

**Narrative art therapy, on the basis of bibliotherapy, as a tool supporting narrative  
medicine, and the role of the bibliotherapist in the treatment process**

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### **Abstract**

The main goal was to develop a model of narrative art therapy, by showing the interrelations between narrative medicine and broadly understood art therapy. The author concentrated on fairy tale therapy, due to her own literary and therapeutic experience. Nevertheless, narrative art therapy can be based on other forms of art, be it theatre or music.

The hypothesis adopted raises the question of whether art therapy can support and reinforce narrative medicine. The author bases her relation on her observations and experience gained during the sessions described with children. In this way, the observations, diary entries and interviews with the children's carers became the foundation for the conclusions.

The selection of research tools resulted from the real world limitations the author was faced with. The fact that the workshops with the ex-pat Polish children took place in Italy made it difficult to collect detailed opinions from the parents and teachers on the workshops. An important source of information was the assessment of the schools' heads and the opinions of the parents who shared them in their correspondence with the author. It was much easier to assess the sessions carried out in the Przylądek Nadziei clinic, as the hospital ward is in the author's home town and thus easily accessible. Apart from that, the doctors there place great emphasis on the mental condition of their patients in their struggle with cancer. Here, the engagement of the medical personnel, and their openness, aided the introduction of fairy tale therapy sessions and to gain their opinions on the matter.

The final goal was to show the role of the bibliotherapist in the dialogue between the humanist doctor and the patient. The context of the bibliotherapist's participation in such communication is displayed in the third illustration.

***Key words*** : art therapy, narrative medicine, bibliotherapy, bibliotherapist, humanist doctor, narrative art therapy.

## **Introduction**

There are two strategic goals to this article. The first is to connect art therapy with narrative medicine. This will be achieved in several steps, starting from defining both terms, treating them as independent research categories, as well as separate fields of operation up to their integration. For it is in the overlap of narrative medicine with art therapy that a new area is created, which is here labelled narrative art therapy. Narrative art therapy constitutes an innovative approach to communication between the patient and medical personnel, as well as a tool supporting self-expression during an illness.

The discussion around narrative art therapy is based on case studies using fairy tale therapy and the hypertextual lichen model of fairy tale therapy. It needs to be stressed that fairy tale therapy is a form of bibliotherapy, which, on account of its focus on literature, seems best suited to support the aims of narrative medicine. The choice of fairy tale therapy as a tool to support narrative medicine is a conscious one based on the professional experience and literary output of the author.

The author also presents an original narrative art therapy model and a diagram demonstrating the dialogue in narrative medicine. These are especially important in revealing the role of the bibliotherapist in the dialogue between a humanist doctor and a patient. For this reason, too, becoming aware of the benefits to be gained from the knowledge and experience of the bibliotherapist in enriching interaction with the patient, as well as in assisting in the selection of literature for the participants in narrative medicine constitutes the second part of this article.

To sum up, the author takes as her hypothesis the assumption that art therapy can constitute a significant aid to narrative medicine, becoming an important element of it.

The methodology adopted here involved observations and keeping a diary – the diary of a fairy tale therapist, which became a guide through the observations and the foundation for developing the model of narrative art therapy.

### **Narrative medicine – what is is, historical background**

*A doctor... like it or not, he is a storyteller, and he can turn our lives into good or bad stories, regardless of the diagnosis (Broyard,2010).*

The concept and term *narrative medicine* were created by Rita Charon, a professor at the Columbia University in New York, a physician and literary scholar. In her book, she defined narrative medicine as *medicine practiced with the narrative competencies to recognize, absorb, interpret, and be moved by the stories of illness* (Charon,2006).

This researcher presents three fundamental components in clinical practice utilising narrative competences:

- attention, and so carefully listening to and observing the patient;
- representation, and so presenting the results of the conversation with the patient in te form of notes in the medical documentation;
- affiliation, and so building a bond based on understanding the patient, on the knowledge acquired during the conversation with them, as well as developing mutual trust (Chojnacka- Kuraś, 2019).

Rita Charon uses narrative medicine in her professional practice, as well as teaching it. During classes at Columbia University, students analyse and interpret literary works, and also practice creative and reflective writing skills (Charon,2017).

The procedure had, of course, been used earlier, albeit intuitively, as testified to by the words of a Canadian doctor who lived at the turn of the 19th and 20th centuries, William Osler: *“Just listen to your patient; he is telling you the diagnosis”*; *“The good physician treats the disease; the great physician treats the patient who has the disease”* (Chojnacka-Kuraś, 2019), or by the activities of Oliver Sacks, however, it was formalised in New York. Currently, narrative medicine is gaining ground not only in the United States, but also in Western Europe.

It's worth stressing the relatedness of narrative medicine to the concept of humanist medicine. As Marta Chojnacka-Kuraś notes, in this understanding, medicine ceases to be solely a scientific discipline and becomes an art, part of the humanities, reconnected to the ancient understanding of the art of healing.

The Polish terminology from the field of narrative medicine has not been finalised, as demonstrated by the divergences in the names proposed by representatives of different research centres. This academic argument results both from the innovativeness of the actual concept, as well as from the interdisciplinarity of the field and the related, varying linguistic sensitivities of the individual researchers. Certain concepts, such as humanist medicine or health service raise doubts in certain academic circles. In their place appear the terms: ‘medical humanistics’ or ‘humanistic health’ (as working concepts), as well as ‘healthcare’, within which we can also include people without a

medical education, yet still playing an important role in communicating with patients, and so broadly understood narrative medicine clinicians. The situation is similar when it comes to the components of clinical practice described below which employ narrative competences. This divergence arises already with the definition of attention, where some prefer 'uwaga' (attention), others 'uważność' (attentiveness).

The conceptual apparatus currently being constructed demands deeper analysis, understanding and acceptance before it takes its final, standardised form and becomes widely used. Certain terms are undergoing transformation, as the vitality and richness of language create enormous possibilities for shaping the appropriate vocabulary for the field. This process will demand a lot of thought and time, though.

### **Art therapy – definition and varieties, with special focus on bibliotherapy**

This article presents the application of art therapy, especially bibliotherapy, in increasing the communicative competences of the medical personnel responsible for engaging in dialogue with the patient. Hence it is essential to explain the essence of therapy through art.

*Art therapy is an activity directed toward the person and his environment, aiming to restore, improve or maintain health and quality of life, carried out by a person with the relevant qualifications, and whose essence involves using art, in various forms, to this end, as a therapeutic tool together with the therapeutic relations existing between the therapist and patient (Kajros,2017).*

When it comes to defining bibliotherapy, the most frequently quoted definition is that of R.J.Rubin, who describes it as a *a program of activity based on the interactive*

*processes of media and the people who experience it. Print or non-print material, either imaginative or informational, is experienced and discussed with the aid of a facilitator to achieve insight into the normal, or to make changes in emotionally disturbed inhibitions* (Dolna,2017). Various goals of bibliotherapy are indicated, including: identification, projection, catharsis and insight. Identification enables the participants in bibliotherapy to vicariously experience emotions by verbalising them while maintaining the pretence of speaking about a character. Projection involve analysing the message, the intentions of the author in relation to the life and experience of the recipient. Catharsis, meanwhile, allows the release of tension and seems to be crucial for the effectiveness of the bibliotherapeutic process. Insight, on the other hand, is understood as achieving self-awareness through therapy (Dolna, 2017).

Thus, it can be assumed that the key role in art therapy is played by the therapeutic relationship arising from the encounter of the patient with the broadly understood work of art. In this, the coordinator of all forms of art therapy and the guide in the creative-curative process (healing) is the therapist. In bibliotherapy, meanwhile, this interaction can be extended to include the literary character. In this understanding, in bibliotherapy the participants are: the patient, the bibliotherapist, the literary character and the text.

If using bibliotherapy to support narrative medicine, the bibliotherapist forms and additional link in the dialogue with the patient.

## **The hypertextual, lichen model of bibliotherapy in relation to work with children and the ill(Madryas,2016)**

### **A lichen model of fairy tale therapy**

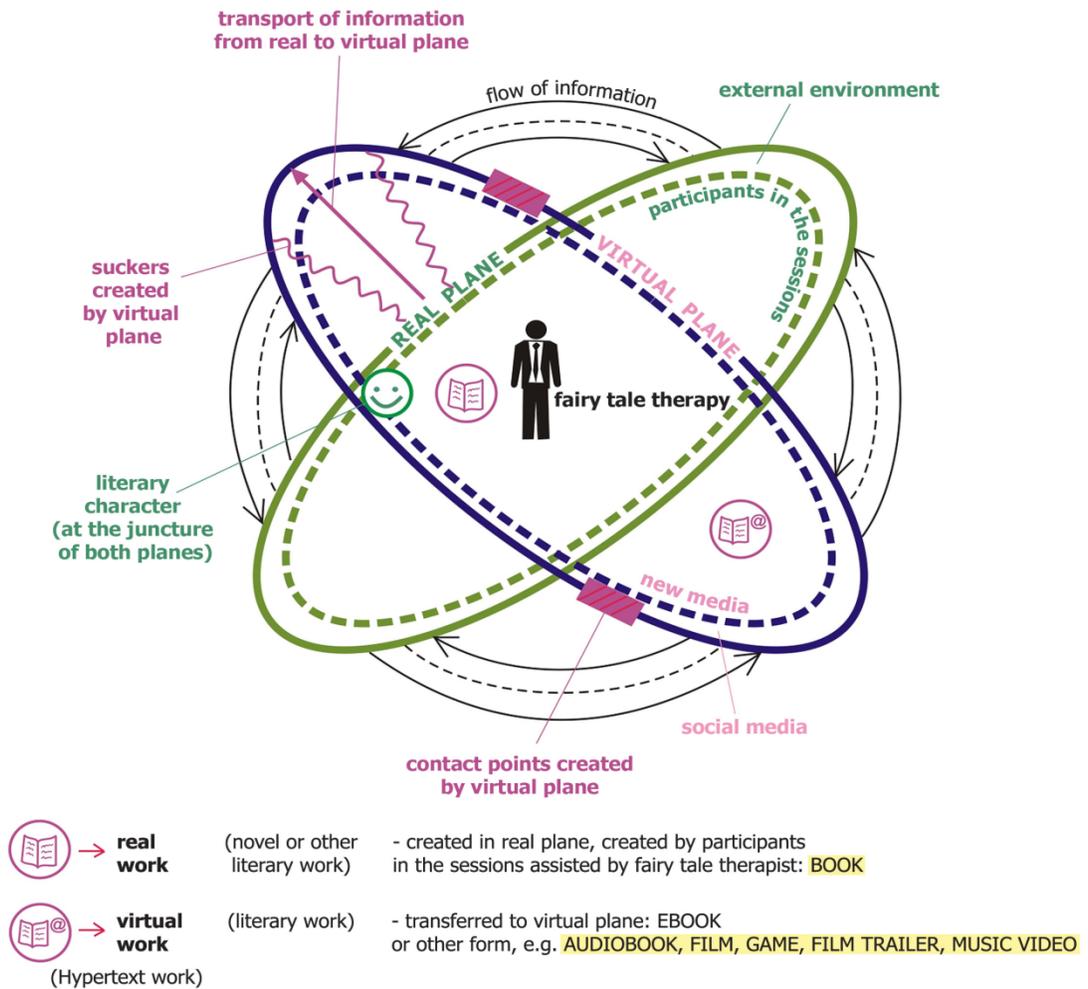
The model has been formulated by the author to be the final, concluding reflection on the hypertextuality of social communication, especially in relation to information management.

The approach proposed is narrower than that of bibliotherapy, as it relates to fairy tale therapy. This results from the need to fit the model to the specific group of recipients that children are. Even though the classic fairy tale therapy model illustrates communication with healthy children, it also works in dialogue with sick children, whose dominant needs are for acceptance, affection and love. In this case, the literary character is an emotional support for the fairy tale therapist. In the model of narrative art therapy, it also becomes a support for the humanist doctor.

This deeply humanist nature is not visible in the model, as it is only an imperfect, simplified diagram, nevertheless, it constitutes a very important field for the discussion of narrative art therapy, which, in the case of fairy tale therapy, is directed towards the youngest patients.

The first diagram of hypertextual communication using the metaphor of lichen developed by the author was the lichen model of information management (Madryas,2016). That became the inspiration for the lichen model of bibliotherapy, of which a specific version is the lichen model of fairy tale therapy used in working with children.

Figure 1 *Lichen model of fairy tale therapy. Source: own invention.*



In the lichen model of fairy tale therapy, as a literary derivative of the bibliotherapy model<sup>1</sup>, the role of coordinator of the dialogue is played by the fairy tale

<sup>1</sup> The lichen model of bibliotherapy is the broadest approach to the hypertextual model of

therapist or, in a broader sense, the bibliotherapist. This constitutes the centre of the first diagram, as the therapist manages the flow of information and usually initiates the process of communication through reading, relating, an idea for a story or an action which is an impulse to dialogue between the participants of the meeting, or to a joint creative process.

The discourse taking place on the real plane can develop simultaneously in the virtual plane. Hence the fairy tale therapist is responsible for the points of contact between the two planes. It is in working out how they interact, as well as establishing the principles, points and intensity of those interactions that they ensure the appropriate collaboration between the two planes in the context of communication.

Throughout, the fairy tale therapist manages the flow of information, which is particularly important when the participants of fairy tale therapy are working with a text – they create a new fairy tale, short story or novel. In this case, the discreet management of the hypertextual communication helps create a coherent work.

Simultaneously, the fairy tale therapist plays the role of model author.

*The model author (...) is a voice that speaks to us with love (sometimes strictly, sometimes deviously), which want us to accompany it. This voice reveals itself as a*

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therapy through literature, including the lichen model of fairy tale therapy. It must be stressed that all the varieties of multi-level models of therapy through various creative activities (such as: bibliotherapy, music therapy, that using plastic arts, theatre, etc.) are derivatives of the lichen model for broadly understood art therapy, being the most general model in this area.

*narrative strategy, a set of instructions which we gradually learn and to which we must adapt, if we decide to become model readers (Eco,1996).*

The fairy tale therapist is the guide to the developing narrative. They initiate the creative process, and coordinates it in the ongoing stages of fairy tale therapy. In this understanding, the fairy tale therapist is responsible both for the narrative strategy, as well as the instructions as to how to proceed. They suggest the structure of the piece and oversee its shaping into a logical whole.

On top of that, the fairy tale therapist prepares the sessions. These sessions are addressed above all to the participants, but they can be expanded and conducted (entirely or in part) virtually online, including on social media. It is precisely this broadly understood online presence that makes a series of activities within fairy tale therapy hypertextual.

Including literary characters in the model aids the effective management of the flow of information. It should be emphasised that the place given in the model to literary characters is deliberate, and justified on the level of communication. For it is the literary character that is located at the juncture of the two planes. Their unreal nature enables them to occupy both planes simultaneously. And precisely this unusual action that aids the operation of the suckers so that they can gather the appropriate amounts of tested material.

At the same time, the literary character, thanks to his/her discreet participation in the virtual and real spaces, curtails the excessive domination of any of the levels which can typically lead to communicative conflict. Only the characters are able to

simultaneously be present on both planes, thus making them the “right hand man” of the fairy tale therapist and providing important support in the creative and didactic process.

Another important element of the model is the literary work, within which hypertextuality can take two forms. Firstly, in the situation where the end result of the fairy tale therapy is to be a book, then the method of its distribution will likely take on a hypertextual character. This means that the completion of the cycle of meetings will involve popularising the work through both traditional as well as virtual media. Secondly, the very form of the book can be hypertextual. The work created can take the form of a traditional book, appropriate to the real plane, and at the same time be electronic, (perhaps an audiobook or film), recorded in virtual space.

An interesting group, in the context of multiple levels, is composed of participants in sessions constituting the real plane. On the one hand, they are model readers, on the other, though, they are model authors, co-creators of an emerging work. This means that their role, defined as both model reader and author in one, takes on a complex, hypertextual – two-level character.

In the situation where a work created during fairy tale therapy is made available in the media, then the users of both traditional and new media (especially social media) become model readers.

It can be seen, then, that the hypertextual nature mentioned in the title concerns both the fairy tale therapist, as well as the literary characters, and the public on both planes and the actual work.

Wanting to create a model of this support for narrative medicine, the author decided to apply the practice to a dialogue with ex-pat Polish children and also with ill children.

**Case studies: fairy tale therapy workshops with ex-pat Polish children and with children suffering from cancer, under the care of the Przylądek Nadziei cancer clinic**

In meeting with children in such cases, the fairy tale therapist should almost be a humanist doctor in narrative medicine, the “sensitive narrator” that Olga Tokarczuk described in her Nobel lecture:

*Sensitivity is the humblest form of love. It is that form that does not appear in scripture or gospels, nobody takes an oath on it, nobody appeals to it. It has no emblems or symbols, and does not lead to crimes or jealousy.(...) Sensitivity is spontaneous and disinterested* (Tokarczuk, 2019).

It is precisely this dialogue rooted in sensitivity and empathy that the sick and alienated need.

These case studies are based on the personal experience of the author, who conducted the workshops described.

**Example one – fairy tale therapy workshops with ex-pat Polish children**

The first collection of the author’s fairy tales, entitled *Baśnie srebrzystego księżycyca* [Fairy tales of the silver moon](Weronika Madryas, *Le fiabe della luna*

*argentata*, Wydawnictwo DANA) was published in 2015. The book was sold in Rome bookstores and online via the publisher's website.

The fairy tale *Drzewo i ptak* [The Tree and the Bird], published then, was presented at Bookcity Milano in November 2017 in the Leonardo Da Vinci Museum of Science and Technology in Milan. Participation in Bookcity Milano resulted in new contacts with ex-pat Polish circles in Italy.

However, the idea to carry out literary workshops with ex-pat Polish children arose during a literary meeting promoting the second collection of fairy tales, entitled *Baśnie złocistych gwiazd* [Fairy Tales of the Golden Stars](Weronika Madryas, *Le fiabe delle stelle dorate*, People&Humanities, Palermo 2018). The event took place in June 2018 in Sicily, in the Villa Niscemi (Sala delle Carrozze) in Palermo. Present were Davide Farina, Honorary Consul to the Republic of Poland, Giovanna Marano, educational assessor in Palermo, Mauro Buscemi, director of the publisher People&Humanities, Beata Kowalczyk, president of the Polish-Italian Society "Europa Condivisa – A Common Europe", as well as children attending school at the Saturday School of Polish Culture and Language, organised and promoted by "Europa Condivisa – Wspólna Europa", pupils of Convitto Nazionale "G. Falcone", the "Tomaselli" state school and the Umberto Giordano primary and secondary school (Ministry of Foreign Affairs, 2017). It was the children from these schools who created the illustrations for the book<sup>2</sup>. The initiative was organised by the Polish-Italian Society "Europa Condivisa – A

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<sup>2</sup>Appendix 1 contains examples of the children's illustrations, as well as a poster with the cover of the book and information about the fairy tale workshops.

Common Europe”, in collaboration with the Honorary Consulate in Palermo, supported by the Polish Embassy in Rome and Palermo City Council.

During the meeting, the author read a letter to the children and other participants of the event, signed books and took part in a debate on the broadly understood communicative and cultural advantages accruing from the bilingualism of ex-pat Polish children. It was repeatedly stressed that bilingualism enables communication, or makes it easier, with Polish relatives in Poland, as well as with Poles in Italy, shaping and strengthening national identity as well as supporting activities in the ex-pat Polish community in Italy.

It was the time spent with these children in June 2018 that led to the next project. In May 2019, the author led literary workshops in several ex-pat Polish schools in Palermo, Salerno and Lago Patria.

During them, the children prepared artworks and drama related to the *Fairy Tales of the Golden Stars*. The activity and engagement of the participants meant the pre-established aims of the fairy tale therapy were achieved, which among other things included: increasing communicative competence in both languages and overcoming the language barrier experienced by ex-pat Polish children in using Polish.

The programme carried out during the meetings was accepted by the Consular Department of the Polish Embassy in Rome.

Its main assumption was to make children from Polish and Polish-Italian families aware of how important it is to know both languages, and also to encourage the participants to read and show that reading, even in the era of new media, can bring joy and inspire further activities.

Another, equally important goal of the workshops was to promote the Polish language and Polish children's literature abroad in a local community, in this instance among Italian children. The two language version of the book made it possible to connect with readers of both nationalities, and the supporting, promotional workshops were to aid integration of the two cultures.

During the workshops, the children heard selected stories from *Fairy Tales of the Golden Stars*. In practice, the author read one of the stories on whose basis the rest of meeting was carried out.

The workshops lasted for three 45 minute sessions with two 15 minute breaks in between. During the first session, the author read the selected story to the children, in this case *Eugene's Siests*. The children learned the Italian names for the characters in the fairy tale, invented an Italian menu for the creatures, and generally learned about wotsits, flutterbyes and trudgers. The children made suggestions, discussed and brainstormed. Then, in groups of three and four they made crayon drawings illustrating a design for a tree house on a large sheet of paper. During the third session they created portraits of a flutterby, a trudger, worst of fleurette - all characters that appear in the story.

In the workshops held in Italy, the author played the role of the fairy tale therapist, while the flutterbyes and wotsits became model literary characters. It was they who absorbed most of the children's interest, as testified to by the wonderfully detailed drawings of the wotsit's house, the attributes of a forest worst and the design for the tree house. The children from the school in Lago Patria also prepared a puppet show for the author using elected fragments of the fairy tales.

In the bilingual project, the children were at the same time model readers and authors. The children's interpretations of the texts were reflected in the original illustrations, which created a colourful, unique collection of fairy tales.

Fairy tale therapy was used to break through the psychological, emotional, adaptational and cultural barriers which are a natural consequence of the situation experienced by ex-pat children.

During the exercises, the author kept notes, which she called "The Fairy Tale Therapist's Diary".

An analysis of the workshops led to an unexpected conclusion. The ex-pat children fell into three separate groups.

The first group contained those children (especially those born in emigrant families) who found themselves in a state of cultural alienation and social dormancy due to the language barrier. Their relations with their peers are very poor, and their sense of loneliness produces fears and frustrations. For this group, the workshops were a form of therapy and went far beyond the field of education or enjoyment, turning the author into a therapist. In this case, from the perspective of narrative medicine, the project supporting bilingualism achieved what Oliver Sacks, author of the book *Awakening* called a scenario of emotional awakening.

In the second group, and in a far better situation, were the children from mixed, Polish-Italian families. For them, the poorer knowledge of Polish above all meant difficulty in building relations with their relatives in Poland. Even if they experienced rejection from their peers, it rarely had an ethnic background to it. They treated the

classes at Saturday Polish school as a chance to learn the language and the culture of one of their parents.

The third group was that of the Italian children for whom the project was above all about discovering new things.

The fairy tale therapist running the classes had to cope with the different participant and become a “sensitive narrator” for all of them. However, the first group was by far the most demanding, almost like patients, trying to find themselves in a totally new reality.

### **Example two – fairy tale therapy workshops with children suffering from cancer at the Przylądek Nadziei care home**

*I showed my masterpiece to the grown-ups and asked if they found it scary. They answered: ‘What’s scary about a hat?’ But my drawing was not of a hat. It was a boa constrictor digesting an elephant. So then I drew the inside of the boa to help the grown-ups understand. (...)*

*As I had never done a picture of a lamb, I presented him with one of the only two drawings I could do: a boa constrictor from the outside. And I was astounded to hear the little fellow say: ‘No! No! I don’t want an elephant inside a boa. A boa’s too dangerous and an elephant takes up too much room. My place is tiny. I need a lamb. Draw me a little lamb (Saint-Exupery,2019).*

Przylądek Nadziei is a children's cancer clinic in Wrocław, which treats about two thousand children annually (Foundation to help children with cancer, 2020).

The fairy tale therapy workshops were held during the Xmas period in 2019 with over a dozen patients of differing ages, including pre-schoolers. The author read the children her descriptions of the immortal characters from her tales of the forest, including: flutterbyes, trudgers, forest wotsits, urban wotsits and fleurettes, which they then drew. The choice of what to read was deliberate, in the hope the children could draw on the power of these immortal heroes in their battle against disease.

It's worth considering here the unquestionable significance of narrative in the process of treating the youngest patients. The literary character takes on a more important status, becoming the key support to the fairy tale therapist. In the case of narrative art therapy, both the fairy tale therapist and the humanist doctor are in charge of the dialogue. They are both "sensitive narrators". First, the fairy tale therapist makes the choice of fairy tale, then the doctor oversees its interpretation with the child.

Another thing that makes fairy tale therapy such an effective support for narrative medicine is its magical thinking, which suits children so well. Fairy tales are full of magical creatures, such as dragons, fairies, gnomes and wizards, or magical objects. Like people from prehistoric times, children really believe in such amazing powers.

For almost fifty years, Jean Piaget worked on the theory explaining how children think, comprehend and solve problems. He was interested, above all, in the changing thinking of children and the internal representations of physical reality at different stages of development ( Gerrig, Zimbardo, 2006). *Magic is the child's conviction that participatory relations can change reality. It constitutes the pre-symbolic stage of*

*thinking* (Piaget, 2006). The separate magic phases that are identified, through the use of gestures and objects (the conviction that gestures influence events), through the use of thoughts and objects (the conviction that thoughts, words or the gaze can change reality, e.g. by saying a spell), through substances (using one body to influence another) and using intent (the belief that the will of one body can influence another, e.g. ordering the clouds to stop raining) all demonstrate how intensively magic thinking exists in children (Piaget, 2006). It is precisely that faith in the involvement of magic in life that means fairy tales and lotteary characters can significantly influence the dialogue between the doctor and a sick child.

In Jean Piaget's theory, magical thinking is present in the pre-operational (intuitive) phase, between the ages of 3-7. Retaining magical thinking longer is a sign of pathology and is called chronic magical thinking. Although the literature on the subject stresses that such a perception of reality is characteristic of children, primitive civilisations, mental illnesses or OCD, used properly, it can become an important tool in bibliotherapy or narrative medicine. For the magical world of fairy tales, in which children are absorbed, offers protection also for some adult patients. *Magic thinking in this case fulfils the function of a fear reduction mechanism, or one increasing the sense of power and ability to influence the surrounding reality* (Piaget, 2006).

In the child's world, pictures often replace the word and crayons the pen. That's how it was this time. Some of the illustrations captured the emotions of their creators. With the passing of time, the children began talking about how they perceived their illness. Fairy tale therapy began transforming of its own volition into narrative medicine.

The immortality of the characters from the fairy tales provoked a discussion about our own mortality, the experience of illness, its relapses and the mark it leaves on such little patients souls. Words, hidden, onerous, incomprehensible for those outside the circle of suffering, were released under the influence of contact with the literary characters. For a short while, the fairy tale therapist participated in the process of adopting a worst or a flutterby as trusted colleague, or friend.

A little while after, a present with thanks for the time we had spent together, however brief, appeared on the author's shelf. The brightly coloured flowers were a token of gratitude, and perhaps more. For images, words and sounds have a range of significance in the child's world that adults have often forgotten.

This meeting with those under the care of Przylądek Nadziei led the author to reflect on the connection between art therapy and narrative medicine, and ultimately led to the creation of the concept of narrative art therapy. This indicates that the experience of a fairy tale therapist can be an important aid for a pediatrics doctor in working with sick children.

### **Influence of narrative medicine on increasing communicative competence between medical personnel and patients**

The task of narrative medicine is to increase the communicative competence of medical personnel, and in this way to improve the dialogue with the patient. David Morris emphasises that *for a doctor to operate professionally with words – the doctor's*

*linguistic ability must match his clinical competency* (Chojnacka-Kuraś, 2019). Only then can the patient's story become a source of useful information in treatment. At the same time, involvement in the patient's story is to increase the doctor's empathy. A sensitive, humanist doctor sees in the patient's narrative previously unidentified factors in the illness, by listening closely, he uncovers the truth of his life. Extensive knowledge about the patient can be a valuable source of information in treating some conditions, in particular those that are influenced by stress, trauma, family histories, etc.

It is mentioned in the literature on the topic that the narratives of the sick are varied, they can be a narrative of despair, crisis hope, or illustrate different perspectives on the illness. *From the perspective of the doctor and the success of the therapy, it is important, for example, for the patient to perceive the illness in terms of a battle, a game, or a journey, of being in transit – specific consequences may result from this: the patient's attitude towards treatment, his hope, his motivation to undergo treatment, etc.* (Chojnacka-Kuraś, 2019).

The way in which an illness is perceived can frequently be based on literary or film inspiration. For example, an interesting, unusual image of a patient's attitude to an untreatable disease is shown in Robert Reiner's 2007 film *The Bucket List* with Morgan Freeman and Jack Nicholson in the lead roles. It is a story of two men, travelling with a list of things they want to do before that die. For each of them, this journey has an individual dimension, which is gradually revealed to the viewer.

A humanist doctor, through being open to stories, has the opportunity to broaden his medical competences. A body, damaged by suffering carries something inside whose discovery and recognition can decide about the success or failure of treatment. Empathy

and talking are essential tools to learn about a person buried deep in an organism blighted by disease.

In this understanding, treatment through bibliotherapy can constitute a powerful supplement to narrative medicine. *The literariness in the concept of narrative medicine appears during training, when, through contact with literary works, the students develop their sensitivity to the word, to the internal structure of the text, etc.* (Chojnacka-Kuraś, 2019). The bibliotherapist, by aiding in the choice of reading, can have a significant impact on the creation of a meaningful dialogue between the doctor and the patient.

### **The use of bibliotherapy in narrative medicine. A model of narrative art therapy**

*For a blind person, music becomes like nourishment. He must be fed it regularly. (...)*

*Music was created for those without sight (Lusseyran, 2009).*

Considerations on narrative medicine in the context of bibliotherapy constitute an introduction to the broader analysis of the other areas of art therapy. It can be considered that by using art in the dialogue with the ill, narrative art therapy arises, as a significant aid, both theoretical and practical, for narrative medicine.

The bibliotherapist draws on literature, bringing him closer to the humanist doctor who supports narrative medicine. These two fields are united by their mutual respect for narrative. The situation is different with other forms of art. Their diversity firstly requires deep reflection, close observation of the patient and empathy so as to choose the appropriate type of artistic activity, and secondly, requires a conviction that art can help build relations with the patient. Supporting the doctor's communication with the patient through a new medium of expression doesn't mean ignoring the interpretation of literary works. Music, painting, drawing or theatre can all be additional tools for amplifying the effectiveness of narrative medicine. It means that the verbal interpretation of a story that's been read is replaced by a picture, photograph, play or piece of music. The choice of the form of art should be considered from the perspective of the type of illness involved, the condition and predilections of the patient, or simply their age.

In his book, titled *Musicophilia. Tales of music and the brain* Oliver Sacks, a practicing doctor, describes the influence of music on the ill. The author is undoubtedly a

humanist doctor, as he himself stresses: (...) *above all, I have tried to listen to my patients and subjects, to imagine and enter their experiences - and these form the core of this book* (Sacks,2009). This illustrates the essence of narrative medicine. In addition, the doctor connects the story of an illness with the experience of music, which again is an illustration of narrative art therapy.

Interestingly, the patients themselves discovered their artistic bent. Some instinctively turned to music, as they told Professor Sacks.

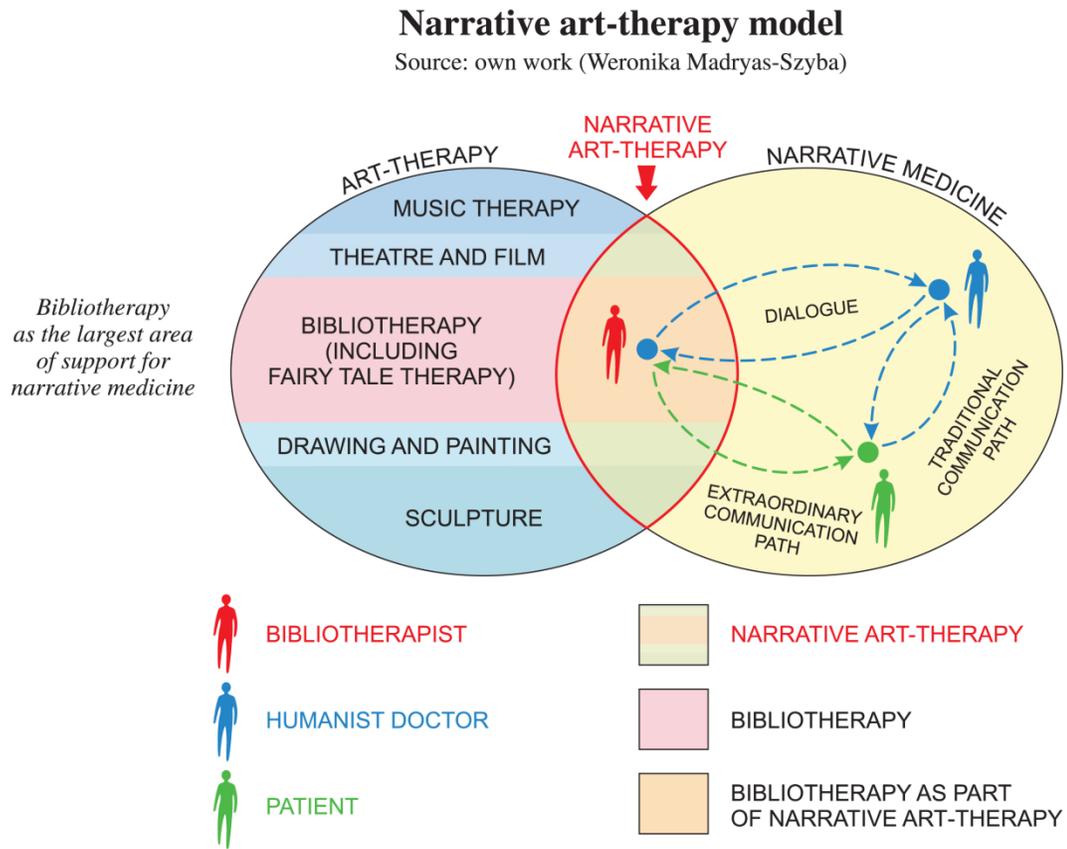
*When I was six, I started banging on car radiators till the rhythm filled my ears. (...) Rhythm and Tourette's went together from the moment I discovered that beating out a rhythm on the table top helped me hide the uncontrolled twitching of my arms, legs and neck.(...) That discovery meant I could direct my uncontrollable energy, manage it and shape it. (...) That "permissions to explode" enabled me to draw on an enormous store of aural and physical experience, which meant that I finally understood what my destiny was: I was to be a man of rhythm* (Aldridge,1992).

In the context of narrative art therapy, the chapter *The sound of pure green: synaesthesia and music*, demonstrating the relationship between music and colour is particularly compelling. This author hopes in future to analyse the link between literature and the sense of smell, for acknowledging the existence of such a link could enrich therapy with further discoveries and interpretations. Smell has enormous power. Obviously, books possess a smell, new ones of fresh paper, old ones of their history, where they have been with their readers. Stendhal's tale *The Red and the Black*, read

repeatedly to this author by her grandfather, smells of Amphora tobacco and recalls her childhood. However, the question arises, could an actual story possess its own smell? Can smell aid therapy? For synesthetes, the sensations evoked by one sense trigger other senses. Could something, then, that is regarded as a medical condition actually become a support to narrative art therapy?

Literature is full of smells. One of the clearest examples is Patrick Suskind's novel *Perfume*, on the basis of which a film was made in 2006, saturated in various scents. References to literature can also be found in the names of perfumes, such as *Tendre Est la Nuit* (Tender is the night), after the 1934 novel of the same name by F. S. Fitzgerald. And so smell and literature create an extremely inspiring duet. This duet is worthy of attention also in the context of narrative art therapy. It's worth resorting to any available tool to assist the process of treatment and alleviating the suffering of the sick.

In the approach described, the humanist doctor becomes a pilgrim, travelling with the patient towards the goal of physical and spiritual healing. Sometimes, the journey can become an end in itself, especially when that goal, if only for the reason that an illness may be untreatable, can never actually be attained.



**Figure 2 Narrative art.-therapy model. Source: own work.**

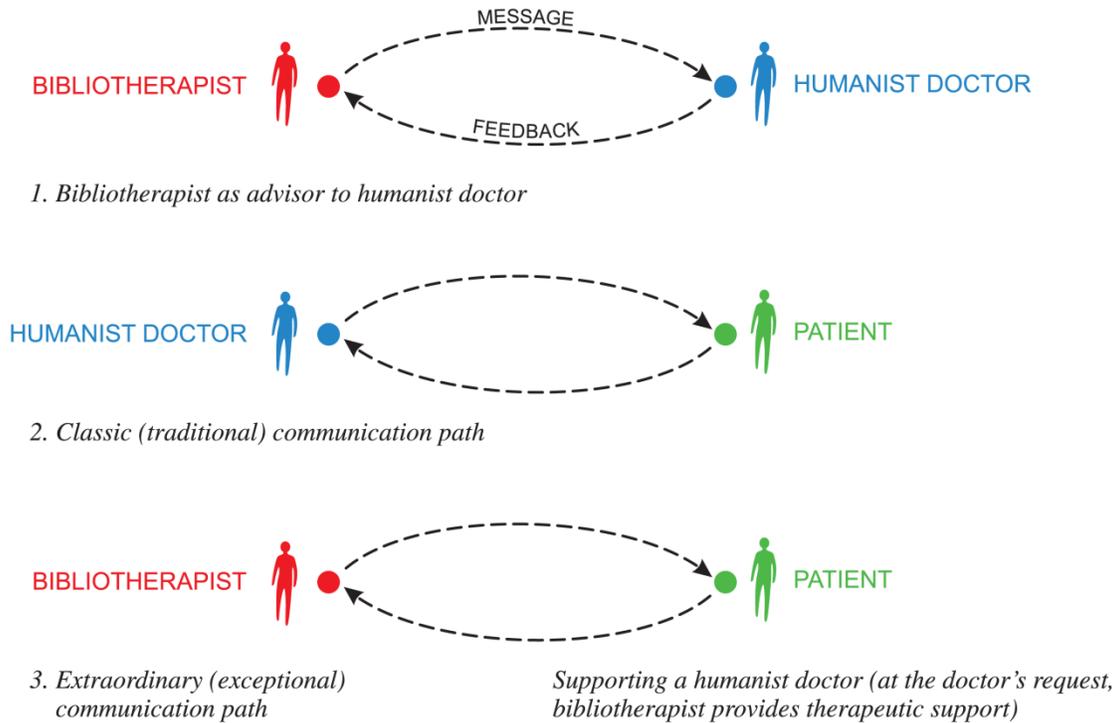
The narrative art therapy proposed here consists of collaboration between a doctor and a therapist, and aims to broaden the perspectives of narrative medicine.

**The role of the bibliotherapist in the treatment proces (dialogue model) and as a literary advisor for a specialist library possessing a collection from the field of narrative art therapy and narrative medicine**

In the lichen model of fairy tale therapy, the fairy tale therapist plays the role of model author. They are a guide to the developing narrative. They initiate the creative process, and coordinate the further stages of the fairy tale therapy. They are also responsible for the narrative strategy, as well as for the instructions for further action. They suggest the structure of the work and oversee its shaping into a coherent whole.

In narrative medicine, meanwhile, the bibliotherapist becomes an advisor to the humanist doctor, or an assistant in the therapy. Both communicative situations are illustrated in figure 3, displaying the dialogue model in narrative medicine.

## Diagram of the dialogue model in narrative medicine



**Figure 3** Diagram of the dialogue model in narrative medicine. Source: own invention.

For students of narrative medicine or narrative art therapy, the library is a special place, as it is where extremely important choices are made. The choice of reading cannot be accidental. This is why the knowledge of the bibliotherapist is so useful in creating the book collection of the humanist doctor, or for medical personnel, the student or patient. The bibliotherapist in a library, as in narrative medicine, is a highly experienced advisor, empathetic and thorough. They can prepare the professional collection so necessary for specialists in art therapy, narrative medicine or the narrative art therapy as proposed in this article. The creation of specialist libraries could help the humanist doctor select the appropriate reading more quickly.

## Conclusion

The *sensitivity* mentioned by the Nobel prize winner Olga Tokarczuk is one of the links between narrative medicine and art therapy. In other words, therapy without sensitivity is doomed to failure. This sensitivity is evidenced in the narrative and literary sensitivity, and so in the dialogue and reading.

It is precisely the sensitivity of the humanist doctor that is the foundation of narrative art therapy, being a result of deep reflection on the needs of the patient. For it is through each of the proposed forms of art that the patient can express himself in the context of illness, and the medical personnel can develop empathy. Each form can be supplemented by traditional activities taken from the field of narrative medicine.

This article has presented the concept of narrative art therapy. However, uncertainties and important questions continue to arise, if only about the appropriate choice of art form for a given illness. At the same time, there is a danger that attempting to categorise creative activities in terms of diseases is not possible within narrative art therapy, in which the patient's personality and sensitivity helps in the selection of the relevant artistic means of expression. It is precisely these objections that constitute a space for deeper reflection on the medical effectiveness of narrative art therapy.

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## 6. Appendix 1

Poster showing the cover of a book with information about fairy tale therapy workshops and examples of the illustrations made by children published in the two-language edition of The Fairy Tale of the Golden Stars (Le fiabe delle stelle dorate).



Weronika Madryas

**Baśnie złocistych gwiazd**  
Le fiabe delle stelle dorate

**Warsztaty literackie promujące  
dwujęzyczne, polsko-włoskie,  
wydanie „Baśni złocistych gwiazd”.**  
*Weronika Madryas*

21 maj - Palermo, godz. 9:30-11:00  
D.D.S. "Nicolò Garzilli" - Plesso Garzilli  
Via Isonzo, 7, 90144 Palermo  
16:30-18:00  
Galleria d'Arte Moderna,  
Via Sant'Anna, 21

23 maj - Salerno, godz. 16:30-19:00  
chiesa Santa Maria ad Martyres,  
via Adriano Falvo 2/1, zona Torione a Salerno

24 maj - Lago Patria, godz. 10:30-13:00  
Scuola dell'infanzia paritaria Le Coccole  
Via Staffetta 2A . 80014 Giugliano in Campania . (NA)

25 maj - Lago Patria, godz. 11:00-12:30/16:30-18:00  
Sobotnia Szkoła Kultury i Języka Polskiego  
w Lago Patria 187, Campania (NA)

















