

HOW DO TRADITIONAL STORIES WORK IN THE PROCESS OF SOLVING UNCONSCIOUS, INTERPERSONAL AND CULTURAL CONFLICT? A CONTRIBUTION TO NARRATIVE ETHICS



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Abstract

Fairy tales, narratives and proverbs are cultural carriers of tradition, development pattern and values. Even if they are the same over a long time, they gain their own new meaning in new situations. Creation myths, classical legends or the repeated basic patterns and archetypes of fairy tales and children's songs are collective models of understanding. The great psychotherapeutic themes of self-employment, conscience formation, the triangulation conflict, or the threshold situation can be found in them. Narratives used in therapy and counseling depict social norms by which readers or listeners can measure their own belief; on the other hand, they question norms, especially by exaggerating them, and invite people to question their own. The dilemma of the inner conflict, the 'am-bi-valence' in value conflicts, the tragedy of experience can often become more understandable in a story than in logical explanations. The patient - therapist - history triangle provides a further dimension of transmission, relieves the dual relationship in its interrelationship, allows both to look together at something third. In literature research the background of narrative therapy is compared with the experiences.

Keywords: narrative therapy, narrative ethic, stories in psychotherapy, positive psychotherapy, transcultural

*"We change when we read,
and gain sensitivity,
that we didn't have before."
Karen Joisten*

Introduction

A story, a conflict and a dilemma
A man was walking in the mountains with his friend. In the freezing cold they tried to move as fast as they could to find a roof over their heads and a fire to warm themselves on. The path led them along the ridge of a mountain, below them lay a valley depression. Suddenly

one of the hikers discovered that there was a human lying down there. "Let's go down to help him!" "How can you think like that," the other replied, "in the cold we must first think of ourselves, so that we can reach a hostel alive". "No", the first replied, "I can't do that. If you want, go on alone. So the two separated, one continued on the same way, the other descended the mountain. He found a man who was very much weakened by a fall and the cold. He loaded the injured person on his back and walked slowly, step by step and panting under his load up the mountain again. He became warmer and warmer, really hot, so that he no longer felt the cold. At a bend in the road, he found his friend sitting there and asked him: "Have you been waiting for me?" He received no answer, and as he approached, he realized that his friend had frozen to death. He thought of the injured man on his back who had made him so warm that he had resisted the cold himself. Just behind the bend in the road stood a hut where they found shelter.

In the treatment of a depressive 73-year-old former nurse, I told her this story in the third encounter of therapy for a depressive phase. Her spontaneous statement was: "I am the one who goes down and helps, even if I take a risk. I took my little sister on my shoulders when I was at home, and she got everything. Accepting help was always incredibly difficult for me, I was on the other side!

When a relationship of trust had already grown and the patient was able to talk openly about her emotions, I confronted her with this story. She had been depressed after a stroke with paralysis and visual impairment, had become tired of life and angry in alternation and had, therefore, come to psychotherapy. The story as something new, the still unknown third between us seemed to reflect her own inner dynamics. She saw her life motto - helping others and being self-determined - as in a visualization and was able to find her inner dilemma in it.

In later sessions, the patient identified herself with different roles, with the story acting as a model: "Before I came to you, I was sometimes the weak one who no longer wanted to die. But then I saw myself again in the role of the one who lays down and needs help. That was very hard for me to accept. But the fact that others were there also gave me strength to continue." Later in the reflection of her role as a helper: "Until the end I went up the mountain in my professional life as if I accompanied people. Towards the end of the therapy, the association was added: "Sometimes I also felt like

the mountain everyone is walking over. So many people who know me as the helper".

Topics of this story from the Positive Psychotherapy after Nossrat Peseschkian appeared again and again in the 23 therapeutic sessions, representing her inner ambivalence between altruistic helping on the one hand, giving others the love she needed herself and on the other hand, the early desire for independence from others. The ambivalence was based on the basic conflict in childhood to come early into a parent-like role for the sister with the appropriate responsibility and meaning and to put aside one's own needs for this. She was punished for her own and her sister's rebellious behavior, for independent impulses.

Interpersonal conflicts with her partner were the reason for further stories in therapy, which put the partnership conflict in a different light. Driving the car herself was her symbol of autonomy, of her own decision, independence and objective. Now she felt herself to be at the mercy of the actions and decisions of others, especially her partner. She was uncomfortable, annoyed when her partner had to help her, as a co-driver she criticized him, could not cope with the dependence on a caring and loving person, it felt like submission to her.

Another story – "50 Years of Politeness" – reflected the patient's ambivalence and the tragedy of altruistic self-defense:

After many years of marriage, a married couple celebrated the Golden Wedding. At breakfast together, the wife thought: 'For fifty years I have always shown consideration for my husband and always given him the crispy top of the bun. Today I finally want to treat myself to this delicacy.' She smeared the top of the roll and gave the other part to her husband. Contrary to her expectations, he was delighted, kissed her hand and said: 'My darling, you give me the greatest joy of the day. For more than 50 years I haven't eaten the lower part of the bun that I like best of all. I always thought you should have it because you like it so much.'

Politeness, subordination to rules and altruism as social norms in childhood were essential for the survival of the parents in their social environment at that time. Arbitrariness, how the patient wanted to live, was contrary to the concept of the family. Doing other good things, first of all for her sister, and gaining recognition, had made the patient her own concept, whereby she largely determined how she acted. But now the physical illness revived the old conflict. She could no longer care

for others in a self-determined way; to submit to the care of others caused her to fall back into the role of the dependent, defiant child.

With several stories such as the one about the "difficulty to please everyone", the patient discovered new aspects of her inner ambivalence and biography:

A father rides a donkey led by his little boy. The little boy is rebuked by observers, so that he can now ride the donkey instead of the father, while the father is running. Someone complains about the poor upbringing of the boy, who is now sitting so proudly in the saddle - so they both sit on the donkey. They are insulted as animal tormentors and finally walk beside the donkey - and are laughed at.

The patient was also rebuked in her childhood for her own decisions and had to bear the consequences of her stubbornness. When asked how they would continue to tell this story, known in different cultures, patients come up with their own solutions, while they recognize their own dilemma between adaptation or politeness vs. sincerity about their own decision, as does the patient.

According to her own later statement, the patient was able to take satisfaction and confidence in a balanced mood, which she said when I talked with her in an interview 9 years after the therapy. Spontaneously she remembered the oriental stories, whose importance for the therapy she emphasized again as a key experience in the therapy. From a therapeutic point of view, she was able to re-evaluate and solve the dilemma of unconscious, interpersonal and socio-cultural conflicts and concepts, which had been necessary for the family system earlier, but which was later fixed, in the safe therapeutic situation with the help of narrative procedures.

Functions of stories in psychotherapy

Dreams are very personal stories that arise each night. Their meaning is not open, but encoded in symbols. While dreams are an individual mythology, stories, proverbs, fairy tales or traditional folk songs contain collective mythologies. "A personal myth is a constellation of beliefs, feelings, images, and rules - operating largely outside of conscious awareness - that interprets sensations, constructs new explanations, and directs behavior. ...Personal myths speak to the broad concerns of identity (Who am I?), direction (Where am I going?), and purpose (Why am I going there?). For an internal system of images, narratives, and emotions to be called a personal myth, it must address at least one

of the core concerns of human existence." (Feinstein D, Krippner S)

On the one hand, stories depict social norms by which readers or listeners can measure their own belief; on the other hand, they question norms, especially by exaggerating them, and invite people to question their own. The dilemma of the inner conflict, the 'ambivalence' in value conflicts, the tragedy of experience can often become more understandable in a story than in logical explanations. Here knowledge is more comparable to aesthetic knowledge, a certainty that can grow out of a narrative, a quality that can rarely be achieved so quickly through discussion. Statistics on insect regression in Europe, for example, are less immediately understandable and descriptive than the example of clean windscreens on longer journeys compared to the situation twenty years ago, when the glass had to be cleaned again and again in order to be able to drive safely.

Stories cause a change of vision. They can free the listener's feelings and thoughts, often leading to aha-experiences. They serve as mirrors, invite identification - the reader or listener recognizes himself, his needs and his situation, he can reflect them on the basis of the story, without becoming the subject himself, and finally recall his own experiences. Stories present possible solutions as models, with which one's own can be compared, but they leave a wide scope for interpretation for one's own creativity.

Fairy tales, narratives and proverbs are cultural carriers of tradition. Even if they are the same again and again, they gain their own new meaning for everyone. Creation myths, classical legends or the repeated basic patterns and archetypes of fairy tales and children's songs are collective models of understanding. The great psychotherapeutic themes of self-employment (Hansel and Gretel), conscience formation (Goldmarie and Pechmarie), the triangulation conflict (Oedipus) or the threshold situation (Dragon Slayer, Iron Hans) can be found in them. In Positive Transcultural Psychotherapy, patients are asked about their favourite fairy tales and their identification with figures or actions. The identification with the roles results in narrative references to their own and family basic concepts and basic conflicts. As transcultural mediators, stories reflect the behaviour and thinking of people from other cultural backgrounds, the fascination of the stranger relativises one's own rules and encourages new perceptions. The liberating laughter after a story

loosens the "neurotic" knot in therapy, ends the being trapped in an inner vicious circle. Humor is like the salt in the soup of therapy, accelerating the insight and relativization of fixed concepts. In depth psychology, humor is understood as the most mature defence mechanism and overcomes resistance to changes in therapy, which were to be understood as the ability to hold on to the previous and to oppose changes. Like proverbs, stories are one of the most effective means of overcoming resistance.

For patients who adhere to the past, stories are effective as mediators for change in suffering, in order to change the dilemma between need and external necessity, inner conflict, inhibition, through their own, unfamiliar decision, and also to stand by it. In therapy, the depot effect is repeatedly revealed: some of the patients do not react to some stories at first, but only return to them after some time, since their meaning has become clear in the meantime. Stories act as regression aids, reminding us of the childlike situation of imaginative encounters with images, fairy tales and stories, fostering creativity and spontaneity without thinking, overcoming the rationalizing, intellectualizing resistance. Some stories are provocative: they present a counter-concept to which patients take a stand. They are particularly suitable in the fourth stage of verbalization and confrontation with conflictual topics, when therapeutic trust already exists.

The patient - therapist - history triangle provides a further dimension of transmission, relieves the dual relationship in its interrelationship, allows both to look together at something third. This is comparable to therapy with adolescents who close their eyes to protect their own direct speech, but are able to talk well about something third and open themselves up in the process.

Stories are association aids that lead to the unconscious core. Primordial experiences with fairy tales, told by primary reference persons, shape the handling of good and evil, life and passing, action and omission in the magical phase between the 3rd and 6th year of life. They form the basis for the development of conscience, contain identification figures that are familiar to the children, scenes that help them to experience the otherwise uncontrollable world for themselves. In the magical phase objects can be enlivened, connections understood, the world influenced by magical action. In this phase of preoperational intelligence, children can emotionally

understand stories told to them by their caregivers, even if rational understanding has not yet been developed. The Grimm fairy tales of the German-speaking culture make use of the same motifs that occur in dreams and in developmental tasks: "Hansel and Gretel" or "Mother Holle." as cruel as these fairy tales may seem to adults, they symbolize the natural process of detachment up to the self-responsible decision, action and self-sufficiency. Fairy tales create a logical film and role-plays in the child, they initiate communal experience and exchange, trigger feelings in the narrative situation and captivate the listener. Picture books complement this, but do not replace the inner images that arise when fairy tales are read aloud in the relationship with the most important reference persons.

Methodology

Therapeutic stories in literature

Carl Gustav Jung compiled "archetypes" from the "collective unconscious", the "collective mental basic layer" of man, which can be found in many cultures and make dream contents understandable in therapy. The archetype is "not only an image in itself, but also dynamis, which manifests itself in the numinosity, the fascinating power, the archetypal image". In his succession, the Swiss psychoanalyst Verena Kast (1993) describes how she uses traditional European fairy tales in therapy, similar to working with dreams.

Bruno Bettelheim (1993) formulated the book title "Kinder brauchen Märchen" ("Children need fairy tales") in order to highlight the need for narratives, especially in the "magical phase" of preschool age, for healthy human development. One of the best-known inventors and users of metaphors and spontaneous narratives is Milton Erickson (2022), whose spontaneity and inventiveness in dialogue with patients through reframing in the hypnotherapeutic situation quickly relativized their own point of view, leaving room for change.

There are still very few results of the effect of narrative therapy to be found in research: Tritt et al. proved in 1999 that positive psychotherapy was also significantly effective in practice with the application of the method-immanent stories and metaphors by means of the treatment of over 300 patients. The oriental stories compiled by Peseschkian in 1979 were compiled by him and his family in Iran from oral

traditions. In "Der Kaufmann und der Papagei" ("Oriental Stories"), he documented his experiences in narrative therapy by means of case reports, in which he also used saying awisdom, quotations from Nobel Prize winners or philosophers.

Fairy tale dialogues alternately told by child and therapist were originally used for diagnostics in order to understand the psychodynamics of children, and can be used therapeutically in child and adolescent therapy. For example, I begin as a therapist with "Once upon a time there was a prince who..." and the child continues the story until it passes the narrative thread back to me, just as I then pass it on to the child again, until it has become a work of its own with person, themes, drama and dissolution. In the narrative that emerges interactively - sometimes interrupted by laughter or amazement - the child's own central themes emerge that might otherwise be seen in play, but are often unconscious to the family. Beaudoin, Marie-Nathalie et al. investigated the effect of narrative therapy on school children and found "significant improvement in self-awareness, self-management, social awareness/empathy, and responsible decision making".

Anthony de Mello's (2005) short wisdom stories introduce surprises into therapy as door-openers for the unconscious and paradoxical situations that reflect the inner dilemma of unconscious conflicts for patients. This is reminiscent of Koans, "paradoxical, logically unsolvable riddles" in Asian cultures, as they are applied in systemic and narrative therapy. The saying "Don't try to understand what you haven't experienced yourself" from Buddhism is an example of a narrative that can have a relieving effect on relatives in trauma therapy. To let something come to you, to be open for the lack of understanding, not to want to help, but to let the other person develop, stand for the principle of unintentional recognition: "If you give up wanting to understand, you are on the way to understanding".

Discussion

Dealing with stories in therapy and how to select a story

If possible, the patient will read the selected story. For some people, however, the "reading aloud" is burdened by school experiences; a story can also be told or read to them. Then, as a therapist, I can ask: "How do you understand this story?" or "How do you

feel with this story?", later: "What comes to your mind?" or "What does it remind you of?" The question: "How could the story go on?" is suitable for the process-like further development of one's own paths. For others it fits: "How would you have reacted if you had experienced this? The basic conflict comes closer associatively when I then ask the first associated question such as: "What you have just felt, what does it remind you of?"

The prerequisite for the therapeutic application is my own occupation as a therapist with stories in the dialogical framework of self-awareness. The result is a subjectively emotionally experienced pool that intuitively fits into the therapy. The emotional participation of both in the therapeutic encounter creates an imaginary scene in the therapy room, which affects the therapeutic relationship. In psychodynamically oriented therapy, the selection of stories on the basis of content alone does not make sense. However, certain stories have proven their worth in therapy, here are a few examples:

There are stories that are suitable for many life situations. These include "The Sightseers and the Elephant" as a symbol for the change of location already in the first stage of therapy (Peseschkian 1979 p. 73, 2016 p. 79) , "The Crow and the Peacock", a fable to reflect one's own strengths and weaknesses (1979, p. 115, 2016, p. 125) in the further course, or the "Story on the Way", which is particularly suitable for physically suffering people and those who have so far displaced stress (1979, p. 75f, 2016, p. 81-82.). It is about a wanderer who walks along a seemingly endless path over and over laden with loads. On his way he meets people who make him aware of one or the other burden, so that he can gradually free himself from it. Finally he realizes alone that it is the millstone he wears around his neck on a rope that makes him walk bent. >From this he can finally free himself when he looks down on himself. This story makes patients associate themselves in conversation or in the pictures painted to the story: The rusty chains that wind around the wanderer's ankles are often understood as symbols of unsolved relationship problems with the parents, the boulders in the hands with duties that could actually be discarded, the millstone as the self-responsible burden.

Stories such as "50 years of politeness" (1979, p. 89, 2016, p. 96), "A reason to be grateful" (p. 96, 2016, p. 103-104), "Courage to truth" (p. 94, 2016, p. 102) reflect

the key conflict of politeness - openness and can be used for reflection. "The memory Prop" (p. 133, 2016, p. 143) is one of the provocative stories in which obedience and one-sidedness in action are the main concerns, the application of which only makes sense in the fourth stage of conflict management. These also include the "reward of cleanliness", which often triggers patient protests (p. 134, 2016, p. 143-144), or "late revenge" (p. 136, 2016, p. 146) - patients find their own position through confrontation.

The outbreak of an internal conflict is depicted in "The Miracle of the Ruby" (1979b, p. 56, 2016, p. 61): A caliph had forbidden singing. When a dervish, to whose belief it belonged to dance singing, heard it, his heart constricted to a lump out of grief over it and he died. The examining doctor found the ruby-shaped lump and passed it on, so that it was processed into a valuable ring worn by the caliph. When the caliph himself began to sing, the ring became liquid again. - Such stories, similar to the following, only make sense in the trust building phase.

For patients with existential questions there are stories like "end or dawn? (Peseschkian 1983, "In Search of Meaning," 2016, p.), "The Glass Sarcophagus" (Peseschkian 1979, p. 113, 2016, p. 122-123) or "Another Long Program" (1979, p. 125, 2016, p. 136). Another example is "The Prophet and the Long Spoons" (1979, p. 141, 2016, p. 24-25).

Natural Process of Encountering Narratives in Therapy

The process of narrative therapy can be carried out according to the "three stages of interaction" "connectedness - differentiation - detachment" as in the everyday encounter cycle "Good day - how are things? - On seeing again" can be seen. The greeting stands for the interest in the other person, for the reference to the object - the question of well-being for the exchange of the unknown, the comparison of valuations - the farewell formula implies that one has taken something with one from the other onto one's own path, so that one assumes that one sees again, that the self of the subject develops further in the reflection by the object.

The procedural effect of a narrative in the steps identification - content-related association - development process is comparable: Identification with parts of the narrative triggers spontaneous emotional reactions when listening, feeling, empathizing, a

content-related association on the basis of one's own previous experience (thinking, clarifying, naming) and it brings about changes in future perception (development, change in evaluation). This process triggers a relativization of experiences and previous norms, a change of perspective or location, by making memory contents unstable when they are retrieved, and leads spirally in turn to changes in feeling, thinking and judgement, and thus to an individual development process. A Chinese poem may symbolize this pictorially:

*The White Sun sets behind the hills;
The Yellow River flows on to the sea.
With the desire to go this far
as eyes can see,
I climb another staircase.
(Wang Zhihuan, 688-724)*

Phases of therapeutic interaction in narrative therapy

The individual stages of the therapy require different therapeutic attitudes and appropriate stories. The first step in the therapeutic application of narratives is association by the therapist, who provides a story, an anecdote or saying wisdom. The patient's perception and spontaneous association is comparable to the "warming up" in psychodrama of entering into an emotional relationship with the narrative and thereby changing the perspective. This is what the story "The elephant and the sightseers" stands for:

An elephant had been brought to the exhibition at night in a dark room. People flocked in droves. Since it was dark, the visitors could not see the elephant, and so they tried to grasp its shape by touching it. Since the elephant was big, each visitor could only grab a part of the animal and describe it by touch. One of the visitors, who had caught an elephant's leg, explained that the elephant was like a strong column; a second, who touched the tusks, described the elephant as a pointed object; a third, who grabbed the animal's ear, said that it was not unlike a fan; the fourth, who stroked the elephant's back, claimed that the elephant was as straight and flat as a couch. (After Mowlana).

The new perspective on one's own situation is gained and it occasionally makes one aware of the functionality of the symptoms. Peseschkian describes this as a "positive interpretation", Mentzos as a "function of dysfunctionality". Peseschkian regards the examination of stories from a different cultural circle as

a transcultural perspective for broadening one's perspective, which thus initiates a change of location.

In the second phase, the concepts or themes that are at stake are named in the therapeutic encounter. Peseschkian calls this step differentiation; it corresponds to the selection of the protagonist in psychodrama (after J. L. Moreno) who brings his story to the stage. The story "From the Crow and the Peacock", whose interpersonal dynamics, similar to the fables of Aesop, illustrate how conflicts of values become the content of misunderstandings, is suitable for the second stage: The crow on an orange tree blasphemes about the ugly feet of a peacock strutting in the park. The peacock replies that he is well aware of this, but that he is respected for his wonderful plumage. For patients, this is about their own stressed abilities, virtues or social norms, named by Peseschkian as actual abilities. Examples are order, punctuality, justice as social norms or "secondary actual abilities", and time, love, trust as emotional needs or "primary actual abilities". Such abilities and the resulting concepts exist in all cultures, but they are shaped differently. Stories put concepts into perspectives, which may have been very functional in earlier times, but have become inappropriate in the meantime. Further stories on the content of the approach on the basis of central conflict themes are, for example, "Justice in the Beyond" (Peseschkian) or additionally, on the subject of injustice or justice, "The Three Camel Drivers" from the Islamic world, which visualise such dilemmas.

A next, third step in narrative therapy involves the biographical experiences of the patients and above all the available resources. Psychodrama uses the role play of the narrative by protagonists or actors. Now earlier attempts at solutions or one's own abilities in dealing with the dilemma can be reflected upon. The stories "Sharing the best seed", in which a maize farmer gives his best seed maize to his neighbours so that he himself, like the others, receives the best maize pollinated by the wind, are suitable for this. The conflict between prosocial vs. selfish is depicted. "The man on one leg", who suffers from standing on one leg, but who uses the other leg only after being asked from outside to relieve himself, symbolically stands for the given, the existing, the laws, lat. positum, used by Peseschkian to explain the word "positive" of his therapeutic direction "Positive Transcultural Psychotherapy" as a method for the development of hidden abilities and potentials.

Only then, in a fourth step, the working through of the conflict, the verbalization of the ambivalence, the dilemma, the conflict and the person's own growing responsibility in the therapeutic relationship can be worked out. The story "The difficulty to please everyone" with father, son and donkey (see above), in which a reconciliation of interests in the conflict of values of politeness and openness becomes necessary, is representative of the fact that a decision is inevitable. In the inner conflict the therapy is mostly about one-sidedly emphasized social norms, about "actual abilities" which get into contradiction, about social norms, which oppose emotional needs and go to "neurotic adherence." Psychodrama gives space to role play feedback here - it reflects how the various role players experienced each other in the action.

A last fifth step is the integration of the discovered into everyday life and the extension of the goal to develop new goals after insight and symptom reduction, in psychodrama the sharing of the audience and thus the extension of the theater into the future everyday life stands here. Representative of stories that point beyond a previous therapeutic goal are "The dawn of a new day" or "Only the seed", also "About eternal life". On the therapeutic side, the focus is on accompaniment out of therapy, autonomy with new, individual goals.

A therapeutic experience with a confronting story

"The tiger and the sweet grapes" was told in the fourth step of treatment of a patient with a severe anxiety disorder (agoraphobia and panic attacks):

One unfortunate day, a wanderer was fleeing from a tiger who was chasing him. He ran until he reached the edge of a rock face where he laboriously climbed down. He clung to a thick vine and hung over the abyss. The tiger grumbled over him.

Suddenly a grim roar sounded from below - oh shock, from below a second tiger looked up at him! At the vine the human being hung, in the middle between both tigers.

Two little mice, one white and one black, scurried over the limestone cliffs. With great pleasure they began to gnaw at the roots of the vine.

The vine bent heavily under the burden of the wanderer, who discovered a vine with small, juicy grapes in front of him in the sunlight. Holding on with one hand, he stretched out the other and picked a berry, finally one and one more.

He called out: How delicious these grapes are!

(according to a Mongolian narrative, recorded by A. Remmers)

Dialogue in therapy in the session after the insertion of this story:

Patient: Hello, I made it back up here to your practice!

Therapist: Good day, I am glad that you are here, how was the way?

Patient: This time only my friend is with me, he is waiting outside in the car, it went today already without my mother (Note Th: she had to accompany her before).

Therapist: How does that feel to her?

Pat: Somehow better than right after the last conversation, I had so much to think about when you told me the story about the man with the grapes and the tiger! I had said yes, in such a case the grapes would never be sweet for me, and I thought, how terrible is his situation, how can he still enjoy there? - And yet it is so, suffering and sorrow and grief and the beautiful lie so close together. It became clear to me what I have for a dear friend, what he has already been through in this time, what others certainly would not have endured.

Therapist (understands the utterance as the patient's own step and the admiration of the patience of the friend also as the beginning of differentiation towards independence): Today you have already come alone, without the company of your mother. You didn't agree with the story in the first place, and I have the impression that you have overcome yourself to deal with this unpleasant topic. What is it like for you to have done all this on your own?

Patient: Today I really want to take something out of our session again so that I can go there myself.

Because of the models which stories present, they can have various functions in therapy, counselling and conflict solving (N. Peseschkian, 2006, PP. 24-34). On one hand they create norms against which readers or listeners can measure themselves. On the other hand they pointedly put norms into question and invite people to view them as relative. In the form of therapy these stories can be the means of a change in point of view which is the goal of therapy. They can free up the feelings and thoughts of the listeners and often lead to moments of change. Their mirror function leads to identification. The reader or listener recognises himself, his needs and his situation in them. He can reflect on the stories without himself becoming the focus of these reflections and finally he can remember his own experiences. Stories present solutions which can be

models against which one's own approach can be compared but which also leave room for broader interpretation. Stories are particularly useful in bringing about change in patients or clients who are holding fast to old and outworn ideas. A prerequisite for the use of stories is that the therapist herself has been involved with the stories, particularly in the framework of self-experience. This gives the therapist a store of stories from which those that are suitable for the particular situation can be drawn intuitively. On the other hand, a purely rational choice of stories based entirely on their content would have no meaning in such a psychodynamically-oriented therapy. However, certain stories have been found useful in therapy for specific situations and conflicts.

Conclusion

The characteristic of a narrative psychodynamic method is shown clearly here: Stories are aids in association which lead the way to the deeper, unconscious core. Within a five step process of interaction narrative approaches induce changes of perspectives, belief systems and defence mechanisms in therapy.

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