

Article 5

Innovative Applications of Logotherapy for Military-Related PTSD

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As the need for innovative treatments for military-related PTSD increases, it is imperative to begin re-examining some current empirically proven methods for ways they can be used to administer competent and ethical care. One proven intervention that is widely known yet rarely practiced is Logotherapy (Frankl, 2006). This paper will look at innovative approaches to advanced Logotherapeutic techniques for treating military-related PTSD. Ethical issues will be observed related to client gender, age, and religion. The most current empirical research in support of Logotherapy for treating military-related PTSD will be examined and real-world examples of Logotherapeutic techniques will be identified.

Introduction

The United States Armed Forces has protected our borders, our people, and our freedom for over 235 years. Over the course of that period, these valiant men and women have sustained a variety of different physical injuries; however, it is only recently that the more latent, psychological injuries have become both identifiable and measurable. Identifying these less salient injuries is made even more difficult because they often arise long after the individual is removed from the theater of war. Various war-related psychopathologies have been discovered such as Acute Anxiety Disorder (AAD) and Post Traumatic Stress Disorder (PTSD). Different techniques have been used to ameliorate the related symptomologies, such as Cognitive Processing Therapy (CPT), group psychotherapy, psychopharmacology, Eye Movement Desensitization and Reprocessing (EMDR), and Rational Emotive Behavior Therapy (Ellis, 1998). One technique for treating trauma that is widely known yet rarely practiced for treating military-related PTSD is Viktor Frankl's (2006) Logotherapy. This paper intends on rationalizing its potential applicability in treating military-related PTSD, not as an adjunctive treatment, but as a central and structured source of amelioration of the related symptomologies.

Logotherapy

Logotherapy stems from Existential Psychotherapy, which espouses that humans are driven by the need to create meaning and purpose in their lives (Frankl, 2006). The creation of meaning and purpose is an attempt to deal with the four existential concerns of death, freedom, isolation, and meaninglessness (Reichenberg & Seligman, 2010). According to Viktor Frankl (2006), death is a primary concern because it is inevitable and inescapable. Freedom is an existential concern because, according to Frankl, it insinuates that there is no master plan to the universe; therefore, each person is responsible for creating who he or she is and what he or she does in life. Isolation is a particularly vexing existential concern, according to Reichenberg and Seligman (2010) as it makes salient the phenomenological reality that there is a gulf that exists between us and others, as well as within ourselves. The final existential concern is meaninglessness; wherefore, we must create meaning in an utterly meaningless existence.

Frankl's (2006) Logotherapy attempts to empower clients to find meaning in work, love, suffering, and creation. His Logotherapy ascertains that life has meaning in suffering and that human beings' main motivation is to create meaning. Frankl asserts that we have the freedom to derive meaning in what we experience and in how we react to those experiences. The three fundamental concepts of Logotherapy are: freedom of will, will to meaning, and meaning in life (Frankl, 2006). He notes that 'freedom of will' implies humans have control over how they react to external pressures and obstacles. His 'will to meaning' ascertains that human beings thrive on creating meaning when facing obstacles. Finally, his principle of 'meaning in life' maintains that, like Existential Psychotherapy, there is no general meaning of life; but rather, we must seek and create meaning for ourselves.

According to Frankl (2006), we can find meaning in readjusting our attitudes and perceptions of potentially adverse situations into developmental opportunities. Another source of meaning comes as a result of suffering, wherefore, the individual grows stronger having experienced and faced the cause of the suffering head-on (Frankl, 2006). He notes that these types of growth experiences can result in attitudinal changes towards suffering and cognitive dissonance. Finally, he states that we can find meaning in our work through perceiving its value and meaning to the progress of ourselves and others. Through this perception, we use our freedom of will to create meaning for ourselves in order to defend against the primary existential concerns (Reichenberg & Seligman, 2010).

Frankl's (2006) Logotherapy works under the assumption that we are constantly faced with what he calls the "Tragic Triad." This consists of pain, guilt, and suffering. Since life is dynamic as opposed to static, we are constantly faced with some variation of these mind-states. According to Frankl (2006), we can deal with this triad of existential angst through changing our attitudes towards how we perceive and ultimately deal with them. For example, assuming we are faced with suffering, we may adjust our attitude to see ways in which we can grow as its result. If the individual is perceiving guilt, he or she may adjust his or her attitude to see these feelings as a call to action to right a wrong. Finally, he illuminates that idea that individuals may experience pain for which they can adjust their perceptions to seek growth and meaning as its product. Of course, these are

often felt in conjunction with one another and can require Logotherapy to cope with more effectively.

Logotherapy uses three primary techniques known as Paradoxical Intention, Dereflection, and Socratic Dialogue (Frankl, 2006). He states that Paradoxical Intention, as adapted from Adlerian Individual Psychology, attempts to get the client to do exactly what he or she is afraid of. This developed out of a reality principle (Freud, 1938), wherefore the feared action is carried out without the harmful consequences the client expects. The idea behind Paradoxical Intention, according to Frankl (2006), is that when a client wants to achieve a particular end, they develop Anticipatory Anxiety. For example, if a client with military-related PTSD cannot fall asleep, his or her stress will manifest in the form of Anticipatory Anxiety as a result of failing to fall asleep. Paradoxical Intention would insist that the client change his or her goal to see how long he or she can go without falling asleep, which alleviates the Anticipatory Anxiety that has kept him or her awake as a result of failing to meet his or her goal.

Dereflection is based on the idea that at times, particularly during suffering, we become hyper-reflective, constantly focusing inward on ourselves and our perceptions (Frankl, 2006). Dereflection gets the client to deflect internalization which he suggests manifests as perpetual self-observation in an attempt to focus on external meaning-seeking behaviors. He states that we are able to detach from ourselves through Dereflection in order to become a part of some larger, more meaningful pursuit. The deflection away from hyper-reflection allows the client to refocus on more meaningful, purposeful pursuits which is essential to achieving wellness according to Existential Psychotherapy (Frankl, 2006). For example, if a client with military-related PTSD is constantly internalizing what he or she experiences and is in a perpetual state of self-observation, he or she will not be able to seek and find meaning in his or her traumatic experiences. Fortunately, through Dereflection, this client will be able to replace his or her self-observation with a meaningful pursuit which is essential for achieving existential wellness.

Finally, Socratic Dialogue is a technique that was created by the philosopher Socrates and later incorporated by Frankl (2006) into Logotherapy. It is also known as Maieutic Dialogue, which is Greek for midwifing. This technique incorporates “interviewing designed to elicit the patient’s own wisdom,” in effect midwifing to consciousness knowledge that the client already possesses (Southwick, Gilmartin, Mcdonough, & Morrissey, 2006). This technique incorporates the use of Socratic questions which aid the client in taking ownership for his or her responsibility to lead a life of meaning and purpose (Frankl, 2006). Socratic questions should “stand with one leg firmly in the client’s way of looking at her world, and the other in the new territory” (Welter, 1987). For example, he suggests using questions such as, “As you look back on your life, what are the moments when you were most yourself?” or “What is life asking of you at this time, even in all your suffering?” These questions are intended to objectively “midwife” the meaning potentialities of the client’s experiences which he or she already intuitively knows.

Military-Related PTSD

Military-related PTSD differs from other types of trauma related anxieties and psychopathologies (American Psychiatric Association [APA], 2000). In tailoring Logotherapy for the treatment of military-related PTSD, the symptomology and risk-factors should be considered. According to the *Diagnostic and Statistical Manual of Mental Disorders*, military-related PTSD is defined by, “a history of exposure to a traumatic event meeting two criteria and symptoms from each of three symptom clusters: intrusive recollections, avoidant/numbing symptoms, and hyper-arousal symptoms” (American Psychiatric Association, 2000). The aforementioned symptoms have to occur for a minimum duration of one month (APA, 2000). Finally, “the disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning” (APA, 2000).

There are many identified risk factors that increase the potential development of military-related PTSD. The first risk factor is a history of depression or PTSD in a first degree relative (APA, 2000). Many current members of the military joined due to having first degree relatives who also served in military positions for which depression and PTSD are common. Age is an important risk factor as the median onset of PTSD is 23, a common age of military members deployed over-seas (APA, 2000). Another important risk factor to consider is gender, as males develop PTSD at a higher rate across their lifespans (APA, 2000). The age of entry into combat is also an important predictive factor as the younger the individual is, the less developed his or her coping mechanisms are during and after the traumatic experience (APA, 2000). Finally, as the number and severity of life stressors increases, so does the likelihood of developing PTSD (APA, 2000). This is important to consider because military personnel are constantly immersed in a stressful environment, regardless of whether they are in training or a theater of combat.

Current Research

The academic literature regarding the use of Logotherapy to treat military-related PTSD is relatively sparse compared to other treatment approaches for this disorder. Steven Southwick and Robin Gilmartin (2004) conducted research on how Logotherapy helped clients with military-related PTSD. They found that veterans dealt with survivor guilt, depression, affect dysregulation, and an altered world view and often coped with these existential dilemmas with alcohol and substance abuse. This study determined that often times, these veterans with PTSD would intentionally numb themselves from emotional experiences at the expense of family and friends. Logotherapy, according to Southwick and Gilmartin (2004), showed the potential to rehabilitate clients with military-related PTSD, as it helped them face their anxieties rather than numbing and repressing them out of consciousness.

Steven Southwick, Robin Gilmartin, Patrick McDonough, and Paul Morrissey (2006) completed a comprehensive case study of Logotherapy’s effectiveness in treating military-related PTSD at an inpatient treatment facility in Connecticut. At this facility, they instituted a four-month inpatient PTSD treatment plan developed using Logotherapeutic techniques such as Socratic Dialogue, Paradoxical Intention,

Dereflection, as well as psychoeducational groups which taught the fundamentals of Logotherapy and existential philosophy. The most common symptoms noted in this study included a, “skewed external locus of control, a foreshortened sense of future, guilt and survivor guilt, and loss of meaning and purpose” (Southwick et al., 2006, p. 172).

By the end of Southwick’s program, they identified that each patient transitioned towards an internal locus of control. The clients stated that they no longer felt helpless to handle their stress and to live towards meaning and purpose (Southwick et al., 2006). The clients who took part in this program no longer felt the, “debilitating feeling that death can occur at any moment,” which lead them to act with a heightened awareness towards meaning potentialities (Southwick et al., 2006, p. 172). These individuals disclosed that they no longer let guilt hurt them; but rather, they perceived the guilt as a call to act in more meaningful, purposeful ways. Finally, the clients who participated in Southwick’s (2006) program no longer struggled with an existential void as they worked towards identifying meaning in their struggles. While this study is limited in its empirical data, the findings of its case studies are exceptionally positive.

Bo Jacobsen (2006) asserts that life crises can be seen as an aid in personal development. He discusses how the tenets of Existential Psychotherapy can transform a client’s understanding of crises from a problem to an achievement. It is important to consider how Frankl’s (2006) Logotherapy developed out of existential analysis, which ascertains that crises exist as a means to grow and develop. Jacobsen maintains that though we are often helpless when it comes to avoiding external crises, we can change and control how we respond to them. This is in perfect conjunction with Logotherapy as Frankl (2006) once exclaimed that humans can find meaning in seemingly hopeless situations through transforming them into developmental opportunities. Jacobsen (2006) discusses his own research with how cancer patients, through Existential Psychotherapy, began perceiving their illness as a positive, growth-oriented life obstacle.

In 1992, Jim Lantz researched the use of Frankl’s concepts of Logotherapy for treating clients with PTSD. He discovered that Logotherapy aided them to remember details of the trauma. By recognizing these details, they were able to find meaning in their struggles. This is important because Logotherapy essentially transcended the clients in Lantz’ (1992) study from focusing on themselves, to meaningful pursuits of attempting to help others. Lantz (1992) focused on using Logotherapy, and more particularly, Dereflection, to aid his clients in working away from perpetual self-observation and hyper-reflection and into external, altruistic acts of giving back to the world.

Innovative Approaches of Logotherapy

Frankl’s (2006) Paradoxical Intention has been used in past therapies to aid clients with military-related PTSD to get the sleep they need without using potentially habit-inducing medications. While this is a more than suitable use for Paradoxical Intention, it is but one of many potential uses. Many veterans complain that seemingly mundane actions such as driving to the store can trigger intrusive recollections as a result of their PTSD. It is important to consider how in this post-modern era of warfare, armies no longer meet face to face on the battlefield; instead, they use guerilla tactics which manifest in the form of Improvised Explosive Devices (IEDs). Most of the current casualties of war from both Afghanistan and Iraq are inflicted through IED attacks while

military forces travel on the local roads. The local insurgencies hide IEDs in everything from road-kill carcasses to potholes, all of which are things veterans encounter at home in a safe environment.

Paradoxical Intention would challenge clients with military-related PTSD to confront their fears regarding on-road travel through challenging clients to see how many times they can leave the relative safety of their homes for movement on roads via motor vehicles. The expectation of the veteran is that IEDs could be hidden in potholes, animal carcasses, and other clever places along their route; however, each time they make it to their destination and return home without encountering an IED, their anxiety and reluctance to driving should also decrease. This premise is based in the reality principle for which the individual assesses how realistic particular expectations are, which according to Structure Theory, is considered the main function of the Ego (Freud, 1938). Once the phenomenological belief that they will encounter an IED is put to the test and fails, the individual readjusts his or her expectations in subsequent situations.

Dereflection has been used in a variety of different ways when counseling veterans with PTSD. Perhaps the most common application of Dereflection in treating veterans with PTSD is outlined in the Connecticut in-patient veteran's hospital's use, wherefore they implemented mandatory community service to get the clients to think more towards helping others than reflecting on their own situations (Southwick et al., 2006). This, however, should not be required because few people understand the realities of self-less service in the defense of others more than military-members. Perhaps a better use of Dereflection is in an attempt at freeing themselves from the bounds of their diagnoses. Dereflection can be used to eliminate the Anticipatory Anxiety related to working towards wellness. The more the service member strives to achieve wellness, the more difficult it becomes; however, Dereflection can help eliminate the very Anticipatory Anxiety that impedes his or her progression towards wellness (Frankl, 2006).

Another potential application of Dereflection in treating military-related PTSD is in combating what Frankl (2006) calls the, "collective neuroses" wherefore we all look inside ourselves and miss the potential lessons we can learn through facing our traumatic experiences head-on. This can manifest in clients being in a perpetual self-observation in an attempt to rationalize their trauma; however, the more they think about the distressing event, the more depressed they become. Once depression occurs, the client will often try and stop thinking about the distressing event but failing to do so as a result of the onset of Anticipatory Anxiety. A Logotherapist might suggest, in this instance, that the client attempt to think and rationalize his or her trauma as much and for as long as he or she can. Once the client attempts this often mundane and difficult challenge, he or she will realize that he or she can get rid of the thoughts as easily as they can bring them into consciousness, once he or she rids themselves of the Anticipatory Anxiety that hinders his or her progress. The relief of the idea that they are not responsible for suppressing thoughts regarding the event takes the pressure off long enough to aid them in completing that very task.

Finally, Socratic Dialogue often manifests in client-counselor interactions when the presenting problem is military-related PTSD in the form of two-legged, Maieutic Questions. These Socratic dialogues usually revolve around the idea that the client already has the knowledge and capability to perceive meaning in seemingly meaningless situations; however, he or she needs a counselor to 'midwife' that knowledge and

capability into consciousness. This is important because many service members acquire various coping mechanisms throughout their arduous training and yet fail to apply them when they experience trauma that far surpasses the seriousness of that which they experience in training (Welter, 1987). According to Welter (1987), the therapist, in essence, does not presume to know the right solution for the client and accepts that the only one who truly knows how to cope is the client. This puts the client in a position of power and autonomy over his or her own reality. At this point, the client is sufficiently in control of his or her own perceptions regarding the traumatic event (Welter, 1987).

Once the counselor has convinced the client that he or she is the only one that can truly understand and perceive what he or she is going through, which is the basis of existential isolation, the client is then asked several questions in order to 'mid-wife' those coping mechanisms into consciousness (Welter, 1987). Some examples of particularly effective Socratic questions to ask veterans with military-related PTSD consist of, "What is life asking of you at this time, even in all your suffering?" as well as, "How do you find courage?" (Welter, 1987). These questions are sufficiently anchored both in the client's reality as well as the intended ends (Welter, 1987). For example, if the client responds to the first question, he or she may begin discussing ways in which life is calling them to act in a meaningful and intentional fashion, for which he or she was previously not able to bring into consciousness. Once the client begins deriving meaning and purpose for his or her current and past existences, he or she becomes empowered as an autocrat, capable of accepting the existential responsibility to live towards meaning and purpose.

Multicultural Considerations

Viktor Frankl's (2006) Logotherapy has to be viewed through a multicultural lens for it to be truly effective. It must be articulated that Logotherapy, as created by an Austrian psychiatrist, is Eurocentric in its views of human nature and responsibility. Viktor Frankl was devout in his faith in God as a Jew and used this to cope with and survive his imprisonment in some of the most infamous Nazi concentration camps of the Second World War. While his Logotherapy was initially created in support of those clients that ascribe to a higher power, it has wide applicability outside of this realm. Frankl (2006) states that there is no general meaning of life; but rather, we are challenged to create meaning through work, love, suffering, and creation. Existential Philosophy ascribes to a phenomenological reality, wherefore the client becomes the expert on his or her perceptions of his or her situations (Reichenberg & Seligman, 2010). Assuming this is the case, Logotherapy might suggest that ascribing to a higher power is not the only way humans find meaning.

According to Vontress (2008), Existential Psychotherapy is appropriate for a vast variety of cultures around the world, as everyone faces the existential dilemmas of meaninglessness and isolation. He makes salient the reality that many Asian cultures deal with existential isolation and life-meaning as they work towards Nirvana and ultimate transcendence. Existential Psychotherapy was successfully used to treat the psychological ailments experienced by homosexuals with AIDS (Schwarzberg, 1993) which highlights its potential to treat a wide diversity of clientele, regardless of sexual-orientation and overall health. The tenets of Existential Psychotherapy and Logotherapy can be tailored

to treat a wide variety of clients, regardless of religion, sexual-orientation, or type of trauma.

Limitations

As with every theory, there are limitations. As for Logotherapy, it can be difficult testing its validity and reliability with empirical research. This is due to the fact that it is nearly impossible to measure some of the abstract perceptions such as existential isolation, existential voids, and fear of death. It would be particularly difficult to measure the amount of meaning someone ascribes to a wide variety of events. Military-related PTSD can be difficult to diagnose using an existential framework because it relies on the client's perceptions of what occurred; however, in severe cases, clients can have such severe cases that their perceptions are sufficiently distorted. All of these things make it difficult to measure its effectiveness in treating military-related PTSD.

Another limitation is that Existential Psychotherapy requires at least a moderate degree of intelligence in order to understand its more abstract components, such as existential voids and the differences between intra-personal and inter-personal existential isolation. Clients who are not used to thinking in a more abstract manner may find it extremely difficult to appreciate and assimilate the important philosophical ideals required for the progression towards wellness. For example, the 4 month in-patient Logotherapy treatment plan in Connecticut requires its clients to go through a 10 week psycho-educational group where they gain an understanding and appreciation for the concepts of Logotherapy and Existential Psychotherapy, which is crucial for its ultimate success (Southwick et al., 2006).

Another important limitation of Logotherapy for treating military-related PTSD is the legalistic and dogmatic attitudes of those who currently practice it. Many proponents of Logotherapy insist that other mental health professionals not extend or even discuss its components without taking certain courses related to its philosophy. One anonymous counselor asserted that these Logotherapy tsars act, "...more Catholic than the Pope" in their rigid adherence to the standards they set for its usage (unknown source). This type of therapeutic elitism can make other mental health professionals apprehensive about discussing and researching its effectiveness and likely contributes to its lack of available empirical literature.

Personal Testimony

As a member of the United States Marine Corps who has experienced the rigors of a military deployment, I took refuge in the writings of Viktor Frankl (2006). Frankl's book *Man's Search for Meaning* (2006) gave me the framework I needed to put my own challenges and struggles into perspective. Military deployments contribute to a lot more stress than just that experienced in combat, such as being away from friends and family, losing nearly all personal freedoms for extended periods of time, as well as losing the time to embark in meaningful pursuits outside of what is required of the mission at hand. Military deployments require the service member to focus on little more than protecting his or her comrades-in-arms. This amalgam of stressors puts the service member in a position where he or she must put aside his or her own well-being for those that he or she has grown to love.

Viktor Frankl (2006) created Logotherapy and practiced Existential Psychotherapy prior to being imprisoned in a Nazi concentration camp; however, he was able to put his ideals to the ultimate test as he also had to find meaning and purpose in putting others' well-being ahead of his own. He survived countless unimaginable atrocities by encouraging and supporting his fellow prisoners. Frankl worked towards empowering his fellow prisoners to find meaning and purpose both during and in the aftermath of their imprisonment in the Nazi camps. His courage and purpose has inspired countless individuals, mental health professionals and service-members alike.

Finding myself in a similar situation on a military deployment, I worked towards inspiring and encouraging my fellow Marines to seek meaning and purpose in both their actions and their perceptions of what occurred in its wake. Having witnessed the effects of military-related PTSD first-hand, I have come to realize that Logotherapy offers a lot in the way of relief for service members who face the horrors of humanity. Whether it's a loss of sleep, constant intrusive recollections, or fear of daily tasks such as driving, my interactions with these individuals made salient the idea that these can be ameliorated through a re-analysis of their attitudes towards what they experienced. Frankl stated that, "...the last of human freedoms is to choose one's attitude in any given set of circumstances, to choose one's own way" (2006, p. 75). He further codified this statement with the idea that, "When we are no longer able to change a situation - we are challenged to change ourselves" (2006, p. 120). These are messages that could potentially benefit a wide variety of service members, regardless of the severity of their traumas.

Conclusion

Whether it is through Paradoxical Intention, Dereflection, or Socratic Dialogue, Logotherapy potentially offers long-term relief from the underlying stressors that are involved in military-related PTSD. Though the empirical data is sparse, it is clear that Logotherapy deserves further research, not as an adjunctive treatment, but rather, as a structured and effective therapy for the treatment of military-related PTSD. Irvin Yalom (2005, p. 230) once stated that humans struggle as a result of being a, "meaning-seeking creature in a meaningless universe." This is an important dilemma that should be addressed in therapy with clients with military-related PTSD. Mental health professionals, regardless of theoretical allegiance, should take up arms with their clients and empower in them the responsibility to seek and create meaning. Logotherapy offers a lot of potential benefits to clients and should be further researched and applied in order to better serve those who willingly put their existence on the line for our protection (Frankl, 2006).

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