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Myths and Delusions: A Vindication of Sarró

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Mythical experience is inherent to human beings. Carl Gustav Jung considered mythopoeitic experience to be key in the development of cultures, civilizations and individuals, while its dysfunction led to mental illness. Jung established a series of archetypes or universally recurrent mythical patterns. Some authors, using analytical psychology as a proto-religion, propose to equate mystical process with the schizophrenic one, something not plausible. However, the Spanish psychiatrist Ramón Sarró, from a mythical-phenomenological approach, researched exhaustively those recurrent themes of schizophrenia, which he labeled mythologemas or delusemas. Sarró held that the predominant themes in schizophrenic delusions are mythical-religious, though schizophrenic people religiosity is pseudo-mystical in nature. Nowadays, some works have illustrated the fertility of Sarró's thoughts, and their compatibility and validity in relation to modern psychiatric phenomenology.

Mitos y delirios: una reivindicación de Sarró

La experiencia mítica es consustancial a la especie humana. Para Carl Gustav Jung la experiencia mitopoyética era clave para el desarrollo de culturas, civilizaciones e individuos y una disfunción de la misma acarrea enfermedad mental. Jung estableció una serie de arquetipos o patrones míticos recurrentes universales. Algunos autores, utilizando la psicología analítica jungiana como una protorreligión, proponen la equiparación del proceso místico con el esquizofrénico, aserto poco verosímil. Sin embargo el psiquiatra español Ramón Sarró, desde un abordaje mítico-fenomenológico, realizó estudios exhaustivos de los temas recurrentes de la esquizofrenia, a los cuales denomina mitologemas o deliremas. Sarró estableció que la temática predominante de los delirios esquizofrénicos es mítico-religiosa, si bien la religiosidad del paciente esquizofrénico es pseudomística. Modernamente se han hecho trabajos donde se ha visto la fecundidad del pensamiento de Sarró y su perfecto entronque y vigencia con la fenomenología psiquiátrica actual.

INTRODUCTION: MYTHS AND DELUSIONS

The etymological roots of "mythology" are Greek, *mythos* ("discourse or story") and *logos* ("oral or written expression of thought"). All religions and cultures have their mythologies, initially of sacred origin and often ending up secularized as stories and legends. Moreover, the mind undeniably has an essential mythical component.

The word "delirium" comes from the Latin verb *delirare*, which means "being out of groove," referring to thinking beyond the bounds of reason. Jaspers described schizophrenic delusion as the primary delusion, the only authentic delusion exclusive to schizophrenia.

The connection between myths and delusions is important because much delusional content is precisely mythical. To this mythical parameter must be added the archetypal parameter, the main contribution of C.G. Jung. Our aim is to review these aspects briefly, particularly with regard to schizophrenia and emphasizing the contributions of Ramón Sarró. This author has not received sufficient attention in this field, especially in the English-speaking world, where his work has remained virtually unpublished.

IMPORTANCE OF MYTHOLOGY

Mythology has nothing to do with an ingenuous and primitive, magical approach to the human condition. Mythology is not the infancy of humanity. Mythology does not view the Universe as science does, as a mere object of knowledge, but as a reality in which one lives, a reality in which human existence unfolds and tries to make sense of that existence.

Jung spoke of the *mythopoeic* ("myth-creating") function and held that the individual or society that lost that function suffers individual or collective mental illnesses and produces pathological myths.

Ferry (2010)¹ has pointed out what he considers the five main questions concerning myths. These questions are deeply rooted in the most profound and essential existential core of the person and endow the cognitions and actions of human beings with powerful meanings:

- What is the origin of the world and the origin of humans?
- What place do humans occupy in a heaven and earth that *a priori* do not seem to be made to the measure of humans? Mythology shows a progressive humanization of the gods and a progressive deification of humans; the first generation of gods (Chaos, Tartarus, Gaia, Eros...) is succeeded by Zeus, Hera, Aphrodite, Artemis, Athena, etc.
- Why do humans fall into *hubris*, into pride and excess, and rebel against their own mortality and try to appropriate what belongs to the divine order? This calls down the punishment and vengeance of the gods. The examples of Sisyphus, Midas, Prometheus, Icarus, Tantalum, and others come to mind. There are also the examples of Asclepius, or Aesculapius (the first doctor), son of Apollo and Coronis, who raised the dead and was eventually struck down by Zeus's thunderbolt for subverting the natural order of things.
- After being punished for *hubris*, what place pertains to human mortals? Neither demigods, nor the mad, nor the wise, but mortals—mortals like Theseus, Jason and Hercules—who combat chaos to ensure that order prevails over disorder and harmony overcomes discord. Their role is to confront the forces of disorder, the always lurking primal forces of chaos.
- Why does misfortune occur? What is the mystery of evil and death? Millions of humans are afflicted by unpredictable disasters, misfortune and disease without knowing why. The very finiteness of life is a numinous certainty.

DIFFERENCES BETWEEN DELUSIONS AND RELIGIOUS EXPERIENCE

A not inconsiderable psychopathological problem is the correct differential diagnosis of normal religious experience and religious delusions. This is the key to why religious themes of delusion are among the most important and potentially relevant from a clinical point of view,² although the percentage of delusions with religious themes has decreased compared to previous decades since the prevailing sociocultural environment also has an impact on psychotic content.^{3,4} The key aspect of this distinction is how belief is sustained and what evidence is provided to corroborate it. Following Sims,⁵ we will say that when (i) subjective experience and objective behavior can be described in psychopathological terms and they conform to psychiatric

symptoms, (ii) there are other symptoms of accompanying mental illness and (iii) lifestyle, behavior, and the direction of the personal goals generated by religious experience are consistent with the natural history of mental illness, then we must think of psychiatric morbidity. Failure to follow these guidelines can be very serious in diagnostic and ethical terms, the latter because (perhaps unintentionally) it can result in the imposition of one's underlying ideas or the prevalent *Zeitgeist* and because, in any case, it results in a lack of respect for personal autonomy.

As for true supernaturally or mystically infused contemplation, it has the following characteristics, according to Royo Marín⁶:

- The sense of God's presence;
- The invasion of the soul by the supernatural;
- The absolute impossibility of producing the mystical experience by our own efforts;
- iv) The experimental knowledge of God achieved during mystical union is not clear and distinct, but obscure and confused;
- The complete assurance that it is under the action of God;
- The security of being in God's grace;
- The ineffability of mystical experience;
- And finally, the fact that infused contemplation brings a big boost to the practice of Christian virtues.

In addition to the above, it must be considered that contemplation can take various forms and that mystical union presents continuous fluctuations or variations. Finally, we also follow Royo Marín in this, that mystical contemplation usually results in the suspension or tying off of powers and that mystical contemplation often has an impact on the body.

The Jungian psychiatrist John Perry⁷ has established a parallel between schizophrenia and mystical states, affirming the similarity of the two. Perry finds similarities between schizophrenic and mystical processes, both ineffable, in which he establishes the following stages⁸:

- a) Initiation at the center of the soul. The onset of the schizophrenic process is at the center of the soul, the old *self*, which must undergo a process of mortification to become a new human.
- b) The death of the former person. The mystic contemplates the mortification of the former person as liberating, whereas the schizophrenic feels panic at the disintegration of the former person.
- c) Return to the beginning, to the earthly paradise of primitive times.
- d) Cosmic conflict between good and evil, between light and darkness, between spirit and flesh, between higher and lower nature.

- e) The threat of what is different; the fear of the opposite sex. The fear of the opposite sex and homosexual panic that occur in persons with schizophrenia do not occur in mystical processes.
- f) Apotheosis, deification, the divine fire of mystics.
- g) The spiritual marriage of the soul with God.
- h) Rebirth. The rebirth of the spirit, a new identity. The psychotic new identity is not equivalent to the mystical new identity.
- i) A new society, a New Jerusalem, a new order.
- j) A square world. A perfect world in the image of Divinity and the center of the soul.

Perry's ideas are not accepted by most psychiatrists because the functioning of the "ego" deteriorates in persons with schizophrenia and their function and perception of reality are psychotic, while the "ego" of mystics remains intact and the mystic's perception of reality is enriched with non-typical experiences. To our mind, the pseudomystical experience of the person with schizophrenia is a caricature of the mystical process described by Perry. Arieti, another student of the topic, understands this pseudomystical experience as a way of adopting archaic mental mechanisms, a regression without integration that amplifies the level of regression.⁹ Arieti notes that the person with schizophrenia drifts toward an irrational, paleological and archaic belief system that is diametrically opposed to Aristotelian rational thought, where he situates correct mental health.

ARCHETYPES AND THE EVOLUTION OF ARCHETYPAL THEORIES

Archetypes

Carl G. Jung (1875-1961) himself indicated, in 1959, that "[t]he concept of archetype has led to the worst misinterpretations of Jungian analytical psychology..."¹⁰ In 1919, Jung had introduced the term *archetype*, although he also used other terms, such as *mythologems* (which Sarro also used to designate delusional themes). For Jung, archetypes, or primordial images, are universal, ubiquitous and unconscious forms or collective images that are the constituent elements of myths, but whose crystallization is individual and autochthonous.¹¹ Archetypes are, as it were, patterns (or trends) of cross-cultural and cross-temporal symbol formation.¹²

Later, after World War II (1939-1945), Jung clearly differentiated between archetypes and the *archetypal image*. Archetypes would be unconscious and not representable in nature, we would never be able to know them,¹³ so he insisted on the archetypal image as the crystallization of the archetype. Archetypal images are

susceptible to analysis and represent the historical, social and personal circumstances of the individual. For example, the archetype of Divinity cannot be represented. But the archetypal images of divinity are analyzable in different religions and in the ego and personal unconscious of individuals.

The main archetypes studied by Jung are the Persona (mask), Shadow, *Animus*, *Self* or Central Archetype, Divinity, the Mother, the Father, the Child (*puer aeternus*), the Hero, Rebirth, Wisdom, etc. However, there are as many archetypes as there are recurring situations in life.

Evolution of archetypal ideas

After Jung came a classic first generation in the study of archetypes. Following that came a second generation (according to Samuels) that focused on aspects of archetypal development.¹⁴

The third generation appeared later, around the 1970s. It was led by Hillman,¹⁵ who spoke of "archetypal psychology" and stressed the importance and luminosity of archetypes. Hillman situated archetypes in the Spirit (*soul*), by which archetypes acquired a divine character similar to that of the gods of Greco-Roman mythology; this diminished the autonomy of the "ego" in the face of archetypes and made ego a victim of archetypes.¹⁶

The third generation school of Jungian archetypes developed an archetypal psychopathology that ended up becoming related to the most negative aspects of archetypes, with the darkest and most demonic "gods" moving to the forefront. Hillman spoke of *Hades*; Guggenbühl-Graig examined the archetype of the Shadow,¹⁷ the demonic forces of evil, and Grinnell worked with the "Kingdom of Death."¹⁸ However, the morbid tone of this Jungian third generation was inconsistent with the usual optimism of Jung.

Archetypes and schizophrenia

According to Jung, the "ego" of the human being is like a small fragile island in the sea of the unconscious, of the unknown. In schizophrenia, this island breaks up and is submerged in the ocean of the collective unconscious. In any case, in schizophrenia the importance of the Shadow archetype, of darkness and demonic forces, can be appreciated.¹⁹

The problem, as Anthony Storr noted, is that the analytical psychology founded by C.G. Jung is more interested in changing the attitudes of the patient toward *self*, and thus toward life in general, than in relieving the symptoms.²⁰ Hence, this world view of analytical psychology, although it does not

reach the level of religion, does have a religious attitude that can be described as the prelude to a religion.²¹

VINDICATION OF RAMON SARRÓ

Mythologems

The Spanish psychiatrist Ramon Sarró developed a comprehensive theory about the schizophrenic process. He enhanced the phenomenological approach to delusions by establishing the presence of 20 delusional themes in schizophrenia, which he called *mythologems* or *deliremas*:^{22, 23}

- i) **The physical or moral end of the world**, harbinger of *Eschatos* (the world beyond is *Eschatos*, but there is also a current *Eschatos*, which is the view we have here and now of *Eschatos*). For the person with schizophrenia, her personal world or all humanity can end, which may be due to human wickedness or to unknown designs and is experienced as imminent.
- ii) **Universal hostility** (the persecution complex, undeserved misfortune, as well as unfriendly or annihilating looks—Sartre's gaze—or even the sense of a threat). It is the most frequent mythologem. For example, anonymous pursuers, an expansive persecution that tends to become universal, indirect, unfair persecution, etc.
- iii) **Supernatural hostility**. The forces in pursuit are supernatural in nature: angry gods, devils, spirits, omnipotent "psychomachines," etc.
- iv) **Messiah complex**. The patient believes that he is the Messiah, the Anointed One, and he knows this by divine revelation; he wants to save the world and defeat evil. These patients are often unorthodox Messiahs. In women it takes the form of being the Messiah or giving birth to the Messiah.
- v) **Deification** (pantheistic deification, universal creator, demiurge, universal owner, divine omniscience and omnipotence, immortality, political heroes ...). The patient feels that she is a god, a pantheistic and anthropomorphic god. Sometimes the subject only identifies with greatness, with the heroes of humanity, or with people of power and rank.
- vi) **New genealogy**. The sacralization of individual and universal history. There may be a replacement of one's natural parents by other parents of higher socioeconomic status. There are cases with multiple parents. If the patient is intelligent, she may rewrite her entire history to justify her new genealogy.
- vii) **Ethnogenocentrism**. The patient's homeland becomes the center of the world; sometimes it is a city or a mountain.
- viii) **Reversible death** (palingenesis). Patients say that they have died and returned to life again and again. They say that the rest of nature is also subject to a process of destruction and creation.
- ix) **Diachronic and synchronic plurality of egos**. The patient may say that he has had many egos in the course of history, i.e., diachronically, for instance, the person may claim to have been Caesar, Philip II, the Catholic Kings, and Franco. He may also say that he has had several egos synchronously and simultaneously, for instance, that he is both Putin and Obama. Sometimes he may claim to have doubles.
- x) **Metamorphosis of corporeality**. The patient may refer changes in her physiognomy, denial of corporeality, aggrandizement, changes in consistency, penetrability, sonorization of the body, etc. She also may refer transformation of her body in her home or geographic space. She may also say that her body or parts of it consist of non-terrestrial materials.
- xi) **Cosmology**. Many persons with schizophrenia believe themselves the center of the universe and some of them are capable of establishing a cosmology that reflects being in the world engendered by psychosis. Patients conceive a new world and postulate anthropocentric universes (the can see the world as a huge *anthropos*, like a Leviathan), a great mansion, or flat, square or ovoid earth.
- xii) **Plurality of worlds**. Psychotic worlds become plural, as psychotic egos do. Patients refer to double worlds, worlds repeated many times, and so on.
- xiii) **Temporo-spatial expansion and contraction**. Psychotic space and time are altered. Time slows and sometimes is abolished. The *Eternal Present* and the *Eternal Return* appear. In the face of the Eternal Present, the past, present and future become meaningless. In the Eternal Return, suspension of the sense of time is linked to the repetition of important historical events. The psychotic space is also altered and the patient often refers the existence of subterranean worlds.
- xiv) **Cycle of creation and destruction on a superhuman scale**. Patients report that anonymous, superhuman massacres take place—which can occur in basements and underground—which are reversible and lack purpose. The annihilators may be machines or fantastic creatures. The killings correspond to creations that are also on a superhuman scale.
- xv) **Beings of the Fifth Kingdom**. Patients may say that they are androgynous beings, or unfinished or only half-made beings, or physically and morally monstrous beings.
- xvi) **Cosmogeny and anthropogeny**. Persons with schizophrenia wonder about the origin of the world that they may have created in themselves *ex nihilo*,

out of nothing like God did, or attribute to the cosmos a physical or moral origin, or a kabbalistic origin related to numbers, letters, colors, or other. Anthropogeny is usually included in cosmogeny.

- xvii) **Transformation of signs into symbols** (words, numbers, letters, or colors). Any word, number, letter or color can acquire the most bizarre and unexpected meanings.
- xviii) **Homo Divinans** (participative thought). Magical or paralogical thinking governed by the laws of similarity and the law of contact or contagion.
- xix) **Intellectus archetypus** (the third eye). The patient claims to have new paranormal perceptions and powers.
- xx) **Philosophy and paraphrenic science**. Patients theorize about the new paraphrenic reality in all fields, in art, religion, philosophy, natural sciences, and human sciences. Specifically Sarró said "Paraphrenic religiosity is not mystical." Paraphrenic religiosity is heretical, pantheistic, gnostic (the paraphrenic god can harbor both good and bad).

Schizophrenic delusion according to Sarró

Sarró conceived delusions in a unitary cosmo-theological anthropological way. In the case of schizophrenic delusions, he summarized his conception in these 7 points:

- a) The theme of endogenous delusion is uniform, only pathoplastically modified by cultural and racial factors.
- b) The dominant theme is mythical-religious, not erotic, not even symbolically.
- c) The delusional or mythological themes that recur in schizophrenia are the 20 themes mentioned above.
- d) iv) Delusions are not childish, but fully adult. They are a deviation of the adult mind.
- e) The field of delusions is unitary in its basic lines: eschatology, soteriology, cosmology and pan-vitalism.
- f) Delusions do not express a conflictive biographical situation, although this eventuality can affect the patient's pathoplasty.
- g) The phases of the delusional process allow an existential hermeneutics of substitution of the *being-for-death* to *being-for-life*, young and immortal.

Ramon Sarró proposed several phases in the development of schizophrenic delusions.^{24, 25} These phases often correlate with well-defined psychopathological symptoms or with characteristics of them. They are the following:

- a) **Delusional temper**. It is the phase prior to the construction of the delusion. The reality surrounding

the patient seems laden with threatening new meanings and even undisclosed meanings. The patient is perplexed, chagrined and restless.

- b) **Emergence of new meanings**. The patient begins to "understand," discovering a new sense of reality, of his thoughts and bodily reactions, family, society and all humanity.
- c) **Delusional interpretations and inspirations**. When delusional meaning can be inserted into a perception, representation or memory, we speak of delirious interpretation. However, if is the product of inspiration, of a sudden "revealed" awareness without the intervention of knowledge, we speak of delusional cognition or inspiration.
- d) **Predominance of a delusional theme**. Gradually, between the multitude of new meanings, inspirations and interpretations, a specific theme sets itself apart from the others. Delusional activity is polarized and the rest of the themes disappear or are structured around the main theme. This process facilitates the structuring, organization and internal cohesion of the delusion.
- e) **Incorrigibility of the delusion**. The delusional theme is installed permanently with some modifications or overlying additions.
- f) **Integration of the delusion**. As time progresses, the new psychotic elements (hallucinations, delusions, etc.) do not remain strange to each other, tending towards a synthesis among them and, where possible, with the remains of the presumable personality of the patient.
- g) **Systematization**. According to the intellectual and cultural level of the patient, a job of logical management begins that tends to structure the set of delusional ideas into a system of beliefs, values and attitudes.

Correlation of archetypes and mythologems in schizophrenia

In a study conducted in 40 patients with schizophrenia, the pictorial productions of patients (obtained during painting therapy of paint) were studied by careful phenomenological and clinical examination of the mythologems of Sarró and Jungian archetypes. The aim was to discover the correlation between mythologems and archetypes and pictorial productions. Thus it was concluded that the synthesis of the schizophrenic process can be summarized in four stages:^{26, 27}

- a) Shadow (projected)
- b) Shadow (projected and experienced)
- c) Appearance of the rebirth archetype
- d) Appearance of the Divinity archetype

Initially, the failure of the schizophrenic "ego" produces a disintegration of the mind that fosters the rise of the

Shadow archetype, i.e., of failure, darkness, and evil.²⁸ Initially the Shadow is projected outside, attributing the responsibility for failure to others and to circumstances. This leads to:

- i) Universal hostility
- ii) Supernatural hostility
- iii) The end of the world
- iv) Beings of the fifth kingdom
- v) Cycle of destruction and creation on a superhuman scale

During the second psychotic phase, the Shadow not only is projected but also is experienced. As the process of disintegration of the "ego" continues, the archetype of the Shadow predominates and increases its power. In addition to being projected, it is experienced internally as a perception of one's own physical and mental disintegration. This substrate is the root of the following mythologems:

- vi) Metamorphosis of corporeality
- vii) Transformation of signs into symbols
- viii) Homo divinus
- ix) Expansion and contraction of space and time
- x) Plurality of egos
- xi) Plurality of worlds

Before death, before the dissolution of the "ego," the archetype of rebirth appears in a third phase. It is a psychotic rebirth, which does not imply a rebirth to normality, nor is it mystical, as Perry says. In this phase the following occur:

- xii) Reversible death
- xiii) Cycle of creation on a superhuman scale. In the last phase, psychotic anguish becomes unbearable and the archetype of Divinity appears and gives a messianic justification to suffering. The prevalent mythologems are:
- xiv) Deification
- xv) Messiah complex
- xvi) New genealogy
- xvii) Philosophy and paraphrenic sciences
- xviii) Cosmogony and anthropology
- xix) Cosmology
- xxi) Ethnocentrism
- xxi) Intellectus archetypus
- xxii) In practice, there may be overlap and richer or poorer clinical manifestations with regard to psychopathological expression. The pathoplasty is influenced by many factors notably the socio-cultural factors, but also demographic factors, biological history, the treatment itself, etc.

CONCLUSION

We can say that mythologematic analysis has a series of characteristics that attempt to correct many of the omissions incurred by both classic psychopathology and psychoanalysis. Among these characteristics, Mediavilla highlighted the following:^{29, 30}

1. The exploratory approach is present-focused, without explanations a priori established about the unconscious and the derived phenomena.
2. It addresses multiple causes without aiming to generalize from a small number of clinical cases.
3. It is descriptive and not interpretive, directly collecting the delusional speeches of the patients and being based on them, not interpretations, to develop the analysis.

The correct differentiation of normal religious experiences from those of psychotic origin is crucial, as was mentioned above. In the case of religious experiences of psychotic origin, Sarró offers deep and rich perspectives for phenomenological comprehension and understanding of these delusional experiences based on a realistic approach to the mythical aspect of experience.

The sometimes excessively reductionist approach of modern psychiatry, something that Sarró³¹ always abhorred, may have its counterpart in one of his own remarks to Dr. Ernesto Gimeno Abellán, who once snapped: "Look, Gimeno, they have rediscovered Ibor Lopez's anxious thymopathy. It has taken 50 years and they have baptized it with the name of *"panic attacks."* It has now been given a number. From now until 30 or 50 years, our research will also be vindicated. They will also think about what they have just discovered. Instead of "delusions of foreign content," it will have an English name and everyone will be left open-mouthed."³²

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