



Fairy Tales and Psychiatry: a Psychiatry Residency's Experience Using Fairy Tales and Related Literary Forms to Highlight Theoretical and Clinical Concepts in Childhood Development

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“Genuine fairy tales carry a meaningful—though veiled—message in a beautiful form.”—Julius Heuscher [1].

Fairy tales are universal, crossing cultural, social, and generational boundaries. In a concise format, fairy tales explore a diverse range of topics, demonstrating important developmental and psychological concepts in an engaging and relatable way. Further, they provide a glimpse into the method of storytelling itself, illuminating the narrative- and meaning-making process. They accomplish these tasks in a way that typical textbook, didactic forms cannot. We sought to create an elective course in an adult psychiatry residency that would highlight themes of development in an engaging format and stimulate interest in child and adolescent psychiatry (CAP), an underserved field in need of practitioners. Herein, we will explain the role of fairy tales in clarifying concepts in CAP and will describe how this course was structured, the feedback that was received, and future opportunities for utilizing this unique format in the education of psychiatry residents.

Fairy Tales: from Society to Psychiatry

“If you want your children to be intelligent, read them fairy tales. If you want them to be more intelligent, read them more fairy tales.”—attributed to Albert Einstein [2].

Fairy tales are short stories that take place in magical realms, occupied by fairies, talking animals, or supernatural beings, where the numinous and fantasy reign. They contain universal

motifs and themes—love, loss, justice, humility, resilience, family conflicts, and personal transformation—and communicate through the language of metaphor and symbolism. While the characters may live “happily ever after,” their journeys are starkly and often grotesquely portrayed, unlike contemporary children’s stories, appealing to the darker wishes and fears of the unconscious. Cannibalism, mutilation, incest, and murder are portrayed in direct and sometimes shocking fashion (see “The Juniper Tree,” “Hansel and Gretel,” or “Cinderella” for examples) [3]. The simple literary structure of fairy tales belies their ability to express complex developmental, social, and personal dynamics and their propensity to adapt to and reflect our projections and interpretations. Modern manifestations of fairy tales range from the newest Disney adaptations to TV commercials [4]. Themes from fairy tales can be observed in series such as “Harry Potter” and “Star Wars,” with some scholars and authors going so far as classifying these stories as contemporary fairy tales [4–7].

There is a long-standing relationship between fairy tales and the field of psychiatry. Sigmund Freud, the founder of psychoanalysis, thought fairy tales, like dreams, offer a view into the unconscious [8]. Karl Gustav Jung and Jungian psychologists (such as Marie Louise Von Franz) emphasized how fairy tales tap into universal human experience reflecting the content of the collective unconscious [9, 10]. In the 1970s, Julius Heuscher published “A Psychiatric Study of Myths and Fairy Tales: Their Origin, Meaning, and Usefulness,” which developed an approach for “analyzing” fairy tales, one subsequently adopted and elaborated on by theorists such as Bruno Bettelheim [1, 11].

Numerous scholars have explored how fairy tales and related literary forms can be utilized in psychiatric education and practice. Hall and Freidman recently illustrated how “Star Wars” applies to psychiatric training to teach character pathology and various psychodynamic principles [12, 13]. Additionally, fairy tales have been applied to narrative group psychotherapy, trauma-informed treatment, group therapy for children with malignancies, psychological health promotion

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in elementary age children, therapy for adolescents with borderline personality disorder, psychometric testing, and treating challenging behavior in geriatric patients with dementia [14–20].

Course Development

The elective was created to supplement adult psychiatry resident exposure to developmental theory and to stimulate interest in CAP. The elective was held for monthly 90-min sessions. The first iteration of the course, discussed in this paper, emphasized trainee feedback in the interest of creating a formal curriculum, currently in development.

The steps taken to develop the elective are listed in Table 1. To gauge interest in the course, announcements were made at residency gatherings and didactics. Given an initial positive response, a pilot session was then held with a small group of interested psychiatry trainees to model a sample session and to elicit feedback from participants. Based on this feedback, a formal course proposal was drafted, submitted to the Graduate Education Committee, and ultimately approved as an elective in the general adult residency training program. The course was titled “Fairy tales and Psychiatry: perspectives on the significance of metaphor, storytelling, and imagination in childhood development.” In the interest of sharing trainee experiences with the broader academic community, a waiver was granted by the institutional review board.

The course utilized a consistent structure but incorporated a wide variety of content to appeal to diverse learning styles. Each session focused on one tale which was selected by organizers and participants. Before class, participants received a version(s) of the tale for their review. Optional readings on theory were included to inform the discussion. Each class began with a 15–30-min overview of the story, providing an experiential component for participants that contrasted subsequent theoretical discussions. The discussion then lasted 30–60 min, highlighted trainee involvement, and was facilitated by faculty. Participants were encouraged to freely interpret and reflect on their experience with the stories. This included investigating the story structure and the dynamics between the characters, in addition to elaborating on how the story applied to patient care. For a description of the sessions, please see Table 2 below.

Experts were invited from various fields to facilitate discussion. Each session of the course utilized two facilitators. The primary facilitator was a clinical child and adolescent psychiatrist who was present at all classes. The second facilitator was drawn from a rotating cast of guest facilitators from varied areas of expertise, mostly in the humanities. Co-facilitators included two members of the faculty from the Department of Literature with knowledge on folklore, a student from the School of Drama, a child and adolescent psychiatry fellow, and a psychiatrist specializing in schizophrenia and narrative psychiatry.

Guest facilitators brought a unique and valuable perspective that served to challenge participant assumptions. As an

Table 1 Curriculum development based on David Kern’s six-step approach [21]

Step 1: Problem identification and needs assessment	Psychiatry trainees are often taught developmental theory in lecture-based forums. Trainees identify developmental theory as challenging to learn and difficult to apply clinically. There is a need for a more engaging and clinically applicable means of teaching developmental theory.
Step 2: Needs assessment of targeted learners	Informal discussions at resident didactics and group emails were sent out to gauge interest in a course that utilized fairy tales in teaching developmental theory. Next, a “pilot session” was held with interested trainees to obtain feedback before the initiation of the course.
Step 3: Goals and objectives	Teach developmental theory in an engaging and memorable way that appeals to multiple types of learners. - After each session, participants will be able to identify at least one discrete theme in a given tale that relates to developmental theory. - Participants will rank the sessions as being valuable and enjoyable. Apply developmental theory to clinical practice through the lens of metaphor and story-telling. - After each session, participants will be able to demonstrate understanding of clinical concepts in an open response question. Apply information and feedback from the first year of the course to the design of a formalized curriculum.
Step 4: Educational strategies	Use multiple educational methods to meet the needs of different learning styles - Emphasize the role of discussions (via open-ended prompts) to develop critical thinking skills and creative/imaginative thought. - Use various audiovisual materials to supplement discussion. - Demonstrate concepts through the presentation of stories (in the form of oral performances, media, etc. ...) to create an experiential component to the class.
Step 5: Implementation	Recruit faculty members from diverse fields. Advertise to psychiatry trainees in addition to other mental health trainees. See Table 2 for additional information.
Step 6: Evaluation and feedback	Utilize participant evaluation to inform the curriculum development cycle, secure funding, and explore options to integrate into a formal training program.

Table 2 Sample sessions from the course, highlighting the session layout and content

Session title	Description of session	Topics for discussion
“Cinderella”: the course pilot	Preparatory readings: Grimm’s version of “Cinderella” In-class presentation of the story: Jim Henson’s “The Storyteller” Guest facilitator: Senior Lecturer, Hellenic Studies Program	- Introduction to the role of fairy tales in childhood development - Introduction to mentalization and theory of mind (central to storytelling and listening) - Contrasting the versions of “Cinderella”: Perrault versus Grimm - Sibling rivalry - Splitting and the all good versus the all bad mother - Symbolism in the tale
“Pan’s Labyrinth”	In-class presentation of the story: screening of the film Guest Facilitator: Assistant Clinical Professor, School of Medicine, Department of Psychiatry, Child and Adolescent Psychiatry	- A collaboration with the Cinema and Psychiatry Interest Group - The role of fantasy in developing resilience and coping with childhood trauma - Freud’s complex of the family romance - Grotesque in fairy tales and the role of terror - Gender in the film and child development - The symbols of the rose and the labyrinth in childhood development
“Little Red Riding Hood”	Preparatory readings: various versions of the tale, contemporary included In-class presentation of the story: actress portrayal of the story (from the school of drama) Guest facilitator: Senior Lecturer, Hellenic Studies Program	- The mechanics of story-telling - How the audience shapes the story and how stories evolve over time - The Oedipal complex and splitting - Play therapy and role-playing; projection onto the big bad wolf
“The Juniper Tree”	Preparatory readings: Grimm’s version; a selection from Bateson (the double bind) and Kernberg (splitting) In-class presentation of the story: a reading of the tale in the original German dialect, Plattdeutsch; screening of “Discovery Channel Scary Tales: The Juniper Tree”	- Rhythm and trance in story-telling - Stories as introjective tools in therapy - Otto Kernberg and splitting in borderline personality disorder - The double bind in the “Juniper Tree” and when this occurs in psychiatric practice

Table 2 (continued)

Session title	Description of session	Topics for discussion
“Star Wars”	Guest facilitator: Visiting Professor, Department of Germanic Languages and Literatures Preparatory reading: a sample from Joseph Campbell’s “Heroes Journey” (or the Monomyth) In-class presentation of the story: clips from the film and a special clinical case presentation Guest facilitator: Professor Emeritus of Psychiatry, School of Medicine, Department of Psychiatry	- The Heroes journey in American society - The Heroes journey as a therapeutic framework for children to create their own stories. - Archetypes in the film - Stories as facilitating communication, both by the patient to the provider and vice versa. - Metaphor in our clinical encounters
“Snow White and the Seven Dwarfs”	Preparatory reading: Grimm’s version of “Little Snow White.” In-class presentation of the story: Shelley Duvall’s Faerie Tale Theater: “Snow White and the Seven Dwarfs” Guest facilitator: Senior Lecturer, Hellenic Studies Program	- Object relations and Snow White - Feminism in psychoanalysis - Parental loss and resilience - Symbolism within the tale (the mirror, blood, etc.)
“Harry Potter”	In-class presentation of the story: participants recounted an overview of the series; selected clips from the film were screened focusing on three prominent characters (Ron, Hermione, and Harry) Guest facilitator: Fellow, School of Medicine, Child and Adolescent Psychiatry Program	- Attachment styles in Harry Potter - How current ways of relating can provide insight into earlier childhood development - Societal biases in personality traits (why Harry and his defenses are often valued more in our society than alternative defensive styles, i.e., those of Ron)

example, while the group excitedly discussed object relations theory, one facilitator re-focused the group on the patient’s subjective experience of good and bad objects, and how that might have come to be, thereby challenging a tendency toward over-intellectualization and redirecting participants toward applying the theory to practice. In other instances, the group was engaged in projecting their assumptions or perspectives onto the fairy tale, and the guest facilitator redirected the discussion to the context out of which the stories arose, leading to an exploration of how the audience’s roles and assumptions change over time.

Response to the Course

The elective was well-received by department administration as well as by trainees in the Psychiatry and Medical School programs. Participant feedback was collected after each session and was instrumental in optimizing the experience for participants. Sample feedback included:

“Entertaining and engaging session. For future sessions, it would be good to have an academic reading that grounds the discussion on one particular topic.”

“It was excellent! I loved hearing about the historical development of the concept of childhood and the developmental theories of using one’s inner world to navigate challenging experiences.”

“The session was interesting and enjoyable. I am new to using metaphor clinically – can you give more examples?”

“Great! Engaging and exciting. I would suggest doing an activity such as coming up with our own story.”

“Good – really enjoyed the theatrical reading of different versions of the tale!”

After each session trainees were asked to identify important themes related to developmental theory. For example, this was done after a screening and discussion of “Pan’s Labyrinth,” a 2006 Academy Award-winning movie directed by Guillermo del Toro, marketed as a “Modern Fairy Tale” [22].¹ Participant responses included:

“I think the most prominent theme was the ability of a child to create an imaginary inner world to navigate when the outer world is too distressing to manage.”

“Disobedience was necessary for characters to find their voice. And in childhood development, children need some level of disobedience to forge their own identities, outside of the box their parents have laid out for them.”

“The use of fantasy is an important coping mechanism for both children and adults.”

“I think disobedience was the most prominent theme and relates to multiple developmental stages at which point the child experiments with disobeying the parent whether it be as a young child exploring her environment to a new adolescent finding her identity and braving autonomy to even adulthood and finding meaning for oneself and holding true to values.”

¹ The movie is set in fascist Spain as an imaginative girl, Ofelia, and her pregnant and sick mother join Ofelia’s new Stepfather, the cruel and unyielding Captain Vidal who is responsible for suppressing the rebels hiding in the mountains. Fantasy and reality blend and blur, as Ofelia meets a faerie, who guides her to the center of a labyrinth, a portal to another world where she would be reunited with her father. But to get there, Ofelia must complete a series of tasks.

Challenges

The history of fairy tales and psychiatry has not been without conflict and controversy. Most notably, the folklorist Jack Zipes has argued that problems arise when fairy tales are analyzed outside of their original socio-political context. He questioned Bruno Bettelheim’s psychological interpretation of fairy tales, instead emphasizing that fairy tales do not present a one-size-fits-all approach to inner conflict and that great care should be exercised with their instrumentalization, particularly in mass-mediated, heavily filtered, and saccharin forms [4]. In the course, special attention was paid to avoid these drawbacks, or at least to be mindful of transgressions. For this purpose, there were discussions facilitated by scholars of folklore, increasing awareness and sensitivity regarding these matters among trainees.

Fairy tales are difficult to define, and there is debate within academic circles as to a concise definition [23]. This course included a wide variety of stories, beginning with oral folktales from rural environments, moving to the literary adaptations of folklore (such as those by Charles Perrault and Brothers Grimm in the seventeenth and nineteenth century, respectively) and modern renditions of fairy tales. Besides folk and fairy tales, other types of printed and visual material were employed to broaden interest in the course. For example, Harry Potter, Star Wars, and Pan’s Labyrinth incorporated fairy tale themes and served to generate discussion about what constitutes a fairy tale versus a myth.

Additional challenges arose in the logistics of the course, primarily accommodating the busy schedules of trainees. As trainees’ commitments were often variable, few individuals could attend consecutive sessions. The result was a rotating list of attendees—good in some ways—but limiting in others. In contrast, if attendance were required, participants might have a deeper experience with the material, sessions could build on prior material discussed, there would be more data to inform efficacy of the course in meeting teaching objectives, and the participants would also likely become more familiar with one another, perhaps allowing for a greater degree of engagement.

Opportunities

The course would benefit from integrating broader cultural perspectives in future iterations. African folklore, Slavic stories, Asian narratives, etc. can be contrasted with the dominant Western canonized stories. Similarly, inviting facilitators from disparate backgrounds—school teachers, academicians from outside institutions, professional storytellers, and even a panel of children for an experiential session—would add depth to the course. Fostering creative participation, through the construction of a fairy tale by participants and facilitators (in a group or individually), could be readily incorporated into the sessions. Finally, at its heart, the course is meant to provide

a mechanism to translate theory into clinical practice, and this will be the focus of future efforts.

A formal curriculum based on this course is in development to share with other psychiatry residency training programs, possibly providing an engaging and novel way to meet ACGME milestones, particularly those centering around development, in general adult, and CAP fellowship programs. While our course benefited from the resources available to us at our academic center, the overall approach and philosophy are broadly applicable. What was important, based on participant feedback and educator experience, was to provide trainees with diverse perspectives in a setting that fostered creativity and playfulness with the material. Many training programs will have connections with a broader university community of scholars who can be invited to participate, as was the case in our course. If these resources are not readily available, community colleges, community theater, or other similar resources can be drawn upon.

Final Thoughts

You can understand and relate to most people better if you look at them - no matter how old or impressive they may be - as if they are children. For most of us never really grow up or mature all that much - we simply grow taller. O, to be sure, we laugh less and play less and wear uncomfortable disguises like adults, but beneath the costume is the child we always are, whose needs are simple, whose daily life is still best described by fairy tales. – Leo Rosten [24]

Fairy tales have an intrinsic draw on our imaginative and creative powers. They offer an opportunity to explore the inner world of the child, providing a glimpse into the fears and fantasies central to development. Moreover, they illustrate theoretical concepts and provide a framework for deepening the conversation about our clinical interactions and the meaning-making process in therapy. For these reasons, in addition to the sheer enjoyment they foster in us all, they are ripe for inclusion in psychiatry training, particularly as a means to generate interest in the underserved field of CAP.

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Compliance with Ethical Standards

The IRB for the author's institution determined that the study was exempt.

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