

ACCEPTANCE AND CHANGE AS DIALECTIC OF RECOVERY: EXAMPLES OF STORYTELLING, FAIRY TALE AND PSYCHOPHARMACOTHERAPY AS THERAPEUTIC MODALITIES

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SUMMARY

„Narrative medicine“ promotes therapeutic healing and recovery using fairy tales and traditional folk stories. Individuals are capable of shaping their lives through various narrative strategies and re-authoring alternative stories that are concerned with different aspects of acceptance and change. Psychotherapy through the eyes of stories and fairy tales can have two perspectives. Firstly, fairy tale acts like a web around which the very story/script of the patient is formed, which in itself becomes the basis for interpreting the occurrence of a mental disorder. The second perspective is the perspective of healing or getting out of a "fairy tale" story/script by changing an incoherent life narrative into an alternative coherent narrative (reframing). The aim of this pilot case studies approach was to use a narrative approach based on stories and fairy tales in order to promote psychological growth, meaning in life, resilience, self-realization and improved well-being and highlight the dialectic of recovery, an interplay of acceptance and change (reframing). With properly applied personalized narrative psychopharmacotherapy, the patient is capable of changing their beliefs in order to reach a new meaning of life, and thus to facilitate the lowering of symptomatology, its disappearance and possibly even a cure, whatever that may mean for an individual. Considering its promising results, clinical implications and possible further applications are discussed.

Key words: acceptance – change – dialectics - fairy tale - "fairy tale" script – reframing – psychopharmacotherapy - personalized approach - narrative psychotherapy – healing – recovery - alternative coherent story

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INTRODUCTION

The „narrative medicine“ framework has been documented by Kleinman (1988), Reissman (1990), Pennebaker (2000) and Charon (2006ab). The process of psychotherapy has been viewed as a narration between patient and therapist where both are storytellers and listeners sharing different stories that have meaning and value in the therapeutic relationship (White & Epston 1990, Grafanaki & McLeod 1999). White and Epston (1990) linked psychological distress with thin and impoverished stories and developed narrative therapy in order to deconstruct such dominant problem stories, incorporating previously neglected stories into the overall life story of the person, and achieving final enriched life stories. According to Epston, key ingredient in narrative therapy is employing the belief that “[t]he person isn’t the problem; the problem is the problem” (as cited in Richert 2003, p. 188) also called reframing (Biglan et al. 2008).

Holmes (2000) reminds us that narrative strategies in psychology have a long tradition following Jung (1964) and theories on archetypes and myths and use of metaphors as highlighted by Dieckmann (1997). Many previous authors have underlined the importance of storytelling and fairy tales as a way of facilitating the healing process of patients (Burns 2001, 2007, Dieckmann 1986, 1997, Mills et al. 2001, Pearson et al. 2013, Warner 2006).

For as long as humans existed so has storytelling been influencing one's experiences and learnings in life. Seneca, Roman Stoic philosopher, was considered a great storyteller, sharing insightful short stories and imparted his wisdom through 124 letters written to his friend Lucilius (Graver 2015). He practiced emotional-awareness and control and taught the humble acceptance of what is outside our control (Marcus Aurelius later called the Discipline of Will), emphasised learning and the importance of gratitude and thankfulness (grateful heart) (van Ackeren 2012). Seneca's ideas have been captured by many such as Epictetus, Dante, Chaucer, Petrarch and Montaigne. Seneca and Epictetus also influenced various schools of psychotherapy (Still & Dryden 2012, Robertson & Codd 2019) such as Rational Emotive Behavior Therapy (REBT, Ellis & Dryden 2007), Dialectical Behaviour Therapy (DBT, Lineham 1993ab, 2015), Mindfulness Based Cognitive Therapy (MBCT, Segal et al. 2002), Acceptance and Commitment Therapy (ACT, Hayes et al. 2012) and others by its focus on accepting the things we cannot change and changing the things we can in order to promote emotional resilience. This important concept was beautifully depicted in the Serenity prayer, written by theologian Reinhold Niebuhr „God, grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference“ (also used by Alcoholics Anonymous-AA and other twelve step programmes) (Littleton & Bell

2008, Pietsch 1990). Therefore acceptance and change becomes the dialectic of recovery as suggested by Cunningham et al. (2005) and Linehan (1994). The current paper attempts to illustrate the process of facilitating acceptance and change through the narrative approach of using stories and fairy tales. There are for example aspects of stoic philosophy that are implemented in DBT regarding the philosophy of acceptance, accepting what we cannot change with dedicated effort on what can be changed (Pigliucci 2017).

This paper further develops the ideas developed by Hančević et al. (2021, accepted) on the importance of narrative psychopharmacotherapy and the hero's journey and its impact on the script change and its facilitation of healing and recovery. This paper describes the concept of a script in Transactional Analysis (TA) and its ability to offer empowerment to the patient to achieve the goals of meaning in life and improved well-being (cornerstone of all existential psychotherapeutic modalities). The dialectics of acceptance and change are directly impacting the development of meaning, life satisfaction, resilience, wisdom, positive emotions and character strengths, which are important topics that have been receiving increasing attention in recent years (Proyer & Ruch 2011, Seligman 2002, Ruini & Fava 2012, Cope 2010). As Joseph Campbell (1949) stated, "The folk tale is the primer of the picture of the soul". An understanding of the dynamics represented in the journey of the fairy tale heroine or hero that typically lead them from misery to their highest realization may reveal means for helping clients in their psychotherapy. Stories are important in our lives. We gain a sense of who we are through narratives, the telling of stories to ourselves and others about what has happened to us. We form our identities through integrating our personal family histories with the legends of our culture.

The key tenet of storytelling and fairy tale is that they reveal human hopes, fears, and conditions as well as offer a personal identification to the human universal human conditions. As therapist connect the patient to the story they also reach the client on a very deep, emotional level (Ucko 1991) which is important in personalised narrative psychopharmacotherapy. Brown (2006) emphasises that living vicariously through the characters in a story and using these characters as a mirror of their own lives can be a powerful therapeutic intervention and also give patient a sense of normalcy.

The patient can project his/her identity into the story and can, therefore, indirectly address the underlying problems (Hill 1992, Thomas 1995). Within the safe confines of the story, the client can begin to recognize themselves, redefine problems, use the story as a way to model different communication styles, decrease resistance, and suggest possible solutions to their difficult problems (Ucko 1991). Ruini & Ottolini (2014) introduced fairytales since classic cognitive behaviour therapy

(CBT) can be limited when working with existential or moral issues in order to achieve distancing from problems, reaching a wider perspective and subjective wisdom/maturity.

The power of communication through storytelling is the focus of narrative therapy (Noble & Jones 2005), facilitating individuals or groups to re-tell their personal stories and then recreate and live a more fulfilling life (Biggs & Hinton-Bayre 2008). Howard (1991) highlights the use of fairy tales as a literary tool within narrative therapy that allows individuals or groups to fit story themes to relevant personal experiences in order to increase one's understanding. For example, fairy tales such as Cinderella, Sleeping Beauty, and Pinocchio, play out various issues and conflicts such as love and hate, good versus evil and living and dying hence presenting an ideal modality for learning for children from an early age (Howard 1991). Noctor (2006, p. 581) states that these themes and characters offer relief to children because "they know that they themselves are not all good and find difficulties in the portrayal of all people as inherently good".

Fairy tales as a narrative, fairy tales as an oral tradition, were written down and became a literary genre that psychoanalysis from Freud, Young to Bettelheim began to deal with. In the 1960s, they were also dealt with by psychotherapy (transactional analysis) through Bern (1972) and Karpman (2014), and Campbell (1949), who dealt with mythology and comparative religions to recent literary theorists (Heckel 2015, Warner 2013, 2014). Bern's and Karpman's theory speaks of a fairy tale as a basis for a script and the magical action of a script (Stewart & Joines 2011); Freedman and Combs (2004, 2015) talk about a favorite narrative and a unique outcome. Unique outcomes are experiences that are exceptions to the problem. They create an alternative or counter-story to an existing story saturated with problems in which oppressive dominant experiences prevail. Hampinks (2013) tells of a success story that awakens strength in a person as opposed to one that is fraught with problems. In short, we need to replace the negative narrative with a positive one, in a way to find a positive experience in the past. We can do something very similar by connecting fairy tales and scripts and have a direct impact on one's dialectic of recovery i.e. acceptance and change (and facilitate reframing).

The aim of this paper is to extend the work of Hančević et al. (2021, accepted) in order to further show how use of traditional folk stories and fairy tales can affect our lives in two ways, as if they have the possibility of two directions of action (losing story – or winning story, Berne, 1966, 1972) and the recovery dialectic of acceptance and change plays a pivotal role.

Various versions of storytelling, traditional folk stories, fairy tales, art therapy and narrative therapy are complementing and supportive therapeutic modalities

for personalised medicine alongside with psychopharmacotherapy. Jakovljević (2016) highlights that these modalities should be creatively and individually designed to encourage the patient during and after remission to personal remission in which narrative (creating a new life scenario - reframing), spiritual and personal perspectives would involve resetting the self, self-actualization and resilience.

A FAIRY TALE AS THE BASIS OF A LIFE SCRIPT

Hančević et al. (2021, accepted) remind us that according to Berne (1966) the life script is "... a life plan made in childhood, which was confirmed by the parents, justified by subsequent events, and which culminated in the chosen life choice" and its repetitive life variants can lead to either script payoff or catastrophe. In other words there is a choice of healing or remaining with disease that is offered with each fairytale, depending on elements that we choose to focus on, so the interplay of acceptance and change continues to play an important role in personalised psychopharmacotherapy. On the one hand, choosing a disease / losing / non-acceptance script means that stories or fairy tales are used as a source of expecting unhappy endings, fanatical or unattainable goals. On the other hand, the choice of cure / winning / acceptance / change script means that patient can decide to allow the magic from the stories or fairytales enhance their resources, strength and well-being. Similar to fairy tales, there are helpers in life and by making changes where we can and accepting where changes are not possible, and old scripts are undone and new positive stories and lives are created.

THERAPEUTIC IMPACT OF REPLACING THE ELEMENTS OF FAIRY TALES (CHANGING SCRIPT OUTCOME - REFRAMING) AND THE WISDOM OF TRADITIONAL STORIES

The fairy tale, although a prose genre, shares some elements with drama so recognizing the dramatic triangle (Victim, Persecutor and Savior) and finding a twist in the course of the action is always successful because the fairy tale has all the elements of a Life Script Games or script. Karpman offers an account of plots or twists in games by comparing them with dramatic plots in fairy tales (Karpman 1968) in the form of a Dramatic Triangle, but also ways to get out of them (Karpman 2014). Stewart and Joines (2011) highlight that the problem arises in adulthood when we can no longer say goodbye to scripting as a magical solution whose power we believed in as children and when we believed it will lead us to "and lived happily for the rest of your life." Accordingly, we believe that a fairy tale teaches us that we have to suffer a lot to get to a prince or princess and

enthroned ourselves as a king or queen as it really works in a fairy tale but not in real life. This highlights the issue of one's unwillingness to accept some of the issues that are outside one's control and fully focus on the things that can be changed, improved or regulated in order to decrease one's emotional suffering.

Most people on a conscious level have positive goals but on an unconscious level are forcibly following a script adopted in childhood that almost always takes patients in an unwanted direction. Because script and games are somewhat interplayed on an unconscious level as soon as they are brought to the level of the conscious, interpreting games with Karpman's theory of coming out of the dramatic triangle (Karpman 2014) and resolving them with triangles of compassion or wisdom, they lose power in the world of the rational where the Adult (ego state of the adult) takes the helm and responsibility for further happenings in the life course of the individual. In this way, the patient changes his frame of reference and assumes a different existential position (I +, You +), (Stewart & Joines 2011).

In order not to leave everything to theoretical consideration, three examples will show how to recognize a fairy tale script as well as two examples of using traditional stories in DBT/ACT/MBCT that also highlight the importance of the recovery dialectic of acceptance and change. The last part of this section briefly describes the use of the fairy tale model (FTM) of trauma informed treatment as an additional illustration.

Fairytale script 1: The Little Mermaid

Working with a patient who, after her 11th attempt at artificial insemination, felt so worthless that she was often overwhelmed by suicidal thoughts. Her script offered her depression and personality disorder (non-acceptance of the reality and inability to work towards the change of perspective). When she was asked her about her favorite fairy tale, she couldn't think of a single character whose life course could be referred to as her own. In her case, even her physical appearance referred to one well-known and favourite fairy tale. She was tall, beautiful white-skinned, long-legged, green-eyed, and had long hair of a beautiful red-orange hue. This could have been irrelevant except that later on we established that she wished to travel to Ireland, throw herself off a cliff, and end up in the sea foam. Eventually we did reach the fairy tale of Little Mermaid. After a lot of work on changing early decisions, expectations and beliefs, breaking down script messages, raising awareness of her particular commandments and elements of the script itself, an alternative fairy tale was suggested to her; an animated version of coming out of a Disney studio of a completely different ending with a comforting and happy ending so typical of fairy tales and so atypical of a depressed Danish writer. Seen further through the prism of narrative psychotherapy, her story is fraught with problems and recalling her life

successes was helpful as well as the ways to achieve them so that she can fit them into her new alternative story. This new alternative story offers more realistic and achievable goals in which she could achieve improved personal well-being and enjoy life (Hampkins 2013). It is this alternative story that had the goal of a happy ending as well as elements of some fairy tale translated into the language of reality. The journey of accepting the reality and finding willingness to entertain an alternative solution/story via making changes in skillful approaches to various life situations offered her a new found wisdom that can be lived in a real life rather than feel sorry for herself and her own suffering (an interplay of acceptance and change).

Fairy tale script 2: A compilation of Sleeping Beauty and The Frog Prince

Another patient as a child received specific script messages concerning the opposite sex and how her life partner should unfortunately incorporate these messages into her life script making them her truth. It can be seen that in addition to the script, there are two other perspectives; one is the perspective of desire and the other is the perspective of reality. It's almost like we can imagine three parallel lines. The first line, is this first perspective of our desires that we may linearly project into the future (our goals, expectations, desires, fantasies). The second line is the line of reality as it is, namely the real course of our life in which we realize or do not realize our desires and potentials. The third line is the unconscious and therefore invisible to us and yet it is part of this script that undermines the forced patterns and games of our desire and leads us to the script outcome as a catastrophe and destruction of either ourselves or our desires. It's that moment when the patient asks herself: *So how come it's happening to me yet again?* And it's not clear to her how the thing or situation can keep repeating itself in such an identical way. It seems because the script has its important imprints for her. The path was imposed on her by someone else, and she accepted that imposition and believed that is how it should be. Although, after several questions, she did not find the answer to them, but decided to take the Sleeping Beauty script and live in a dream, hence try to live outside reality. For her, this was eating disorders, first anorexia, then bulimia and personality disorder. But the script kept its forceful imprint and did not give up. So the patient got married even though she already realized that the prince of her desires was in fact a frog. Instead of the frog transforming into a prince she turned herself into a frog. It was only when she broke up after a lot of in-depth work that she began to look somewhat like a princess, and managed, in part, as Berne had said, to remove the frog's skin. She never completely got rid of the original script, but she found some other goals and self-accomplishments in life. Her fairy-tale script is a compilation of Sleeping Beauty and The Frog Prince.

In this case the dialectic of accepting some parts of her life and changing what can be changed led to a slightly fulfilling life.

Fairy tale script 3: Peter Pan

A third example is a girl who never wanted to grow up and had script prohibitions on values, on existence, and on pleasure (specifically related to sexuality and food). Her choice of disorder is also an eating disorder; bulimia and personality disorder. And her fairy tale is easily recognized by others. At the Faculty of Acting, the professor suggested that she play Peter Pan in one play, and in another he assigned her the roles of Baroness Castelli and told her that she was the complete opposite of that character so that it would be a challenge for her. She is still looking for a way out of her script even though the very end of the fairy tale (Peter Pan) has already been written and offers it to her; she just has to take it. So accepting the things that are not in her control and changing what is her power would allow her to be less imprisoned by her script.

Folk tale 1: Story of a Chinese farmer

In working with various patients who view their lives as a compilation of events working against them, it can be helpful to retell an old folk tale of Chinese farmer called „Maybe so, maybe not“. The story goes as following: „A farmer and his son had a beloved horse who helped the family earn a living. One day, the horse ran away and their neighbours exclaimed, “Your horse ran away, what terrible luck!” The farmer replied, “Maybe so, maybe not.” A few days later, the horse returned home, leading a few wild horses back to the farm as well. The neighbours shouted out, “Your horse has returned, and brought several horses home with him. What great luck!” The farmer replied, “Maybe so, maybe not.” Later that week, the farmer's son was trying to break one of the horses and she threw him to the ground, breaking his leg. The neighbours cried, “Your son broke his leg, what terrible luck!” The farmer replied, “Maybe so, maybe not.” A few weeks later, soldiers from the national army marched through town, recruiting all boys for the army. They did not take the farmer's son, because he had a broken leg. The neighbours shouted, “Your boy is spared, what tremendous luck!” To which the farmer replied, “Maybe so, maybe not. We'll see.”

This story serves as an example of how it is really impossible to tell whether anything that happens is good or bad, it depends on various relevant factors. It also offers an example of waiting and seeing what the impact of something will be. It is impossible to know in advance what the consequences of one's misfortune or good fortune will be, as only time will tell the whole story. This is often retold in stories of posttraumatic growth where patients retell their misfortunes as something that served them a good purpose and highlighted what and whom is important hence offering new directions of resilience and

empowerment. One central piece of wisdom that remains helpful in life in general and in narrative psychopharmacotherapy is that everything changes, the universe is ever changing and therefore there is very little room for judgment since nothing is truly black or white. Pema Chodron in discussing times when things fall apart, often reminds us that that nothing ever goes away until it has taught us what we need to know (Chodron 2000) „...nothing ever really attacks us except our own confusion. perhaps there is no solid obstacle except our own need to protect ourselves from being touched. maybe the only enemy is that we don't like the way reality is now and therefore wish it would go away fast. but what we find as practitioners is that nothing ever goes away until it has taught us what we need to know. if we run a hundred miles an hour to the other end of the continent in order to get away from the obstacle, we find the very same problem waiting for us when we arrive. it just keeps returning with new names, forms, manifestations until we learn whatever it has to teach us about where we are separating ourselves from reality, how we are pulling back instead of opening up, closing down instead of allowing ourselves to experience fully whatever we encounter, without hesitating or retreating into ourselves.”

Folk tale 2: Story of Dandelions

Another common issue with patients that seek treatment for various disorders is suppression of painful emotions which inadvertently increases one's suffering (Gross & Levenson 1993, 1997, Roemer & Borkovec 1994). The idea that skillfully dealing with emotions means neither pushing them away or holding onto them is highlighted by Linehan (1993ab, 2015) and it is here again that the dialectic of accompanying the presence of emotions and changing its approach with them is part of the crucial dialectic of recovery. The story of Dandelions by De Mello (1984) goes as following: *DANDELIONS A man who took great pride in his lawn found himself with a large crop of dandelions. He tried every method he knew to get rid of them. Still they plagued him. Finally he wrote the Department of Agriculture. He enumerated all of the things he had tried and closed his letter with the question: „What shall I do know?“ In due course the reply came: „We suggest you learn to love them“. I too had a lawn I prided myself on and I too was plagued with dandelions that I fought with every means in my power. So learning to love them was no easy matter. I began to talk to them each day. Cordial. Friendly. They maintained a sullen silence. They were smarting from the war I had waged against them and were suspicious of my motives. But it was not long before they smiled back. And relaxed. Soon we were good friends. My lawn, of course, was ruined. But how attractive my garden became!* (pp. 65-66).

This story offers a framework for discussion of times when radically accepting the presence of difficult emotions/ situations has in turn lessened the strength or

depth of suffering. Dandelions are used as a metaphor for what kind of unwanted things we have in our garden (in our lives), that due to non-acceptance actually are increasing our difficulties and suffering (different themes and patterns relating to anxiety, addiction, anger, chronic illness, psychiatric diagnosis, resentment, perfectionism). Working with this story offers detailed explorations of how trying to eliminate or control something can in turn reduce our quality of life, contribute to feeling of dysregulation and reduce our personal freedom and well-being. Important concept and skill contained within DBT is philosophy of radical acceptance. It is a skill of accepting reality as it is, accepting what has happened or what is currently happening. Patients can find this skill applicable when in situations that their conflict with reality is disliked and can only increase emotional suffering, without any concrete ways of solving the problem. It is possible that clients with traumatic background can view radical acceptance as a confirmation that trauma should have happened. For example, a patient can say: „If I accept what has happened then at the same time I view it as ok and acceptable, that means I liked it, that means I am ok, then I allow abuse and rape that has happened to me. Then I release the person that hurt me from any responsibility, then I allow cheating and hurting, then there is nothing I can do with losing a job or a house. Then I allow myself to be weak and meek and I continue to wallow in my own pain and suffering“. It is important to highlight that radical acceptance is not approval, radical acceptance is acceptance that something has happened, regardless whether it is bad or we dislike it or we do not want it to be like that, regardless of what it could have been, or what it should have been, it is what it is (Golden 2019).

In this process of working with stories and fairy tales, it is important to highlight that one does not only focus on changing the endings. It is the process of changing other elements and factors that can be extremely powerful and healing, such as replacing characters, adding new ones, changing the scenery, place or time as well as skillfully being aware of what needs acceptance and what can be regulated or reframed or reconstructed and somehow changed to contribute to that empowerment moment and aid the avenue towards improved well being and coherent meaning in life.

The Fairy Tale Model (FTM) of trauma-informed treatment

Greenwald (2013) developed the Fairy Tale Model (FTM) of trauma-informed treatment which teaches therapists via the telling of a fairy tale and each element of the story corresponds to one of the phases of the treatment. This model was created from Joseph Campbell's quest for the hero as a model for post-traumatic growth. One example of this teaching method to therapists is the hero's love for the princess which moves him to try and slay the dragon, representing the

phase of treatment in which client's motivation is identified and developed. The components of FTM are motivational interviewing, cognitive behavioural training, attachment, trauma resolution, and relapse prevention (Greenwald 2005, 2007, 2009, 2013, Greenwald & Baden 2007). This model also clearly highlights the importance of the interplay between acceptance and change that when balanced seems to be key component on the road to healing, recovery, resilience, improved well-being and finding meaning in life.

A summary of a fairy tale that teaches therapists the FTM trauma-informed model is below:

„This story starts out with a life-as-usual once upon a time, and yes, a dragon for the call; the dragon also represents the trauma or loss event. The kingdom's dragon-reactive fear and dysfunction represent the post-traumatic stress symptoms. Then the story moves from pathology to therapy.

The hero is just some guy, who happens to be in love with the princess, who happens to be willing to marry whoever slays the dragon; this represents the therapy focus on motivational work, guiding the client to identify and embrace treatment-related personal goals. In quest of the hero terms, the arrival of the dragon is part of the call, and the guy's love for the princess – who will only marry him if – is the rest of it.

The residents of this dragon-blighted kingdom are rooting for this guy, so they help him prepare for the big fight. First they find him a safe, protected place to work out; this represents the therapy focus on stabilization. Then they provide a personal trainer to support him in becoming dragon-fighting-ready; this represents the therapy focus on self-management and coping skills, as well as the quest stage of gathering resources.

He does face, fight, and slay the dragon; in therapy that's trauma resolution work, and in quest, the death and rebirth. Okay, he does get to marry the princess, and the kingdom residents are proud of having helped; in the quest this is returning home at a higher level.

But it doesn't end there. The people in the kingdom don't want any more dragon incursions, so they take various measures such as planting apple orchards to block the easy way in; this represents the therapy focus on teaching clients to anticipate future challenges, which can then be avoided or coped with (i.e., relapse prevention). Then the kingdom holds an annual mock dragon-slaying contest, which keeps the contestants in dragon-fighting shape in case another dragon ever does come; this represents the therapy focus on harm reduction.“

PSYCHOPHARMACOTHERAPY IN REAL LIFE

The last decade has officially been called the Decade of the Brain, which has offered an emergence of plethora of new and highly effective drugs for mental

disorders. Psychopharmacotherapy at the time was called scientific and rational, but above all based on evidence. In addition to the undeniable effectiveness of newer drugs and excellent results in scientific studies, there have been some controversies and doubts related to the research of the drugs themselves, as is often the case with all products of the pharmaceutical industry. In any case, a difference in efficacy was observed in the results of clinical studies and in everyday clinical practice. One of the disadvantages of psychopharmacotherapy is the one size fits all model. Cole (1992) first mentions the term Creative Psychopharmacology referring to the rational use of several drugs simultaneously for the purpose of treating different diseases (Bernstein 1999, Jakovljević 2010). Bernstein further elaborated the concept of applying Creative Psychopharmacology in practice. The term Creative Psychopharmacotherapy as a skill and practice of a learning organization within transdisciplinary, holistic, integrative and personalized psychiatry is soon developing in parallel (Jakovljević 2010). Scientific facts were being incorporated into new systems of thinking about them. Creative and systemic thinking integrated reason and intuition and created a mastery that gives the physician the choice to prescribe the right medicine to the right patient, at the right time and in the right dose, in the right way and for a long enough period of treatment until a new phase of healing and recovery (symptomatic, maintenance and preventive phase of treatment). Multiple use of drugs for the same or simultaneously present different disorders do the exact opposite of what is criticized, it acts synergistically on one or two parallel disorders and thus acts on the disappearance of symptoms and reduces symptoms of individual drugs by interaction (Jakovljević 2013).

Applying a personalized and individualized approach to a patient in which the treatment is focused on the patient and his recovery, a positive therapeutic context (therapeutic alliance) and creative cooperation with his family members is very important. At the same time, the autonomy of the patient is important, which is achieved through a therapeutic relationship and encourages the development of a positive and proactive attitude of the patient in the treatment process (Jakovljević 2016). Since the individual is not determined by biomolecular structure, any mental illness which, if not exclusively of organic origin, has some other etymological perspectives from sociological, family, psychological, experiential and many others, so that the disease has several perspectives from which to observe (perspective, diseases, personal, cognitive-axiological, behavioral, transcendental/spiritual, narrative and systemic perspective). In order for the patient to fully recover, the use of psychopharmaceuticals alone is not enough, so psychopharmacotherapy is increasingly looking for supportive therapies of positive psychology and various psychotherapeutic modalities (Jakovljević 2016). Since indivi-

duals are narrative being in the treatment itself, it is inevitable that narrative medicine and psychopharmacotherapy is very important. This is specifically highlighted as the patients tell their life stories that they wish to redefine and change (and inevitably telling their stories can offer explanations of the effect and use of drugs). It is possible that way of helping the patient to get these medications for them also offer special importance related to their experience of own life stories (scripts that can wax and wane between the recovery dialectic of acceptance and change). Such a rhetorical approach and the relationship with the doctor will contribute to the placebo or nocebo effect on the patient, or create his relationship to the drug and its action. Unfortunately, in the world and society in which we live, mental disorders are often stigmatized, and so are the people who struggle with them. Both disorders and psychopharmaceuticals are associated with many prejudices (myths) that are very difficult to break and can almost easily contribute to convincing the patient of their worthlessness. It is in such situations that narrative psychopharmacotherapy and the quality of a positive therapeutic relationship between the physician and the patient is of utmost importance (Jakovljević 2016).

The importance of psychopharmacotherapy is not only the mere prescribing of drugs but also part of the creative reorganization of the patient's life with the help of drugs (Jakovljević 2013) that brings the patient into an improved mental state where he can change his script (life story), reset self and improve his creativity, motivation, self-actualization and self-regulation which is all the effect of creative psychopharmacotherapy. In this way, the patient can achieve complete personal recovery and feel the fullness and purpose of life, which would be the characteristics of mental health and well-being of each person (Jakovljević 2013).

CREATIVE PSYCHOPHARMACOTHERAPY OR JUST PHARMACOTHERAPY IN FAIRY TALES-MEDICINE (DIALECTIC OF POISON OR MAGIC POTION)

According to the above, psychiatry mentions the term creative psychopharmacotherapy as something new in the treatment of mental disorders. When studied a little, there is art in it, as well as in any art and creativity. If art has the value of a work of art then one should have both knowledge of the canons of art, and some intuition. It is new to science but for the literary genre of fairy tales and folk stories it is something that has always existed and will exist forever (or as long as humans exist).

Pharmacone is a Greek word that in ancient Greek meant poison, medicine or magic preparation. Any drug in an excessive amount can be a poison, but a well-dosed poison can also contain a cure in it.

The basic principles of psychopharmacotherapy is a personalized and individualized approach, where the focus is on the patient with all aspects of his personality and all genetic and epigenetic factors that affect the onset, development and recovery of a particular disease. Reading fairy tales or traditional folk stories, someone who came for medicine has always been treated according to such a principle. The medicine was made just for that person and only for that person, precisely for that unique purpose to be served; regardless whether it was a mental, spiritual, or physical ailment. In our society, doctors take the Hippocratic oath as a vow not to harm the patient. In fairy tales, however, there is a dichotomy between good and evil, so there are fairies and elves, witches and wizards, some of whom act on the side of good, and some act on the side of evil, and in that sense they use pharmaconium; as a medicine or as a poison. In a nutshell, both acceptance and change can also be helpful medicines or unhelpful poison, depending on various important factors as discussed above. As far as narrative psychopharmacotherapy is concerned, every wizard and similar characters have a certain charisma and thus hypnotherapeutic abilities, excellent rhetoric so that all elements of the narrative approach are present. The purpose, action and manner of taking the medicine are explained to each character in need quite clearly and in a particularly strong rhetorical style. Sometimes there are consequent side effects if it is a medicine or more often a spell. And the character is warned about that and knows what he/she is getting into.

As for the multiple use of drugs, we can think of only one example, and that is the character of Alice in Wonderland, which is reduced and increased as needed with two preparations; cookie and potion. Regardless of this one example, creative psychopharmacology is present in every preparation because it is made from many ingredients that you would generally never want to eat or drink.

We will offer a few common examples in fairy tales. As for the poison, there is the apple given to the Snow White, almost becoming deadly, or the poison offered to Sleeping Beauty however other godmothers saved her and diminished the curse. The Little Mermaid gets a potion to try to walk on human feet instead of fins and pledges her beautiful voice, but with Andersen she gets the condition that the prince marries her and if not, she dies in the sea foam. Luckily, Disney corrected that in a happy ending, so the Little Mermaid got both legs and a prince, which is appropriate for a fairy tale. It is the happy ending of every fairy tale that provides comfort and refuge and restores hope that there is a better world and that we can create life, not that life just happens to us, and that we have absolutely no influence on it. There is no cure for Cinderella as such, but there is only magic in the game, which also has conditions and lasts only until midnight, but in the end justice is served. In a fairy tale, love is also a cure. The Sleeping Beauty is awakened from a century-old dream by a prince with a kiss, and Snow White similarly throws out an apple that has stuck

in her throat and lives happily with her prince for the rest of her life. When fairy tales have all the parts of psychopharmacotherapy in them when we analyze them, then it is completely clear that they themselves can be both poison (when they are used as being stuck in a script) and medicine (when they are a means of getting out of a script), i.e. material for a new life story full of life and joys.

CONCLUSION

In conclusion, these pilot case studies used the narrative approach based on stories and fairy tales promoted psychological well-being by script changes and wisdom of stories highlighting reframing and the dialectic of recovery, increased acceptance and personal growth by changing what can be changed (expectations, beliefs, behaviours etc.). While fairy tales can be the basis of someone's script, they can also offer many variants to get out of it, emphasising changing what we can. By changing the elements of a story or a fairy tale it is possible to also change the elements of an individual script by avoiding games and ultimately change the outcome of one's life story (promoting growth and well-being). At the same time, a fairy tale or a story becomes a poison and a cure. If psychopharmacotherapy is primarily used, which gives the patient the opportunity to activate his potentials and improve his cognitive abilities by removing the symptoms of the disease, the patient will find it easier to make a decision to change the script. Narrative fairy tale therapy will be supportive therapy that will enhance the effect of psychopharmacotherapy. By developing creative thinking, the patient will slowly change his story to create new goals, better manage his thoughts, emotions and behavior. They will feel purposeful and fulfilled and will have the opportunity for well-being and complete personal recovery.

Working with stories and fairy tales is an active reminder that we are not alone and that our suffering is not exclusively ours as we are confronted by other survivors of pain and anguish and through personal narrative psychopharmacotherapy we may find or identify the missing parts of ourselves. Also there is an important sense of common humanity meaning that we are not alone and others have been through similar difficulties and dilemmas.

Therefore, storytelling and fairy tales tell a tale of human conditions, but also addresses potential solutions to basic human predicaments or difficult problems (Meyer 2010, Hill 1992, Thomas 1992) and the interplay of recovery dialectics of acceptance and change and reframing play an important role.

Regardless whether a fairy tale or a traditional folk story happens in our lives in a big way or somewhat small and constant way it provides a mighty powerful vehicle for exploration, understanding and acceptance of ourselves (our inner child and adult selves) and promotes resilience, common shared humanity, growth and self-compassion as well as facilitating meaning in life.

The pilot case studies presented in this paper are limited by its small, self-selected sample, its preliminary nature and naturalistic design, the lack of a controlled condition, as well as the lack of use of assessments (self-report or otherwise). However, this pilot investigation suggests the feasibility and positive effect of narrative interventions based on fairy tales and traditional folk stories for promoting well-being, meaning, resilience and growth as well as the importance of the interplay of acceptance and change as a dialectic of recovery and healing. Considering its promising results, further controlled studies, with larger samples and in various clinical settings, are recommended. These results provide further support for the application of personalised medicine complimenting narrative psychopharmacotherapy.

It seems appropriate to end this paper with a quote from Rainer Maria Rilke (1934) from Letters to a Young Poet that is often used in the work of MBCT that in its own way advocates the use of personalised narrative psychopharmacotherapy and supports the recovery dialectic of acceptance and change (and reframing): „How could we forget those ancient myths that stand at the beginning of all races—the myths about dragons that at the last moment are transformed into princesses. Perhaps all the dragons in our lives are only princesses waiting for us to act, just once, with beauty and courage. Perhaps everything that frightens us is, in its deepest essence, something helpless that wants our love. So, you must not be frightened if a sadness rises before you larger than any you've ever seen, if an anxiety like light and cloud shadows moves over your hands and everything that you do. You must realize that something has happened to you; that life has not forgotten you; it holds you in its hands and will not let you fall. Why do you want to shut out of your life any uneasiness, any miseries, or any depression? For after all, you do not know what work these conditions are doing inside you.”

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