseverance, and to the helpful advice of a patient of mine, of similar age, that she is at least willing to meet me after sending her parents in "reconnaissance".

The mother sorrowfully presents the family situation using few words: the father is a retired man suffering from a post traumatic " paraparesis" which influences his mood negatively, the first son, twenty-seven years

old, has a job and about to get married. The eighty-four -year - old grandmother, paralysed and in a wheelchair for the last fifteen years is significantly present, though her religious rigor is badly tolerated by the two youths. The mother, animated by her deep religious convictions, tries very hard to keep the members of the family united provides for their needs and hopes in a radical change of the situation.

In the last year, Silvia has turned from a lively and joyful girl into a progressively emotionally unstable person. She tires easily, is anxious and uncommunicative. In the past she had bouts of short periods of irritable, emotional reactions. The mother mentions four situations with emphasis on the last one, caused by the breaking off of a love affair with a problematic young man towards whom Silvia had assumed an almost motherly role; a painful situation which she has yet to overcome. She has ever since progressively reduced contact with those of her own age. She has become touchy, easily prone to nervous fits of anger towards members of the family. She easily bursts into tears and consequently secludes herself in her bedroom, where she lies surrounded by huge lit candles, and either watches horror films or reads medieval essays and novels. Silvia who once furnished her own bedroom with "antique" pieces, is an expert in the field, and would , in fact, help her father sell antiques at the market on weekends. Despite some moments of tension, Silvia is very fond of her parents towards whom she has a sense of duty, and feels obliged to respect. Besides, when she is calm, she behaves politely and helps care for her elderly grandmother. The infantile period of attachment was beneficial. The religious education of the family has had a certain importance in restraining the transgressing temptations induced by the peer group living in a suburban quarter of Milan that has progressively degraded with the appearance of drugs.

Silvia's anxiety, her state of sadness and mood swings have been concrete in some decisions, which arouse deep worries and feelings of helplessness in her parents. Firstly, she stopped attending the IV Form of the Psycho Pedagogical Lyceum, although she had fairly good results. She then started avoiding public means of transport that caused her panic attacks, and at lastly she reduced her contact with young people her age

meeting only a questionable neighbourhood group. At this point, Silvia's mother states that two years earlier her daughter informed her that when she was five years old her brother's best friend repeatedly raped her without penetration. She reassured her mother by saying that she had overcome the twelve year-old problem. Her brother was never informed of that incident. We agree on the date of my first appointment with her daughter.

A few days later, Silvia comes to my study by herself. She is dressed completely in black with the long sleeves of her jumper covering her hands, an incredible bush of raven locks hides her pale face and she avoids shaking hands with me. Practically sliding along the walls of the corridor, she reaches for the chair where she huddles, biting her nails and casting almost terrified glances. Yet within, she is hopeful.

The analysis of the empathic phenomena reveals a girl who is anxious, sad, worried and suffering but empathic and, regardless of outward appearances, is hopeful and friendly.

I lean comfortably on the back of my chair, and as I glance at her in silence I smile. I introduce myself and briefly explain the counselling method, underlining at the same time that on my behalf it requires responsibility and respect of her liberties whereas she should engage in speaking consistently about herself. She understands the reasons for this request.

Surprisingly, words jerk out through Silvia's weak voice. She genuinely introduces herself as " a renouncing person who needs to find a road on which to travel". She lacks confidence and self-esteem. While she is speaking, she crosses her legs repeatedly, sighs and a hardly perceptible tremble wrinkles her lips. With spontaneity, but without with out details, she reveals the sexual abuse she suffered when she was still a child. She points out the inconsistency of her present lifestyle characterized by a passive acceptance of her parents' requests when she is at home and by transgressing behaviour, such as her sexual intercourse and the use of Cannabis by-products, and consumption of spirits, when far from her family. She hides her transgressing life to her suspicious mother because "she thinks she would suffer" if she revealed it. Now her eyes are anxious

more than fearful and a deep suffering makes her muscles contract. She is on the verge of bursting into tears.

With empathy I notice her suffering and realize that it has reached a degree difficult to endure and that perhaps it is time to learn how to use one's own problems to make a radical change in one's life.

In examining the reality of her situation, Silvia is aware she must answer to the request for truth that lives in her. This important resource enables us to lay the conceptual basis necessary for a real change and is of foremost importance in the recognition of her own resources both personal and external (her family, her boy-friend, her friends etc.) and her acceptance of them favouring the birth of the sense of responsibility.

I am aware of the great difficulties we shall both have to face.

I do not want to undervalue either the negative influence of the people frequented by Silvia - without her parents' knowledge - nor the gloomy habits that seem to lead her towards a dramatic solution of her existential problems. Her self-professed attraction for the obscure and the temptation of surrendering to superstition, enhanced by the mental experiences caused by the drug, make her live in a virtual world more than in her daily reality as this is too hard to face openly. The psychotropic drugs, she is taking in full doses, with all the pertinent side effects, do not seem to help her. In front of a situation of multiple dependence (pharmacological, toxicological, behavioural) that is entangling Silvia in her pseudo reality, the aim of my work must be to help the girl get rid of all the limitations and conflicts that do not allow her to become aware of her value and her dignity as a person.

I avoid any expression that may sound as a suggestion or exhortation. In fact, I have felt that in the girl is a longing for a change, meant as a personal conquest and a kind of vital energy that she expresses with furious fits of anger prostrating her and confirming her feelings of worthlessness.

The week before our second meeting, she considers it useful to analyze her resources, after having examined some together.

When we meet, she is quite upset by a quarrel with her parents who have complained about her spending considerable amounts of money (at

least 20 euro a week) on sweets.

Silvia admits that when she passes by a coffee – bar or a pastry – shop, she feels the compulsion to enter and treats herself to chocolate or other sweet food . She smokes a pack of cigarettes a day and, when with her friends, makes use of marijuana cigarettes as well. She is frightened by the approaching marriage of her brother since she fears for him that which has recently occurred to one of her friends: separation a few weeks after the wedding! She is aware of not having a well-balanced outlook on life, of seeing reality in a distorted way and of being prey to pathological suggestions.

We work on a plan that will enable Silvia readapt to the reality of life.

The girl is convinced that, by going on with her present life style, she will not reach an acceptable condition of health from a kairological point of view (Brera, 1995).

A few hours before our third meeting the girl rings me up to tell me, with a furred and faltering voice, that she is not well and cannot come. She also apologizes humbly. I can hear her mother encouraging her to come all the same. At this point, through the dangling receiver, I become the unintended recipient of an uncontrollable outburst of anger. In the presence of both her parents and the boy to whom she is engaged, Silvia starts shouting without any restraint, destroys objects and ends by dashing towards the open window. She is caught just as she is plunging in the air. I suggest her mother call an ambulance and while I remain in constant touch with the family.

At the hospital's emergency ward the doctors find a serious alteration of the sensorium, most likely due to the combined effect of the psychotropic drugs and the wine Silvia had abundantly drunk during lunch.

I feel a sense of failure and am surprised because in the first two visits Silvia had showed important signs of progress and a certain confidence in the counselor.

A few days later, the girl spontaneously confirms the reasons of hope I had had. I do not mention what has happened until she speaks of it. From that day on her abstention from alcohol and cannabis derivates has been constant and her mood tends to become steadier.

We agree upon a progressive suspension of the psychotropic drugs and a progressive change in her habits.

In fact, in analyzing her resources, Silvia acknowledges the good possibilities of modifying her existential coping (Brera, 1997), whose conceptual aspects I have explained to her. The results she is obtaining are becoming more meaningful so that within a short time her self-esteem and her confidence in both herself and others improve. At last her brother's marriage is an occasion of happiness: she is actively involved in its preparations, recovers a relationship with the future bride – previously seen as an antagonist – and to her family's surprise, receives the Sacraments again. Yet, a new serious threat is ready to upset her steadiness: her rapist might be her brother's best man! Her agitation at the news is uncontrollable and, as usual, the family becomes the focus of her outpouring. Shocked by a dream that her brother's wedding takes place in a huge palace and a true labyrinth, she appears to be back at the starting point. For a series of events, not better explained, her parents get angry with her, accusing her of being incapable. Silvia is showing that her sense of self-worth is very low now; moreover, she realizes she hasn't done anything to deserve her parents' esteem. She admits that what she does is to please the others, and not because she really wants to. I decide to found our meeting on the analysis of the character of her abuser and on what Silvia has felt towards him. I insist on the necessity of making clear, at last, everybody's responsibilities and roles and of denouncing the facts. At a month and a half into the counseling, again a crucial test reveals to be an incentive to overcome the problem. She plays the role of her brother's witness who has been invited in spite of all, and ends up facing her abuser, even if with difficulty,. She succeeds in finding a temporary job and at the weekends helps her father at the open market, selling antiques. She drastically changes her mode of life, colour of clothing and patterns of behaviour . In June she decides to go back to school so she enrolls in the IV form of the Lyceum again.

The subject of her dreams also changes: "I had to go to a party of friends in a distant place where I arrived travelling by coach and train. Yet, to reach that place I had to go through country fairs and feasts. At last, I

found myself in the middle of a game in which I was actively partaking and the scope of which was to guess the object hidden in the dark sphere. Then the setting changed and I found myself accompanying an unknown, old lady whom I helped carry a shopping bag through a huge palace, a sort of labyrinth... "When I asked her what the game meant to her, she defined it as "the search for the self, hidden in the perfection of the whole". Notwithstanding her weary roaming, the feelings she remembers are positive: serenity, happiness and love. In a second, less serene dream, she is wandering shoeless about Milan, in pursuit of a place where somebody is waiting for her... Although deeply distressed, she succeeds in reaching her destination, but she is unable to come back because she is barefoot. A policeman tries to help her find her way home, but she sends him away. Silvia explains this dream as the representation of her present mood: "I felt hopeless, but my pride did not allow me to be helped by the others. Now that I am more mature I know that I wouldn't have managed it by myself!" And what about the shoes or better the lack of shoes? "The shoes are my protective element. I know I have to go back home, but I actually don't want to 'to walk'. Not walking for lack of shoes is my alibi"

3. Results

In a period of three months and a half, Silvia has had ten sittings of counselling for which she paid personally a symbolic price, thanks to her conquered financial autonomy. She learned to "walk" by herself, and presently doesn't seem to want to take off her shoes. She has stopped ingesting any medicine, she doesn't smoke, doesn't drink alcoholics, she takes public means of transport and stopped the over consumption of chocolate. She has discovered that she has a "centre" worthy of esteem, that she is loved by her parents in spite of her mistakes and difficulties to face reality and that she can realize a form of harmony in her life. She knows the difference between reality and pseudo reality and, notwithstanding her past i.e. swinging among five existential crises, she has learned that her resilience (Brera, 1997) grew "at the right moment",

and this is a warrant to face future difficulties with consciousness and new energy. As it is predictable, Silvia will have plenty of proofs and, since her personality is menaced by serious problems, she will have to face the existential coping, with suitable resources in order to keep health (Brera, 1997).

4. Follow-up

Since her last counselling Silvia hasn't kept in touch. Fifteen months have gone by and her mother informs me briefly of the events.

Silvia has given up her study but has a part-time job. She lives with her family and still keeps a relationship with her boyfriend while she no longer sees any of the other friends. She is still prone to "ups and downs", but her behaviour is steadier and doesn't indulge in her gory practices any more. She has occasionally taken cannabis by-products, although her mother is sure she hasn't smoked or drunk alcoholics for a long time. Of course she doesn't take psychotropic drugs and she is determined to travel, what appears, a long and rather steep road.

5. Comment

Silvia's case contains several pathologies classified in DMS IV, which could be viewed in a psychodynamic way. (Gabbard, 1995). It is neither possible to give details of her previous psychiatric treatment nor to compare the two different therapies adopted in the treatment of Silvia – a teenager attracted by the obscure, sucked into the whirl of nothingness, and who would lie on the bed of her candlelit bedroom, dramatically anticipating her future end.

We think that Silvia's existential events are representative of a situation suspended between being and nothingness, between the factual assertion of a transcendence working "with" and "for" the man, and the desperate banality of nihilism; between the painful appropriation of the existential

meaning and its alienation in consequence of the annulment of the value of the person. Had the therapeutic approach not addressed the person considered as interacting with the spiritual, symbolic, and biologic world and had it not responsibly and seriously faced the reasons of her suffering,, there would have been little hope of success. This thesis seems to be confirmed by the fact that the combined psychiatric and pharmacological approaches did not modify Silvia's behaviour. In fact she submitted herself to these therapies, but kept a pathological style of life and remained stuck to a virtual reality after losing every hope of recovering contact with daily life.

Adversely, the existential counselling (considered in a kairological way) has favoured the recovery of hope and serenity through a dramatic path, which has transformed the suffering into creative pathos. In fact, existential kairological counseling, characterized by the doctor-patient relation and based on the research and the exploitation of the present resources, as a possibility to research and recover existential meaning, helps the patient to perceive the dignity "at the right moment" and work towards a change. The theoretical bases of this kind of counselling lie in an anthropological view of medical science that, far from being reduced to a mere, empiric science of nature, is interested in the suffering person, approaching him in his biologic, symbolic and existential subjectivity and complexity with empathy and love, hence applying a clinical method centered on the person and his resources (Brera, 2001).

It seems that the characteristic element of Silvia's drama consists in the noogenous anxiety that wraps up her life with deep roots. The sexual abuse, undergone in her first years of life and the well-known series of possible nervous disorders, have been kept hidden for twelve years and have exerted a negative influence on the girl's self-esteem. She lived it again when the responsible young man appeared in a loving role very near to her brother's on the day of his wedding. Her brother's happy event awakened deep conflicts in the girl such as the concern for the loss of her brother as confidant, the jealousy towards a sister-in-law she considers hostile, the guilty feeling for what she has thought of them and at last the dreamt tragedy of the imminent separation as the projection of the

matrimonial failure which Silvia's best friend has recently experienced. The succession of uncontrollable events, lived with an emotionally pathologic sensibility by the girl, have undermined the already weak, inner balance, lacking a clear perception of her personal value.

The panic attacks and the compulsive, eating disorder represent epiphenomena of a deeper trouble within her personality lived with pain and artificially mitigated with the use of alcohol and of irresponsible sexual intercourses.

The loss of significance of life weakens the being. It is a radical experience that strongly echoes the philosophy of some Twentieth Century sharp protagonists: "How about the being? The being is nothingness!.. the most disquieting guest is knocking at the door!" (Heidegger, 1960)

" We are not really ourselves except when ..we coincide with nothing, not even with our oneness". (Cioran, 1995)

The tribute of classical and philosophical studies to the medical sciences, for a better understanding of the pathological phenomena tormenting man, represents a natural aspect of medicine if we consider its Christian Hellenic origins and its task. In fact, its duty is not limited to the description of "how" a pathogenic event happens, but rather to discover "the reason" why it has occurred. This is the meaning that it acquires for the suffering person. (Gadamer, 1994)

Why was kairological counseling successful mainly when Silvia was giving concrete form to her death-like dramatizations risking her life with a new, dramatic acting out?

The main characteristics of kairological counseling are: empathic reception, hermeneutical listening, realistic evocation of both inner and external resources of the individual, and non-directivity. These aspects have allowed the girl to create a meaningful relationship with a responsible and dedicated doctor, to feel accepted and "at the right moment", and to discover new, existential possibilities that could open the road of hope to a different, and meaningful way of being.

The alliance between the doctor and the positive side of Silvia's personality has favoured the creative experience of the change accomplished every day through the choice of simple things considered

“good for her” and, on a deeper level, with the personal acceptance of the Christian answer to the quest for meaning. The acquired emotional and affective stability has made medication superfluous and has enabled Silvia to overcome phobic reactions and compulsive disorders.

The rich, symbolic, unconscious production Silvia has had through her dreams has been interpreted as a demand for the existential meaning and analyzed (without any suggestion) with the protagonist through maieutic questions. She has been invited to give her dreams an interpretation that is consistent with her real life. The conceptual and (affective ? o effective?) elaboration of her oneiric themes has allowed the girl to find out a mysterious correspondence between the questions of her conscience and those emerging from her unconscious; this leads us to infer that the unconscious has a semantic structure. (Brera, 1998)

Then it is easy to understand how the changes undergone by Silvia have modified her neuro-physiological activity, and supplied the biological support to maintain her psychophysical well-being. A similar modification is that which the neurotransmitters undergo during an illness or a recovery for the interaction of the psychological –existential events with the biologic ones on the basis of the variables connected with the patient’s conscious and unconscious activity. (Gottshalk, Fronzseck et al., 1993)

The effect of the counselling on the girl’s neurotransmitters is proven by several real facts: in her bedroom daylight is shining again, and the candles, which have been put away in a drawer together with the “horror” films, have lost their symbolic meaning. The thin girl who energetically bears the surprising weight of her several tasks and whose eyes bring to life her pale face under the bush of raven locks, don’t hold any trace of the desperate anxiety she suffered in her first meeting.

The events that occurred in the fifteen months that followed the end of the counselling are a super example of the concept of “health”, meant as an existential condition consistent with the life style and in continuous balance with both internal and external menaces and risk factors, and personal and external resources.

An epidemiological or pragmatic-biologic approach might not foresee a future without psychotropics for Silvia. Yet, by experience, we know that

the final result of a person's "health" depends on powerful protective factors (among which I would also list the well conducted kairologic counselling), and on unpredictable factors which cannot be controlled scientifically; these being deeply rooted in the mystery of life, and causing positive effects provided the person shows a trend towards the "being". In her short but difficult existence Silvia has showed to prefer the being to the nothingness.

Riassunto

Il counselling medico kairologico si rivolge alla persona sofferente con la consapevolezza dell'interazione fra le dimensioni biologica e psicologico-esistenziale, in accordo con le basi epistemologiche della medicina centrata sulle persona. Dopo aver provato la sua efficacia ed efficienza nei confronti degli adolescenti affetti da malattie croniche, il counselling ha dimostrato la sua possibilità di applicazione nei confronti di patologie psichiatriche, classificate nel DMS IV.

Viene presentato il caso esemplificativo di Silvia, una ragazza maggiorenne in terapia psichiatrica e farmacologica per nevrosi ansioso-depressiva e attacchi di panico, tentato suicidio, disturbi compulsivi della sfera alimentare, assunzione di droga e, occasionale, di alcolici. Durante l'infanzia Silvia subì abusi sessuali da parte di un amico del fratello maggiore. Ella viveva una realtà virtuale, affascinata da ciò che è oscuro, passando lunghe ore adagiata sul letto circondato da candele che illuminavano la sua triste vita. Dopo l'analisi dei fenomeni empatici e la ricostruzione delle vicende esistenziali della ragazza, il counselling kairologico si è proposto di sostenere Silvia nello sforzo di abbandonare ogni tipo di dipendenza, e di affrontare con rinnovato coraggio la realtà e il mistero della vita, da protagonista. L'ipotesi su cui si è basato il counselling è che la perdita del senso esistenziale conduce una persona sensibile e fragile sull'orlo del baratro dell'annullamento volontario del sé, provocando un'insostenibile sofferenza spirituale e psicologica. L'analisi delle risorse della ragazza, e la conferma della loro presenza, ha consentito di attuare la trasformazione della sofferenza in pathos creativo, e di favorire il profondo e stabile cambiamento dello stile di vita.

Il recupero del senso della dignità personale e la ritrovata percezione delle proprie possibilità creative ha consentito a Silvia di recuperare la salute, intesa come ben-essere ed essere-bene.

L'applicazione rigorosa nel caso presentato del counselling kairologico, basato su chiari principi epistemologici, fornisce la base teorica per un confronto con gli approcci usuali alle patologie classificate in ambito psichiatrico. Essa stimola inoltre alla riflessione sull'efficacia degli interventi basati sulla consapevolezza della strutturazione teleconomica della natura umana, che nell'adolescenza si manifesta come ricerca di una risposta significativa alle domande esistenziali di verità, amore e bellezza.

Parole chiave: adolescenza, counselling kairologico, medicina centrata sulla persona, disturbi psichiatrici, DMS IV.

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