

THE USE OF FAIRY TALES IN ADULT HYPNOTHERAPY

From the creator of Transactional Hypno-Analysis Jure Biechonski MSc.

Abstract

Our internal thoughts, which cause us to experience unwanted feelings, are rooted in our perception of reality. This perception is caused by our imagination. As these cognitive errors are irrational, it would be a waste of therapeutic time to try to understand or explain them rationally. If unwanted thoughts and feelings are caused by imagination, then it is through the use of imagination that these issues can best be resolved. By accessing the archetypal wisdom of the collective unconscious and remembering the fairy tales formed by our ancestors' cultural heritage we can bring to awareness more personal meanings in order to understand how these archetypal characters are feeding our sub-personalities. Working with fairy tales in adult hypnotherapy is an effective way to by-pass the critical, logical, conscious factor and access the original unconscious emotional parts. By accessing these parts we can better facilitate personality integration at a feeling level of mind.

Working with fairy tales offers the possibility to view imagination, not only as a defence mechanism, flight from reality, or a distortion of reality, but also as an expression of creativity and health, arising from hope, and offering a more positive perspective.

What is a fairy tale?

- A folk story is a narrative, usually created anonymously, which is told and retold orally from one group to another across generations and centuries
- A form of education, entertainment, and history
- A lesson in morality, cultural values, and social requirements
- A story which addresses current issues as each teller revises the story, making it relevant to the audience and time/place in which it is told

Fairy tales can be used to encourage:

- imagination, fantasy, and even humour
- frank and open discussion without intimate revelations
- examination and reframing of human problems
- analysis and understanding of repressed unconscious material

Types of folk stories:

Folktales - fictional stories dealing with human relationships, morality, conflicts, human problems and solutions

Fairytales - stories of fantasy adapted from folktales, some (but not all) of which are designed to amuse children

Myths - stories explaining the origin of the world and dealing with cosmic issues, such as earth and sky, heaven and hell, gods, goddesses, and human beings; myths are often regarded as true by members of the group whose origin is being described

Legends - stories relating incidents often thought to be true, including tales of historical figures, heroic exploits, supernatural beings, and "urban legends" about presumed current happenings

Fables - stories in which animals take on human roles and illustrate moral teachings
The folk stories that we use tend to be folktales and fairytales.

Therapeutic value of fairy tales:

- **Fairy tales open a window to the past**
For centuries folk stories have illuminated people's lives, revealed patterns of human behaviour, focused on human conflicts, problems and solutions, and documented the long history of human conflicts.
- **Fairy tales provide a mirror to the present**
Called "the language of the soul," folk stories reach people on a deep emotional level, allow serious discussion without intimate revelation, provide gentle, non-threatening ways of looking at difficult issues, depersonalize and universalize human problems, and help people evaluate their own feelings and thoughts.
- **Fairy tales present a vision of the future**
Folk stories encourage creative thinking, finding new solutions to age-old problems, re-scripting of one's life, and establishing hope for the future.

Interpretation of Fairy Tales

The German poet Schiller wrote:

"Deeper meaning resides in the fairy tales told to me in my childhood than in the truth that is taught by life."

Fairy tales help inculcate the norms of society into young minds consciously, but subconsciously may provide an attractive stereotyped number of roles, locations, and timetables for an errant life script. To date, the scientific structural analysis of scripts has been based on the *Script Matrix* (Steiner, 1966).

The history of psychoanalytic interpretations of fairy tales goes back to the times of Freud. Bettelheim has produced one of the most thorough interpretations and has stressed the significance of these stories in children's development.

A Study on the Relationship between Fairy Tales and the Unconscious

The symbolic interpretation of fairy tales as well as their relation to the unconscious has become a challenging field of speculations for a number of Freudian and Jungian analysts (e.g Bettelheim, 1976; Dundes, 1989; Kaes et al, 1989; Kast, 1995; La Genardiere, 1996; Von Franz, 1982). Freud was the first to experiment with the symbolic nature of fairy tales. Like myths and legends, the fairy tale touches the most primitive parts of the psyche. In the "*Interpretation of Dreams*" (1900), Freud turns to fairy tales to advance dream analysis.

Roheim (1953) claims that fairy tales resemble dream experiences. He argues that a large part of mythology is derived from dreams. Thus, fairy tales are probably the outcome of dream experiences spread by word of mouth. Furthermore, according to Swartz (1956) the tale, like the dream,

- (a) deals with opposites or contrasts,
- (b) is illogical,
- (c) has manifest and latent meaning,
- (d) uses symbolisms,
- (e) expounds and expands the concept of reality,
- (f) is a dramatized form of expression,
- (g) contains sexual as well as cultural elements,
- (h) expresses wishes,
- (i) has humour and
- (j) employs the mechanisms of condensation, substitution, displacement, devaluation and over evaluation.

More recently, Cramer (1991) notes that the defence mechanisms of denial, projection and identification may be encountered in a number of popular fairy tales. Kaes et al. (1989) suggest that the fairy tale is closest to the dream in terms of its content, its processes and its subjective usage. According to these authors, the fairy tale serves three functions: as a link, as a transformation, and as an intermediary. More explicitly, it links present fantasies with present irrational behaviours and feelings; it transforms unconscious fantasies to structured narrations whereby the form and symbolisms express underlying desires; finally, the tale acts as an intermediary between the body, childhood experiences, present socialisation and future hopes.

Ferenczi (1913/1919) proposes that fairy tales represent a return to the stage of the omnipotence of the self. "In fairy tales, the fantasies of omnipotence continue to reign..."(p.65). While in reality we feel weak, fairy tale heroes are strong and invincible; while our actions and thoughts are limited by time and space, in the fairy tale world we live eternally, we can be at a million places at the same time, we can foresee the future and we have knowledge of our past.

Bettelheim's book *"The Uses of Enchantment"* (1976) has become a landmark in the psychoanalytic theory of fairy tales. According to Shapiro & Katz (1978) Bettelheim interprets the symbolic meaning of the fairy tale on three levels. First, a character is discussed as representing crucial others in the child's life; second, as representing an experienced part of the personality (good or bad self) and finally, as representing internal processes (id, ego and superego).

Jung attributed special importance to fairy tales when he claimed that in these stories one can best study the comparative anatomy of the psyche. In myths and legends one gets all the basic patterns of the psyche through an overlay of cultural material; in fairy tales there is much less specific conscious cultural material.

All fairy tales attempt to describe one psychic reality - the Self - while many fairy tales symbolically describe the initial stage in the process of individuation - the achievement of self - realization, by telling of a king who has fallen ill or grown old. The ego is usually represented by the hero and thus considered as the restorer of the healthy personality.

Though nearly all tales circle around the self - symbol, many stories reflect motifs, which remind us of Jungian concepts such as the shadow, the anima, the animus, or the persona. For example, in the story of Rapunzel, the anima is in the hands of an evil creature (the witch) from which the hero and the anima must escape; i.e. the hero has to protect his anima from the evil influence of the unconscious.

Bruno Bettelheim claims that in child or adult, the unconscious is a powerful determinant of behaviour. When the unconscious is repressed and its content is prevented entrance into awareness, then eventually the person's conscious mind will be overwhelmed by derivatives of these unconscious elements. But when the unconscious material is permitted to enter into awareness and work through imagination some of its forces can then be made to serve positive purposes.

Dickens understood that the imagery of fairy tales helps children better than anything else in their most difficult and yet most important and satisfying task: achieving a more mature consciousness to civilize the chaotic pressures of their unconscious.

In a fairy tale, internal processes are externalised and become comprehensible as represented by the figures of the story and its events. This is why we might still remember in our adult life the contents of fairy tales told to us in our childhood but fail to remember stories that we have read or seen in the cinema or on television just few years ago.

If we accept the transpersonal and existential concepts that the purpose of therapy is to go beyond symptoms-removal, we soon find ourselves engaged in a process of uncovering, first, the underlying problem(s), and then, at a deeper level, the underlying feeling; a feeling that has been judged resulting in an inability to cope with it. Deeper still, at the very root, lies the issue of *personal identity*.

Working with fairy tales might help our clients to answer the following eternal questions:

1. What is the world really like?
2. How am I to live my life in it?
3. What is the meaning of life for me?

4. How can I truly be myself?
5. What does it mean to me to live authentically?

“If we want to understand our true selves, we must become familiar with the inner workings of our mind” Bettelheim 1978.

Using our imagination, childhood fantasies can deepen our understanding of the collective unconscious and bring a better understanding of archetypal entities within our unconscious thinking.

Imagination – a definition (Gale Encyclopaedia of Psychology)

Imagination involves the synthetic combining of aspects of memories or experiences into a mental construction that differs from past or present perceived reality, and may anticipate future reality. Generally regarded as one of the "higher mental functions," it is not thought to be present in animals. Imagination may be fantastic, fanciful, wishful, or problem-solving, and may differ from reality to a slight or great extent. Imagination is generally considered to be a foundation of artistic expression, and, within limits, to be a healthy, creative, and higher mental functions.

Symbols exist because the unconscious minds of modern man preserves the symbol-making capacity that once found expression in the beliefs and rituals of the primitive. And that capacity still plays a role of vital psychic importance. In more ways that we realize, we are dependent on the messages that are carried by such symbols, and both our attitudes and behaviour are profoundly influenced by them. Jung 1964.

In the previous era, imagination was consigned to the world of artists and madmen. This narrow conception of the imagination leaves out of consideration the fact that imagination continually deforms and transforms our experiences; that imagination plays a central role in perception, no matter how objective we think we are.

Freud claims that our neuroses are illnesses of the imagination. He claims that not only traumas make us ill, but so does our imagination. We experience things in our imagination that are indistinguishable from the historical facts of life. Early childhood in particular is a mixture of imagination and history.

As our neuroses, irrational thoughts, unwanted feelings are created by our imagination, they have nothing to do with rational understanding, we live in an era in which we have the pseudo-scientific need to understand why we are behaving or feeling the way we are. As we are dealing with the irrational and the illogical, and we are mainly dealing with imaginary fantasies, trying to understand the unconscious material logically will be a waste of therapeutic time and a therapeutic mistake. We might find ourselves projecting our own fantasies and interpretations onto our clients. As some of the Jungian and Freudian concepts of personality do differ, the question is: Which interpretations are correct?

A theory is commonly thought to be something that exists in opposition to a fact. A theory is a hypotheses about what is true, a speculation about reality, it is something that is not *known* to be true. As such, to avoid dehumanising psychology we will have to agree that everything we are dealing with is subjective rather than objective. Every time we are expressing our so-called ‘professional’ opinion, we are dealing with assumptions about reality rather than scientific facts.

The only interpretations we can accept are the interpretations of the client him/herself. So by the end of each hypnotic – therapeutic intervention we need to ask the client ‘what does it mean to you?’ We are dealing with individual perceptions about reality, and each individual reality differs from another. We need to do our best to avoid falling into the “Guru trap” by resisting the temptation to give ‘professional’ opinions. To do so might be an abuse of power in that we disempower the client. It is part of our collective unconscious, our childhood upbringing and our religious heritage to look for definite answers and solutions. Yet even different Christian beliefs that seek answers in the scriptures can quote the same book while finding different answers to the same questions.

“As psychology is the youngest of all sciences, it therefore suffers most from preconceived opinions.” Jung 1933

As our imagination is also fed by our childhood experiences the emotional age of our neuroses is much younger than our biological age. If we assume for a moment that a client comes to a therapist in a child ego-state, and transfers onto the therapist a parent ego-state, by offering interpretations we are strengthening the child ego-state and preventing the client from reaching an adult emotional maturity. In so doing we are reinforcing the dysfunctional parenting that this adult client has experienced in the past. As we work with the child ego-state, we must remember that the special gift of childhood consciousness is simplicity. Simplicity is both a gift and a power that can be surprising to modern therapists who have been raised within a cultural atmosphere of adult supremacy. Fairy tales offer the therapist a most simplistic approach.

Fairy tales contain symbolic images. Symbols like metaphors, represent or suggest something beyond the immediate appearance. Jung believed that symbols mediate the entire landscape of our psychic life.

“A word or an image is symbolic when it implies something more than is obvious and immediate in meaning. It has a wider unconscious aspect that is never precisely defined or fully explained. Nor can one hope to define or explain it. As the mind explores the symbol, it is led to ideas that lie beyond the grasp of reason.” Jung 1964 pp. 20-21

For Jung the most important role of the symbol was in its portrayal of the archetypes (Jung, 1958, 1959, 1961) Archetypes are inherited elements of human psyche which reflect common patterns of experience throughout the history of human consciousness.

Kopp (1971) speaks of metaphors and symbols as a means of communicating in which one thing is expressed in terms of others. We cannot depend on thinking logically nor on checking out perceptions.

A theory based on recent neurological research in hemispheric functioning (Erickson & Rossi 1979) suggests that the right hemisphere is activated in processing metaphorical and imaginary types of communication. It is also involved in mediating emotional and imagistic processes. The right brain may be the container of both metaphorical language and psychosomatic symptoms. So by using metaphoric fairy tales we are communicating with the right hemisphere in its own language.

Erickson and Rossi (1979, pp. 144) suggest that metaphorical approaches to therapy are less time consuming than psychoanalytically oriented approaches. It is therefore a two-level means of communicating simultaneously with both conscious and unconscious minds.

Working with fairy tales will provide our clients with two important gains:

1. they can feel a greater empathy for what their own child is experiencing.
2. they are simultaneously accessing a potential wealth of resources learned decades ago but not normally available to them from their adult perspectives.

Therapeutic applications

Using fairy tales in therapy is usually not suitable for first-time clients or for the beginning of therapy. Clients come to therapy and present us with their symptoms; the unaware client expects, especially in hypnotherapy, for a quick symptom-removal. Therefore, in the beginning of therapy we need to listen carefully to the client, create rapport, show empathy and mainly listen to the language the client is using to gain an insight into their belief system. The adult client will find it difficult to allow the therapist to use imagery as they have a constant need to understand what is happening. As therapy progresses the client becomes aware of the unconscious suppressed material, but by using the critical factor of the conscious mind (which is always present to some extent even in deep trance) the client makes attempts to understand and make logical sense of their illogical neurosis.

The most effective way to bypass the critical factor of the conscious mind is to use imagery. This approach is used as an uncovering technique in transformational therapy to give the client and the therapist more insight into the identity of the client.

Spoken to the client.....

- First, let's assume that all our so-called presenting problems (or what I prefer to refer to as issues of concern) are created by our imagination....
- While our anxieties are fuelled solely by our past experiences, they mostly have to do with our imagined fears regarding the future....
- So if imagination has the ability to create problems ... then the most logical approach is to use our imagination to undo those problems.
- and you know from your experience that the best way to imagine things is by closing your eyes.....

The Hypnotic Induction

There is too much emphasis on hypnotic inductions. Firstly, which induction shall we choose?

Then we have to make attempts to prove to a resistant client that they were actually hypnotised and, in my opinion, too much therapeutic time is spent on that.

The highly anxious client, whose anxiety is being magnified by the visit to the therapist office, is increasingly anxious regarding the prospect of being hypnotised or being a good enough hypnotic subject.

What is the point of using relaxation in working with clients' anxieties? They have heard so many times that they need to relax that the word "relax" can actually cause them to tense them up even more. Should the numerous and exhausting attempts at "deeper and deeper relaxed and deeper and deeper asleep" succeed; the state of anxiety that we want to work on is no longer present!"

As there are variances in the trainings in hypnotherapy in North America, it is likely that there are differences between European techniques and American techniques as well. However, if you plan to publish this paper in the States you might want to rework this sections as modern Hypnotherapists in the states and Canada are likely to take issue with a number of points.

1. *"There is too much emphasis on hypnotic inductions."* - The need to provide sufficient convincers for the satisfaction of the hypnosis client is bothersome, we'll all agree. A qualified hypnotherapist is well-trained to identify the signs of hypnosis and recognizes the "ritual" of induction for what it is - a necessary part of a consumer-driven therapeutic business where the client has a pre-conceived NEED TO KNOW that he got what he paid for - hypnosis. While a licensed counsellor, psychologist, or psychotherapist is not encumbered with the necessity to *use* hypnosis, this is, in point of fact, precisely what the customer is paying for when he goes to a hypnotherapist - hypnosis! Proving to the client that they were actually hypnotized may take a little extra time (about 15 minutes) but it is time well-spent in the long-run. Not only does it satisfy the client that they got what they came for, but it generates referrals!

2. *"Firstly which induction shall we choose?"* Selection of the proper induction for the client is part of any thorough hypnosis training. The type of induction chosen depends on the personality type of the client, the time of day, and other various and sundry factors which influence the suggestibility and alertness of the client. For instance, the LAST thing you want to use late in the day is a Progressive Relaxation sort of induction! You're more likely to get sleep than hypnosis!

3. *"Too much therapeutic time is spent on that."* During the initial session, if the client has been sufficiently convinced that he has, in fact, experienced hypnosis, subsequent sessions require no further convincers. Personally, I continue to use a formal induction until I train the client in self-hypnosis. Then I let them take themselves into trance (they love that as it is very empowering). As for the time spent on induction, an instant or rapid induction takes less than a minute. Frankly, I find more time is wasted on talking to the wrong part of the mind! (the conscious mind)

4. *"What is the point of using relaxation...?"* The American Government has agreed upon and accepted the following definition for hypnosis: **"Hypnosis is the by-pass of the critical factor of the conscious mind and the establishment of acceptable selective thinking."** Hypnosis has NOTHING to do with relaxation. You can have hypnosis with or *without* relaxation. Hypnosis can be performed standing up - hardly a relaxed state! While physical relaxation often a by-product of hypnosis, it's usefulness lies in pain management and tests for compliance. I agree with you that where the client's presenting complaint is anxiety it is counter-productive to use relaxation! Well-trained hypnotherapists will quickly utilize anxiety symptoms with an affect bridge to uncover the various layers and get to the root of the problem.

5. *"...deeper and deeper asleep"*. Hypnosis is not sleep. It is "the by-pass of the critical factor of the conscious mind and the establishment of selective thinking." Period. Using words such as "asleep" and "awaken" are no longer accepted by the profession and can be counter-productive. The client is not interested in having an expensive nap! I educate the client about hypnosis to remove fears and misconceptions about the process. I inform them that hypnosis got it's name from observing individuals in trance who appeared to be "asleep." Later it was discovered that hypnosis is nothing at all like sleep, but the name stuck. While we continue to use the name hypnosis, whenever a professional uses the word "sleep": (a) it refers to the "sleep" of the central nervous system (if

using relaxation)and, (b) it's one syllable, perfect for instant inductions. When bringing a client back to their ordinary level of awareness I use the generally accepted term "emerge."

What I suggest is this - seed the idea of : *and you know from your experience that the best way to imagine things is by closing your eyes.....* then say: *And I want you to close your eyes and I do not want you to even relax....*

This approach allows us to by-pass the critical factor of the conscious mind while reducing any performance anxiety, thus allowing the client to hold onto the familiar feelings that they have been accustomed to for so long.

We then begin a journey in the middle of a meadow which serves as a kernel or cot around which the client's well-developed fantasy production will crystallise. Subsequently, the client's well-developed theme of the meadow will also serve as the stage or screen onto which other actions will be projected. Allow the client to create their own meadow by being as artfully vague as possible and using all senses and modalities (see, hear, feel, smell).

The next step is to ask the client to imagine an animal that comes out of the client's head. (The thinking self.) Ask the client to: *describe the animal.*

Then ask the client to imagine an animal coming out of the stomach. (The feeling self.) I recommend using the stomach as it is less obvious than the heart and the seat of emotions is usually in the gut. (*I have butterflies in my stomach*) Once again, ask the client to: *describe the animal.*

Next – Engage in a process of inquiry:

“I am going to count from one to three and you will become the “head animal” ... 1, 2, 3 ... What the animal is saying to you?”

“What are you saying to the animal?”

“What is animal from the head saying to the animal from the stomach?”

“What happens next?”

“What would you like to do or to say next?”

By using this quick gestalt dialogue with minimum guidance or interference from the therapist, the client has the space to create his/her own fantasy. We need to realise that the most dysfunctional client and the most damaged clients still have within them a healthy functional part that needs to be accessed. We need to postpone our need to fix or to sort the problem for the client and allow them the space to access their own inner resources.

When the situation seems to be getting nowhere, the next step is:

“ ...And I want you to realise that from the distance a third animal is approaching the three of you... Describe the animal.....”

“I am going to count to three and you are going to become that animal. 1, 2, 3... You have listened to the conversation from a distance and observed what is happening - who would you like to talk to first?”

Once again create a quick gestalt dialogue, using the following sentences only:

“What would you like to say now?”

“Who would you like to talk to?”

“What would you like to do next?”

“What would you like to happen next?”

The third animal always turns out to be the Higher Self, or the Resourceful Self, or the Wise Self, an aspect of the client capable of creating a resolution to the conflicting beliefs responsible for the client’s inability to cope.

As the story reaches an end, ask: *“Is there any body that still need to do or to say anything?”* Remember – you, as a therapist, do not need to know when to end the session! Always ask the client and always ensure that the client has the last word. The client is the aware ego that is supposed to make the final decision.

Bring the client back....

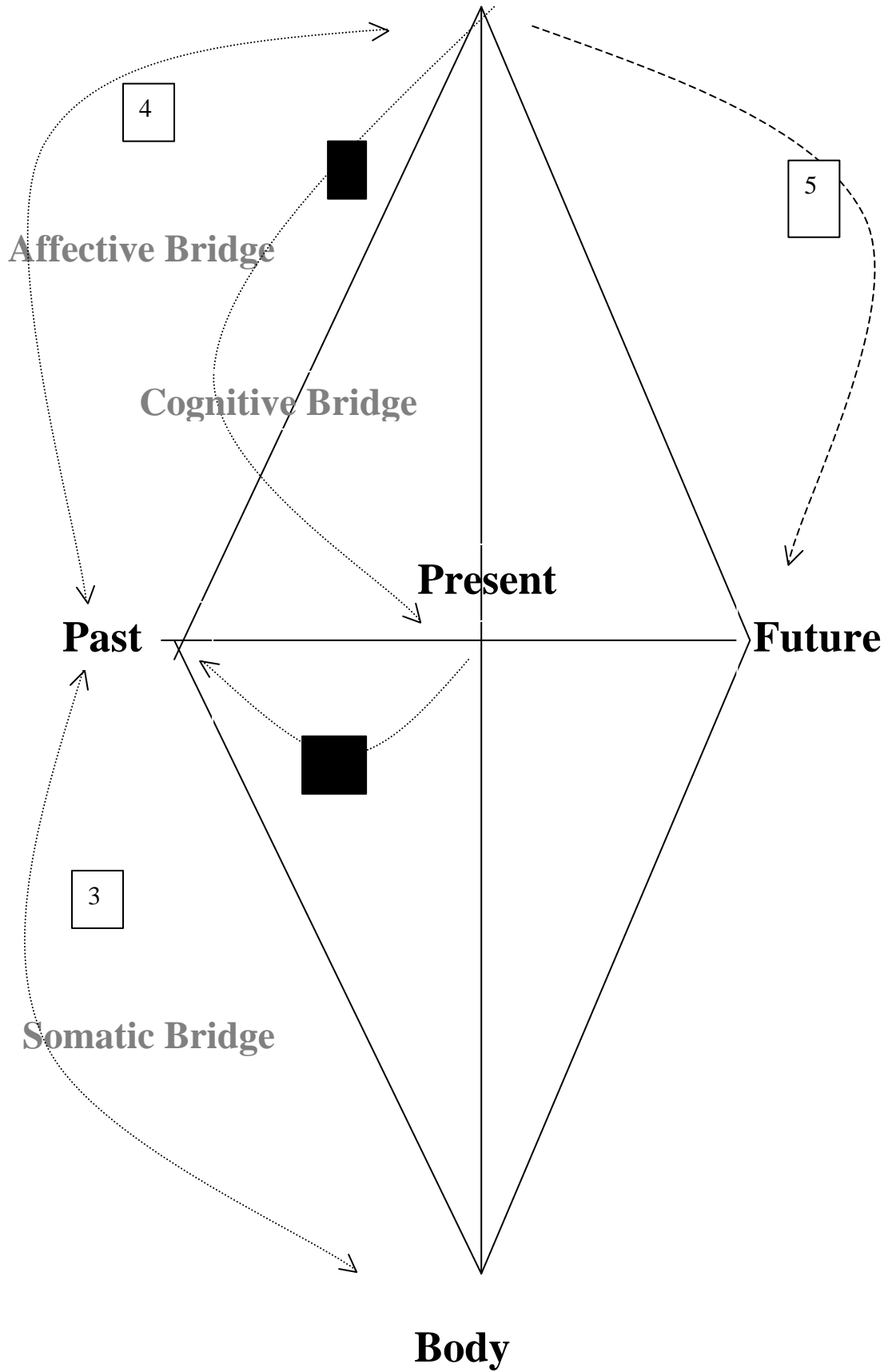
Once the client has opened their eyes, it is likely that your analytical mind will have made some assumptions about the client’s inner world. I strongly recommend that you put those assumptions aside and instead look at your client and ask: *“What does all that means to you?”*

This is the most important part of the therapy session as you now help the client to process the material on a logical level in order to give the session a therapeutic value.

Keep prompting the client to elaborate as much as possible about the session, using open ended questions and reflecting feelings.

See diagram below:

**Higher Self
Here & Now**



1. **Cognitive bridge** - find out how the imagery created by the client in the “here and now” relates to events in their present life in the “now and there”. Access the feeling!
2. **Affect bridge** - by identifying patterns and themes you ask your client where else in their life they felt that way, and then find out what is the earliest memory. “There and then”, in the past, in childhood. Access the feelings.
3. **Somatic bridge** – ask the client where in the body they feel those feelings - what they look like, shape, colour, etc.. Verbalising a feeling can be misleading as semantically we might get the wrong interpretation. (see body section)
4. **Affect bridge** – ask the client how all this relates back to the imaginary that has occurred in the here and now.
5. **Cognitive bridge** – and finally to give the session its real therapeutic value ask the client: “*From what you have learned about yourself, what steps you will take to create a different future.*”

By covering those points you help the client to create their own holistic insight into what will be the ideal future based on their understanding of their past, present and their vision for the future.

The Body

Engaging the body kinaesthetically activates *body memories* which, like sonar, lead to early traumatic experiences or other deeply held unconscious material. The body created a neurotic response to a traumatic stimulus under state-dependent learning conditions, and has stored the association physically.

The body, not only the brain, contains the unconscious mind. The body physically encodes its learned symptoms, neurotic coping mechanisms, and decisions in the limbic-hypothalamic systems. Healing occurs by accessing the encoded learned responses, following the affect or somatic bridge back to the state in which they were learned, and reframing them. Repressed emotions and the behaviour patterns which they create are stored in the body, and can best be released by returning to the state in which they were created (Zimberoff & Hartman, 1998, pp. 13-14).

In case that you are wondering if the client has missed something make very gentle assumptions, avoiding interpretations at all cost, share with the client how you felt in different stages of the client’s fantasy to help them to gain insight into how their behaviours and feelings are affecting significant others in their life.

We have to remember that this fantasy is produced by the child within, and since the child is self centred, he/she will expect the animal to talk about the things which are really significant, as animals do in fairy tales, and as the child talks to his/her real animal or toy animal. (Bettelheim 1976)

The child is convinced that the animal understands and feels with him/her, even though it does not show it openly. Since animals roam freely and widely in the world, how natural that in fairy tales these animals are able to guide the hero in his search which takes them into distant places.

By asking our adult client to imagine animals, talk to them and be the animal that responds we are returning the client to childhood feelings and memories.

We know from Piaget's work that children under the age of twelve think concretely rather than conceptually. Children *and* adults experience overwhelm (or anxiety, or fear, or many other emotions) in their bodies with nervous tension, dread, a "fight/flight/freeze" response. Adults attempt, usually unsuccessfully, to access the state and to affect it or change it by thinking about it.

Other uses of fairy tales

The options here are unlimited! You can ask your client about their favourite fairy tale, about any fairy tale, or a fairy tale they did not like. Then ask the client to become a character in the fairy tale, create a dialogue with the other characters, following the points above.

How you select fairy tales depends on the therapeutic intentions. If you want to maximize the transference aspect of the client's interaction, have the client select fairy tale to act the needed roles.

You can choose a specific fairy tale for the client, to access repressed feelings, or even create your own fairy tale. Or allow the client to create their own fairy tale to maximize the transference issues. It always depends on the therapeutic intention of a specific therapist with a specific client in a specific time.

References

- Afanasiev, A.** (1998). Russian Folktales. English translation. Raduga Publishers.
- Bettelheim, B.** (1976). The Uses of Enchantment: the Meaning and Importance of Fairy Tales. New York: Vintage Books.
- Coulacoglou, C.** (1998/ 2001). Le Test des Contes des Fees. Manual. Paris: EAP.
- Coulacoglou, C.** (2002 in press). The Fairy Tale Test. Manual. Toronto: MHS.
- Coulacoglou, C.** (2nd ed. in press). Marchentest. Manual. Bern: Hans Huber.
- Coulacoglou, C. & Kline, P.** (1995). The Fairy Tale Test: a novel approach in projective assessment. British Journal of Projective Psychology, Vol. 40, no. 2, 10 - 31.
- Cramer, P.** (1991). The Development of Defense Mechanisms: Theory, Research & Assessment. New York: Springer - Verlag.
- Darnton, R.** (1984).The Great Cat Massacre. New York: Vintage Books.
- Dundes, A.** (1989). Little Red Riding Hood. A Case Book. Madison: The University of Wisconsin Press.
- Erickson M. Rossi E.** (1976) Hypnotic realities, New York, Irvington.
- Fairbairn, R.** (1972). Psychoanalytic Studies of the Personality. London: Routledge & Kegan.

- Ferrenzi, S.** (1970). La psychologie du conte. In *Psychanalyse II: Oeuvres Complètes 1913-1919*. Paris: Payot.
- Freud, S.** (1900). The Interpretation of Dreams. In *Standard Editions*, 4-5.
- Freud, S.** (1918). From the History of an Infantile Neurosis. In *Standard Edition*, 17, 3-122.
- Fromm, E.** (1951). *The Forgotten Language: An Introduction to the Understanding of Dramas, Fairy Tales and Myths*. New York: Holt, Rinehart & Winston.
- Jung Carl** (1964) *Man and its symbols*, Aldus books Ltd, London
- Girard, M.** (1999). *Les Contes de Grimm: Lecture Psychanalytique*. Paris: Imago.
- Heuscher, J.** (1974). *A Psychiatric Study of Myths and Fairy Tales: their Origin, Meaning and Usefulness*. Springfield, Ill: Charles Thomas Publisher.
- Kaes, R.**, et al. (1984). *Contes et Divans*. Paris: Dunod.
- Kast, V.** (1995). *Folktales as Therapy*. New York: Fromm International Publishing Corporation.
- La Genardiere, Claude de.** (1996). *Encore un Conte? Le Petit Chaperon Rouge a l' usage des Adultes*. Paris: L' Harmattan.
- Luthi, M.** (1987). *The Fairy Tale as Art Form and Portrait of Man*. Bloomington: Indiana University Press.
- Megas, G. (1962). *Greek Folktales*. Athens.
- Miller, A.** (1981). *Du Sollst Nicht Merken*. Frankfurt.
- Mills J. & Crowley R.** 1986. *therapeutic metaphors for children and the child within*, Brunner/Mazel, New York.
- Roheim, G.** (1992). *Fire in the Dragon and Other Psychoanalytic Essays on Folklore*. Princeton, NJ: Princeton University Press.
- Shapiro, R. & Katz, C.L.** (1978). Fairy tales, splitting and development. *Contemporary Psychoanalysis*, 14, (4) 591-602.
- Schectman, J.** (1998). *The Stepmother in Fairy Tales*. Boston: Sigo Press.
- Schwartz, K.E. (1956). A psychoanalytic study of the fairy tale. *American J. of Psychotherapy*, 10, 740 -762.
- Tatar, M.** (1999). *The Classic Fairy Tales*. London: W.W. Norton & Company.
- Von Franz, M.L.** (1982). *Interpretation of Fairy Tales*. Texas: Spring Publications.
- Zipes, J.** (1993). *The Trials and Tribulations of Little red Riding Hood*. London: Routledge.

 Tel: Jure Biechonski: + 44 (0) 1277 659404.

 Email: Jure Biechonski: biechon@msn.com

 Web: <http://www.sachinternational.com>

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