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**Orienting the Narrative Turns:
Theories and Uses of Narratives in a Transdisciplinary World**

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Abstract

This dissertation aimed to explore from a transdisciplinary point of view the nature of narratives, their role in human life, and their potential therapeutic uses.

To do so, I offered, first of all, an overview of some of the most influential definitions given to the fundamental concepts of narrative theory, namely: narrative, non-narrative, fiction, non-fiction, literary, and non-literary. Then, I proposed a graphic representation and interpretation of their relationships to use as a conceptual framework along the dissertation.

In the following two chapters I reviewed some of the main theories that, along history, tried to explain the nature of narratives, their origins, meanings, and the effects they have on human life. Chapter II was devoted to the philosophical, literary, and psychological sources of such explanations. In particular, I outlined the major contributions to the ‘narrative turns’ described by Matti Hyvärinen, that is, those moments in recent history when, in different ways, a new central role in the formation of the self and in the experience of reality and social relationships was recognised to narratives. Moving from these assumptions, I proposed an ideal Triangle of Meaning to explain how narratives can be used to understand and influence human experience of oneself, the others, and the world.

In Chapter III I collected and analysed some significant empirical studies that attempted to explain and explore the mechanisms of narratives and their effects from a biological and neuroscientific point of view. In particular, I focused on studies that looked for the neurological correlates of the different kinds of narrative experience; I considered how new paradigms of cognition are recognising the importance of the whole body and its environment for cognitive activities like narrative production and comprehension; I examined the impact the discovery of the mirror neurons had on the understanding of human mimetic behaviour and on the proposal of new paradigms of embodied experience of literature, language, and narratives; and, finally, I reviewed the results of some studies who aimed to quantify the repercussions of narrative experience on mood, emotions, opinions, and mental health.

Having found a plausible way of communication between the world of narratives and aesthetics experience and that of their biological, neurological, and psychological manifestations, I showed how narratives can be used for therapeutic

purposes in today's health care. In Chapter IV I reviewed the main uses in therapy of some of the multiple forms of the human propensity for narrative production and comprehension. More in detail, I explored the origin and principles of bibliotherapy, its forms, and possible applications. Then, I introduced some therapeutic approaches employing comics, visual arts, cinema, video games, and virtual reality, thus drawing a connection between the narrative and non-narrative dimensions of human mental activity that can be stimulated by these therapies. In Chapter V, then, I considered how narrative theory has been combined with medical practice and psychotherapy to produce new treatment frameworks capable of taking care also of the narrative aspects of the patients' well-being. Specifically, I analysed the narrative medicine and narrative therapy approaches.

Finally, in the last chapter of the dissertation I examined some of the main criticisms against the idea that human identity has a narrative structure and nature, and that it is possible to improve well-being by taking care of one's own life narratives, as claimed by the different forms of narrative therapy. These opinions also helped highlight some possible limitations and risks of a superficial use of narrative theories in therapy, such as when patients present physical, cognitive, and cultural characteristics that ask for specific readjustments of those therapies and integrations with other narrative and non-narrative approaches and techniques.

In conclusion, I can say that numerous studies in multiple disciplinary fields—albeit with sometimes profound differences that call for further research—support a general recognition of the importance of narratives in human life, and that results of practical experiments and patient testimonials confirm the necessity of an appropriate acknowledgement of narrative needs for a truly holistic health care.

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Introduction

They tell the child:
that work and play
reality and fantasy
science and imagination
sky and earth
reason and dream
are things
that do not belong together.

And thus they tell the child
that the hundred is not there.
the child says:
no way. the hundred is there.

—Loris Malaguzzi, *No Way. The hundred is there*

What is a narrative? What is a story? Why do I, in the first place, and a large part of humanity with me, invest so much time and energy producing and enjoying narratives? What is their function, if they have one? Why do we like them so much, but also sometimes feel sadness through them, or happiness, anger, curiosity, fear, inspiration, hope, and many more emotions? And why only sometimes? What kind of effects do they have on the various dimensions of human nature, tangible and non? Are they just a source of cognitive and emotional entertainment or do they fulfil other purposes? Is there a way, or more than one, to harness such effects to reach specific goals with a positive impact on both the individual and society as a whole?

The questions at the root of this dissertation have accompanied me, more or less consciously, for a long time, like a seed fallen in deep and cold soil and then remained in darkness, unnoticed for many years, before beginning to stir and put out roots and sprouts. That moment came when I was attending my master's degree in Publishing and

Journalism and I had to choose the topic for my thesis. My desire at that time was understanding how narratives, especially literature, could benefit people and society. I could not believe that activities to which humanity has dedicated so much time and energy throughout its entire history—such as creating imaginary worlds, telling stories, singing poems—could be dismissed as a pastime for those wealthy enough to be spared to think about ‘real-life’ problems. Then, I remembered a colleague of mine talking about people who went to hospitals and read books to patients to soothe the boredom, fear, and pain of hospitalisation. For me, raised with daily bedtime stories that opened to me the doors of the kingdom of imagination just before closing my eyes, it seemed an excellent way to give literature new life and meaning outside the classroom. A couple of Google searches made me discover a word I had never heard before, that perfectly summarised the power of literature to do good: ‘bibliotherapy’. Moving from link to link, from email address to email address, I had the opportunity to meet Marco Dalla Valle, one of the few professional bibliotherapists in Italy, who, providentially, was based exactly on the outskirts of the city where I was studying, Verona. Dalla Valle accepted to help me as co-supervisor of my master’s thesis. That thesis represented for me a first, crucial step into the world of bibliotherapy, medical humanities, and narrative medicine, where I could find for the first time in my life a meeting point between the natural sciences and humanities, with the common goal of supporting the wellbeing of people, both physical and mental. It was, on the other hand, just a quick bird’s-eye view on a small part of a vast continent. It helped me gain some notions about the history of the use of literature for therapeutic purposes and the main studies concerning this old-new discipline, but leaving entire regions completely unexplored. I immediately understood that it was just the surface and that there was a lot more underneath. What I wanted to understand, at that point, was *how* the positive effects of bibliotherapy can be produced, what pushes human beings—or at least some of them—towards reading, writing, and telling stories as a way for feeling better or believing that their lives have meaning. Is it for something happening in the brain? At a neural level? Involving the complex connections between different parts of our powerful and still largely mysterious central nervous system? Does it also have a psychological explanation, delving deep in the recesses of our mind? Or maybe a philosophical one, a hidden light capable of giving life direction in an increasingly disorienting world?

As we can see from these first, wide-ranging questions, combining the forms and theories of narratives with scientific research and well-being is an alchemical endeavour that requires knowledge and experience of a vast number of disciplinary realms. My attempt at answering the riddles of the effects of narrative on the human mind and body, therefore, had to rely on a combination and comparison of different perspectives. The result is the present dissertation, whose title aims at summarising the main theoretical pillars on which it was built. The first part of the title, in particular, already contains a mission statement: *Orienting the Narrative Turns*, in fact, contains a clear reference to Matti Hyvärinen's article *Revisiting the Narrative Turns* (2010), which will be analysed in Chapter II. Hyvärinen identified four different moments of 're-discovery' of the concept of narrative, four 'narrative turns' in different disciplines—literary theory, historiography, social sciences, and a broad cultural and social turn—showing how complex and pervasive such a process was. Facing what Hyvärinen himself calls the 'Narrative Whirlpool' (2010, p. 70), which has surely increased its power in recent years, the need emerges not only to describe all the possible narrative turns that have appeared or could appear across the academic and scientific spectrum, but also to *orient* them towards clear and measurable—in the broadest sense of the word—goals. After more than half a century since the appearance of the first narrative turn identified by Hyvärinen—the one in literary theory, in the 1960s—as a matter of fact, I think that the time is ripe for debates and lines of research in the field to converge. The purpose is not to erase peculiarities and differences, but to join forces so that discoveries and experiences related to narratives can be appreciated by the society as a whole, and not let them wither away, as perishable products of just another academic fad. The second part of the title completes and defines such an invitation: *Theories and uses of narrative in a transdisciplinary world* reflects the intention of creating a bridge between theory and practice, between the academia—with its distinct areas and the way they approach issues related to narrativity in a 'classroom' or 'laboratory' style—and the many professionals—especially in psychotherapy, healthcare, education, and social sectors—who already use narratives in various forms in their daily practice. Such a dialogue and collaboration, with the aim of taking advantage of the best of every academic and professional field that is interested in narratives or deal with them—more or less consciously—is needed more than ever in a world where everything, material

and immaterial, is interconnected. Not recognising reciprocal influences at any level—from the individual to the many forms of social groups, but also the natural environment and every living species surrounding us—is, on the other hand, a sure way towards self-delusion and failure. For this reason, I chose for my title the term ‘transdisciplinary’, a term that recently joined many others—‘multidisciplinary’, ‘cross-disciplinary’, ‘interdisciplinary’—to “counter segmentation and fragmentation of knowledge resulting from specialisation and internist approaches to theory and practice” (Klein 2013, p. 190). Transdisciplinarity, in particular, supports an approach to theoretical and material problems and challenges that draws knowledge and tools from many different disciplinary areas, focusing on creative solutions and seeking the involvement of the largest numbers of stakeholders, in academia, institutions, and the society as a whole (Bernstein 2015). The prefix ‘trans’, in fact, suggests a movement between the borders and an overarching synthesis of multiple perspectives, that takes into consideration complexity, heterogeneity, and interdependency in a holistic approach.

Going into the details of this dissertation, I will start by trying to make some order in the many, often overlapping, definitions of some of the main concepts related to the object of my research, such as ‘narrative’, ‘story’, ‘fiction’, and ‘literariness’. Then, in Chapter II, I will offer a philosophical, literary, and theoretical overview of the fundamental questions surrounding narrative experience and the idea of the human being as *homo narrans*, naturally predisposed to narration. In Chapter III, I will move from the ‘humanistic mirror’ to the ‘scientific lens’, to look at those issues from the point of view of natural sciences. In particular, I will analyse the most recent results of neuroscientific studies regarding the neural processes of narrative production and reception. I will also explore theories and studies that support the role of narratives—especially literary fiction—as a way of increasing mental abilities such as empathy and theory of mind, fundamental for the creation of positive interpersonal and social relationships. Having outlined the main elements of the discourse on narratives from both the ‘humanistic’ and ‘scientific’ points of view, in Chapter IV I will exit the ‘window’ of academia to describe some of the many applications of narratives for therapeutic purposes and their effects on the mind, brain, and body. I will consider different forms of narratives, from books to comics, visual arts, cinema, video games,

and virtual reality, providing some examples of case studies, programmes, and practices that prove how narrative tools can be effectively use to face urgent challenges—mental health issues, chronic pain, bereavement, traumas caused by war, violence, or migration, to name a few—as long as there is a careful study of both context and people involved, an accurate preparation of all the phases of the process, and an adequate training of those leading the narrative experience. In Chapter V, then, I will introduce some of the major transdisciplinary approaches that have been developed so far in the wake of the many ‘narrative turns’ of the second half of the XX century, especially for what concerns the use of narratives for therapeutic purposes, namely narrative medicine and narrative therapy. Finally, in Chapter VI, I will leave space to some of the main criticisms that have been raised from ancient times to the present day towards what has been considered as an excess of confidence in the positive effects of narratives and towards those theories that consider narratives as essential elements in the construction of a wholesome self.

Balancing my feet on three different, but complementary grounds—the one of literary and philosophical discussion, the one of scientific observation and experimental analysis, and the one of practical application—I tried to offer my own small contribution not only to the academic debate on the topics highlighted above, but also to the large community of bibliotherapists, narrative therapists, social workers, teachers, librarians, and everyone who work day by day with the great existential and health issues of our times, and who feel that in the multiple forms of narratives there are tools and opportunities that can’t be lost.

This also partially respond to the call to the ‘Third Mission’ of University as a public institution, that is

to disseminate and enhance the results of scientific research in the external environment, in a ‘system perspective’ and in innovative and participatory ways, with the aim of involving a plurality of reference audiences: from citizens and civil society, to institutional entities, to enterprises and social and third sector organisations” (UNIMORE 2020, p. 13)

In this way, academic work can really benefit the entire society and the largest possible number of its members.

To embark in my journey through the vast and variegated world of narratives I entrusted myself to some Virgil-like guides, authors and scholars whose works shed light on many of the theoretical shadows and conceptual intricacies that I could have never been able to unravel without their help. Among them, many have been left uncited in this dissertation, or their role in it is too little recognized. Others, whose theories, lives and insights have been the cornerstones of my research and far beyond, even though extensively called into question, did not surely receive the right credit, and I apologise in advance for any unwilling misunderstanding of their far superior works. This is the case of J. R. R. Tolkien, master of fantasy and subcreation, one of the first authors that made me understand how powerful human imagination can be, both through his stories and through his eye-opening essay *On Fairy Stories*, an inexhaustible source of inspiration in times of dejection. Then, side by side with Tolkien's case in favour of fantasy and story-making as one of the greatest—if not the greatest—forms of art, capable of giving an answer to some of human deepest desires, I am greatly indebted to Viktor Frankl and his school of logotherapy, which appeared to me to perfectly dovetail Tolkien's view, both from the philosophical and psychological standpoint, recognizing the human needs for meaning in life as the major force driving everyone's stories, as well as world's history. A link—the one between these two great figures of the XX century—already highlighted by Anna Cholewa-Purgał in her *Therapy Through Faërie: Therapeutic Properties of Fantasy Literature by the Inklings and by U. K. Le Guin* (2017), a book whose content and spirit I hope to have let shine at least in small part through my work. Other names that will often resurface in the sometimes-turbulent river of my dissertation are those of Paul Ricœur, René Girard, Alasdair MacIntyre, Jerome Bruner, Paul B. Armstrong, and Rita Charon, leaving aside all the authors, poets, and artists—some of them quoted at the beginning of the chapters—that helped me make a little sense of the world outside and inside me, far beyond my PhD dissertation. As it appears clear from the brief overview of its contents outlined above, on the other hand, this dissertation arose from a quantity of different stimuli and inspirations, in the forms of articles, essays, books, novels, lessons, seminars, webinars (especially in time of pandemic), meetings, and discussions, both inside and outside academia, to whose authors and participants I will always be grateful. I have tried to acknowledge the contribution of all those teachers—met on paper, screen,

or in person—in the References at the end of the dissertation. At the same time, as my research was a continuous, winding journey spanning three intense years, I also had the opportunity to share some of the milestones I was able to reach through articles and lessons. Those materials were the bricks I used to build this dissertation, with some due adjustments and, hopefully, improvements, for which I am surely indebted to all the readers, listeners, reviewers, and commentators who shared with me their precious opinions and points of view. What all of this work taught me, eventually, was that we may have sparks of intuition, but, however bright, they are not enough to light a lasting fire. You need flint and steel to strike the spark, good wood to feed the fire, skilful hands to control it. Research is never a solitary work, not even when you sit alone at your desk. It is a way to add your little piece of mosaic so that the whole picture can both improve and open to new colours and shapes.

Along with the research questions presented above, moreover, this dissertation would like to contribute also to some broader theoretical purposes. First, providing evidence that ‘narratives’—at least in the sense employed in the transdisciplinary movement I have described, where experts from the natural sciences and from the humanities try to join forces for a common goal—are not defined by their content alone. ‘Narrative’, as indicated by its suffix, is rather an adjective, a feature, an addition to the raw material of experience, memory, emotion, and thought. I imagine narratives as pipelines that collect raw material from the world and make it circulate inside and outside people. They certainly force their content into a narrower space compared to the surrounding world, but, in doing so, they also give it a shape, energy, and a direction. In this way, it is possible to understand how we can produce a narrative out of gossip, a piece of news, a joke, but also a physical principle, an article of law, a natural event, a philosophical theory. Narrative is the medium, not the mediated. On the other hand, narratives are not the only channel of expression available to human beings to act on the psychological and social world. Choosing narration as the way of conveying a message, of explaining a reality, or expressing an interior movement depends on many factors: the character, capacities, inclinations, and possibilities of the source of the narrative—to use a common terminology in the field of communication—the goals that narrators want to attain with their expressive acts; the environmental, social, cultural, and psychological resources, boundaries, and constraints the narrators and their audience live in. As we

will see while talking about the criticisms of the narrative turns, on the other hand, there are some conditions that seem to make producing and understanding narratives arduous, if not almost impossible. A reduction in narrative possibilities, however, does not devoid people of their own stories, desires, needs, ideas, and meanings, as we will see in some case studies regarding the use of narrative therapy with people with dementia. This proves that what I will call in Chapter I—following Jerome Bruner—the ‘narrative mode of thinking’ precedes and transcends its manifestations and it is not limited to them. However, not everything in existence can be understood and expressed through narratives. As words sometimes fail to communicate what we think and feel, so can narratives leave aside aspects, even important ones, of the lived experience. There are other ways of expressing human interiority, deserving as much attention and study as the narrative ones. On the other hand, like different languages that can be translated to be mutually intelligible, but that still maintain some elements of uniqueness, so narratives and non-narratives can—and should—dialogue and be equally well-cared for.

Another ideal goal of this dissertation is to give consistency to the many ‘narrative turns’ that characterised different disciplines in different historical moments, showing that the narrative construction of experience and thought is a recurring object of interest. The intersection between natural sciences and humanities, therefore, should not remain sporadic and fragile, but should enter, in its many forms, within the common development of human activity at every level of society. It should be reinforced by continuous experimentation, professional interest, rigorous academic research, while receiving appropriate recognition and support by public and private actors. It is also necessary to create links and highlight similarities, complementarities, and potential of all the inter- and transdisciplinary endeavours that make use of narratives in different forms to achieve goals out of reach for each scientific or humanistic discipline alone. Narration will thus prove itself a communication and expression paradigm capable of merging and representing cognitive and affective aspects of human life and applicable to virtually any field of human activity.

Finally, I would like to stress that the narrative form has some peculiarities that make it a most valuable and, I think, irreplaceable human asset. Actually, according to recent anthropological and cognitive studies, narratives turned out to be of capital importance not only for the survival of the human species, but also for its social,

political, economic, cultural, and moral flourishing. Given its importance, it is deleterious to exclude it from modern scientific and medical discourse. Instead, researching, teaching, and promoting narrative tools and knowledge in any context, from the most general and existential—such as the developmental paths proposed by some forms of bibliotherapy or the invitations to look for meaning in life made by logotherapy—to the most specific and urgent—such as understanding how narratives are used to shape public opinion and individual sentiments towards wars or world crises—may be a most-needed addition to our contemporary, often over-specialistic approach to life.

Like an oak with hundreds of branches that was at the beginning a single acorn, so the stupendous manifestations of human knowledge which are its innumerable disciplines all sprout from a common trunk. Unlike oak branches, however, human disciplines often seem to compete to obtain more sap, energy, and nourishment. But there's a root for every branch and there is no need to fight for predominance. What I would like to propose is that, as we are slowly acquiring—or rather re-acquiring—a conscience of the necessity to have a holistic approach to human health, balancing the well-being of people with that of any other organism and the environment as a whole—the so-called 'One Health' approach (WHO 2017)—so I think it is the right moment to propose a 'One Knowledge' approach too. An approach that, as beautifully expressed by Loris Malaguzzi in the poem quoted at the beginning of this Introduction, referring to children education, can keep “work and play / reality and fantasy / science and imagination / sky and earth / reason and dream” together in the same “hundred”, in the same world to which they all belong (Malaguzzi n.d.). Such a paradigm of study and research—but also of thought and work—should be built on true transdisciplinarity—not the incorporation of the less popular disciplines by the ones on the crest of the wave in a particular historical moment—that tries to offer multidimensional and comprehensive solutions to the great questions and problems of our and of any time. This One Knowledge approach is what we need to address the most fundamental questions of life, and it is in such an epistemological framework that I have tried to insert my doctoral research and dissertation.

The result is, maybe inevitably, a heterogeneous construction. However, I believe that a certain amount of hybridization of styles and contents is exactly what one

can expect from a work on narratives and their multiple uses. When I chose to write my dissertation on such a topic, I realised that texts covering the totality—or as much as possible—of the declinations of the concept of narrative, the empirical studies on it, and its practical applications were very few. I tried to undertake such an enterprise myself. My hope is that this dissertation, which leaves more open doors than the ones it closes, may be an invitation—for me as well as for my readers—to do far better. Remaining true to the underlying desire for a work that unite expertise and knowledge from the entire academic, professional, and social spectrum, I hope that in the next future it will be possible to produce a more balanced and detailed exploration of the theory and practice of narrative, along with, possibly, a broader representation of those case studies that show how narrative therapies and methodologies can obtain life-changing results. Finally, I wish that this dissertation, with all its flaws and limitations, may offer a little, but significant help—maybe a useful bibliographic reference or an inspiration drawn for a case study—to anyone interested in attaining the goals listed above or even different ones, under the common and overarching goal of understanding and helping people flourish better and more.

Chapter I. Narratives: One Glossary

It is because we all live out narratives in our lives and because we understand our own lives in terms of the narratives that we live out that the form of narrative is appropriate for understanding the actions of others.

—Alasdair MacIntyre, *After Virtue: A Study in Moral Theory*

1. Introduction

Any quest needs a map, but to use a map you have to know how to read it. The quest this dissertation embarks its reader on is the one outlined by the research questions presented in the Introduction, and its map may be considered the framework formed by its index, its structures, the topics of all its parts and chapters. To read such a map, however, it is necessary to agree on how to interpret its symbols and conventions. Namely, there must be mutual agreement on the crucial terms of this dissertation, which, like the cardinal points on the map, give order and direction to every part of the journey. Therefore, in this first chapter, I will offer an overview of some of the most influential definitions given to the fundamental concepts and keywords populating the world of narratives. As it will soon appear clear, to achieve consensus on such definitions is a challenging task, given the abundance of different points of view, overlapping and grey areas between related terms, and different focus, depending on who is giving the definition, from what disciplinary fields, and for what purpose. A certain amount of indeterminacy is, on the other hand, inevitable, especially when the concepts one is trying to represent with words are so deeply intertwined with human nature, and, therefore, with subjectivity, such as those concerning narrativity. Many a prestigious ‘dictionary’, ‘introduction’ or ‘companion to narratology and narrative theory’ have been published to date, collecting the words of some of the most insightful works written on these topics by authors and scholars who dedicated a large part of their lives to the exploration of the dark and wild realms of narratives and stories. Horace Porter Abbott’s *The Cambridge Introduction to Narrative* (2008), David Herman, Manfred

Jahn, and Marie-Laure Ryan's *Routledge Encyclopedia of Narrative Theory* (2005), Garrett's *The Cambridge Companion to Narrative Theory* (2018), and the online *living handbook of narratology* (LHN) are only some of those outstanding editorial achievements, precious for anyone interested in the subject, whatever their academic or professional background.

Given these premises and the main objectives of this dissertation, I will not try to determine which one, among the various definitions that it is possible to find in the works cited above and others—fruit of a far longer and deeper research effort than mine—is 'the best'. I will, instead, move from their salient points and the way they differ one from the other, they resemble or can be combined, and try to derive a series of theoretical and epistemological tools that can be useful for the purpose of my quest, so that each one can be clearly recognisable and put in an understandable relation with the others. With this goal in mind, I will, then, explore the definitions of the concepts of 'narration', 'narrative', 'non-narrative', and 'story', which can be considered the protagonists of this quest. Then, I will look at the meanings given to words like 'fiction' and 'non-fiction', 'literary' and 'non-literary', which are attributes commonly associated with various forms of story or narrative, and I will ponder over the appropriateness of such attributions. At the end of this chapter, I will provide a graphic representation of the relationships between such concepts, which, albeit certainly a simplification of more intricate everyday realities, can be a useful visualisation to bear in mind in the course of the dissertation, both when it seems to be confirmed, and when it seems to necessitate further revision. The result will not be *the* glossary of narratives and narrative theory, but just *one* among the many possibilities, as the title of this chapter anticipates. Hopefully, it will also be a thought-provoking one.

2. Narrative and Story. Two Words, One Meaning?

It is not easy to give an exhaustive definition of any word, and this is especially true for those words referring to human features that are most probably universal and present in every age, place, culture, and language. When we are confronted with two words apparently so similar and so commonly used as synonyms, moreover, the immediate reaction is to consider them fully interchangeable, and to classify their exterior differences as philological issues. While it may be plausible in some cases, I generally

agree with those authors which consider it useful to keep those terms distinct, in order to identify different—albeit related—realities, or different aspects of the same one. I will, then, try to establish a reasonable difference between the meanings of ‘story’ and ‘narrative’, one that is based on the observations and studies of other authors, but that also emerges from my personal reflections and readings on the issue.

I will start by quoting *The Cambridge Introduction to Narrative* (2008) by H. Porter Abbott, which offers the following brief but dense definition of ‘narrative’: “Simply put, narrative is *the representation of an event or a series of events*” (Abbott 2008, p. 13; italics in the original). And he goes on by explaining what are the essential elements of a narrative—its building blocks, we may say—that is, the events. According to Abbott:

“Event” is the key word here, though some people prefer the word “action.” Without an event or an action, you may have a “description,” an “exposition,” an “argument,” a “lyric,” some combination of these or something else altogether, but you won’t have a narrative. “My dog has fleas” is a description of my dog, but it is not a narrative because nothing happens. “My dog was bitten by a flea” is a narrative. It tells of an event. The event is a very small one – the bite of a flea – but that is enough to make it a narrative. (*Ibidem*)

However clear and convincing, this definition still leaves space for some questioning: what is an event? Why should “My dog has fleas” not be considered an event? From a grammatical point of view, the sentence has a subject, a verb, and an object, similarly to “My dog was bitten by a flea” (albeit in a passive form). From the point of view of the reference world it evokes, we can easily imagine a moment when the dog had no fleas, a moment when the parasites jumped on its back, and one when they bit the poor dog, or they were scratched off by it. The only apparent difference between the two sentences seems the representation of a movement of some sort: “My dog has fleas” can be viewed as a motionless picture, the description of a single instant of life, while “My dog was bitten by a flea” express the idea of an activity, a process, however minuscule, with a beginning and an end, situated both in place and time. That makes sense. But it also feels a bit of a stretch. For what we know, there could be more movement in the first condition—I am looking at my dog scratching itself furiously because it has fleas—than

in the second one—my dog is motionless, exhausted, because of all the bites it has received from fleas that pestered it. All of this, without considering the innumerable movements that we know are going on inside and outside us even in the apparently quietest moments. Modern physics, in this regard, tells us that broken symmetry is exactly what allows the existence of subatomic particles, and, therefore, of reality itself, a discovery for which Yoichiro Nambu, Makoto Kobayashi, and Toshihide Maskawa received the Nobel Prize in 2008. Everything in the world is in action and changing. Then, it seems that we cannot distinguish ‘narrative’ from ‘non-narrative’ based on the quantity of movement they represent or refer to. Here we meet, I think, a first important crossroad: on one side, there is a ‘narrow’ conception of narrative, one based essentially on the description of the narrative product, being it textual, visual, audio; on the other side, there is a ‘broad’ conception of narrative—a psychological, neurophenomenological, or even philosophical one—based on the seemingly universal tendency of human mind to build narratives that delve into space and time, past and future, taking their cue from the smallest input coming from the world outside or inside it. Such narratives can, afterwards, receive perceptible form and be expressed through, for example, different kinds of narratives in the ‘narrow’ sense. However, in the majority of cases, they do not. In Abbott’s words:

[...] wherever we look in this world, we seek to grasp what we see not just in space but in time as well. Narrative gives us this understanding; it gives us what could be called shapes of time. Accordingly, our narrative perception stands ready to be activated in order to give us a frame or context for even the most static and uneventful scenes. And without understanding the narrative, we often feel we don’t understand what we see. We cannot find the meaning. (Ivi, p. 10)

Narratives, then, allow humans to mentally accomplish what they normally cannot in the physical world: freely explore space and time, without the restrictions imposed by their bodies. Moreover, narratives allow understanding of events and realities, and the finding—or at least glimpsing—of their meaning, especially when related to other human beings. As McIntyre pointed out in his *After Virtue: A Study in Moral Theory*, quoted at the opening of the chapter, narratives would be the common ground that allows human beings to truly understand each other’s actions, a sort of cognitive *lingua*

franca capable of overcoming all differences of culture and communication (McIntyre 1981). This, as we will see along the dissertation, is a particularly crucial feature of narratives, and one which can offer the key for explaining the effects—both positive and negative, as Abbott himself underlines—of narratives on human life as a whole. It is for this reason that, when talking about ‘narratives’, I will both include the ‘narrow’ and ‘broad’ meanings of the word. When necessary, I will give indications about which side of the concept is most relevant in the contest of the discourse I will be carrying on. While focusing on the ‘product-narrative’—narrative in a narrow sense—how it is made, how it differs from other human creations, and which characteristics of it spur which reactions, then, I think that it is essential to include in the reflection also the spring from which any kind of narratives flows from—narrative in a broad sense—that is, the human propensity to create and think in narratives—not always, maybe, and not even for the majority of time, in some cases, as some authors claim. Even if such choice widens the scope of this research to almost immeasurable size, I deemed it necessary if one wants to at least foreshadow the true extent of the role of narratives in life, while keeping into consideration all their possible manifestations, without stopping in front of disciplinary or academic borders of any kind. Following this line, Abbott identifies two major uses of the term ‘narrative’:

- 1) *Compact and definable*: [...] This is the building block for longer narrative structures. Though people disagree on the definition of narrative at this level, it is still possible to do so and to be usefully consistent. [This definition] allows me to recognize many of the other definitions as definable narrative subsets and useful in their own right.
- 2) *Loose and generally recognizable*: these are the longer structures that we call narratives even though they may contain much non-narrative material. Most of these come in recognizable genres: tragedy, comedy, epic, short story, and an abundance of other genres of film, drama, poetry, and prose, either fictional or non-fictional. No one has yet come up with a precise way of determining when any long text no longer qualifies as narrative and should be called something else. But usually the defining characteristic we look for at this level is some kind of narrative coherence. (Ivi, p. 14)

This distinction has the merit, in my opinion, of highlighting the presence, in many of the structures that we call ‘narrative’ *and* those we call ‘non-narrative’, of some form of “narrative coherence”. Blending and hybridization, apparently, are more the rule than the exception for what concern the definition of narrative, and if it is true that some products of language and thought are more easily categorised as ‘narratives’, it is also common and even natural to perceive elements of narrativity even where we did not expect to find them *a priori*. That is why, as I will try to explain in the following pages, narrativity seems to me to be more a dimension of the mind that explores, understands, judges, and represents—in the sense of re-presenting in a new form to the outside world—the elements of reality that come to our senses and mind, than a dimension intrinsic of the representation itself.

Another fundamental distinction made by Abbott, one at the very heart of any discourse on narrativity, is that between ‘story’—the term he uses to refer to “the event or sequence of events” (Ivi, p. 15)—and ‘narrative discourse’—the term he uses to refer to “how the story is conveyed” (*Ibidem*). Story and narrative discourse, together, constitutes a narrative, or, more precisely, the manifestation of the narrative mode of thinking that unites the elements and characteristics of both story and discourse. Such a distinction, which may resemble that between a content and its container, has been variously and extensively studied by critics and narratologists, especially in correspondence of the various ‘narrative turns’ of the XX century (Hyvärinen 2010), resulting in a long series of pair of terms, mostly related, but with different shades of meaning. Aristotle, in his *Poetics*, the work that laid the foundations of Western literary theory, already distinguished between *praxis*, that is, the actions in the real world, and *mythos*, which is the way those actions are selected, arranged, and represented (*Poetics* c.a. 335 B.C.E.). As literary theory and philosophy evolved and changed, the reference to the ‘real world’ progressively faded in the background, and Aristotle’s *praxis* and *mythos* were differently translated and interpreted. In the English-speaking world, for example, a common distinction became the one between ‘story’—the chronological sequence of the narrated events—and ‘plot’—the causal and logical structure which connects the narrated events (Forster 1927/2002). The Russian Formalists of the 1910s-1930s, on the other hand, distinguished between *fabula*—the equivalent of ‘story’—and *sjuzhet*, which, along with including the meaning of ‘plot’—the order in

which the events are narrated—enlarged it with references to *how* the story is narrated, the style, viewpoint, use of metaphors, pace of narration, and so on. Similar binary oppositions were: Tzvetan Todorov (1939-2017)' distinction between *histoire* and *discours*, to which he added the element of the 'enunciation', the production of utterances in the specific contexts of communication (Todorov 1966/1980); Gérard Genette (1930-2018)'s distinction between *récit* and *histoire* (1980), and Seymour Chatman (1928-2015)'s between 'story' and 'discourse' (1978). Chatman, in particular, recognized in the origin of such duality the source of the 'double chrono-logic' of narrative:

[...] what makes Narrative unique among text-types is its "chrono-logic," its doubly temporal logic. Narrative entails movement through time not only "externally" (the duration of the presentation of the novel, film, play) but also "internally" (the duration of the sequence of events that constitute the plot). The first operates in that dimension of narrative called Discourse (or *récit* or *syuzhet*) the second in that called Story (*histoire* or *fabula*). (Chatman 1990, p. 9)

Chatman's statement puts the emphasis on the close—and double—relationship between narrative, on the one hand, and experience, perception, and representation of time and chronological order, on the other. Actually, nothing more than an event or a series of events which happened in a fairly consistent amount of time seem more adequate as the content of a narrative. Temporality, however, is not enough, or, at least, not all which narratives find natural to possess and express. Chatman continues:

In traditional narratives, the internal or story logic entail the additional principle of causality (event *a* causes *b*, *b* causes *c*, and so on) or, more weakly, what might be called "contingency" (*a* does not directly cause *b*, nor does *b* cause *c*, but they all work together to evoke a certain state of affairs *x*). (*Ibidem*)

Similarly, Raymond Mar identifies two specific sub-processes that underlie both the production and understanding of narratives: selection among the potentially infinite variety of narratable entities and causal-temporal ordering of such entities, in order to compose an oriented and purposeful representation of events (Mar 2004, p. 1415). The

causality principle, more specifically, require that events in a narrative occur in a constrained and logically consistent order, based on the combination of three types of priority: logical priority (if x, then y); causal priority (since x, then y); temporal priority (first x, then y) (*Ibidem*). Along with temporality, then, narrativity calls for causality or contingency. A 'rational order', we may say, that completes the chronological one. As a consequence, non-narrative text types—which, according to Chatman, are arguments, descriptions, and expositions (Chatman 1990, p. 6),

[...] do not have an internal time sequence, even though, obviously, they take time to read, view, or hear. Their underlying structures are static or atemporal—synchronic not diachronic. (Ivi, p. 9)

The dualism between 'synchronic' and 'diachronic', moreover, has been applied not only to structures of text-types, but even to personalities. Galen Strawson, for example—as we will see talking about the possible limitations of narrative theories and the criticisms raised against their diffusion in a multiplicity of fields beyond the traditional, literary ones—distinguishes between 'diachronic' and 'episodic' self-experience (Strawson 2004). This, again, is symptomatic of what is, in my opinion, the 'foot-print' style of the relationship between structures of the mind and narrative creations: as the print reveals many—even if not all—of the features of who made it, although on a one-dimensional scale, so we can study narratives and other products of human mind not only to sort, describe, and understand them, but also to know better their creators. Talking about the difference between 'narrative' and 'non-narrative', therefore, I would prefer not to limit narrative analysis to those texts and material commonly associated with literary fiction or even storytelling in its many forms. Most of the text-types that Chatman considers non-narrative, as a matter of fact, often show the chrono-causal and meaningful structure that derives from the combination of narrative discourse and story, as a result of the expression of a narrative mode of thought. If we consider, for example, the arguments of an essay as characters of a story, we can see how they inter-act, how they move and change along the 'narrative', from a starting point to a conclusion, which, in the case the author's argument has been successful in imposing on its opponents, can be considered a happy ending. Thus, the concept of 'non-narrative' ceases to be mistaken for 'non-literary', or even

‘non-fiction’—or a combination of the two—and appears to be a truly different kind of knowledge and representation, one for which chrono-causality is not the basic set of coordinates. On the other hand, one should not fall into the error of believing that it is possible to completely separate ‘narrative’ and ‘non-narrative’ in their purest forms. As for the other pairs of terms we will analyse, it is necessary to always keep in mind that they are abstractions, and that when the corresponding categories of thought are actually applied, they do so in connection with one another. In this sense, we can imagine our brain as the densest and most intricate cobweb: when one thread is touched, movement spreads till the opposite side of the web.

There are authors, on the other hand, who offer a sharper distinction between the narrative and non-narrative mental dimensions. American psychologist Jerome Seymour Bruner (1915-2016), for example, claimed that “There are two modes of cognitive functioning, two modes of thought, each providing distinctive ways of ordering experience, of constructing reality”, which are the narrative mode and the logico-scientific or paradigmatic mode (Bruner 1986, p. 11). According to Bruner, the two modes, though complementary, are “irreducible to one another” (*Ibidem*), both from the point of view of their purpose and of their structures. The paradigmatic or logico-scientific mode, in fact, “[...] attempts to fulfil the ideal of a formal, mathematical system of description and explanation”, employing “categorization of conceptualization and the operations by which categories are established, instantiated, idealized, and related one to the other to form a system”, and “deals in general, in their establishment, and makes use of procedures to assure verifiable reference and to test for empirical truth”, while “its language is regulated by requirements of consistency and noncontradiction” (Ivi, pp. 12-13). The narrative mode, on the other hand, “[...] deals in human or human-like intention and action and the vicissitudes and consequences that mark their course. It strives to put its timeless miracles into the particular of experience, and to locate the experience in time and place”, while the paradigmatic mode “[...] seeks to transcend the particular by higher and higher reaching for abstraction, and in the end disclaims in principle any explanatory value at all where the particular is concerned” (Ivi, p. 13). Concerning the goals they pursue, moreover,

A good story and a well-formed argument are different natural kinds. Both can be used as means for convincing another. Yet what they convince *of* is fundamentally different: arguments convince one of their truth, stories of their lifelikeness. The one verifies by eventual appeal to procedures for establishing formal and empirical proof. The other establishes not truth but verisimilitude. (Ivi, p. 11)

Bruner's argument continues by stating other ways in which similarities between the two modes actually hide major differences, such as the way in which they both 'construct' worlds or how we believe in a story or in a scientific theory. All and each one of these issues are surely challenging, and Bruner's guide through them is steady and persuasive. In particular, his clear-cut distinction between the two modes of thought seems to solve, as much as possible, the enigma of how to categorise our natural propensity to interpret and represent human life through narratives, while, at the same time, holding a different, objective, logic-driven perspective on reality thanks to our paradigmatic way of thinking. Such a classification, however helpful, shows to me some limitations. First, those apparent similarities between the narrative and the paradigmatic mode that Bruner turns into absolute divergences still appear as points of contact between the way we produce science and the way we produce narratives—in the common sense of the two words. Moreover, those differences seem more related to the objects and references of the two modes of thought than to the modes of thought themselves, as when it is said that the narrative mode deals with "human-like intention and action and vicissitudes and consequences" (Ivi, p. 13)—focusing on the particular—while the paradigmatic mode deals with "general causes" (*Ibidem*), that could be tested for empirical truth. What I see here, hidden in the lines, is a distinction between what can be dubbed as the 'subjective' reality and the 'objective' one, even with the apparent contradiction that the mode of thought interested in the 'objective' reality should deal with 'general' causes, therefore abstractions, while the mode of thought interested in the 'subjective' reality deals with the particular, the near, the—in theory—most easily observable and testable. Similarly controversial seems the distinction between 'truth' and 'lifelikeness' operated by Bruner, as if implying the existence of something that 'seems like life' but is, in reality, false. Or even suggesting that narratives have no interest in matters of truth and falsity. This is not to say that categorisations and distinctions are not important, nor that we should consider

subjective and objective experiences, or their best approximations, as equal. But I think we should not limit the sphere of action of our narrative inner structures to the kind of element—human or non-human, general or particular, subjective or objective—they deal with. Nor their goals. It is not in that, in my opinion, that lies the distinction between narrative and non-narrative, nor such a distinction should be considered easily identifiable. Many clever attempts have been made, and their differences show the importance of the choice of focus for any kind of analysis. Bruner's surely offers a quantity of important insights, that can be a useful starting point for further explorations of the principles and categories of narrative. As pointed out by Alexandra Georgakopoulou and Dionysis Goutsos:

It is necessary [...] to attempt to develop an approach that will not follow the value-laden, polemic polarization of the two modes [the narrative and the non-narrative]. This approach will recognize the relative importance of each mode by grounding each view in textual analyses" (Georgakopoulou & Goutsos 2000, pp. 67-68)

The two authors, moreover, highlight the natural intersection between the narrative and the non-narratives modes, where a 'mode' is "seen as a means of organizing text and context and as prototypically enacted in textual and contextual configurations" (Ivi, pp. 65-66). According to them, in fact, the apparent homogeneity of the narrative mode that emerges from many studies is "by and large, an idealization, an effect of the standardization achieved by the long tradition of the study of narrative", given that, as pointed out by Abbott, "[...] non-narrative texts frequently exhibit properties of 'narrativity'[...], and, vice versa, that narrative texts may be produced which perform functions commonly associated with the non-narrative" (Ivi, pp. 68-69). On the other hand, Georgakopoulou and Goutsos assert the existence of an 'asymmetry' between the narrative mode and the non-narrative one, and a primacy of the former over the latter, as narrative is a "primary category, which is constitutive of human experientiality and temporality" (Ivi, p. 70), which:

[...] can constitute some kind of pre- or meta-genre that cannot be put on the same level as 'ordinary' genres [...] As such, narrative can realize but not be realized by

argumentation, description, or exposition. For instance, whereas we can tell a story to put forth an argument, the discursive metafunction of narrating cannot possibly be performed by argumentative texts. (Ivi, p. 69)

Given such asymmetry and, at the same time, hybridization between narrative and non-narrative, one could wonder if it is possible to separate the two. Georgakopoulou and Goutsos support the idea that there are differences between the two modes, related to three different categories of relations: temporal, personal, and spatial (Ivi, p. 70). For what concerns the temporal relations, narratives find in the chronological dimension their very backbone, as:

[...] the narrative mode presupposes reference to some temporally instantaneous events, thus presenting a double temporal logic. As Chatman (1991: 9) explains, narrative entails movement through time not only externally (through the presentation of the novel, film, play, etc.), but also internally (through the duration of the sequence of events that constitute the plot). The former operates in the dimension of ‘discourse’ (*suzhet*) and the latter in that of ‘story’ (*fabula*). (Ivi, p. 71)

Non-narratives, on the other hand, would have a ‘single temporal logic’, with no internal time sequence—only external—and would focus not on the re-creation of events, as narratives, but on how things are.

For what concerns personal relations, narratives would show the presence of a storyteller, of someone who influences the choices of events to be narrated and the way they are narrated, and who evaluates and interprets them. Such a dimension of subjectivity would be far less evident in a non-narrative text, which is usually focused on ‘objective’ details regarding elements and aspects of the world, described in a detached way. In Georgakopoulou and Goutsos’s words, moreover: “[...] narrative seems to be prototypically associated with subjectivity, affectivity, and imageability, but non-narrative with processes of information giving, analysis, and rationalization” (Ivi, p. 73).

Finally, Georgakopoulou and Goutsos emphasise how, in narratives, there is a more dynamic interaction between the world(s) of the tale and the world of the teller compared to non-narratives. Producers of narratives, in fact, can:

[...] present themselves in all four capacities of *animator* (the person who produces talk), *figure* (someone who belongs to the world that is spoken about), *author* (the aspect of self responsible for the content of talk), or *principal* (the aspect committed to what is said. (Ivi, p. 74)

Furthermore, they can manipulate such aspects of their presence in the narrative, influencing the way their opinions and views are perceived by the audience, generally to put them in a positive light. Non-narratives, on the other hand, generally do not show those “[...] deictic shifts of the story world but can afford to be presented as more objective, tested, or universal [...]” (*Ibidem*).

Differences between a narrative mode and a non-narrative mode, then, *can* be identified, in some measure. Undoubtedly, however, it is far easier to do it in abstraction and theory than within the infinite variety of everyday discourse and text-production. On the other hand, the ontological nature of non-narratives, as ‘negative’, secondary entities compared to their ‘positive’ counterparts still remains in large part obscure, and in need of further studies. What is the actual essence of non-narratives or of a non-narrative mode of thinking? Can a non-narrative way of understanding and representing reality exist, especially if we accept the intrinsically narrative nature of human identity and construction of the self, which some authors assert, while others firmly reject? We will see, in the following chapters, different opinions on such complex issues, which will, hopefully, provoke thought, new attempts to find solutions, and willingness to take part in the debate.

Moving to another rung of the ‘narrative ladder’, that of the manifestations of the narrative mode of thought I have mentioned above, a different representation of the distinction between narrative and story is the one proposed by philosopher John Paley. According to Paley, narrative and story do not refer to different levels and dimensions of the narrative process and product—the human mind in its action and the object of such action—as I have suggested, but rather as two inhabitants of a continuum, where “every item on this continuum counts as a narrative, but only items at one end of it count as

stories” (Paley 2009, p. 18). What distinguishes a narrative from a story, then? Paley says that both narratives and stories can be considered as the recounting of events linked in a chronological and causal way. Actually—Paley observes—some of the most concise definitions of ‘narrative’ may even include the recounting of a single event, as the minimal requirement of the condition of narrativity. This is the case also of Gerald Prince’s definition in *A Dictionary of Narratology* (1987), according to which a narrative is the

[...] recounting (as product and process, object and act, structure and structuration) of one or more real or fictitious events communicated by one, two, or several (more or less overt) narrators to one, two, or several (more or less overt) narratees. (Prince 1987, p. 58)

A story, on the other hand, would be, according to Paley, that particular instance of a narrative that also shows a teleogenic plot, which means a recounted sequence of events that is “from the outset, intended to lead to a particular denouement” (Paley 2009, p. 21). To clarify better, Paley contrasts ‘epic plots’, which would recount events in a “and-then-and-then”, “‘consecutive’ or ‘causal’” style (Ivi, p. 20), with teleogenic plots, where the chain of events would be arranged in a precise order and towards a specific goal. This second class of narratives—the only ones that can befittingly be called ‘stories’, according to Paley—are the ones that show more clearly the presence of an author who gave them their teleogenic shapes. More specifically, while narratives limited to the representation of a sequence of events linked chronologically and causally show a linear structure, teleogenic stories are, in some way, ‘written by their endings’, moulded and driven by the denouement the author has in mind since the beginning of the narrative act. This part of Paley’s analysis of the characteristics that differentiate ‘common’ narratives from the most complete and articulated ones, which obtain the title of ‘stories’, can both raise some doubts and open new interesting spaces for reflection. Regarding the first, it seems not completely clear why an epic poem should not be considered a proper teleogenic story. The fact that epic poems often reached the shape we presently know by addition of new parts, scenes, and events across the centuries does not impede their narrators—or authors? Who may claim the authorship of an epic poem?—to know their endings and to draw their audience towards them. Quite the

opposite. It seems to me that narrators of epic poems should have an even more complete knowledge of their narrative/story than modern authors, given the contingencies of their exhibitions. Moreover, the pre-existence of a goal for a narrative that would turn it into a story, using Paley's classification, seems far from granted for an author. As many novelists or other narrative artists declared, while some elements of the narrative may have always been present before the eyes of their mind from the beginning of the creative process, many others, especially those concerning what happens in the final page of the novel or sequence of a film, revealed themselves on the way, as if it were the narrative itself to pull the strings, leaving to the author the mere task of recording what was happening. An illustrious example of this is Tolstoy's experience while writing *Anna Karenina*, also recalled by Abbott (2008, p. 20). As the Russian author affirms in a letter sent to his friend Nikolay Nikolayevich Strakhov, philosopher, journalist, and critic,

[...] if short-sighted critics suppose that I wanted to describe only what pleases me, [...] then they are mistaken. In everything, almost in everything that I wrote what guided me was the need to collect ideas, linked together, for expressing myself, but each idea, expressed in words on its own, loses its meaning, is terribly reduced, when it is taken alone out of the linking in which it is found. The linking itself is effected not I think by ideas but by something else, and to express the basis of this linking directly in words is impossible; it can only be done indirectly, by words describing images, actions, situations. (Tolstoy 1876, as in Gifford 1971, p. 48)

And he adds, as an example of how his writing proceeded:

One of the most evident proofs of this for me was Vronsky's [attempted] suicide [...]. This was never so clear for me before. The chapter about Vronsky accepting his role after meeting the husband had long been written. I began to correct it and quite unexpectedly for me but indubitably Vronsky went and shot himself. Now in the sequel it appears that this had an organic necessity. (*Ibidem*)

Tolstoy—certainly one of the major representatives of the category of narrators and storytellers of all time—then, offers a clear testimony of how the teleogenic structure

identified by Paley as the distinguishing feature of proper stories is not always clearly identifiable. Who does choose the *telos* if it is often the case—as in Tolstoy's experience of writing *Anna Karenina*—that the story develops almost 'organically' towards its ending, without the author's clear conscience of it? Does the *telos* belong exclusively to the reader or audience's experiencing and interpretation of the story? Is it the result of an indirect negotiation between author and audience, mediated, directed, limited, and allowed at the same time by the story? Actually, the issue of the ending of the story previously known by the author and retrospectively used to shape the whole story, while in some way expected and looked for by the reader or audience, seems to belong more to the psychology of the real people involved in the narrative processes—both of production and reception—than a general parameter by which to distinguish between different kinds of narratives or between narratives and stories.

For what concerns the nature of the narrative process, moreover, Paley identifies at least three basic elements: the author, the reader or audience, and the *telos*, that is, the teleogenic ordering of events that is added to the chronological and causal ones as the main coordinates around which the narrative is constructed. I here use the term 'narrative'—instead of 'story', as Paley would do—on purpose as, in the context of this dissertation and of my vision of narration, I find it more compelling to consider 'narrative' as the narratological dimension linked to human behaviour and cognition, which can later take the form of a concrete, contextualised, and mediated narrative, representing a story. In this perspective, the tendency to look for a *telos*, both on the author and audience's side, which is typically human, can only be a property of 'narrative' as a human dimension, for which the 'story' is both external material and product. A comprehensive theory of narrative, then, should not forget neither the personal dimension proper to both the author and the audience, nor the *interpersonal* dimension that characterise the relationship which narratives create among all people involved in its production and reception. In a word, during the event of *narration*. With this intersection of individual and collective agencies and points of view, it is inevitable that the *teloi* as well—those found (perhaps) by the audience in the narrative and those placed (perhaps) by the author in it—are multiple, different, sometimes even contrasting in their interpretations. The fact that the goal of a narrative may be subject to different readings does not mean that text is exclusively and totally made by the reader, at least

for what regard its meaning, as some post-structuralist suggested—well-known is Roland Barthes' announcement of the 'death of the author' (1968). The distinction between narrative and story we have established above comes here to our help: while the story lives a life 'of its own' in the moment it has been given a narrative structure and a sensible, mediatic form—tale, novel, film, comics, audio, etc.—the narrative mode of approaching reality and events is individual and different for each one of us, even if based on the same mechanisms, thus allowing the most disparate emotional and cognitive reaction to them.

Still, some confusion between what is a narrative and what is a story may linger, especially when some authors attribute certain features to the former, while others to the latter, as we have seen in the case of Paley's analysis. We may wonder, then, what would happen if we inverted the two terms in the framework outlined so far, if we say that the story is the mode of thinking and connecting discourse and chrono-causal sequence of events to which it attributes a specific goal, while the narrative corresponds to such a sequence of events. Being language and the choice of words basically a matter of convention, further complicated by thousands of years of linguistic sedimentation and unpredictable changes in usage, perception, and opinion, the question is perfectly legitimate. We may try to offer a tentative answer based on the etymology of the two words, not to solve the debate once and forever, but to help orienting everyday use, until the next, possibly improving, linguistic turn. The word 'narrative'—first appeared in modern English around the XV century—has two entries in the Online Etymology Dictionary, an adjective and a noun, both linking to the noun 'narration'. 'Narration', in turn, derives from Old French *narracion*, and the latter from Latin *narrationem*, which is a

[...] noun of action from past-participle stem of *narrare* 'to tell, relate, recount, explain,' literally 'to make acquainted with,' from *gnarus* 'knowing'", whose proposed Proto-Indo-European (PIE) root, **gno-*, has been associated with the verb 'to know'. (Harper, n.d.)

'Story', on the other hand—first appeared around 1200 C.E.—comes "from Anglo-French *storie*, *estorie*, Old French *estoire* 'story, chronicle, history,' and from

Late Latin *storia*, shortened from Latin *historia*” (*Ibidem*). Latin *historia* directly derives from Greek *historia*, which comes:

[...] from *historein* ‘be witness or expert; give testimony, recount; find out, search, inquire,’ and *histōr* ‘knowing, expert; witness,’ both ultimately from PIE **wid-tor-*, from root **weid-* ‘to see,’ hence ‘to know’” (*Ibidem*).

From these etymological dissections, I can derive two reasons, however tenuous, supporting my preferential uses of the terms ‘narrative’ and ‘story’. The first one concerns the fact that ‘narrative’, as anticipated, can be used as an adjective as well, a property which can be more easily attributed to a mental process, as I consider it to be, while ‘story’, being exclusively a noun, is more intuitively associated with a ‘product’, the result of an action or a series of actions, ‘passive’, we could say. The second reason regards the ancient roots and core meanings of the two words. Both are, in a way, related to the experience of knowing, but the first one in its purest form—‘narrative’ as a cognate term with ‘knowing’—while the second one depending to the sense of sight, to an act of witnessing, thus more akin to an empirical, material kind of knowing, as the one we associate to events and objects that form stories. Perhaps Bruner explains it better when, replying to Paul Ricœur’s definition of story, claims:

[...] stories, in Paul Ricœur’s phrase, are “models for the redescription of the world.” But the story is not by itself the model. It is, so to speak, an instantiation of models we carry in our own minds. (Bruner 1986, p. 7)

Having clarified, however partially, the general meanings that will be attributed to some of the central terms of this dissertation, there are at least two other important issues that I would like to introduce, as there will be frequent reference to them along our journey in the world of narratives. Both will be here briefly analysed just from a theoretical point of view, as they will receive further attention and different evaluations in other parts of the dissertation. The first one is the idea, derived by a large—maybe the largest possible—conception of narrative, according to which humans construct their identities as characters in a story—a ‘narrative conception of the self’— and experience reality and other people in a narrative way—a ‘narrative conception of experience’ (Vice 2003,

p. 93). As Samantha Vice explains, these two claims “can be interpreted in both a factual and normative way” (*Ibidem*). In fact, it has been suggested both that reality is narrative in its deepest structure, and that to live life in a fulfilling way it is necessary to consider oneself according to such a narrative framework, while doing otherwise—if ever possible—can only lead to unhappiness and frustration. These two claims, in various formulations, have come under criticism at different times and from different points of view, as we will see more in detail in Chapter VI. The idea of assigning a prominent role to such apparently abstract and unessential entities as narratives has provoked, and continues to provoke, heated debates. Opinions and theories on the issue are extremely varied, ranging from the most committed advocates of the necessity to give order to life and reality through narratives, to the most severe critics, who consider such an overarching theory quite simplistic, if not oppressive. Paley’s vision in this regard is both intriguing and provocative, and it represents well the many possible answers to such far-reaching issues. According to Paley, the idea that we live in and through narratives, and that our identities are given narrative shapes by our continuous telling, re-telling, and self-telling of what we experience through our body and mind, is misleading. The creation of a story—in the teleogenic sense attributed to it by Paley—would be, in fact, necessarily subsequent to the experience of reality and of life as it really is, namely incoherent, without order, and non-teleogenic. In Paley’s words:

[...] the theory that experience is necessarily structured by teleogenic plots, or that lives are intrinsically ‘storied’, is wildly overextended. Indeed, one might argue that it is barely coherent. If teleogenic plots involve *retrospective* selection, as described above, then story *cannot* be contemporary with experience; the transcendental filter through which experience is channelled. Experience is better conceived as providing the raw materials for story building. Stories, relative to experience, are very much after the fact. (Paley 2009, p. 23)

Moreover:

Events in the real world are part of a causal sequence; they are governed by cause and effect. They are not organized in order to arrive at conclusions; they are not ‘pulled’ towards denouements. So it is not evident why it should be ethically

desirable to pretend that they are, which is what construing one's life as a story would mean. (Ivi, p. 28)

Following this line of thought, a narrative or story of a real-life event is an inevitably simplifying re-construction and re-presentation of reality created by its author, a “product of retrospective selection and editing”, which “cannot possibly represent an unalloyed, authentic inner truth. [Teleogenic stories] already reflect the sifting, classification, and contouring of experience. They are, in that sense, contrived” (Ivi, p. 23). This is the reason why considering identities as narrative products would represent a sort of ‘voluntary blinding’ in front of everything that is left out of narratives—namely, the intrinsic non-narrative essence of reality. On the other hand, Paley adds—somewhat surprisingly—that these contrived stories and ‘narrativized’ identities may also have a relatively positive value, if they are created for a good purpose. This is another important addition for our analysis of narratives, their meaning, and nature: not only the presence of a goal for the narrative—or story, in Paley’s sense—should be object of attention and careful construction, but also the presence of a—more or less overt and conscious—meta-narrative purpose, which belongs to a dimension *outside* the story or the mere content transmitted by it. Such a purpose may be carefully prepared or more instinctively poured into the process of narration, thus, again, establishing a strong link between psychological and ethical subjective factors and narrative ones. Emotional arousal, sympathy, empathy, information transmission, and behavioural transformation are only some of the possible objectives the author of a narrative could aim at. All these effects, on the other hand, should be considered illusory if you want to understand life as it ‘really’ is—Paley affirms—because narratives force patterns onto an otherwise intolerably chaotic reality, which humans would not be strong enough to face. However, Paley also admits the existence of ‘positive’ illusions, as we have said, that is, of teleogenic stories that help people find consolation, offering them a false, but optimistic vision of life that makes it less hard and unbearable (Ivi, pp. 28-29). This is the case of some narratives of illness, of worldviews, and of spiritual and religious beliefs—claims Paley—which often help obtain undeniable psycho-physical benefits for people committed to them. Summing up his reasoning, Paley affirms:

Since stories are driven by their endings, they cannot function as a transcendental filter for experience; nor can lives be ‘storied’, although the pretence that they are, a form of positive illusion, can in certain circumstances be ethically justified. (Ivi, pp. 29-30)

This leaves us with some open-ended questions, such as: if life-narratives are mere illusions, how and in what cases can they be ethically justified? How is it possible to consider *illusory* something which can help achieve a *real* positive effect? Should we take for granted that events in life are not organised in a teleogenic—thus story-like—way, even when we want them to be so? Or could not they be embedded in such a dense network of chronological, causal, *and* teleogenic relationship, involving multiple human and non-human forces, to make it hard to realise if those links actually exist or not? These and other fascinating questions, which will accompany us through this dissertation—and especially in the next chapter, dedicated to the philosophical and narratological foundations of my discourse—further strengthen the bridge between two worlds that we could, sometimes, be tempted to consider alien to each other: the ‘real’ and the ‘narrative’ one.

Strongly related to all of this is the last issue concerning what we can consider the ontological status of narratives and stories that I would like to briefly outline: the possible or impossible truthiness of narratives. In short, as Abbott puts it: “Can stories be real?” (Abbott 2008, p. 22). According to an influential current of modern philosophy—ranging from Jean-Paul Sartre to Jean Baudrillard, and large part of postmodernism as a whole—there are no ‘true’ stories, no narratives with ‘real’ references, and the ‘real world’ is “utterly disorganized or at least utterly unknowable” (*Ibidem*). On the one hand, it seems undeniable that reality, with all its innumerable parts, layers, and nuances, both material and non, cannot be totally inscribed in a narrative. Not even a section of reality, as even a section preserves the totality’s depth. However, it may also be that not everything in a story is just a delusion. As Abbott highlights:

[...] opponents point out that there is something very like a story in the cycles of life and death, since these have the beginnings, middles, and ends that stories

usually have. They also point out that our lives depend on the stories scientists tell us about the way our bodies work. [...] In other words, though stories are always constructed and always involve our willing collaboration for their completion, that does not mean that they are necessarily false. (*Ibidem*)

Even if they reduce reality to a simplified and unnaturally ordered construction, then, stories still show some resemblance with our experience of the world and life. At the same time, we conduct our very daily lives according to some narratives and stories, such as the scientific ones, which have strong and consistent real-life effects. This does not mean that all narratives are the same and must be considered true in the same way. There are ways for judging them—in the case of scientific stories, the accuracy of the empirical data and rational observations they are based upon—and for choosing which one should or should not influence our behaviours, ideas, or feelings about specific objects or people in the world outside narration. Recognising the power of narratives of conveying, shaping, representing, or counterfeiting truth, then, seems far from a romantic illusion. It is a way to not underestimate the importance of narratives we receive and produce, which can have effects ranging from individual life to the sentiment of entire nations, sometimes unforeseen, sometimes carefully contrived, as in the case of fake news and narratives of war.

These last two issues, related to the effects of narratives and stories, and their ontological, truthiness status, leads us to consider another pair of opposite terms which has long intrigued narratologists, literary critics, psychologists, and, more recently, neuroscientists: fiction and non-fiction.

3. Fiction or Non-fiction, Literary or Non-Literary. These Are the Questions.

In the last part of the previous section, we have seen how narratives, whatever ontological status may be attributed to them—representations, creations, illusions, descriptions—can have tangible, and even, sometimes, quantifiable effects on both those who recount them and those who experience them. In order to establish on a common ground which narratives should be regarded as more ‘relevant’ for the world inhabited by their author(s) and audience—the so-called ‘real world’—and which ones, on the other hand, could be experienced with less concern for everyday life, because dealing with events or entities outside the author(s) and audience’s dimension of

existence, many terminological attempts have been made, which can be led to the distinction between ‘fiction’ and ‘non-fiction’.

In everyday language, the term ‘non-fiction’ is used to speak of a cultural artefact that refers to something real, true, existent, while ‘fiction’ is used to refer to something unreal, imaginary, false. While apparently simple and undeniably practical in many cases, such definitions raise a quantity of critical questions, which make it quite complicated to say a final word on the issue. For example: what does it mean to ‘exist’? When it is possible to say that something is ‘real’ and when it is not? What is true and what is false? These are, of course, philosophical issues that accompanied humanities for thousands of years, and that probably will continue to do so for a long time. However, by applying them to more specific fields of human reasoning and imagination, such as narratives, it is possible, perhaps, to acquire some deeper comprehension of them, while it would appear far more arduous when they are considered in their purest, more abstract forms.

Aristotle himself in his *Poetics* (ca. 335 B.C.E.) realised the importance of the distinction between fictional and non-fictional works of art, and offered his solution by clarifying the difference between ‘poetry’—a term he used to refer to all forms of fictional literary creations— and ‘history’. He asserts:

[...] it will be seen that the poet’s function is to describe, not the thing that has happened, but a kind of thing that might happen, i.e. what is possible as being probable or necessary. The distinction between historian and poet is not in the one writing prose and the other verse—you might put the work of Herodotus into verse, and it would still be a species of history; it consists really in this, that the one describes the thing that has been, and the other a kind of thing that might be. Hence poetry is something more philosophic and of graver import than history, since its statements are of the nature rather of universals, whereas those of history are singulars. (*Poetics* IX, 1451b)

Leaving aside the title of preeminence attributed by Aristotle to poetry over history, it is important to notice that the Greek philosopher already recognises how matters of fictionality and non-fictionality are not related to the literary form—“[...]the one writing prose and the other verse”—but on the nature itself of what the text recounts, its

meta-narrative essence, which may be ‘universal’ or ‘singular’. How could we interpret those terms, in the context of the contemporary debate over the nature of fiction and non-fiction? Not certainly from a temporal point of view, according to which history—non-fiction—only describes what happened in the past, while poetry—fiction—what has not happened in the past, but it might happen in the future. In this way, we should consider weather forecasts as examples of fiction. The ‘universal’ and ‘singular’ categories, therefore, should be inscribed in a more metaphysical discourse, if they are to be considered valid at all.

A contemporary author who wrote extensively on the distinction between fiction and non-fiction, drawing also on Aristotle’s thought, is Keith Oatley, professor emeritus of cognitive psychology at the University of Toronto. Oatley, in his many works on the effects of reading fiction on the human mind, articulated the idea that fiction can offer different—but still valid—kinds of truth, compared to the empirical truth, which is the one on which science is based and that it looks for. Thus, Oatley laments the exclusion of fiction from the objects of interest of modern psychology:

Modern psychology as science has allied itself with only one kind of truth: truth as empirical correspondence. This kind of truth is necessary but not sufficient. If psychology is to be fully psychology, there must be consideration of two other kinds of truth as well: truth as coherence within complex structures and truth as personal relevance [...].

Empirical psychology obeys criteria of the first type of truth. Fiction fails this criterion but can meet the other two. One could say, then, that fiction can be twice as true as fact. (Oatley 1999, pp. 102-103)

One consequence of this concept of fiction is that fictional narratives, meeting the criteria of truth as coherence and truth as personal relevance, usually have a far more emotional content and consequent affective impact on their audience compared to non-fictional narratives, whose goal is primarily informational (Ivi, p. 103). With these elements in mind, Oatley proposes to complete Bruner’s theory of the classification of modes of thought by specifying that: “Fictional narrative is that mode of thought about what is possible for human beings in which protagonists, on meeting vicissitudes, experience emotions” (*Ibidem*). According to Oatley, in fact, the main distinction

between fiction and non-fiction lies not on the form, but on the main function, which is typically emotional for fiction and informative for non-fiction, even if the dividing line between the two is sometimes not so clear (Oatley 1999, p. 114). We can thus identify two distinct and complementary features of fictionality as a category of narrative creations: the focus on emotions and the quality of the relation between the story and the world outside it. As a matter of fact, it does not appear feasible to simply dismiss any concern with the existence or non-existence of a correspondence between elements of the story and entities external to it, being it of material or immaterial nature. This leads to a renewed attention for an old concept: Aristotle's *mīmēsis*¹. While we will go into more details in following chapters, I would like to focus here on Oatley's interpretation of this long-debated concept. Instead of the common translations of the term, which consider it an equivalent of 'imitation' or 'representation', Oatley claims that mimesis—and fiction with it—should be considered as a form of 'simulation', analogous to computer ones. Indeed, he argues:

Just as computer simulation has augmented theories of language, perception, problem solving, and connectionist learning, so fiction as simulation illuminates the problem of human action and emotions. (Ivi, p. 105).

Therefore, fiction is not so much concerned with imitation, but rather with explication, illumination. This does not exclude reference to events that really happened in the past or are actually occurring in the present, as shown by many novels based on non-imaginary events. What does fiction explicate, then, if not (exclusively) the nature of things and the mechanics of events? Fiction, Oatley argues,

[...] gives a sense of how actions lead to vicissitudes. It allows, too, the reader to experience something of emotions that can arise. All of these elements are omitted from a faithful, empirically unexceptionable copy of real life. (Ivi, p. 108)

Fiction, we may add, is, according to Oatley, that expression of the narrative function of the human mind that deals more specifically with humanity itself, with everything that

¹ From here on, I will write '*mīmēsis*' when referring to the original Greek term and to those texts that make reference to the original Greek term. I will write 'mimesis' when I will use the term in a more generalised way, as used by modern and contemporary authors.

is beyond the rules of pure logic, rationality, and objectivity, such as emotions, memories, imagination, insights, interpersonal relations, self-understanding, plans for the future, goals, perceived meaning in life, ethics, and morality. In all these cases, emotions are central, because:

[...] they signal situations that are personally important but that might be either inchoate or just beyond the edge of easy understanding. The simulations that are novels, plays, movies and so forth can allow people to find out more about the intimate implications of their emotions. They offer a laboratory space that, relative to real life, is safe and can make the relations of emotions to goals and action easier to understand. (Ivi, p. 112)

The idea that fictional experiences constitute a ‘laboratory’ for emotions and social experiences is central in Oatley’s view and it represents a compelling answer to the age-old question, more relevant than ever in our technocratic society: what are narratives for? Oatley tried to answer this question together with Raymond A. Mar in an article with the revealing title *The Function of Fiction is the Abstraction and Simulation of Social Experience* (2008). In their article the two authors suggest that literary fiction—a specific expression of the narrative mental mode—offers an invaluable repertoire of social information through simulations of selves in the social world (Mar & Oatley 2008, p. 173). We will see in the following chapters how this hypothesis has been tested, both in the laboratory and in the field.

Concluding this brief, introductory excursus of some of the differences between fiction and non-fiction, it should be stressed that, as a cultural artefact can contain both narrative and non-narrative elements, so fictionality and non-fictionality can coexist within a narrative, and it is often hard to delineate the exact boundaries, as in the cases of historical novels or (auto)biographical works. The dimensions of fiction and non-fiction should not be viewed as mutually exclusive, then. Not only they can coexist inside the same work, but they can even, in some cases, aim at the same purpose—for example a call to action, or a sensibilization, as in the case of essays and novels created to foster public engagement against an ongoing crisis—albeit with different tools and in different ways. On the one hand, in fact, art can be considered, as George Eliot famously did, “the nearest thing to life”. In her words:

The greatest benefit we owe to the artist, whether painter, poet or novelist, is the extension of our sympathies. Appeals founded on generalizations and statistics require a sympathy ready-made, a moral sentiment already in activity; but a picture of human life such as a great artist can give, surprises even the trivial and the selfish into that attention to what is apart from themselves, which may be called the raw material of moral sentiment. [...] Art is the nearest thing to life; it is a mode of amplifying experience and extending our contact with our fellow-men beyond the bounds of our personal lot. (Eliot 1856, p. 270)

On the other hand, this does not exclude that a major distance from the world and “fellow-men”, such as the one offered by “generalizations and statistics”—read: non-fiction—can be a source of positive progress for the individual or society as a whole, as it has repeatedly appeared along history after the publication of revolutionary scientific essays or influential news articles. What is different is the way in which such changes have been implemented and the forces that have been unleashed to do so: those of emotions, of imagination, of intrapersonal and interpersonal relationships, on the one hand, and those of logic, argumentation, observation of nature, on the other. Or, finally, a skilful combination of all of these.

From all that has been said so far, it seems clear that narrative works are a complex mixture of multiple categories of elements, features, and influences, and just as many identities and people participate and interact with them, bringing along their own cultural, social, and psychological heritage. How is it, then, that certain works reach such an apparently prodigious balance of properties and elements to leave indelible marks on the life of thousands, even millions of people, winning the title of immortal masterpiece or ‘classic’? Such an observation makes us wonder what a ‘literary’ work is and how it stands aside from the others.

The concept of ‘literariness’ seemed to receive a fatal blow with the rise of postmodern and poststructuralist literary criticism, which denied the existence of any distinctiveness, any exceptional characteristics belonging to those works that had been traditionally included in the literary canon of modern nations. The aim of such critics was the refusal of any form of textual authority and scale of values, while rejecting the distinction between ‘high’ and ‘popular art’, and focusing on the reader’s reception and

interpretation of the text (Barry 2002). However, as highlighted by David S. Miall and Don Kuiken, recent empirical studies have shown how readers actually react differently to texts commonly considered ‘literary’ compared to those that are not (Miall & Kuiken 1999). Analysing those results, Miall and Kuiken suggested “a three-component model of literariness involving foregrounded textual or narrative features, readers’ defamiliarizing responses to them, and the consequent modification of personal meanings” (Ivi, p. 121). Miall and Kuiken’s theory, then, does not return to the original concept of literariness as a characteristic set of observable text properties and devices, as first proposed by Russian Formalists and Roman Jakobson, who coined the term in 1919 (Baldick 2008, p. 188). Nor do they consider it the results of a set of cultural and social conventions. They argue, instead, that “literariness is the product of a distinctive mode of reading that is identifiable through three key components of response to literary texts” (*Ibidem*), namely foregrounded textual or narrative features, readers’ defamiliarizing responses to such features, and the consequent change in personal meanings following the narrative experience. This definition has been produced by Miall and Kuiken after the analysis of readers’ commentaries to text passages, which showed how readers of literary works are first struck by some stylistic variations—foregrounding—and narrative features, which are rare in more popular texts. Through the use of stylistic devices, such as alliteration, metaphors, and metonymies, readers become involved in what Miall and Kuiken called ‘enactment’ (Miall & Kuiken 1998). In this mode of personal engagement with literary reading, explains Oatley:

[...] the boundaries between reader and poet became blurred, and the reader reflected on existential issues. Defamiliarization thus first prompts dissolution of aspects of a schema. Insightful resolution can occur when the schema reaches a new accommodation (Oatley 1999, p. 112).

Those variations, then, unsettle the conventional channels of understanding, producing a sense of temporary disorientation, a ‘defamiliarization’ with the subject of the text. A phase of reflection and reinterpretation follows, during which the readers try to give order and meaning to the new feelings and images inspired by the foregrounded features and the consequent defamiliarization, resulting in the enrichment or modification of

aspects of life and elements of the world that receive new light thanks to the reading experience (Ivi, p. 122). Literariness, then, according to Miall and Kuiken “is constituted when stylistic or narrative variations strikingly defamiliarize conventionally understood referent and prompt interpretive transformations of a conventional concept or feeling” (Ivi, pp. 122-123). All these three components must be present for literariness to emerge and be perceived as such. The result is, for the reader, a form of psychological change that is far more difficult to attain by reading ‘ordinary’, non-literary texts. What is important to notice here, in my opinion, is that, again, the true value of literature is not found in the text alone, nor in the reader, nor in the author, the social, cultural, or natural environments, but in all these elements together, whose reciprocal influence the concept of literariness help to understand and appreciate in a special way. In Miall and Kuiken’s words:

“[...] literariness at its most fundamental level is an outcome of our psychobiological inheritance that involves linguistic capabilities, feeling expression, and self-perception. Drawing on these capacities, literary response plays a critical role in alerting us to alternative perspectives on our selves and on our social and natural environments. (Ivi, p. 124)

Literariness, then, while moving from specific features of the text, which represent its level of foregrounding, does not produce the same effects in every reader, quite the contrary. Making the readers experience defamiliarization, it induces them to reflect on what is more individual and subjective. This is the link between the universality of art and its identity-asserting power, which makes it so difficult to foresee its effects, but also makes them sometimes so potent. It is this dynamic force that the various forms for narrative and artistic therapies have long tried to channel towards their goals, as we will see in Chapter IV and V. Examining how and if such endeavour is possible will be the concern of the next chapters, which will move from a more theoretical level of research and explanation towards the analysis of case studies and field experiences.

Narrative and non-narrative, story, fiction and non-fiction, literary and non-literary. We have travelled through these concepts, seeing how their common use hides a gamut of literary, philosophical, and psychological possibilities that centuries of study and experience have not been enough to completely discover. Given such a

(inexhaustible?) indeterminacy, one has to make choices to move on, employing those definitions that seem more convincing and practical for one's own purposes, while remaining conscious of the existence of different opinions. To clarify a little more what was my choice in the context of this dissertation and to show the relationship between the concepts I have introduced, I propose the following diagram. It is a simplification, which does not convey a fundamental aspect, already stressed: real narratives—as well as non-narratives—are not uniform, and each one of the categories and features of narratives that can be identified has similarities and regions of overlapping with neighbouring ones. For the sake of clarity, I preferred to graphically represent each element of the diagram as separated, but the foregoing should be kept in mind.

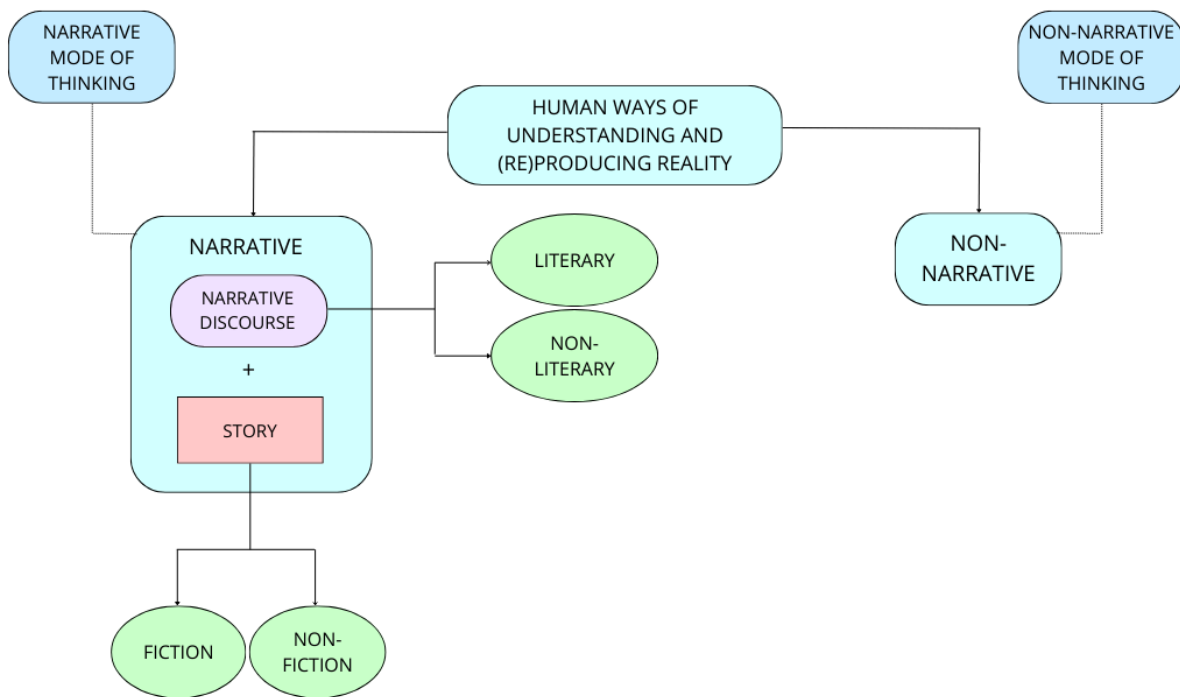


Figure 1: Diagram of the main theoretical concepts related to narratives (my work).

4. Summary

In this first chapter I offered an overview of the main concepts and keywords of this dissertation. Far from aiming at exhausting the subject, which is extremely vast and touches such different realms as literary and art theory, cognitive psychology, and

multiple philosophical branches—aesthetics, epistemology, and ethics, to name a few of the most significant—I wished to offer a taste of all these different influences, showing how the concepts we have mentioned are similar to passepartouts that open many doors. At the same time, I tried to clarify, first of all to myself, what I had in mind when I was repeatedly using—and sometimes misusing—words that were at the very basis of my dissertation and academic path as a whole. While sometimes I found myself invariably compelled to choose among definitions and theories that were too far apart one from the other, it was more often the case that each of the considerations that I took as guides along this journey from experienced researchers and scholars contribute to my increasingly vast and rich picture of the galaxy of narratives.

Now it is time to enter the rooms of the disciplines mentioned above, and many others, where we will see more in detail how authors from antiquity till the present day have attempted to untangle the knot made of all the strings of the debates on narrative and narration. We will find again some of the points touched in this first, ‘terminological’ chapter, which I hope to further enlarge and connect with many other perspectives and points of view, ranging from neuroscience to medical education, migration theory, and trauma studies. The scope is wide, but it reflects the potentially universal application of the tools and structures of narratives. By showing it, I hope to ward off the tendency, frequent inside and outside academia, to build fences between theories, systems, and practices. Resorting one more time to the metaphor of the ‘One Knowledge oak’, I will try to show how none of its branches can hold all the tree’s fruits by itself.

Chapter II. The ‘Humanistic Mirror’: What Narratives Are and Do from a Humanistic Perspective.

[...] this striving to find a meaning in one’s life is the primary motivational force in man.

—Viktor E. Frankl, *Man’s Search for Meaning*

1. Introduction

However appealing the image of an array of disciplines all aiming at the same goal in perfect harmony may appear, reality is undeniably different. Greatly simplifying, we must admit the formation, along history, of a rift between the so-called ‘humanities’ and the so-called ‘natural’ and ‘hard’ sciences. Representatives of the two academic archipelagos have pursued different goals with different methodologies, and with changing fortunes. Their ultimate mission, however, can be considered the same: know all that they deem possible of their subject of studies. Given this common intent—and with such procedural differences—we may then hypothesise that a collaboration is feasible even when the topics that are investigated are the same. Especially in this case, we may add, as the insights and information provided by the two approaches can combine without clashing if there is the will to learn one from the other. I think this is especially true when exploring narratives, as their epistemological and philosophical nature is truly transversal, engaging and provoking theoretical and empirical research from all disciplines.

To test this hypothesis, in the next two chapters I will review some of the main theories that, over the centuries, have been produced to explain the nature of narratives, their origin, meaning, and the effects they have on human life. In particular, I will dedicate Chapter II to the philosophical, literary, and psychological sources of such explanations, which I dubbed the ‘Humanistic Mirror’. Humanities, in fact—albeit in the varieties of their forms—are all united by the reflection on what it means to be human and what are the characteristics, forces, and meanings that mould human existence and experience. Chapter III, on the other hand, will be devoted to the analysis of the biological and neurological explanations of the narrative processes, which I

dubbed the ‘Scientific Lens’. As lenses are used to study the world outside the observer in the most detailed, objective, and impartial possible way, so the natural sciences applied to narratives try to identify the empirical and quantifiable effects of narratives on the human body. The aim is to make prediction and replication possible even in such an apparently subjective and contingent realm as narratives, with direct repercussions on how they are used in scientifically controlled therapeutic and healthcare contexts. The two approaches—the ‘Humanistic Mirror’ and the ‘Scientific Lens’—however, as we will see, frequently intersect and refer one to the other, showing once more the interdisciplinary and transdisciplinary nature of the issues we are dealing with, which is the true dimension of this dissertation and the most promising direction of research in the field. Differences in epistemology and methodology, on the other hand, exist and should be valued and harnessed for the common goal, not diluted. The risk is to create confusion among researchers and to lose the rich heritage that each disciplinary tradition may provide. Whereas my aim is, as anticipated in the Introduction, to analyse *and* combine all the possible perspectives on the topic, offering an investigation of it that is as comprehensive as possible, finding consensus beyond and across the disciplinary boundaries, while, of course, never calling itself definitive.

2. *A Narrative of Narratives*

Narratives—in the literary sense of poetry, myths, fairy tales, stories, novels, and historiography—have fascinated artists, philosophers, critics, but, most of all, lay people for millennia, especially for their tremendous power of engaging both the mind and heart. As a clear evidence of that, the vast majority of the ancient cultures considered poets and storytellers endowed with a divine power, chosen by the gods to communicate a divine message or teaching, to reveal the prodigious origins of a people, or to anticipate their glorious—or infamous—destiny. Despite the undeniable social value attributed to those poets and first ‘narrators’—who, on the other hand, were not considered autonomous creators, as their narratives were thought to be inspired by the gods—there was not a clear conscience of the structures and dynamics of narratives, as the transcendental role attributed to them was not unique nor separated from other manifestations of the spiritual-human relationship. The world as a whole was considered permeated by metaphysical forces that humans could channel through rituals, dances,

sculptures, paintings, but also fighting and sport. Words, then, were just one of the vehicles of the transcendental. It took centuries to question such a worldview, and, specifically, the divine nature of poetry and narration. Two of the first—at least in the Western World—systematic examinations of the poet’s role and of the effects of poetry in a community were conducted by Plato and Aristotle, and influenced philosophical and critical debates for centuries. In Plato’s *Republic* (ca. 375 B.C.E.) and Aristotle’s *Poetics* (ca. 335 B.C.E.), in fact, the poet is no longer considered as an agent of the gods, but as a common human being, a citizen of the Greek *polis*, albeit endowed with talents which can deeply affect people who listen to them or read their works, with possibly negative consequences—as mainly stressed by Plato—or positive and even therapeutic, cathartic ones—as famously emphasised by Aristotle. From this moment on, poetry and all the other forms of telling and writing—such as the classical rhetoric, historiography, and drama, among the other genres that eventually converged under the label of ‘literature’—lost their transcendental status, and became part of the disciplines commonly taught to members of the privileged classes. At first, they had a primary role in education, but then—especially since the beginning of the early modern period—around 1500 C.E.—and after the Scientific Revolutions of the following centuries—they increasingly gave way to other, more ‘objective’, ‘practical’, and profitable disciplines. With the development of the new sciences, in fact, based on empirical observation, experiments, and the scientific method—and no more simply on the authority of the ancient authors—a new philosophical course began, one in which the power of reason was declared dominant and the only one capable of giving life and reality order, logic, and meaning. Such a cultural revolution—albeit prepared by centuries of reflection and debates, and not at all uniform across the countries and social classes—accompanied the transition from Humanism and Renaissance—where the role of the humanities and the arts was still central—to the Enlightenment. This cultural transformation was accompanied by social, political, and economical ones, such as those that led to and derived from the American, French, and Industrial Revolutions. From the philosophical point of view, the Enlightenment evolved into Positivism, dominated by the belief in the human capacity of explaining reality objectively through scientific observation, while rejecting *a priori* or metaphysical speculations. The laws of nature that positivists explored, moreover, were believed to control human and social

phenomena as well, as advocated by Auguste Comte (1789-1857), the inventor of modern sociology and father of positivism. Human phenomena, therefore, were placed 'under control' of the 'pure' and natural sciences, such as maths, geometry, mechanics, physics, chemistry, biology, and the new science of sociology. At such a stage, literature—and the arts in general—although still practised and valued by the wealthy social classes, became less and less influential in education and in the philosophical debate, mainly because of the reduced power of understanding and explaining reality that was now attributed to them, compared to the new, burgeoning scientific fields. This does not mean that forms of narratives were not popular or influential, quite the contrary. XIX and XX centuries were the golden age of the novel, both romantic and realistic, which, thanks also to the rising levels of literacy obtained through the first national reforms introducing mandatory education, reached a huge popularity, quickly becoming the hegemonic literary genre, also—and mainly—among the middle classes. Novels that later became classics of World Literature, such as those of Jane Austen (1775-1817), Victor Hugo (1802-1885), Charles Dickens (1812-1870), Fyodor Dostoevsky (1821-1881), and Lev Tolstoy (1828-1910), sold millions of copies already at the time of their publication, leaving an indelible mark on the cultural and psychological soil—both at the social and individual level—of countless generations until the present day. This 'golden age' of the novel and of the philosophical, political, and spiritual meta-narratives supporting it, however, seemed to find a rapid decline between the end of the XIX and the first decades of the XX century. At that age, the optimist outlook on the destiny of humanity and on the human abilities to improve individual and social conditions declined. It is interesting to notice that while scientific research in multiple fields—such as medicine, engineering, and technology—continued to reach new, outstanding results, producing undeniable and tangible material benefits for increasingly larger parts of the population, debates concerning aesthetic and human values experienced a complex moment of instability. Such a distinction further confirmed the sharp separation between the 'scientific' and 'humanist' worlds that had been taking shape for centuries. The focus on subjectivism typical of the modern age, combined with the total rejection of everything that was perceived as belonging to the past and tradition—with some notable exceptions of authors and artists influenced by mythology and ancient history and religions, however observed under a modern

lens—led to a desire for experimentation and innovation, especially in culture and the arts, where a series of different movements and individual and collective projects were united under the title of Modernism. As explained by Peter Barry in his *Beginning Theory: An Introduction to Literary and Cultural Theory* (2002):

Modernism was an earthquake in the arts which brought down much of the structure of pre-twentieth-century practice in music, painting, literature, and architecture. [...]

In all the arts touched by modernism what had been the most fundamental elements of practice were challenged and rejected: [...] In literature [...] there was a rejection of traditional realism (chronological plots, continuous narratives relayed by omniscient narrators, ‘closed endings’, etc.) in favour of experimental forms of various kinds. (Barry 2002, p. 81)

Modernist authors, albeit not uniform in their style and thought, are considered authors as different as, for example, Marcel Proust (1871-1922), Virginia Woolf (1882-1941), James Joyce (1882-1941), Franz Kafka (1883-1924), Ezra Pound (1885-1972), T.S. Eliot (1888-1965), William Faulkner (1897-1962)—in the name of that desire of novelty, experimentation, and expression of individuality. Their literary works had in common some characteristics, which also deeply influenced the comprehension of the role and nature of narratives during the modern age. Such characteristics were:

1. A new emphasis on impressionism and subjectivity, that is, on *how* we see rather than *what* we see [...].
2. A movement (in novels) away from the apparent objectivity provided by such features as: omniscient external narration, fixed narrative points of view and clear-cut moral positions.
3. A blurring of the distinctions between genres [...].
4. A new liking for fragmented forms, discontinuous narrative, and random-seeming collages of disparate materials.
5. A tendency towards ‘reflexivity’, so that poems, plays and novels raise issues concerning their own nature, status, and role. (Ivi, pp. 82-82)

From these elements we can understand how modernity, especially for artists, authors, and scholars, but also for a large part of the society whose thoughts and feelings they condense, express, and transcend, was a period of sharp contradictions. On one side, scientific development, new discoveries, and technologies; on the other, disorientation, uncertainty, desire for change, but also for simplicity in a reality perceived as too complex and unpredictable. Such conflict between outer material well-being and inner pessimism became all the more evident and painful with the two World Wars, the great catastrophes of the first half of the XX century that definitely wiped away any hope in a bright future achievable only through tireless scientific progress. While Modernism—as a loose term covering a wide range of artistic, cultural, and philosophical elements—first tried to make evident the complexity of the world by focusing on the subject and on personal experience as final and unique parameter of judgement and safe reality, it lately appeared clear that such a choice could not offer any positive solution to the perceived chaos. Progressively supported also by new scientific discoveries and theories—such as the studies of the unconscious spurred by Freud’s psychoanalysis and the rising importance of the concept of relativity in the hard sciences—new strands of thought turned towards a vision of the world where, paradoxically, no vision is possible, or at least no universally accepted ones. Let alone a narrative of such a world. All of this contributed to a new phase in Western thought, or rather to the emergence of a new mood towards that feeling of fragmentation and loss of any kind of points of reference—empirical, moral, artistic, and philosophical—that was first addressed by Modernism. This new stance was dubbed ‘Postmodernism’, a term variously used from the end of the XX century to describe a departure from the principles and characteristics of modernity in the arts and philosophy. As definitions of Postmodernism and its differences from Modernism vary significantly across authors and disciplinary fields, and as chronological attributions are disputed, it has been suggested that:

[...] there is more continuity than difference in the movement from modernism to postmodernism, and that the latter represents a crisis within the former in which fragmentation and ephemerality are confirmed while the possibility of the eternal and the immutable is treated with far greater scepticism. (Harvey 1989, p. 116, as in Hawthorn 1994, pp. 119-120).

Moreover, Jeremy Hawthorn, in his *A Concise Glossary of Contemporary Literary Theory* (1994) highlights how the term 'Postmodernism' may refer to different concepts, movements, and periods, which are, all the same, related to one another:

Postmodernism, then, can be used today in a number of different ways: (i) to refer to the non-realist and non-traditional literature and art of the post-Second World War period; (ii) to refer to literature and art which takes certain modernist characteristics to an extreme stage; and (iii) to refer to aspects of a more general human condition in the 'late capitalist' world of the post-1950s which have an all-embracing effect on life, culture, ideology and art, as well as (in some usages) to a generally more welcoming attitude towards these aspects (Hawthorn 1994, p. 122)

The modernist elements commonly taken to extreme forms by Postmodernism include the rejection of the conception of art as representation in favour of self-reference and self-reflexive elements, often in a non-serious way; the rejection of the organicity and idealisation of the work of art; and the rejection of traditional characters, plots, and even of meaning itself, considered as illusory concepts (Ivi, pp. 122-123). The philosophical basis of such a stance is substantially relativistic and neo-nihilistic: it is assumed that there is no 'truth' that can be discovered, no meaning, nor even reality or 'real world' outside the illusory work of the mind. From what said so far, it follows that for Postmodernism narratives are pointless linguistic construction, born with the original sin of pretending to give an artificial order to a reality that is not simply chaotic, but even non-existent—or at least unknowable, which is nearly the same—and to find meaning where there is none. Given the centrality of the notion of 'narrative' and, most importantly, of its rejection by postmodernist authors, as summarising almost all the categories of thought they consider fallacious—chrono-causal order, reference, and meaning—it is no surprise that Jean-Fançois Lyotard (1924-1998)'s famous definition of 'postmodern', contained in *The Postmodern Condition: A Report on Knowledge* (1979/1984), revolves around the concept of narrative:

Simplifying to the extreme, I define postmodern as incredulity toward metanarratives. This incredulity is undoubtedly a product of progress in the

sciences: but that progress in turn presupposes it. [...] The narrative function is losing its functors, its great hero, its great dangers, its great voyages, its great goal. It is being dispersed in clouds of narrative language elements—narrative, but also denotative, prescriptive, descriptive, and so on. Conveyed within each cloud are pragmatic valencies specific to its kind. Each of us lives at the intersection of many of these. However, we do not necessarily establish stable language combinations, and the properties of the ones we do establish are not necessarily communicable. (Lyotard 1979/1984, p. XXIV).

Metanarratives or ‘grand narratives’—such as religions, political and social movements, and faith in the scientific progress—are, according to postmodernists such as Lyotard, merely illusions with collective and individual effects, often created by élites to preserve and perpetuate their power, suppressing any form of “difference, opposition, and plurality” (Barry 2002, p. 84). Freed from metanarratives, the postmodern individual may still make use of narrative structures, but just to create and sustain “‘mininarratives’, which are provisional, contingent, temporary, and relative and which provide a basis for the action of specific groups in particular local circumstances”, as Barry explains (*Ibidem*). Where the distinction between ‘metanarratives’ and ‘mininarratives’ rests and if it is possible at all to inhabit any kind of narrative, however ‘small’, without trusting that the meanings it proposes has some form of reference in the real world, are subjects of debate.

The one towards metanarratives is not the only incredulity which characterises the postmodern vision of life and of the world we inhabit, whatever it might be its true nature. Strongly linked with it is the idea that the only postmodern ‘reality’ is simulation and representation, without anything ‘real’ to which it refers, as expressed by Jean Baudrillard (1929-2007) in his *Simulations* (1981): “It is no longer a question of imitation, nor of reduplication, nor even of parody. It is rather a question of substituting signs of the real for the real itself [...]” (Baudrillard 1981/1983, p. 4). This leads to a new kind of world where there is no more difference between real and representation: everything is ‘hyperreal’, “sheltered from the imaginary, and from any distinction between the real and the imaginary, leaving room only for the orbital recurrence of models and the simulated generation of difference” (*Ibidem*). When representations simply point to other representations and signs to other signs, in conclusion, there is no

underlying, common reality, and the sign itself becomes devoid of meaning. Within Postmodernism, Barry concludes, “the distinction between what is real and what is simulated collapses: *everything* is a model or an image, all is surface without depth [...]” (Barry 2002, p. 85). But can we accept that everything is simulation while rejecting the main features of narratives? Can we just believe—and live—in a (hyper)reality made of ‘mininarratives’ without referential value, ephemeral, and contingent, which are—in theory—shareable with other people in the same context but, at the same time, unsupported by any major narrative that allows a common ground for dialogue or even confrontation? Postmodernist approach to narratives is more nuanced than it could appear at first sight, and while postmodernist literature may appear ‘anti-narrative’ in the way it—broadly speaking—values intertextual elements, parody, pastiche, irony, absurdity, and ‘narcissism’ (Ivi, p. 87), the necessity of narratives to order at least the illusions of reality human beings inhabit emerges as strong as ever. This is why the age of postmodernism largely coincides with many manifestations of what was later named the ‘narrative turn’.

3. *The Narrative Turn(s). When? Where? Why?*

No one of the great cultural and philosophical movements we have briefly reviewed in the previous section was born, developed, and declined in isolation, nor it had a precise start and end date, as if it were a perfect bubble containing all the intellectual life of an age, appeared after the vanishing of the previous and flying towards the next. Change in thought, opinions, theories, ideologies, and (meta)narratives are not evenly distributed among the population, not even in the more restricted and culturally homogeneous classes or intellectual groups. How an idea or a set of ideas obtain public attention and resonance is a complex and largely unpredictable phenomenon. Everything may start from the intuitions of a single or a small group of philosophers or artists, who are, on the other hand, always part of a social, political, cultural, and economical environment. The ideas and cultural choices of such innovators may be immediately recognised as groundbreaking, or, instead, may need many years to be truly valued and appreciated. In any case, we should never forget that overarching denominations, such as ‘Modernism’ or ‘Postmodernism’, even when applied to an entire age, are not only dependent to the specific place—other countries may have not experienced similar phenomena—and the

socio-cultural group—large part of the population may have remained indifferent or unaware of the cultural change—but are also abstractions and over-simplifications. Each society, as a matter of fact, is composed by a dense network of different and sometimes opposing impulses, and only *a posteriori* it is possible to approximate which one became the leading force, deserving a proper name, and usually when it is already losing part of its influence.

From what has been said, we may try to probe the complex period at the intersection of Modernism and Postmodernism to find early signs of the rising interest toward narration and narratives. While some of the leading cultural figures of the XX century called for an end of the influence of (meta)narratives in human life, asserting the impossibility of knowing objective reality and find a meaning that transcended contingent needs, in fact, others reflected on the nature of narratives, how they are formed and how they exercise such a relevant—even if maybe illusory—function on the way we act and think. Such an interest, initially scattered and inhomogeneous, slowly attracted the attention of a new generation of thinkers, who suddenly realised how the influence of narratives were more powerful and widespread than ever, and in the most diverse disciplinary fields. Martin Kreiswirth was one of the first to highlight this vast and diverse interest in narratives and narrativity, which he called the ‘Narrativist Turn’, described as “a virtual explosion of interest in narrative and in theorizing about narrative”, which, even more surprisingly, “has been detonated from a remarkable diversity of sites, both within and without the walls of academia” (Kreiswirth 1992, p. 629). Why talk about a ‘turn’, on the other hand? Had not narratives, stories, poems, and folktales been objects of study for centuries and even millennia—at least since Plato and Aristotle, as we have seen—before this last revival? Surely, they had, but, as Kreiswirth observes,

Although people have talked about and analysed stories for millennia, the institutional study of narrative for its own sake, as opposed to the examination of individual narratives, narrative features, or correspondences between them, is a fairly recent phenomenon. Only within the last four decades or so have researchers [...] begun looking squarely at narrative itself, asking rigorous questions not about this or that narrative or story, but about exactly what a story is, where it occurs, how it works, what it does, and for whom. (Kreiswirth 2005, pp. 377-378)

Given the diversity of research traditions that started investigating the influence of narratives in their own fields, on the other hand, other authors, like Matti Hyvärinen, preferred to talk about more than one ‘narrative turn’. In his article *Revisiting the Narrative Turns* (2010), in fact, Hyvärinen describes what are, in his opinion, at least four ‘narrative turns’, which appeared in separate disciplinary fields in the second half of the XX century, inspiring and influencing each other. These turns are:

- (i) the narrative turn in literary studies and linguistics;
- (ii) the narrative turn in historiography;
- (iii) the narrative turn in social sciences;
- (iv) a broad “intellectual-cum-socio-cultural change towards narration” (Hyvärinen 2010, p. 70).

I will review them briefly.

The first narrative turn identified by Hyvärinen in literary studies and linguistics began in the 1960s, “after the structuralist reception of the newly translated *Morphology of the Folktale* by Vladimir Propp” (Ivi, p. 72). Structuralism, which appeared in France in the 1950s with the works of authors such as Claude Levi-Strauss (1908-2009) and Roland Barthes (1915-1980), aimed at understanding texts not in isolation but “in the context of the larger structures they are part”; such structures “are those imposed by our way of perceiving the world and organising experience, rather than objective entities already existing in the external world” (Barry 2002, p. 39). The translation into English of Propp’s work (first in 1958, then in 1968), which identified recurrent structures and situations in Russian folktales—famous are Propp’s repertoires of thirty-one ‘functions’ and seven ‘spheres of action’ of fairy tales—was warmly welcomed in the context of French structuralism, who found in it useful tools to analyse the apparently infinite variety of narratives in a formalised way, based on abstract structures. This first ‘turn’, then, managed to extend the relevance of the concept of ‘narrative’ beyond its long-established literary boundaries, eventually including all the materials and media capable of transmitting a narrative.

The second ‘narrative turn’ described by Hyvärinen took place in the field of historiography. Influenced by postmodernist ideas, historians of the second half of the XX century experienced a strong rejection against the ‘realism’ of the traditional

biographical studies and of historiography in general, no longer considered as an objective representation of what happened in the past, but as a constructed artefact, deeply perspectivist and designed following the ubiquitous rules of narration. What emerged was a fierce debate between those defending the role of historiography as a detached and neutral representation of past ‘truth’, and those who tended to erase the differences between historiography and ordinary, literary, or fictional storytelling, thus subjecting it to ideological and emotional influences, both external and personal.

The narrative turn in Social Sciences, then, “ranging from Law and education to cultural studies and philosophy” (Hyvärinen 2010, p. 74), while already introduced in the 1980s by influential works such as the collective volume *On Narrative* (1981) edited by William J. T. Mitchell led to a peak of interest and publications in the 1990s. Such a diffuse and pervasive attention towards the theory and practice of narration—at this age sustained by a vast academic literature—was the sign and consequence of a deep transformation in the conception and role of narratives, which definitely became an accepted tool of (self)analysis in every field of human knowledge, and especially powerful in the so-called ‘human sciences’. In this field narrative theory appeared as a new epistemological framework, alternative to both a pseudo-scientific approach and a too speculative and abstract one. As proclaimed by Daniel Bertaux, talking about sociology:

[...] the two forms through which sociology is expressed these days, namely the ‘scientific’ form that the quantitative empirical discourse invariably takes, and the philosophical form of abstract theoretical discourse, are both obsolete. [...] I have come to the conclusion that we should try and develop a different form of discourse, namely ‘*le récit*’ (narration). (Bertaux 1981, p. 43)

Narration, according to Bertaux, may perform a double function:

Narration need not be atheoretical, but it forces the theoretician to theorize *about something concrete*. If its form is simple, it can be used to convey highly complex contents [...] and it forces us to transcend the analytic stage, at which we stop too often, and to move towards synthesis. (*Ibidem*)

The power of synthesis which is proper of narratives is thus their most precious feature. Narratives can offer that ‘sense of reality’ that is so hard to obtain through other communicative or cognitive tools, and that can also represent the ‘bridge’ between the intellectual and the outside world, as recognised by Bertaux himself, who thus addresses his fellow sociologists:

As intellectuals, we do have something to add [...]; however, this can also take the narrative form. We should tell stories; not only the life stories of various people but also the story of such or such a pattern of social relations, the story of a culture, of an institution, of a social group; and also, our own story as research workers.
(*Ibidem*)

Such a revolutionary approach, which later continued to expand to other research domains, was based on two major principles. First—following Lyotard’s and the postmodernist rejection of *grand narratives*—small, marginal, and often neglected narratives received a new reappraisal and rehabilitation, officially entering, often for the first time, among the objects of interest of research and academia. Secondly, an existential vision of life as narrative with a beginning, an end, individuals and identities as characters, and some goals to move towards became predominant, leading to the conclusion that narratives and storytelling are useful—and potentially beneficial—tools to understand both people and societies (Hyvärinen 2010, pp. 75-76).

Given the current pervasiveness of the categories of narrativity in the intellectual discourse at all levels, Hyvärinen concludes his review of the ‘narrative turns’ by hinting at a larger socio-cultural turn to narrative, with “many different aspects and facets” (Ivi, p. 77). In particular, globalisation and new communication technologies make the necessity of narrating oneself even more common and relevant, and the structures, institutions, and organisations capable of influencing those narratives even more powerful. Related to the considerations about the influence and effects of narratives on contemporary human beings are the consequences of what I propose to be a fifth ‘narrative turn’, this time an intrinsically pragmatic one, concerning the variegated world of therapy. As we will see in detail while exploring the different forms of narrative therapy and bibliotherapy, the use of narratives to help people take care of their physical, mental, or spiritual health has a long history. The fact that Aristotle

himself recognised a cathartic effect in the experience of Greek tragedy, while Plato warned against the potential corruptive influence of poetry, is evidence of how literature and narratives have been considered since remote times more than simple entertainment activities. On the other hand, limiting our analysis to the modern age—when the holistic view of human being as an indivisible whole made of body and soul was replaced by a system of separable parts subjected to the law of nature and science—it would suffice to note that the term ‘bibliotherapy’ itself was invented in 1916, referring to the use of books for the treatment of mild psychological conditions (Crothers 1916). This is a proof of how practice, in the case of narrative therapy, well preceded theoretical speculation. While in the beginning scattered between many different experiments and isolated groups, on the other hand, this ‘narrative turn in therapy’ is now reaching a stage of maturity where interdisciplinary and transdisciplinary dialogue and research are finally flourishing. Humanities, education, and medical disciplines, in fact, not only took inspiration from the narrative turns in the intellectual debate, but also anticipated some of their assertions, observing and testing in daily life the multiple manifestations of the powers of narratives and developing new forms of employing them.

At this point, with so much work and study around narratives already produced and still on the way, we may ask what, if something, is missing. Such a question seems to reflect the main concern of Ursula K. Le Guin’s contribution to Mitchell’s work, a hybrid text combining the features of a poem, a tale, a nursery rhyme, and essay, which manages to summarise some of the main unresolved issues of narratology. As when it asks:

The *histoire* is the what
and the *discours* is the how
but what i want to know, Brigham,
is le *pourquoi*.

Why are we sitting here around the campfire? (Le Guin 1981, p. 188)

It is to answer to this *pourquoi* that neuroscientists are exploring the neural correlates of narrative experience, while cognitive psychologists try to understand in what ways narratives help human beings interact with each other and with their environment, while preserving a sense of identity and self-consciousness that can help them not to fall into

existential chaos. Informed by all these strands of research, but also strongly relying on experience and practice, the many forms of therapies making use of narratives seem to have made more progress toward the understanding of the *why* than many theoretical disquisitions. By offering a review of some of the most representative case studies and practices in narrative therapy, I will try to convey the important role narratives can have not only as abstract constructions for textual analysis, but also for the everyday life of people. That, I hope, could help give a direction and an orientation to the forces moving those narrative turns we have just introduced.

4. The Triangle of Meaning

As previously said, the main reason that explains the existence of narratives and their extraordinary success along the history of humanity is their capacity of giving an order and a meaning to the various experiences of reality, not only those perceived through bodily sense, but also those belonging to the sphere of the mind, emotions, feelings, and social relationships. It is far from clear, however, how this ‘meaning-making’ function works, and if and how it can represent a cognitive and affective asset for everyday life. To try to give an order to some of the possible answers to these complex issues, I propose an abstract tripartition that could help observing the dynamics of narratives in constructing meaning for what concerns the three major categories of relationships that characterise human life. I call this ideal architecture the ‘Triangle of Meaning’, a set of narratives and narrative tools whose continuous construction and reconstruction can help navigate the troubled waters of doubt and use their energy to sustain human quest for a meaning in life. Such an imaginary triangle can be viewed as a hyper-simplification of much of what constitutes human experience, distributed around three vertices—distant, but always connected. One vertex corresponds to the perception that the individuals have of themselves, of their own life and identity, which we can consider having a narrative form. I call it the Identity Vertex. A second vertex corresponds to the perception of and the relationships with other entities that the individuals consider similar and—at least partially—understandable, however separate from themselves. Such ‘others’ can be both endowed with free will and communicative and interactional abilities—other people—and devoid of such characteristics—such as characters in a story. I call it the Relational Vertex. A third vertex corresponds to the

perception and relationships that individuals have with what they consider ‘other’ to themselves, not fully understandable and not fully individualisable, such as the external natural world, or the infinite possible worlds evoked by a narrative. I call it the World(s) Vertex. As in any triangle, such vertices are connected and influence one another. We can fairly say, then, that no identity is possible in isolation from other beings and the outside world, nor that perception and understanding of other identities and realities can be totally objective and disconnected from an individual perspective. This classification—one of the many possible—may be a useful tool to not get lost among the many theories of the role of narratives in life, and to keep in mind which are the main stakeholders in the web of narratives that compose the framework of our perception and action within reality. In the next sections, I will further explore my understanding of the three vertices.

The Triangle of Meaning

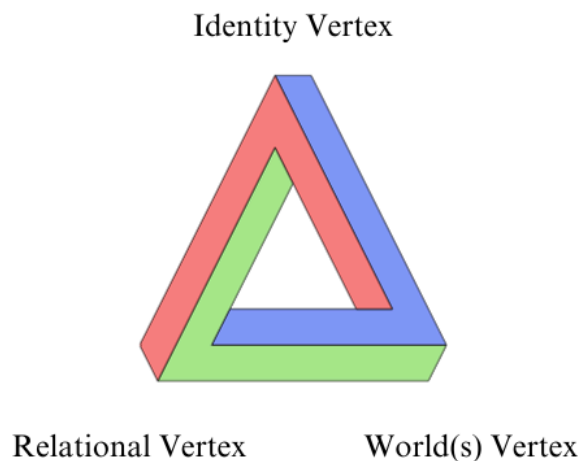


Figure 2: The Triangle of Meaning (my work).

4.1. *The Identity Vertex*

Philosophers, psychologists, and narratologists who contributed the most to the narrative turns described by Hyvärinen often suggest that the true nature and shape of human identity is that of a narrative. In a narrative, as a matter of fact, seem to converge all the elements that allows people to rely on a sense of self-consciousness and presence in life: memory of past events, representation and possible re-living of feelings and

emotions, a history of the relationships with others, an awareness of one's own thoughts, dreams, fears, products of the imagination, plans for the future, and goals to be achieved.

One of the first scholars to point out the central role of narratives in human nature was the German folklorist Kurt Ranke (1908-1985). In his *Problems of Categories in Folk Prose* (originally published in 1967), Ranke coined the term *homo narrans*—the ‘storytelling man’—taking inspiration and developing Johan Huizinga’s idea of *homo ludens*—‘man the player’ (Huizinga 1938). Ranke aimed to “further pursue Huizinga’s attempt to reduce our culture to a few basic functions” (Ranke 1967/1981, p. 3), and identified in narration the true distinctive feature of humanity in comparison with the other species, as well as the basis for any form of human culture. As he explained:

[...] we can certainly assume that human beings—since they produced their first tools and ornaments, or developed their first simple forms of cult and magic [...]; since they first understood how to express their ingenuity through the artistic production of sculpture, engraving, and painting; since they first created gods and demons—that from the earliest days of their spiritual existence, human beings have given play to their emotions and conceptions through the narration of stories of all sorts. (Ivi, pp. 4-5)

Such narratives, in all likelihood, preceded by far any form of written language, and, even if we do not have tangible testimonies of it, we may assume that stories of various kinds were shared in human communities for millennia before their crystallisation in texts, folktales, or literary genres. As asserted by Ranke: “behind all the various and uniquely expressive facets of our narrative heritage there exist the internal drives and conscious will of humanity—humanity provides the only impetus for expression here” (Ivi, p. 9). Different narrative forms and structures, on the other hand, are “merely the hallmark of the individual creation. All variations in form are only the ephemeral and varied expression of an absolute content” (*Ibidem*). Ranke, therefore, do not limit his analysis to the final products of the narrative instinct, combining both a need and a wish—a sort of ‘neesh’ for narratives, as I have dubbed it (Meglioli 2021)—but rather broadens the horizon of the research and debate to reach its psychological and

anthropological core. The *homo narrans*, thus, “whose special gift is to give appropriate and suitable narrative expression to his unconscious impulses and conscious imaginings” (Ivi, p. 15) is

[...] at one and the same time, the representative of humanity, the representative of humanity’s wishes, dreams, and anxieties—and the representative of these thoughts and feelings as they are fictionalized and heightened into their appropriate narrative forms. [...]

The best aspects of all arts—poetry, painting, music—are grounded in those forms which *homo narrans* first invented—or should we say, which were invented in him? (*Ibidem*)

Since its first formulation by Kurt Ranke, the concept of *homo narrans* has gained increasing popularity, and has been re-asserted and further scrutinised by many authors, as an appropriate term to encapsulate the great, and finally fully recognized, importance of narratives and narration for human beings, as individuals, communities, and species. As highlighted by Ranke himself, on the other hand, it is not just in the field of literary studies that the categories of narrative and narration have been accepted, employed, and developed. This is the case of philosophy, as proved by the work of philosopher Alasdair MacIntyre. In 1981, MacIntyre published *After Virtue. A Study in Moral Theory*, an extensive analysis of the history and evolution of moral discourse since Aristotle to the modern age, with a particular focus on the different accounts of what is a virtue and which values have been considered virtues across the centuries. Such abstract and disputed issues may seem distant from the more flexible, subjective, and context-related reflections on narratives. It is not at all so, according to MacIntyre. While reasoning about morality and virtue, as a matter of fact, it is crucial to acknowledge the narrative character of human life. The two dimensions—the moral and the narrative—are intrinsically related. In MacIntyre’s words: “[...] to adopt a stance on the virtues will be to adopt a stance on the narrative character of human life” (MacIntyre 1981, p. 144). Such a statement finds its justification in the observation of human life:

If a human life is understood as a progress through harms and dangers, moral and physical, which someone may encounter and overcome in better and worse ways

and with a greater or lesser measure of success, the virtues will find their place as those qualities the possession and exercise of which generally tend to success in this enterprise and the vices likewise as qualities which likewise tend to failure. Each human life will then embody a story whose shape and form will depend upon what is counted as a harm and danger and upon how success and failure, progress and its opposite, are understood and evaluated. (*Ibidem*)

Therefore, to understand the narrative shape of life and the nature of virtues and vices are two sides of the same coin. This, of course, relies on a vision of the human being and human identity as intrinsically narrative. Here, the concept of ‘narrative’ is not intended, as MacIntyre clarifies, as “[...] the work of poets, dramatists and novelists reflecting upon events which had no narrative order before one was imposed by the singer or the writer; narrative form is neither disguise nor decoration” (Ivi, p. 211), but as the underlying way through which we understand reality and, as a consequence, decide how to act in it. Every action, according to such a view, can be identified and understood as “a particular episode in the context of a set of narrative histories” (*Ibidem*). This is not, on the other hand—as suggested by some authors such as Paley, as we have seen in Chapter I—a way of producing an illusory order in the otherwise unintelligible reality. Action itself, MacIntyre argues, “has a basically historical character”, and, as already stressed, “It is because we all live out narratives in our lives and because we understand our own lives in terms of the narratives that we live out that the form of narrative is appropriate for understanding the actions of others” (Ivi, p. 212). The relationship between narratives, the self, and the outside world is totally reshaped by this view, compared with what proposed by the sceptics of the ontological relevance of narratives. “Stories are lived before they are told”, claims MacIntyre, they are not retrospective rearrangements of unrelated events (*Ibidem*). What is, then, the link between the notion of action and that of narrative? MacIntyre’s answer is intelligibility. Understanding reality is nothing more or less than characterising actions as the “disjointed parts of some possible narrative” (Ivi, p. 215). But how is it possible to differentiate characters and actions in the world of reality and those in the world of imagination, if they share so many structural similarities? MacIntyre’s answer to the question is again as simple as keen: “The difference between imaginary characters and real ones is not in the narrative form of what they do; it is in the degree of their

authorship of that form and of their own deeds” (Ivi, p. 215). The demarcation line between human beings and imaginary ones lies, we may say, on free will and responsibility over it, however partial, as well as over their narratives. Moreover, as Paley recognised in teleogenic stories the most powerful and complex forms of narrative, so MacIntyre identifies as a crucial characteristic of lived narratives—along with the unpredictability caused by the others’ actions and the environmental constraints—a “certain teleological character” (*Ibidem*). The teleogenic form of narratives, in particular, is what allows people to imagine the future moving from past memories and present experience. An “image of the future”, MacIntyre explains, “which always presents itself in the form of a *telos*—or a variety of ends or goals—towards which we are either moving or failing to move in the present” (Ivi, p. 216). A narrative understanding of reality, then, is not the negation of ‘real life’, because

Unpredictability and teleology [...] coexist as part of our lives; like characters in a fictional narrative we do not know what will happen next, but nonetheless our lives have a certain form which projects itself towards our future. Thus the narratives which we live out have both an unpredictable and a partially teleological character. (*Ibidem*)

From all these observations, MacIntyre reaches a conclusion that shows many similarities to Ranke’s theory of the *homo narrans*: “man is in his action and practice, as well as in his fictions, essentially a story-telling animal” (*Ibidem*). And this means not only that human beings produce and consume narratives innumerable times during their life, and that they need them to understand and interact with reality, but also that they live as self-conscious and accountable characters of enacted narratives. Such a narrative concept of selfhood and identity oscillates between the already mentioned poles of freedom and restrictions, between choice and context, between accountability and intelligibility. In MacIntyre’s words:

What the narrative concept of selfhood requires is thus twofold. On the one hand, I am what I may justifiably be taken by others to be in the course of living out a story that runs from my birth to my death; I am the *subject* of a history that is my own and no one else’s, that has its own peculiar meaning. [...]

The other aspect of narrative selfhood is correlative: I am not only accountable, I am one who can always ask others for an account, who can put others to the question. I am part of their story, as they are part of mine. The narrative of any one life is part of an interlocking set of narratives. (Ivi, pp. 217-218)

This vision of life and of human nature entails a series of interrelated consequences, ranging from the ethical life of societies and individuals to the role of art and culture. One of those consequences is that, as also argued more recently by proponents of narrative medicine and narrative therapy, to live a good life means to find and preserve the unity of one's life narrative, so that "To ask 'What is the good for me?' is to ask how best I might live out that unity and bring it to completion", whereas "To ask 'What is the good for man?' is to ask what all answers to the former question must have in common" (Ivi, pp. 218-219). MacIntyre thus concludes that

[...] it is the systematic asking of these two questions and the attempt to answer them in deed as well as in word which provide the moral life with its unity. The unity of a human life is the unity of a narrative quest. (Ivi, p. 219)

It follows that virtues—whose definition is the goal of MacIntyre's philosophical journey—are those values capable of helping in the quest for the good life, in a sort of virtuous circle. Art—and the arts that contribute more to the narrative understanding of human life in particular—then, regain, in MacIntyre's vision, a fundamental moral role.

Much more could be said by tapping into MacIntyre's rich work. I will just emphasise how MacIntyre's explanation of the narrative structure and unity that characterises human life and its search for the good does not produce an idea of human being as a monad, completely isolated and lost in a solipsistic creation of the self. The notion of narrative that MacIntyre proposes is one that can't exist in isolation. A narrative self is strongly interconnected with the others and the environment they inhabit and shape, and which, in turn, contributes to their own narrative development, so much that "[...] to think of a human life as a narrative unity is to think in a way alien to the dominant individualist and bureaucratic modes of modern culture" (Ivi, p. 227). This openness to the 'other' leads us to the next vertex of my Triangle of Meaning.

4.2. *The Relational Vertex*

If, as argued by MacIntyre, personal identity can be considered as the result of the construction of the unity of a life narrative, based on the principles of intelligibility and accountability of actions, which coexist with the apparently opposite forces of unpredictability and teleology, we may wonder how such a form of identity may interact with—and even accept—the existence of others. Walter Fisher (1931-2018), in his 1984 essay *Narration as a Human Communication Paradigm: The Case of Public Moral Argument*, specifically addressed this issue, moving from Ranke's definition of the *homo narrans*, as well as from MacIntyre's dissertation on the nature of virtues and the 'story-telling animal'. Fisher argues that narrative structures not only are at the basis of the formation of a sense of identity and of the way we think and understand the world, but may also be fundamental for a more constructive and respectful mode of communication than the one that has governed public life for centuries. Accordingly, he compares what he calls the 'narrative paradigm' of communication with the traditional one, based on a formal, argumentative conception of reason and rationality. By 'narration', on the other hand, Fisher:

[does] not mean a fictive composition whose propositions may be true or false and have no necessary relationship to the message of that composition. By "narration", I refer to a theory of symbolic actions—words and/or deeds—that have sequence and meaning for those who live, create, or interpret them. The narrative perspective, therefore, has relevance to real as well as fictive worlds, to stories of living and to stories of the imagination.

The narrative paradigm, then, can be considered a dialectical synthesis of two traditional strands in the history of rhetoric: the argumentative, persuasive theme and the literary, aesthetic theme. (Ivi, p. 2)

In Chapter I, I put forward a similar distinction: 'narrative' is not only the—often literary—account of fictional events, but a whole communicative, thinking, and, I would add, after MacIntyre, ethical paradigm, which can manifest itself in many forms and lead to very different results, all united in a framework combining reason, cognition, imagination, and emotions. Blending the argumentative and literary frameworks in the narrative one, on the other hand, Fisher does not deny the central role of reason and

rationality, but incorporates it in the new paradigm. Such a paradigm does not even intend to replace the existing ones, and, as Fisher asserts: “[...] I shall not maintain that the narrative paradigm is the only legitimate, useful way to appreciate human communication or that it will necessarily supplant the traditional rational paradigm of human decision-making and action” (*Ibidem*). The goal is to propose an alternative form of communication, capable of adjusting the distortions of the traditional rational paradigm, which could be truly universal, without excluding anyone. But why is it so important to include the narrative side of the communication? Narratives, as Michael Goldberg claims, “gives rise to those convictions, within which they gain their sense and meaning, and from which they have been abstracted” (Goldberg 1982, p. 35). Convictions, but ordinary experience as well, with all its meanings, rationality, and objectivity. Narration represents the red thread connecting all the otherwise isolated elements of experiencing existence, be they facts or thoughts, giving them direction and full intelligibility. The narrative paradigm, then—following Ranke and MacIntyre, among others—considers the human being essentially as a storytelling animal. The *homo narrans* becomes the master metaphor of the human experience, its main plot, with the other metaphors—such as *homo faber*, *homo oeconomicus*, *homo politicus* and *homo sociologicus*—as its subplots (Fisher 1984, p. 6). Those other metaphors, moreover, become ways of “*recounting* or *accounting for* human choice and action” (*Ibidem*), that can be expressed in narrative forms. The narrative forms, on the other hand, regardless of their individual characteristics, are ways of relating a truth about the human condition. Finally, the *homo narrans* metaphor implies that symbols are created and communicated as stories, aiming at giving order to human life and to find ways of living in communities through the recognition of each other’s stories. Because, as Fisher underlines, referring to Kenneth Burke (1897-1993), who defined man as the ‘symbol-using’, ‘symbol making’, and ‘symbol-misusing’ animal (1963): “[...] one’s life is [...] a story that participates in the stories of those who have lived, who live now, and who will live in the future” (*Ibidem*).

Importantly, the narrative paradigm is valid for any form of society, as it is intrinsic in human nature. As stressed by Hayden White (1928-2018):

[...] far from being one code among many that a culture may utilize for endowing experience with meaning, narrative is a metacode, a human universal on the basis of which transcultural messages about the nature of a shared reality can be transmitted. [...] And it would follow, on this view, that the absence of narrative capacity or a refusal of narrative indicates an absence or refusal of meaning itself. (White 1980, p. 6).

Such a broad conception of narratives, along with the fundamental role attributed to them in the maintenance of a good and meaningful life, has been strongly criticised in more recent years, as we will see in Chapter VI. Suspending judgement on the most universalising assertions regarding the narrative perception and construction of reality, scholars and researchers from multiple disciplinary fields have, nonetheless, agreed in considering the human ability to produce narratives at least an effective way of transmitting culture, conveying experiences, and emotions, capable of supporting the development of larger and larger communities, while preserving the characteristics of individuality. From an even more positive perspective, narratives may enable one to understand the actions of others, as well as one's own, helping in the solution of moral and social problems. This is, for example, White's opinion, as he claims that a shift in the moral meaning is the only possible conclusion of an account of real events, because:

[...] we cannot say, surely, that any sequence of real events actually comes to an end, that reality itself disappears, that events *of the order of the real* have ceased to happen. Such events could only have seemed to have ceased to happen when meaning is shifted, and shifted by narrative means, from one physical or social space to another. (Ivi, p. 26)

Therefore, White concludes: "Where, in any account of reality, narrativity is present, we can be sure that morality or a moral impulse is present too" (*Ibidem*). Most significantly, narrative rationality is, according to Fisher, a capacity that we all have, it is a form of 'obvious knowledge', truly democratic (Fisher 1984, p. 9). While traditional rationality "posits the way people think"—being, therefore, normative, something to be learned, requiring a high degree of self-consciousness, and, inevitably, hierarchical—narrative rationality "offers an account, an understanding, of any instance of human choice and

action, including science”, and is, therefore, descriptive (*Ibidem*). According to the narrative paradigm, moreover—and similar to what Aristotle argued in his *Rhetoric*—people have a natural tendency to prefer the true and the just, and have capacities to judge (Aristotle ca. IV c. B.C.E./1954). This certainly does not mean that people cannot be wrong, but it warns against the danger of letting a small élite decide for everyone. All people can be rational in the narrative paradigm, according to Fisher, as it is unconsciously acquired from experience in every culture, whereas it is not the case for the rational world paradigm, where only experts can argue rationally with other experts about specific fields, leaving no ground to the public, which remains a simple spectator (Fisher 1984, p. 10). On the other hand, some stories can be better than others, more coherent and truer, in relation to the way people and the world are, in fact and in value, and as they better satisfy the criteria of the logic of good reasons, that is, attention to reason and values (*Ibidem*). It is in the careful choice of the better stories, for our own well-being, of the communities, and of the world we inhabit, then, that lies the key for a wise and beneficial use of the immense treasure of narratives that we have inherited and that we continue to expand relentlessly, aware, today more than ever, of its power, both to build and destroy.

Halfway between the Identity Vertex and the Relational Vertex, we can find another pivotal concept in the whole history of aesthetics and literary critics since their inception, as well as, more recently, of psychology and anthropology: the concept of mimesis. Used by Aristotle in his *Poetics* to refer to the ‘whole’ from which all the poetic and literary genres derive, the Greek word *mīmēsis* (μίμησις) has been differently translated. Traditionally, it was considered an equivalent of ‘imitation’, thus limiting the scope of poetry and art in general to the description, as faithful as possible, of reality. More recently, however, new interpretations have been put forward, highlighting the creative dimension of mimesis, alongside the imitative one (see for ex. Pitari 2021; Ricœur 2004, as quoted also in Chapter VI). Mimesis, moreover, is one of the key processes—if not *the* key process—through which human beings acquire knowledge of the world, of the other people, and—using them as mirrors, albeit distorting to various degrees—of themselves. Such dynamics also find biological equivalents, as proved by the discovery of mirror neurons and their role in human development and socialisation (see for ex. Rizzolati et al. 1996, 2009). Anticipating neuroscientific discoveries, with

the related fallouts in psychology and therapy, René Girard (1923-2015) famously extrapolated the concept of mimesis from its aesthetic domain and made it the key to understand the dynamics of human behaviour and thought in relation to the others and society, as well as the main anthropological and psychological force guiding human groups through the creation, development, destruction, and resurrection of cultures and civilizations. Thus, the same principles governing creative arts—especially narrative—were found working at the basis of human cognitive, affective, and social processes, definitely breaking the wall surrounding the former, and turning them indispensable factors of interpretation and management of reality.

According to Girard, as a matter of fact, literature should be considered not so much an object of theoretical analysis, as a source of theory itself. As Robert Doran explains in his introduction to *Mimesis and Theory: Essays on Literature and Criticism, 1953-2005* (2008), a collection of Girard's articles on literature and literary theory,

Girard sees the literary text as an embodiment of an intuitive understanding of the human condition, providing the tools necessary for both its own analysis and the analysis of literary criticism itself. (Doran 2008, p. XIV).

Doran continues by providing the three basic principles underlying this conception of literature and of the literary text according to Girard:

(1) The literary work reveals significant structures or forms of human comportment, which can be considered on a par with any of the human sciences (psychology, anthropology, sociology); (2) there is a dynamic and essential relation between author and work; and (3) literary theory and cultural theory are one, in the sense that the great literary text is concerned with what is essential in the human experience from the perspective of a specific historical moment. The first principle could be described as structural; the second as existential; and the third, “historical.” (*Ibidem*)

What are, therefore, those essential elements in the human behaviour, nature, and experience that can be revealed by literature, making it worthy to be considered “on par” with human sciences such as psychology, anthropology, sociology, and even, in a

sense, superior to them? The first of Girard's major insights, one that will reverberate through all his main works and in the already plentiful secondary literature, is the one regarding the triangular and mimetic desire intrinsic in human life. In his essay *Deceit, Desire, and the Novel: Self and Other in Literary Structure* (1961/1965), Girard moves from the analysis of works by Cervantes, Stendhal, Flaubert, Proust, and Dostoevsky to assert how great literature is capable of revealing the true nature of the dynamic of human desire. Such dynamic is one formed not only by a desiring subject who chooses a desired object—as it is generally assumed—but by a subject, an object, *and* a mediator, that is, a second subject whose desire for the object is imitated by the first subject, thus creating a sort of triple, 'triangular' and intersubjective relationship (Ivi, p. 2). Forms of mimetic desire, moreover, can be distinguished between those where the mediator are so distant—not so much in a physical, as in an ideal sense—from the desiring subject that the two spheres of possibilities cannot collide and thus conflict—this type is called 'external mediation', which we can find in Don Quixote's imitation of Amadis, a legendary character—and those where the mediator is sufficiently near to the subject, and thus a sense of rivalry between the two soon emerges, often leading to open hostilities—this type is called 'internal mediation', and it is common, for example, among Stendhal's characters (Ivi, pp. 9-10).

Girard's second crucial idea, connected with the theory of mimetic desire, is that of the 'scapegoat'. In the homonymous work, Girard argues that when a society lives a moment of extreme crisis, due to external causes, such as natural catastrophes, or internal ones—the latter typically provoked by mimetic violence unleashed by unrecognised internal mediation—the result is the "disappearance of the rules and 'differences' that define cultural divisions" (Girard 1982/1986, p. 12). This leads to general terror and confusion, which mimetically spread in the society, cancelling differences, and, therefore, eclipsing culture, potentially threatening the existence of the community as a whole. Faced with the crisis, however, people tend "never look into the natural causes; the concept that they might affect those causes by learning more about them remains embryonic" (Ivi, p. 13). Fleeing from their responsibility, people blame either society as a whole or look for a culprit, who usually is a weak and still differentiated individual or minority group. Such a 'scapegoat' is considered guilty of all the chaos and sufferings, and must be punished through the exclusion from the

community or rather death (*Ibidem*). The expulsion of the ‘scapegoat’—if it is truly believed to be responsible for the loss of peace and order—interrupt the chain of retaliation and mimetic violence and a form of peace returns to the community—however paradoxically it may appear from the point of view of someone outside the mimetic mechanism—until the unleashing of the following crisis. According to Girard, the scheme of mimetic violence leading to scapegoating is transcultural, as transcultural are the attempts to hide it from individual and collective conscience. In Girard’s words: “[...] human culture is predisposed to the permanent concealment of its origins in collective violence” (Ivi, p. 100). While attempting to conceal its intrinsic violence, on the other hand, human culture also stems from it, Girard asserts, producing myths and rituals that bequeaths and exorcise at the same time real, murderous, and, most importantly, collective violence. In front of this intrinsic ambiguity, Girard points at some examples of great literature—those analysed in *Deceit, Desire, and the Novel*, for example—as the first and most accurate revealers of the truth about human nature. Certainly, it took time and a long cultural, philosophical, and psychological journey to reach such moments of ‘revelation’, as Girard himself calls them (1982/1986). And such a process may be considered, in part, as going hand in hand with the one revealing the role of narratives in the formation of the identity and creation of a society. What is mimetic and triangular desire, after all, if not a narrative, with protagonists and antagonists, emotions, a quest, an object of desire, as well as an embryonic society? Girard perceived this, and thus considered literature not separated from the most profound springs of human nature, but rather a living and mostly revelatory part of it. Using Doran’s words:

[...] Girard is not at all opposed to rhetorical or stylistic analysis [...] in Girard, such analyses are always calibrated to discover the real-world significance behind what appear to be merely “poetic” or “literary” devices. If one takes a longer view, one can see Girard as harking back to the earliest examples of literary criticism—ancient poetics and rhetoric—in which the anthropological and cultural resonances of the verbal arts were always part and parcel of “literary” analysis. (Doran 2008, p. XXV)

Literature, then, is not at all detached from reality. Instead, it is precious in its unique capacity to:

[...] reconcile universality and particularity in ways that philosophy cannot easily match. As modes of discourse concerned primarily with the human passions, literature and myth are able to offer man perhaps the only truth man can offer himself: a truth that is specifically human. (*Ibidem*)

What does it mean, on the other hand, for a truth to be ‘specifically human’? Maybe that it concerns only human activity and experiences, leaving aside whatever is classified as non-human? On what ground such distinction is based? Is there anything about humanity that is not shaped by its relations with other living and non-living realities? Is there something in the world that can be perceived ‘directly’, without some form of human filter? Moreover, as literature and myth are considered here the most direct way to achieve such an ambivalent truth, are they to be considered exclusively self-centred? Should they limit themselves to explore human psychology? Is the mind understandable without reference to the outside world? What is the essence of a world represented in narratives? In the next section, dedicated to the World(s) Vertex of the Triangle of Meaning, I will delve into these questions, reviewing some of the most persuasive opinions about how narratives and narrative worlds can help understanding the ‘real’ world and those living in it.

4.3. *The World(s) Vertex*

After exploring the way narratives can help humans find meaning in themselves discovering their nature as *homo narrans* and the importance of taking care of the narrative unity of their life-stories, and in the relationships they have with their similar, whose different narratives can be truly accepted and understood by applying what Fisher defines the ‘narrative communication paradigm’, we can now consider how narratives are used to make sense of the world at large, the part of life that seems most foreign to human patterns of thoughts and emotions. In this section, then, I will try to shed some light on the possible relationships between the human tendency to produce narratives and the way people experience the worlds they inhabit. I chose the plural form ‘worlds’ because theories have been proposed both to explain why people spend

so much time creating, sharing, and enjoying ‘secondary’ worlds—products of the imagination—and how the narrative configuration of human thought, communication, and identity (as we have seen in the previous sections) relates with the way we understand and act in the ‘primary’ world, to use J. R. R. Tolkien’s terminology, described below.

For what concerns the first dimension, I owe much of the concepts I will use in this section to a group of authors who, against the postmodernist devaluation of the concept of ‘meaning’, both in texts and in life, defended the idea that language—and narratives in particular, often in the genre of fantasy literature—can help people shaping their thoughts, choices, and actions in a way that give their life meaning. In *Therapy Through Faërie. Therapeutic Properties of Fantasy Literature by the Inklings and by U. K. Le Guin* (2017), in particular, Anna Cholewa-Purgał brings to light not only the features of those literary works that are ‘naturally’ predisposed to produce positive effects in the readers—especially fantasy literature and the works of the Inklings and Le Guin as distinct representatives of the genre—but also the specific way in which these effects actually take place on a psychological level. Namely, as anticipated, by helping the readers to perceive the existence of meaning in life, a therapeutic process that was extensively analysed by Viktor Frankl (1905-1997), and on which he built his ‘logotherapy’, the therapy of meaning.

As anticipated, while even in the technocratic modern and postmodern eras it has been possible to defend the value of narratives as tools for the analysis and comprehension of what is intrinsically human, it is far more challenging to find consensus on their utility for life in a community and for understanding and shaping the ‘real’ world. Some authors, however, were able to offer useful interpretations, which contributed to the endurance of some seeds of interest towards narratives even outside the fields where it was mostly relegated—aesthetics, critics, the arts, and the media. Those seeds, well cared for, eventually sprouted in the various moments of ‘narrative renaissance’ that we have reviewed above. One author that contributed to turn the spotlight on the general, never-exhausted passion for fictional narratives in a period of deep crisis and refusal of traditional narrative structures with his literary works and to argue in its favour with his argumentative ones was certainly J. R. R. Tolkien (1892-1973). In his most famous essay, *On Fairy-Stories*, written as a lecture in 1939

and subsequently published in 1947 and then in 1964 in the volume *Tree and Leaf*, Tolkien explores the origin, nature, and potential use and meanings of fairy-stories. While focusing on a single literary genre—we might also say anthropological category, given its transcultural nature and independence from formal recognition of art and literature as separated domains of human life—Tolkien’s view on fairy-stories lend itself to embrace a large part of the narrative universe. Firstly, Tolkien tries to make order among the different definitions and features attributed to fairy-stories, highlighting that they should be considered stories about “Fairy, that is *Faërie*, the realm or state in which fairies have their being” along with “the seas, the sun, the moon, the sky; and the earth, and all things that are in it: tree and bird, water and stone, wine and bread, and ourselves, mortal men, when we are enchanted” (Tolkien 1965, p. 9). A broader—not narrower—world, then, that of fairy-stories, containing our own, ‘real’ one. Secondly, he addresses the question: “What is the origin of the fairy element?” (Ivi, p. 17). Tolkien does not try to answer from the point of view of folklore studies or anthropology. Rather, and similarly to Girard, he tries to use fairy-stories “as they were meant to be used”, not producing detached interpretations and dissections of them (Ivi, p. 19). Moving his readers’ attention from the parts to the whole—from the ‘bones’ to the ‘soup’, using his metaphor—Tolkien recognizes the great complexity of the enigmas surrounding the origin of fairy-stories, which appears even “more complex than the physical history of the human race, and as complex as the history of human language” (Ivi, p. 20) and of narratives. Then, he links the origin of mythology—from which he derives fairy-stories—with the very existence of language and thought: “The incarnate mind, the tongue and the tale are in our world coeval” (Ivi, pp. 21-22), thus indirectly supporting Ranke’s theory of the *homo narrans* as the main distinctive character of humanity. In particular, the power of generalisation and abstraction that allows to distinguish between noun and adjective corresponds, according to Tolkien, to the most extraordinary capacity of human mind, and its appearance marked the beginning of fairy-stories, which are the products of our desire to “wield that power in the world external to our minds” (*Ibidem*). In that moment, human beings became, according to Tolkien, creators of stories and of new worlds, born from the visions of fantasy. In a world: ‘sub-creator’ (*Ibidem*). The result of a good ‘sub-creation’ is a ‘Secondary World’, inside which the readers or the audience do not experience so much, in William

Coleridge's words, a "willing suspension of disbelief for the moment" (Coleridge 1817/2014, p. 208), as a belief "while you are, as it were, inside", and that "what he relates is 'true': it accords with the laws of that world" (Tolkien 1965, p. 37). By distinguishing the 'Primary World' from the 'Secondary' ones, moreover, Tolkien not only preserves the difference between the world of experience and those of imagination, but he also recognises to the second dignity and 'power', because, if well-made, they act on their 'visitors' *as if* they were the Primary World. When Tolkien first wrote his essay, books were still the major source of narratives and imaginative worlds, while going to the cinema and watching television were just starting to become a common experience among the general population. We can thus easily understand how relevant these issues are in our digital age, where high-definition images and virtual reality have definitely obscured the divide between Primary and Secondary worlds.

The question about the reality of a narrative with its story, on the other hand, accompanied humanity along all its history, and individuals along all their life:

Of course the borders between them [the fantastic, the strange, the nonsensical, and ordinary things] are often fluctuating or confused [...]. We all know the differences in kind, but we are not always sure how to place anything that we hear. A child may well believe a report that there are ogres in the next county; many grown-up persons find it easy to believe of another country [...] (Ivi, p. 39)

This does not mean that the difference between reality and imagination is unimportant or impossible to find. It is crucial, but variable, contingent, and not the true essence of literary fiction, of which fairy-stories are an emblematic manifestation. What is most important, as Tolkien affirms, are the effects that fairy-stories have on their explorers. A value that, in part: "[...] will be simply that value which, as literature, they share with other literary forms" (Ivi, pp. 45-46). But, in part, it is also peculiar, and it comes in some precise forms: Fantasy, Recovery, Escape, Consolation (Ivi, p. 46). Simplifying Tolkien's argumentation, Fantasy is the form of art—"indeed the most nearly pure form, and [...] the most potent", according to Tolkien (Ivi, p. 47)— that embraces Sub-creation and "a quality of strangeness and wonder in the Expression" regarding "images of things that are not only 'not actually present,' but which are indeed not to be found in

our primary world [...]” (*Ibidem*). Most importantly, especially in our discourse on the narrative forms and their contents, Tolkien emphasises that Fantasy:

does not destroy or even insult Reason; [...] On the contrary. The keener and the clearer is the reason, the better fantasy will it make. If men were ever in a state in which they did not want to know or could not perceive truth (facts or evidence), then Fantasy would languish until they were cured. If they ever get into that state (it would not seem at all impossible), Fantasy will perish, and become Morbid Delusion. (Ivi, pp. 54-55)

Thanks to its capacity to take one out of the Primary World and lead into a sub-created world of strangeness and wonder, Fantasy has the additional beneficial effect of protecting from the “danger of boredom or of anxiety to be original” (Ivi, p. 57), as much in art as in life. Fantasy, moreover, offers Recovery from such a state of exhaustion, “includes return and renewal of health”, and is a “[...] regaining of a clear view” (*Ibidem*). “I do not say ‘seeing things as they are’ and involve myself with the philosophers”, Tolkien clarifies, “[...] though I might venture to say ‘seeing things as we are (or were) meant to see them’—as things apart from ourselves” (*Ibidem*). But that is not all. Alongside a sense of Recovery, readers of fairy-stories can also experience the benefits of Escape, not intended in its negative sense, as the “Flight of the Deserter”, but as the “Escape of the Prisoner” (Ivi, p. 60), who finds in narratives and Fantasy a way to momentarily free themselves from the hardships of life. This form of Escape also resembles what C. S. Lewis (1898-1963) identifies as the “good of [...] occupying our hearts with stories of what never happened and entering vicariously into feelings which we should try to avoid having in our own person” (Lewis 1961, p. 137). As a matter of fact, Lewis says, “The mark of strictly literary reading, as opposed to scientific or otherwise informative reading, is that we need not believe or approve the Logos” (*Ibidem*). According to Lewis, in reading literature we seek:

an enlargement of our being. We want to be more than ourselves. Each of us by nature sees the whole world from one point of view with a perspective and a selectiveness peculiar to himself. And even when we build disinterested fantasies, they are saturated with, and limited by, our own psychology. [...] We want to see

with other eyes, to imagine with other imaginations, to feel with other hearts, as well as with our own. We are not content to be Leibnitzian monads. We demand windows. Literature as Logos is a series of windows, even of doors. (*Ibidem*)

This experience of going out of oneself, on the other hand, does not erase individuality, rather it enriches it, as Lewis emphasises: “Literary experience heals the wound, without undermining the privilege, of individuality. [...] Here, as in worship, in love, in moral action, in knowing, I transcend myself; and am never more myself than when I do” (*Ibidem*). Escape, then, or ‘enlargement of our being’, provides relief, new insights, and knowledge, and, as a consequence, a sense of Consolation, which finds its most complete form in what Tolkien calls the “Consolation of the Happy Ending” (Tolkien 1965, p. 68). This is, according to Tolkien, the real fulfilment of a fairy-story, and one of its most distinctive, even indispensable aspects. So important the final consolation provided by the happy ending is, that Tolkien proposes a new word for it: *Eucatastrophe*: “the good catastrophe, the sudden joyous ‘turn’” that “[...] does not deny the existence of *dyscatastrophe*, of sorrow and failure”, but it denies “universal final defeat” (*Ibidem*). For all these reasons, fairy-stories may be truly considered therapeutic for those reading or listening to them. *How* to harness such potential is the mission of today’s research and work in the fields of narrative therapy and bibliotherapy to which this dissertation wishes to contribute.

A most compelling attempt to explain the sequence of events leading from experiencing narratives to experiencing a therapeutic and beneficial effect is that of Anna Cholewa-Purgał. In her dissertation, *Therapy Through Faërie. Therapeutic Properties of Fantasy Literature by the Inklings and by U. K. Le Guin* (2017), Cholewa-Purgał draws a line that connects the concepts of Fantasy and fairy-stories propounded by Tolkien, Lewis, their friends and fellow scholars at Oxford University—members of the group known as the Inklings—and American fantasy author Ursula K. Le Guin (1929-2018), with principles of psychotherapy, narrative therapy, and, in particular, logotherapy, the ‘therapy of the meaning’ invented by psychiatrist Viktor E. Frankl (1905-1997). Such a connection may represent the next step necessary for our discourse to proceed from a review of the literary theory and philosophical literature regarding the essence of narratives and their effects to an

analysis embracing also psychological tenets, before the final move towards neuroscientific and empirical grounds. Therefore, I consider it both useful and interesting to turn to both Frankl and Cholewa-Pugał for guidance in this decisive transition.

In *Therapy Through Faërie*, Cholewa-Pugał moves from the insight that both fantasy literature by the Inklings and Le Guin—a genre commonly defined as ‘high fantasy’, characterised by stories set in secondary worlds and with particular interest in myth, language, and a ‘moral’ meaning—and Viktor Frankl’s logotherapy address the existential crisis experienced by so many people in history, but in a particular way since the generalised collapse of the meta-narratives capable of giving sense to life of the XX century, and whose many manifestations were recapitulated under the name of ‘postmodernism’. To offer a cure to such a crisis was the aim of Frankl’s work as a psychiatrist, which was deeply shaped by his tragic experience. Viktor Frankl, in fact, born in Vienna in 1905 in a Jewish family, was sent to a concentration camp in 1942 with his entire family. He spent three years in four concentration camps, where his pregnant wife, his parents, and his brother lost their lives. The horrific experience of imprisonment and incessant anguish, deprivations, physical and mental sufferings, showed Frankl both the best and the worst of humanity, and convinced him that only those who were able to retain a sense of meaning for their life could also maintain a humane attitude, even in the most dreadful conditions. After liberation and the end of the war, he recollected his thoughts in the book *Ein Psycholog erlebt das Konzentrationslager (From Death-Camp to Existentialism)*. First published in 1946, the book soon became so popular that new editions and hundreds of printings were necessary, with millions of copies sold. This totally unexpected success—Frankl was first planning to publish it anonymously—was the proof, as Frankl affirms in the *Preface to the 1992 Edition* of the book, now entitled *Man’s Search for Meaning: An Introduction to Logotherapy*, that “the question of a meaning to life [...] must be a question that burns under their fingernails” (Frankl 1992, p. 11). The combination of autobiographical account—as given in the section entitled *Experiences in a Concentration Camp*—and theoretical introduction to logotherapy—in the section *Logotherapy in a Nutshell*—provides the readers with both ‘practice’ and ‘theory’ on the issue, which “mutually support their credibility” (Ivi, p. 12). Such a choice makes

the readers feel that if Frankl's ideas survived the atrocities of the camps, then they must be strong enough and worthy of consideration. What are the main points of Frankl's thought, then?

Already decades before the war, when he was a student of psychotherapist Alfred Adler, Frankl theorised that the "primary motivational force in man" was not the pleasure principle—the will to pleasure, on which Freud centred his psychoanalysis—nor striving for superiority—the will to power, the base of Adlerian psychology—but the will to meaning, the innate human desire to find a meaning in life (Ivi, pp. 104-105). On this assumption, Frankl founded a new school of psychotherapy, which he called 'logotherapy', from the Greek *logos*, a word that can be translated both as 'word' and as 'meaning'. According to Frankl, the search for meaning allows for self-actualisation, which is possible, on the other hand, only "as a side-effect of self-transcendence" (Ivi, p. 115), that is, with the individual moving the centre of their life out of themselves. "The true meaning of life", Frankl explains, "is to be discovered in the world rather than within man or his own psyche, as though it were a closed system", and "The more one forgets himself [...] the more human he is and the more he actualizes himself" (*Ibidem*). Such a view surely resembles Lewis's call for the "enlargement of our being" quoted above, and is one of the many points of contact between logotherapy and the theory of literature and fantasy advocated by Lewis, Tolkien, and the other authors analysed by Cholewa-Purgał. What does it mean, on the other hand, to search for meaning in life? This is not an easy question, as meaning in life is not a precise object or idea that is the same for all. It is ever-changing and different for each person. Frankl compares it to asking what the right move is in a chess game: you cannot give a unique answer, as every game is different (Ivi, p. 113). A change of perspective is necessary to truly understand the question of the meaning of life:

man should not ask what the meaning of his life is, but rather he must recognize that it is he who is asked. [...] each man is questioned by life; and he can only answer to life by answering for his own life; to life he can only respond by being responsible. Thus, logotherapy sees in responsibility the very essence of human existence. (Ivi, pp. 113-114)

The value of responsibility in front of life and its challenges was witnessed firsthand by Frankl himself in the concentration camps, where both prisoners and Nazi soldiers were called to be responsible for their own actions and decide what would have made their lives worthy of living.

Albeit subjective and always changing in content, there are, according to logotherapy, three major ways to discover the meaning in life:

- (i) by creating a work or doing a deed;
- (ii) by experiencing something or encountering someone;
- (iii) by the attitude we take toward unavoidable suffering. (Ivi, p. 115)

It is at this point that we can see, as Cholewa-Pugał does, how fantasy literature—and narrative theory, we may add—can join the forces with logotherapy to create a form of bibliotherapy that moves towards a common goal: helping people confront and overcome existential frustration and ‘noogenic neurosis’, that is, the condition of deep psychological and existential suffering—an ‘existential vacuum’—that derives from the incapacity or impossibility to pursue meaning in life (Ivi, p. 106). According to Cholewa-Pugał,

the peculiar quality of the [high fantasy] genre [rests] on its essential imaginative otherworldliness, and on the central position of an immanent Logos that informs high fantasy, which I link with Victor Frankl’s logotherapy or ‘therapy through meaning’. (2017, p. 12)

If we consider the three ways to discover the meaning in life identified by Frankl, in fact, fantasy and narrative—and the specific combination of the two that is high fantasy literature—appears helpful from multiple points of view. Not only can they represent examples of those creative deeds capable of giving life sense and direction, but they can also be useful tools for enhancing human capacities both for appreciating new experiences and establishing meaningful relationships with other people. Moreover, they can help develop the attitude of ‘tragic optimism’, as Frankl named it, that allows one to remain optimistic despite the ‘tragic triad’ of human existence: pain, guilt, and death (Frankl 1992, p. 139). The ‘tragic triad’, on the other hand, if not properly addressed, can lead towards the ‘mass neurotic triad’, composed by depression, aggression, and addiction (Frankl 1978, p. 25), so common in our age. In particular,

according to Cholewa-Purgał, high fantasy presents several peculiar and potentially therapeutic dimensions, namely:

[...] the powers of narrative itself, interartistic nature of fantasy fiction, and, most importantly, the peculiar characteristics of Faërie, as distinguished by Tolkien, which are capable of acting as a ‘prophylactic against loss’ and a means of recovering an awareness of meaningful patterns through an experience of suffering and sacrifice, with its eucatastrophic, and, as I view it, cathartic effect. (2017, p. 14)

Regarding the asserted intrinsic “powers of narrative”, Cholewa-Purgał quotes John McLeod by affirming that “[...] the basic vehicle of therapy is narrative, which ‘bridges the culture and the self’.”, and “[...] all therapies are narrative therapies” (McLeod 2006, p. 2, as in Cholewa-Purgał 2017, p. 141). This is due to the fact that “[...] meaning is what can be sought and discovered through narrative processes, by telling, editing and re-writing one’s own story” (Ivi, p. 142). It is possible to conclude, then, that narratives are the principle and indispensable tools not only of therapy but of logotherapy in a special way, as they offer the orderly construction of ideas, images, events, identities, and emotions that is the natural setting for the discovery of meaning. On the other hand, not all narratives have the same effect. Each one is different, as unique are the people experiencing them, with their life stories, desires, and needs. Fantasy literature, however, seems particularly suitable to serve logotherapy for its interest in the creation of secondary worlds, which, as anticipated, allows the ‘enlargement of being’ and ‘self-transcendence’ that is the first step towards the acquisition of a new perspective on life. Moreover, the positive effects highlighted by Tolkien—enhancement of Fantasy, Recovery, Escape from a darkened image of the world, and Consolation—provides the coordinates of the ethical essence of fantasy literature, which constitutes “another essential reservoir of psychotherapeutic properties” (Ivi, p. 16).

Another reason why narratives—and especially fantasy fiction—may be particularly effective in stimulating self-reflection and positive personal change is that they present not only abstract and verbal concepts, but also a “syncretic nature [...], engaging visual arts and music in a unique manner” (Ivi, p. 168). This is the reason why Tolkien considered Fantasy the highest form of art, as it is able, if well-crafted, to

recreate in the mind of the reader or listener entire worlds, combining feelings and stimulating the body as a whole. In this way, forms of psychotherapy based on the use of different art forms, such as poetry therapy, drama therapy, music therapy, and art therapy find a common ground on which to develop their specific tools, while keeping sight of the possible convergences and fruitful collaborations, as we will see more in detail in Chapter IV. This is not a new idea. Around 530 B.C.E. Pythagoras developed a theory of the therapeutic properties of synaesthesia—from the Greek: ‘union of the senses’—which included both arts and sciences, arguing that those disciplines allowed for harmony with the world and perception of universal meaning and order (Ivi, p. 179). In modern times, moreover, psychologist Lev Semyonovich Vygotsky (1896-1934) proposed a psychological theory of art with the aim of discovering the psychological laws on which the works of art are based and the mechanisms through which they act (Vygotsky 1925/1971). In particular, Vygotsky highlights that art plays a crucial role in the maintenance of psychological and emotional balance. While, in fact, the world and life continuously pour onto the human nervous system stimuli of any kind, arising innumerable emotions and thoughts, just a little part of that dynamic material finds a way out through individual behaviour and expression. Art, according to Vygotsky, is the way through which people can “discharge the unused energy and give it free rein in order to reestablish our equilibrium with the rest of the world” (Ivi, ch. 11). The result of such a discharge is, for Vygotsky—as well as for Aristotle, albeit distant in time and culture they might appear—a form of catharsis: “the transformation of these feelings into opposite ones and their subsequent resolution”, capable of re-introducing “order and harmony into the ‘psychic household,’ of our feelings” (*Ibidem*). Moreover, the effect of art is not limited to the single moment of its experience, but, if aesthetic emotions are repeated over and over again, they can become the basis for new behaviours. Therefore, as concluded by Cholewa-Purgał: “[...] art, including literature, may have a delayed but actual effect on people’s thoughts and actions, and in some cases, it may probably be benevolent, which again touches upon the essence of bibliotherapy” (Cholewa-Purgał 2017, p. 190). We will see in the following chapters how these insights, born in the fields of philosophy and literary critics and stimulated by the constant confrontation with all kinds of narratives, can find confirmation in neuroscientific studies on aesthetic experiences.

For what concerns the second dimension of the topic of this section, that is, the way the human attitude towards narratives influences perception and life in the ‘primary world’, philosophers, critics, and psychologists—more recently supported by empirical studies—have highlighted several points of interest. I will now review some of the most relevant and compelling ones.

One of the way narratives and a narrative construction of reality can relate with the world of biological and social life is, as we have introduced in Chapter I, by offering “models or simulations of the social world via abstraction, simplification, and compression” (Mar & Oatley 2008, p. 173) of the ‘real-life’ experience into a narrated story. In particular, the narrative form of literary fiction would contribute to such a social-enhancing effect in two ways that complement each other, based on processes related to the narrative experience and on the content of those narratives. According to Oatley, in fact: “engagement in fiction may involve understanding characters by inferences of the sort we make in conversation about what people mean and what kind of people they are”; moreover, empathy and theory-of-mind enhancing effects of narratives may pass through the process of transportation, which is “the extent to which people become emotionally involved, immersed, or carried away imaginatively in a story” (Oatley 2016, p. 621). On the other hand, also particular declinations of the content of the fictional narrative may contribute to the effects on readers and listeners, especially when the exploration of characters is characterised by what Oatley referred to as ‘literariness’. Quoting Hakemulder, Oatley explains that “The complexity of literary characters helps readers to have more sophisticated ideas about others’ emotions and motives than stereotyped characters in popular fiction” (Hakemulder 2000, p. 15, as in Oatley 2016, p. 622). A second explanation based on the content suggests that, as reading non-fiction, such as a physics essay, allows the reader to understand how physical processes work, so reading fiction would help understanding its main subject matter, which is how people interact (Oatley 2016, p. 623). Finally, fiction may also improve the audience’s capacity to understand feelings and thoughts of other people, even of different cultures and inhabiting distant times and spaces, because it represents an almost inexhaustible source of different points of view. As C. S. Lewis put it in a poetic form, maybe the best suited to the task: “[...] in reading great literature I become a thousand men and yet remain myself. Like the night sky in the Greek poem, I see with

a myriad eyes, but it is still I who see” (Lewis 1961, p. 141). We will see in later chapters how these claims have been put to the test by empirical studies, with interesting, albeit inhomogeneous, results.

A perhaps less intuitive but equally significant strand of research is the one that attempts to identify the links between narratives and the way human beings understand the world in its entirety, and not only in the sphere of the construction of one’s identity, in the search of meaning in life, or in social relationships, as we have seen so far. While an exhaustive introduction to such a large and complex issue requires far more space and competencies than the ones in my possession, I wish to mention at least Paul Ricœur (1913-2005)’s fundamental contribution to this and related areas of the philosophy of narration. According to Ricœur:

[...] the poetic function of language is not limited to the celebration of language for its own sake, at the expense of the referential function, which is predominant in descriptive language. [...] poetic discourse brings to language aspects, qualities, and values of reality that lack access to language that is directly descriptive and that can be spoken only by means of the complex interplay between the metaphorical utterance and the rule-governed transgression of the usual meanings of our words. I risked speaking not just of a metaphorical sense but also of a metaphorical reference in talking about this power of the metaphorical utterance to redescribe a reality inaccessible to direct description. I even suggested that “seeing-as,” which sums up the power of metaphor, could be the revealer of a “being-as” on the deepest ontological level. (Ricœur 1983/1984, pp. X-XI)

Literary narratives—part of what Ricœur refers to as ‘poetic discourse’—then, would have a specific referential value concerning aspects of reality that ‘descriptive language’ would not be able to convey. This referential function may be associated with Aristotle’s conception of the plot of a narrative as the mimesis of actions (*Poetics*, ca. 335 BCE). Indeed, Ricœur uses the same term ‘mimesis’, but distinguishing three senses of it, which I will further explore in the next chapter:

[...] a reference back to the familiar pre-understanding we have of the order of action; an entry into the realm of poetic composition; and finally a new

configuration by means of this poetic refiguring of the pre-understood order of action. It is through this last sense that the mimetic function of the plot rejoins metaphorical reference. And whereas metaphorical redescription reigns in the field of sensory, emotional, aesthetic, and axiological values, which make the world a habitable world, the mimetic function of plots takes place by preference in the field of action and of its temporal values. (Ricoeur 1983/1984, p. XI)

The main referential function of the plot, in particular, resides, for Ricoeur, in the “capacity of poetic composition to re-figure this temporal experience” (*Ibidem*), that is, to shed light on the slippery and long-debated nature of time and its perception. Time, in fact, Ricoeur claims, “becomes human time to the extent that it is organized after the manner of a narrative; narrative, in turn, is meaningful to the extent that it portrays the features of temporal experience” (Ivi, p. 3). Narratives, the French philosopher suggests, are the means through which human beings maintain the perception, understanding, and representation of time that is so natural and vital for them, while, at the same time, so difficult to explain in logico-rational and theoretical terms. Through narratives, in fact, we can join in a comprehensible, shareable, and often enjoyable whole the products of the three functions of the mind related to temporal experience, which are—following Saint Augustine (354-430)’s reflection on the nature of time in his *Confessions* (397-400)—those of expectation of the future, of attention to the present and of memory of the past (Ivi, p. 19). In Ricoeur’s thought, in conclusion, narratives are key tools both for the searching of meaning and the understanding of the temporal dimension of reality.

Causality, temporality, meaning. These were the three dimensions of a narrative mode of thinking that I outlined at the beginning of this dissertation. In this section, I have tried to show how different authors addressed them in multiple ways, supporting the overall idea that narrative represents an intrinsic feature of human mental activity deployed in many spheres of life, and that its products, with all their diversity, can have deep and long-lasting effects on those approaching them.

5. *Summary*

In this chapter, I have tried to offer some valid explanations of the various ways in which narratives support everyday cognitive, affective, and social life, looking at those issues from a ‘humanistic’ perspective. In particular, I identified the three vertices of

what I called the Triangle of Meaning, namely the Identity Vertex, the Relational Vertex, and the World(s) Vertex. Narratives, according to this schema, can help people shape their identities, keep track of them, and, in some way, control them, so much that categories of *homo narrans* and ‘storytelling animal’ were proposed to highlight such a crucial role. Narratives can offer a new paradigm of communication and social action, thanks to their intrinsically moral—interested in matters of judgement and meaning—as well as mimetic dimensions—thus reflecting the intrinsic mimetic nature of people, as accurately analysed by René Girard. Finally, they also greatly contribute to the understanding of the ‘primary world’, especially in its mechanisms of temporality, as observed by Ricœur. At the same time, as they offer the experience of ‘secondary worlds’ they allow a series of beneficial effects which can be experienced both in therapeutic settings and in everyday life, as stressed by Tolkien and Cholewa-Pugał.

With this picture in mind, and guided by all the insight and achievements obtained by the authors mentioned in this chapter, as well as stimulated by the questions they posed, I wish now to add to this study of narratives the ‘tool’ of natural empirical sciences. The ‘Scientific Lens’, as I call it, which has recently provided so many new and fascinating insights on the biological processes underlying the production and reception of narratives.

Chapter III. The ‘Scientific Lens’: Contemporary Neuroscientific and Cognitive Studies on Narratives and Their Effects.

‘Tell me one last thing,’ said Harry. ‘Is this real? Or has this been happening inside my head?’

Dumbledore beamed at him, and his voice sounded loud and strong in Harry’s ears even though the bright mist was descending again, obscuring his figure.

‘Of course it is happening inside your head, Harry, but why on earth should that mean that it is not real?’

—J.K. Rowling, *Harry Potter and the Deathly Hallows*

1. Introduction

In one of the most poignant parts of J. K. Rowling’s seven-book saga, Harry Potter finds himself in a sort of limbo, after being struck by a deadly curse sent to him by his archenemy, Lord Voldemort. In that bright, ethereal place, Harry meets Albus Dumbledore, his late headmaster and mentor, who finally reveals to him a large part of the mysteries surrounding Harry’s long-lasting battle against the Dark Lord. At the end of the conversation, Harry expresses the doubt that everything—that place, the conversation with Dumbledore—has been just a product of his mind. Such a question may be posed to every philosophical, psychological, or literary attempt to shed light upon the enigmas of consciousness about oneself and the world. Actually, especially under the effects of postmodernist relativism, not even scientific systems are safe from such interrogatives. Could not they be collective illusions that managed to obtain general approval thanks to the superior rhetorical and persuasive skills of their creators? In such a climate of epistemological uncertainty, one could wonder how any idea—or a set of ideas, like my attempt to make a synthesis of a wide range of explanations of the value of narratives—can be understood, accepted, believed, and shared by different minds. We, as human beings, need a common ground to exit our sometimes-overabundant subjectivities and meet each other, exchange opinions and experiences, to establish some fixed points to orient our knowledge about the world and

human nature, which, however rudimentary, could allow the quest for truth to go on. Part of these fixed points may be found, as we have seen, in studies and discourse related to those aspects of human mind and experience that seem universal, albeit potentially expressible in infinite forms, such as the cognitive and affective processes underlying narratives. Part of them may be found, on the other hand, through empirical research based on measurements and principles of explanation of sensible reality—the ‘scientific lens’—around which the academic community finds consensus. This chapter is dedicated to this second half of that hypothetical common ground where it seems possible to find, share, and increase our knowledge about the nature and effects of narratives. In particular, I have here collected and analysed some significant representatives of those studies that attempted to explain and explore the mechanisms of narratives and their effects from a biological and neuroscientific point of view, with the aim of building a bridge as robust as possible between the ‘humanistic’ theories of narratives described in Chapter II and the ‘scientific’ ones.

As we are becoming used to in our discussion about narratives, the possible access points to such a vast field of study, even from an empirical perspective, are too numerous to be tried all in one attempt. When attempting to describe and measure the effects of narratives on the human mind and body, in fact, one can choose to focus on different body systems, neural correlates, biological reactions, or even psychological and social behaviours and attitudes, as influenced by brain configurations. To compare and coordinate the many results of these different strands of research appears, therefore, a daunting task, albeit of crucial importance. What I have tried to accomplish in this chapter is outlining a sort of inward-outward path, from the depths of neural and cognitive activities to the surface of emotional reactions, feelings, social relationships, and behaviours. I will first analyse how the philosophical, psychological, and literary theories of narratives that we have explored in the previous chapter can find some form of empirical confirmation in the description of the neural dynamics of the human mind. I will give an overview of some of the main studies related to the neurological correlates of the narrative experience, which will show how arduous it is—if possible at all—to identify the brain networks dedicated to narrative productions and comprehension, given the infinite variety of forms and variables involved. However, some brain regions—or better, networks of regions—such as the default mode network,

seem to be constantly activated in the deepest cognitive processes related to narrative experience, and it will be interesting to consider their role in the overall functioning of the mind. Then, I will look at how neuroscientists tried to explain the indubitable, yet subjective and unstable evidence that narratives have a tangible, perceptible repercussion on our mood, emotions, opinions, and attitudes, during a narrative experience and even after its end. Pivotal, in this debate, are the studies that followed the discovery in the 1990s by Rizzolatti and his colleagues at the University of Parma of the so-called mirror neurons, which immediately appeared to be one of the missing link between individual brain activity and understanding of the ‘external’ world, especially for what concerns actions and purposes of other people, being they real human beings or fictional characters. The centuries-old idea of the ‘mimetic function’ of art surprisingly finds a new Renaissance in the neuroscientific laboratory, opening promising horizons of transdisciplinary collaboration. Moreover, establishing a strong connection between perception, comprehension, and interactions with the world through the activation of mirror neurons gives great impulse to those paradigms of cognition that, in recent decades, have started closing the gap between the brain and the rest of the body, reevaluating the role of the latter and of its sensory-motor processes in cognitive activity. Such paradigms, among which can be listed grounded cognition and 4E cognition, are guiding new studies towards a more holistic understanding of the basis of those human faculties, such as language and memory, which were previously believed to be totally abstract and brain-centred, while are now proving to be firmly linked with perception and action.

Having found a plausible way of communication between the apparently intangible and unpredictable world of narratives and aesthetics experience and the observable—at least with the help of sophisticated technologies of analysis—and calculable realm of anatomic manifestations, the endeavour of speculating on the consequences of the brain stimulation caused by narratives of different forms and of testing such hypotheses appears more feasible. The body, in fact, reacts in various ways in the wake of a narrative activation of the central system. Some authors, for example, have investigated the hormonal responses to such events (for ex. Brockington et al. 2021), while others have discovered epigenetic modifications caused by long and meditated exposure to narratives of high personal significance, as in the case of

Narrative Exposure Therapy (NET), described in Chapter V. Collecting data and empirical proof of the wide impact of narratives on many crucial levels of the human being—cognitive, emotional, and even biological—provides researchers, but also experts in different professional fields, with precious information and lines of action to apply in studies and experimentations of the most diverse kinds. I will then conclude this chapter with a review of the empirical research that combines qualitative and quantitative measurements to identify and evaluate the effects of narratives on human mind and behaviour.

Along this chapter, I will rely on the work of a great number of authors, neuroscientists, biologists, experts of narratives and their effects on the body. In particular, I am largely indebted to Professor Paul B. Armstrong, whose analysis and discussion of the state of the neuroscientific research on narratives touch almost every dimension of the complex relationship between narratives and the embodied mind, thus guiding us throughout this part of my dissertation and offering some most-needed directions where it may seem almost impossible to navigate among such complex—and sometimes conflicting—theories and opinions. My ultimate goal, as anticipated, is to provide the sufficient empirical and experimental basis to understand how a collaboration between sciences and humanities may be the most fruitful way to address and provide convincing explanations to long-standing unresolved questions related to narratives, such as the paradox fiction, narrative transportation, and the relation between narrative consumption and cognitive and affective behaviour. While it is true that, as Armstrong aptly acknowledge at the beginning of his book: “Not all problems in narratology can be solved by turning to science, by any means” (Armstrong 2020, p. 5), empirical studies are precious contributors in the arduous mission of discovering the nature of narratives and how we produce and appreciate them, helping redirect the course of research when theoretical speculation risk to lead astray, showing that some “narrative theories are inconsistent with the science and those discrepancies should give narratologists pause” (*Ibidem*). Any advance in the understanding of those and related issues, moreover, will provide precious scientific support to any structured attempt to use narratives, in their many forms, for therapeutic purposes, as we will see in the following chapters. This does not mean, obviously, that practice cannot legitimately exist before every theoretical and scientific question finds an answer. The two levels of

research and fieldwork feed into each other. What is crucial, however, is to keep the lines of communication between the two always open and the exchange of insights and experiences constant, so that tangible progress can occur for the benefit of all.

2. *Mens Narrans in Homo Narrans*

To build a bridge between the ‘humanistic’ theories of narratives and the ‘scientific’ ones, we start by analysing under a new light a concept frequently repeated in the previous chapters, namely the assumption that narratives appeal so much to the human mind because they share structural similarities. Accordingly, narratives would both reflect and reveal intrinsic dynamics of the way we think and feel. Considering such an assumption from an empirical perspective, is there any proof of the similarities between narratives and the activities that are incessantly produced in our biological brains?

Among the scholars asserting the central role of narratives for the very existence of human thought there is Mark Turner, who, in his 1996 book *The Literary Mind*, argues that the human mind is essentially literary—and narrative—in two ways. Firstly, because, taking as an example the story told by the vizier to persuade his beloved—and world-famous—daughter Shahrazad not to offer herself as the next king’s wife,

Narrative imagining—story—is the fundamental instrument of thought. Rational capacities depend upon it. It is our chief means of looking into the future, of predicting, of planning, and of explaining. It is a literary capacity indispensable to human cognition generally. (Turner 1996, p. 4-5)

And, secondly, because literature, like rational capacities, works by projection of one story onto another (Ivi, p. 5). In particular, Turner identifies in the parable the natural combination of story and projection, and the root capacity of mind. In his words:

Parable begins with narrative imagining—the understanding of a complex of objects, events, and actors as organized by our knowledge of story. It then combines story with projection. This classic combination produces one of our keenest mental processes for constructing meaning. The evolution of the genre of parable is thus neither accidental nor exclusively literary: it follows inevitably from the nature of our conceptual systems. (Ivi, p. 5)

Parables, therefore, with their capacity of understanding, projecting, and blending both data collected from the external world and thoughts, emotions, and memories coming from inside, would be the common ground between narratives and basic human thought, according to Turner. This is the reason why our mind can be considered essentially literary, and narration a fundamental activity not only for our amusement, but for our very survival in the world. In particular, a story in a narrative would connect different 'image schemas' in a sort of 'path', that connects the beginning of the story to its end. What are 'image schemas' and why are they important for both theory of narratives and everyday life? Image schemas, Turner explains, are "[...] skeletal patterns that recur in our sensory and motor experience. *Motion along a path, bounded interior, balance, and symmetry* are typical image schemas" (Ivi, p. 16). Combining different image schemas, it is possible to structure our common experience, recognise objects and events, and categorise them. Moreover, image schemas are also central in the formation of parables, which are commonly based on the projection "from a 'source' we understand to a 'target' we want to understand" (Ivi, p. 17). Time itself is often conceived as a projection of spatial schemas, as when we place events in time on a linear sequence or when we measure them as if they had a spatial shape. Constructing temporal sequences as they had a spatial nature, as a matter of fact, is one of the most peculiar human mental abilities, as well as one of the defining features of language. As for the creation and comprehension of linguistic structures, also the understanding of sequences resides in the ability to recognise some objects that are involved in particular events and that belong to categories (Ivi, p. 18-19). In this way, it is possible to recognise both similarities and differences between sequences, objects, and events, but also sentences and stories, which are always new and unique.

This dynamic exchange between novelty and recognition, pattern and flexibility, individuals and categories, constancy and change is, on the other hand, the most striking similarity between narratives and the brain, according to Paul B. Armstrong, expert of the relationship between neuroscientific research and literary and narrative theories. In his illuminating book *Stories and the Brain: The Neuroscience of Narrative* (2020), Armstrong thus explains his theory of why the brain and narratives show the same temporal organisation of events:

[...] reading a literary work typically sets in motion to-and-fro interaction between experiences of harmony and dissonance. [...] These kinds of interaction between harmony and dissonance in aesthetic experiences help to negotiate a basic contradiction that is fundamental to our cognitive lives [...]. [...] plots convert the one thing after another of passing moments into meaningful patterns that draw on, support, and shape our cognitive habits for building consistency and making connections. But the twists and turns in a story also hold our attention by surprising us and compelling us to remain open to the possibility that we may need to reconsider and revise our sense of the order of things. The productive imbalances between the formation and dissolution of patterns in the brain make possible this play between the building and breaking of patterns in narrative, even as the construction and disruption of patterns in the stories we tell each other contribute to the brain's balancing act between pattern and openness to change. (Armstrong 2020, p. 1)

Drawing on the philosophical and theoretical works of authors such as Wolfgang Iser (1926-2007) and Paul Ricœur (1913-2005), and putting them to the test of recent psychological and neuroscientific studies, Armstrong offers “an account of narrative as an experience-based interaction between the production and reception of figurative patterns” (Ivi, p. 2). Narratives, according to such an account, take figurative patterns and reconfigure them in different ways, leading to new configurations and refigurations of the recipients' understanding of the world and possibly a reshaping of their own experience and attitudes, in a self-perpetuating cycle. While aiming to “clarify the correlations between cognitive experience and its biological underpinnings” (*Ibidem*), on the other hand, Armstrong does not perpetuate a confusing ambiguity between correlations with causation. As he clearly explains:

Although neuroscientists have supplied neural models of various aspects of consciousness, and have uncovered evidence about the neural correlates of consciousness (or NCCs), there nonetheless remains an ‘explanatory gap’ in our understanding of how to relate neurobiological and phenomenological features of consciousness. [...] The aim of neurophenomenology is ‘not to close the explanatory gap (in the sense of conceptual or ontological reduction), but rather to

bridge the gap by establishing dynamic reciprocal constraints between subjective experience and neurobiology [...] (Armstrong 2020, pp. 2-3)

The reciprocal constraints between subjective experience and neurobiology—and, we may add, between humanistic and empirical-scientific research—is viewed by Armstrong and many other scholars not as a sign of weakness or submission of one approach over the other, but as a potential for reciprocal support and enlightenment.

Following this line, Armstrong addresses ancient philosophical and literary enigmas and offers them to the lens of modern science. An example is the apparently paradoxical perception of time by the human brain, always torn between memory of the past, perception of the presence and anticipation of the future. Such ambiguity and elusiveness of the nature of time Saint Augustine famously lamented in his *Confessions*: “What then is time? If one asks me, I know: if I wish to explain it to one that asketh, I know not [...]” (*Confessions*, ch. XIV). Paul Ricœur, in his *Time and Narrative* (1984), takes up the argument of the seemingly inexistence—or illogical existence—of time, according to which: “time has no being since the future is not yet, the past is no longer, and the present does not remain. And yet we do speak of time as having being” (Ricœur 1984, p. 7). However reasonable this argument may sound, everyday experience also seems to confirm the human perception of a passing and flowing time, being a proof of it the fact that language itself is expressed in a temporal way, and that people understand each other when speaking about time (*Ibidem*). Ricœur finds a solution to this aporia—or at least a “poetical” one, as he calls it (Ivi, p. 6)—in narrative activity and plotment, which alone allow the representation of the human experience of time. Ricœur’s basic hypothesis on this regard is that:

[...] between the activity of narrating a story and the temporal character of human experience there exists a correlation that is not merely accidental but that presents a transcultural form of necessity. To put it another way, *time becomes human to the extent that it is articulated through a narrative mode, and narrative attains its full meaning when it becomes a condition of temporal existence.* (Ivi, p. 52)

To explain such correlation, Ricœur articulates and expands the Aristotelian concept of mimesis, distinguishing in it three levels or moments: mimesis₁, which refers to the

experience of *prefiguration* of the field of action; mimesis₂, which is the *configurative*, creative activity that produces narratives from life events prefigured by mimesis₁; and mimesis₃, which is the moment of *refiguration* through the reception and comprehension of the narrative by the audience, which may be changed and even transfigured by it on a cognitive, emotional, and cultural level (Ricoeur 1983/1984, p. 46; Armstrong 2020, pp. 28-29). As it emerges from Ricoeur's analysis, then, narratives—produced and received through the three moments of the mimetic process—not only have an intrinsically temporal nature, but also arises from a constant work of prefiguration, configuration, and refiguration of elements coming from our lived experience of the world, recollected from our memory, and drawn from our expectations of future events. Such a dynamic, on the other hand, strikingly reflects the way the human brain works. As explained by Armstrong, our nervous system lives in a constant dynamism between pattern and change, the former to make sense of the world and gain a form of stability and confidence, the latter to be ready to face ever new challenges and seize new opportunities. Moreover, as Armstrong highlights, “The concordant discordance of emplotment is curiously and intricately correlated to the decentered, asynchronous temporality of the brain” (Armstrong 2020, p. 54). Studies of neural activity, in fact, have shown that the temporal processes going on in the brain are not instantaneous and perfectly synchronised, but rather different regions and groups of neurons fire at different times, responding at varying rates (*Ibidem*). In particular, the emergence of consciousness in the brain after perception appears to require a tiny, but still significant amount of time, before which many other mental and bodily processes happen. As explained by Antonio Damasio:

By the time you get “delivery” of consciousness for a given object, things have been ticking away in the machinery of your brain for what would seem like an eternity to a molecule—if molecules could think. We are always hopelessly late for consciousness and because we all suffer from the same tardiness no one notices it. [...] We are probably late for consciousness by about five hundred milliseconds. (Damasio 1999, p. 127)

Such temporal discrepancies would be vital for the correct functioning of the brain. When large groups of neurons fire together, in fact—as in cases of deep sleep and

epilepsy—consciousness fails to emerge (Armstrong 2020, p. 55). To ‘coordinate’ the different ‘times’ that characterise our neural life—and, at the same time, to manifest them—human beings recur to narratives. In narratives, in fact, prefiguration, configuration, and refiguration, anticipation and retrospection, time of the discourse and time of the story all combine and intersect in a rational and intelligible construction, offering the most sophisticated and realistic tool of expression of what happens in our mind. As narratives constitute complex wholes out of scattered, individual events, ordering them both temporally and teleologically, so the embodied brain does with the events that receive from the world through perception, and then integrated and reconfigured when consciousness comes into play. In particular, as our conscious awareness of an event arises after our unreflective perception and first neural elaboration of it, a ‘looping process’ of interaction between the two is what allows the emergence of a whole that is more than the sum of their parts, combining backward understanding with forward inclination (Ivi, p. 63). This is what happens, on a larger scale, also with narratives: “We can learn to follow stories”, Armstrong explains, “by reconfiguring relations between surprising endings and their beginning in events we hadn’t fully understood because the configurative readjustment of anticipation and retrospection is something our basic neurobiological equipment predisposes us to do” (Ivi, p. 64). It is precisely this process of correction and refiguration of the time lag between perception and consciousness that gives rise to self-consciousness, the typically human ability of thinking oneself thinking, of being aware of one’s own awareness.

3. The Neural Correlates of Narratives

In the previous section we have brought to light the close correspondence between the dynamics of narratives and the way the brain works at a neural level, constantly oscillating between stability and instability, integration and differentiation. It seems appropriate, now, to move to a broader level—at least from a neurological point of view—by analysing what recent neuroscientific studies have discovered while observing what happens in the brain during real-life, extensive narrative experiences. Reaching a scientific consensus on the neural correlates of narratives, on the other hand, is a goal that is far from having been accomplished. As Armstrong explain, figuration,

or ‘seeing-as’, which he considers “the key concept joining cognitive science and narrative theory” (Armstrong 2020, p. 26),

[...] is not localizable in any particular region of the cortex but extends across the brain, the body, and the world. It is not governed by rules but develops habitual patterns through repeated experiences and is consequently always open to disruption, variation, and change. The formalist goal of identifying orderly, universal structures of mind, language, and narrative doesn’t match up well with the messiness of the brain or with how cognitive patterns emerge from our embodied experiences of the world. The consensus among neuroscientists is that the brain is a bushy ensemble of anatomical features whose functions are only partly fixed by genetic inheritance and are to a considerable extent plastic and variable depending on how they connect in networks with other, often far flung cortical areas. (Armstrong 2020, p. 19)

Should we then conclude that the analysis of the brain regions that activate in certain conditions and while performing certain actions is futile, as the brain is an ever-changing system influenced by innumerable factors, both internal and external to the body it is located in? Not at all. But a growing neuroscientific literature is moving towards a conception of the brain as far more dynamic than ever thought before, and inextricably embedded in its biological, social and natural environment, as we will see in more detail when considering the most recent paradigms of cognition. Moreover, narratives and narrative experiences are not isolated, homogeneous phenomena. As we have seen, processes of prefiguration, configuration, and refiguration are constantly going on while producing and receiving narratives, depending on cognitive, affective, and perceptive individual assets. Further complications derive, finally, from the multiplicity of different media and situations through which narratives are communicated, each of which impacts the audience’s brains in different ways.

However challenging, many brave neuroscientists have attempted to discover what areas of the brain—if any—are specifically activated during a narrative experience, both considered in its constitutive elements, and its most common, everyday manifestations. Continuous development in techniques for the measurements and analysis of brain activity, on the other hand, justify optimism in the possibility of

disentangling such complex issues. Particularly relevant, from this point of view, was the introduction, from the 1990s, of functional magnetic resonance imaging (fMRI), a class of imaging methods that use nuclear magnetic resonance coupled with gradients in magnetic fields to identify which brain areas are activated in specific times and situations—for example while performing certain experimental tasks—through the measurement of small blood oxygen variations in different brain areas (for an overview: Glover 2011). fMRI soon became extremely popular in neuroscientific studies, thanks to its widespread availability, relatively low cost, good spatial resolution, and less invasive nature compared to other techniques.

For what concerns the fundamental narrative dynamics of connecting prefiguration and refiguration, memory and imagination, and producing simulation of future events starting from fragments of information retrieved by the mostly fluctuating and flexible mnemonic mechanisms, neuroscientific studies have found a neural meeting point for all these activities in the so-called ‘default mode network’ (DMN) (Buckner & Carroll 2007). The DMN is a network of interacting brain regions including the medial prefrontal cortex (mPFC), the posterior cingulate cortex (PCC), the precuneus, the inferior parietal lobule, the lateral temporal cortex, and the hippocampal formation (Balogh et al. 2021, p. 9). The DMN earned its name by the fact that its activation was first observed when the person is apparently ‘doing nothing’, when no major motor or evident cognitive activity is taking place, such as when at rest or sleeping. Subsequent studies, however, showed that DMN is activated during a variety of internally generated cognitive processes that are apparently independent from external stimuli: not only sleeping—especially in the REM phase, when dreams are produced—but also *day*-dreaming, “envisioning the future (prospection), remembering the past (recall autobiographical memories), attributing mental states to other and taking into account their viewpoints (theory of mind), and spatial navigation” (Stickgold 2011, p. 90). The similarities of neural activation involving the DMN for activities of the brain that may seem at first glance so different from each other—such as memory, future imagination, understanding other people’s points of view, and orienting oneself in space—are, actually, as Stickgold argues, all united by “the process of ‘scene construction, ’moving through space and time”. As the construction of scenes following chrono-spatial rules is at the base of any narrative, Stickgold concludes that “narrative

construction *is* the default mode of the brain” (*Ibidem*). It is worth here quoting at length:

[...] a major function of the brain is not that different from the function of literature. When not actively engaged otherwise, the brain appears to be involved with the “remembrance of things past,” with divining the thoughts and intents of others, and imagining future worlds and scenarios. For literature, as for the resting brain, its greater purpose is both to create a personal understanding of the world in which we live and to expand its boundaries. Thus both these default brain processes and literature help us navigate through our personal world more effectively and creatively. (Ivi, pp. 90-91)

Studies more directly involved in the analysis of the neural correlate of narrative experiences, such as reading and creating literature, have also recognised the crucial role of DMN, along with other brain regions (for ex. AbdulSabur 2014, analysed below). When considering different narrative forms and media, in fact, other perceptual, cognitive, and affective processes come into play, making it extremely complex for researchers to determine the exact neuro-phenomenological manifestations of narratives *per se*. Looking at the neuroscientific literature regarding the neural correlates of different narrative forms, on the other hand, it is not surprising to find an important presence of studies regarding written or spoken narratives, not only because literature and storytelling are the most common forms of narrative production, but also because they are better suited for online analyses such as those with fMRI. Studies concerning other narrative forms, on the other hand—watching a film, playing a video game, or enjoying a VR experience, for example—are becoming increasingly feasible thanks to technological advances and public interest. And therapeutic applications of such ‘new’ narrative forms as well, as we will see in Chapter V.

However difficult it seems to find a ‘neurological minimum common denominator’ between all these different narrative experiences, proposals have been made, which, albeit moving from specific fields, could be extended, with due adjustments, to a large part of the narrative universe. This is the case of Arthur M. Jacobs and Roel M. Willems’ Neurocognitive Poetics Model, described in their article *The fictive brain: neurocognitive correlates of engagement in literature* (2018). Jacobs

and Willems base their study and theoretical proposal on the following questions: “How do human beings come to like fiction? How do they acquire something like a *lyrical sense*?” (Jacobs & Willems 2018, p. 3). For ‘lyrical sense’ the two authors refer to the apparently connatural human predisposition to the production and appreciation of poetry, considered a particularly challenging instance of fiction (*Ibidem*), which is, in turn, according to my scheme at the beginning of this dissertation, a specific manifestation of the narrative mode of thought. For proponents of literary Darwinism (Carroll 2011), natural selection favoured the emergence of the predisposition for producing and consuming narratives and its passing down to new generations of ‘*homo narrans*’—using Ranke’s terminology—because it would have been evolutionary advantageous. Through different kinds of narratives, in fact, human beings would have been capable of better understanding themselves, other humans, other animals, and the events of the world, learning how to act and behave following values and rules, which have themselves a narrative form. Such a propensity towards narratives, on the other hand, would not have been biologically inscribed in human anatomy since its origins, according to these theories, but it can rather be described as a bio-cultural ability, which appeared and developed from the constant interaction between biological, environmental, social, and psychological factors along the history of the human species. This would be the reason why there is not a single brain circuit devoted to the experience of narratives, but rather diverse areas of the brain that connect and interact to carry out all the cognitive actions necessary to that purpose, such as those required to move through *mimesis*₁, *mimesis*₂, and *mimesis*₃—or the moments of figuration, configuration, and refiguration—described by Ricœur and Armstrong. As Maryanne Wolf, Director of the Center for Dyslexia, Diverse Learners, and Social Justice at the University of California, Los Angeles, explains referring to reading:

Our ancestors’ invention could come about only because of the human brain’s extraordinary ability to make new connections among its existing structures, a process made possible by the brain’s ability to be shaped by experience. This plasticity at the heart of the brain’s design forms the basis for much of who we are, and who we might become. (Wolf 2008, p. 3)

The ‘neuroplasticity’ of the brain, then, is what allows human beings to acquire new, culturally dependent skills apparently without limits, but also to improve their competence in a specific skill through experience, or even to recover abilities that had been temporarily lost, as studies regarding brain injuries show (for a review, see Su et al. 2016). It is no wonder, then, that a complex bio-cultural ability as reading in general—and reading literature in particular, one of the most diffuse and long-established forms of narrative experience—has shown engaging different and widely distributed brain pathways. Following Wolf, we may say that at least five interconnected and partially overlapping macro-areas of the brain are activated when we read, namely: the one devoted to cognition, in the frontal lobe; the one devoted to language, between the frontal and the temporal lobe, including the Broca’s area, one of the first to have been associated with language processing in the neuroscientific literature; the one devoted to vision, in the occipital lobe, including areas of the midbrain and the cerebellum, with a coordinating function; the area devoted to motor functions, connected with both the cognition and vision regions; and the area devoted to affective function, which lays in the diencephalon, the second layer of the brain, below the cerebral cortex (Wolf 2018, pp. 21-23). All these areas involved in reading literature and fiction processing appear more than necessary if we consider the range of high-level cognitive and affective processes the mind engages with while reading—or listening, or watching—a narrative. Jacobs and Willems specifically developed their Neurocognitive Poetics Model to explain some of the major ones, which are: inference and situation model building; immersion in the narrated world; mental simulation and imagery; figurative language and style; distinguishing fact from fiction (Jacobs & Willems 2018, p. 2). To reach a coherent and comprehensive explanation of such diverse mental processes which take place during engagement in literature, the Neurocognitive Poetics Model aims to unify and coordinate a series of hypotheses developed in different literary, aesthetics, linguistics, and neuroscientific contexts. Among these hypotheses, particularly relevant—also for the empirical support they received during the years—are:

- The background-foreground hypothesis, which claims that any text contains mixture of background elements (e.g., familiar words, themes, scenes) and foreground elements (e.g., defamiliarizing stylistic devices) which activate

separate routes (immersion vs. aesthetic appreciation) characterised by differing neurocognitive processes (implicit vs. explicit processing) and reading behaviour (fluent vs. disfluent reading).

- The fiction feeling hypothesis, which claims that narratives with emotional contents invite readers more to be empathic with the protagonists and immerse in the narrative world than do stories with neutral emotional content.
- The Panksepp-Jakobson hypothesis, which claims that since evolution had no time to produce a specific neural system for art reception and literary reading, the affective and aesthetic processes we experience with a work of art or a narrative must be linked to the ancient emotional circuits we share with all mammals, as described by Panksepp (1998). (Jacobs & Willems 2018, p. 5)

For what concerns the neural correlates of poetic and figurative language, on the other hand, Jacobs and Willems aptly stress that understanding written or spoken language is not sufficient to truly appreciate literature—and narratives. It is also necessary, in fact, to mentally (re-)construct the situations described by the text, that is, its ‘situation models’, “hypothesized to arise through the integration of a reader’s knowledge of the world with information explicitly presented in a text” (Ivi, p. 6). This process closely resembles the one described by Ricœur with his three types of mimesis and by Armstrong with his triangular movement of figuration, configuration, and refiguration. Going into detail, neuroscientific studies with modern techniques of neuroimaging showed that areas of the brain involved in the process of formation of situation models include: the left inferior frontal gyrus, the dorso-medial prefrontal cortex, and the (pre)/cuneus (*Ibidem*). Interestingly, both the (pre)/cuneus and part of the medial prefrontal cortex represent some of the main components of the default mode network, and have been associated with activities like ‘mind wandering’, construction of mental models or simulations for future behaviour, mentalizing tasks, and ‘self-projection’, that is, understanding others’ behaviours by projecting into their situations and life-conditions (Buckner & Carroll 2007; Mason et al. 2007). The close relationship between default mode network and some of the major processes involved in narrative experience receives here a new confirmation. As Jacobs and Willems put it: “[...] internally focused cognition, mind wandering, and mental model construction are all forms of meaning making, or of story-telling (albeit in a non-constructed manner)”

(Jacobs & Willems 2018, p. 7). The state of ‘rest’ in which the default mode network appears more active, then, could be more precisely considered as a state where the important mental activities listed above take place, but with less top-down, cognitive-lead instructions, and where narrative and situation models are formed. Experiencing fiction, both literary and in other forms, would be a way of stimulating those processes ‘from outside’, drawing new materials from the environment and other people, instead of tapping solely into one’s own memory and experiences. However, as we have seen, images and patterns from ‘external’ narratives can soon be integrated in the individual repository, in a continuous process of exchange and re-elaboration. Similarly, a study by Noreen O’Sullivan and colleagues on the neural correlates of literary awareness—that is, the capacity to “consider, manipulate, and derive meaning in complex text” (O’Sullivan et al. 2015, p. 144)—found cognitive and neurological traces of an analogous process. To reach such a result, O’Sullivan and colleagues made the participants in their study read short poetic or prosaic pieces, further subdivided into pieces that revealed a global meaning that could not be anticipated by reading the first three lines of the text, and pieces whose global meaning revealed itself linearly during reading. Using fMRI scanning, it was possible not only to observe the differences in neural activation between reading poetic and prosaic texts, but also the specific activations prompted by the need for reappraisal of the meaning of a text with an unexpected ending. The two measures of ‘poetic recognition’ and of the ‘need for reappraisal’ were considered by the authors indicative of the capacity of ‘literary awareness’, which, in turn, could favour a:

[...] more fluid and flexible representation of meaning, in order to allow for: 1) multiple potential truths to be weighted with similar levels of curiosity, 2) changes in meaning to be noticed more easily, and 3) online meanings to be more easily updated as additional information becomes available. (O’Sullivan et al. 2015, p. 152)

These factors would be important contributors to such abilities as theory of mind in its cognitive and affective aspects (Kidd & Castano 2013), together with the capacity to avoid biases and being open to hold adaptive and flexible paths of reasoning, which can underpin the frequently hypothesised pro-social and variably ‘therapeutic’ effects of

literary reading. The results of O’Sullivan and colleagues’ fMRI scanning seem to support such hypothesis, as the reading of poetry, especially those texts requiring major reflection, modulated activities in—among other areas—some nodes of the default mode network and of the salience network (SN) formed by regions connected to interoceptive awareness and thought to play a role in switching from the DMN to the central executive network (CEN) (O’Sullivan et al. 2015, p. 146). In conclusion, according to O’Sullivan and colleagues, the reading of the text characterised by literary, poetic features and capable of stimulating flexible meaning-making could contribute to psychological well-being, thanks to ample neural activation in some key areas in DMN, SN, and CEN. Dysfunctional connectivity in such areas, in fact, has been linked to depressive beliefs (Ivi, p. 154). The encouragement to consider alternatives and nuanced meanings through the reading of texts, possibly through the qualified support of a shared reading group or a bibliotherapist, could favour a less rigid and more adaptive derivation of meanings, even in everyday life situations, thus supporting the recovery of a positive mental health condition. I will further delve into the topic while considering the potential positive effects of narratives—especially literary fiction—on mental health. The study by O’Sullivan and colleague, in conclusion, exemplifies an important line of research that is not content with observing the brain activity while performing a certain narrative or literary task, but that employs related, albeit different materials to delve into the multiple, fundamental nuances that characterise the extremely complex neural processes going on during narrative and aesthetics experiences.

While it is difficult to provide a clear picture of every brain area and neural network activated by the different forms of narratives—written, spoken, visual, dramatised, etc.—because of the various sensory and perceptual stimuli they provide, some studies are beginning to outline a kind of common ground between them, which we could tentatively consider the narrative processing system of the brain—or at least a part of it. Fatma Deniz and colleagues explored the issue in a study aimed at describing and comparing the ways the human brain processes semantic information when listening or reading the same narrative stories (Deniz et al. 2019). To do so, they used fMRI to record brain activity in participants who were either listening to a 10 to 15 minutes autobiographical and engaging story, or reading to an accurate transcription of the same story. Transcriptions were presented using the rapid serial visual presentation

(RSVP) procedure, according to which each word of the story is presented on a screen for the exact duration of that word in the spoken version, leaving the participant no control over which word to read and when, as it is common in normal reading (Ivi, p. 7723). This procedure allows for the most accurate possible comparison between the listening and reading activity from the point of view of the time of text processing and the sequence of reading and listening. The results of the fMRI measures showed that while different kinds of narrative experiences activate different sensory regions—such as the visual and auditory ones, which process unimodal information related to speaking or reading—high-level brain regions process semantic information in the same way, independently of the sensory modality (Ivi, p. 7734). Moreover, brain regions associated to such high-level semantic processes appeared to be far more bilaterally distributed than what previously suggested, including areas such as the bilateral precuneus, the temporal parietal junction (TPJ), the angular gyrus (AG), the anterior and posterior superior temporal sulcus (STS), the superior ventral premotor speech area (sPMv), the Broca's area and the inferior frontal gyrus (IFG). This broad activation involving both hemispheres shows the extent of the brain activity related to semantic information processing, which is fundamental to attribute meaning to any kind of narrative.

Another debated topic that neuroscience could help shed a light on is the one related to the possible differences and similarities between how the brain produces and processes narratives. As a matter of fact, narrative theories such as Ricœur's, also supported by Armstrong, according to which the narrative process is a circuit of interactions between the three modalities of mimesis, seem to suggest a smooth movement between the action of creating patterns of experience (prefiguration), reshaping them into narratives (configuration), and use them to transfigure and refigure those previous patterns of experiencing the world. Intuitively, however, the demarcation between producing and comprehending a narrative seems sharp, mainly if we think about such culturally and socially influential narrative forms such as popular movies or novels. In which ways the two sides of the narrative process are related? How do they differ? Nuria Y. AbdulSabur and colleagues tried to answer these questions with the aid of two different functional imaging techniques to analyse brain activity during both narrative production and comprehension tasks: fMRI and positron emission tomography (PET), which measure metabolic activity of the cells of body tissues after the intake of a

small amount of a radioactive substance. The use of both procedures offers a more complete representation of actual brain activity during specific tasks, as they compensate for each other's limitations. PET, in fact, offers relatively less temporal and spatial resolution, together with an inferior statistical power due to the limited amount of radioactive substance that can be used for each test, while fMRI has no such restrictions. On the other hand, the use of fMRI during continuous speech production can be hindered by susceptibility artefacts and noises that affect the accuracy of BOLD (blood oxygenation level dependent) measures of brain activity (AbdulSabur et al. 2014, p. 109), which, conversely, do not influence PET results. AbdulSabur and colleagues, therefore, chose to employ both techniques to analyse how participants' brains reacted differently during narrative production and comprehension. To do so, they measured brain activation with PET and fMRI in seventeen volunteers while doing the following tasks: retelling a narrative that had been previously read and repeated; listening to a narrative; repeating a memorised traditional nursery rhyme; listening to a nursery rhyme. The tasks concerning the nursery rhyme were specifically added as a control to identify the neural correlates of simple text processing activities and to distinguish them from those of more complex, real-world style ones, such as those regarding narrative production and comprehension. The results of AbdulSabur and colleagues' study were relevant in many respects. First of all, during both language production and comprehension not only perisylvian areas—traditionally associated with language processing, such as Broca's area and Wernicke's area, and mainly located in the left hemisphere—were shown to be active, but also extrasylvian areas, such as the dorsomedial prefrontal cortex, the precuneus, and the inferior parietal lobule. These regions were activated only during the narrative tasks and not during the nursery rhyme ones, likely supporting the interaction between language and other regions related to cognitive processes—such as mentalizing, inference making, construction of situation or narrative models, and episodic memory— that play a crucial role during storytelling or story comprehension (Ivi, p. 120). This large network of regions implicated with complex cognitive processes has received different names by different authors, as AbdulSabur and colleagues explain, among which there are 'default mode', 'mentalizing', and 'task-negative' network (Ivi, p. 121), all frequently called into question when studying the neural correlates of narratives. Secondly, both narrative

tasks were associated not only with linguistic or cognitive processing areas, but also with premotor and motor ones, which support language formulation and more accurate comprehension of the narrative (we will see later how this result is related to new paradigms of cognition and aesthetic appreciation). Thirdly, for what concerns neural activations of narrative production, the study showed that the brain regions that played a role solely during this task are related to action selection, speech sequencing, phonation, and articulation, and with more rapid activation compared to the control tasks (Ivi, p. 121). On the other hand, a distinguishing feature of narrative comprehension compared to narrative production appeared to be a strong bilateral activation, which was also more robust compared to the nursery rhyme comprehension task, suggesting that it is specific to discourse or narrative processing (Ivi, p. 122). To explain such difference in lateralisation, AbdulSabur and colleagues suggest that:

[...] semantic processes (including semantic activation, selection and integration) are carried out in both hemispheres, but [...] the right supports a more coarse-grained semantics—supported by the integration of elements that may have more semantically distant relationships. It is possible that these more complex integrative processes are enlisted to a greater degree during NAc [narrative comprehension]. (*Ibidem*)

The “more complex integrative processes”, on the other hand, may be unnecessary during narrative production, when those relationships are already known by the storyteller. The left hemisphere, on the other hand, would undergo more activation during narrative production to support the relationship between narrative organisation processes and the complex praxis related to narration. Even more surprisingly, narrative comprehension was associated also with bilateral activation of the amygdala, a brain region involved in emotion processing. This result is particularly difficult to explain, as the emotions content and valence of the narratives were the same in the two tasks (*Ibidem*), and thus deserves further exploration. AbdulSabur and colleagues’ study, in conclusion, is one of those precious contributions that neuroscience research can offer to the mission of increasing the understanding of what narratives are, what we can do with them, and what they can do to us.

Proof of the surprisingly broad and varied neural activation caused by narrative experiences also comes from a 2017 study by John S. Hutton and colleagues and described in the article *Story time turbocharger? Child engagement during shared reading and cerebellar activation and connectivity in preschool-age children listening to stories*. Hutton and colleagues analysed the relationship between the level of engagement of a group of girls during a shared reading activity with their respective mothers and the neural activation manifested during a subsequent exercise of listening to stories, measured by fMRI (Hutton et al. 2017). The authors hypothesised that girls with a higher level of engagement during the shared reading activity with their mothers would have shown greater activation in areas of the brain devoted to attention (dorsal frontal-parietal) and narrative comprehension (left inferior frontal, superior temporal, inferior parietal) during the fMRI-subjected listening exercise (Ivi, p. 3). Particular attention has been paid also to the role played by the cerebellum, the area of the central nervous system with the highest number of neurons, subject to rapid development during the early years of childhood. As recognised by Hutton and colleagues:

Until recently, its role was thought to be limited to motor processes, given the preponderance of motor deficits in lesion studies and difficulty mapping polysynaptic cerebro-cerebellar connections via traditional anatomical techniques. The advent of functional neuroimaging has provided potent means to affirm a cerebellar role in higher-level cognitive processes, such as language, social-emotional processing and executive function. (Hutton et al. 2017, p. 9)

Recent advances in behavioural and neurobiological research have also helped collect empirical proofs of how shared reading, especially between parents and children, produces significant benefits in the development of children's cognitive processes. At the end of the study, an important positive correlation was found between the level of involvement and body closeness during reading, the girls' desire to turn the page, the mothers' use of a tone of voice modulated on the girls' needs and the complete reading of the book, while a negative correlation emerged with the use of the smartphone by the mothers during the experiment (Hutton et al. 2017, p. 7). The results of the fMRI tests, on the other hand, suggest the existence of a neurobiological mechanism through which a greater involvement of the child during shared reading can directly influence and

accelerate the development of emerging literacy and comprehension skills. In particular, a modulatory role for cognitive processes has been proposed for the cerebellum, analogous to what it performs for motor processes. The idea is that, as the cerebellum coordinates and optimises motor activities, it could do the same for thoughts and emotions, thus promoting the development of cognitive and learning skills. As shown by the fMRI results, the girls who, during the experiment, were more deeply engaged in shared reading made greater use of cerebellar association areas in order to stimulate neural connectivity and processes during the story listening task, a mechanism that enhances decoding—mediated by a more consistent use of working memory—semantic and lexical processing, socio-emotional connection and understanding. However, the study by Hutton and colleagues did not investigate the origins of this activation and it is not clear whether it is the consequence of constructive stimulation and education, whether it is genetically determined, or whether it is—more likely—dependent on various combined factors. This is an issue worthy of further investigation. It is, nonetheless, reasonable to think that greater cognitive and socio-emotional processing—through the strengthening of the cerebellum—can help make shared reading more pleasant and stimulating for the child, thus starting a virtuous circle of growing interest, inspiring parents and educators to read more often and with greater emphasis on interactivity and story content, thereby re-fuelling cerebellar activation and learning. Hutton and colleagues' study, therefore, provided new evidence of the close relationship between motor and cognitive brain areas, in imaginative and narrative-related activities, thus supporting a paradigm of embodied cognition based on sensory-motor mirroring mechanisms.

Of course, observation and analysis of brain activation, however accurate, cannot explain everything. As Armstrong aptly remarks:

The explanatory limits of neuroscience have to do with the so-called hard problem (see Chalmers 1995) of how electrochemical activity at the neuronal level produces consciousness and embodied experience. [...] What happens across the divide between neurons firing and lived experience is mysterious, however, and how consciousness emerges from brain-body processes at the cellular level is a question no one can as yet answer. (Armstrong 2020, p. 53)

With these caveats in mind, research on narratives that resort to the latest developments of neuroscience and related disciplines can greatly contribute to the ‘orientation’ of the narrative turns that I have deemed so desirable at the beginning of this dissertation. In particular, the studies cited so far—only a few representatives of the multiple, variegated, and constantly evolving lines of research on these and similar topics—show how the anatomical structures underlying narrative experience involve higher level, complex cognitive processes—such as theory of mind, working, short-term, and long-term memory— affective, *and* sensory and motor ones—as revealed, for example, by AbdulSabur and colleagues’ and Hutton and colleagues’ study. These results point to a new vision of narratives—and of mental activity, more in general—according to which the whole body participates in them. The neural activity brought into play by narrative comprehension and production, in fact, seems far more comprehensive and with more trans-systemic repercussions than it was ever possible to hypothesise by resorting only to theoretical explanations. We will see in next sections how this influenced and was influenced by recent developments in cognitive and empirical aesthetic studies.

4. *New Paradigms of Cognition*

Supported by neuro-imaging studies showing the activation of areas of the brain traditionally associated to motor functions even during activities previously considered exclusively ‘mental’—such as reading or listening to a story, daydreaming, or watching a film—a growing number of scholars are proposing new models of cognition that holds in higher regard the role of the whole body and its environment in mental processes formation. These new paradigms of cognition can be reunited under the umbrella terms of ‘grounded cognition’ or ‘4E cognition’—embodied, embedded, enacted, extended. The idea that the mind can be influenced by the body or depend on it in some way, on the other hand, is ancient and long debated. As Albert Newen and colleagues note in their *4E Cognition: Historical Roots, Key Concepts, and Central Issues*, philosophers and scientists have investigated the nature of cognition, its location, and its relationship with the body, the environment, and other people since ancient times (Newen et al. 2018). Plato, for example, in his dialogue *Phaedo* (ca. 375-365 BCE), makes Socrates reject Anaxagoras’ idea that a decision may be taken and explained in terms of purely

bodily mechanism, while stressing the superiority of the soul—and reason—on the senses:

[...] Lovers of knowledge recognize that when philosophy takes their soul in hand, it has been literally bound and glued to the body, and is forced to view the things that are as if through a prison, rather than alone by itself [...]. [...] philosophy takes it in hand, gently reassures it and tries to release it, by showing that inquiry through the eyes is full of deceit, and deceitful too is inquiry through the ears and other senses; and by persuading it to withdraw from these, so far as it need not use them, and by urging it to collect and gather itself together, and to trust none other but itself, whenever, alone by itself, it thinks of any of the things that are, alone by itself; and not to regard as real what it observes by other means, and what varies in various things; that kind of thing is sensible and seen, whereas the object of its own vision is intelligible and invisible. (Plato, *Phaedo* 82e-83b)

Such contraposition between soul-mind and body, between the apparently ‘disembodied’ and the ‘embodied’ dimensions of the human being lasted for centuries, with different and often divergent views, among which one of the most influential was the dualist distinction between *res cogitans* and *res extensa* proposed by Descartes (1596-1650). With the advent of modern science, the terms of the debate shifted towards different ways of considering the nature of human thought and how it is produced. XX century cognitive science, in particular, was largely based on the representational and computational model of cognition (RCC), according to which:

[...] cognition is a kind of information processing that consists in the syntactically driven manipulation of representational mental structures. In particular, cognitive processes were said to be (1) abstract, a-modal processes that mediate between modality-specific sensory inputs (perception) and motor outputs (action), and (2) computations over mental representations that are either symbolic [...] or sub-symbolic [...]. (Newen et al. 2018, p. 3)

In more recent times and with the development of more accurate neuroimaging techniques, as anticipated, theories and models that emphasised the role of the brain-body-environment relationship in the way we experience and understand

ourselves and the world started to emerge. Milestones of this process were the publications of Francisco J. Varela, Evan Thompson, and Eleanor Rosch's book *The Embodied Mind: Cognitive Science and Human Experience* (1991) and Andy Clark and David Chalmers' article *The Extended Mind* (1998), which opened a burgeoning field of study where different approaches and disciplinary perspectives converged, under a heading that in itself conveyed such variety: 4E cognition. Common to all of these new theoretical frameworks—embodied, embedded, extended, and enactive, with all their nuances—is the opposition to the “internalist, brain-centered views of cognitivism” (Newen et al. 2018, p. 2), while they argue that:

[...] the cognitive phenomena that are studied by modern cognitive science, such as spatial navigation, action, perception, and understanding other's emotions, are in some sense all dependent on the morphological, biological, and physiological details of an agent's body, an appropriately structured natural, technological, or social environment, and the agent's active and embodied interaction with this environment. (Ivi, p. 4)

Moreover, mental activities once considered abstract and modality-unspecified—such as language and narrative processing—are now revealing, thanks to more sophisticated technologies for scanning and measurement of brain activity, a dependence on the body and its real-time interactions with the environment (*Ibidem*). We will see in the following sections what neurological explanations have been proposed for this relationship, and how it influences the way we understand and appreciate narratives and its effects on the human being as a whole.

Some critics of the grounded and 4E cognition approaches, on the other hand, claim that it is still unclear how some abstract concepts and representations may be produced by already established sensory-motor neural pathways. Typical examples are concepts that are beyond the motor and experiential repertoire of human beings, such as animal actions or abstract words (Borghetti & Pecher 2011, p. 1). Many attempts have been made to explain the human capacity to think ‘beyond the limits’ of its lived experience and memory. According to Lawrence W. Barsalou, for example, human beings are capable of comprehending actions and events they have never experienced before—including words, images, and stories—thanks to the brain's ability to create

top-down simulations from bottom-up patterns of activations in sensory-motor areas (Barsalou 1999, p. 577). Perceptual components stored in memory, then, could be used to create a potentially infinite number of simulators that “further support productivity, propositions, and abstract concepts, thereby implementing a fully functional conceptual system” and allowing for comprehension of new concepts and situations. Naturally, such simulations are not exact representations, but they are re-creations—*mimesis*₂, in Ricœur’s terminology—based on each person’s mental resources and pathways. As Armstrong highlights: “Grounded cognition can only respond to unprecedented and unpredictable states of affairs because its simulations are not completely identical to the experiences these simulations draw on” (Armstrong 2020, p. 119). Moreover, he also stresses the affinity between narrative comprehension and production and embodied cognition, as they all construct configurations and simulations that have “the power to change the way our brains and bodies respond to the world” (Ivi, p. 116).

To progress in the elucidation of such complex issues, it is important, however, not to fall into the epistemological error of letting new ideas and categories completely erase the ones that preceded them. Most of the time, it is by mutual enrichment of different opinions that true progress may emerge. As Armstrong warns: “Enactivism risks becoming a distorting dogma”—as purely computational and abstract conceptions of cognition were before it—“[...] if it refuses to investigate cortical and neuronal processes inside the skull on the grounds that cognition is not only a matter of what happens in the head”; the two perspectives, in fact, “are interdependent and inextricably linked” (Armstrong 2020, p. 53). Narratives are among the clearest examples of this double nature of cognition, abstract and concrete, deeply rooted both inside and outside those bodily and mental boundaries that define a human being and connect it with its social and physical world.

How to explain, from a neurological point of view, the close relationship between motor functions, embodied cognition, and those activities—such as producing or experiencing a narrative—that appears at first sight so distant from the world ‘outside the brain’? An attempt to answer this crucial question leads us to consider one of the most groundbreaking and debated neuroscientific discoveries of recent times, that of mirror neurons, which will be the focus of the next section.

5. *Mirror Neurons*

If the brain areas and neural networks that are activated by narratives can be considered as the harbours where stimuli are received and figurative patterns coming from perception, memory, and imagination are elaborated and produced, one could wonder what the vessels and the docks are, the neural links that concretely allows for the exchange of information between the source and the recipient of a narrative. So far, we have mostly examined narratives in their general structure and features. It is time to take into consideration their actual manifestations and contents, and what makes the brain capable of understanding a specific narrative, even when produced by a different human being.

Among the most suitable candidates for this connective role there are mirror neurons, which can be compared to the smallest cogs in the mechanism of our social, emotional, and aesthetic experiences, without which, probably, the world outside us would be largely incomprehensible. As it happens frequently in the history of scientific progress, much of the widespread repercussions—and in such diverse fields as psychology, phenomenology, aesthetic, politics, and moral philosophy to name a few—of the discovery of the mirror neurons was totally unexpected. Between the 1980s and 1990s a group of researchers at the University of Parma coordinated by Professor Giacomo Rizzolatti and formed by Luciano Fadiga, Leonardo Fogassi, Vittorio Gallese, and Giuseppe Di Pellegrino was carrying out studies on the motor neurons of macaques, whose functioning was recorded using electrodes. One day, one of the researchers took a banana from a fruit basket, and it was noticed that in the brain of the monkey they were analysing some neurons previously thought to be responsible only for motor functions had been activated, even though the animal had not moved. After various tests and experiments, it was understood that a new class of neurons had been identified. These neurons were renamed ‘mirror neurons’, because they are capable of activating both during the performance of an action and during the observation of the action itself, replicating it ‘internally’, at the neural level. Lately, in 1995, mirror neurons were discovered also in human brains, near the Broca’s area—a brain region mainly involved in language processing—in motor and premotor areas, and in the inferior parietal cortex (Rizzolatti et al. 1996; Gallese et al. 1996). From that moment on, mirror neurons became the foundation of a large number of hypotheses aimed at explaining, among

other things, the neural mechanisms of empathy, understanding of others' thoughts and behaviours—the so-called theory of mind—learning by imitation, aesthetic experience, and communication. Mirror neurons, in fact, can explain how we comprehend other people's words, actions, and intentions by 're-enacting' and simulating them in our own brain. In this way we become, in a sense, participants in the lives of others. What does this discovery imply for the theoretical reflection on narratives and for the practical applications of narratives in medicine and therapy?

Mirror neurons and mirroring mechanisms that allow to simulate actions, emotions, and behaviours of other people are, according to Gallese, at the base of the functional mechanism of embodied simulation. Embodied simulation theory attests that mental states or processes are largely embodied because they are conditioned by bodily constraints posed by the specific nature of the human body, which influence the representation and, consequently, comprehension of one's own and others' actions, emotions, or sensations (Gallese 2019, p. 115). This explains how evolutionary primitive sensory-motor neural networks were able, through recombination and reconnection, to sustain the development of more recent cognitive abilities, such as understanding others and empathise with them, but also imagining non-factual objects and represent them in cultural and artistic artefacts. As Gallese explains:

The activation of embodied simulation is the recall of the background bodily knowledge we acquire during our factual relation to the world of inanimate objects and other sentient beings. We recruit this knowledge in several different situations, such as when mapping events within our peripersonal space; when confronting with manipulable objects; when witnessing others' actions, emotions and sensory experiences; when remembering past experiences; when planning future actions, when engaging in fictional experiences and when comprehending linguistic descriptions of facts, actions, and events. (Gallese 2019, p. 116)

Experiencing narratives as well, therefore, according to this theory, would rely on mechanisms of embodied simulation. In recent years, the simulation mechanism has been extensively studied also in relation to language comprehension (Gallese & Lakoff 2005; Barsalou 2008; Fischer & Zwaan 2008). As anticipated, it has been discovered that reading or listening to sentences describing an action activates a process of

simulation of that action in the brain. This means that when people listen to or read a linguistic description of a gesture, for example kicking a ball, the brain activates the same neurons that are activated when they perform that gesture, or they observe someone else doing it. This process of ‘recycling’ the same neurons for apparently completely different processes has been explained by Gallese (Gallese 2008; Gallese & Cuccio 2018) with the ‘neural exploitation hypothesis’. According to this hypothesis, the language faculty would exploit neural mechanisms originally evolved for sensory-motor integration. These mechanisms, while continuing to perform their original function, at the same time contribute to the neuro-functional architecture of language. Language, therefore, uses neural systems of the motor areas and widely exploits the simulation mechanism that provides a privileged communication channel and creates an immediate understanding, which is based precisely on the sharing of sensory-motor experiences. In conclusion, even linguistic communication uses the wealth of experience and sensory-motor potential that distinguish us, and which is the basis of our pre-reflective possibility of relating to each other. Language, in fact, implies the activation of sensory-motor brain regions, which reproduce the described actions, objects, and events at a neural level as if they were actually present to the senses. At the same time, inhibiting mechanisms can prevent the subjects from executing the actions they are imagining. Actually, it has been shown that neural networks devoted to motor imagery partially overlap with an inhibitory circuit that is activated for the controlled inhibition of the imagined actions (Angelini et al. 2015). This partial overlapping seems to act as a sort of ‘emergency break’ that helps keep the world of imagination and that of overt action separated—even if not sharply, thus challenging “the rigid dichotomy between conscious, explicit, flexible and unconscious, implicit, inflexible forms of motor behavioral control” (Ivi, p. 1).

In addition to the mechanism of motor simulation, located in the parietal and premotor areas, other neural systems seem to be involved in the simulation of emotions and sensations (Gallese 2001, 2003, 2006; de Vignemont & Singer 2006). Observing emotions or sensations experienced by others activates a simulation of those same emotions and sensations in us. Furthermore, the simulation process is also triggered by the phenomenon of mental imagery. Imagining a visual scene stimulates and activates those areas of visual perception that would actually be activated by real perception of

the scene. According to Wojcieszowski and Gallese (2011), both the phenomenon of mental imagery and the simulation of sensations and emotions are processes involved in the fruition of literary texts. Indeed, a literary text involves the reader precisely because it stimulates these mechanisms, creating an immediate resonance between the imaginary characters with their stories and the readers of those stories. Reading a story or a poem that narrates the sensations and emotions experienced by the protagonists of that fictional world arouses in the readers the same sensations and emotions that they find described in the text. This phenomenon, well known to any reader, today has a description also at the level of the underlying neural mechanisms. It involves the activation of sensory, motor, or emotional areas in our brain. Stories come back to life in us, then, and modern neuroscience allows us to interpret this statement in an even stronger sense.

Sensory-motor neural activations, on the other hand, are not limited to overtly visual or action-related language. They can also occur in relation to abstract or figurative language, as it happens in the case of metaphors (Glenberg et al. 2008). This means that understanding expressions such as ‘reap the results’ or ‘kick the bad luck’ activates the motor areas corresponding to the hand and foot, respectively (Cuccio et al. 2013). According to Cacciari and colleagues (2011), on the other hand, the activation of the motor system during the comprehension of figurative uses of language depends on how much the motor component is still actually part of the level of figurative interpretation. In cases where this dimension has been lost, the figurative use does not cause a solicitation of the motor areas. When, on the other hand, the motor component persists, it activates the motor areas, which, therefore, are also involved in the understanding of figurative uses. Furthermore, studies on the role of motor simulation in understanding idiomatic expressions suggest that contextual information is also essential in modulating simulation. For example, Cuccio and colleagues (2013) observed that an ambiguous idiomatic expression such as “tagliare la corda”² activates a motor simulation involving the areas of the hand when it is interpreted literally, whereas it activates a motor simulation relating to the foot when, instead, it is interpreted in its idiomatic sense (Cuccio et al. 2013, p. 76). Thus, motor simulation is sensitive to contextual information that selects the type of relevant motor information. All human

² Literally “to cut the rope”, an Italian idiomatic expression meaning “to sneak away”.

cognition, in this perspective, would be deeply rooted in corporeality because the body is always the basis from which it is possible to elaborate abstract concepts. According to embodied cognition, we understand the abstract and non-corporeal in terms of our bodily experiences. All these data challenge, in conclusion, those cognitive paradigms that see language as the result of computational systems that operate on non-perceptual, purely abstract symbols.

Sensory stimulation—almost neglected by cognitive and literary studies until a few years ago—can, therefore, be an important way of understanding some processes—such as the processing of metaphors—at the basis of the aesthetic experience of literature and art. This sensory simulation could also be accompanied by an experience of pleasure or pain, on which the communicative efficacy of certain metaphors could depend (Cuccio et al. 2013). Finally, as highlighted by Cuccio and colleagues:

La simulazione sensoriale e l'esperienza del piacere/dolore potrebbero essere alla base dell'esperienza di "risonanza" che spesso caratterizza la poesia o la letteratura e che potrebbe spiegare l'efficacia e l'immediatezza comunicativa di queste forme d'arte. Infatti, la sollecitazione di un'esperienza di piacere o dolore potrebbe portare il lettore ad empatizzare con il testo ed i suoi protagonisti.³ (Cuccio et al. 2013, p. 79)

Embodied simulation has also been investigated regarding the gestural origin of language, affirming the existence of a continuity between prelinguistic and linguistic expressions, that is, between actions, gestures, and words dependent on the motor cortex and involving part of the neurons responsible for hand and mouth control (see, for ex.: Castelli & Peretto 2006; Armstrong 2008). According to this theory, there would be a close anatomical and functional relationship between action and semantics, a sensory-motor integration between the action of the subject in relation to an object and its meaning. Based on this relationship, some areas of the brain—located in the frontal, parietal, and temporal regions—produce a sort of copy of the motor patterns for

³ "Sensory simulation and the experience of pleasure/pain could be at the basis of the experience of 'resonance' which often characterises poetry or literature and which could explain the effectiveness and communicative immediacy of these forms of art. Indeed, the solicitation of an experience of pleasure or pain could lead the reader to empathise with the text and its protagonists". (My translation).

performing actions in the real world and in relation to the encoding of meaning in reality (Gallese et al. 1996). The common denominator represented by the physical body and its characteristics, then, would allow emotions and moods to be deduced also through narrative experience (Gallese & Cuccio 2015, p. 11).

This perspective radically changes the way of considering literary representations and images, as it attributes a central role to the sensory-motor involvement of the body in aesthetic experience and in linguistic production and reception. Specifically, the progressive development of the capacity for abstraction inherent in language leads, on the one hand, to the creative imagination of a counterfactual world that activates processes of simulation, and, on the other hand, it stimulates mental images in the reader, which are vivid experiences simulated in the absence of corresponding physical stimuli (Kuzmičová 2013; 2014). Overall, embodied simulation can be considered as a mechanism that presides over and gives access to the fictional world of a narrative. This allows narrative producers to translate bodily experiences and emotions into images mediated by stylistic and rhetorical figures, literary characters, and motifs; and the recipients of the narrative to access the imaginary world, linking it to their own horizons of experience.

Talking about reading literature, Gallese also underlines the similarities between aesthetic experience and real life, both based on the activation of the embodied simulation, which arouses an emotional response capable of attracting the readers in a more or less strong way, depending on the specific characteristics of the storytelling. In Gallese's words:

Hence, embodied simulation theory can be used to both account for how we perceive the world and how we imagine it and build a world of fiction and experience it. My hypothesis is that the world of cultural artefacts is 'felt' not too differently from how we feel the more prosaic world we encounter in daily life. We feel for and empathize with fictional images and characters in ways that are similar to how we feel for our real social partners, although with qualifying differences. (Gallese 2019, p.117)

Further exploring the link between literature and neural activity, Cuccio, Carapezza and Gallese, in their article *Metafore che risuonano. Linguaggio e corpo tra filosofia e*

*neuroscienze*⁴ (2013), investigated the possible existence of a neural mechanism for understanding metaphors that can explain the peculiar emotional attunement that often arises between writer and reader while reading a literary work. The studies that followed the discovery of mirror neurons, in fact, have shown how:

Il meccanismo di simulazione costituisce un canale di accesso immediato, pre-riflessivo, pre-concettuale alle azioni altrui. La comprensione resa possibile dal processo di simulazione si realizza sulla base di un vocabolario motorio condiviso, costituito dalla gamma di atti che il nostro corpo ci consente di fare. Questo vocabolario motorio si costruisce, lungo il corso degli anni, attraverso le nostre esperienze. Sembra, dunque, che i corpi ci sintonizzino immediatamente gli uni agli altri e che questa sintonizzazione si realizzi in un linguaggio che è tutto del corpo.⁵ (Cuccio, Carapezza, & Gallese 2013, p. 75)

Furthermore, simulation is:

[...] dipendente da quello che è l'obiettivo finale di un atto. Ciò significa che essa si realizza solo se il fine dell'intera catena motoria è già parte del bagaglio di conoscenza motoria di chi osserva o ascolta. E ciò suggerisce che dietro la simulazione ci sia il riconoscimento di un'intenzione motoria. A supporto di tale ipotesi, studi di elettrofisiologia e *neuroimaging* (ad es. Iaconi et al. 2005) hanno permesso di osservare come attraverso il processo di simulazione sia possibile addirittura anticipare le intenzioni motorie degli altri, ovvero l'obiettivo finale di una catena di atti motori.⁶ (*Ibidem*)

⁴ *Metaphors that resonate. Language and body between philosophy and neuroscience.* (My translation).

⁵ “The mechanism of simulation constitutes a channel for the immediate, pre-reflective, pre-conceptual access to the actions of others. The understanding made possible by the simulation process is achieved on the basis of a shared motor vocabulary, made up of the range of actions that our body allows us to do. This motor vocabulary is built over the years through our experiences. It seems, therefore, that the bodies immediately attune us to each other, and that this attunement takes place in a language that is entirely of the body”. (My translation).

⁶ “[...] dependent on what is the ultimate goal of an action. This means that it takes place only if the goal of the entire motor chain is already part of the motor wealth of knowledge of the observer or listener. And this suggests that, behind the simulation, there is the recognition of a motor intention. In support of this hypothesis, electrophysiological and neuroimaging studies (e.g. Iaconi et al. 2005) have allowed us to observe how, through the simulation process, it is even possible to anticipate the motor intentions of others, i.e. the final goal of a chain of motor actions”. (My translation).

Motor simulation, moreover, is also modulated by contextual information. This means that it is sensitive to the context in which a chain of motor acts takes place. Motor simulation is, therefore, an important part of our ability to recognize ourselves as fellow human beings, and to understand each other on the basis of our common bodily experience. What we are and what we do, in fact, can hardly be separated from the body we have. Bodies are the common medium that allows us to communicate and understand each other, and while the simulation process alone does not explain all the significant aspects of our interaction, it nevertheless remains a fundamental part of our social being.

6. Narratives for Therapy: the Empirical Research

Emerging from our exploration of the sea of scientific studies on narratives and their neural and bodily correlates, it is now time to move towards the third and final major topic of this dissertation: the use of narratives for therapeutic purposes. Before considering the multiple practical applications of different kinds of narrative media and techniques developed both inside and outside academia, I wish to review part of the research that gives those applications scientific support, thus linking theoretical explanations, literary-philosophical-psychological models, phenomenological analysis, and neurological findings with everyday practice in such diverse contexts as hospitals, libraries, schools, community centres, and counselling services, just to name a few.

6.1. The Paradox of Fiction

Faithful to the transdisciplinary vocation of this dissertation, my first step in this brief excursus in the scientific bases of the union between narratives and therapy moves from a centuries-old philosophical problem: how can a narrative, an apparently abstract product of the mind, have a tangible, sometimes even life-changing impact on a human being? This is no trivial question, as it underlies all possible proposals for the use of the artistic and literary medium for therapeutic purposes. Philosophers and scholars have tried for a long time to resolve this paradox, which is particularly evident with fictional stories, thus earning the name of ‘paradox of fiction’. With this denomination, philosophers and researchers in the field of aesthetic experience indicate the apparent contradiction by which works of fiction, of whatever form, recognized as fictional, are

capable of generating strong emotions in large audiences, perfectly comparable to the ones elicited by objects and events that are believed as real (for an introduction and philosophical review see for ex. Campeggiani 2020). This paradox, of ancient origin, returned to the attention of the general public after the publication of an article by Colin Radford and Michael Weston with the emblematic title *How Can We Be Moved by the Fate of Anna Karenina?* (1975). This article raised a heated debate, and it was followed by many attempts to both define in clearer terms and resolve the apparent paradox. More specifically, the paradox of fiction has generally been described as an ‘inconsistent triad’, formed by:

- (a) response condition (e.g., I feel genuine pity toward Anna Karenina);
- (b) belief condition (e.g., I believe that Anna Karenina is a fictional character);
- (c) coordination condition (e.g., in order to feel a genuine emotion one should not believe that the object of the relevant emotion is fictional). (Sperduti et al. 2016, p. 53)

During the centuries, philosophers of different schools of thought have tried to explain this paradox mainly by rejecting the first or third condition, that is, the belief that the emotions felt in front of a work of art are real, or that real emotions can be experienced only if the objects of those emotions are believed to be real themselves. Actually, it is not easy, from a theoretical point of view, to place the emotions aroused by fictional events and those aroused by events in real life on the same level. Real events, in fact, as summarised by Marco Sperduti and colleagues in their *The paradox of fiction: Emotional response toward fiction and the modulatory role of self-relevance* (2016), differ from the latter in at least three aspects:

- emotions aroused by fictional people and events do not translate into the range of behaviours produced by emotions aroused by real-life people and events;
- viewers or readers of fictional works have no moral duties or obligations towards the characters and events depicted;
- emotions aroused by fictional works are directed towards characters and events that do not exist in the so-called ‘real world’. (*Ibidem*)

These differences, Sperduti and colleagues conclude, “might lead to think that our affective responses toward fictional characters and events cannot be properly classified

as emotions” (*Ibidem*). More recently, however, neuropsychological studies confirmed that emotional reactions to narratives and fiction are phenomenologically and physically valid, activating mirroring mechanisms in regions of the brain involved in activities such as working memory, attention, action monitoring, pain, future evaluation, and emotion regulation (e.g. Altmann et al. 2014). Following this approach, Sperduti and colleagues directly addressed the issue in an experiment, hypothesising, however, that even if the emotions aroused by fictional elements can be classified as genuine, the peculiar aspects that distinguish them can manifest themselves in a phenomenological and subjective difference. As a matter of fact, neuroscientific studies regarding the distinction between reality and fiction have highlighted how real characters or events, described as such to the reader or observer, stimulate greater activation of the cortical midline structures, in particular the ventromedial prefrontal cortex. Fictional materials, on the other hand, would stimulate above all the lateral prefrontal cortex and the anterior cingulate cortex (Abraham et al. 2008). The first group of brain regions is related to autobiographical memory and self-referential processing, which, in turn, enhances emotional response, while the second group favours cognitive control and emotional regulation, especially the reductive regulation of emotions—the so-called ‘emotional down regulation’ (Sperduti et al. 2016, p. 54). These results, according to Sperduti and colleagues, “strongly suggest that contextual information about the nature (real or fictional) of an event could influence the related emotional response” (*Ibidem*). It seems possible, then, that a sort of implicit emotional regulation, caused by a cognitive change due to the knowledge of the imaginary nature of the stimulus, is capable of reducing the intensity of the individual emotional response. However, other factors can play an important role. Stimuli that elicit personal memories, for example, deriving from both fictional and real objects, have been shown to enhance the spectators’ emotional response (Goldstein 2009).

The presentation of the narrative as related to fictional or real events and people and the stimulation of personal memories, therefore, could be two of the processes responsible for emotional involvement. Starting from these observations, Sperduti and colleagues asked twenty-one volunteers to watch some emotional short videos that were presented as real or fictional. Then, the researchers measured the emotional response in two ways: through the subjective evaluation of the emotional response by the

participants—specifically the intensity of the response and its valence, positive or negative—and through an objective measure of autonomic arousal during vision, namely the electrodermal activity—also known as galvanic response of the skin or skin conductance—considered a good indicator of physiological emotional stimulation and correlated to subjective evaluations (Sperduti et al. 2016, p. 54). Additionally, the participants were also asked to assess the extent to which each scene evoked personal memories. The analysis of the data collected during the experiment showed that the intensity of the emotional response in the fictional condition was lower than in the real condition. This effect, however, was only evident with respect to assessments of subjective valence and intensity and not for the physiological arousal related to the electrodermal activity. Furthermore, this difference was more pronounced for negative emotions. Moreover, the scenes that aroused a greater number of personal memories were evaluated as more emotionally intense, regardless of the condition—real or fictional—with which they were presented. This effect appears more marked for positive material, and again emerged only from the subjective evaluation of the emotional experience and not for the physiological stimulation. These results could be explained by a reduced emotional response induced by some form of emotion regulation that is activated when one comes into contact with fictional works (Ivi, p. 57). At the same time, the fact that self-evaluation results differed so sharply from physiological, ‘empirical’ ones is an issue of great interest, worthy of further research. Emotion regulation, therefore, is a crucial phenomenon during fictional and narrative experiences, allowing the readers, listeners, or spectators to enjoy them, while, at the same time, not being overwhelmed by emotional stimuli, as in the case, for example, of horror movies. Sperduti and colleagues define emotional regulation as the “dynamic process of influencing the nature of our emotional response”, that “could intervene at different stages of the emotional generative process” (*Ibidem*). Among the possible regulatory strategies, cognitive change, considered as “a change in one of the features of a stimulus such as the meaning (‘reappraisal’) or the psychological distance (‘distancing’)” is one of the most studied (*Ibidem*). Cognitive change, on the other hand, can also play an important role in the very generation of emotions, in the form of an initial assessment of a situation or character, influencing emotions in an initial phase of their manifestation process, and allowing us to react in a congruous way to reality and

social interactions (Gross & Thompson 2007). Neuroimaging studies have also shown that the ‘reappraisal’ strategy recruits prefrontal regions and is simultaneously linked to reduced insula and amygdala activity (Eippert et al. 2007; Goldin et al. 2008), as well as coinciding with a general increase in electrodermal activity values. Interestingly, as highlighted by Sperduti and colleagues, emotional regulation seems more pronounced for negative scenes. Since the time of Aristotle, negative emotions in imaginary contexts have been regarded as peculiar. A possible explanation of this phenomenon is that the reduction of the affective response in case of negative content could have a greater functional value, protecting the individual from psychological traumas that could derive from a scene representing a particularly negative event (Sperduti et al. 2016, p. 58). On the other hand, an even stronger effect on the modulation of the emotional response seems to be exerted by personal memories. As a matter of fact, neuroimaging studies have shown that the activity in the structures responsible for self-referential processing, which are also activated during the recollection of autobiographical memories, modulates the response in the limbic regions, amplifying the emotional response to stimuli relevant to the subject (Herbert et al. 2011; Yoshimura et al. 2009). In this regard, the data collected by Sperduti and colleagues show how the scenes—positive or negative—regardless of the condition—real or fictional—that were associated with a greater number of personal memories were also judged to be more intense (Sperduti et al. 2016, p. 58). In conclusion, Sperduti and colleagues suggest that when experiencing fictional works the human brain activates a sort of implicit emotional regulation, which results from the cognitive change caused by the knowledge that the stimulus is imaginary. This implicit emotion down-regulation is thus capable of reducing the intensity of the individual emotional response, allowing the recipient of the narrative to experience the narrated world in a ‘quasi-realistic’ way. Stimuli that elicit personal memories, on the other hand, can lead to an increase in emotional intensity, contributing to the feeling of engagement and immersion into the story, regardless of its fictional or non-fictional status. Finally, regarding the philosophical debate around the so-called ‘paradox of fiction’, the results of Sperduti and colleagues seem to indicate that:

[...] the fiction-directed emotions are physically robust, as witnessed by a

physiological arousal comparable to real material, and can be seen as genuine emotions. The answer to the paradox of fiction should probably be sought not in emotion *per se*, but in factors and mechanisms modulating it. Our study suggests that two candidates are emotion regulation and self-referential processes. (*Ibidem*)

These factors, therefore, must be taken into strong consideration when one wishes to produce a therapeutic path based on fictional experience.

Along with elements related to individual emotional processes and autobiographical memory, the characteristics of the specific narrative contribute—quite predictably—to its power to induce pro-social or beneficial psychological effects. In the case of the peculiar narrative experience of shared reading groups, for example, it emerged that individuals with chronic pain generally prefer more complex works of ‘serious literature’, compared to simpler, popular texts. The former, in fact, seems to help the reader to engage in deeper thoughts, capable of reducing, at least temporarily, the subjective experience of pain and personal worries related to the health condition (O’Sullivan et al. 2015, p. 145). Furthermore, as already highlighted, heightened literary awareness, typical of more ‘literary’ and ‘poetic’ texts, can reduce ruminative thinking, which is linked to symptoms of depression, healing the connectivity between brain regions damaged by depressive beliefs.

We may conclude, therefore, that even if fictional in their content, narratives can have strong and real effects on those experiencing them, the extent of which will become clearer in the following sections and chapters.

6.2. *Effects of Fiction and Narratives on Empathy and Social Behaviour*

Probably the most evident feature of the narrative experience is its power to transport the reader, listener, or spectator into the narrated world. This phenomenon, called ‘narrative transportation’, has been an object of interest and research by scholars of different disciplines for many centuries, given its power of enchanting and fascinating, but also of influencing beliefs and actions. Melanie C. Green defined narrative transportation as “a combination of attention, imagery, and feelings, in which an individual becomes immersed in a narrative world” (Green 2021, p. 87). The desire to enter the narrated world, moreover, is closely linked to the psychological constructs of absorption or immersion. While narrative transportation can be considered a process

related to a—well-structured and effective—narrative experience, absorption is the general psychological condition of feeling involved into someone else's experiences—“stepping outside oneself”—or into a world different to the one inhabited by the absorbed subjects (Green & Brock 2000, p. 704; Calarco et al. 2017). Given the palpable effects of absorption in a narrative on the human mind and body, researchers have tried to shed light on which factors are responsible for such effects. The already introduced Neurocognitive Poetics Model of literary reading may represent a theoretical framework capable of identifying and integrating all those different factors. As Jacobs explains:

[...] neurocognitive model of (more natural) literary reading should link (neuro-)psychological hypotheses about neuronal, cognitive, affective, and behavioral processes with assumptions from linguistics and poetics in a way allowing predictions about which text elements evoke which cognitive or aesthetic processes, and describe these processes in a way that makes them measurable and testable. (Jacobs 2015, p. 143)

Jacobs' Neurocognitive Poetics Model of literary reading, as already stressed, highlights the important role of background and foreground textual elements in the readers' response to the text. While foreground elements—that is, elements in the text that produce a sense of defamiliarization or alienation, such as figures of speech—have been object of great interest by formalists and structuralists, less attention has been devoted to background elements—that is, elements that appears 'familiar' to the readers, common, and part of their everyday social and historical contexts (Jacobs 2015, pp. 146-147). These two categories of elements have different effects on the readers, especially on their level of absorption. Factors that facilitate absorption, in fact, are related to the processing of background information, as they are “[...] processed in a configurational mode evoking non-aesthetic, bodily feelings of harmony or stability, and autobiographical emotions related to memories about events similar to those read about (e.g., fear, joy)” (Ivi, p. 148). Furthermore, suspense, scenes rich in action, and identification with characters appear strongly related with immersive and absorption-like feelings (Ivi, p. 149-150). Factors that inhibit immersiveness are, on the other hand, linked to the elaboration of defamiliarizing foreground elements—such as the usually more complex semantic and syntactic constructions of a poem—which make

the construction of situation and meaning models more difficult and demanding, requiring greater reflection and, therefore, hindering the experience of transportation into the literary world. However, as explained by Jacobs, immersive and aesthetic processes do not exclude each other and different levels of affective involvement depends on the type of defamiliarization (Jacobs 2015, p. 152), which, in turn, is not a fixed value, and depends also on the readers' characteristics, reading habits, and preferences.

Some textual elements, therefore, seem to be related to a major absorption and involvement with the story world and its characters, resulting in a form of empathy by which readers, listeners, or spectators feel the same feelings as the characters. This is a fundamental aspect of a narrative experience, as it could easily have important repercussions on social and emotional abilities outside the narrative world. One of the most cited descriptions of the social effects of reading fiction is Frank Hakemulder's conceptions of fiction as a 'moral laboratory' (Hakemulder 2000, as in Oatley 2016, p. 619). According to Hakemulder, literary characters allow us to imagine what it means to be in the shoes of others, to live their experiences and feelings, 'training' social skills such as empathy and theory of mind. In Eva Maria (Emy) Koopman and Hakemulder's words:

Being absorbed in a narrative can stimulate empathic imagination. Readers go along with the author/narrator in a (fictional) thought-experiment, imagining how it would be to be in the shoes of a particular character, with certain motives, under certain circumstances, meeting with certain events. That would explain why narrativity can result in a broadening of readers' consciousness, in particular so that it encompasses fellow human beings. Fictionality might stimulate readers to consider the narrative they read as a thought experiment, creating distance between them and the events, allowing them to experiment more freely with taking the position of a character different from themselves, also in moral respects. (Koopman & Hakemulder 2015, p. 79)

In particular, the concept of empathy, considered as the "ability to recognize the emotions of other persons and to emotional respond" to them (Bal & Veltkamp 2013, p. 2) has received great attention both in academia and outside it, for the potential

prosocial effects of its improvement. It is necessary to avoid, on the other hand, the simplification whereby reading or listening to narratives on a frequent basis automatically improves prosocial attitudes and abilities. As Armstrong warns:

Narrative reconfigurations of experience may produce many different effects, some pro- and some antisocial, which they would not do if the process of fictional simulation were a linear, one-way causal mechanism. (Armstrong 2020, p. 7)

While producing and receiving a narrative, in fact, human mind animates a world that it is both similar and different from its own, enacting the so-called ‘paradox of the alter ego’:

Social relations of all kinds, including the telling and following of stories, are fundamentally paradoxical because they are inextricably both intersubjective and solipsistic. [...] we are always intersubjectively involved with others in a world we share because we assume, for example, that the view of another perceiver will fill out what we cannot see in a manner consistent with our perspective, even as the inescapably solipsistic my ownness of experience prevents us from ever knowing another person’s self-for-themselves [...]. (Ivi, p. 8)

The dynamic processes underlying the changes in emotions, opinions, attitudes, and behaviours following a narrative experience, then, are far more complex, and depending on multiple factors:

[...] if stories can promote empathy and otherwise facilitate the cointentionality required for the collaborative activity unique to our species, the power and limits of their capacity to transform social life ultimately depend on embodied processes of doubling self and other through mirroring, simulation, and identification, processes whose limitations are reflected in the strengths and weaknesses of narratives as ethical and political instruments. (Ivi, p. 13)

P. Matthijs Bal and Martijn Veltkamp wanted to verify experimentally such features of narrative experience. In their article *How Does Fiction Reading Influence Empathy? An Experimental Investigation on the Role of Emotional Transportation* (2013), they

presented two experiments aimed at investigating whether and to what extent works of fiction have the ability to influence the reader's levels of empathy compared to works of non-fiction, and, if so, which factors contributed to the phenomenon. Bal and Veltkamp hypothesised that the more readers of fictional works are emotionally transported within the story, the more empathic they become (Bal & Veltkamp 2013, p. 4). To demonstrate this hypothesis, two reading experiments were carried out in which the role of emotional transportation was examined as a mediating factor between narrative experience and effects on empathy over time, and taking into account the positive and negative emotions experienced by the participants. These variables were also compared with the results of control groups exposed to non-fiction. Numerous scholars argue, in fact, that only fiction is capable of eliciting strong emotional and behavioural changes in the reader, unlike non-fiction texts, such as newspaper articles and essays. However, it is not always easy to distinguish between the two genres, as we have seen debating the issue in Chapter I. In that chapter we cited Jerome's Bruner distinction between the two ways of thinking: logico-scientific and narrative mode (Bruner 1986). Accordingly, at the core of the narrative mode of thought there is credibility as it is considered by the readers, listeners, or spectators, who will be influenced by a work of fictional narrative only when it is capable of creating a narrative world that is real within its own context—that is, realistic. Such a narrative would be able to provoke emotional transportation and make its audience experience feelings and emotions that the logico-scientific modality would be unable to awaken. Bruner thus suggests that only a narrative construction of reality—he does not distinguish between fiction and non-fiction—is specially crafted to steer emotions and train social abilities. The one between fiction and non-fiction, then, remains a blurring distinction, an object of interest of many disciplinary fields, from narratology to psychology to neurology. Keeping this in mind and moving from Bruner's definition of a 'narrative mode' of thinking, one could wonder how reading fiction has an effect on empathic abilities. Several potentially correlated explanations are possible.

A first explanation is that the simulation of social experiences in works of fiction—such as relationships among characters—could be associated with the processes that the individual uses in daily life to understand what is happening in the

world and what other people think or feel. Mar and Oatley, among the leading supporters of this hypothesis, thus summarise it:

They [literary narratives] offer models or simulations of the social world via abstraction, simplification, and compression. Narrative fiction also creates a deep and immersive simulative experience of social interactions for readers. This simulation facilitates the communication and understanding of social information and makes it more compelling, achieving a form of learning through experience. Engaging in the simulative experiences of fiction literature can facilitate the understanding of others who are different from ourselves and can augment our capacity for empathy and social inference. (Mar and Oatley 2008, p. 173)

Therefore, fiction readers would be able to gain new knowledge—hardly offered by the real world—regarding human psychology and how to react in the most diverse social situations, sympathising and empathising with the characters in the story. The readers, then, through the development of their empathic and Theory of Mind skills, could better understand what themselves and others think and desire, even outside the narrative world.

A second explanation relies on the consideration that narrative experiences foster imaginative thinking, activating neural processes that reflect real-world events similar to those in the story, as shown by brain imaging and mirror neurons studies. When someone reads a text, words automatically activate neural networks similar to those that would be elicited during the actual experience of their referents, mentally simulating the events of the story, through the already well-known mirroring mechanisms; the readers then integrate what they have read with pre-existing mental models and with their own personal experiences. In this way, it would be possible to share the same emotions of the characters, developing empathy towards them, and, consequently, learn how to do the same with other people in the real world. This would be especially effective if the text is carefully crafted in order to represent realistic social interactions (Bal & Veltkamp 2013). It is interesting to notice how this psychology and neurology-driven framework resembles in its components Ricœur's and Armstrong's mimetic and figuration theory of narrative production and comprehension.

Following Bal and Veltkamp's discourse, after identifying some possible

mechanisms by which fictional narratives influence human mind and behaviour, I would like to focus on those characteristics that make fiction particularly effective in doing so. Generally speaking, fiction seeks primarily to arouse emotions, as proved by the fact that people experiencing fiction tend to react more strongly compared to non-fiction. Fiction, thus, “provides a safe arena in which a reader can experience emotions without the need for self-protection” (Bal & Veltkamp 2013, p. 2). Furthermore, recipients of narratives would be more inclined to sympathise with fictional characters because they would not feel the moral obligation to concretely help or support them, which would happen instead when confronted, for example, with the stories of war victims in a newspaper (Ivi, p 3). Fiction is also processed differently than persuasive texts, such as advertisements, scientific articles, and newspapers. The effects of these forms of persuasive communication usually diminish over time unless the receiver is highly motivated and processes the information in a systematic and elaborate manner. People experiencing persuasive communication, in fact, tend to exercise their critical faculties more carefully. Transportation into a fictional world, on the other hand, seems able to influence people’s view of the world and beliefs for longer periods than non-fiction, informational, or rhetoric texts, which are more critically and rationally evaluated. For this reason, the possible effects of fictional stories on empathy are usually greater than the effects of non-fiction texts (*Ibidem*). Finally, Paul Slovic moves from the theory of psychic numbing to explain how the way a narrative—both fictional and nonfictional—is presented—for example regarding the victims of a tragic event—affects the ability to experience empathy and sympathy towards the characters in that narrative (Slovic 2007). In particular, Slovic proposes that a form of ‘psychophysical numbing’ makes it more difficult for people to empathise with large groups of people, even if they are suffering for terrible atrocities, such as genocide, war, or natural calamities (Ivi, p. 85). On the other hand, it would be easier to share the feelings of people and characters in a story where the information pertains to a single easily identifiable individual—as it is usually the case in fictional narratives—than to a large group or statistical number—as non-fiction works and newspapers (Bal & Veltkamp 2013, p. 3). This mechanism is well known in the media, as evidenced by the fact that, frequently, non-governmental and voluntary organisations try to spur public involvement by presenting one or few stories of people in difficulty, rather than

focusing on large numbers of unknown individuals, which are more difficult to empathise with. In conclusion, as fiction is primarily concerned with eliciting emotion, rather than presenting factual information, it would be more likely to influence readers' empathy than non-fiction works (*Ibidem*).

Further exploring the processes that would make this influence possible, we may look at Richard Gerrig' work on the experiencing of narrative worlds (1993). Gerrig supports the hypothesis that people can change cognitively and affectively after reading a work of fiction only to the extent that they become fully immersed in the story, that is, as already stressed, when they are transported into the world of the narrative. In fact, transportation allows people to lose awareness of themselves and of the world around them and to perceive the elements of the narrative as if they were real, even when inconsistent with the spatio-temporal rules governing the 'real' world. In particular, Gerrig identifies six elements of a literal experience of transportation:

1. Someone ("the traveler") is transported
2. by some means of transportation
3. as a result of performing certain actions.
4. The traveler goes some distance from his or her world of origin
5. which makes some aspects of the world of origin inaccessible.
6. The traveler returns to the world of origin, somewhat changed by the journey.

(Gerrig 1993, pp. 10-11)

As stressed in the final element, this mental journey causes the reader to change, because it generates various processes, including emotional involvement and identification with the characters, deriving from the feeling of immersion in the fictional world. The process of transportation leading to identification, however, can be double-edged. As highlighted by Bal and Veltkamp, reading works of fiction can also have negative effects on empathy if the emotional transportation in the story is lacking (Bal & Veltkamp 2013, p. 8). Therefore, as anticipated, it is not the reading activity *per se* that has the potential to affect and influence people's behaviours and attitudes, but rather it is the emotional involvement and transportation into the narrative world. However, the distinction between the ways of structuring thoughts and emotions typical of fiction and those of non-fiction remains fundamental: while, in fact, a high level of

transportation into fiction can lead the reader to sympathise with other people through increased identification, transportation into non-fiction stories can elicit feelings of obligation and the perception of having to do something when it is not possible, resulting in a loss of empathy as a defence mechanism (Ivi, p. 9). Finally, Bal and Veltkamp's studies on the effects of fiction and non-fiction on readers' empathy also showed that such effects do not appear immediately, but are guided by a so-called ' sleeper effect '. That is, the process of transformation needs an incubation period to manifest itself. Specifically, participants in their studies showed higher levels of empathy one week after the reading of the fictional work (Ivi, p. 5). Thus, time appears to be another important factor to take into consideration for both research and applications in this field.

To try to better understand the relationship between narrative transportation and empathy, John Stansfield and Louise Bunce carried out another experiment, focusing on the distinction between two main components of empathy: cognitive empathy, that is, the ability to understand the world from another person's point of view and to deduce their opinions and intentions; and affective empathy, that is, the ability to share the feelings and emotions of others (Stansfield & Bunce 2014, p. 9). Both these abilities appear important for a narrative experience: while cognitive empathy is needed to understand the characters' opinions and motivations, affective empathy has been proposed to be an essential component of the emotional satisfaction associated with reading works of fiction. As Patrick Hogan pointed out: "If we do not have some empathic response to the characters and their concerns, it is very unlikely that we will be at all engaged by a story" (Hogan 2010, p. 192). An interesting question thus arises regarding the relationships existing between cognitive and affective empathy—in the imaginary world as well as in the real one—and transportation. Numerous studies, indeed, have highlighted a close relationship between the perceived empathy towards fictional characters and the ability to empathise with real people (e.g. Mar et al. 2006). However, it remains to be established whether it is the reading of fiction that causes an increase in empathic capacity, whether it is more empathic people who are more attracted to reading stories, or whether there is a further unidentified variable capable of explaining this association (Stansfield & Bunce 2014, p. 10).

To analyse the effects of all these variable, Stansfield and Bunce asked

thirty-three participants to complete various tests and questionnaires before and after reading an emotional story, to assess their exposure to fiction, their inclination to get carried away by stories, their cognitive and affective empathy, and their propensity to help others (Ivi, p. 11). The results of the study support the existence of a relationship between reading fiction and real-world empathy, as the amount of fiction that the participants had been exposed to in the past appeared positively associated with trait cognitive empathy, while level of transportation into the story appeared at least partially associated with story-induced affective empathy. Moreover, participants with higher levels of story-induced affective empathy appeared more prone to demonstrate helping tendency shortly after reading (Ivi, pp. 14-15). Stansfield and Bunce's study, then, confirms the importance of transportation into the narrative world to increase empathy. Significantly, transportation produced by a narrative experience can support emotions sharing also between characters and readers who are socially distant from each other, with a potentially positive impact on their helping behaviours in the real world, for example in favour of reducing discrimination and supporting social justice (Stansfield & Bunce 2014, p. 16).

Summarising what has been said so far and borrowing Oatley's words, fiction can be defined as the "simulation of selves in interaction", which can help people

[...] improve their understanding of others. This effect is especially marked with literary fiction, which also enables people to change themselves. These effects are due partly to the process of engagement in stories, which includes making inferences and becoming emotionally involved, and partly to the contents of fiction, which include complex characters and circumstances that we might not encounter in daily life. (Oatley 2016, p. 618)

Expanding his previous definition, Oatley concludes: "Fiction can be thought of as a form of consciousness of selves and others that can be passed from an author to a reader or spectator, and can be internalised to augment everyday cognition" (*Ibidem*).

6.3. *Effects of Fiction and Narratives on Mental Health*

Other researchers employed empirical methods to verify if reading literary fiction could have quantifiable beneficial effects on mental health itself—on the 'identity vertex' of

the Triangle of Meaning, therefore, using my personal terminology—not only as a byproduct of improved relational and social abilities. Philip Davis and Rhiannon Corcoran, for example, used electroencephalography (EEG) and functional magnetic resonance imaging (fMRI) to measure brain responses to examples of functional shifts (FS) in Shakespeare’s works (Davis et al. 2019). A functional shift, also known as word-class conversion, is a “transformation of one part of speech into another grammatical mode” (Ivi, p. 323), which is typical, among others, of Shakespeare’s style. Examples include: “I am [...] muddied in Fortune’s mood” (*All’s Well That Ends Well*, V.ii.4), representing a shift from an adjective (‘muddy’) to a verbal form (‘muddied’); and “Kingdomed Achilles in commotion rages” (*Troilus and Cressida*, II.iii.173), representing a shift from a noun (‘kingdom’) to an adjective (‘kingdomed’). Such figures of speech are typically employed in literary language, and they can be particularly useful for neuroscientific literary research because they are easily localisable and offer “a place where the mind may get some hold on itself and its own processes” (Davis et al. 2019, p. 323). In the EEG experiment, Davis and Corcoran specifically measured two different types of wave signals: P600, which increase in correspondence of a violation of the *syntactic* structure of a sentence, and N400, which increase in correspondence of a violation in the *semantic* integrity and meaningfulness of a sentence (Ivi, p. 324). Quite surprisingly, the authors found that the participants’ P600 wave signals significantly increased while reading a sentence containing a functional shift, but N400 wave signals were not affected. The authors’ conclusion was that “the brain can still recognise fundamental sense” even in a syntactically altered sentence, while, at the same time, experiencing a “raised level of attention and a newly primed alertness to difficulty. Or, to put it another way, while the brain accepts the violation with ease at one level, it is excited by the oddity it is experiencing at another” (*Ibidem*). This two-pronged brain reaction seems to offer a new confirmation of that to-and-fro interaction of harmony and dissonance that Armstrong identifies as the fundamental dynamics of the human brain, but also of the possible fruitful combination between background and foreground textual elements of a literary work. Further exploring the effects of functional shifts, Davis and Corcoran found in their fMRI study that sentences featuring word-class conversions recruited areas of the brain located in the right hemisphere and usually involved in processing non-literal aspects of language

and non-verbal or visual knowledge (Ivi, p. 325). These results not only confirm the capacity of language to stimulate a multisensory and multimodal brain activation, but they also point, according to the authors, at the role of literature in sustaining a mind capable of dealing with the uncertainty of life in an effective way. As the authors explain:

Literary reading [...] involves the immersion of attention in a dense medium that holds back the mind from superficial, over-speedy decisions or habitual biases. It is a mode of attention which encourages the tolerance and use of complexity and which supports the emergence of novel connections and flexible thinking necessary to navigate uncertainty and advance a repositioning of the self in the world. (Ivi, p. 325)

The importance of openness to change and complexity would also have a neural basis, according to Davis and Corcoran. Poetic texts, in fact, would stimulate an increased activation in the left caudate nucleus, which is devoted to the recognition of prediction errors and creates a sense of reward (Davis & Corcoran 2019, p. 326). The frequent stimulation of areas of the brain devoted to the update of values, expectations, beliefs, or actions, finally, could protect from the formation of inflexible, maladaptive mental processes, which are at the basis of noxious mental conditions, such as depression, as also found by O'Sullivan and colleagues (2015). In this way, active reading would divert "individuals away from processing their struggles via ingrained and ineffective channels and towards more diverse novel and effective reasoning options" (O'Sullivan et al. 2015, p. 154). Proof of the brain's 'predisposition' to literary experiences would be the rewarding mechanism found by Davis and Corcoran's fMRI study.

Oatley, then, emphasises another aspect of fictional narratives that would, in some contexts, positively influence mental health: its ability to allow readers to change their personality in small quantities and in individual ways. The philosopher Kierkegaard (1846) already defined this process as 'indirect communication', that is, a form of communicating subjectivity, the *how* of an individual's belief, as opposed to 'direct communication', which communicates *what* one believes (Kellenberger 1984, p. 153). Through indirect communication, authors and artists are capable of giving their audience the impulse necessary to move along their own path of change, without,

however, expressing a desire for direct persuasion, which would hinder subjective personality change (Oatley 2016, p. 625). Once again, texts considered ‘literary’ or ‘poetic’ demonstrate an ability to foster change—and therefore also therapeutic change, in certain conditions—unknown to texts considered ‘non-literary’. Reading a literary text, in fact, people experience emotions that are not imaginary as the characters expressing them, but real and steeped in each one’s memories and experiences. Conversely, when reading or listening to narratives specifically intended to persuade, readers’ feelings and opinions tend to be less personal and more aligned with those intended by the author.

As we have seen, human experience, both interpersonal and intrapersonal, is strongly influenced by the act of understanding and producing narratives and performing the secondary processes that enable such activities. Human beings are apparently insatiable consumers of narratives, as evidenced by the strong passion for telling personal stories and the time spent enjoying fictional and ‘public’ narratives, such as novels, plays, films, television programmes, and, more recently, social media contents. This propensity for storytelling emerges from the earliest years of life, when deep and lasting emotional attachments are developed to the stories that populate the child’s environment (Alexander et al. 2001). Narratives, therefore, appear extremely important for the cognitive and emotional development of the individual and can influence their beliefs about the world and other people, making them reflect, simulate, and sometimes internalise emotions, behaviours, and opinions represented in such narratives, through the various mirroring and mimetic processes we have described above. Even in communicating with each other, human beings prove to be prolific producers of narratives, so much so that it has been proposed that a structured narration of personal experiences is fundamental for mental health. In this regard, in fact, it has been discovered that the more coherent and organised the narrative account of a traumatic event appears, the greater the probability that the traumatised individual will positively integrate what happened in their life narrative and go on (Pennebaker and Seagal 1999), as we will explore more in detail in the following chapters. Narrative production and consumption, therefore, appears not only an intrinsic element of world comprehension, social interactions, and identity formation—the three vertices of my hypothetical ‘triangle of meaning’—but also necessary for the overall well-being of the

individual, through the construction of a coherent and organised representation of the self. The result is a 'self-narrative', which remains flexible and open to change, thanks to equally dynamic neural networks underlying it.

Another process that is essential in narrative experience, although common in a large number of mental processes, finally, is that of mind simulation, that is, "the process of self-projection into alternate temporal, spatial, social, or hypothetical realities" (Waytz et al. 2015, p. 336). Some theorists even hypothesise that conscious simulation is the fundamental and distinctive ability that allows human beings to participate in a complex culture made of multiple individuals reunited in many different social groups, allowing for complex cognitive activities such as:

[...] replaying past events (even counterfactually) to learn from them, imagining possible courses of future action and their potential consequences, and empathically intuiting the perspectives and mental states of interaction partners (Baumeister and Masicampo 2010, p. 945).

Conscious simulation was the object of a series of six studies conducted by Adam Waytz, Hal E. Hershfield, and Diana I. Tamir in 2015, with the goal of investigating the relationship between mind simulation and a heightened perception of meaning in life. The result is a very dense and rich research, where different disciplines come into contact, such as neuroscience, psychology, and philosophy. On the one hand, in fact, the objects of interest—mental simulation and meaning in life—are extremely complex, varied, and elusive to define, as we have already seen. On the other hand, the methodologies used—from neuroimaging analysis to questionnaires with large groups of participants—aim to achieve results that are as standardised as possible about extremely subjective issues. The mission is certainly ambitious, but worth pursuing, as meaning in life is an important indicator of psycho-physical well-being. Studies have shown, in fact, that higher perception of meaning in life is related with less cardiovascular disease, better immune function, less depression, anxiety, and suicidal intention, and better coping and recovery from illness or difficult moments in life (e.g. Haugan & Dezutter 2021). At the same time, however, it is recognized that perceived meaning in life does not coincide with declared happiness and that other lines of

research identify thinking about the ‘here and now’ as a greater source of well-being than mental distancing in space and time (see, for a review of the effects of mindfulness on psychological health, Keng et al. 2011).

In order to clear the issue and analyse the association between mental simulation and meaning in life, Waytz and colleagues started their research by distinguishing between two forms of simulation: temporal and spatial one. Then, they carried out six studies, in which the participants were asked to perform different activities involving temporal and spatial simulation, while self-reporting their perception of meaning in life. The results of the studies showed that inducing people to think specifically about the past or future, compared to the present, and to think specifically about an alternative spatial location, different from the present one, enhances self-reported meaning in life (Waytz et al. 2015, p. 336). Neuroimaging measures, moreover, demonstrated that such forms of mental simulation involved the activation of the medial temporal lobe network—a subnetwork of the default mode network—which correlates with self-reported meaning in life (*Ibidem*). Mental simulation, moreover, is not only a self-centred mental process. A related phenomenon, self-distancing—that is, mentally stepping outside of oneself to adopt a third-person perspective on personal events (Kross and Ayduk 2011)—allows to transcend one’s current experience to assume that of a distant observer. Employing such a mode of thinking about oneself and the others can have surprisingly positive effects. With Waytz and colleagues’ words: “Studies that have asked participants to adopt a self-distanced perspective versus a self-immersive perspective on negative events demonstrate that this third-person perspective allows people to derive meaning from specifically negative events” (Waytz et al. 2015, p. 337). Waytz and colleagues conclude their work by proposing that: “The human being is the only animal that can experience meaning in life” (Waytz et al. 2015, p. 351). Only future research can fully determine whether this claim is correct. However, “given our immense ability to transcend the here and now to mentally occupy alternate times, spaces, selves, and realities, it seems like a distinct possibility that the meaning we derive from transcendence is uniquely human” (*Ibidem*).

Mental simulation, meaning-making and self-projection are all intrinsic features of narratives. We may thus assume with reasonable confidence that the mental health benefits produced by such processes in experimental contexts may be replicable—to

some extent and with the necessary adaptations—in a real-life therapeutic experience. How this is being attempted will be the focus of the remaining chapters of this dissertation.

7. *Summary*

Narratives have become an object of interest for the ‘hard’ and ‘natural’ sciences only in relatively recent times. However, as I hope this chapter managed to convey, the amount of data and insights produced by empirical studies in the field is already impressive and continues to increase exponentially. We should not, on the other hand, believe, fear, or hope that quantitative data, especially coming from ever more sophisticated neuroimaging technologies, would soon explain everything that can be known about the origin of narratives, the processes of their formation, and the way they impact on the various dimensions—cognitive, emotional, bodily, social—of human beings. As Armstrong well explained, science does not have all the solutions to the enigmas of narratives, because, using my metaphors, the ‘humanistic mirror’ shows some aspects of the sources of narratives—people—that are out of the reach of the ‘scientific lens’. On the other hand, scientific research can surely offer some much-needed boundaries in the vast and wide jungle of theories and interpretations, in order to distinguish between those among them that are probably closer to the description of reality and those that are wandering quite far away from it. Looking for such indications, we have reviewed some of the most fruitful lines of empirical research on narratives, learning how they can be considered intrinsically connected with the mind processes through which we understand the world, the others, and ourselves. Narrative imagining is the “fundamental instrument of thought”, claims Turner (1996, p. 4), and reproduces the “to-and-from interaction between experiences of harmony and dissonance” that is the fundamental dynamic of the human brain, according to Armstrong (2020, p. 1). Proof of the narrative architecture of human thought can come from neuroscientific studies and discoveries. Exemplary is the case of mirror neurons and the related mirror mechanisms, which provide a compelling explanation of how people can feel other people’s feelings—or, better, to say, a simulated approximation of them—and live experiences they did not have, just by connecting with their manifestations received through the senses. The same processes of embodied simulation, on the other hand, take place even

with representations of events and people—both fictional and non—thus explaining how we can be so deeply affected by them on a cognitive and affective level, and also blurring the boundary between imagination and reality at the neuro-phenomenological level.

Given the renewed consideration attributed to the different forms of storytelling and narratives, a great interest in their effects and potential applications outside entertainment ensued. As we have seen, research focused on the often-claimed capacity of narratives—especially fiction—to improve socially valuable mental abilities such as empathy, identification, theory of mind, and self-projection. While those abilities surely contribute to a general state of well-being and self-realisation, other studies collected proofs also about the more specifically therapeutic potential of narrative experiences in condition of mental health fragility. Examples of this second strand of research are O’Sullivan and colleagues’ (2015) and Waytz and colleagues’ (2015) studies, which showed how reading literary fiction and mental simulation can support mental well-being, both through reinforcement of brain regions associated with flexible and reasoned situation models, and increasing a sense of meaning in life.

Many more aspects of this renewed scientific interest for narratives and their manifestations I could have explored, but reasons of space imposed a selection. And being selection among multiple possibilities necessary for any narrative to see the light, I found it appropriate to abide by the rule. What is important to stress is that while research in both humanities and natural sciences has gone forward, narratives have never ceased to be produced, enjoyed, used, and explored outside academia. Ideas, methods, and representatives of the two worlds sometimes interacted, sometimes clashed, sometimes ignored each other—a bit like humanities and natural sciences did along their history. I believe that the moments of dialogue, however difficult, are more fruitful in the long term for everyone. The next chapters will offer some examples of how such dialogue is not only possible, but it is already producing outstanding results.

Chapter IV. The ‘Window of Applications’: Uses of Narratives and the Arts in Therapy

In tanti mi dicono di scrivere, di buttare lì dentro tutto. [...]

Ma la poesia lo testimonia il dolore, non lo cura. Le parole mi accompagnano da sempre, sono cristallo e radice, viaggio e lama, sono tutto, tranne medicina. La poesia non cura, semmai apre, dissutura, scoperchia.⁷

—Daniele Mencarelli, *La Casa degli Sguardi*

1. Introduction

In this chapter I reach the third and final step of my ‘glass metaphor’ representing the process of exploring narratives: after looking for insightful reflections in the ‘humanistic mirror’ and searching for natural explanations with the ‘scientific lens’, I now finally open the ‘window of applications’, to see how narratives have been and are used today for therapeutic purposes. In this regard, I propose an addition to Ricœur’s ‘mimetic triad’ we have referred to so far, to include the renewed interest in harnessing the power of narratives in health care. Alongside Ricœur’s three phases of mimesis₁, mimesis₂, and mimesis₃—which cover the one-directional process of prefiguration of the field of action, creative configuration of narrative production and narrative comprehension, with its potentially transfiguring effects—we could identify a ‘mimesis go’ phase, where awareness—however partial—of the previous processes and their consequences is coupled with the willingness to reproduce them in a new context, with new people, and new purposes. This phase is fundamental in the field of applications of narrative theories and tools, as it represents the attempts to mimetically and creatively re-produce with others the positive effects of narratives one has experienced or observed.

⁷ “Many people tell me to write, to throw everything in there. [...]

But poetry bears witness to the pain, it does not cure it. Words have always accompanied me, they are crystal and root, journey and blade, they are everything, except medicine. Poetry does not cure, if anything it opens, removes the sutures, uncovers.” (My translation).

This third step of my dissertation consists of two parts. In the present chapter I will review the main uses in therapy of narratives understood in an *aesthetic* sense, that is, of the multiple manifestations of the human propensity for narrative production and comprehension. Throughout history, these manifestations often fell under the definition of ‘literature’, but they are not limited to it. With the modern era and the development of new media, such as cinema, videogames, and virtual reality, the visual dimension—already present since the dawn of culture—gained a new role. This will lead us to journey through the various forms of bibliotherapy and reading therapy as the first attempts to use narratives in health care, and then move to more recent experiences employing visual arts, cinema, and new media. In Chapter V, on the other hand, we will see how narratives in a more structural, *cognitive*, and, we may add, ‘inner’ sense have combined to broader frameworks of practice and communication in the medical realm: both in clinical medicine—where the Narrative Medicine approach and paradigm was proposed to complement the Evidence Based Medicine one—and in psychotherapy—where Narrative Therapy and Narrative Exposure Therapy (re)focused the attention of mental health care towards the patients’ narrative identity.

More in detail, at the beginning of the current chapter I will explore the new/old discipline of bibliotherapy, retracing its history, analysing its theoretical and scientific principles and the way they relate those of narrative theory, and describing some remarkable case studies in the field. Material for this section partly comes from the translation and adaptation of my master’s thesis, specifically devoted to bibliotherapy, entitled: *Biblioterapia: una, nessuna o centomila? Storia e sviluppi della biblioterapia nel mondo e in Italia*⁸ (Meglioli 2020). As explained in the Introduction, in fact, bibliotherapy appeared to me early in my academic path as one of the most productive encounters between the humanistic and scientific worlds, which, albeit known and applied for centuries—even if with different names—only recently became the object of systematic research. I will, therefore, give credit to both such research and the many bibliotherapy programmes and experiences that preceded and accompanied it. Then, as anticipated, I will extend my analysis beyond bibliotherapy to other kinds of therapy that make use of narrative, aesthetic, and immersive experiences to improve psychophysical health and general well-being, in order to search in all of them those

⁸ *Bibliotherapy: One, No One or One Hundred Thousand? History and Development of Bibliotherapy in the World and Italy.*

clues of the narrative structure of human mind and thought that I have tried to outline in Chapter II and III .

For a long time, human beings did not perceive any distinction between taking care of the ‘tangible’ and ‘intangible’ part of their nature. In the modern era, however, the emergence of a tendency to consider the human body as a mechanism to be repaired in case of malfunctioning, made such distinctions evident. Evidence Based Medicine (EBM) became the standard for Western medicine, meaning the “conscious and reasonable use of current, best scientific evidences in making decisions in treatment of each individual patient”, applied “relating individual clinical signs, individual clinical experience with the best scientific evidences obtained by the clinical research”, which usually takes the form of randomised controlled studies to verify the effectiveness of specific treatments (Masic et al. 2008, p. 219). While EBM—especially in its most recent definitions—tries to include patients’ values, choices, and subjective experiences in the processes of decision making related to their health care, it has been argued that it is often reduced to a form of biomedicine that ‘dehumanise’ patients, while revealing clinically ineffective especially in the treatment of patients with chronic or mental diseases (Craxi 2023, p. 34). To avoid this risk, many authors advocated for an inclusion of the principles and skills of the humanities—including literature, philosophy, history, art, music, cinema, theatre, law, economics, politics, theology, and anthropology—in both medical education and practice. In one of the founding works of the field, *Humanism and the Physician* (1979), Edmund D. Pellegrino also focuses on the ‘moralising’ role of the humanities in medicine, as they “sensitize to values, they inculcate the liberal arts as attitudes of mind, and they prepare the physician for a life of satisfaction as well as competence”. (Pellegrino 1979, p. xi). More specifically, Pellegrino highlights three reasons why humanities should be an essential part of medical education:

- (a) they are essential to understanding the ethical and values issues which underlie so many clinical decisions today;
- (b) they are indispensable to the critical self-examination the profession so urgently needs; and
- (c) they confer those attitudes which distinguish the educated from the merely trained man (Ivi, p. 3).

The result of such education is that: “The physician educated in the liberal sense is a better physician. He sees his patient in his human frame, so to speak” (Ivi, p. 5). Alongside their role for healthcare professionals’ formation and continuous personal development—which is at the basis of the narrative medicine approach I will describe in Chapter V—the multiple forms of humanities have also entered medical practice, giving rise to many ‘hybrid’ disciplines, such as biblio/poetry therapy, narrative therapy, art therapy, and music therapy. Many of these, such as biblio/poetry therapy and—evidently—narrative therapy, directly leverage the human narrative mindset to stimulate positive change in personal narratives and/or recovery of psycho-social faculties damaged, for example, by traumatic experiences. Others, such as art therapies based on the use of visual arts, seem to target different sensory and affective structures, with the aim of supporting personal well-being through the creative expression of conscious and unconscious thoughts and feelings, which can transcend the chrono-causal and meaningful construction of reality typical of a narrative. However, as we will see while considering the forms of therapy that utilise art forms where the narrative and artistic dimensions are equally relevant—such as comics and cinema—the two theoretical categories frequently intermingle. As argued by Vanessa Padilla:

Art therapy and narrative therapy hold many theoretical similarities. Narrative therapy cultivates alternative stories, stories that were once hidden, the same way that art can help organize one’s thoughts and “bring forth hidden aspects of him or herself” (Carlson, 1997, p.275). (Padilla 2022, p. 19)

Şule Baştumur and Esra Baş, on the other hand, underlined both the similarities and complementary potential of the two approaches:

Expressive art practices enable therapists to form a strong communication with the client. It is recommended especially for the clients who have difficulty in expressing their feelings and thoughts verbally. [...] the reason for integrating and frequent use of narrative therapy and art practices is the similarity of these two approaches (Carlson 1997). When these similarities are scrutinized, restructuring the existent dominant stories which is in the essence of narrative therapy coincides with the idea of expressing the self which exists in the art therapy. The main reason

of that is that the art allows the individuals to reveal the hidden sides of them (Mills 1985). (Baştemur & Baş 2021, p. 157)

From what said so far, we can suggest that, as real, every-days narratives present elements of non-narrative modes of thinking integrated into a structure made of story and discourse, so therapies that include expressive arts and narratives as tools for improving clients' mental or psycho-physical health can—and should—enter into a productive dialogue, instead of being mutually exclusive. The following sections will offer an overview of what those therapies are and how they work.

2. *Bibliotherapy*

Astounding scientific and technological advances that have taken place in the last centuries and that have been so beneficial for many people seem to have had, as a side effect, the reduction of literature and the arts to mere *divertissement*, intellectual amusements, unnecessary if compared to the concrete benefit of numbers. The phenomenon that Sir Charles Percy Snow (1905-1980) already in 1959 called the division between the 'two cultures' (Snow 1959)—the scientific and the humanistic—became increasingly evident in the following decades. In more recent years, numerous attempts have been made to reconcile such a profound schism. The so-called 'medical humanities', that is, the use of principles and tools coming from the humanities, the arts, and the social sciences in the medical field, among which bibliotherapy can legitimately be included, are an example of how fruitful the interchange of knowledge between different disciplinary worlds can be, capable of opening new, wide, and unexplored horizons for the improvement of human life as a whole, far beyond academia. 'Medical humanities' is an umbrella term coined with the aim of merging scientific medical studies with knowledge deriving from the humanities—philosophy, ethics, history, religion—social studies—sociology, anthropology, cultural studies—and the arts—literature, theatre, cinema, visual arts—in order to broaden the concept of care, including all the aspects of the person and all the tools available to improve their well-being (Cerceo & Vasan 2023). Medical humanities, therefore, are an ideal ecosystem for the flourishing of truly transdisciplinary therapeutic methodologies, and bibliotherapy plays a prominent role in this new horizon of studies and therapies.

Drawing inspiration and vitality from the worldwide literary and philosophical traditions, it has the potential to propose them in a scientifically controlled manner to heal certain emotional wounds, promote psychological and physical health, or simply foster personal growth, allowing users to acquire the cognitive tools and emotional and ethical resources necessary to face the great and small challenges of life (Dalla Valle 2018). But when and how bibliotherapy first appeared? On the one hand, we can say that bibliotherapy has existed since the dawn of human storytelling. Understanding the world, understanding oneself, growing, and finding relief and comfort through words, as a matter of fact, have always been distinctive human activities. On the other hand, however, only relatively recently has this discipline achieved theoretical and formal systematisation, as well as official recognition. From the first studies and attempts to systematically use literature to alleviate the patient/reader's physical and psychological sufferings, the role, tools, and skills of the bibliotherapist—that is, the facilitator of the bibliotherapeutic process—have been more precisely defined. The fields of application for the theoretical and practical principles of bibliotherapy are now countless, and include, among others: hospitals, nursing homes, schools, penal institutions, libraries, and psychological support groups. Each of these contexts brings specific characteristics that depend on the target audience, the objectives of the therapeutic process, the literary material, the spaces, and the available resources. All these differences exponentially increase, moreover, when contextualised in different national, cultural, and professional landscapes, forming an extremely diverse mosaic of experiences and case studies involving specialists from all over the world.

The term 'bibliotherapy' was coined by the U.S. Unitarian minister and essayist Samuel McChord Crothers (1857-1927) who, in 1916, used it for the first time to describe what his friend, the physician Bagster, was doing at his 'Bibliopathic Institute', an office at the local church where he advised his patients to read specific literary works according to their situations and problems (Crothers 1916). Since that moment, many attempts have been made to provide a definition of this discipline, each capable of shedding light on a particular aspect of this dynamic and multifaceted reality. In 1941, for example, the term 'bibliotherapy' entered the 11th edition of the Dorland's Illustrated Medical Dictionary with the meaning of "the employment of books and the reading of them in the treatment of nervous diseases" (Rubin 1978, p. 1). Then, in 1949,

a significant milestone in the academic and scientific recognition of bibliotherapy was achieved when Caroline Shrodes, at the University of California, Berkeley, defended the first doctoral thesis on bibliotherapy, entitled: *Bibliotherapy: A Theoretical and Clinical-experimental Study*. She defined bibliotherapy as “a process of dynamic interaction between the personality of the reader and literature—interaction which may be utilized for personality assessment, adjustment, and growth” (Russell & Shrodes 1950, p. 335). In 1986 Arleen McCarty Hynes (1916-2006), a pioneer in the use of group bibliotherapy in hospitals, together with her daughter Mary Hynes-Berry provided a definition of bibliotherapy that emphasised the role of the facilitator in the therapeutic process and the interaction between facilitator and user/patient/participant. Hynes and Hynes-Berry, in fact, defined bibliotherapy as the use of “literature to bring about a therapeutic interaction between the participant and the facilitator” (Hynes & Hynes-Berry 1986/1994, p. 10). In particular, according to Hynes and Hynes-Berry, the bibliotherapist aims to help the participant(s) to attain four main goals:

- to improve the capacity to respond by stimulating and enriching mental images and concepts and by helping the feelings about these images to surface
- to increase self-understanding by helping individuals value their own personhood and become more knowledgeable and more accurate about self-perceptions
- to increase awareness of interpersonal relationships
- to improve reality orientation (Ivi, p. 15)

These four goals partially overlap with what I have dubbed the ‘Triangle of Meaning’, with their multiple focus on personal feelings, images, and self-understanding, awareness of the social context and interpersonal relationship, and improvement of the capacity to understand and deal with external reality. All these aspects, as the four goals described by Hynes and Hynes-Berry, moreover, are strongly intertwined. In the authors’ words: “The more realistically we relate to the world outside of ourselves, the more able we are to respond to that world; as we grow in our understanding of ourselves and of our relationships with others, we are coming to terms with our personal realities” (Ivi, p. 28).

More recently, in 1995, the Online Dictionary for Library and Information Science expanded the definition of bibliotherapy, describing its main phases:

The use of books selected on the basis of content in a planned reading program designed to facilitate the recovery of patients suffering from mental illness or emotional disturbance. Ideally, the process occurs in three phases: personal identification of the reader with a particular character in the recommended work, resulting in psychological catharsis, which leads to rational insight concerning the relevance of the solution suggested in the text to the reader's own experience. Assistance of a trained psychotherapist is advised. (Reitz n.d.)

A more general definition—embracing different kinds of bibliotherapy and therapeutic contexts—is the one offered by Marco Dalla Valle, who considers bibliotherapy “the creative and reasoned use of literature for the well-being of the individual”⁹ (Dalla Valle 2014, p. 45). To recapitulate, we can say that bibliotherapy is a form of therapy practised by a facilitator, the bibliotherapist, who uses specifically chosen literary materials of different genres to accompany one or more users on a journey aimed at achieving a specific goal of personal growth for the improvement of their emotional, physical, and/or psychological well-being. Through the texts read or listened to, and with the discreet guidance of the facilitator, users can discover new ways of looking at the world and the situations they experience every day, and, potentially, change their approach to them, facing the inevitable problems of life in a constructive way, and emerging more mature and conscious of themselves and the world around them.

Going into more detail, we can highlight some points of convergence among the various definitions of bibliotherapy listed above, some recurring concepts and terms that allow us to identify its core, around which clouds of other concepts, applications, and principles can gravitate. First, experts in the field define bibliotherapy as the ‘use’ of something, as a technique, an activity that involves specific actors in a specific space-time context, rather than a study or reflection on a theoretical topic, although theoretical foundations are undoubtedly indispensable for its reasoned application. Second, it is commonly accepted that the tools of bibliotherapy are primarily literature,

⁹ My translation of the original Italian text: “l’uso creativo e ragionato della letteratura per favorire il benessere della persona” (Dalla Valle 2014, p. 45).

books, writing, and reading. While it is recognized that all artistic and creative expressions may have beneficial properties for the psychophysical health of the individual if included in specific therapeutic programmes (see for ex. Karkou et al. 2002), in fact, specific faculties are attributed to written or narrated texts, which—as we have seen in Chapter II and III—may function as the building blocks of our mental, emotional, and identity structures. Among the many concepts used to describe the bibliotherapeutic process, thirdly, there are recurring thematic areas that allow us to identify its protagonists and fundamental stages. The main ‘actors’ of the bibliotherapeutic process are the reader, patient, or user and the facilitator, bibliotherapist, or guide. The role of the facilitator is to establish a therapeutic dialogue with the user or groups of users, sometimes directly, but generally mediated by the intervention of a third participant who is always present and particularly influential: the book itself. Among the constitutive stages of the bibliotherapeutic process, on the other hand, we can highlight the user’s problem—whose recognition is often the reason for embarking on a bibliotherapeutic journey—and well-being, growth, and development, which are generally the goals to be achieved with the help of the facilitator and the chosen literary material. The texts chosen by the bibliotherapist, finally, should be capable of stimulating a guided process of thinking, discussion, criticism, and self-understanding through which each user can find answers to their own questions and their need for help.

In a few words, therefore, we can say that bibliotherapy is a therapeutic technique that involves the use of books to improve the health of individuals. However, what do we mean by the term ‘health’? The World Health Organization defines ‘health’ as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” (World Health Organization n.d.). With this broad concept of ‘health’ in mind—which can further be expanded within the One Health framework we have referred to in the Introduction—we can understand how bibliotherapy can be a precious tool in the mission of improving the well-being of people at all ages and in any condition.

1.1. *History of Bibliotherapy*

Now that we have a theoretical understanding of what bibliotherapy is, we can embark on a journey through time to explore the origins of this discipline and technique, which is as fascinating as it is elusive. We begin by observing the historical development of the awareness of the benefits of reading and the key milestones and protagonists in this process. As early as in the ancient Greek and Hellenistic worlds, libraries were considered not only as custodians of valuable knowledge and information but also as repositories of ‘medicine for the soul’. This is evident, for example, from the inscriptions displayed on the portals of libraries such as the one in Thebes, built by the Egyptian pharaoh Ramesses II the Great (ca. 1303-1213 B.C.E.), which read: “the house of healing for the soul” (Lutz 1978, p. 36). Such inscriptions demonstrate that there was already a widespread awareness of the beneficial effects of knowledge and reading on the individual considered as a psycho-physical whole, not divided into separate and disconnected components such as the body and the mind, or soul. Given this widespread sensibility towards the restoring effects of reading, it is not surprising that a Greek physician working in Alexandria and subsequently in Rome, Soranus of Ephesus (1st/2nd century C.E.)—author of the most ancient known biography of Hippocrates—was among the first medical professionals to prescribe experiencing narratives—specifically theatrical works—as treatments for his patients. In particular, he recommended attending tragedies for overexcited patients and comedies for those who were depressed. The understanding that narratives and reading in general had beneficial effects on human beings continued during the Roman era, when it was believed that the reading of famous speeches and literary works helped patients with mental health issues. Quintilian (ca. 35-ca. 100 AD), for instance, referred to Homer as a master of consolation through poetry, and other great Latin authors, such as Cicero, Virgil, and Seneca, never failed to mention the *consolatio* that could have been attained thanks to the ideas, images, and stories contained in their works. Cicero (106-43 B.C.E.), in particular, referred to his books as *pabulum animorum* (‘food for souls’), *pastus animorum* (‘nourishment for souls’), and *medicina anime* (‘medicine for the soul’) (Ivi, p. 37). The *consolatio* (literally ‘consolation’), moreover, was at that time a popular rhetorical genre that involved reflecting on the pains of the world and on the

meaning of life, through eloquence, poetry, or philosophy. These themes and ideas will also be present in later mediaeval Christian consolatory literature, reevaluated in light of the new religious consciousness, while in the Arab world excerpts from the *Quran* were read as part of medical treatments.

As Western universities multiplied and consolidated, the cultural movements of Humanism and Renaissance dramatically changed the way people viewed the world and human nature, starting from the body. Anatomical and physiological knowledge expanded exponentially, laying the foundations for modern medicine, which the scientific revolution of the seventeenth century firmly placed under the guidance of the experimental method, of mathematical measurement, and of a mechanistic and rationalistic approach to the world. This approach was in direct conflict with the previous spiritualist and vitalist perspective, which considered the soul or other immaterial forces as determining factors for health. As we reach the eighteenth century, then, a new awareness of human interiority and of the ways to protect and heal it takes shape in Europe. In the 18th and 19th centuries figures such as Philippe Pinel (1745-1826) in France, Vincenzo Chiarugi (1759-1820) in Italy, and William Tuke (1732-1822) in England were among the first to attempt new treatments for patients with mental illnesses, ceasing to consider them as reprehensible individuals to be marginalised (Weimerskirch 1965). Among the new techniques that were developed by these pioneers in modern medicine and psychotherapy there was the reading of books, employed with the aim of bringing relief to suffering minds and bodies. These first attempts at a systematic and verified use of reading in hospitals multiplied and reached full maturity in the United States. Here, in 1751, in the Pennsylvania Hospital—the first formally recognized hospital in the British colonies of North America—treatments based on reading and writing were prescribed. Moreover, works produced by patients during their stay and convalescence were published in the hospital's newspaper, *The Illuminator*. Noteworthy is that Benjamin Rush (1746-1813), founding father of the United States and physician, recommended reading narrative and religious works for the care of physically and mentally ill patients. As Rush declared in his 1802 lecture *On the Construction and Management of Hospitals*: “For the amusement and instruction of patients in a hospital, a small library should by all means compose a part of its furniture” (Rush 1811, p. 192). These theories and practices became the cornerstone of

some of the earliest works dedicated to hospital libraries and bibliotherapy, which was still anonymous but ready to break into the realm of modern medicine to claim its own identity and ancient history.

Fundamental figure in this process was John Minson Galt II (1819-1862), superintendent at Eastern Asylum in Williamsburg and author of some of the first scientific works in the history of bibliotherapy, such as his book *The Treatment of Insanity* (1846) and his important essay *On Reading, Recreation and Amusements of the Insane* (1853). In the latter, he listed some of the reasons why reading benefits patients with mental problems—but also ‘sane’ people, as he observes—namely: reading occupies the mind, it diverts the attention from delusions and morbid feelings, at least for a transitory period; it helps passing away time, exerting a calming effect; it is a source of agreeable feelings and comfort; it imparts instruction; it allows hospital staff to show their positive attitude towards patients’ problems; it supports the patients’ predisposition towards treatment (Galt 1853, p. 581).

With the transition to the XX century, then, the first true professionals in the use of books in the psychiatric wards began to emerge. Among them, Edith Kathleen Jones (1868-1952), who, in 1904, became the first qualified librarian trained in these techniques, which can now be fully considered bibliotherapeutic in the modern sense of the term. However, it was only after the catastrophe of World War I, with its unprecedented number of wounded soldiers in American military hospitals, that therapeutic reading became a common and widespread practice. This practice was often carried out by librarians and ‘lay’ people—non-medical personnel, especially Red Cross volunteers—who worked to bring comfort and diversion to the hospitalised and convalescents through the evocative power of literature. As a result, experiences and testimonies related to the therapeutic power of books multiplied exponentially, paving the way for the institutionalisation of the discipline. All these experiments finally lead to the emergence of bibliotherapy in its modern form. As anticipated, it was Samuel McChord Crothers who coined the term ‘bibliotherapy’, using it for the first time in his 1916 article *A Literary Clinic*. ‘Bibliotherapy’ combines two Greek words: *biblion*, meaning ‘book’, and *therapeia*, meaning ‘therapy’, encompassing the broadest sense of ‘aiding’, ‘healing’ and ‘providing service’ (Harper, n.d.). From that moment on, there was a flourishing of studies and experiments, first concentrated in the United States, but

then spread all around the world. Among the founders of the discipline, both new and ancient at the same time, can be included also the Menninger brothers, Karl (1893-1990) and William (1899-1966), who greatly contributed to the use of bibliotherapy in the medical field, particularly in psychiatry. The bibliotherapeutic experiences conducted at the Menninger Clinic were documented in works such as Karl Menninger's *The Human Mind* (1919), as well as articles published in the *Bulletin of the Menninger Clinic* and presented at the American Psychiatric Association. These works soon became reference studies for those interested in these new forms of mental health care. Another significant figure in the history of bibliotherapy was Sadie Peterson Delaney (1889-1958), chief librarian of the Veteran Administration Hospital in Tuskegee, Alabama, and author of numerous works supporting the use of books and shared reading in hospital settings for the psychophysical rehabilitation of war veterans, particularly African Americans. Her pioneering approach to rehabilitation through books was based on the idea that each patient should receive personalised attention in order for their needs and interests to be fully understood and the most suitable books for their particular situation recommended. Additionally, Delaney advocated for the integration of librarians in the patients' care journey, working alongside specialised physicians who would contribute to the selection of the most appropriate readings, which can be provided directly in the ward to hospitalised patients through book carts. As Delaney observed: "Well chosen books ameliorate disturbing thoughts, as well as tend to soothe and build up hope, and the hospitalized veteran benefits from this valuable therapy" (Delaney 1938, p. 56). Thanks to the numerous encouraging results achieved through these first experiments, the scientific and academic community as well soon began to be interested in bibliotherapy.

In 1939, as a matter of fact, the Hospital Division of the American Library Association established the first bibliotherapy committee, granting it for the first time an 'official' status within library science disciplines. Ten years later, another milestone was reached in the revival of bibliotherapy as a new technique and field of research: in 1949, Caroline Shrodes defended the first doctoral dissertation on bibliotherapy, entitled *Bibliotherapy: A Theoretical and Clinical-experimental Study*. In her dissertation, Shrodes described the bibliotherapeutic process from a psychodynamic perspective, focusing on what happens in the mind of the individual experiencing it. Shrodes

identified four fundamental phases of the bibliotherapeutic process, describing them with psychotherapeutic terminology. The four phases are:

1. Identification: it is the readers/listeners' perception of an affinity between themselves and one or more characters in the literary work or between the experiences described in the literary work and their own experiences outside it. From a psychological point of view, it can be considered an "adaptive mechanism which the human being utilizes, largely unconsciously, to augment his self-regard. It takes the form of a real or imagined affiliation of oneself with another person, a group of persons, or with some institutions, or even with a symbol" (Shrodes 1950).
2. Projection: it is formed by two sub-processes: apperceptive projection, which is the interpretation of relationships between characters and of the character's motives; and cognitive perception, which consists of the inferences about the author's meanings, explanations based on the readers' theories about life, the superimposition of their moral values upon the story, and the attribution and comprehension of values from the story (Rubin 1978, p. 37)
3. Abreaction and Catharsis: the concept of 'catharsis', derived from Aristotle's *Poetics*, describes a form of purification from inner passions and turmoils, an "uncensored and spontaneous release of feelings" with the aim of "purging emotions" (Shrodes 1950). In Aristotle's view, catharsis was experienced in particular by spectators of Greek tragedies, who, through witnessing intense emotions and engaging events on stage, experienced them so intensely that they eventually felt relieved and interiorly pacified (Aristotle ca. 335 B.C.E./1984). Shrodes expanded this psychological interpretation of catharsis—and its strictly psychoanalytic counterpart, 'abreaction'—adding that—through reading carefully chosen literature—it can allow for an arousal and comprehension of early memories, a change in perspective and an expansion of horizons within oneself and in relation to others. These inner discoveries, however, require an additional step to be internalised and stabilised.
4. Insight: this final step involves the understanding and recognition of what has happened and what has been learned during the phase of abreaction and

catharsis. Insight leads to achieving a new equilibrium where reason regains its voice after the dominance of emotions, and the two great forces counterbalance each other again. Through insight, the protagonist of the bibliotherapeutic journey acknowledges the changes that have occurred and internalises them, making them useful tools on their path to self-realisation and awareness of one's own motivations and needs (Russell & Shrodes 1950, p. 336).

After these ground-braking works, bibliotherapy saw the establishment of the first dedicated national laboratory in 1964, sponsored by the American Library Association and supported by the National Institute of Mental Health. This was followed by the foundation of the Association for Poetry Therapy (APT) in New York in 1969, the Poetry Therapy Institute in California in 1973, and finally, on May 17, 1980, of the National Federation for Biblio/Poetry Therapy (NFBPT), which, in 2014, became the International Federation for Biblio/Poetry Therapy (IFBPT), the main international organisation for the certification and training of professional biblio/poetry therapists. Notably, the terminology used in the name of this federation still carries some uncertainty and ambiguity. It refers to 'biblio/poetry therapy', as both terms have been and are still used to indicate the broad and varied panorama of techniques involving the application of literary works for therapeutic purposes.

1.2. Forms of Bibliotherapy

While bibliotherapeutic experiences all share the use of books and literature to improve well-being at some level, the ways of achieving this goal may vary significantly, and have given rise to multiple different bibliotherapeutic techniques. An influential classification of the different forms of bibliotherapy was proposed by Arleen McCarty Hynes in the bibliotherapy manual written together with her daughter Mary Hynes-Berry: *Biblio/Poetry Therapy, The Interactive Process: A Handbook* (1986). The first president of the National Federation for Biblio/Poetry Therapy, Arleen McCarty Hynes was able to bring bibliotherapy both to the attention of the medical and academic world, as well as to the field of illness and suffering where she met the patients she served as head of the library of the St. Elizabeths Hospital in Washington, DC. In that hospital, she began to 'prescribe' specific readings to patients who were particularly in

need of human and emotional support. Moreover, Hynes discovered that the interpersonal dialogue generated by books had a surprisingly beneficial power, capable of bringing patients to inner liberation from anxiety caused by illness and hospitalisation. In this way, Hynes developed a new genre of bibliotherapy, in which the 'triad' composed by reader, literary work, and facilitator was at the centre of the therapeutic process, with continuous exchanges and movements from one vertex to the other of this sort of 'therapeutic triangle'. Faithful to this style of bibliotherapy, which combined theoretical principles and practical experience, Hynes began to form small groups of patients whom she personally accompanied in the reading or listening of specially chosen extract of books or poems, followed by the equally important moment of group discussion. The discussions were open and non-judgmental, so that each participant could express their feelings about what they read or heard without fear. In a few years this method achieved excellent results, so much that in 1973 Hynes was already leading bibliotherapy courses at the University of Denver and at the Catholic University Graduate School of Library Science in Washington, DC. Hynes' approach to literature and to the patient, her focus on the interpersonal relationship and on the humanization of care, and the new possibilities and horizons opened up for librarians marked the beginning of a new chapter in the history of bibliotherapy. While remaining inside the hospital environment, bibliotherapy began to be seen not only as a sort of palliative care for body and mind, a kind of cheaper remedy compared to expensive traditional pharmaceutical treatments, but also as a form of psychological support and mutual enrichment between people of equal values and rights, the facilitator and the participant, albeit with different skills and needs. This interaction was made possible thanks to the 'bridge' of literature, capable of overcoming the main difficulties of interpersonal relationships through its power of bringing readers and listeners 'out of themselves', to be able to observe life circumstances from a new, potentially eye-opening point of view.

Essential, in the reflection underlying the practices developed by Hynes, was, as anticipated, the distinction between the different forms and conceptions of bibliotherapy, which must always be kept in mind if one wants to make conscious choices during practical use and scientific research. A first distinction, based on the 'how' of bibliotherapy, is the one between reading bibliotherapy and interactive

bibliotherapy (Hynes & Hynes-Berry 1986/1994, p. 4). Reading bibliotherapy, according to Hynes and Hynes-Berry, represents the direct and medicalized evolution of the traditional role of the librarian who provides reading advice to the users of the library. Proponents of this typology of bibliotherapy see the cornerstone of the bibliotherapy process in the reading of the text and in the bilateral relationship between reader and text. As highlighted in Shrodes' dissertation, the phases of identification, projection, abreaction/catharsis, and insight would take place entirely within the moment of reading, while the facilitator/librarian would only have the task of selecting and recommending the material that is suitable for the patients' specific therapeutic needs. This model of bibliotherapy has evolved over time, until it took the form of a specific literary genre, that of self-help books. Self-help books are written to provide readers with cognitive and emotional tools in order to deal with certain physical, psychological or existential problems. According to the principles of reading bibliotherapy, such books can be 'prescribed' by physicians and licensed therapists and provided to patients with the aid of library professionals. As can be easily deduced, reading bibliotherapy offers, by its nature, numerous advantages: it is a relatively low-cost therapy, which requires limited efforts from the healthcare system; it is easily accessible, replicable and scientifically analysable, because, keeping the literary work constant, it reduces the variables to the patient alone, thus allowing, through a series of statistical analyses, to determine with good approximation the effectiveness of the work taken into consideration. Reading—or 'institutional'—bibliotherapy, on the other hand, is not always applicable: readers of self-help books or other works chosen for their intrinsic therapeutic power, in fact, must present certain characteristics of independence, sufficient cognitive and emotional abilities, as well as a relatively moderate level of physical and mental suffering, parameters that rarely meet the needs of the majority of patients.

Interactive bibliotherapy, on the other hand, introduces a third element of equal value into the dynamic process of bibliotherapy: alongside the literary work and the patient/user—the 'literature' and the 'participant' according to Hynes and Hynes-Berry's terminology (Ivi, p. 5)—the role of the facilitator assumes great importance, thanks, in particular, to the interaction that can be established with the participants during the discussion on the selected book or text. Hynes and Hynes-Berry

underline that, in the correct interpretation of Shrodes' theory, the benefits deriving from the reading process should not be confused with the distinctive benefits generated by the discussion of the readers' response to the text (*Ibidem*). Precisely this dialogue between facilitator and participant—or group of participants—and within the group itself represents the core of interactive bibliotherapy, which can lead to a new dimension of awareness and introspection, deeper and richer, thanks to the opinions, ideas, and feelings of all the people involved in the therapeutic process. In this modality, therefore, the process of growth and care is based not so much on the act of reading, as on the guided dialogue on the literary material.

A further classification analysed in depth by Hynes and Hynes-Berry—and now widely accepted—is the one regarding the 'why' of bibliotherapy, distinguishing between clinical bibliotherapy and developmental bibliotherapy (Ivi, pp. 7-8). In brief, we can say that while clinical bibliotherapy deals with the 'sick' part of the individual, developmental bibliotherapy deals with the 'healthy' part; a distinction, this, which brings with it many others, concerning the facilitators and their skills, the techniques employed, and the goals of the bibliotherapeutic process. Clinical bibliotherapy, in fact, embraces various therapeutic methodologies that make use of the literary and creative arts as well as informative and educational material in order to support patients suffering from certain physical or mental pathologies. Due to the specific medical skills required to carry out these procedures and due to the fragile conditions in which users of clinical bibliotherapy find themselves, only qualified healthcare personnel—such as psychiatrists and psychologists—can make certified use of clinical bibliotherapy. Facilitators can be helped, in some cases, by other professionals, such as nurses, educators and social workers, but always operating under the supervision of a physician, who guides and verifies their work. Users who can benefit greatly from clinical bibliotherapy are, along with people with mental and physical illnesses, also people with emotional disorders and people affected by substance addictions.

Developmental bibliotherapy, on the other hand, aims to facilitate the strengthening of emotional and cognitive resources useful for facing minor and major daily challenges in individuals more frequently without particular pathologies. More open to experimentation, but no less rigorous from the ethical point of view and for the skills required to practise it, developmental bibliotherapists include teachers, librarians,

philosophers, consultants, and nurses. The fields of application are countless and include, among others, schools, libraries, retirement homes, communities, and detention facilities, embracing a large part of the population, from pre-school children to the elderly.

Finally, another useful distinction among different bibliotherapeutic methodologies is the one between affective bibliotherapy and cognitive bibliotherapy. The difference between the two is essentially based on the theoretical-philosophical frameworks of the facilitators and on the literary material they decide to use. Affective bibliotherapy is based on psychodynamic theories, and on the recognition of the—sometimes conflicting—forces internal to the mind, which can be guided by reading works of all literary genres, but especially fiction, towards a goal of self-actualisation and personal development (see for ex. Adeyeye & Oboh 2022). Cognitive bibliotherapy, on the other hand, is based on the principles of cognitive behavioural therapy (CBT) and recommends the reading of specific non-fiction texts—such as self-help manuals—dealing with the problems experienced by the users, in order to stimulate a change in dysfunctional thoughts and emotions, and, consequently, encourage new behaviours and lifestyles (see for ex. Scogin et al. 2014).

As already mentioned, the distinctions between these and other forms of bibliotherapy are often blurred and there are large areas of overlap. For example, it is possible for a professional psychologist to prescribe to a patient the reading of a book at home, thus initiating a phase of reading bibliotherapy, but then also stimulates discussion on what has been read, configuring a phase of interactive bibliotherapy. At the same time, it is not always easy to define what it means to be ‘healthy’ and to be ‘sick’, especially with the revived awareness that every change in our body has repercussions on our interiority and vice versa. For this reason, patients who complete a path of clinical bibliotherapy, obtaining knowledge of themselves and their condition and even relief, may wish to continue this experience by participating in a group of developmental bibliotherapy, which, once the ‘critical’ phase of their condition is over, can support them in their daily life, probably still affected by the consequences of the—mental of physical—problem. Here the different ‘hows’ and ‘whys’ of bibliotherapy intertwine and support each other. But a classification is in any case necessary, above all for those who want to approach bibliotherapy as facilitators and

guides, so that they know what the indispensable requirements are for maintaining such a responsibility, what are the dangers of an impulsive and incautious management, and what are the potentially serious damages they could cause to those who rely on them.

1.3. Schools of Bibliotherapy

Given the heterogeneous nature of bibliotherapy and its differences of application according to the therapeutic goal the facilitators want to achieve and the cultural, social, and professional contexts in which the therapeutic process takes place, one could wonder how the necessary knowledge to apply the principles and techniques of bibliotherapy in a methodical, reasoned, and responsible way can be acquired. Is there, in short, any school of bibliotherapy?

As anticipated, the International Federation For Biblio/Poetry Therapy (IFBPT) is the most prestigious international institution that deals with the professional accreditations of biblio/poetry therapists, in order to ensure that the services they offer meet well-defined criteria of competence everywhere in the world. Currently, IFBPT issues three types of certificates for three levels of training:

- *Certified Applied Poetry Facilitator (CAPF)*: issued to professionals with a training that combines knowledge of literature and writing with an understanding of the basics of psychology and group dynamics. Professionals with a CAPF qualification work with a predominantly healthy population, offering, therefore, programmes of developmental bibliotherapy. They must be able to recognize the main mental conditions and to evaluate when it is necessary to refer a user to a mental health professional. Their ideal working environments are schools, libraries, recreational facilities, or other organisations oriented towards the development of the person, as well as facilities dedicated to mental health. In the latter case, however, they must work under the supervision of a medical professional.
- *Certified Poetry Therapist (CPT)*: issued to professionals who have extensive training in the field of mental health and who could work independently with people with emotional problems. Bibliotherapists with a CPT qualification can work in hospitals and healthcare settings, as well as with clients without specific

mental health issues, but who need guidance for their personal development or to deal with times of crisis.

- *Registered Poetry Therapist (PTR)*: it is the highest level of training certified by the IFBPT, which can only be obtained at the end of an advanced preparation course and medical training, including field experience commensurate with the highest levels of clinical practice. A solid and certified preparation in the medical field is, in fact, essential to work with users with complex physical and mental needs (IFBPT n.d.).

For what concerns the specific contents of a training course for aspiring biblio/poetry therapists accredited by the IFBPT, there must be basic teaching in the areas of: psychology—especially of human development, group processes, and abnormal psychology—literature, creative writing, and poetry (IFBPT 2021). Furthermore, candidates for the CAPF title must own a qualification equal to or higher than a bachelor's degree; candidates for the CPT title must own a qualification equal to or higher than a graduate degree in a clinical mental health discipline and have authorization to work in independent practice; candidates for the PTR title must own a graduate degree in a clinical mental health discipline and have completed specific training and fieldwork (Ivi, p. 8). Other forms of recognised training programmes in bibliotherapy have appeared in recent years, such as the specialisation course in bibliotherapy offered by the University of Pécs (Hungary) and the professional master's programme in bibliotherapy offered by the University of Verona (Italy). This is a sign not only of the interest in the discipline—which, as we have seen, has already a long history and is extensively explored in many fields—but also of the awareness that institutional recognition is crucial to support further research, testing, and controlled studies that can offer new insights and knowledge about the effects of reading and narratives in general on the complex body-mind system.

1.4. Different Uses of Bibliotherapy

The purposes for which reading can be used in a therapeutic programme are, as we have anticipated talking about the different forms of bibliotherapy, numerous. Edwin F. Alston summarised a few:

[...] book may be of value for information and instruction, as guides in the development of new skills. [...] the discussion of a book is sometimes helpful as an introduction to more personal topics. Books can be used to help the patient obtain greater insight into his problems or to acquire language and ideas with which to communicate his problems. (Alston 1962, p. 169)

In particular, when used in therapy, books:

[...] may help the patient focus attention outside himself and to find new interests. The reading of books may assist the patient in the processes of socialization by providing him something which he can share and talk about with other people. Often people can find new directions and attitudes in books. The knowledge to be acquired from books that other people have similar problems and a lesser sense of isolation and loneliness. Finally [...] there is the therapeutic value of relaxation and diversion to be found in books. [...] Books may be used by the patient to take his mind off his problems for a bit so that he can eventually return to them with refreshed and new points of view. (*Ibidem*)

What I consider the *trait d'union* of all the multiple uses highlighted here is the narrative structure that not only underlies the texts used in bibliotherapy, but also their comprehension by the readers/patients/users. In Alston's words, in fact, we can find many of the concepts already introduced in previous chapters concerning the nature of narratives, fiction, and literature, such as the potential role of them as 'moral laboratory' supporting empathy and theory of mind, the benefits of self-projection and self-reflection, and those of 'positive' escape also described by Tolkien in his *On Fairy-Stories*, as we have seen in Chapter II. Interestingly, Alston is also well aware that—as frequently stressed in this dissertation—reading—and narrative experiences in general—are not to be considered indiscriminately therapeutic in the positive sense. In fact:

[...] reading and its results may also become deterrents to therapeutic progress. It is possible to acquire erroneous information and misunderstanding from books. Reading may be used as a way of avoiding the personal issues of therapy or of achieving further withdrawal and isolation. False hopes and expectations may be

engendered, or the patient may be discouraged, or depressive trends may be enhanced. In response to reading, the patient may attempt to use ideas and facts that do not apply to him. Some patients become overwhelmed or especially anxious from reading. Obsessive-compulsive tendencies may be enhanced. In short, reading may become a resistance to therapy, especially if the reading is not accompanied by appropriate critical discussion. (*Ibidem*)

In a similar vein, Emily T. Troscianko¹⁰, in her article *Fiction-reading for good or ill: eating disorders, interpretation and the case for creative bibliotherapy research* (2018), draws attention to the gap between the little academic research on the impacts of literature on the human mind and body, on the one hand, and the lively, heterogeneous, and multifaceted landscape of bibliotherapy practice, on the other. In particular, she observes that many scholars and researchers consider books as simple and neutral substitutes of the human therapists, thus ignoring the specific features of each text and characteristic of each patient. Bibliotherapy, then, is often presented as a cheaper version of the classic face-to-face therapy and as a form of cognitive behavioural therapy (Troscianko 2018, p. 2). Moreover, Troscianko openly criticises the classical view of bibliotherapy according to which, in order to have an effect, a text should deal with characters and situations as close as possible to the readers', and that they should provide a happy ending to inspire the reader to follow the same path. Despite the good premises, Troscianko considers this concept of bibliotherapy fallacious, as it is often the case that stories extremely different from the readers' experiences—and even with a sad, or neutral ending—are exactly those that stimulate deep self-reflection and narrative change, capable of modifying long-standing negative attitudes, and influencing daily behaviours involving both body and mind. This, according to Troscianko, would be possible because people need psychological distances and differences to change their views on themselves and the world, whereas excessive similarities could exacerbate the self-perpetuating feedback loops that support their mental or emotional negative conditions (Ivi, pp. 5, 17).

In order to provide empirical proofs to her hypothesis, Troscianko conducted an online survey involving almost 900 people, asking them if they had had eating disorders, what were their reading attitudes, and what did they think were the effects of

¹⁰ The following analysis of Troscianko's work is based on Meglioli 2021, pp. 201-202.

reading fiction dealing with eating disorders and reading their favourite fiction genre on four body and mind dimensions: mood, self-esteem, feelings about one's body, diet and exercise habits (Ivi, p. 6). Troscianko chose eating disorders as the object of her study because they represent a perfect example of the strong interconnection between cultural elements—such as the media depiction of the ideal body—embodiment aspects—such as self-harming behaviours influenced by cultural and social messages and subsequently internalised by the individual—and literary ones, especially narratives, with their power of conveying interpretations of reality. The results of the study showed that reading fiction about eating disorders had mainly negative perceived effects on the readers, whereas reading the favourite fiction genre had positive or neutral perceived effects, especially on mood and self-esteem. Moreover, readers with a personal history of eating disorders were more negatively affected by a story dealing with a similar problem. On the other hand, the author suggests that positive and negative effects may not be easily separable, and that, given the complexity of the text, of the readers' characteristics and personal story, and of the reading context, an effective bibliotherapy intervention should sometimes take well-calculated risks in order to achieve positive outcomes for the reader. For example, a huge influence on the results of a reading activity is exerted by the reader's own interpretative filter: when the mind is deeply fixed on a specific problem, stuck into a spiral of immutable, negative, self-generating thoughts, even the best self-help manual or the most inspiring classic novel can be dangerous to the reader's mental well-being, as the reader unconsciously picks up from the text just the problem-related and problem-worsening material, ignoring the rest (Ivi, p. 12). This is the reason why, especially in the most delicate cases, where the mental—or, as Troscianko prefers, bio-psycho-socio-cultural—disorder is already in an advanced state, the reading material should not directly address the disorder, but provide some broader landscape in which to include any life problem, along with possibilities to overcome it, including it in a coherent life-narrative. Surprisingly enough, Troscianko's study also showed that reading for pleasure one's own favourite literary genre leads to a perceived increase not only in the mental and emotional well-being, but also in diet and exercise habits (Ivi, p. 16), suggesting that every part of the complex human being can benefit from—or, in the wrong conditions, be harmed by—narratives. Reading books, therefore, can be truly and scientifically recommended as a health-enhancing activity,

but only if wisely selected, and, I would add—following Hynes and Hynes Berry’s conception of developmental bibliotherapy—with the attentive and empathetic support of a well-trained therapist.

The reservations expressed by Troscianko—among other authors—against a simplistic view of the beneficial effects of reading find a literary counterpart, I think, in the quote at the beginning of this chapter. The choice of Mencarelli’s words for a chapter focused on the therapeutic uses of literature and other narrative forms may seem counterintuitive. In a poignant moment of his experience as a cleaner at the paediatric hospital Bambino Gesù, described in the autobiographical novel *La Casa degli Sguardi* (2018), the author laments the fact that his poetry “bears witness to the pain, it does not cure it” (Mencarelli 2018, p. 10). This is a truth that any poet, author, or artist of any kind would endorse: no narrative or artistic creation can erase the existence of pain. However, it may be a first, crucial step in a path of recovery from the sense of helplessness and despair that pain often entails, as it was eventually for Mencarelli, who, writing a collection of poems dedicated to the young patients, managed to find new strength and reasons to live, even in the face of such an injustice as children’s pain. Bibliotherapists and other therapists using arts and narratives are people with both experience and knowledge to be companions and supporters in this path, which knows not standardisations or automatisms, but, as any real narrative, is woven into its time, space, and people.

Having reached this point, strengthened by the knowledge of the main stages of the historical path of bibliotherapy, of its main characteristics and forms of application, as well as of the positive and negative effects its use entails, I will review some practical experiences of bibliotherapy in various contexts, to appreciate its peculiarities, dynamics, and possible positive results.

1.4.1. Bibliotherapy at School

Books and reading are an integral part of school curricula at all levels, but while in kindergarten and primary school they are recognized—more or less consciously—as having an important role in the formation of the pupils’ identity, in their emotional and cognitive growth, and in the correct and positive development of group dynamics, during secondary school—with rare exceptions—reading in class becomes a mere

means of transmitting notions and knowledge, non-fiction texts largely replace fiction ones, and pupils and students are only required to do solitary readings of some literary works as activities subject to evaluation. What emerges from this situation is a lack of awareness of the benefits inherent in guided, reasoned, and shared reading at all ages. For this reason, researchers and professionals in the field of bibliotherapy are working hard to promote the use of bibliotherapy tools at school, describing the advantages and possible applications of bibliotherapy in many contexts of primary importance in the life of the school communities and beyond.

Among the main problems to which bibliotherapy offers possible solutions, there is that of violence and bullying at school. Recently, public opinion has paid increasing attention to bullying—mostly when cases of violence occur—but what does it exactly refer to? According to the UN Special Representative of the Secretary-General on Violence Against Children:

Bullying can be defined as intentional and aggressive behaviour occurring repeatedly against a victim where there is a real or perceived power imbalance, and where the victim feels vulnerable and powerless to defend himself or herself. The unwanted behaviour is hurtful: it can be physical, including hitting, kicking and the destruction of property; verbal, such as teasing, insulting and threatening; or relational, through the spreading of rumours and exclusion from a group. (UN n.d.)

Children and young people, to some extent, quite commonly make fun of their peers or tease them. However, when such incidents become systematic and there is a perceived difference of power between those who perpetrate and those who suffer harassment, we no longer speak of isolated episodes of confrontation and teasing—the causes of which, in any case, must be understood to avoid a recurrence—but of bullying behaviours. Such power imbalance can depend on a large variety of factors. Actually, any difference shown by children towards the group of peers or classmates can make them less easily accepted by the group and increase the risk of becoming victims of bullying. Typically, victims of bullying feel totally vulnerable and unable to stand up for themselves. As stressed by the UN definition, the aggression can be physical—against body or property—or verbal, both direct and indirect. Furthermore, bullying generally occurs without provocation and bullies often act out of frustration, anger, or to achieve

dominant social status. Bullying in schools has been recognized as a serious problem worldwide, causing many short and long-term negative effects on the psycho-social development of pupils, both victims and perpetrators of bullying, ranging from relational difficulties to risk of aggravation of antisocial behaviour that can lead to criminal episodes (Andreou et al. 2013). Preventing and opposing traditional and online bullying—known as ‘cyberbullying’—therefore, represents a global challenge that cannot be avoided in order to guarantee the creation of a society based on mutual respect. To understand the magnitude of the problem, suffice is to say that UNICEF estimated that one in three pupils between the ages of 13 and 15 have experienced bullying, and that 246 million children and adolescents experience some form of violence at school or bullying episodes every year (UNICEF 2018; UN 2016). Those who have experienced bullying or cyberbullying, on the other hand, are also more likely to develop relationship difficulties, feel depressed, lonely, anxious, have low self-esteem, or experience suicidal thoughts. The educational impact on the victims of bullying or cyberbullying episodes that occurred in schools is equally significant: episodes of this type, perpetrated by teachers or peers, can make children and young people afraid to go to school and interfere with their ability to concentration and learning, leading to early school leaving, with obvious consequences on their educational and work prospects (Downes & Cefai 2016). Such data and the seriousness of the phenomenon make it more urgent than ever to develop and implement new methodologies of intervention capable of understanding and contrasting the individual and group psychological and emotional dynamics that lead to bullying behaviours, offering valid alternatives to educate young people to care for themselves and for others. Among these new tools, bibliotherapy may play a leading role.

A study carried out in 2004 by Katherin E. Gregory and Judith A. Vessey, for example, highlighted how bibliotherapy can represent an innovative approach that school staff should take into consideration to promote an all-round healthy school environment by responding to the challenges posed by bullying. According to the researchers, the bibliotherapeutic process would represent an ideal path to accompany pupils towards a full awareness of bullying, also thanks to the recent attention given to it in children’s publishing. Through carefully chosen books, in fact, it would be possible not only to spread knowledge of the dynamics of bullying and physical, verbal and

psychological violence among children, but also to teach them to empathise with each other, offering strategies to manage bullying attempts (Gregory & Vessey 2004, p. 127). In particular, when going through difficult times, such as those resulting from experiences of bullying, many people try to identify with others who are facing or have faced similar problems (Ivi, p. 128). Therefore, the first objective of a bibliotherapy programme aimed at children victims of bullying is to associate the right books with the right readers. If pupils are able to identify with the main character of the book and relate to the events of the story, they are likely to become emotionally involved, empathising with the characters and indirectly reflecting on their own life stories. In doing so, literature facilitates the release of emotions, promoting the third phase of the bibliotherapeutic path as described by Shrodes, that is, the catharsis of unconscious or repressed emotions. In this phase, pupils should be encouraged to express their emotions and feelings in conditions of safety, such as during guided discussion sessions after reading, with the help of the trained bibliotherapist, teacher, or school nurse. This methodology, on the other hand, can work for pupils who are able to verbalise their feelings and feel comfortable in doing so. However, many children and young people may encounter difficulties or feel uncomfortable, and, therefore, it may be advisable to propose alternative activities—such as writing a journal—so as to process their emotions and communicate them indirectly, with the mediation of the written word. Other strategies that have proven cathartic for pupils, particularly younger ones who are still developing verbal skills, include painting, drawing, and dramatisation with puppets or role-playing (Ivi, p. 129). Through these techniques, the stories that have been read, listened to or dramatised resonate with the children's own life experiences, having the "effect of mitigating their potentially troubled emotional state" (*Ibidem*). The narrative experience, therefore, can be the necessary stimulus by which children victims of bullying understand that they can act to change what is negative in their lives. It is in this phase, according to Gregory and Vessey, that the facilitator of the bibliotherapeutic programme should intervene, to help pupils analyse the decisions and actions of the protagonists of the story, and develop their own problem-solving techniques inspired by them. In fact, young people tend to acquire knowledge and develop new problem-solving techniques more easily when they see others—both fictional and non-fictional individuals—doing the same, than with any argumentative explanation.

This is perfectly in line with both what mirror neurons and René Girard mimetic theory teach us about human behaviour in general, as we have seen in the previous chapters.

The problem of bullying, on the other hand, does not concern ‘only’ the victims and perpetrators of violence. A bibliotherapy programme carried out by Eleni Andreou, Maria Paparoussi, and Vassiliki Gkouni in 2013 showed that reading specifically chosen children’s books can also contribute to a positive reduction of indifferent behaviours by other pupils during bullying episodes and to a strengthening of victim-friendly attitudes. The analysis of the behaviour of the so-called ‘bystander’—people who are spectators of bullying situations and who do not take the side of the victims—in fact, has shown that pupils “may exhibit a number of typical bullying-situation behavior patterns which maintain bullying behavior rather than discourage or prevent it” (Salmivalli et al 1996, as in Andreou et al. 2013, p. 102). More in detail, children—apart from being principal victims or perpetrators—may participate in the bullying episode after the bully has taken the initiative, thus acting as ‘assistants’; they may provide the bully with positive feedback, acting as ‘reinforcers’ for the behaviour; they may choose not to get involved in the situation, and, therefore, silently approving the bully’s actions, remaining ‘outsiders’; they may comfort and defend the victim, playing the role of ‘defenders’ (*Ibidem*). Understanding these typical behavioural patterns is fundamental in order to offer the most effective anti-bullying interventions. To help the bullies change their behaviour and social role in the group—their character, we may say resorting to narratological language—in fact, it is necessary not only to focus on the individual, but also to ensure that the other members of the group support this change, thus addressing all the roles and dynamics previously described (Ivi, p. 103). The goal is to make children understand the reasons behind their behaviours, their consequences, and how it is possible to change their attitudes to build a safer and more inclusive social environment for all.

More in detail, Andreou and colleagues’ study involved the creation of a bibliotherapeutic programme included in the school curriculum for the fifth-grade classes that consisted of a twenty-hours intervention carried out over a period of approximately two months. The programme was conducted in two different classrooms by two teachers who had received specific training by the researchers. To increase the possibility for pupils to identify with the characters in the story and thus allow the

bibliotherapeutic process to develop, the selected story was about a young girl who is bullied by a classmate, while the teacher and the other pupils do nothing to help her, until another child in that class, who is also the narrator of the story, decides to oppose the violence (Ivi, p. 105). In the first meeting pupils were asked to express their thoughts about bullying after watching a short video on the topic. Then, they read the story and participated in group activities, such as role-playing, discussions and brainstorming. Through these activities, pupils entered the mental and emotional world of all the characters in the story, which represented the different roles of a typical bullying situation. Additionally, pupils tried to define school bullying and share relevant incidents they had experienced. Finally, creative writing activities were carried out regarding the impact of the passive role of bystanders and how they could cope with bullying if they were in the place of the victim (Ivi, p. 106). At the end of the study, a significant decrease was observed in the behaviours of indifference towards bullying episodes by the participants in the experimental group, who appeared more inclined to support and help the victims of bullying, in contrast to the participants in the control group, who showed a decrease in the scores regarding the propensity to intervene in favour of the victims. Based on these results, the bibliotherapy programme proposed by Andreou and colleagues appeared effective, managing to break the wall of silence and indifference, and making pupils aware of their direct or indirect contribution to maintaining and increasing bullying behaviours (Ivi, pp. 110-111). This suggests that schools could tackle bullying more effectively by focusing on two critical elements: the social tolerance for bullying; the need for effective problem-solving strategies, especially for victims and bystanders, who can develop new cognitive and affective resources to interrupt the self-perpetuating bullying mechanism thanks to cathartic immersion in appropriate narrative and group discussion.

Another experiment regarding the application of bibliotherapy in the school environment is the one carried out by Jamal Abu-Hussain in Israel and described in his article *The Role of Bibliotherapy in Reduction of Violence in Arab Schools in Israel* (2016). In his work, Abu-Hussain calls for the search for educational solutions in order to interrupt, once and for all, the perpetuation of destructive intercultural hatred in Israel and Palestine and handed down from generation to generation, manifesting itself in constant violence and discrimination and recurrent brutal conflicts. Abu-Hussain brings

to the attention of the academic community his analysis of the use of bibliotherapy with sixty pupils from an Arab primary school in Israel. The author promoted the training of six bibliotherapists chosen among school educators, teaching them theories and techniques of bibliotherapy, while also making them study in depth the problem of school violence. At the end of the experiment, the participants in the experimental group showed a significant decline in the values of inclination towards violence and aggression compared to the members of the control group, where no change was reported (Abu-Hussain 2016, p. 729). Training educators to face the specific challenges of the society they live in, therefore, appears a priority if the common goal of building a just and peaceful global society is hoped to be achieved, and bibliotherapy has proved to be an effective tool to contribute to such an ambitious goal.

Bibliotherapy has also been used to tackle many psychological and emotional problems that commonly arise in adult age and that are increasingly widespread around the world, representing major individual and social burdens. This is the case of anxiety disorders, the subject of the dissertation *Effectiveness of Bibliotherapy on Reduction of Test Anxiety among First Year B.Sc. Nursing Students of Selected Nursing College at Mysore*, by Bincy Kuriakose (2012). Kuriakose's work described the use of bibliotherapy to tackle the onset of anxiety among university nursing students. Exam stress is, in fact, a diffuse condition among students, capable of negatively influencing their professional and human development due to the strong social pressure to which they are subjected. Kuriakose proposed bibliotherapy as a possible way out of the 'whirlpool' of anxiety, drawing on the bibliotherapeutic foundations of identification, projection, catharsis, and insight for the maturation of new perspectives from which to observe the problems of one's own life. Before and after the experiment, the levels of exam anxiety manifested by students participating in the study were assessed using Sarason's Test Anxiety Scale. Students who participated in the bibliotherapy programme showed a decrease in exam anxiety, thus demonstrating the author's hypothesis. Bibliotherapy, therefore, appears to be a desirable mental health resource also in the university environment, where a narrow focus on one's own field of study and work can be detrimental for the person's overall development.

1.4.2. *Bibliotherapy at the Library*

Alongside scholastic institutes, libraries represent another of the places—perhaps *the place par excellence*—in which developmental bibliotherapy can be successfully applied. As highlighted by Flora Foresta in her *Bibliotherapy and libraries as a place of care* (2021), the librarian, if adequately trained, can effectively play the role of the bibliotherapist in the bibliotherapeutic ‘triad’ completed by the book and the participant/user. The librarian, in fact, according to Bianchini and Guerrini’s definition, is “un professionista che accompagna con dedizione l’utente nel suo percorso di ricerca”¹¹ (Bianchini and Guerrini 2019, p. 8, as in Foresta 2021, p. 125). The librarian, then, can be considered as a travel companion for the library users, a co-creator of their personal quests for answers. Indeed, librarians are not only experts in the preservation of recorded knowledge: their work involves close contact with the public and requires great empathetic skills. A person who has just experienced a tragic event, for example, may look at the librarian as a helper in a period of personal crisis, and the latter must be ready to listen and give support with all the available tools and skills (Foresta 2021, p. 125). On the other hand, librarians are not therapists, and, if necessary, they must be able to refer the users to experts in the field of mental health (*Ibidem*). This does not mean that librarians, teachers, and other related professionals should be afraid of engaging in bibliotherapeutic practices, as highlighted by Foresta. Indeed, the developmental form of bibliotherapy is perfectly compatible with their usual competences and activities (*Ibidem*). Books are, in fact, by themselves potential tools for change, thanks to the power of words, by which they are able to reach the interiority of the reader and activate the process that goes from identification with the content of the narrative and—hopefully—ends with the achievement of new insights and a positive change in opinions and behaviours.

Along with public libraries, bibliotherapy can also be profitably used in school libraries, as demonstrated by the project described in the article *Bibliotherapy in School Libraries: An Israeli Experiment*, by Shifra Baruchson-Arbib (2000). The author illustrates the experimental installation in two school libraries in Israel of special sections dedicated to self-help books on topics of particular interest to children and adolescents. Shifra Baruchson-Arbib’s article opens with a reflection on the substantial

¹¹ “A professional who accompanies the user with dedication in their research path”. (My translation).

failure in the use of bibliotherapy, at least of all its potential, in Israeli libraries. The reasons for this are attributed by the author in part to the very definition of bibliotherapy and to the 'aura' that surrounds its name. Many librarians, in fact, are intimidated by the term 'therapy', which evoke disciplinary worlds that are apparently distant from the contexts in which librarians are used to work, requiring skills and knowledge out of their reach (Baruchson-Arbib 2000, p. 104). The meaning of 'cure' ascribed to the term 'therapy' is, in fact, commonly restricted to its physiological dimension, neglecting the aspects of bibliotherapy linked to personal development. Baruchson-Arbib proposes a change of terminology: instead of the term 'developmental bibliotherapy', still too tied to a therapeutic concept, she suggests adopting the name 'supportive knowledge' (*Ibidem*). This new terminology would include all those activities that the librarians carry out, particularly in the school context, to offer readers selected material for guidance and support in topics of primary importance.

Baruchson-Arbib chose to implement her experiment in two libraries in a relatively poor area of central Israel, expecting to obtain clearer results where young readers showed less propensity to read and talk about topics that are significant for their personal and social growth, namely drug use, violence, sexuality, depression, and the death of loved ones. Collaboration between teachers and librarians was fundamental, allowing for a correct and effective communication of the project among pupils. The librarians had the task of arranging the books and the devoted spaces in the most appropriate way, giving a message of welcome and openness to the pupils' needs. The literary materials—previously chosen by the researcher—included texts in prose and poetry, self-help books, and publications by support groups and organisations working on the topics of the bibliotherapy project. The results of Baruchson-Arbib's study revealed a strong increase in pupils' reading aptitude, as well as—as witnessed by librarians and teachers—the falling of many taboos regarding the topics covered during the project, which became the subject of open discussions in class and with teachers. A multifaceted educational success, therefore, that encourages school librarians around the world to offer similar 'knowledge support' services to the young minds in their care, who are more in need than ever of safe guides capable of bringing clarity to their doubts, in our contemporary society overrun by myriads of—often conflicting—information and narratives.

1.4.3. *Bibliotherapy for Public Health Issues*

The social, cultural, and economic contexts, and, consequently, the problems experienced by the population vary greatly from country to country and bibliotherapy must be able to exploit all the flexibility and creativity inherent in its nature to meet the needs of the communities in which it is called to operate through the bibliotherapists and facilitators. This is the case of South Africa, one of the countries with the highest number of people affected by HIV/AIDS in the world (Our World in Data 2023). It is not surprising, therefore, that even scholars and professionals who study and practice bibliotherapy choose to put their knowledge and skills at the service of the community in the fight against this disease and its side effects, capable of contaminating every aspect of life and society. In this regard, Natalia Tukhareli developed in 2011 a project for applying bibliotherapy in a library environment with people living with HIV/AIDS in South Africa. In the essay published at the end of the project, entitled *Bibliotherapy in a Library Setting: Reaching out to Vulnerable Youth* (2011), Tukhareli describes the bibliotherapy schemes employed with the target group, while offering an overview of the activities developed to meet the educational and recreational needs of people affected by HIV/AIDS. The project was carried out at a non-governmental organisation in Johannesburg and offered to all citizens. Particular attention was devoted to children and young people, and to the psychological and sociological factors affecting their experience with HIV, such as, for example, the stigmatisation they are often victims of when they or their family members contract the disease, which often involves “prejudice, discrimination, stereotyping and exclusion” (Ivi, p. 3). More in detail, Tukhareli created a public library at the venue of the organisation, developed and acquired a collection of books and other materials relevant to the needs of the residents, and conducted a variety of educational and recreational activities for children and adults. The objectives of the bibliotherapeutic path proposed in the study were various: increase awareness and scientific knowledge about HIV/AIDS, help sick people gain comfort in thinking and reduce emotional and psychological pressure on them and social isolation, promote compassion, coping skills and positive thinking (Ivi, p. 6). The analysis of the evaluation conducted by Tukhareli after the programme activities showed that a large part of the objectives of the study were achieved, proving that

“bibliotherapy has great potential in addressing the needs of vulnerable groups of people, especially children”, helping them “cope with their own physical, psychological and social problems, and become more compassionate to other people’s problems” (Ivi, p. 10).

1.4.4. Bibliotherapy for Bereavement

As it is clear by now, bibliotherapy has the power to improve adequate responses to some of the major social and psychological challenges life poses to us. Human beings, in fact, are called to face threats and bear considerable sufferings not only on their body, but also on their mind. Grief related to the death of a beloved one can be a prominent cause of such forms of psychological and, we may add, following Viktor Frankl, existential pain. The loss of a beloved one can provoke significant distress, psychological trauma, and emotional turmoil, resulting in depression or anxiety (Briggs & Pehrsson 2008, p. 32). A purposeful adaptation to the reality of the dramatic event—we may also call it ‘refiguration’, adopting Ricœur’s terminology—of the survivors’ life narratives appears in such moments necessary to accept the traumatic event and continue personal development. In a therapeutic context, therefore,

Clients must be encouraged to fully experience the anxiety appropriate to this life circumstance and to then use that anxiety to re-author their lives and creatively transcend the “past and present in order to reach the future” (May & Yalom, p. 277). As argued by Neimeyer (1999), rather than providing trite assurances, mental health professionals are charged with assisting the bereaved in integrating the multi-leveled loss-related meanings into the ongoing narratives of their lives. (Servaty-Seib 2004, n.p.)

Bibliotherapy can represent a valid help for counsellors and therapists working with grieving clients to deal with such a complex and painful condition.

In their article *Use of Bibliotherapy in the Treatment of Grief and Loss: A Guide to Current Counseling Practices* (2008), Cynthia A. Briggs and Dale-Elizabeth offered some useful guidelines for professionals in the field. The first step to take is gaining a comprehensive knowledge of the situation, contexts, and people the bibliotherapist will deal with. Regarding bereavement therapy, one of the traditional theoretical

cornerstones of the discipline is the model of the five stages of grief developed by psychiatrist Elisabeth Kübler-Ross (1926-2004), introduced in her 1969 book *On Death and Dying*, written after extensive observation and clinical work with terminally ill patients. According to Kübler-Ross, a mourning process takes place in five stages:

1. Denial and Isolation;
2. Anger;
3. Bargaining;
4. Depression;
5. Acceptance. (Kübler-Ross 1969)

This model, which quickly gained popularity and praise, was, on the other hand, also criticised for representing an overly simplified perspective of such a complex process as grief. As effectively summarised by Briggs and Pehrsson:

Clients often focus on grieving ‘correctly’ rather than accepting their individual and personal ways of experiencing loss (Servaty-Seib, 2004). Additionally, the Kübler-Ross model has been criticized as being too hierarchical with the resulting risk of disenfranchising or oppressing grieving clients (Massey, 2000; Payne, Jarrett, Wiles, & Field, 2002). According to Massey, the Kübler-Ross model limits healing by denying clients their individual expressions of grief. (Briggs & Pehrsson 2008, p. 33)

In the face of such criticisms, J. William Worden in his 1982 book *Grief Counseling & Grief Therapy: A Handbook for the Mental Health*, which soon became a point of reference in the field, proposed a new model based on the clients’ acceptance of the reality of loss, on their personal experience of grief, and on the possibilities of adjusting to a new world devoid of the beloved person. In particular, Worden encouraged clinicians to assist their clients in reinvesting their energies into different activities and relationships and to allow for individual expression of pain by increasing awareness of the various manifestations of pain itself, which can be emotional, physical, behavioural, and spiritual (Briggs & Pehrsson 2008, pp. 33-34). Briggs and Pehrsson list some of those possible manifestations of bereavement:

Emotional responses include fear, anxiety, depression, confusion, and anger. Physical symptoms can be observed as weight loss or gain, insomnia, and increased risk for illness. Behavioral responses may include withdrawing from usual activities, acting out, and rejecting support systems. Spiritual responses include searching for metaphysical reasons for the loss and recovery (Gary & Remolino, 2000; Massey, 2000). (Briggs & Pehrsson 2008, p. 34)

Regarding the last aspect, many authors analysed the sense of meaninglessness that people suffering personal losses may feel. Such events, in fact, “[...]challenge our need to see the world around us as ordered, predictable, and meaningful”, and “[...] those coping with loss, especially those losses that are sudden and traumatic, usually engage in a persistent search for some reason, explanation, or meaning in their loss” (Davis et al. 2000, p. 498). Such a search for a meaning and an explanation for the traumatic event is laborious and even, in some cases, apparently fruitless work. This is due to the fact that death commonly shatters long-established patterns of thought and worldviews, appearing incompatible with them and, thus, inexplicable. More than looking for a definitive, all-encompassing answer capable of erasing the sufferings caused by death, then, grieving people could find it helpful to expand—re-figure—their life narratives so as to include the trauma and loss, keeping such narratives open to future development. Bibliotherapy seems particularly suitable for this task thanks to the narrative nature of its basic assumptions and processes and its high flexibility, given by the countless different texts that can be used according to each client’s preferences and needs. As recognised by Briggs and Pehrsson, bibliotherapy:

[...] can be applied during any of counseling’s four stages (Jackson, 2001). During the first stage, *establishing the relationship*, literature can be an icebreaker that helps clients begin to tell their stories. In the second stage, *exploring lifestyle*, books may help examine perceptions about self and environment. In the third stage, *promoting insight*, identification of similarities between self and characters are explored; clients come to understand perceptions, subjective assumptions, and negative patterns. In the final stage, *reeducation/reorientation*, clients view themselves anew, generate new actions, and try new behaviors. (Ivi, p. 36)

The combination of bibliotherapy and bereavement counselling, therefore, opens up innovative possibilities. Mark Floyd, for example, in his article *Bibliotherapy as an adjunct to psychotherapy for depression in older adults* (2003), describes two clinical cases demonstrating how bibliotherapy, in conjunction with individual psychotherapy, can yield positive results for older adults with depression. In both cases, in fact, “[...] the clients were able to learn quickly on their own and apply their knowledge to not only alleviate their depression but also to modify long-standing beliefs and interpersonal patterns” (Floyd 2003, p. 194).

Why does bibliotherapy seem so effective for helping people cope with bereavement? Because bibliotherapy is “a mechanism that assists with making meaning from life experiences”, which “draws upon characters or information to expand worldviews and to assimilate new knowledge” (Jackson 2001, as in Briggs & Pehrsson 2008, p. 37). This view of bibliotherapy seems perfectly compatible with strategies of grief therapy such as narrative retelling, which aims at “[...] meaningfully integrating the loss into the story of their lives, while also conserving a modicum of coherence in their experience over time” (Neimeyer et al. 2010, p. 76). As we will see when considering other forms of therapy based on narrative theory, such as Narrative Exposure Therapy, “renarration of the loss promotes mastery of difficult material and helps counteract avoidance coping. Equally important, it can help identify aspects of the experience for which further meaning-based processing is necessary” (*Ibidem*). After the shared reading of the chosen text, in fact, the bibliotherapist working with grieving patients may ask them to retell their story, either orally or, if verbal expression has somehow been hindered by the psychological trauma, through the use of drawings, music or movement (Briggs & Pehrsson 2008, 39). In this way, bibliotherapy can be successfully combined with other forms of creative arts therapy, which can help the clients tap into their imagination and aesthetic sensibility to express feelings and emotions inaccessible to what Bruner called the logico-scientific mode of thinking. Another possible strategy involves discussing the characters’ thoughts and actions in the story. This discussion can subsequently serve as a touchstone for the clients to reflect on their own lives and losses, moving from the fictional stories and people to real ones (*Ibidem*).

Regarding the literary texts that are suitable for use in a bibliotherapeutic path aimed at the elaboration of a loss, not only self-help or even fictional books specifically focused on the theme of loss represent a useful resource. Even other kinds of narrative literary works can provide important stimuli for the grieving readers' acknowledgement and integration of the traumatic events in their life narratives. Proof of this is the work done by Kathryn and Marc Markell and described in their book *The Children Who Lived. Using Harry Potter and Other Fictional Characters to Help Grieving Children and Adolescents* (2008). The Markell siblings' work contains numerous practical suggestions for using some of the most popular children's and young adult books in the context of grief therapy. Children and adolescents who experience mourning are, in fact, like Harry Potter, 'children who lived', survivors of traumatic experiences. They have experienced the death of a loved one and need to find a way to manage their grief and continue their lives, a task even more difficult at a young age, when cognitive and emotional skills are not fully developed. As children and adolescents often identify with the fictional characters in the stories they read, the ways these characters deal with their problems can help children in similarly challenging conditions in their daily lives. The Harry Potter books, by J. K. Rowling (1997-2007), *Charlotte's web*, by Elwyn White (1952), *The secret garden*, by Frances Burnett (1911), *Where the Red Fern Grows*, by Wilson Rawls (1961), and *Ordinary People*, by Judith Guest (1976) are the books analysed by Markell and Markell as valuable aids for grieving children—but not only them—thanks to their way of dealing with this reality of human experience through the elements of engaging narratives and fascinating story-worlds, which can help children give shape and voice to their inner turmoil.

Grief therapy, especially combined with bibliotherapy, can also be proposed before and in preparation for a painful separation, as in the case of accompanying terminally ill paediatric patients and their families. This is the subject of Rusch and colleagues' article *Bibliotherapy and Bereavement: Harnessing the Power of Reading to Enhance Family Coping in Pediatric Palliative Care* (2020). Indeed, bibliotherapy can be a beneficial way to identify and support grieving processes, to help people learn adaptive coping skills, and identify the perspectives of all family members preparing for the departure of a beloved one (Rusch et al. 2020, p. 86). The first step in any kind of grief therapy, on the other hand, is recognising that every person understands and deals

with illness, death, and loss differently. Careful consideration and clinical experience can help clinicians be thoughtful in choosing books and stories for the individual or group they are working with. Malchiodi and Ginns-Gruenberg (2008) suggest six ways to choose the most effective books for a bibliotherapy programme:

1. Preview all books the therapists think to use to check if the content, images, and themes are appropriate, culturally relevant, effective, and helpful for the therapeutic goal.
2. Consider the relevance of the book to the person's situation; in the case of distressing and potentially traumatic experiences, for example, it may be advisable to address the topic indirectly, through metaphors and poetic images.
3. Introduce why the books chosen may be relevant for the participants to the bibliotherapy programme, framing the contents as a stimulus for future discussion.
4. Consider developmental needs, taking into consideration cognitive and affective abilities of the participants.
5. Choose books that engage the imagination and the senses, to support absorption and transportation in the narrative world, along with creative imagination that can foster new and more adaptive thinking paths.
6. Choose books that provide comfort and reassurance, especially at the beginning of the bibliotherapy experience and when addressing children and traumatised people. Later on in the therapeutic path, it could be possible to move towards readings with more sombre tones (Malchiodi & Ginns-Gruenberg 2008, pp. 171-173)

Bibliotherapy, then, can be used to help patients accept and better live their conditions of chronic illness or imminent death. When the patients are children, moreover, family members and caregivers may also need assistance in helping the children understand their diagnosis in ways that are appropriate to their developmental, cognitive, and emotional resources. This involves using language that is not euphemistic or vague (Rusch et al. 2020, p. 88). Avoiding facing the gravity of the problem, in fact, is not a way to accept it, while the psychological distance provided by a narrative and bibliotherapeutic experience can help patients evaluate their situations from new points of view and develop more effective coping strategies.

1.4.5. *Bibliotherapy at the Hospital*

After being first proposed as individual initiatives by far-sighted professionals such as nurses or hospital librarians—as in the case of Arleen McCarty Hynes and Sadie Peterson Delaney—many hospitals and healthcare facilities are now acknowledging the great value of books in accompanying patients, family members and healthcare personnel along the path, often psychologically demanding and painful, of illness. A large number of case studies now show how bibliotherapy can be added to classic intervention methodologies to enrich and complete the patients' therapeutic path. In this way, patients are not reduced to anonymous receivers of biomedical treatments, but are fully recognized as human beings to be accompanied in a moment of difficulty that is not only physical, but also emotional, psychological, and existential.

To support the introduction of bibliotherapy in public healthcare institutions, Nicole Roberts conducted in 2015 an in-depth study on the use of bibliotherapy with cancer patients, later analysed in her PhD thesis: *Feasibility, acceptability, and efficacy of bibliotherapy with cancer patients: A randomized controlled trial*. Roberts first highlighted the difficulties encountered by the healthcare system in Canada and beyond to deal with the increasing demand for long-term care and adequate support—both physical and psychological—for patients with cancer. Significantly, data show that, on average, 30-35% of cancer patients suffer from psychiatric and neuropsychiatric disorders, such as anxiety, depression, and cognitive disorders, whose consequences often reverberate on their family and friends (Caruso et al. 2017). A large percentage of those patients, however, are not referred for psychosocial help (Roberts 2015, p. 7). Given the scarcity of resources and the growing demand for services, a pressing need for new, accessible, effective, and affordable psychosocial interventions emerged. Bibliotherapy—considered by Roberts in its basic component of reading bibliotherapy, that is, reading self-help books recommended by experts—is presented by Roberts as a valid therapeutic technique, capable of achieving important results in reducing stress thanks to accessible and economical tools, such as books. The results of Roberts' final evaluation indicated that participants in the bibliotherapy group who had read the proposed self-help manual experienced improvements in self-awareness and inner resources, quality of life, and stress, compared to the control group that did not use

bibliotherapy (Ivi, p. V). Roberts, therefore, concludes that this and other approaches, such as, for example, remote interventions made possible by modern communication technologies, can partially reduce the burden on the public health system, limiting hospitalizations and more invasive interventions in the treatment of chronic or long-term illnesses and their symptoms, both physical and mental.

The potential of reading bibliotherapy in hospital settings, on the other hand, can be reinforced and expanded by other forms of bibliotherapy and creative arts therapies. The article *Biblioterapia com crianças com câncer*¹² by Maria Cleide Rodrigues Bernardino, Ariluci Goes Elliott, and Modesto L. Rolim Neto (2011), for example, describes the project supported by the Universidade Federal do Ceará aimed at ‘humanising’ the treatment of children with cancer admitted to the paediatric hospital of the city of Juazeiro (Brazil). The methodology used included group and individual readings, storytelling, performances, and drawing workshops. At the end of the experience, bibliotherapy appeared to be able to pacify emotions, to draw the children’s attention away from their health problem, and to strengthen their aesthetic capacities thanks to the encounter with stories, which proved to be a valid help to alleviate the fears deriving from the disease and to produce in patients a state of mind favourable to the cure (Rodrigues Bernardino et al. 2011). While listening to or reading a story, in fact, as already described, the patients encounter characters and conflicts that produce in them an aesthetic perception capable of distancing them from their problems, making them identify with those of the characters, and gaining insights by observing their development during the unfolding of the story. This experience allows the patients to accept their own adversities and the medical treatment they are receiving more easily, decreasing the anxiety and feeling of isolation deriving from the disease, producing an effect that reflects, as anticipated, the benefits of Escape in fairy-stories described by Tolkien.

Similarly, the study *Biblioterapia: una propuesta innovadora en Mar del Plata para niños y adolescentes con cáncer*¹³ by Valeria B. Tomaino (2008) presents the results obtained by the Grupo de Extensión Universitaria PAANET, which used bibliotherapy with children and adolescents with cancer. The groups called *Extensiones*

¹² *Bibliotherapy with children with cancer.* (My translation).

¹³ *Bibliotherapy: an innovative proposal in Mar del Plata for children and adolescents with cancer.* (My translation).

Universitarias—literally ‘University Extensions’—are forms of collaboration between the university that promotes them and organisations, citizens’ associations, public institutions, or businesses. The goal is to extend the university’s presence in society and to share its knowledge, projects, and values with the entire population (see for ex. UNSAdA n. d.). Specifically, the PAANET group is a support network for children and adolescents with cancer and their families that organises recreational activities for young patients in welcoming spaces located near hospitals. In her work, Tomaino illustrates a bibliotherapy experiment carried out by the volunteers of the PAANET group in collaboration with university personnel, at the end of which a series of interviews and questionnaires were carried out to verify the results. The ultimate goal of this work was to verify if bibliotherapy is a valuable tool for improving the quality of life of children and adolescents with cancer and their families, as well as to promote reading for therapeutic purposes in healthcare facilities, outlining its benefits with more accuracy and what is the adequate training for the staff performing it. From observations carried out during the experiment, it was deduced that bibliotherapy can legitimately become part of the patients’ treatment process, which must address both body and mind. When children with cancer, hospitalised and with reduced mobility, read or listen to a story, in fact, they are led to reflect on their feelings, and find in the texts, stories and characters a way to overcome their fears and anxieties, improving their own emotional well-being and, consequently, that of their loved ones. Tomaino’s study also paid special attention to the role of the librarians who, as active parts of the interdisciplinary work team, were called upon to leave the restricted role of ‘book guardian’ in which they are often relegated to explore the new territories of their profession opened up on the impulse of research and progress of bibliotherapeutic practices (Tomaino 2008, p. 9). Adopting the philosophy of care of Doctor Hunter Doherty ‘Patch’ Adams, founder of Clown Care (Ivi, p. 11), Tomaino’s study helps to strengthen the awareness that elements such as affection, humour, passion, joy, and hope stimulate the immune system and that a narrative is the ideal way to transmit them, allowing discovery, dreaming, the understanding of reality and of new ways to transform it. People—especially children who discover to have a serious illness such as cancer—enter a situation of deep stress, which significantly affects their social relationships, including family, friends, and schoolmates. The children’s adaptation to

the disease, moreover, is further complicated by the responses given by adults and peers. In order for a treatment programme to be effective, it is, therefore, necessary to involve parents, siblings, grandparents, and all the people capable of influencing and being influenced by the children's physical and emotional health (Ivi, p. 32). The ideal goal is the development of a spirit of camaraderie between children, parents, medical staff, psychologists, and volunteers, in order to plan the best care pathway together, taking into consideration all the needs of the patients and their loved ones, psychologically supporting them and giving constructive answers to their fears, thus making it easier to carry out the treatment of the disease. To obtain these results, it is essential to understand the children's deep fears, so as to identify the most effective strategies for dealing with the difficulties that will arise during the treatment process. Listening to children, on the other hand, requires competence and experience, and talking to them about illness and death is a difficult skill to learn. As recognised by Tomaino, "[...] la primera pregunta que se hace un niño ante su diagnóstico es '¿Por qué yo?'"¹⁴ (*Ibidem*). Anxiety, depression and emotional upheavals are frequent in young patients, who often express their fears with displays of anger towards family members or health personnel. An individual psychosocial analysis is therefore a priority: every child is different and their needs, understanding, and adaptation techniques vary considerably according to age, maturity and other personal factors, all of which need to be taken into consideration to safeguard and improve the patients and their loved ones' quality of life. 'Quality of life', in fact, represents a broad, dynamic, and subjective concept, which requires a varied approach, capable of adapting to circumstances. According to the World Health Organization, 'quality of life' can be defined as:

[...] "individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". It is a broad ranging concept incorporating in a complex way the persons' physical health, psychological state, level of independence, social relationships, personal beliefs and their relationships to salient features of the environment. (WHOQOL User Manual 2012, n.p.)

¹⁴ "The first question that the child asks when he receives the diagnosis is 'Why me?'" (My translation).

Improving the quality of life is of great importance for cancer patients and their families. Therefore, the mitigation of pain and discomfort caused by inpatient treatment should be considered integral elements of any care program.

The beneficial contribution of bibliotherapy and similar therapeutic techniques for public health at all levels have found a formal systematisation and recognition in the United Kingdom, home to one of the longest standing national programmes promoting the therapeutic benefits of reading: Reading Well Books on Prescription. Reading Well Books on Prescription was established in 2013 with the support of The Reading Agency charity, the Society of Chief Librarians—now Libraries Connected—the Arts Council England—the public institution dedicated to promoting the visual, literary, and performing arts in England—and the Government of Wales, along with many associations in the medical field. The aim of the programme is to help citizens understand and manage various aspects related to their physical and mental health and general well-being by reading selected texts. Initially, a list of self-help books was created for the treatment of the most common mental health problems—including anger issues, anxiety, depression, phobias, and self-harm. Then, the list was expanded to include books on topics such as homelessness, grief, dementia, emotional instability, and long-term illnesses, among many others. Books suggested by the programme are endorsed by experienced medical professionals and may be recommended by primary care physicians or borrowed from public libraries, in print or e-book form. According to the official website of the programme, “2.6 million Reading Well books have been borrowed from libraries and 91% of people surveyed found their book helpful” (Reading Well n.d.). In addition to the inherent qualities of the recommended text, the value of the public library is also highlighted in welcoming people in need of support and guidance in a non-stigmatizing and non-judgmental space. The National Institute for Health and Clinical Excellence (NICE) declared in this regard in 2004 that the use of self-help books plays an important role in the treatment of minor mental disorders, such as mild forms of depression, for which it appears to have greater efficacy and efficiency than other types of treatment. The institute also estimated that five million pounds could be saved each year if exercises and self-help readings were prescribed instead of more expensive and potentially dangerous antidepressant medications and drugs (Brewster 2011, pp. 33-34). Libraries are therefore encouraged to take part in this

paradigm shift, proposing themselves as socially inclusive environments and developing the skills necessary to support and guide people with mental health difficulties using their services. Fundamental is also the collaboration between libraries, medical institutions, social services, and voluntary organisations, capable of creating a network of synergies essential for the proper functioning of bibliotherapy programmes, from the ‘prescription’ of the book to the improvement of the readers’ quality of life. Reading Well Books on Prescription, therefore, represents, with its close interdisciplinary cooperation between associations of different sectors, public libraries, voluntary organisations and with public support, both locally and nationally, an important model and touchstone for those countries where there is still not a similar awareness of the importance of including literature and art among the institutional resources for promoting the well-being of every citizen.

1.4.6. Shared Reading for Chronic Pain

Strengthened by a growing knowledge of the effects of literary immersion on the brain, many attempts have been recently made to use it in a controlled and verifiable way for the treatment of psycho-physical conditions that were previously addressed exclusively with psychotherapy or pharmacological treatments. A study that directly analysed the therapeutic potential of reading, in particular shared reading, for psycho-physical conditions was carried out in 2016 by Josie Billington—of the pioneering Centre for Research into Reading, Literature and Society (CRILS) at the University of Liverpool—and colleagues, entitled: *A comparative study of cognitive behavioural therapy and shared reading for chronic pain*.

Chronic pain is defined by the International Association for the Study of Pain as “pain that persists or recurs for longer than 3 months. Such pain often becomes the sole or predominant clinical problem in some patients”; while ‘pain’ is considered “an unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage” (IASP n.d.). Chronic pain is a frequent condition, which nowadays affects an estimated 20% of the world population (*Ibidem*). Moreover, this condition is frequently associated with mental health problems, as it profoundly affects individuals’ daily lives, their work and social relationships, often causing economic and professional, as well as physical-emotional, deprivation,

being a major cause of depression and job loss (Breivik et al. 2006). Neuroimaging studies also highlighted the influence of psychological and emotional factors in the experience of pain, showing “the links between pain, emotional stress or trauma and limited emotional awareness and expression” (Billington et al. 2017, p. 155).

Given the complex and deep consequences of chronic pain on patients, their family, friends, and caregivers, many therapeutic approaches have been implemented to address this condition, alongside traditional pharmacological therapies, which often presents multiple side effects. Among the most common psychological approaches offered to patients with chronic pain there is cognitive behavioural therapy (CBT). The American Psychiatric Association (APA) defines cognitive behavioural therapy as “a form of psychological treatment that has been demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol and drug use problems, marital problems, eating disorders, and severe mental illness” (APA.org 2017). Cognitive behavioural therapy may be considered an umbrella term including different approaches, such as cognitive therapy, rational emotive (behaviour) therapy, interpersonal cognitive therapy, dialectical behaviour therapy, acceptance and commitment therapy, and schema therapy (Dobson & Dobson 2017, p. 5). However, following Deborah and Keith S. Dobson, it is possible to identify three basic propositions common to all cognitive treatments:

1. The access hypothesis, which states that the content and processes of thinking are always knowable, or that can be accessed by people with appropriate training and attention.
2. The mediation hypothesis, which states that thoughts mediate emotional and behavioural responses to the various situations of life. According to this hypothesis, it is cognition that influences behavioural patterns and emotional responses.
3. The change hypothesis, which states that, being cognitions knowable and the principal mediators of responses to different situations, people can intentionally modify the way they respond to events, becoming more functional and adaptive, as they understand their emotional and behavioural reactions and learn how to use appropriate cognitive strategies to pursue their goals. (Dobson & Dobson 2017, pp. 5-6)

APA also lists some of the most common strategies used by the psychologists to change thinking patterns:

- Learning to recognize one's distortions in thinking that are creating problems, and then to reevaluate them in light of reality.
 - Gaining a better understanding of the behavior and motivation of others.
 - Using problem-solving skills to cope with difficult situations.
 - Learning to develop a greater sense of confidence in one's own abilities.
- (APA.org 2017)

Whereas some of the most common strategies to change behavioural patterns include:

- Facing one's fears instead of avoiding them.
- Using role playing to prepare for potentially problematic interactions with others.
- Learning to calm one's mind and relax one's body. (*Ibidem*)

CBT, with its multiple manifestations—depending on both the therapists and clients involved in the process—has proved effective in many situations. However, it has sometimes come under criticism for being “too mechanistic”, unable to “address the concerns of the ‘whole’ patient” (Gaudio 2008, p. 3), especially their emotional needs and processes. The study by Billington and colleagues compared the use of CBT for treatment of chronic pain with a specific intervention based on shared reading (SR) developed by the British charity The Reader. The authors' hypothesis was that SR could represent a valid complement to CBT for patients with chronic pain, especially for long term therapy, thanks to its capacity of addressing emotions and topics that are broader than the sole cognitive experience of pain (Billington 2017, p. 157). To test this hypothesis, researchers ran in parallel a 5-week CBT group and a 22-week SR group for patients with chronic pain. At the end of the CBT group, its members joined the SR group. Qualitative and quantitative data related to the two types of therapy were collected in different ways: through pain and emotion diaries written by the participants; self-assessment of negative and positive feelings before and after the therapy sessions; the literary-linguistic analysis of audio/video recordings and transcripts of CBT and SR

sessions; video-assisted individual qualitative interviews with the participants after the interventions. (*Ibidem*). CBT, as it was applied in this study, consisted of relaxation sessions, behaviour and stress management, and development of resilience skills, with the aim of controlling the factors that can influence and increase the psycho-physical sufferings caused by chronic pain, such as anxiety and sleep and mood disturbances. The shared reading programme designed by The Reader and applied in this study, on the other hand, is based on reading aloud fiction and poetry (Ivi, p. 155). This model of shared reading therapy generally consists of weekly meetings of small groups—consisting of 2 to 12 participants—to read aloud literary works chosen for their intrinsic interest and not pre-selected for the treatment of a particular condition. Shared reading groups are led by specially trained facilitators, such as psychologists or bibliotherapists, who read the texts with regular breaks to encourage participants to reflect on the thoughts and memories aroused, or on how the texts can relate to their daily experiences (Ivi, pp. 155-156). Such a form of reading therapy was considered potentially beneficial for the treatment of the psycho-physical effects of chronic pain. Shared reading, in fact, allows the recovery of aspects of existence considered lost, thanks to which the participants manage to build a bridge between their past selves, unaffected by the disease, and their present and suffering selves, supporting the integration between these different fragments of existence for the creation of a positive whole, and, we may add, of a purposeful life-narrative (Ivi, p. 156). Neuroscientific studies, on the other hand, showed that reading complex poetic lines has the ability to stimulate existing and new brain pathways, and influence emotional networks, self-reflection, meaning-making, and memory (Thierry et al. 2008, Keidel et al. 2013). Given these effects on brain activity, it has been suggested that reading could help individuals to process their difficulties and sufferings through new, more effective reasoning options, abandoning the old brain dysfunctional channels, as already considered in Chapter III (O’Sullivan et al. 2015). These conclusions appear particularly relevant for the treatment of a condition such as chronic pain, in which, as highlighted by Billington and colleagues, “the nervous system is ‘recruiting’ signals into an existing pain pathway and sending messages to the brain when there is no physical stimulus or damage” (Billington et al. 2017, p. 156). Reading, suggest the

authors of this study, would favour a ‘rewiring’ of these brain signals, allowing new paths of thought.

The data collected by Billington and colleagues through the various quantitative and qualitative measurements allowed the authors to draw some interesting conclusions. First of all, the analysis of pain and emotion diaries showed a highly significant correlation between high pain severity scores and low emotion scores, but pain scores after each shared reading session were lower than mean, and shared reading showed to have a prolonged effect, lasting at least two days after each session. In some cases, however, the pain score immediately after the shared reading session appeared significantly higher than the mean and, despite this, the evaluation of the emotions was positive, suggesting that shared reading can produce positive emotions even in the presence of a sharp pain. On the other hand, there was no significant evidence that CBT sessions had any long-lasting effects on perception of pain and emotions (Billington et al. 2017, p. 158). Secondly, the results of the Positive and Negative Affect Scale (PANAS)—a common scale to measure mood and emotions— showed that positive emotions were more prevalent than negative emotions in relation to both CBT and SR sessions, although slightly higher positive and slightly lower negative results were obtained in the SR group. As for the qualitative findings, a fundamental linguistic result was that the narration of personal stories characterised both therapeutic pathways, but with significant differences in content. In the CBT sessions, where participants were encouraged to talk openly about their experiences, personal stories were based exclusively on health conditions and difficulties and the theme of chronic pain was always present. In the SR sessions, on the other hand, there was a greater variety of themes, and life narratives were elicited mainly as a response to the shared reading of the text and not after explicit request of the facilitator (Ivi, p. 160). Interestingly, on some occasions linking the text and personal experiences had an immediate negative effect on the perception of the story, but precisely such cases coincided with a growth in the interest and involvement of the participants, almost as if the ‘liberation’—we could say the ‘catharsis’, using the bibliotherapeutic lexicon proposed by Caroline Shrodes—of negative feelings and momentary unhappiness had stimulated greater awareness and desire to continue along the path of self-reflection and cognitive and affective change. Even the most difficult emotional material to deal with is, therefore,

experienced in the shared reading as a distraction from physical pain. Thus, as Billington and colleagues conclude, the binary distinction between positive and negative emotions, clearly marked in CBT, becomes more blurred in SR (Ivi, p. 163-164). SR, moreover, contrary to CBT, “begins to make a change in the reader precisely by not demanding one” (*Ibidem*). SR seems, in general, to provide in a more unconscious way what CBT tries to produce overtly, such as relaxation and distraction from pain. It is certainly a very personal journey and difficult to measure and evaluate, as well as to explain why a particular text resonates for a specific participant. This is why shared reading can be defined as ‘implicit therapy’ (Ivi, p. 162), which carries out its work in a hidden way, without direct imposition. In conclusion, Billington and colleagues’ results highlighted the potential of shared reading as an alternative, continuation, or complement to cognitive behavioural therapy, in order to bring into the patient’s conscious awareness those areas of emotional pain that would otherwise have been passively experienced. Future studies are called to investigate the impact of participants’ duration of chronic pain on response to shared reading, as well as to compare the use of various materials, visual or written, in order to evaluate to what extent the effects of shared reading derive from displacement of the self towards an external object—in the forms of transportation, immersion, and self-projection—or from the characteristics of literature itself (Ivi, p. 164).

We have now reached the end of this overview of the bibliotherapy world. As we have seen, bibliotherapy has innumerable applications, as vast as the portions of reality and life that offer themselves to literature and narration. Thanks to its adaptable nature, many different professionals can make profitable use of bibliotherapy techniques, from teachers to librarians, educators, psychologists, nurses, doctors, therapists, and counsellors. Whoever decides to specialise in the research and practice of bibliotherapy must always keep in mind, on the other hand, that it will not be a closed and self-sufficient academic or professional field. I think, as a matter of fact, that bibliotherapy, in its broadest sense, answers, at least in part, to the question: what is literature for? What are narratives for, in all the forms in which they are expressed? Literature is useful because it both communicates and stirs thoughts and emotions. Sensible to the narrative structures of the human mind and its need for both novelties and organised and open-ended patterns, literature is ‘food for the brain’ in an almost

organic way, providing the mind with affective and cognitive scaffolding and pathways. This does not automatically translate into a simple equation between literature consumption or production and improved well-being or even moral and existential growth. As for any energy, the one produced by literary experiences can be used for different purposes. Professor Rizzolatti, in an interview on the implications of the discovery of mirror neurons in understanding the mechanisms of empathy, refers to Joseph Goebbels (1897-1945), Nazi official, propaganda minister of the Third Reich and main architect of the 'Aryanisation' campaign of German culture, therefore an emblematic model of the horrors to which a total absence of empathy and identification with the other can lead. But Goebbels also earned a Ph.D. in philology with a dissertation on romantic literature. An extreme but clear example of how the assiduous practice of reading and aesthetic experience does not coincide with a morally and socially healthy life. Bibliotherapy, then, aims to provide a compass—not a precise route—but a set of useful tools for navigating the complex human reality, drawing on the energy of literature and narratives for helping people live a rich, full and meaningful life inserted in a net of respectful relationships with oneself, other people, and the world as a whole.

Bibliotherapy, on the other hand, is not the only way in which the potentially transforming power of the arts and humanities has been harnessed in a scientifically controlled health context to both complement and reinforce the capacities of evidence-based medicine. In the field of the medical humanities, other artistic and narrative forms are used as therapeutic tools, giving rise to different therapeutic techniques, with related and yet specific effects and goals.

3. Other Narrative and Fictional Experiences as Therapy

These transdisciplinary experiences are united by at least two phenomena that we have already introduced while exploring the main features of narrative processing: transportation into the world described or represented by the work of art or narrative; and the reader or spectator's experience of immersion that derives from transportation, capable of arousing physical and neurological reactions of such magnitude as to potentially favour therapeutic effects at somatic, psychological, and behavioural levels. In this section we will observe some cases of use of the psychological constructs

underlying immersion and other related phenomena mediated by various types of artistic media, which present, in large or small part, elements of narrativity. Specifically, we will see how comics, the visual arts, cinema, video games, and virtual reality are used to achieve therapeutic goals. The aim of this section is to show how, all over the world, there is a rising interest in therapeutic experiences and programmes involving the use of artistic and narrative forms to support mental, social, emotional, but also physical well-being, thanks to the reborn awareness of the close link between psyche and body, apparently so distant from each other but, in reality, in close relationship and interchange.

3.1. Comics

So far, we have dealt with purely literary narratives, therefore based on the verbal medium, both written and read. The effects of being transported into a fictional world, of immersion, and of simulation on psychosomatic mechanisms, however, are also manifested during the fruition of other narrative forms, in partly similar and partly peculiar ways. Starting from comics, a medium apparently close to the purely literary one, we can see how the addition of the visual element to the verbal one can facilitate the reader's rapid immersion, thus acting as a useful tool for various therapeutic goals.

An exemplary case of this is the one analysed by Shimazaki and colleagues in the article *Use of health promotion manga to encourage physical activity and healthy eating in Japanese patients with metabolic syndrome: a case study* (2018). Metabolic syndrome is a major global health problem. In particular, “unhealthy diets and a lack of physical activity may show up in people as raised blood pressure, increased blood glucose, elevated blood lipids and obesity” (World Health Organization 2023). Developing a healthy lifestyle, including frequent physical activity and a correct and balanced diet, contributes to disease prevention and health promotion. However, increasing knowledge, improving attitudes, and promoting behaviour change in high-risk populations that lack self-efficacy and health literacy appears particularly challenging (Shimazaki et al. 2018, p. 1). In this context, the so-called ‘entertainment education’ can be an effective way to deliver health information to high-risk populations, such as people prone to metabolic syndrome. In Shimazaki and colleagues’ words:

Entertainment education is defined as a purposeful communication strategy that provides educational information intended to increase knowledge and awareness via entertainment media, such as radio, television, popular music, films, digital games, and comics. (*Ibidem*)

I propose that the core of entertainment education is a form of communication built upon narrative experiences, capable of stimulating narrative immersion in a narrated world that relies on a structure of chronological, causal, and meaningful links between its parts, thus facilitating cognitive and affective engagement and memory retention. Characteristic of a narrative experience used in the context of entertainment education, on the other hand, would be the non-fictional nature of its stories, that is, its purpose of adhering as much as possible to the information produced by empirical science and observation. Several studies, in particular, have shown that manga—Japanese-style comics popular around the world—can have a positive influence on behaviour change interventions in various health promotion contexts, such as HIV prevention, cancer education, anti-smoking and nutrition education (Branscum & Sharama 2009; Dworkin et al. 2013). The use of manga for health purposes lay on some theoretical bases that have been largely investigated. Manga interventions appear

[...] supported by three psychological and behavioral theories: social cognitive theory of modeling characters engaging in health behavior (Bandura 2001); a narrative or story telling approach to increase acceptability (Dahlstrom 2014; Leung et al. 2014); and a graphic effect to enable sensory understanding (Houts et al. 2006). (Shimazaki et al. 2018, pp. 1-2)

The study by Shimazaki and colleagues wished to verify the positive influence of manga focused on promoting physical activity and healthy eating for patients diagnosed with metabolic syndrome aged 40 to 75 years. Alongside the theoretical bases of the use of manga for health listed above, the actual content of manga used for this purpose was developed using the small change model, according to which larger behavioural changes can be achieved by setting realistic goals, which take into consideration the starting point, which are cumulative, and can be maintained over time (Hill et al. 2009).

The main characters of the manga specifically created for Shimazaki and colleagues' study were a nurse and two patients, a man and a woman. The male patient had no intention to adopt a healthy lifestyle, while the female patient realised that she needed to change her lifestyle, but didn't know how to do it. Throughout the story, the nurse recommends small lifestyle changes to the two patients, such as eating fresh vegetables and taking short walks, an activity associated with positive cardiovascular health outcomes (Shimazaki et al. 2018, p. 2). Participants in the study first completed a questionnaire regarding demographic characteristics, current physical activity, and eating behaviour. Next, a nurse distributed the manga and provided instructions for planning a simple lifestyle change action plan. After one month, each participant received a second questionnaire, and, based on the results, they were provided with a one-month personalised behaviour change plan and recommendations to support further lifestyle improvement. After the one-month trial, participants were administered an additional questionnaire to collect their impressions. All participants, at the end of the study, declared that they had designed specific action plans involving one to three actions to improve their lifestyle, including increasing physical activity, improving healthy eating behaviour and reducing body weight. Analysis of the results indicated that the use of manga helped improve awareness, understanding of the importance of health promotion, self-efficacy, and intention to change unhealthy behaviours (Ivi, p. 6). The results of the study by Shimazaki and colleagues thus contribute to supporting the use of manga in health promotion. Further studies are needed to identify psychological mediators and their effects in manga health promotion interventions, but theories of transportation, immersion, and empathic identification certainly appear among the most likely explanations for such effects. More empirical research, on the other hand, could lead to an increase of financial support for the production of comics, manga, and other artistic and narrative forms to use in health care. Collaboration between university researchers, research institutes, and health professionals is more needed than ever in order to spread awareness of the potential benefits deriving from similar innovative and transdisciplinary treatments.

3.2. *Visual Arts*

Having observed how comics can be successfully used in therapeutic contexts—and

especially with people who are less acquainted with literature and long readings—we can now consider if other visual art forms can achieve those purposes—or similar ones—that we have so far attributed to narratives, especially in the literary forms. Such a question makes us face the intricate relationship between art and narration. Is narration an art form? Is it always so or just in some cases? Is the debate around the literariness or non-literariness of a narrative superimposable with the much-heated discussion about what can be defined ‘art’ and what cannot? Finally, are the dynamics and consequences of an artistic experience related to the ones of narrative production and comprehension we have analysed so far? An attempt to clarify these issues may start from the distinction I have proposed in Chapter I between narrative and non-narrative modes of thinking—not to be confused with those literary genres that are often labelled in the same way, such as descriptive and expository texts. Art, in fact, could be included among those non-narrative modes of (re)producing reality that are less focused on the chrono-causal and meaningful dimensions and more on an atemporal, almost epiphanic one. However, as already stressed, actual manifestations of human inner life cannot be unambiguously classified as narrative or non-narrative, as both aspects of mental reality are always present to a greater or lesser extent. Unsurprisingly, then, forms of art and forms of narrative—with all their possible gradients and combinations—have often been objects of experimentation and exploration in multiple forms of therapeutic assistance. While exploring all the uses of visual, kinaesthetic, and musical arts in therapy falls out of the scope of this dissertation, I wish to provide some examples of the—not only possible but even desirable—intermingle between artistic and narrative processes and their therapeutic uses.

A first case can be found in the article *‘Master My Demons’: art therapy montage paintings by active-duty military service members with traumatic brain injury and post-traumatic stress* (2018), by Marygrace Berberian, Melissa S. Walker, and Girija Kaimal. The authors conducted a study involving “a thematic analysis of montage paintings and of related clinical records of 240 active-duty military service members collected during their art therapy treatment for traumatic brain injury and underlying psychological health concerns, including post-traumatic stress” (Berberian et al. 2019, p. 353). Consistent with previous studies, qualitative analyses of the work of

Berberian and colleagues suggest that group art therapy support interpersonal relationship enhancement, hopefulness, and gratification for service members, by fostering externalisation, progressive exposure, and creation of a narration of the trauma, which appears fundamental for the recovery of a new mental and existential equilibrium (*Ibidem*). We will now briefly consider how the authors reached these results and what artistic and narrative dynamics they highlighted.

The problem of the effects of combat trauma and war experience is serious and widespread, as we can see on a daily basis from news on the many ongoing conflicts around the world. For what concerns the US context covered by this study, more than 2.6 million troops have been deployed since 2001 (*Ibidem*). These troops have been participating in lengthy operations, suffering significant stress and multiple psycho-physical traumas. This condition of ‘polytrauma’ has been defined as “two or more injuries sustained in the same incident that affect multiple body parts or organ systems and result in physical, cognitive, psychological, or psychosocial impairments and functional disabilities” (Department of Veterans Affairs 2013). However, many veterans suffering from mental health issues do not seek help or find it difficult to verbally express their condition. Visual art activities are increasingly included in psychotherapy for veterans with post-traumatic stress disorder (PTSD) and traumatic brain injury (TBI), as the “retelling and reformulation of the terrorising memories through pictorial, non-verbal iteration can generally be less threatening than verbal disclosure because much is mitigated through the visual symbolism” (Berberian et al. 2019, p. 353). A review of the literature conducted by Alison Smith (2016), in particular, identified some key mechanisms in art therapy that help veterans better manage PTSD symptoms: the impact of the sharing of traumatic experiences in group settings—which is not, on the other hand, exclusive of art therapies—the possibility of externalising and developing a narrative related to the traumatic experience through the artistic medium with psychological freedom; the use of arts products created by participants as basis for verbalising experiences when initial verbal expression is considered painful if not impossible; the capacity of art therapy to restore the participants’ ability to process memory of the traumatic events and express them through the art medium and eventually also through words in a chrono-causal order; the pleasure, distraction, and sense of achievement perceived by the participants in

completing the artistic activities during therapy, which increase self-esteem and support relaxation, thus reducing the symptoms of trauma (Smith 2016). From the themes identified by Smith we can clearly see how artistic and narrative processes combine and support each other during art therapy, while maintaining distinguishing features regarding sensory stimuli and brain processes involved, depending on the chosen art form and therapeutic strategy.

The study by Berberian and colleagues, in particular, focused on the collage and montage techniques. Characterised by the free juxtaposition of disconnected visual images, texts, and pictures, these techniques allow for great flexibility and do not pose obstacles to participants' creativity, while providing them with ready-to-use materials to serve as expressive stimuli. Berberian and colleagues analysed the art works created by the participants to an art therapy treatment for traumatised veterans. The treatment programme lasted four weeks and included both individual and group sessions. During the first week, service members create three-dimensional masks in group art therapy sessions. The masks aid in the processing of traumatic memories related to the traumatic experiences through a symbolic externalised representation, one of the main mechanisms of art therapy, as described by Smith. In the context of the group, moreover, the masks serve as visual and physical aids for verbalisation (Berberian et al. 2018, p. 354). In the fourth and final week of treatment, then, the participants were asked to create montage paintings choosing from a variety of materials and blending memories, feelings, and thoughts into a multimedia and multilayered art form. Berberian and colleagues performed a qualitative thematic analysis of the images thus created and of the descriptions provided by the participants. Of particular interest was that nearly half of the works (43.8%) used pre-printed or originally formed texts in the collage compositions, suggesting a greater need for mastery of the expressed content (Berberian et al. 2019, p. 355). The use of words in expression can be seen as a form of intellectualization, a necessity to verbalise and rationalise emotional and chaotic matter, but also as a form of adaptive defence to manage the intensity of the experiences the art therapy activity brings to the surface. In the authors' words: "the use of words relates to cognitive rather than visceral reactions, which allows for emotional distancing and mastery" (*Ibidem*). Creative art therapies also make extensive use of metaphors as agents of change to help participants challenge ruminative thinking and enable more

flexible reflections about the experience of trauma in a way that allows for new personal development (for the role of metaphors in psychotherapy, see for ex. Havsteen-Franklin 2016). Nature, in particular, emerged as the most frequently used metaphor in the collages created during the art therapy group sessions, as a symbol of dynamism, showing the dichotomies between aggressor and victim, fragility and strength, unpredictability and stability. Attempting to mitigate these dualities, participants examined their own internal conflicts through art inspired by nature (Berberian et al. 2019, pp. 355-356). After the four weeks of treatment, feelings of safety and trust established during art therapy encouraged and facilitated the activation and processing of the most painful memories, aiding recovery from the trauma. Feeling of hope also improved over the course of the experiment, together with a decrease in symptoms of depression and anxiety, reduced isolation and a stronger feeling of connection and solidarity supported by the group environment (Ivi, p. 357). The inherent properties of collage and montage painting, in conclusion, appeared to help participants reconcile cognitive and emotional dissonance for trauma-related symptoms and make sense of the discrepancies between existing beliefs and current realities (Ivi, p. 359), especially thanks to the dynamic integration between visual elements and narrative processes in a group context.

3.3. *Cinema*

The invention of cinema at the end of the XX century has opened previously unimaginable scenarios of immersion in narrative worlds. Combining image, movement, and, later, sound and speech, cinema appeared to be the most perfect possible ‘copy’ of reality, arousing as much fascination and wonder as reflections and debates on its effects on the human psyche. After becoming a common presence in many cities—and soon overtaking the theatre as the most popular cultural attraction—cinematographic products entered the homes of almost the entire population of the richest nations, channelled through television and, later, digital devices. With the consolidation of its aesthetic, informative, entertainment, and socialising role, cinema also attracted attention of a different nature, such as that of scholars interested in its ability to ‘remove’ the viewers from everyday life and absorb them in the story represented on the screen. The narrative and representational aspects of cinema, in fact,

combined with the collective experience of watching a film at the theatre, make it a particularly compelling form of narrative consumption.

In his study *Cinema is Good for You: The Effects of Cinema Attendance on Self-Reported Anxiety or Depression and "Happiness"* (2005), Noah Uhrig analysed the effects of watching films at the cinema on psychological well-being and the level of general happiness of the individual. Uhrig's hypothesis was that "the visual stimulation of film provokes an emotive response which is therapeutic, and that the collective and controlled experience of this emotive response promotes well-being" (Uhrig 2005, n.p.). To test this hypothesis, Uhrig systematically compared ten different recreational activities—playing sport, watching live sport, going to live performances, eating out, going out for a drink, gardening, DIY, attending activity groups, attending meetings of local groups and doing voluntary work—with watching films at the cinema, taking into account the participants' self-reported effects on levels of happiness, anxiety and depression. The author found that watching films at the cinema had significant positive effects on levels of happiness and stable negative effects on levels of anxiety or depression, even when comparing various socio-demographic and economic factors (*Ibidem*). Specifically, "for each unit increase in the frequency of cinema attendance, the odds of reporting problems with anxiety or depression decline by about 20 percent" (Ivi, n.p.), suggesting that going to the cinema may have a considerable therapeutic effect on mental health. Visual stimulations provided by watching a film, as a matter of fact, can arouse certain emotions, and the peculiar environment of the cinema, with the related collective viewing experience, provides a safe environment in which to experience roles and emotions that people might otherwise not be free to experience. At the same time, going to the cinema allows for the exercise of personal preferences and the human need for distinction, representing a personal, amusing, and potentially therapeutic expressive experience (Ivi, n.p.).

As reviewed by Uhrig in his study, a significant strand of research on the physiological effects of emotions have involved watching entire films or film clips in order to induce a specific emotional state. Bruno Baldaro and colleagues (2001), for example, showed participants in their study the footage of a surgery, with the intention of inducing an emotional state of fear or stress. Indeed, the visual signals presented in the footage appeared to induce a deceleration of the heart rate (bradycardia)—a general

index of attention—and an increase in respiratory sinus arrhythmia, physiological responses associated with fear even in animals (Baldaro et al. 2001). In a study with particularly surprising results, moreover, Boinkum B. Konlaan, Lars O. Bygren, and Sven-Erik Johansson (2000) discovered that participants who frequently went to the cinema—as well as people who attended other cultural institutions and events, such as museums, concerts, and art exhibitions on a regular basis—had significantly lower mortality risk ratings compared to the average, while those who never went to the cinema showed higher mortality rates than those who went to the cinema at least occasionally, taking into account possible influencing factors such as age, gender, economic differences, educational level, long-term illnesses, smoking and sporting activity (Konlaan et al. 2000). Empirical explanations of such results, Konlaan and colleagues argue, could be found in neuroimmunology research, according to which attending cultural event foster the production of hormones and innervation linking the brain to the lymphoid organs; growth hormones, prolactin and glucocorticoids, in particular, would enhance immunity, and an increase in glucocorticoid receptors in the hippocampus, supported by rich and varied environments, would protect against depression (Ivi, pp. 177-178). Along with these positive effects, films can also have, in some circumstances, negative ones—exactly as books and other art and narrative forms. As observed by Uhrig and colleagues, in fact, films can reinforce gender stereotypes among children (Oliver & Green 2001), pro-violence attitudes and desensitization (Funk et al. 2004), or encourage suicide, as shown by the study by Annakatri Ohberg and colleagues (1996), according to which age-specific suicide rates through the use of exhaust fumes had increased significantly shortly after a 1982 film released in Finland that showed a case of suicide committed in that way.

What said so far confirms what already observed regarding the effects of reading and the processes underlying bibliotherapy: it is not reading *per se* that has immediate positive repercussions on mental and physical well-being, and the same can be affirmed for watching films or experiencing any other art of narrative form. A therapeutic programme including such tools and techniques must be based on a careful study and consideration of all the elements and people involved. Research in the area of medical humanities and art and narratives for therapy, therefore, need to be included within the larger field of research on well-being.

According to Arthur Brief and colleagues, it is possible to distinguish between two overarching psychological perspectives on subjective well-being (SWB): bottom-up and top-down theories (Brief et al. 1993). Bottom-up approaches move from the assumption that experiences in life can be objectively good or bad, pleasurable and unpleasurable, and those who accumulate a large number of pleasurable experiences in a number of particular domains—such as family life, social relationships, working life, and financial condition—tend to show higher levels of well-being and satisfaction. Top-down theories, on the other hand, maintain that individuals may be predisposed to react to experiences in life in positive or negative ways, and happiness would derive from the capacity of enjoying life's pleasures and not from the number of them. Therefore, personality traits would influence the level of subjective well-being and happiness perceived by everyone (Ivi, p. 646). Brief and colleagues proposed an integrated framework, combining elements of both bottom-up and top-down perspectives:

[...] we propose that global features of personality and an individual's objective life circumstances influence the ways in which the person interprets the circumstances of his or her life, and these interpretations, in turn, directly influence SWB. (Ivi, p. 647)

This focus on the interpretation of life-circumstances is particularly compelling, as it shows strong analogies with a narrative construction of life, which, giving mental representations of events and experiences an order and a meaning, support individual self-positioning in the world, guiding behaviours, choices, and actions. Research on well-being, happiness, and life satisfaction, in conclusion, should include both individual, subjective personality traits and objective factors, such as health, socio-demographic factors, and economic conditions. As demonstrated by neuroscientific studies, in fact, the effects of a particular film can vary between different individuals and groups (see for ex., Hasson et al. 2008). Indeed, different viewers can perceive and interpret the same situation in sometimes opposite ways. In this context, the effects of narrative and art consumption and production on well-being and happiness appear clearly relevant, but necessitates careful study and testing. The results of Uhrig's analysis, therefore, offer important indications for researchers but also for public

administrations, which could design adequate campaigns to promote cinema attendance to achieve highly positive social effects at relatively low costs (Uhrig 2005, n.p.).

These studies concerning the neurological, psychological and social effects of watching films, particularly in the cinema environment, have already led to the birth and development of various projects aimed at introducing this art form into therapeutic pathways and healthcare institutions. Among the main voluntary organisations active in this sector there is MediCinema. Established in 1996 in the UK, MediCinema is now present in many countries, where it pursues the mission of making the experience of watching a film at the cinema accessible also to patients hospitalised for complex pathologies. To reach such a goal, cinemas specifically adapted to meet the needs of patients with different conditions are built in hospitals and other places of care, and screenings of the latest blockbusters are run for free. Cinema, as we have seen, with its capacity of entertaining, offering an immersive environment, and providing a pleasurable social activity, can represent a valuable therapeutic intervention—a form of ‘cinema therapy’—capable of improving the quality of life of the patient and significantly influencing healing times. Films shown during MediCinema events, on the other hand, are carefully selected, with particular attention to the contents and type of audience, to perform the dual function of stimulating and producing well-being. Since 2017, moreover, MediCinema has been monitoring and measuring the benefits of cinema therapy activities through tests of reactivity and psycho-physical improvement. The results of these tests showed how watching films in a cinema setting reduced anxiety and stress caused by hospitalisation: it has been observed that just 2.2% of patients think about their conditions while watching a film compared with the 22.6% when in the ward, and 34% of them declared not to think about pain or distress related to their illness when attending MediCinema events; moreover, 49.5% of patients feel relaxed when watching a film at MediCinema compared to the 20.4% in the ward, and 32.2% of patients are aware of being hospitalised while at MediCinema compared with the 69.9% of patients who are in the ward (Salvi 2019).

All these activities and people promoting them allow us to understand even more how, alongside the treatment of the physical aspects of the disease, it is also necessary to take care of the psycho-social well-being of the patient, who is often left alone to manage conditions of anxiety, stress, or depression. Being hospitalised, as a

matter of fact, is one of the most trying experiences. In addition to the pain and discomfort caused by illness, patients can feel cut off from life outside the hospital. Patients' mental health, therefore, can deteriorate rapidly, and it is very difficult for them to maintain a sense of normalcy, self-confidence, and hope. MediCinema offers patients the possibility of temporarily escaping not only from the physical clinical environment, but also, mentally, from their condition of disease and treatment. Furthermore, it allows them to recover, at least in part, autonomy and freedom in how they decide to spend their time, helping them in the process of regaining control of their lives damaged by the disease. Finally, studies have shown that patients' hospitalisation experience has a strong correlation with long-term health outcomes (for a review, Ford et al. 2023). Therefore, an improvement in the quality of hospital stays can have long-term effects in the patients' health journey.

Institutions and hospital staff, unfortunately, often seem to lack the resources, time, or specialised training necessary to take care of the overall well-being of the patients. The presence of non-profit organisations, such as MediCinema, often supported by former patients or family members who are familiar with the experience of illness and hospitalisation—while also informed by the abundant research on therapy through artistic and leisure activities—represent valuable allies in this effort to provide holistic health care to all.

3.4. Video Games

The introduction of digital technologies in the field of art, communication, and entertainment has represented a sort of Copernican revolution. For the first time, the audience and public of a visual/narrative art form acquired the faculties and prerogatives—or at least part of them—of its creator. Fictional worlds in a digital environment, such as those of video games and computer programmes, as a matter of fact, can be influenced and changed by users' choices and actions. The new, vast possibilities of virtual interaction offered by computers, video games, virtual reality environments, and other digital media were soon also applied in the therapeutic field, where they are increasingly gaining influence.

One of the medical fields in which video games have found the fastest and most promising application is that of motor and cognitive rehabilitation, in particular for

people with deficits resulting from spinal cord injury or stroke, as described by the study by Aimee L. Betker and colleagues, entitled *Game-based exercises for the rehabilitation of dynamic seated balance of persons with spinal cord injury and chronic traumatic brain injury* (2007). Patients who suffered damages in their capacities of balance control usually struggle to regain lost motor abilities. Restoring and maintaining dynamic independent balance in a sitting position—such as on a wheelchair—are priorities for those patients, whose quality of life strongly relies on the possibility of independent control of their bodies, or parts of them. Poor balance in a seated position, in fact, increases fear, risk of falling, and mobility limitations, creating greater patient dependency in daily activities and negatively influencing self-confidence and relationships with other people (Betker et al. 2007, p. 1390). To reduce such negative effects, it is important that patients are provided with goal-oriented and task-specific training. However, as highlighted by Betker and colleagues:

One problem with task-specific treatment approaches [...] is maintaining people's interest in performing repetitive tasks and ensuring that they complete the treatment program. A lack of interest or a short attention span also can impair the potential effectiveness of therapeutic exercises. Conversely, the use of rewarding activities has been shown to improve people's motivation to practice. [...] Biofeedback, in which a biological signal is recorded and presented to people, has long been used clinically to create and strengthen the awareness of a given task or performance. (*Ibidem*)

New and promising methods for applying biofeedback to rehabilitation include virtual reality and video games. Betker and colleagues, in particular, developed three interactive video game-based exercises controlled by the use of centre-of-pressure (COP) signal biofeedback. The COP is “[...] the point at which the total force (the ground reaction force, GRF) acting on a person's foot or feet is concentrated, and it is a crucial factor in maintaining stability and preventing falls” (Physiopedia, n.d.). The aim of the study was to analyse the effects of exercises based on video games controlled by the COP in order to improve dynamic sitting balance in people with central nervous system lesions. The authors hypothesised that the inclusion of motivational and functional play could increase people's desire to perform the exercises, and thus lead to

an improvement in dynamic balance control abilities (Betker et al. 2007, p. 1390). More in detail, in one of the games users had to shift their weight to make a container move in order to 'catch' an object. In another the goal was to select two matching cards by shifting the weight to move the centre of pressure indicator on the screen. In the third video game, users had to pop the balloons that appeared in random positions on the screen (Ivi, p. 1391). It is interesting to notice that all three of them—and, in general, all kinds of games—presented the characteristics of a fictional narrative: chrono-causal sequence of events, a meaningful goal to be achieved, and immersion in a fictional world. Immersion in a game, on the other hand, is of peculiar nature, as it makes the audience not so much as a neutral, detached observer of the story—as, for example, in most literary works or films—but as a character interacting with other characters and directly influencing the story, with a certain degree of freedom of choice established by the creator of the fictional world.

Each participant in the study completed twelve exercise sessions lasting 30-45 minutes, two to three times per week. To test the effect of the video-game based exercises, the participants were asked to answer a questionnaire after the exercises and to perform six tasks of balance and postural stability before and after the exercises. The results of the questionnaire were significantly positive, as all patients declared that they had enjoyed the video game therapy, preferring it to the exercise programs they had performed in the past. Clear improvements were also found following stability measurements performed after the video game intervention (Ivi, p. 1395). Betker and colleagues' video games, then, offered an interactive and safe environment to train movements of various degrees of amplitude and precision, helping the user to maintain balance on the centre of pressure. The digital tool, moreover, allows to adapt the training experience to each patient's needs, preparing them to interact and deal with more dynamic environmental conditions in daily life. A central observation in this study, finally, was that interactive play intervention can motivate patients with spinal and brain injuries to engage in dynamic movement activities and that such engagement, with the right guidance and constant practice, can lead the spinal cord to establish new neural associations to compensate for the consequences of injuries, thanks to the already mentioned capacity of the brain to adapt to new inner and outer conditions, the so-called neuroplasticity (Ivi, p. 1396).

Along with providing an immersive and entertaining environment to foster adherence and efficacy of rehabilitation programmes, video games can also be a useful tool for psychological therapeutic purposes, precisely by virtue of their ability to transport the user into a fictional world in which cognitive defence barriers are reduced and experiential learning of different emotional and social skills is stimulated. This is the case with therapy addressing nighttime fears during childhood, as described by Ching-Chih Hsu and Wen-Huei Chou in their article *Prototype Design of Alleviating Children's Nighttime Fears Using Digital Game* (2021). Nighttime fears are a common type of childhood fear that can be related to potentially frightening objects or situations. Things children are most afraid of include, for example, burglars and kidnappers, imaginary creatures—such as ghosts, monsters, and witches—nightmares, environmental threats—such as darkness, earthquakes, storms, and strange sounds—insects and animals, and frightening thoughts—such as thoughts about one's death or the death of a family member (Hsu & Chou 2021, p. 173). Those fears usually decrease as children grow older, but, if they persist, they can have negative physical and psychological consequences that call for specific interventions. Hsu and Chou wanted to design a video game for mobile devices to help children face and alleviate nighttime fears. To reach such a goal, a focus group was set up with seven parents to collect data on their children's nighttime fears. Then, the authors created a project for a conceptual video game based on the results of the focus group and of questionnaires administered to children. The video game narrative method adopted by Hsu and Chou proposed an approach of indirect assistance to children, allowing them to fictionally face the origin of their fears in a safe way, in order to avoid excessive traumas and develop new coping skills. Playing games appears to be an innate skill that all children possess and that can teach them how to effectively control their emotions and behaviours, while stimulating critical thinking and the ability to adapt to new environments (Hsu & Chou 2021, p. 173). The adoption of a reward mechanism typical of games and video games, in particular, facilitates children's participation in the process, in a similar way as for physical rehabilitation, as discussed above. More in detail, Hsu and Chou designed a video game where the protagonist showed similar age and characteristics to the players and had to face their same fears—mainly separation from parents, death and fear of intruders and imaginary creatures. A video game aiming at helping children cope with

such fears should shift the emotional reaction from anxiety and negative thoughts to more positive outcomes, by allowing the players to “examine these fears from a different perspective, using positive mental behaviours to alter negative thoughts” (Ivi, p. 177). The results of the focus group and the survey organised by the authors of the study showed that parents and children apply a number of useful methods to cope with nighttime fears. Such coping mechanisms, the authors suggested, should be introduced into game processes as well, so that players can indirectly learn new mechanisms and subsequently apply them in real life. As recognised by Simonetta Gentile, scientific director of Childrenitalia, a scientific research project for children with neuropsychological and developmental disorders and their families:

Il videogioco [...] permette al bambino di migliorare i processi carenti, quindi l’attenzione, la concentrazione e anche l’auto-consapevolezza. Troppo spesso però i bambini vengono lasciati soli nell’utilizzo di queste tecnologie ma, se seguiti dai genitori e da un terapeuta, tali strumenti possono diventare molto utili per la crescita del bambino e per la capacità del genitore di conoscere le funzioni positive e le potenzialità del proprio figlio.¹⁵ (Childrenitalia 2020)

After the creation of the video game prototype following the children and parents’ indications, a new study was conducted to test its effectiveness (Chou et al. 2022). The results of the study showed that children in the experimental group who played the video game experienced, in general, a significant reduction of levels of fear towards the frightening objects represented in the game (Ivi, p. 16). Such results encourage investment in research and application of video games in a therapeutic context, given their possibility of translating skills and information acquired while playing from the Secondary World of the game to the Primary World—using Tolkien’s terminology—of the players’ social and environmental relationships. Therapists and counsellors engaging with narrative ideas and practices, in particular, can harness the potential of video games to help clients “explore alternate stories for themselves. They can explore the consequences of their actions via RPG’s [role-playing games] and can then process

¹⁵ “The video game [...] allows the child to improve deficient processes, such as attention, concentration, and also self-awareness. Too often, however, children are left alone when using these technologies, but, if accompanied by parents and a therapist, these tools can become very useful for the child’s growth and for the parent’s ability to know the child’s positive functions and full potential”. (My translation).

these with the therapist in session” (Franco 2016, p. 1).

3.5. *Virtual Reality*

A superior level of immersion offered by modern digital technologies can be reached today through virtual reality (VR) devices, capable, as the name indicates, of transporting the user into an alternative, digital-based reality, with all the consequences, potentially positive or negative, that this entails.

Virtual realities are computer-generated environments that can be manipulated to provide the user with a wide range of immersive, compelling, and vivid multimodal experiences (Leemhuis et al. 2021). Defining VR, on the other hand, is not an easy task. Each technology is, in fact, not an isolated unit that appears in the history of humanity out of nowhere, or thanks to a single stroke of genius, but the result of a usually long process made of attempts, improvements, but also periods of stasis followed by periods of rapid change. Along this process, many people gave their contributions and their own personal definitions of the part of the story they have most influenced. The result is a sort of continuum in the developmental path of the new technology, but with valleys and peaks, in correspondence to the moments of major public and scientific interest towards it. The case of VR is perhaps even more difficult to disentangle, as we are dealing not with a single device with a specific use, but with a whole technological, digital, and perceptive environment, a whole set of technological apparatuses, some of them firstly developed in different fields and for different purposes, which were later combined to fulfil a human desire that, on the other hand, dates back to the dawn of time: namely, creating and inhabiting a new world out of one’s own imagination. According to the Encyclopedia Britannica, VR is

[...] the use of computer modelling and simulation that enables a person to interact with an artificial three-dimensional (3-D) visual or other sensory environment. VR applications immerse the user in a computer-generated environment that simulates reality through the use of interactive devices, which send and receive information and are worn as goggles, headsets, gloves, or body suits. (Lowood 2023)

VR scholars generally identify three main features that distinguish VR from a normal computer-generated environment: immersion, presence, and interaction. These are

concepts that we have already found in the discourse about other narrative and artistic forms, but can be differently declined in the new technological and mediatic context. In VR scholarship, in particular, immersion can be defined as the

[...] user's engagement with a VR (virtual reality system) that results with being in a flow state. Immersion to VR systems mainly depends on sensory immersion, which is defined as "the degree to which the range of sensory channel is engaged by the virtual simulation" (Kim and Biocca 2018) (Berkman & Akan 2019, Presence and Immersion in Virtual Reality).

Presence, on the other hand, is defined as:

[...] one's sense of being in the virtual world. The illusion is perceptual but not cognitive, as the perceptual system identifies the events and objects and the brain-body system automatically reacts to the changes in the environment, while cognitive system slowly responds with a conclusion of what the person experiences is an illusion (Slater 2018). (*Ibidem*).

The difference between immersion and presence, therefore, is that immersion stands for the level of sensory fidelity provided by the VR system from an objective point of view (Slater 2003, p. 1), it is the technology-related, objective aspect of a virtual environment. Presence, on the other hand, is a subjective feeling, it is the "psychological, perceptual and cognitive consequence of immersion. Presence is thought of as the psychological perception of 'being in' or 'existing in' the VE [virtual environment] in which one is immersed" (Mestre & Vercher 2011). Thus, whereas immersion is a technology-related, objective aspect of virtual reality experiences, presence is a psychological, perceptual and cognitive consequence of immersion. As explained by Mel Slater:

When you are present your perceptual, vestibular, proprioceptive, and autonomic nervous systems are activated in a way similar to that of real life in similar situations. Even though cognitively you know that you are not in the real life situation, you will tend to behave as if you were, and have similar thoughts (even though you may dismiss those thoughts as fantasy). (Ivi, p. 2).

In this ‘as if’ condition we can find echoes of Gallese and colleagues’ research on embodied simulation (analysed in Chapter III), which allows for deep, sensory-motor, and affective comprehension of other people’s behaviour, of language, and narrative experiences. A central element to produce both immersion and presence in VR, moreover, is the level of interaction with the virtual environment and the digital elements populating it, which can be achieved in different ways, more or less fluid and natural for the user, such as with the gaze, with a controller, or with the hands. Following Hornbæk and Oulasvirta (2017), we may consider interaction as the relationship between:

[...] two entities that determine each other’s behavior over time. In HCI [Human-Computer Interaction], the entities are computers [...] and humans [...]. Their mutual determination can be of many types, including statistical, mechanical, and structural. But their causal relationship is teleologically determined: Users, with their goals and pursuits, are the ultimate metric of interaction. (Hornbæk & Oulasvirta 2017, p. 5049)

VR, then, involves one or—more often—many creators of an alternative world and an audience that is, at the same time, inhabitant and co-creator of that world, as it actively contributes to its shape and events, and orders its parts in a meaningful and teleologically oriented way through interaction. VR embraces multiple technological, psychological, philosophical, and social areas and represents a most powerful set of possibilities available to our age, but also, predictably, a potential source of challenges and risks.

Thanks to its adaptability, VR technology is increasingly drawing the attention of healthcare professionals, who are testing its use for the treatment of many mental and physical conditions. Example of the latter is the introduction of VR activities for rehabilitation after different kinds of musculoskeletal impairments (Rose et al. 2018). Indeed, regardless of the user’s location and health conditions, VR provides an interactive, multidimensional, and multisensory simulated environment partially comparable with embodied real-life experiences (Leemhuis et al. 2021, p. 1). Including VR in therapy increases user motivation and engagement and improves treatment

adherence, especially when rehabilitation programs require repetitive movements or extensive protocols (*Ibidem*), in a similar and even superior way to what is achieved with the use of video games. VR as well, therefore, appears to be a promising tool for clinical rehabilitation.

To test the potential of VR for therapeutic purposes also on a psychological level, Nicola Abraham of the Royal Central School of Speech and Drama at the University of London carried out a study described in the article *Wonder VR: Interactive Storytelling through VR 360 Video with NHS Patients Living with Dementia* (2020). This study promoted the creation of VR videos tailored to the wishes and needs of elderly patients with dementia hospitalised for other conditions, such as strokes, infections, and schizophrenia. Based on a completely patient-centred approach, immersive experiences were created on various levels, including multisensory ones, through which patients experienced moments of refreshment, quiet, wonder and the memory of happy past events, such as, for example, walks in familiar places or activities they were passionate about. The author's goal was to improve the quality of the patients' experience in the hospital, but also to promote a new vision of ageing, no longer to be considered as a social and economic cost, but as a potentially creative and enhancing phase of life (Abraham 2020). In this sense, Abraham's project offered patients an opportunity to desire and imagine themselves in a fictional space they are fond of, while stimulating their creative and narrative skills. The emphasis was not solely on memories, but also on the wishes and creative ideas expressed by patients, resulting in a playful approach that challenges dominant notions of ageing in contemporary Western society (Ivi, p. 479). Great attention, on the other hand, has been paid by the author and her collaborators to the creation of VR experiences, as they can be risky for patients, who could be traumatised by abrupt passages from one environment to another and need constant support to benefit the most from the virtual journeys. Speaking of the potential of VR in therapeutic programmes—and especially for the elderly—Jaron Lanier, one of the pioneers of the field, observed that VR is “the digital medium that fights the hardest against time” and can be considered “a generalized tool for cognitive enhancement” (Lanier 2018, pp. 174, 220), as it offers the possibility for the user to experience the sensation of reliving a past associated with happy feelings or a desired future in a virtual space created within the present. In this

sense, VR can be considered the technology that best simulates the mimetic and time-travelling mental processes described by Armstrong, as seen in Chapter III.

The results of Abraham's project appeared particularly promising as, after participating in the VR experiences, the elderly patients appeared "happier, less agitated, and mentally stimulated to continue their stay in acute hospital settings" (Abraham 2020, p. 489). Such an outcome appears to be of great importance, given the progressive ageing of the world population, especially in Western countries, which leads to more frequent hospitalizations and greater use of resources by the healthcare systems. Physical problems caused by ageing, in fact, go hand in hand with mental ones, sometimes unintentionally exacerbated by hospitalisation itself. As observed by Abraham, for example, a 2018 report by the Royal College of Psychiatrists found that up to 60% of people aged 65 and over in UK hospitals developed a mental health disorder while admitted, in particular depression, which often goes undiagnosed, causing delays in rehabilitation and discharge (Royal College of Psychiatrists 2018, as in Abraham 2020, p. 475). Supporting the autonomy and well-being of elderly patients with dementia in hospital settings is, on the other hand, a complex task. Patients in such conditions, in fact, may not respond or be disturbed by clinical interventions and medical personnel, with a consequent worsening in their level of well-being and quality of life. Furthermore, the autonomy offered in a hospital context is necessarily limited. All this increases the need to develop non-medical approaches to enable patients to assert their agency, which is fundamental for mental and physical health (*Ibidem*).

Due to its focus on personalisation, on the other hand, Abraham's study does not intend to offer a model of how to create VR videos for all patients with dementia, which is a pathology experienced in different ways, and which, therefore, does not allow for a universally valid intervention. Accordingly, the contribution of an applied theatre facilitator in the study was essential to know each patient better, using gentle storytelling approaches to find out what the patients would like to see in their personalised VR videos, involving all of them unconditionally, also in cases when they had difficulties in communicating or remembering past places or events (Ivi, p. 478). This approach counters a form of relationship with people with dementia that devalues, dehumanises, and diminishes them, failing to recognise them as human beings worthy of respect and care, while ignoring, infantilising, or objectivising them (Smebye &

Kirkevold 2013, p. 2). We will see in Chapter VI how the tendency of depersonalising people with dementia or other memory or cognitive issues has been also linked to ‘strong’ narrative conception of identity, and, therefore, criticised by many voices.

If the WHO goals for ageing are to be achieved, it is necessary to find new ways to improve patients’ well-being at all ages and in all psycho-physical conditions, offering moments of wonder that can help, even if temporarily, to experience relief from the feeling of uncertainty caused by illness and hospitalisation. In this context, immersive VR videos appear to be a useful tool to elicit joy and delight in the users. The necessity of personalisation in the creation of the VR experiences offered to patients to achieve such desired therapeutic outcomes is especially stressed by Abraham, in a similar way to what regards the choice of the most effective book for a bibliotherapeutic programme:

The immersive qualities or properties of the VR experience can facilitate presence but are not sufficient for presence to occur. In essence, presence in VR is about the internal psychological state of the VR user rather than the characteristics of the VR technology [...] So, a VR experience may be immersive for one person but not for another, based on the presence of the person, which is individual and subjective. (Evans 2019, p. 50, as in Abraham 2020, p. 482)

Ultimately, Abraham’s project embodied and implemented person-centred strategies for responding to patients’ creative ideas that could have lacked opportunities to emerge otherwise.

Despite the potential benefits of using VR in clinical practice, however, limitations and risks are also relevant, requiring further research to understand and overcome them properly. Unresolved issues include, for example, side effects—such as headache and nausea during VR experience, the so-called ‘cybersickness’—and problems arising from the use of devices not specifically designed for therapeutic purposes. Other limitations are represented by the cost and training of new professional figures into a transdisciplinary healthcare system (Leehmuis et al. 2021, pp. 5-6). Finally, it is also crucial to address the ethical issues concerning the use of VR. In a 2020 article entitled *The Ethics of Realism in Virtual and Augmented Reality*, Mel Slater and colleagues reviewed the main ones. As the authors highlights, risks and

opportunities go hand in hand:

The golden rule of reciprocity (“treat others as you would have them treat you”) is present in most philosophical traditions and religions, and can be thought of as a fundamental human moral imperative. The first and most positive aspect of virtual reality (VR) is that it is possible to give people the experience of the golden rule in operation. For example, VR can place people virtually in the body of another, such that an “ingroup” member can temporarily occupy the body and position of an “outgroup” member [...]. (Slater et al. 2020)

Possible risks for users of VR include, along with motion sickness and physical harm during the virtual experience, information overload, excessive intensification of an experience, cognitive, emotional, and behavioural disturbances after re-entry into the real world, and the tendency of prioritising the virtual world over the real one, leading to social isolation and body neglect (Ivi, p. 3). Vulnerable populations, such as the elderly, children, and hospitalised patients, can be even more in danger of such negative side-effects. It is important, therefore, to strengthen research on the many effects of VR on both body and mind if its role as a non-invasive therapeutic tool wants to be further expanded. Such research, as we have seen, cannot be separated from a careful consideration of human narrative mental structures and individual narrative resources and needs.

4. Summary

In this chapter we have got acquainted with a selection of the innumerable practical applications of fictional, narrative, and aesthetic experiences for therapeutic purposes. We have seen how bibliotherapy can support transportation in literary and fictional works to stimulate discussion, attitude and behavioural change regarding important social and personal issues such as bullying, health education, and bereavement. We have analysed, then, the uses of bibliotherapy and shared reading in medical institutions to improve patients’ mental and physical well-being in conditions of anxiety and pain. Furthermore, we have appreciated how the visual element of comics and other art forms can represent an effective additional dimension to favour positive behavioural changes, such as those necessary to maintain a healthy lifestyle and to overcome traumatic

experiences, as in the cases of war veterans, through stimulation of both narrative and non-narrative mental structures. The creativity and personal expression made possible by art therapy, in fact, allow users to immerse themselves in their own inner world, made of narrative fragments, feelings, thoughts, and memories, exploring parts of it that were kept hidden by traumatic experiences, and obtaining new awareness and cathartic liberation, especially when supported by a therapist who accompany them in a process of re-figuration of their sometimes self-harming life narratives. What I suggest here is that both narrative and non-narrative dynamics can be successfully activated in the therapeutic process, the former to organise and make sense of the second, which, on the other hand, can provide those atemporal and—as I called it—epiphanic insights that may elude narrative figuration—in Armstrong’s sense. Finally, increasingly immersive technologies and narrative forms, such as cinema, video games, and virtual reality are proving to be useful tools to facilitate the recovery path of patients suffering from various pathologies and conditions, supporting the reformulation of damaged or inactive neural networks, but also offering opportunities for true relaxation, wonder, escape, and entertainment, allowing to imagine different worlds, free from the tyranny of pain and fear from which it is easy to be overwhelmed in the event of physical or psychological illness.

Much more could be said about it, and much more could be seen from the ‘window of applications’ to which this chapter has been dedicated. My hope is to have provided at least a glimpse of that network of theoretical and practical similarities that unites art and narrative therapies of different kinds and in different contexts. Such a networks, often overlooked, can become, in my opinion, opportunity for cross-fertilisation and enrichment, showing the enormous potential of collaboration between the arts, humanities, technologies, and medical sciences, but also between professionals, and, above all, people who can join forces beyond the institutional barriers to support those who suffer with ever greater energy, creativity, and resources.

Chapter V. The ‘Window of Applications’: Narrative Medicine and Narrative Therapy

It is thought that the word *vrach*, for medical doctor, comes from the word *vрати*, which means *to say an incantation*. This similarity supposes that words—words as such, no matter what they meant—played an essential role in the medical treatment process. [...]

Doctors spoke. They knew certain methods for treating ailments, but they did not pass up opportunities to address disease directly. [...]

Patients spoke. In the absence of diagnostic technology, patients needed to describe, in detail, everything occurring within their ailing bodies. Sometimes they thought the illness left them, bit by bit, along with their unhurried, pain-steeped words. They could speak only with their doctor about all the details of their illnesses, and this made them feel better.

The patient’s relatives spoke. [...]

This made them feel better, too.

—Eugene Vodolazkin, *Laurus*

1. Introduction

As we have seen in the previous chapters, research on the nature and dynamics of narratives—both from the perspective of the humanities and of the empirical sciences—and the use of narrative forms to support well-being and personal development in a more or less conscious and systematic way proceeded independently and intersected at the same time, influencing each other. Recently—and spurred by the results of the narrative applications analysed in Chapter IV—many attempts have been made to build scientifically acceptable medical and therapeutic frameworks based on the soundest principles of narrative theory. In this chapter, I will focus on two of them: one that advocates for the inclusion of narrative knowledge in medical education and doctor-patient communication—narrative medicine—the other that recognises the fundamental role of narration of the self and exploration of one’s own life narratives for mental health—narrative therapy, especially in its narrative exposure therapy form.

2. *Narrative Medicine*

Philosophers, literary theorists, sociologists, but also neuroscientists and psychologists have affirmed with increasing confidence that storytelling and related notions such as narrativity and narrative competence are essential for understanding personal lives and identities, the role of ethical values, and the meaning and experience of human suffering. In light of these assumptions, it is not difficult to understand why storytelling and narrativity have drawn the attention of many of those scholars and clinicians who are seeking to reform medicine in order to contribute to its capacity to achieve its primary goal: reducing suffering in all its forms and improving the patient's well-being.

It is in this context that physician and literary scholar Rita Charon developed her narrative medicine programme. Narrative-based medicine (NBM) is a medical approach, a clinical-assistance intervention methodology that promotes the use of specific narrative and communication skills to stimulate patients to narrate themselves and their own experiences. Moving from an empathic acknowledgement and interpretation of the patients' life narratives, the goal of narrative medicine is to improve clinical practice effectiveness by building a personalised and shared treatment path, thus promoting the physical and mental well-being of the patient, but also to encourage creativity and self-reflection in healthcare professionals, supporting their mission (Charon 2001). Like patient-centred medicine, the need for narrative-based medicine arose in reaction to the limitations of the strictly biomedical model, recognizing the importance for every human being to tell and to 'be told', to receive a testimony that their life stories matter, and that they can be a source of insights and empathic support, resulting—in case of illness—in more humane, ethical, and effective care. Until the 1950s, in fact, Western medicine was largely characterised by the rigid application of the so-called biomedical model, which considered health as the simple absence of pain or biological disease. Psychiatrist George L. Engel (1913-1999), then, introduced the biopsychosocial model, according to which the state of disease is the result of the interaction between biological, psychological and social factors; this model emphasised the role of the subjective dimension of each patient, paving the way for the distinction between three constitutive aspects of the concept of 'disease': disease, illness and sickness (see for ex. Hofmann 2002). According to this distinction, 'disease' refers to the biomedical unfavourable condition, caused, for example, by an organic

lesion or an attack by external agents, which can reduce physical capacities or life expectancy and can be measured through a series of objective parameters of a physical-chemical nature. 'Illness', on the other hand, refers to the subjective experience of feeling unhealthy, based on individual perception of discomfort and inadequacy. Experience of illness can be directly accessed only by the interested subject, while for other people it is always culturally mediated—usually through a narrative of some form or through another expressive medium—since no direct conscious access to someone else's corporeal experience is possible. The difference between disease and illness was famously summarised by Leon Eisenberg as follows: "patients suffer 'illnesses'; doctors diagnose and treat 'diseases'"; and he went on explaining: "illnesses are *experiences* of disvalued changes in states of being and in social function; diseases, in the scientific paradigm of modern medicine, are *abnormalities* in the structure and *function* of body organs and systems" (Eisenberg 1977, p. 11). Predictably, then, the personal experience of illness and the medical classification of the disease differ in terms of language and metaphors used to describe them, so that sometimes they may give rise to disagreements and misunderstanding (Bülow 2003, p. 18). 'Sickness', finally, refers to the social experience of illness, the way the social and cultural context influence the patients' perception of illness and determine their social rights and obligations. Sickness may be considered the point of view of the community, which attributes specific connotations to the sick person. While the disease in the strict sense has an extremely individual character, in fact, its subjective experience inevitably has social repercussions, as individuals interact over time with the physical and social environment. To summarise, in a 'typical' condition of perceived lack of health people feel a disruption in their condition of psycho-physical equilibrium (illness), the medical institution diagnose and certifies a specific condition (disease), and society gives the sufferers the social label of temporary or chronic impairment (sickness). In this sense, we can state that: recognition, narration, and acceptance of illness allow patients to make sense of their discomfort; recognition, narration, and acceptance of disease allow them access to medical treatment; and recognition, narration, and acceptance of sickness modify their social role, for example by freeing them from some social duties and giving them right, if necessary, to material assistance, but also imposing on them some obligations, such as movement

limitations—as we have seen in the context of the recent COVID-19 pandemic. Among these dimensions, on the other hand, different types of connections can be created, and disease, illness, and sickness can be variably present in an individual at any given time. Biological disease, psychological distress, and social condition, in fact, find specific and different management in each individual and in different populations. This perspective allows us to move from a mainly biochemical concept of health and disease to one in which the individuals and their relationships are at the centre of the treatment process, and the attention to the quality of care provided to the patient can be broadened to include the concept of overall quality of life. Recent methods of assessment of the quality of life—a particularly multifaceted concept, as we have seen in Chapter IV—have allowed us to measure seemingly abstract entities—such as well-being, satisfaction, or anxiety—with a high level of reliability, reproducibility, and predictability. Using these tools is fundamental to understand what the impact of both the pathology and the cure can be, not only from the clinical and biological point of view, but also of the patients’ subjective and social experience, with important repercussions regarding clinical decision-making and the possibility of active involvement of the individual in the therapeutic path. It is thus becoming clear that the tools of evidence-based medicine, certainly indispensable, are often not sufficient to cope in the best possible way with the repercussions of the disease on a psychological and social level. It is necessary, therefore, to adopt a transdisciplinary medical model, in which each patient’s unique experience is recognised and appropriately addressed. The tools of narrative theory—as emerged from the narrative turns of the last decades—now appear important contributors for such an important and complex task.

Infusing the insights on human nature offered by narrative processes—especially literary ones—within the traditional Western model of clinical practice and doctor-patient communication, Rita Charon developed, as anticipated, her model of ‘narrative medicine’, which she defined as: “clinical practice fortified by narrative competence—the capacity to recognize, absorb, metabolize, interpret, and be moved by stories of illness” (Charon 2007, p. 1265). In her seminal work *Narrative Medicine: Honouring the Stories of Illness* (2006), Charon explains the reasons that led her to promote a reform of the medical approach based on narrative theories and principles:

Medicine has grown significantly in its ability to diagnose and treat biological disease. [...] But despite such impressive technical progress, doctors often lack the human capacities to recognize the plights of their patients, to extend empathy toward those who suffer, and to join honestly and courageously with patients in their struggles toward recovery, with chronic illness, or in facing death. Patients lament that their doctors don't listen to them or that they seem indifferent to their suffering. (Charon 2006, p. 3)

Moreover:

A scientifically competent medicine alone cannot help a patient grapple with the loss of health and find meaning in illness and dying. Along with their growing scientific expertise, doctors need the expertise to listen to their patients, to understand as best they can the ordeals of illness, to honor the meanings of their patients' narratives of illness, and to be moved by what they behold so that they can act on their patients' behalf. (*Ibidem*)

To truly understand suffering and be clinically helpful, therefore, Charon suggests that narrative medicine should be practised, which means adopting a:

[...] medicine practiced with these narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness. As a new frame for health care, narrative medicine offers the hope that our health care system, now broken in many ways, can become more effective than it has been in treating disease by recognizing and respecting those afflicted with it and in nourishing those who care for the sick. (Ivi, p. 4).

As we can glimpse, narrative medicine emerges from the meeting and cross-fertilization between different schools of thought in psychology and medical education, such as medical humanities, patient-centred medicine, biopsychosocial medicine, holistic medicine, psychoanalysis, and the studies of psychoanalysts Enid and Michael Balint, inventors of the medical training technique later called 'Balint group' (Chu et al. 2020). In Balint groups, in particular, clinicians meet regularly with a psychiatrist or

psychoanalyst to discuss cases (Balint 1979). The exploration and development of interpersonal skills between clinicians and patients for therapeutic purposes is promoted, based on the idea that physicians and clinicians themselves are the most important ‘medications’ administered to the patient, and that the relationship between doctor and patient, sometimes the cause of misunderstandings and further pain, can instead become itself a healing tool. As beautifully expressed by Eugene Vodolazkin in his novel *Laurus*, quoted at the beginning of this chapter, words of patients, doctors, and even patients’ relatives “played an essential role in the medical treatment process” (Vodolazkin 2012/2015, p. 3) since the dawn of human civilization. Modern medicine, although it has made tremendous strides since then, should not forget those first insights on human health and recovery.

Narrative medicine, moreover, poses once again the thorny issue of the differences and contrasts between empirical sciences and humanities, while representing a form of reconciliation between the two. As Charon explains:

Unlike scientific knowledge or epidemiological knowledge, which tries to discover things about the natural world that are universally true or at least appear true to any observer, narrative knowledge enables one individual to understand particular events befalling another individual not as an instance of something that is universally true but as a singular and meaningful situation. Nonnarrative knowledge attempts to illuminate the universal by transcending the particular; narrative knowledge, by looking closely at individual human beings grappling with the conditions of life, attempts to illuminate the universals of the human condition by revealing the particular. (Charon 2006, p. 9)

More in detail, Charon stresses the close relationship between narrative processes and medicine by highlighting five narrative aspects that can be found in everyday clinical practice:

1. Temporality, that is, the centrality of the time factor, which is fundamental for both narratives—as we have extensively seen in Chapter III—and for the healing process, including its beginning and end moments, of a story and of life.
2. Singularity, that is, the ability to grasp what is unique, irreplicable, and subjective, which is typical of what Charon calls ‘narrative knowledge’, but also

essential to value each and every patient, empathise with them to understand their conditions properly, and act with them to improve their psycho-physical state.

3. Causality, another central feature of all narratives according to narratology. A narrative, in fact, is not the report of a sequence of separate episodes, but brings out cause-effect relationships. In a similar way, in medical practice stories are continually constructed in the form of diagnoses, which represent an attempt to connect and explain apparently unrelated facts.

4. Intersubjectivity, which manifests itself when two selves meet; a narrative, like a medical act, always creates a bond between at least two people, and the bond between two people, one might say, always creates narratives, as each relationship is an exchange of information, emotions, meanings, values, time and space references, which must receive a coherent mental refiguration if they want to be—fully or at least partially—comprehended.

5. Ethicality: both narrative and medical acts generate ethical visions that participants in the acts respond to. When someone receives someone else's life narrative, in particular, they are ethically responsible for it, they *know* it in the etymological sense of *holding* it, they have power over it, and they can use it in ethically different ways. Such knowledge can be used for good or bad, and healthcare professionals, who continuously receive life narratives that confirm, stimulate, and challenge their own ethicality, should learn how to react in the most appropriate way. Literary and narrative experiences, according to narrative medicine, can foster cognitive and affective abilities to do so. (Charon 2006)

The practical application of narrative medicine, finally, involves three activities or 'movements':

1. Attention: any attempt at treatment that really aims at reaching its goal begins by bearing witness to the patients' suffering, that is, by listening, paying attention to, and acknowledging their narratives. The state of attention is difficult to achieve, and requires emptying oneself to leave space for others to express their meanings (Ivi, p. 132). In a clinician-patient relationship, in particular, the first needs to recognise an autonomous and unique voice to the second. Through narrative training and practice, clinicians are called to listen and understand the patients' life narratives in a similar way as with literary texts, even if patients

often express them not only with words, but also gestures, facial expressions, ways of acting and behaving.

2. Representation: in the practice of narrative medicine, health professionals are invited to provide a representation of their experiences in ordinary prose, even without particular literary training or practice. This activity, closely linked to the state of attention, allows to 'extract value' from the stories heard, the work done, the people met during daily practice, in a similar way to what the artist does, drawing inspiration from reality to create new meaning and expression. It is precisely by giving a narrative shape to their professional experience, through words or visual tools, Charon asserts, that true attention to the patients and their stories can be achieved (Ivi, p. 137). A typical example of a tool for representation in narrative medicine practice is the Parallel Chart. While the traditional hospital chart contains descriptions of the patients' psycho-physical condition written in the most detached and objective way, using standardised medical terms and definitions, the Parallel Chart is a method

[...] of encouraging health care professionals and students to write, in nontechnical language, about what they witness about their patients experiences and what they themselves undergo in caring for the sick. They are asked to write that which does not belong in the hospital chart but must be written somewhere. (Ivi, p. 61)

Healthcare professionals can write in the parallel chart, for example, memories, thoughts, or emotions aroused by specific patients' experiences. The parallel chart, thus, becomes a form of reflective writing, which promotes self-expression and knowledge, but also clinical effectiveness: as Charon claims:

Through training in reading, in writing, in reflecting, in decoding these many gestures of life-writing, health professionals can readily become dutiful and powerful readers of their patients' illness narrative. [...] Through their own powers of reflection and clinical imagination, they can recognize the plights of patients sometimes more clearly than can the patients. They can then, with deep empathy, name the suffering they see, offer themselves humbly as one who

recognizes, who listens, and who cares. (Ivi, p. 103)

3. Affiliation: through attention to the patients' narratives and representation of new medical configurations, a new type of relationship between health professionals and patients—and among clinicians themselves—can develop. This can produce a new form of common action, where it is not the patient or clinician alone that bears the whole burden of illness and care, but communities of care are formed, including “mentoring communities with students, individual partnerships with patients, professional collectives with colleagues, and community networks with members of the lay public” (Ivi, pp. 150-151).

Interestingly, Charon herself draws a parallel between these three movements of narrative medicine practice and Ricœur's three stages of mimesis₁, mimesis₂, and mimesis₃, and, consequently, Armstrong's prefiguration, configuration, and transfiguration/refiguration processes that transform experiences into narrative patterns (Armstrong 2020, p. 28). Mimesis₁, in fact, presupposes attention to the world in order to extract meaning from it; mimesis₂ refers to the creative action of representing experiences—such as illness—into narratives; and mimesis₃ is the point of conjunction between the world of the narrative and the world of the hearer or listener—in the case of narrative medicine, the healthcare professional—who can be influenced and even transformed by it, thanks to the new knowledge and insights gained through the narrative practice based on attentive experience of the patients' world (Charon 2006, pp. 137-138). It is important to notice that, as readers and listeners may be negatively influenced, disturbed, or distressed by literary narratives, so healthcare professionals exposing themselves to patients' narratives can develop forms of anxiety, depression, or even secondary trauma, defined as the “transfer and acquisition of negative affective and dysfunctional cognitive states due to prolonged and extended contact with others [...] who have been traumatized” (Motta 2008, p. 291). This is the reason why narrative medicine training is so important, as it provides both the theoretical and practical tools to understand and handle the narratives of illness—also called ‘pathographies’—while minimising the risk of secondary traumatisation. Narrating one's own suffering, in conclusion, increasingly appears to be an essential component of the therapeutic path towards healing or, when not possible, acceptance, as it enables “patients to give voice

to what they endure and to frame the illness so as to escape dominion by it. [...] without these narrative acts, the patient cannot himself or herself grasp what the events of illness mean” (Charon 2006, pp. 65-66). Narrative medicine openly recognises this truth, while giving clinicians the necessary tools to deal with it and to improve the medical experience for all.

3. *Narrative Therapy*

While narrative medicine is a methodology for medical practice and education mostly concerned with the use of narrative tools to complement and support medical practice in achieving its goals of treating a disease—while also addressing its subjective experience (illness) and its social dimension (sickness)—there are psychological conditions for which narration may represent the very core of treatment. This is the reason why narrative therapy in all its declinations has achieved a prominent role among mental health treatments.

Narrative therapy in its modern form was developed in the 1980’s by Michael White (1946-2008) and David Epston, first within the field of family therapy (White & Epston 1990). At the base of narrative therapy there is a conception of human beings as interpreting beings, who actively interpret their own life experiences, attributing meanings to events and problems; such meanings, then, would influence individual behaviours, choices, and actions in the world (White 1995, p. 13). Interpretations of experiences, White proposes, are not possible without the employment of stories, which constitute frames of intelligibility that shape human lives (*Ibidem*). Recognising the fundamental role of narratives, on the other hand, does not involve accepting a perspectivist and morally relativist view of the world, as White himself states:

If we assume that our lives are constituted through narrative, it really is not possible for us to take the position that “one story is as good as another”. Moral relativism is ruled out. Instead, we will be making it our business to attend to the real effects of those stories that constitute persons’ lives. (Ivi, p. 14)

What emerges from this view of humans as interpreting beings who shape their own experience of life and presence in the world through stories is a form of therapy that recognises the value of narratives for mental health, and helps to refigure them when

they become oppressive or closed to positive development and adaptation to new life circumstances. Therapies of this kind fall under the name of ‘narrative therapies’. As well summarised by the Narrative Therapy Centre of Ajax (Ontario), a narrative therapy can be defined as a

[...] collaborative and non-pathologizing approach to counselling and community work which centres people as the experts of their own lives. A narrative approach views problems as separate from people and assumes people as having many skills, abilities, values, commitments, beliefs and competencies that will assist them to change their relationship with the problems influencing their lives. [...]

These stories both describe and shape people’s perspectives on their lives, histories and futures. Often by the time a person has come to therapy the stories they have for themselves and their lives have more often than not become completely dominated by problems. [...] (Narrative Therapy Centre, n. d.)

When someone’s identity stories are so absorbed by problematic visions of reality and life that become an obstacle and a burden to their preferred ways of living and interacting, narrative therapists intervene to help them resist

[...] the effects and influences of problem stories and deficit descriptions. In therapeutic conversations this involves listening and looking for clues to knowledges and skills that run counter to the problem-saturated story. Often to be discovered are what begin as thin traces to subordinated stories of intentions, hopes, commitments, values, desires and dreams. With curiosity and exploration these preferred stories and accounts of people’s lives can become thickened and richly described. (*Ibidem*)

Importantly, moreover, it is stressed that no single life story can coincide with someone’s identity and experience of life and that the therapist should accompany people in a process of co-discovering new, more positive story-lines:

[...] people’s lives and identities are seen as multi-storied versus single-storied. Moreover the focus is not on ‘experts’ solving problems. It is on people co-discovering through conversations, the hopeful, preferred, and previously unrecognized and hidden possibilities contained within themselves and unseen

story-lines. To this end, those interested in narrative practices collaborate with people in 're-authoring' the stories of their lives. (*Ibidem*)

Similarly, Donald E. Polkinghorne explains in his entry on Narrative Therapy in the *Encyclopedia of psychology* (2000) that the therapeutic process consists in the distancing from restrictive life stories and the creation of new ones that include all past events, but also desired and hoped for futures. In Polkinghorne's words:

Narratives select from the multitude of one's life actions and happenings and assign them meaning according to their contribution to their story's theme. In this way, people's narratives about their self provide their lives with a sense of continuity and congruence. The purpose of narrative therapy is to assist clients in becoming aware that often the source of the problem that motivates them to seek therapy is a restrictive self story. Through this awareness clients are able to distance themselves from their restrictive stories and, therefore, to issue forth revised stories that are able to accommodate the full range of their past life events and their preferred future designs. (Polkinghorne 2000, p. 387)

The use of multiple forms of narratives to face and overcome in a creative way the difficulties of life, on the other hand, is far from a recent discovery. Millennia before the development of the first selective serotonin reuptake inhibitors—among the most common medications prescribed for the treatment of post-traumatic stress disorder—humans resorted to storytelling and art to restore their cognitive and emotional resources and reinforce a vision of the world and of life worth living in. As keenly observed by Bruce D. Perry in his foreword to Cathy A. Malchiodi's *Creative Interventions with Traumatized Children* (2008):

Our ancestors had to learn to cope with trauma in order to survive; somehow traumatized people had to find ways to continue to sustain family, community, and culture and move forward. What did they do to cope with trauma? [...] Healing rituals from a wide range of geographically separate, culturally disconnected groups converge into a set of core elements related to adaptation and healing following trauma. These core elements include an overarching belief system—a rational, a belief, a reason for the pain, injury, loss; a retelling or reenactment of the

trauma in words, dance, or song; a set of somatosensory experiences—touch, the patterned repetitive movements of dance, and song—all provided in an intensely relational experience with family and clan participating in the ritual. (Malchiodi 2008, introduction by Perry, pp. x)

With the experience of generations after generations, then, traditional communities around the world unconsciously learned how to treat traumas, developing art and narrative-based healing practices that were able to

[...] create a total neurobiological experience influencing cortical, limbic, diencephalic, and brainstem systems (not unlike the pervasive neurobiological impact of trauma) [...].

These aboriginal healing practices are repetitive, rhythmic, relevant, relational, respectful, and rewarding; [...]The remarkable resonance of these practices with the neurobiology of trauma is not unexpected. These practices emerged because they worked. People felt better and functioned better, and the core elements of the healing process were reinforced and passed on. Cultures separated by time and space all converged on the same general approach. (Ivi, pp. x-xi)

These rituals, as explained by Perry, worked in the process of recovery from trauma because they were primary somatosensory experiences, whose patterned, repetitive, rhythmic, and meaningful nature stimulated neural activity in the same brain regions—such as the brainstem and midbrain—that the trauma altered. New therapies and medical approaches to the treatment of similar conditions, therefore, have much to learn from these ancient, prototypical forms of healing, while combining them with the most recent advances in biochemistry and neuroscience, which can reinforce them and give them a much-needed consistency.

For what concerns the practical application of the principles of narrative therapy, White identified some fundamental activities and attitudes that narrative therapists should engage in to successfully help clients ‘re-author’ their life stories:

- Adopt a collaborative co-authoring consultative position.
- Help clients view themselves as separate from their problems by externalizing the problem.

- Help clients pinpoint times in their lives when they were not oppressed by their problems by finding unique outcomes.
- Thicken clients descriptions of these unique outcomes by using landscape of action and landscape of consciousness questions.
- Link unique outcomes to other events in the past and extend the story into the future to form an alternative and preferred self-narrative in which the self is viewed as more powerful than the problem.
- Invite significant members of the persons social network to witness this new self-narrative.
- Document new knowledge and practices which support the new self-narrative using literary means.
- Let others who are trapped by similar oppressive narratives benefit from their new knowledge through bringing-it-back practices. (Carr 1998, p. 487)

These practices and attitudes, on the other hand, can be adopted in different ways, depending on the unique necessities and constitutive elements of each therapeutic path. To offer the most appropriate therapeutic tool to the largest possible number of different conditions and populations, many forms of therapies characterised by a narrative approach have been developed through time. I will analyse now one of the most extensively practised and studied among them: narrative exposure therapy (NET). After introducing NET and its neurological and even epigenetic foundations, I will review some cases of application of narrative therapies in traumatic contexts where recovery is more difficult: the experience of refugees, childhood sexual abuse, war, and the recent COVID-19 pandemic.

3.1. Narrative Exposure Therapy and Post-Traumatic Stress Disorder

In the words of one its creators, Maggie Schauer, narrative exposure therapy (NET) is “an evidence-based treatment for trauma spectrum disorders in adult and child survivors of multiple stressors with complex trauma histories” (Schauer 2015, p. 198). Given its focus, before analysing more in detail the characteristics and possible application of NET, it is necessary to understand what is a trauma and what consequences it can have. Among these consequences, there is the so-called post-traumatic stress disorder (PTSD), which we have already mentioned in the Chapter IV as one of the most serious

psycho-physical conditions that can be addressed with narrative or artistic forms of therapy.

The term ‘trauma’ comes from the Greek *traûma*, meaning ‘wound’ or ‘to pierce’ (Harper, n. d.). A trauma can have a physical and/or psychological nature. From a physical point of view, a common definition of ‘trauma’ is that of a serious physical injury or an injury experienced as very painful. From a psychological point of view, on the other hand, a trauma is an emotionally painful response to an overwhelming stimulus, upsetting factor, or impactful event capable of compromising the normal psychological functioning of the individual. Examples of such an extremely distressing stimulus include natural disasters, the death of a loved one, major accidents, terrorist acts, war, sexual violence, or other violent personal attacks (for a review of the concept of trauma see for ex. Jones & Cureton 2014). In some cases, mental and physical negative consequences of traumas—such as panic attacks and flashbulb memories—can be temporary, because progressively reduced through conscious or unconscious strategies of resilience and re-adaptation. In other cases, however, they do not subside with time and re-emerge regularly, seriously diminishing the traumatised person’s quality of life. The third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) published by the American Psychiatric Association (APA) coined a name for this condition: post-traumatic stress disorder (PTSD). PTSD is now defined as

[...] a psychiatric disorder that may occur in people who have experienced or witnessed a traumatic event, series of events or set of circumstances. An individual may experience this as emotionally or physically harmful or life-threatening and may affect mental, physical, social, and/or spiritual well-being. (APA 2022)

Symptoms of PTSD are various and may include:

[...] intense, disturbing thoughts and feelings related to their experience that last long after the traumatic event has ended. They may relive the event through flashbacks or nightmares; they may feel sadness, fear or anger; and they may feel detached or estranged from other people. People with PTSD may avoid situations

or people that remind them of the traumatic event, and they may have strong negative reactions to something as ordinary as a loud noise or an accidental touch. (*Ibidem*)

In order to be diagnosed with PTSD, people should present such symptoms for longer than a month after the traumatic event and be seriously affected by symptoms in their daily lives (*Ibidem*). The gravity of the disorder, moreover, can be exacerbated by the frequent concomitant presence of substance abuse, depressed mood, anxiety disorders, self-harm, impulsive, dangerous, or suicidal behaviour. PTSD is also associated with significant medical comorbidities, including chronic inflammation and pain, cardiometabolic disorders and increased risk of dementia (Lucidi & Di Muzio 2021, p. 101). Therefore, the total burden of the disease, in terms of disability and higher mortality rates, is extremely high. Currently, four interventions are ‘strongly recommended’ by APA for treating PTSD: cognitive behavioural therapy (CBT), cognitive processing therapy (CPT), cognitive therapy, and prolonged exposure. Other four treatments are ‘conditionally recommended’, as their outcomes may vary among subgroups, and additional research is needed: brief eclectic psychotherapy, eye movement desensitisation and reprocessing (EMDR) processing, narrative exposure therapy (NET), and pharmacological medications (APA 2020).

The effects of trauma on the person, on the other hand, do not depend exclusively on the characteristics of the traumatic event, but also on the subject’s ability to adapt to stress and cope with adversity (Levine 2005). Such complex and multifaceted ability is commonly called resilience. Resilience can be considered a process of progressive psychological and physiological adjustments that allow a better management of potentially traumatic experiences, and, therefore, a relatively stable, healthy level of psychophysical well-being after adversities (Bonanno 2008). Resilient individuals develop techniques and strategies that enable them to cope with moments of crises in a more effective way and with a certain optimism that help balance negative emotions. To date, a series of behavioural, psychological, biological, and environmental factors that seem to favour individual resilience has been identified. These include: personality traits—such as openness, extraversion, agreeableness, self-efficacy, and self-esteem—a cohesive integration of adversities into self-narratives, cognitive flexibility, social attachment, a realistic, yet optimistic worldview, the capacity to seek

and accept help from others, the presence of solid reference models, spirituality, sensitive early caregivers in infancy and childhood—which produces oxytocin, reducing stress and anxiety—family stability, cultural factors, sports and artistic opportunities, and lack of exposure to violence (Herrman et al. 2011).

PTSD has a profound impact on neurological functions as well, causing significant damages capable of leading to short and long-term consequences. PTSD, in fact, seriously damages the activity of brain regions implicated in emotional and cognitive processing, such as the prefrontal cortex (mPFC), the hippocampus, and the amygdala (Oh 2011). The hippocampus, in particular, is a brain region directly involved in the formation and organisation of memories, therefore essential for the process of narrating the traumatic experience and coping with it (Bremner 2006). Individuals with PTSD show lesions or volume reductions of the hippocampus, which could result in deficits in declarative memory—memories that can be explicitly verbalised—in the retention of new memories—a condition known as ‘anterograde amnesia’—and in the ability to access memories prior to the damage—known as ‘retrograde amnesia’ (Calabrese 2020). In this regard, a study by Victor G. Carrion and colleagues found a correlation between high levels of cortisol—a marker of stress—and a resulting reduction in hippocampal volume in people with PTSD 12-18 months after the traumatic event. Moreover, the more manifest the symptoms of PTSD were, the more the hippocampal volume appeared reduced (Carrion et al. 2007). Such serious neurological damages would be the origin of the fragmentation of traumatic memories and the impossibility of building a coherent narrative of the negative events that frequently characterise people diagnosed with PTSD.

Alongside the hippocampus, the amygdala also plays a central role in organising memories, storing their emotional and sensory parts. While the hippocampus is involved in verbal declarative memory (Bremner 2006), in fact, the amygdala is devoted to the memory of emotionally arousing experiences (Hermans et al. 2014) and also, therefore, to the acquisition of fear responses (Bremner 2006). PTSD causes alterations in the normal connection between hippocampus and the amygdala: under normal conditions the amygdala registers emotions related to the event, while the hippocampus integrates the new information into previous cognitive patterns and

proceeds by progressive adjustments (Calabrese 2020). In a traumatised individual, however, this link is interrupted, and the amygdala

[...] stores the visual images of trauma as sensory fragments, which means the trauma memory is not stored like a story, rather by how our five senses were experiencing the trauma at the time it was occurring. The memories are stored through fragments of visual images, smells, sounds, tastes, or touch. Consequently, after trauma, the brain can easily be triggered by sensory input, reading normal circumstances as dangerous. (McClelland & Gilyard 2019, n. p.)

This distinction between the cognitive and affective parts of a memory—and their disjointed neural elaboration in case of a traumatic event—is reflected in the principles of NET. NET, in fact, is based on the conception of autobiographical memory as formed by two categories of memories: the rational-cognitive components—the so-called ‘cold memories’—and the physiological-emotional components—the so-called ‘hot memories’ (D’Cruz & Joseph 2016). Accordingly, when we remember an episode, we remember both the sensations and feelings that were part of that episode—the physiological-emotional component—and the narrative frame around which the experience developed, and which helps to contextualise it—the rational-cognitive component. PTSD, however, breaks this dyad, allowing the physiological-emotional memories associated with the traumatic event to re-occur in situations to which they do not belong, so that the individual relives the negative experience over and over again. This happens because, in the moment in which the memory was formed for the first time, the ‘hot memories’—that is, the emotional and somatosensory elements, primarily fear and pain—were so strong as to prevent the cognitive elements from being activated to place that memory in its right chronological place, the past. Instead of experiencing it as an event of the past, people will relive it as if it were in the present, where it no longer belongs. As we have already seen, the neurological substrate of this condition can rely on the interrupted link between the amygdala and the hippocampus, along with the other brain regions involved in the management of the different parts of a memory. The result is what has been described by Chris R. Brewin and colleagues in their Dual Representation Theory of Posttraumatic Stress Disorder: “[...] traumas experienced after early childhood give rise to 2 sorts of memory, 1 verbally accessible and 1

automatically accessible through appropriate situational cues” (Brewin et al. 1996, p. 670). Given this condition of ‘split memory’ in people with PTSD, the goal of NET is to contextualise all the sensory, affective and cognitive parts of the traumatic memory inside the patients’ life narrative, to help them understand and process that memory in all its parts. Through NET, the patients, with the assistance of the therapist, construct a chronological narrative of their life stories including both traumatic and non-traumatic experiences. In this way, NET aims to reconnect the cognitive aspects of the traumatic experiences to the emotional and physiological ones, so that they can be conveniently located in the past and not intrude into current situations. An essential component of this model of therapy, therefore, is providing the patients with the necessary tools to construct a narrative that makes sense to them and allows them to move on with their life.

A NET programme generally consists of four stages:

1. diagnosis and psycho-education;
2. creation of a lifeline with meaningful life experiences;
3. narration of the lifeline in chronological order;
4. re-reading of the narration, re-creation of the lifeline, and validation.

(Psychologytools.org, n.d.)

As highlighted in this scheme, the practical implementation of NET is based on the idea of the ‘lifeline’, which usually takes the tangible form of a rope stretched out on the floor to represent the entire course of the patients’ lives. Then, patients are asked to place stones in correspondence with negative events or people in their life and flowers in correspondence with positive events or people. Each time they place flowers or stones, patients are asked to describe the circumstances and the meaning of the events they represent in as much detail as possible. The goal is not to relive the traumatic experience again, with all the negative feelings and emotions associated with it, but rather to induce the patients to create a cognitive structure around it. The emphasis, therefore, is not on the feelings, but on the context of the experience, in order to localise the event in the lifeline and to identify the cognitive-rational elements that formed the context of the experience, such as when it occurred, in what place, and what were the physical sensations that it aroused. In this way, it can be possible to reconnect the ‘cold memories’ to the ‘hot memories’ of the traumatic event, so that it becomes easier for the

patients to place it appropriately in the past and reduce the symptoms of constant reactivation. To reach such a goal, empathic understanding, active listening, congruency, perseverance, and unconditional positive consideration are key components of the therapists' approach (Schauer 2015, p. 199).

Empirical studies on the effectiveness of NET point to the conclusion that, without the 'translation' of the traumatic memory into a coherent narrative, the emotional and sensory features of the traumatic event could be reawaken at any moment, producing the negative side-effects that characterise PTSD and related psycho-physical conditions, such as depression, chronic pain, and autoimmune diseases (Ivi, pp. 200-201). Narrative therapy approaches are thus largely applied in the treatment of PTSD, with the aim of helping patients produce a coherent and flexible narrative of their lives and regain a positive outlook on the world.

3.2. *Effects of Narrative Exposure Therapy on Epigenetics*

Alongside the serious damages to brain areas such as those devoted to memory formation described above, the most recent studies are highlighting even more widespread and profound biological effects of traumas and PTSD, which involve what we could define as the very code of the human organism: its genetics. It has been discovered, in fact, that the consequences of a trauma leave traces also at the genetic level, causing suffering in the individual at both a psychological and social level, and potentially affecting the following generations. As asserted by Ivana Lucero, traumas and traumatic environments "shape bodies at the molecular level, leaving 'molecular scars' that affect a person's functioning and may be transmitted between and across generations" (Lucero 2018, p. 443).

A groundbreaking study in the transdisciplinary field of the effects of traumas and narrative therapy at the biological level is the one carried out in 2021 by Samuel Carleial and colleagues and described in the article *DNA methylation changes following narrative exposure therapy in a randomized controlled trial with female former child soldiers*. The authors of the study wanted to verify whether psychotherapy, and in particular NET, has the ability to reorganise traumatic memories through changes in DNA methylation. Methylation is a process of chemical modification of DNA expression in which methyls—functional groups consisting of one carbon atom and

three hydrogen atoms—bind to nitrogenous bases, in particular the cytosine and guanine bases, as a consequence of environmental cues (see for ex. Moore et al. 2013). DNA methylation allows cells to regulate gene expression and, therefore, to control the processes that underlie life. Consequently, methylation is one of the central mechanisms of epigenetics, that is, those genetic processes that act as ‘switches’ of the DNA genes, without modifying its structure, but determining what the DNA of a specific organism will express in terms of production of fundamental organic compounds, such as proteins (Fridovich-Keil & Rogers 2023). From an epigenetic perspective, therefore, the way the human genes produce their phenotypes—that is, their observable characteristics—is not static and unchangeable after birth, but can be influenced by various environmental factors. Epigenetic factors play a central role in many health issues, such as those related to ageing processes and pathologies, so much so that the degree of DNA methylation can act as an indicator of the age of the organism. While good epigenetic control is responsible for biological and physiological processes, in fact, its alteration can worsen cellular functions, leading to the development or progression of various chronic diseases (Carleial et al. 2021). Moreover, complex interactions between lifestyle, DNA methylation and the development of obesity, diabetes, hepatic steatosis, cardiovascular disease, and cancer have recently been highlighted (see for ex. Das et al. 2004; Samblas et al. 2019). Many studies, therefore, are investigating the role of methylation in epigenetic expression in relation to certain pathologies, but also to significant experiences, such as traumas or particular diets, lifestyles, social, or psychological habits. Finally, research is highlighting also the aforementioned intergenerational influence of epigenetics factors caused by environmental cueing—such as traumatic events and stress—as they occur “throughout the developmental cycle through germ cells (preconception), the intrauterine environment (prenatal), and the early life environment (postnatal)” (Lucero 2018, p. 445).

To investigate the association between traumas and epigenetic modifications, Carleial and colleagues carried out a randomised controlled trial in parallel groups to examine changes at the level of the methylome—that is, genes ‘silenced’ through methylation changes—in the saliva samples of 84 ex-girl soldiers from Eastern Democratic Republic of Congo, measured before and six months after an intervention of NET. Carleial and colleagues chose such a specific population because

Former child soldiers, particularly female combatants, are at high risk of experiencing multiple, severe and traumatic stressors including violence and repeated rape. These extreme and intense stressors produce lasting changes in mind and body leading to a range of mental disorders. These include posttraumatic stress disorder (PTSD), depression, dissociative symptoms and high levels of aggression against oneself and others. (Carleial et al. 2021, Introduction, para. 1)

As we have already seen, traumatic experiences have negative effects that goes beyond the psychology of the victim:

Such exposure rearranges the functioning of the brain and mind in a lasting and self-perpetuating manner such that simple cues, sometimes arising from imaginative processes alone, may activate a physical response as part of the defence cascade. More importantly, the hypothalamic-pituitary-adrenal (HPA) axis may be tilted, resulting in anything from a long-lasting immune problem via deficient metabolic systems to the broad trauma related psychopathology maintained by the intrinsic dynamics of traumatic memories. (*Ibidem*)

These processes may occur through epigenetic modifications, and, in particular, have been associated with DNA methylation, which can also be transmitted to the victim's children and even grandchildren (Serpeloni et al. 2017). The serious and long-lasting consequences of a lifestyle affected by interpersonal aggression and antisocial behaviour are the focus of Carleial and colleagues' study. Aggression, in fact

has also been associated with multiple differentially methylated regions (DMRs) in at least 30 gene promoters. Likewise, antisocial personality disorder has been associated with DNAm changes in the monoamine oxidase A (MAOA) and B (MAOB), two genes relevant in the dopaminergic and serotonergic pathways. (Ivi, para. 2)

As it is well known, dopamine and serotonin are neurotransmitters—chemical messengers that help in the transmission of brain signals around the body—of paramount importance for positive mood and mental health. A rise in serotonin levels is

associated with an increase in emotional states of happiness and calmness, but it also influences learning, memory, behaviour, and appetite, as it plays a crucial role in cardiovascular, gastrointestinal, and circulatory physiology (Bakshi & Tadi 2022; Jonnakuty & Gragnoli 2008). Higher levels of dopamine, on the other hand, increase heart rate and blood pressure, affecting behavioural and physical functions such as voluntary movement, attention, reward, sleep, and pain process (Ayano G. 2016). It is clear, therefore, that everything that can disrupt the regular production of serotonin and dopamine has a huge impact on the entire organism, body and mind. Trauma is one of these factors.

Against this background, it is legitimate to wonder: once the traumatic experience has changed the DNA methylation of genes related to specific behaviour and mood disorders while also negatively affecting the dopaminergic and serotonergic pathways, is it possible to change those epigenetic signals again with some form of treatment, so that not only clinical symptoms can recede, but also biological and epigenetic processes can return to healthy conditions? To try to find an answer to this question, Carleial and colleagues formed two groups of ex-child soldiers with confirmed PTSD and a history of multiple traumas. One group was assigned to treatment with narrative exposure therapy (NET), the other to a treatment as usual (TAU) condition. Saliva samples were collected before treatment and six months after, in order to analyse DNA methylation patterns associated with mental problems related to trauma and psychotherapeutic treatment. The results of the experiment were of the greatest significance, as they proved that NET could alter the gene regulation processes involved in memory formation. In the NET group, as a matter of fact, participants who were involved in memory restructuring and in the collocation of hypersalient and traumatic memories in time and space showed a significant reduction in the DNAm of specific proteins that affect memory and social behaviour (Carleial et al. 2021, Limitations). With these results, Carleial and colleagues' study was the first to suggest that NET might affect DNA methylation markers in multiple genes associated with psychiatric conditions, such as PTSD, but also to trauma-related social problems, such as violent behaviour and social recognition. In this way, moreover, the transgenerational chain of epigenetic transmission of the consequences of traumas can be broken, with invaluable benefits for both the present and the generations to come.

3.3. *Narrative Exposure Therapy and Refugees*

One of the strengths of NET is that its narrative approach and the symbolic tools it uses—such as the rope, flowers, and stones—are universally understandable and can be applied in very different cultural contexts (Schauer et al. 2004). Beyond that, NET represents a relatively short narrative therapeutic programme, usually lasting eight one-hour sessions, and it is not necessary to be a highly qualified mental health professional to administer it. NET principles and techniques, in fact, can be taught and learned in a relatively short period of time, resulting in a cost-effective solution, easy to implement on a large scale (D’Cruz & Joseph 2016, p. 10). All these factors make it a tool of great importance, especially for those populations, such as refugees, often overlooked by healthcare systems, although in great need of assistance.

To understand the gravity of the refugee situation, it should be sufficient to think that at the end of June 2023, according to the Office of the United Nations High Commissioner for Refugees (UNHCR), 110 million people worldwide were forcibly displaced, of which 36.4 million obtained the status of refugee (UNHCR 2023). Refugees often do not have access to regular health care and necessary treatment programmes, and are ten times more likely to be diagnosed with PTSD than the general population (Fazel et al. 2005). Residential status, moreover, has the potential to influence the onset of chronic pain in refugees suffering from PTSD, as well as states of depression and anxiety, because an uncertain residential status causes a higher overall stress rate, which can also lead to more painful somatic conditions (Rometsch-Ogioun El Sount et al. 2019, p. 87) along with, as we have seen in the previous section, epigenetic changes that influence health and behaviour in the present and future generations. Despite this, research on the effectiveness of psychotherapy for individuals, particularly children, who have lived experiences of war, organised violence, and migration is still scarce (Ruf et al. 2010, p. 437). Particularly low is the number of randomised trials in resource-poor countries, where the need is more urgent (Neuner et al. 2008). To address this lack of research and adequate psychological assistance, Martina Ruf and colleagues developed in 2010 a NET programme for individuals who suffered from repeated exposure to a variety of traumatic stressors, including war and other forms of organised violence. Instead of trying to define a single

traumatic event, which for survivors of multiple and repeated traumas is almost impossible to do, refugee patients in NET are encouraged to construct a narrative of their life as a whole, while the therapist assists them in focusing on the detailed account of all experiences. This approach was then modified, creating a child-friendly version called KIDNET (Ivi, p. 438). The study by Ruf and colleagues involved 26 refugee children living in Germany, aged between 7 and 16 years, and who had been diagnosed with PTSD. During KIDNET the children—with the assistance of the therapist and through the use of the objects of universal significance previously described, namely the rope, the stones, and the flowers—built a chronological narrative of their entire life with a focus on exposure to traumatic stress. Other therapeutic techniques used during the study included reenacting the body position assumed during a traumatic event and drawing, which could be helpful to describe scenes and objects related to trauma when words are not sufficient (Ruf et al. 2010, p. 440). At the end of the study, the group that received the KIDNET treatment had shown a clinically relevant and statistically significant reduction in symptoms of PTSD, unlike the control group that had not undergone therapy (Ivi, p. 442). This study, then, proved that refugee children can show lasting benefits following appropriate treatment. It is worth noting, moreover, that the treated group consisted of children from five quite different regions of the world and from five different ethnic groups, a demonstration that KIDNET is an acceptable approach for children of different cultures as well.

3.4. Narrative Therapy and Victims of Childhood Sexual Abuse

Another context in which narrative therapy have been successfully applied is the treatment of post-traumatic stress disorder in victims of childhood sexual abuse (CSA). CSA is a global critical problem, whose real prevalence is difficult to estimate. However, it has been reported that one in five women and one in thirteen men declared to have been sexually abused before 17 years of age (WHO 2022). CSA entails a wide range of severe and potentially fatal consequences on victims and society as a whole, including increased occurrence of PTSD, self-harm, suicidal tendencies, relational difficulties, social withdrawal, psychiatric disorders, and physical diagnosis such as HIV and obesity (for a review see for ex. Hailes et al. 2019). Children victims of sexual abuse, which is among the most devastating traumatic experiences, are even more in

danger of developing PTSD and related psycho-physical conditions, as they have not yet developed the cognitive, affective, and meaning-making life narratives that could represent a defence against the consequences of a trauma. The severity of this condition led the World Health Organization (WHO) to include the effects of childhood abuse among the possible causes of the complex posttraumatic stress disorder (CPTSD). CPTSD symptoms include not only all those of PTSD, but also the effects on trauma on emotion regulation, self-concept, and relational capacities (Cloitre et al. 2020, p. 4) From a neurological point of view, as explained by Cathy A. Malchiodi in the already mentioned *Creative Interventions with Traumatized Children*:

[...] children who experience an event such as physical abuse, disaster, terrorism, or any other distressing experience may go into what can be considered a “survival mode.” In other words, if the energy normally used for fighting or fleeing is not expended, the emotional activation is held in the nervous system and not dissipated or released (Rothchild, 2000). In the case of traumatic stress, even though the nervous system is still highly activated, children may experience a disruption or impairment in normal functioning and develop habitual responses such as explosive emotions, noncompliant behavior, psychological numbness, cognitive problems, or other reactions depending on personality factors and extent of distress. (Malchiodi 2008, pp. 7-8)

To help children exit the ‘survival mode’ and resume a healthy psycho-physical development, various therapeutic approaches have been formalised, with a preference for creative art and expressive therapies, which use “art, music, drama, dance/movement, poetry/creative writing, bibliotherapy, play, and sandplay within the context of psychotherapy, counseling, rehabilitation, or medicine” (Ivi, p. 11).

Within the field of bibliotherapy, for example, Agnes Wohl and Gregory W. Kirschen described its efficacy for children and adults victims of CSA in their article *Reading the Child Within: How Bibliotherapy Can Help the Victim of Child Sexual Abuse* (2020). The authors argue that, in literary narratives, children are able to find words and images to express their feeling and emotions—trampled by the abuse—together with possible ways to reach insights and inner healing through identification with characters and narrative situations, as proposed in Caroline Shrodes’s

psychodynamic bibliotherapy process. With the help of stories and books, moreover, the therapist may be able to overcome the psychological defences erected by traumatised patients, thus helping them face their repressed memories and emotions (Ivi, p. 5). Similarly, in her thesis *Biblioterapia: los cuentos como herramienta utilizada en las intervenciones clínicas reparatorias de niños y niñas que han sido víctimas de agresiones sexuales*¹⁶ (2015), Javiera I. Michea Labbé carried out an exploratory-descriptive analysis that demonstrates how bibliotherapy has an important potential as a form of prevention of secondary victimisation within restoration psychotherapy. She showed that, through bibliotherapy, young victims are given the possibility to speak symbolically about their traumatic experience, making use of a metaphorical language, closer to their developmental phase and less harmful to their emotional balance, drawing on the images and formulas typical of childhood narration (Labbé 2015).

Whatever the artistic or narrative tool used—which can help children victims of CSA express thoughts and emotions when direct verbalisation is challenging and painful—it is nonetheless important to include them in a more comprehensive therapy framework, such as narrative therapy. As explained by Romana Farooq and colleagues talking about victims of child sexual exploitation, in fact,

[...] interventions that are routinely used with children and young people subject to sexual exploitation are often a ‘best practice fit’ which consist of ‘rescuing efforts’ to reduce immediate risk and harm (Countryman-Roswurm & DiLollo, 2017). [...] although these interventions can be effective in reducing risk and harm in the short-term, they are not equally as effective at reducing risk and harm in the long-term and supporting children and young people to make positive changes in their lives. (Farooq et al. 2021, p. 27).

Narrative therapy, the authors suggest, can be the therapeutic environment where survivors can “reconstruct personal narratives that reflect resilience, recovery, and prosperity drawing on narrative therapy ideas” (*Ibidem*).

A narrative therapy approach specifically developed for survivors of CSA that

¹⁶ *Biblioterapia: stories as a tool used in clinical restoration interventions for boys and girls who have been victims of sexual assaults*. (My translation).

has empirically demonstrated its efficacy, feasibility, and acceptability is the Skills Training in Affective and Interpersonal Regulation (STAIR) Narrative Therapy, as described by Marylene Cloitre and colleagues in their book *Treating Survivors of Childhood Abuse and Interpersonal Trauma: STAIR Narrative Therapy* (2020). According to Cloitre and colleagues, childhood abuse or neglect causes the deprivation of not only physical safety and integrity but also psychological and social developmental opportunities—namely, the loss of healthy attachment and healthy sense of self, the loss of effective guidance in the development of emotional and social competences, and the loss of support and connection to the larger social community (Cloitre et al. 2020, p. 8). Accordingly, STAIR Narrative Therapy aims at ‘repairing’ those lost resources, to help patients “awaken to their own inner power and agency, and [...] heal from the wounds that have kept them impaired for so long” (Ivi, p. 30).

More in detail, (STAIR) Narrative Therapy consists of two modules. The first—STAIR—includes specific training to help survivors of CSA develop or enhance those emotional and interpersonal skills that have been seriously compromised by the abuse and the following condition of complex PTSD (Niwa et al. 2022, p. 3). In particular, in this phase therapists try to help patients: become more emotionally aware; learn emotion regulation to manage negative feelings in expressive ways using actions, words, and thoughts; identify and modify maladaptive interpersonal schemas; identify and achieve adaptive social goals; develop emotional and social self-efficacy, confidence, compassion, and empathy (Hassija & Cloitre 2015, p. 174). Once the necessary psychodynamic skills have been enhanced, patients can move to the second treatment module—Narrative Therapy—where patients are supported in the creation of narratives that include the traumatic experiences in a “detailed, organized and emotionally engaged fashion” (*Ibidem*). In this way, as observed with other forms of narrative therapies, patients can find a way for distancing themselves from the traumatic experience, correctly processing negative emotions and memories connected with the trauma, and regaining freedom and an identity separated from their problems. Through controlled habituation to trauma-related memories and feelings, then, PTSD symptoms can finally recede, and patients can move on in the development of their own desired life narratives.

While first proposed in the field of children therapy, STAIR Narrative Therapy

has been successfully employed also with adult survivors of childhood sexual abuse (see for ex. Niwa et al. 2022). CSA and related CPTSD, in fact, being so devastating for the victims' psycho-physical well-being and personal development, and given the obstacles to treatment, very often keep on negatively influencing lives also in adulthood and potentially throughout the victims' entire lives. David J. Johnson and colleagues specifically focused on the use of narrative therapy for adult victims of CSA in a context of couple therapy, recognising the important contribution that love relationships can have in the process of recovery (2019). Despite the negative impact that CSA may have on romantic relationships, in fact, researchers have found that these same relationships play a significant role in influencing the long-term effects of abuse, as social support reduce life stress and act as a coping strategy in response to the traumatic experience (Runtz & Schallow, 1997). These results, therefore, support the need to include the victims' partners in the treatment of trauma from violence. As already highlighted, survivors of CSA face many psychological, physical, and emotional challenges, due to the traumas they have experienced. Some symptoms of sexual violence develop relatively quickly after the abuse occurs, such as symptoms associated with PTSD, while others do not manifest until much later in the survivor's life (Johnson et al. 2019, p 218). Furthermore, CSA involves in many cases a relationship with a relative or family friend whom the victim trusted, thus creating a link between the experience of trauma and the victims' social and sentimental life, often experienced with difficulty and suspicion (Finkelhor 2012; Nasim & Nadan 2013). Moving from the assumption that concepts of self and life narratives are not created in a vacuum, but are established in relation to others, Johnson and colleagues suggested that narrative therapy with a relational dialogue with partners can provide an appropriate modality to help victims of child abuse create space for new life narratives (Johnson et al. 2019, p. 219). Narrative therapy offers a systemic focus on creating an alternative narrative preferred by patients, not only inviting them to consider their partners' perspective as outsider witnesses (White 1995), but also inviting the partners themselves to be part of this process. Being relevant people in the patients' life, in fact, partners can listen and bear witness to the unique findings that help create alternative narratives (White 2007).

More in detail, Martin Payne, in his *Narrative Therapy: and Introduction for Counsellors* (2006), identified four main elements of narrative therapy that make it

particularly suitable for the treatment of CSA, as well as adaptable to treatment in a couples context: it provides survivors with the opportunity to name the abuse for what it is and fully acknowledge that they are the victims of the abuse, not responsible for it, thus removing shame and guilt; it deconstructs the narrative of the events and context of the abuse, recognising that the responsibility is entirely of the abuser; it allows for the elaboration of the survivors' physical or conceptual resistance to the abuser's actions and attempts to impose their own meaning to the abused person's victimisation; it invites to share narratives of events that oppose the temporarily ruined sense of identity produced by the abuser on the abused (Payne 2006, p. 181).

At the core of narrative therapy there is the idea that an alternative narrative can be collaboratively co-created by clients and therapists (Carr 1998). This can be done through the process of externalising conversations by which patients are able to externally objectify internal problems or difficulties (Johnson et al. 2019, p. 225). In this way, patients—supported by therapists—can separate themselves from their problems and negative experiences, deconstructing the dominant narrative of the abuse—which is commonly characterised by shame and guilt—re-authoring and enriching it (*Ibidem*). Along all the process, the presence of a supportive partner can significantly contribute to the healing process, by adding a unique witnessing attitude to that of the therapist. As explained by Ron Nasim and Yochay Nadan, in fact:

[...] the couple's therapist witnesses the reenactments of the trauma in the couple's relationship; and the survivor's partner witnesses the trauma's effect on the survivor's personal life and relationship. Twofold witnessing can help break the cycle of traumatic reenactment and help the survivor integrate the events of her life into a more coherent, continuous narrative. The partner's presence also facilitates acknowledgement of what happened to the survivor, and helps the survivor elaborate on her stories of resistance, survival, and strength. Finally, each of the partners is able to appear more wholly and fully, and together to tell the preferred stories of their life as a couple, replete with the multiple relational patterns they wish to live, which may contradict the characteristics of the original trauma. (Nasim & Nadan 2013, p. 368)

From these words we clearly understand how narrative therapy is far from being a

self-centred approach, but can open new spaces of co-creation of shared life narratives where it was not possible before, due to barriers erected by adverse life circumstances and oppressive, isolating life narratives. Moreover, as demonstrated by Johnson and colleagues' study, narrative therapy can be proven effective for healing consequences of traumas even many years after the traumatic events, thus offering a hope of recovery to all.

3.5. *Narrative Therapy and War Veterans*

One of the best-known aspects of post-traumatic stress disorder is its frequent association with military experience. Experiences of violence in war, such as killing, bombing, and fighting, represent typical traumatic events, so much so that forms of PTSD were first diagnosed in the American soldiers who fought the Civil War and in those coming home from World War I. Significantly, at that time, PTSD was known as 'shell shock' or 'old-sergeant syndrome' (Committee on the Assessment of Ongoing Effects in the Treatment of Posttraumatic Stress Disorder; Institute of Medicine 2012). Symptoms of shell shock—including tremors, tics, fatigue, memory loss, difficulty in sleeping, nightmares, and poor concentration (*Ibidem*)—were later associated with the broader condition that became known as post-traumatic stress disorder (PTSD). Symptoms of PTSD in war veterans, on the other hand, are further aggravated by the perceived gap with the civilian population, considered by the military incapable of truly understanding what it means to experience war situations and violent deaths. Additionally, war veterans can often feel judged and excluded from the rest of the society, which does not seem to share their same values and worldviews (Mamon et al. 2017).

Daria Mamon and colleagues carried out a study to verify the efficacy of storytelling and group therapy with war veterans with PTSD. Moreover, they analysed the frictions between civilian communities and veterans, especially on how these two populations experience Memorial Day, the US national holiday dedicated to soldiers who have fallen in all the wars in which the US has taken part. The analysis carried out by the authors highlighted, as anticipated, a cultural gap between the veteran community and North American society. The military culture, in fact, as Mamon and colleagues explain, "places a strong emphasis on unity, discipline, loyalty and sacrifice,

while the US civil culture mainly values individuality, freedom, independence and personal gain” (Ivi, p. 669). War veterans, in particular, often face daunting challenges upon returning from military service. For many, reintegration into the community is experienced as a ‘reverse culture shock’, as fighting often changes the perspective on oneself, the others, and the world, influencing their lives in the interpersonal, professional, and educational domains after returning home (Koenig et al. 2014). Adapting to civilian life after living in a combat zone is especially difficult for those who have developed symptoms of PTSD, depression, sleep difficulties, burnout, insomnia, and other readjustment problems. This stress of reintegration can also lead to an increase in substances abuse, alienation, and suicidal tendencies, especially when coupled with difficulties in establishing good relationships with family and friends and in finding meaning in life after discharge from the military, as proved by Moira Haller and colleagues (Haller et al. 2016). The disconnection between the military and civilian communities, on the other hand, has been maintained and reinforced by limited awareness and knowledge of the veterans’ experiences. A clear example of the cultural differences between the civilian population and that of veterans in the US regards the perception and experience of Memorial Day. As highlighted by Mamon and colleagues, for many U.S. citizens Memorial Day is a simple holiday, celebrated with barbecues and family gatherings. For most military personnel, veterans, and families of survivors, on the other hand, Memorial Day is a painful recurrence and includes remembrance and mourning for deceased companions, family members or loved ones (Mamon et al. 2017, p. 670). Narratives concerning Memorial Day, therefore, deeply differ between the two populations, hampering communication and empathic understanding.

Mamon and colleagues analysed the use of storytelling in a group setting as a therapeutic intervention and means to strengthen the connection between civilians and veterans, raise awareness of veterans’ traumatic experiences and mental health issues, and honour Memorial Day (Ivi, p. 671). Their study involved the creation of a psychotherapy group with war veterans conducted in 90-minute sessions over a 10-week period and culminating with a narrative performance designed and performed by the participants themselves for the civilian community, with the support of group therapists. The objective of the final performance was twofold: provide veterans with the opportunity to process their traumatic experiences and provide civilians with a

deeper understanding of the impact of war (Ivi, p. 677). The psychotherapy programme followed three phases. The initial phase focused on building a relationship of trust between group members and facilitators, as well as on psychoeducation regarding the power of narrative with respect to trauma and recovery. In the second phase, participants listened to examples of stories told by older veterans that emphasised healing and recovery. The group members, then, participated in two 90-minute storytelling workshops led by a local artist and storyteller to prepare them to develop their own stories about the experiences of war, loss, and return to home. Finally, the participants acted out their stories and collaborated to organise the performance for the civilian community (Ivi, p. 672). During the development of the public narrative event, the group facilitators put a strong emphasis on the possible consequences of sharing personal stories about traumatic events, including the possibility of emotional upset and experiencing the symptoms of trauma again (*Ibidem*). At the end of the treatment process, the veterans described the impact exerted on their interpersonal life. For many of them, it was their first time their family and friends listened to their personal war stories, stimulating discussion about their service experiences, and making them feel closer to their loved ones. All participants stated that the group therapy and the event had made them more inclined to open up to others, and, in general, that the experience improved their perception of the civilian community, as they recognized that the audience was eager to learn more about their individual experiences and was respectful in listening to their stories. As a result, they declared to feel a reduction in anger toward civilians and have a better understanding of the divide between veterans and the civilian community in terms of lack of education and exposure to war, rather than disinterest. Overall, all study participants described the therapy group and the public event as an important step towards their recovery (Ivi, p. 675). Some veterans, on the other hand, reported a temporary worsening of symptoms associated with an increased exposure to trauma—as anticipated by the therapists—but described it as a positive way to stop avoiding the most painful memories and deal with their symptoms, which decreased in the following weeks (*Ibidem*). Members of the civilian community who attended the event prepared and performed by the veterans, on the other hand, said that they had developed a more complete understanding of the impact the war may have and the experiences of veterans returning home, often characterised by frustration, feeling of

helplessness and loss. Public responses confirmed the need for further contact between the two communities, but also the possibility of mutual understanding if narrative contexts are broadened and shared (Ivi, pp. 675-676). Results of Mamon and colleagues' study, therefore, appear of great relevance not only for the observed beneficial effects on veterans' mental health and symptoms of PTSD, but also for showing the possibility of intercultural communication and mutual comprehension between the military and the civilian community achieved through public narratives. We can legitimately expect that all these issues will gain a new, acute relevance and urgency with the evolution of the most recent ongoing conflicts—the Russia-Ukraine and the Israel-Hamas wars, to name two—and their long-term repercussions, both physical and psychological.

Traumas caused by experiences of migration, sexual abuse, and war are extremely complex conditions, influenced by countless personal, social, and environmental factors. Just as no experience is like another, there is no single therapy to soothe the negative effects of a trauma on every person, in their totality and uniqueness. The narrative approach, with the centrality reserved for the victims' unique life narratives, feelings, memories, and desires, but also for the most objective possible context in which the stages of the life narratives are inserted, provides a change of perspective that is showing, in some conditions, more positive and sustained results than purely pharmacological or indiscriminately clinical attempts. It is not surprising, therefore, that narrative therapy has also been tested as a therapeutic tool for soothing the psychological consequences of one of the major global crises of recent times: the COVID-19 pandemic.

3.6. Narrative Therapy for COVID-19 Trauma

Since its identification in December 2019 in Wuhan, China, the infectious disease caused by the SARS-CoV-2 virus, known as COVID-19 (coronavirus disease 19) rapidly spread all over the world, undermining many national healthcare systems and requiring the adoption of strict contagion containment policies. Before the widespread distribution of specific vaccines, patients with mild forms of COVID-19 had to remain isolated for several days, while critically ill patients had to be hospitalised in intensive care units, without possibility of contact with the outside world, with possible rapid

deterioration of their health conditions, and high mortality rate. Moreover, due to their characteristics of contagiousness and severity, as well as for their social repercussions, acute infectious diseases such as COVID-19 can also seriously affect the patients' mental health, causing anxiety, depression, sleep disorders, and, lately, PTSD (Cheng et al. 2004). The onset of PTSD, in addition, as we have seen, can affect the endocrine system, the central nervous system, and the immune system, leading to mental disorders and possible long-term damages, not just for patients, but also for their families and the healthcare workers, as confirmed by several studies conducted after epidemics of infectious diseases such as SARS, MERS, Ebola, H1N1 influenza, and HIV/AIDS (Ludici & Di Muzio 2021, p. 101). During the COVID-19 pandemic, multiple online surveys have been conducted to evaluate the impact of this health crisis on the mental health of the population in general. Studies conducted in Italy, Spain, China, India, Ireland, and Israel, for example, demonstrated that the COVID-19 pandemic can be considered a traumatic event, with an incidence of PTSD in the general population ranging from 7 to 53.8% (*Ibidem*). Based on the currently available evidence, it is estimated that 96% of COVID-19 survivors experience some symptoms of PTSD, such as guilt, mood swings, sleep disturbances, nightmares, hallucinations, and memories of panic and suffocation (Ivi, p. 102). As anticipated, also the family members of patients affected by COVID-19, and in particular those of patients admitted to intensive care, are subject to considerable psychological pressure, presenting a high risk of developing PTSD symptoms. In fact, such individuals are forced to face numerous hardships, among which the most traumatic moment is certainly that of the loved ones' possible death (Ivi, p. 103). Being a healthcare worker during the COVID-19 pandemic also entails enormous pressure—even more than usual—especially regarding exposure to a risky environment, resulting in concerns about contracting the virus and transmitting it to others, further exacerbated by highly stressful work conditions (*Ibidem*). A review of the literature conducted by Jaspinder Sanghera and colleagues from December 2019 to June 2020, which included 44 studies involving 69,499 healthcare workers, found an incidence of PTSD ranging from 7.4 to 37.4% (Sanghera et al. 2020). COVID-19, therefore, appears to be not just a physical disease, but also an illness that affects the psyche, for which a timely intervention during the treatment process—addressing patients, relatives, and health workers—appears necessary to avoid the onset of

significant mental disorders over time, including PTSD. We will consider now what can be the role of narrative exposure therapy in this battle against the psychological consequences of COVID-19.

This issue was specifically addressed by Ying Fan and colleagues' study, which took place from February to June 2020—the first months of the pandemic. The aim was to verify the presence of PTSD symptoms among the discharged COVID-19 patients and subsequently analyse the effects of a NET programme on those who presented such symptoms. The study was conducted in three hospitals dedicated to the treatment of COVID-19 in the city of Xiangyang, in the Chinese province of Hubei, whose capital is Wuhan, epicentre of the pandemic. Before patients with COVID-19 were discharged, they were informed of the possibility of receiving psychological support and invited to participate in tests to check for PTSD symptoms. Patients testing positive for PTSD were randomly assigned to receive either a personalised psychological intervention or NET, resulting in 56 participants assigned to the intervention group and 55 to the control group. The intervention group received both NET and personalised psychological treatment, and an online check was carried out after 6 months. Patients received the intervention mainly online in the early phase of the study, due to transportation limitations caused by the pandemic. NET therapy lasted eight weeks, with one or two sessions per week, lasting 90-120 minutes each. NET interventions included three main phases: psychoeducation, the construction of the lifeline with significant events, and its narration (Fan et al. 2021, p. 142). The results of the analysis carried out showed a reduction in PTSD symptoms, both after the NET intervention and after the control, but with a significantly greater level of improvement in the NET group (Ivi, p. 145). Fan and colleagues' study, then, showed how, through repeated and detailed narration of traumatic events with the therapist's support, patients who received NET became insensitive to the factors that triggered symptoms of PTSD, and were able to reorganise their broken memories into a new and complete life narrative, capable of providing them with useful cognitive and emotional resources to react to trauma and obtain relief from PTSD symptoms. Interestingly, this study also showed how NET can be a valid online treatment modality for PTSD, thus extending its potential on a nearly global scale.

The need for studies like Fan and colleague's is clear and pressing. Currently,

the world is facing major public health and humanitarian crises and the necessity for psycho-physical assistance is higher than ever. Narrative exposure therapy, as a standardised intervention with wide applicability, can have a positive effect on COVID-19 patients with PTSD symptoms from around the world and, presumably, for people affected by other contagious diseases as well. Fan and colleagues' study, in particular, was the first to apply NET for the treatment of PTSD symptoms developed during a public health event of huge magnitude. The evidence produced by this study, therefore, has significant practical importance in the search for effective treatments for PTSD in patients in similar conditions. NET, as an easily applicable psychotherapy procedure and transculturally acceptable format, can be an effective method of intervention for a wide range of traumatic and stressful events, such as COVID-19, and clinical staff should consider using it widely for the promotion of mental health among patients, their relatives, and healthcare workers as well. Given the variety of its applications that testify its flexibility and universality, we can positively assume that NET will be a precious resource for many other existential and health-related crises that humanity will face in the future.

4. Summary

This chapter concludes my review of some of the ways in which narrative theory and practice can be used for therapeutic purposes. While surely not exhaustive, with it I have tried to offer an introductory overview on the multiple and different contexts in which forms of narrative therapies have proven precious allies in the path towards recovery and positive personal development. In particular, I focused on the description and analysis of two significant examples of explicit recognition of the power of narratives to influence psychological, neurological, and even biological human structures.

The first, narrative medicine—as developed, practised, and taught by Rita Charon and her colleagues at Columbia University—aims at supporting the study and use of literary and narrative theories and tools to allow for a deeper understanding of patients' needs and the construction of a community of care, resulting from the three movements of attention, representation, and affiliation. In this way, the limits and excesses of a purely biomedical approach to treatment can be overcome, in favour of a

form of health care that takes into consideration all of the aspects of the person, not reduced to their biological disease.

The second, narrative therapy—along with its narrative exposure therapy declination—is one of the ways in which the powers of narration of the self have been used in a scientifically controlled form to address adverse mental health conditions. In particular, I have focused on post-traumatic stress disorder, given its deep impact on both individuals and societies and the crucial role that narratives may have in its diagnosis and treatment. The results of studies and applications involving narrative therapy and NET for the treatment of the negative effects of traumas in such different conditions as the ones described in this chapter are precious evidence of the efficacy of these forms of therapies, which are now more necessary than ever. In an age of overflowing production and interweaving of private and public narratives, which, at the same time, undergo a constant process of violent and potentially traumatic destruction due to catastrophic events that can reach us from every part of the planet, it appears of vital importance that research and clinical practice delve into the dynamics of both traumas and narratives, to understand how they can be barriers or bridges to personal and common development.

As we saw at the beginning of this dissertation, the two cultures, the scientific and the humanistic one, are often considered opposed and unable to communicate. Bibliotherapy, medical humanities, narrative medicine, and narrative and art therapies of various kinds are demonstrating, however, how this gap is far from unbridgeable and that many benefits can derive from serious and transdisciplinary dialogue, research, and practice. As in the famous Indian parable of the blind men and the elephant, in which a group of blind people who have never met an elephant tries to describe the pachyderm by touching different parts of it, and each one claims their own truth, so we often risk to remain anchored to our own perspective, which, while valid, may not be sufficient to describe—and narrating—the whole of reality. The application of the principles and tools of the humanities in the medical field, and vice versa, could represent that point of contact where professionals of the most varied fields are capable of overcoming their ‘blindness’ and partial visions, thus creating a unitary paradigm that may be useful for achieving everyone’s objective: increasing happiness and well-being for all.

Chapter VI. Opposing the Narrative Turns

“[...] But now we know that these little pills of classical learning possess the medicinal property of anti-nihilism, and we boldly prescribe them to our patients.... But what if they had no such medicinal property?” he wound up humorously.

At Sergey Ivanovitch’s little pills, everyone laughed;

—Tolstoy, *Anna Karenina*

1. Introduction

In the final chapter of this dissertation, I will analyse some of the main arguments against the idea that narratives represent a central factor—if not the most important one—in the creation and daily re-elaboration of human identity and self-awareness, with, consequently, possible positive repercussions of narrative production and consumption on social life, mental health, and well-being in a broad sense. As my dissertation largely takes its move from and is grounded on the results of studies showing the influence and effects of narratives on the human mind and body, I consider it crucial to make a foray among some of those points of view that, on the contrary, support completely or partially different conceptions of the role of narratives. These points of view often oppose those narrative turns that have attracted so much transdisciplinary attention in recent times, as we have extensively seen in previous chapters. Through an analysis as accurate as possible of their key arguments, I would like to point out where narrative theory and practice have room for improvement, in which direction they can further develop, where are their main weak points, and how can be further enriched by a continuous dialogue and interchange with other disciplines.

Reproducing the general movement underlying the previous chapters—from a theoretical investigation to an analysis of empirical studies and applications—I will start this chapter by considering the philosophical debate around the value attributed to narratives. This will show how criticism of a broad conception of narratives as a human universal and key element for psychological and moral integrity was first formulated

centuries ago by philosophers and narrators themselves. These authors, ranging from Antiquity to the present day, tried in different ways to define the nature of narratives and art in general, and then to pinpoint their correct and ethical use, while often criticising their indiscriminate appreciation. Subsequently, I will focus on more recent kinds of criticism, which have appeared after the narrative turn—or multiple turns, as Hyvärinen highlighted—of the second part of the XX century, especially when concepts and tools of narratology and literary theory entered the healthcare world, inspiring such interdisciplinary and transdisciplinary movements as narrative medicine and medical humanities. Such doubts have centred both on claims regarding the role of storytelling in people's lives and on the capacity of narrative competence to provide privileged access to a first-person perspective and life experience, especially in a moment of physical or mental suffering. If such criticisms proved to be well-founded, a substantial part of the aspirations not only of narrative medicine and other narrative-based therapies but also of all the 'narrative turns' described so far would be undermined. It is, therefore, essential to gain awareness of those conflicting arguments and try to make an objective judgement on them. Finally, I will conclude by analysing some of the empirical limitations narrative therapy and related approaches can encounter in everyday practice, thus calling for careful tailoring to each specific context, along with more and innovative research. The ultimate goal is to collect all possible data that could be useful for a revision or—as proposed by the title of this dissertation— a 're-orientation' of the narrative turns.

2. *The Philosophical Debate*

As anticipated, critics of the idea that narratives can be systematically employed to achieve various kinds of personal improvement—from the physical, psychological, emotional, and social points of view—defend their positions in different ways, such as through data produced by empirical studies, but also referring to some of the texts at the very basis of Western culture and thought. Such is the case with Plato's and Aristotle's works, often quoted in order to prove that narratives—mainly referred to as 'poetry' by the Greek philosophers—are unable to offer any truth, thus appearing detrimental for people and societies, or, in the best of cases, as a mere attempt of imitating nature, therefore useless in our age of high-definition videos and hyper-realistic virtual reality.

In particular, critics may find inspiration in Book X of Plato's *Republic* (ca. 375 B.C.E.), where it is clearly stated that:

‘There are many reasons,’ I said, ‘why I feel sure we have gone about founding our city in the right way, but I am thinking particularly of poetry.’

‘What in particular about poetry?’

‘Our refusal to accept any of the imitative part of it. Now that we have distinguished the elements of the soul from one another, it is clearer than ever, in my view, that imitative poetry is the last thing we should allow.’

[...]

— everything of that sort seems to me to be a destructive influence on the minds of those who hear it. Unless of course they have the antidote, the knowledge of what it really is.’ (Plato, ca. 375 B.C.E./2000, 595 a-b)

The reason for the banishment of poetry from Kallipolis—Plato's ideal city—is that it would be, essentially, just an imitation of reality, which is itself already an imitation of the Ideas or Forms, the perfect, unchangeable, non-physical essences of all things, according to Plato's theory of metaphysics. Poetry, therefore—which for Plato includes any kind of literature, narrative, and music accompanied by verses—cannot reach any real truth and it cannot produce anything useful, just a second-level imitation of the real, pure Ideas. In Plato's words: “[...] the art of imitation is a far cry from truth” (Ivi, 598 b), and “an inferior art” (Ivi, 603 b) that “associates with the element in us which is far removed from intelligence—a liaison and friendship from which nothing healthy or true can result” (*Ibidem*). Moreover, poetry, especially in its lowest forms, which imitate bad people's actions and sentiments, can stir the irrational, passionate elements of the human soul, thus corrupting it and driving it away from good and truth.

The accusation of ‘imitating an imitation’ directed towards every form of art, furthermore, may find an echo in the works of Plato's most famous disciple. The concept of *mīmēsis*, commonly translated as ‘imitation’—although, as we have seen, different interpretations have been proposed—is, in fact, central in Aristotle's reflection on poetry, as extensively discussed in his *Poetics*. In this work, *mīmēsis* is defined as “Epic poetry and tragedy, as also comedy, dithyrambic poetry, and most flute-playing and lyre-playing, are all, viewed as a whole, modes of imitation” (Aristotle ca. 335

B.C.E./1984, 1447a 15). Critics of the role of narratives in human life along the centuries have often made reference to Aristotle's definition to downplay poetry—including all forms of literature and narratives—not only for its mimetic, but also for its 'frivolous' nature, as an activity good only for distraction and escape. In Aristotle's words:

It is clear that the general origin of poetry was due to two causes, each of them part of human nature. Imitation is natural to man from childhood, one of his advantages over the lower animals being this, that he is the most imitative creature in the world, and learns at first by imitation. And it is also natural for all to delight in works of imitation. The truth of this second point is shown by experience: though the objects themselves may be painful to see, we delight to view the most realistic representations of them in art [...] (Ivi, 1448b 5-10)

Critics contrast the apparently light-hearted nature of art with the seriousness and practicality of hard sciences and empirical rationality, considered the only human faculties capable of producing relevant changes in the world. All of this has been brought in support of many arguments against the possibility of finding actual truth in poetry and art. This has produced a deep-rooted scepticism against all the attempts to use narratives and aesthetic experiences in all those fields and disciplines that declare themselves 'evidence-based', driven by objective observation of sensible facts. While the philosophical, theoretical, and practical difficulties of integrating narrative and the arts in modern sciences is undeniable, it is important to clarify as much as possible the terms of the debate, starting from a correct contextualisation of those references that are often hurriedly called upon by both sides.

This was Paolo Pitari's goal in his article *The Problem of Literary Truth in Plato's Republic and Aristotle's Poetics* (2021). Moving from the common use made of Plato and Aristotle's words to deny truth and value to literature and poetry summarised above, Pitari argues that such interpretations are, at best, partial and superficial. To clarify the two philosopher's thoughts becomes for Pitari a necessary task, given the risk that literature, narration, and the arts are definitely excluded from the attention of most experts, academics, and institutions in our modern technology-driven society. In Pitari's words:

Today's commonsense affirms that truth and value belong to the sciences, and that literature has little to offer in these regards. Even many of those who dedicate their lives to literary studies appear to have given up on defending outmoded notions of literary truth and value. The sciences are truly necessary to humankind. Literature, on the other hand, is a pastime that may entertain some people, but it is certainly something we could do without. (Pitari 2021, p. 14)

Pitari also recognises that the widespread contemporary rejection of literature from the sources of truth is often justified, as anticipated, by references to such authorities as Plato and Aristotle:

Plato is often cited as the original repudiator of literary truth, and Aristotle as he who set down that literature is "imitation," from which follows that literature cannot be "true" because [...] the imitation of the truth is always something less than the actual truth. (Ivi, p. 15)

Plato and Aristotle's conceptions of literature, poetry, and their capacity of reaching the truth are, however, according to Pitari, far more complex than a superficial reading would suggest. When analysed more carefully, both philosophers actually seem to reach conclusions that are quite far from the generalised condemnation of literature as an instrument for the understanding of reality that is often attributed to them. Starting from Plato, Pitari clarifies that the philosopher's banning of poetry from the perfect republic, which seems incontrovertible in Book X of the *Republic*, is more nuanced and it is sometimes even contradicted in Book II and III of the same dialogue. Following Pitari's reconstruction of Plato's apparently fluctuating opinion on poetry, we find in Book II a clear acknowledgement that stories—at least in some cases—*may* have a positive value. For example, talking about the best upbringing and education for the children that will become citizens of the ideal city, Plato makes his master Socrates states:

'What should their education be, then? [...] It consists, I take it, of physical education for the body, and music and poetry for the mind or soul.'

[...]

‘And are stories of two kinds — one true, the other false?’

‘Yes.’

‘Should we educate them in both, starting with the false?’

‘I don’t understand what you mean,’ he said.

‘You mean you don’t understand that we start off by telling children legends?’

These, I take it, are broadly speaking false, though there is some truth in them.’

(Plato, ca. 375 B.C.E./2000, II, 376a-377a)

Stories, therefore, albeit mostly false, such as myths and legends, contain “some truth” that is clearly considered by Plato important enough to justify their inclusion among the first teachings children should receive in their education. However, not all stories must be accepted. Plato goes on explaining how to separate the ‘good’ and ‘true’ stories from the ‘bad’ and ‘false’ ones:

‘For a start, then, it seems, we must supervise our storytellers. When they tell a good story, we must decide in favour of it; and when they tell a bad one, we must decide against it. We shall persuade nurses and mothers to tell children the approved stories, and tell them that shaping children’s minds with stories is far more important than trying to shape their bodies with their hands. We must reject most of the stories they tell at the moment.’

‘Which ones?’

[...]

‘When a storyteller gives us the wrong impression of the nature of gods and heroes. It’s like an artist producing pictures which don’t look like the things he was trying to draw.’ (Ivi, 377c-e)

Here, then, Plato—quite differently from what claimed in Book X—recognizes the importance of telling stories, even to the point of judging it a far more important part of the education of children than shaping their bodies through physical activity. At the same time, he does not approve stories *per se*, but points out that there are stories that are true and moral, while others are false and immoral. Telling good and true stories, moreover, is for Plato a moral obligation and a duty for poets and storytellers, who, if acting otherwise, must be rebutted, as when they seem to praise injustice as a more profitable way of living:

[...] writers of poetry and prose both make very serious errors about mankind. They say that lots of people are unjust but happy, or just but miserable, and that injustice pays if you can get away with it, whereas justice is what is good for someone else, but damaging to yourself. We shall stop them saying things like this, and tell them to say just the opposite in their poems and stories. (Ivi, III 392b)

Clearly, then, poetry, narratives, and the arts are for Plato means that must be subordinated to moral ends, which lead to the unveiling of the eternal truths of the world of Ideas and the principle that “the just man is happy, and the unjust man is miserable” (Ivi, I, 354a). Moving across the centuries and bringing a more relativistic slant to Plato’s conclusions, we can find a similar subordination of the value of the arts to the benefit of people in some contemporary bibliotherapists and narrative therapists, who warn against the tendency of looking for the ‘perfect’ text to be used with any kind of client disregarding individual needs, as we have seen in Chapter IV.

The definition of art as mimesis, that is, as imitation of reality, which is itself an imitation of the perfect Ideas, was central in Plato’s rejection of literary truth as contained in Book X of *The Republic*. Mimesis is a fundamental keyword also in Aristotle’s exploration of the nature and forms of poetry, but with a different significance, and, above all, entailing a different moral judgement. While the majority of modern texts translate the Greek word *mīmēsis* as ‘imitation’, its true meaning would be wider and deeper in Aristotle’s works. According to Pitari, Aristotle’s idea of the written arts as expressed in his *Poetics* is one that combines both the idea of imitation of something existent *and* the idea of creation (*poiesis*) of something new—a dyad that reminds of Ricœur’s first two stages of mimesis₁ and mimesis₂— which is, moreover, as already considered, pleasurable for both the artists and their audience (Pitari 2021, p. 18). The reason for this delighting in artistic experience, on the other hand, would not be one of pure escape from reality, as believed by some—however some forms of escape may be considered legitimate and even encouraged, as stressed by Tolkien in his *On Fairy-Stories*. On the contrary, Aristotle states that poetry and art are pleasurable because they provide knowledge of a special sort, and that “[...] to be learning something is the greatest of pleasures not only to the philosopher but also to the rest of mankind” (Aristotle ca. 335 B.C.E./1984, 1448a 15, 13-15). Aristotle, then, unlike

Plato, recognizes in poetry an intrinsic positive value, which depends not only on its imitative nature—to which it was relegated in some moments of the history of literary and artistic theory—but also on its creative one, thus producing both understanding and enjoyment. In Pitari's words:

The *Poetics* states that *poiêsis* is a *téchne* founded upon *mimesis*, and that, precisely because *poiêsis* is founded upon *mimesis*, *poiêsis* is of great necessity and pleasure to humanity. This causal nexus established by Aristotle is surprising, and it also discloses the core of his reasoning: narrative art (poetry, epic, tragedy, and comedy) is valuable because it is *mimesis*; that is, narrative art is valuable because *mimesis* is necessary and pleasurable. But what does this mean?

[...]

In other words, for Aristotle, *mimesis* belongs to the core of human nature. It is not just enjoyment; it is how we learn. [...] Aristotelian *mimesis* is actually one of the natural ways in which human beings acquire knowledge. (Pitari 2021, pp. 18-19)

Pitari's words echoes those of Ricœur, who in his *The Rule of Metaphor: The Creation of Meaning in Language* (1975/2004) confirms the narrowness of an interpretation of *mīmēsis* as mere—and unsuccessful—imitation:

[...] it is only through a grave misinterpretation that the Aristotelian *mimēsis* can be confused with imitation in the sense of copy. If *mimēsis* involves an initial reference to reality, this reference signifies nothing other than the very rule of nature over all production. But the creative dimension is inseparable from this referential movement. *Mimēsis* is *poiēsis*, and *poiēsis* is *mimēsis*. [...] this paradox is of the utmost import; and it was anticipated by Aristotle's *mimēsis*, which holds together this closeness to human reality and the far-ranging flight of fable-making. (Ricœur 1975/2004, p. 44)

To clarify even further, art for Aristotle, and poetry in particular, moves from the representation of nature—Aristotle does not make reference to Plato's superior world of Ideas—whose rules it follows, while adding a subjective and creative part of *poiesis*, that is, of 'fable-making'. This more comprehensive description of the nature of poetry

according to Aristotle comes closer to the concept of narrative as I am sustaining in this dissertation: data and material from the ‘outside world’ are collected by the narrator-poet-storytellers who imprint their subjective—therefore creative—mark on them, combining them to create something similar and new at the same time, through a mental fable-making narrative process that can or cannot result in a narrative product formed by a narrative discourse and a story, to which the common meaning of the word ‘narrative’ is usually restricted.

It is this apparently paradoxical combination of old and new, of nature and human, of object and subject that allows the audience to recognise some elements as already known while obtaining new insights, pleasure, and relief—in Aristotle’s terms: *kátharsis*. As we have seen in Chapter IV, the cathartic dimension of the poetic experience is the one that has most attracted the attention of bibliotherapists and narrative therapists throughout the ages, as expressed by Caroline Shrodes in her seminal work on the psychodynamics of bibliotherapy (1950). Before any formal study of the processes underlying narrative and poetic experiences, however, Aristotle already offered an explanation of how knowledge obtained through art and poetry can have beneficial effects for the individual. As Pitari explains, knowledge deriving from *mīmēsis* provides relief because acquiring knowledge and getting near to the truths of reality and life is the main source of happiness for human beings. Furthermore, as Aristotle explains in his *Metaphysics* (ca. 350 B. C.E.), at the heart of philosophy there is a sense of wonder, which is best attained through poetic and artistic mediation:

For it is owing to their wonder that men both now begin and at first began to philosophize; [...] And a man who is puzzled and wonders thinks himself ignorant (whence even the lover of myth is in a sense a lover of Wisdom, for the myth is composed of wonders); therefore since they philosophized in order to escape from ignorance, evidently they were pursuing science in order to know, and not for any utilitarian end. (Aristotle ca. 305 B.C.E., 1, 2)

Narrative and art—including their most recent forms, such as those mediated by digital tools and virtual reality, as we have seen in Chapter IV—along with nature, are the place where it is possible to find most possibilities of wonder, which is the origin of the

desire for knowledge—that is, of philosophy—and its pleasure. The Greek word for ‘wonder’, *thaûma*, on the other hand, as Pitari explains:

[...] means much more than “wonder.” The original meaning of *thaûma* is “terror.” “Wonder” is only the secondary meaning of the term, and even that “wonder” to which *thaûma* refers is the wonder generated by terror [...] (Pitari 2021, p. 19)

This ‘negative’ facet of wonder is a symptom of how small humans are compared to the vastness of the universe they inhabit and the mysteries of life they face. Philosophy, then, becomes an attempt to

[...] understand the causal relationships in the world: we want to understand causality because said knowledge turns the unpredictable chaos of becoming into predictable order and so protects us from the terror of the unknown. In the same fashion, *mimesis* effects *kátharsis* because it allows us to learn and so to feel as though we can predict and control—through knowledge—the suffering to come. (*Ibidem*)

Here, in their ordering and chaos-lifting mission, the link between philosophy and narrative appears evident:

Thus, when Aristotle says that *mimesis* effects *kátharsis*, he is re-stating the same essential principle of philosophy: like philosophy, narrative art provides knowledge and therefore relief and, in this sense, there is unity of poetry and philosophy. (*Ibidem*)

But isn’t it science as well an attempt to give order to chaos by explaining causes and giving tools to predict the unpredictable? Philosophy, art, and science seem to find in this truth-seeking mission a common ground where establishing a dialogue is not only possible but also necessary for a full development of human nature. However, like a Venn diagram, the overlapping circles of philosophy, art, and science also maintain some areas of competence, where the tools and paradigms of one may work better than those of the others. Understanding how to choose and combine these forces of human

mind, both similar and different, when exploring the huge variety of reality is surely a titanic undertaking, and it is unsurprising that it has been often preferred to separate them and their different subsystems as much as possible. Such a choice may offer some advantages, as it is easier to try to grasp and explore smaller areas of human mental capacities compared to its entire spectrum. On the other hand, there is a risk of losing sight of the whole picture—or, at least, of the idea that a whole picture could exist at all. Narrative seems exactly at one of the points of intersection between philosophy, art, and science. That is why it is so hard to define, but, at the same time, so ubiquitous. And that is why it is worth every effort to make it a lingua franca between them. Everything that helps to attain this goal—including intuitions coming from criticism of narrative theory and methods—is thus a precious fragment of knowledge to reflect upon, which, as Aristotle teaches, is exactly what human beings desire.

In this introduction to the philosophical debate about the ethical—and consequently, from a certain point of view, therapeutic—value of narrative, art, and poetry, I have tried to emphasise some issues. First of all, the timeless nature of these questions, which intrigue and fascinate us in the XXI century as much as they did in ancient Greece, with repercussions on a vast area of human knowledge. This alone would warrant renewed research and debates. Secondly, the invitation to always go deep inside different opinions, as it is mostly probable that any serious attempt to explain a wide and complex range of topics—such as those regarding the nature of narratives and the arts—can contain new and illuminating insights that escape the attention of others. Thirdly, the importance of an attentive study of the sources and texts—as Pitari did—in order to avoid a superficial and biased interpretation of them, albeit a totally unbiased reading is more an ideal than a common outcome.

3. Criticisms of Narrative Medicine and the Narrative Construction of the Self

From Plato and Aristotle's age until the modern era narratives were considered mainly external to the individual, human products that gained a life for their own after their creation and that have the same effects on everyone while keeping their characteristics unchanged. More recently, however—and following a generalised, post-modernist move towards anti-essentialism and relativism—the attention of both theorists and critics of the narrative turns has shifted towards the overall environment of narrative production, to grasp the most relevant aspects—historical, political, economic, social,

cultural—that influence both narratives and narrators, and on the subjective experience of reception of such narratives. The main idea is that meanings—and thus the features and goals of narratives, whatever their form—are never fixed, and always depend on the individual, who is themselves constantly changing. This general view on meaning, knowledge, and identity supported a series of criticisms both against the attempts to use narrative tools and practices in traditionally unrelated domains, such as therapy, and against an excessive, almost totalising consideration of the role of narratives in human life.

One of the most common objects of such criticisms has been Rita Charon's narrative medicine approach. In a 2019 article entitled *Narrativity and medicine: some critical reflections*, Rolf Ahlzén analysed the basic assumptions of Rita Charon's narrative medicine in light of the reflections of critics of the 'narrative movement', acknowledging, in conclusion, that there are some valid reasons for following the path of narrative medicine, but with a certain caution and avoiding the excessive ambitions often shown by proponents of the use of narratives in the medical field (Ahlzén 2019). The aim of narrative medicine, as we have seen, is to increase the narrative awareness and skills of physicians and medical staff so that they can better understand and empathise with patients, mainly through close reading and analysis of literary texts, creative writing about personal and professional experiences—as in the form of the Parallel Chart—and training in interpreting and understanding patients' life narratives. The idea is that narrative competence “enables the physician to practise medicine with empathy, reflection, professionalism, and trustworthiness” (Charon 2001, p. 1897), representing a “model for humane and effective medical practice” (*Ibidem*), that would compensate for the shortcomings of a purely biomedical and evidence-based paradigm. Since its inception in the 1990s, Rita Charon's model of narrative medicine has achieved great influence, contributing to strengthening the central assumptions at the base of the narrative turns.

If Charon's narrative medicine reflected the growing interests among healthcare scholars and professionals for the new view of narrative and narrativity propounded by representatives of the narrative turns, 'expert' patients themselves have been attracted by the central role recognised to them, as narrators of their narratives of illness. One proponent of the vision of the crucial role of narration in human life and in the healing

process is Arthur Frank, author of one of the main reference works for the schools of thought supporting the importance of narratives in medicine: *The Wounded Storyteller. Body, Illness, and Ethics* (1995). Frank, founding his argumentation on a personal experience of serious illness, describes it as a threat, a wound in the body-self and in the bodily being-in-the-world (Frank 1995). To deal with illness and suffering in a way that allows the self to grow and strengthen and not be overwhelmed, according to Frank, it is necessary to formulate and receive stories—in the glossary I use: narratives. As the author explains: “Suffering does not magically disappear when the tale is told, but the more stories I heard [from other wounded storytellers] the less space my own suffering seemed to take up” (Ivi, p. XI). Such narratives can take three main forms, which, on the other hand, can be combined in different ways, can replace one another along the time, and are informed by many different social, cultural, and personal factors. The three narrative models are: restitution, chaos, and quest (Frank 1995). I will briefly go through some of Frank’s key concepts to better understand how they were differently contested.

The restitution narrative is, according to Frank, the most common form of narrative of illness. The typical storyline is simple: “Yesterday I was healthy, today I’m sick, but tomorrow I’ll be healthy again” (Ivi, p. 77). This type of narrative is the most widespread among patients—especially those who have recently discovered their illnesses—but also healthcare professionals, because contemporary culture “treats health as the normal condition that people ought to have restored” (*Ibidem*). As already highlighted, modern medical practice and culture has often conveyed the idea that sick bodies are like broken machines that need to be fixed as quickly and efficiently as possible to return to their predictable, productive, and pain-free activities. Clearly, the major faults of this kind of narrative emerge when it is not possible to return to the previous condition and the illness is incurable. When the body does not ‘obey’ to the laws of modern medicine and things seem only to get worse, hope in restitution and recovery fails, and chaos may take the lead.

In chaos narratives, on the other hand, there is no order, sequence, or discernible causality, nor any hope for life to get better. Tellers of chaos narratives represent the events of their life as they experience them, in a fragmentary way, which is hardly perceived as a story at all, lacking the fundamental narrative characteristics of causal

and chronological order (Ivi, p. 97). As a consequence, people around the ‘chaotic storytellers’ find it hard to understand them and their conditions and to empathise with them properly. In Frank’s words: “[...] the teller of the chaos story is not heard to be living a ‘proper’ life, since in life as in story, one event is expected to lead to another. Chaos negates that expectation” (*Ibidem*). There seems to be no hope, no rationality, no possibility of happiness for someone living a chaos narrative. Such people usually experience anxiety and depression, further exacerbating their condition, already made challenging by illness, pain, and fear for their life. At its extreme, the chaos narrative ceases to contain a proper story at all, as words fail, and those living the chaos are not able to give any verbal and narrative form to what they experience. This condition of non-narratibility strikingly resembles that of the traumatised individual, unable to express and represent their feelings and memories in a coherent narrative without appropriate help and therapy. As recognized by Frank:

If narrative implies a sequence of events connected to each other through time, chaos stories are not narratives. When I refer [...] to the chaos narrative, I mean an *anti-narrative* of time without sequence, telling without mediation, and speaking about oneself without being fully able to reflect on oneself. [...] these stories cannot literally be told but can only be lived. (Ivi, p. 98)

Chaos ‘anti-narratives’, however, can be recognized and acted upon: “the voice of chaos can be identified and a story reconstructed” (Ivi, pp. 98-99). Such stories and people expressing them, moreover, need to be respected and honoured by everyone, but especially by health professionals. Chaos must be accepted, not ignored or underestimated. Only in this way it is possible to avoid the pitfalls of the positivist restitution narrative, mainly its “attempt to outdistance mortality by rendering illness transitory” (Ivi, p. 115), and accompany the wounded storytellers towards a different form of self-narrative, the third model identified by Frank: quest stories.

While restitution narratives try to consider illness as a transitory moment of normal life, a temporary inconvenience that must be solved and possibly cancelled from memory, and while chaos stories, at the opposite end, represent the total dominion of suffering over the self, which loses its voice, identity, and freedom, quest stories “meet suffering head on; they accept illness and seek to *use* it” (Ivi, p. 115). Illness, then, is

neither ignored nor becomes the sufferer's dictator, but is "the occasion of a journey that becomes a quest" (*Ibidem*), the search for something positive even in such a dark and challenging situation as a severe illness. Narrators of a quest narrative regain their voices and authority on their own stories, and start considering their lives not as aimless wanderings but as purposeful journeys. As Frank clearly states:

Quest stories tell of searching for alternative ways of being ill. As the ill person gradually realizes a sense of purpose, the idea that illness has been a journey emerges. (Ivi, p. 117)

On the other hand, the goal of the journey is not always clear. It is different for every person and shows itself gradually along the road: "The meaning of the journey emerges recursively: the journey is taken in order to find out what sort of journey one has been taking" (*Ibidem*). Frank repeatedly emphasises that the person's identity is formed by narratives: "Stories do not simply describe the self; they are the self's medium of being", he asserts (Ivi, p. 53). The outcome of the illness from a moral, existential, and psychological point of view, therefore, will largely depend on which narratives the person constructs. Narratives, in fact, can help 'repair' the damages that illnesses have caused to the sufferers' sense of themselves, of their condition in life, and life purposes. People living a condition of suffering—and, by extension, everyone—in conclusion, should ask themselves: "What story do you wish to tell about yourself? How will you shape your illness, and yourself, in the stories you tell of it?" (Ivi, p. 159). Such questions strongly echo the third way of finding meaning in life according to Viktor Frankl's logotherapy, as introduced in Chapter II, that is, finding meaning also in the worst situations of unavoidable suffering. It is in those moments that human narrative and creative abilities can appear at their best, transforming "a personal tragedy into a triumph" and turning "one's predicament into a human achievement", not so much by changing the situation, but by meeting the challenge "to change ourselves" (Frankl 1959, pp. 116-117).

Stories of illness, on the other hand, need someone to be addressed to and to be received by. They need an active audience. People working in health care—physicians, general practitioners, nurses, therapists of different kinds—are in the best position to fill this role, along with the patients' family and friends. Consequently, movements in

health care such as narrative medicine are increasingly highlighting the importance of devoting time and specialised training to the listening and correct understanding of patients' narratives, in order to find the best treatment path based on individual needs and shared commitment, but also to help patients live their condition of suffering in the best way, to "make sense of a life that has reached some moral juncture" (Frank 1995, p. 161).

Charon's and Frank's views of illness and the healing process, while appealing to some, have been questioned in different ways. Criticisms of some of their fundamental tenets came both from those healthcare experts who advocate stricter compliance with standardised treatment protocols based on quantitative data and the impossibility of including narrative theory and practice in medical work, and from those who do not identify with the representation of patients—and human beings in general—as narrators of their own lives. Among the latter, philosopher and literary critic Galen Strawson stands out as one of the main critical voices, as acknowledged in Ahlzén's review.

In his article *Against Narrativity* (2004), Strawson claims that "talk of narrative is intensely fashionable" (Strawson 2004, p. 428). Interest in such issues, in fact—as we have seen considering the different narrative turns identified by Hyvärinen—grew exponentially since the mid-1980s, when it was linked to some currents of post-modern and post-structuralist thought (Ahlzén 2019, p. 2). At this stage, psychologist Jerome S. Bruner's article *Life as Narrative* (1987) underlined the constructive nature of understanding life and the world, exploring the way in which narratives shape interpretations and, in doing so, reflect "cultural conventions and language usage" (Bruner 1987, p. 15). In particular, Bruner stressed that:

[...] the culturally shaped cognitive and linguistic processes that guide the self-telling of life narratives achieve the power to structure perceptual experience, to organize memory, to segment and purpose-build the very "events" of a life.
(*Ibidem*)

Even more ambitious was his *The narrative construction of reality* (1991), in which he affirmed that "we organize our experience and our memory of human happenings mainly in the form of narrative" (Bruner 1991, p. 4), and described narrative as "an

instrument of mind in the construction of reality” (Bruner 1991, p. 6), thus the fundamental model of organisation and comprehension of reality available to the human mind. Such a conception of narrative and narration can be defined as ‘strong’, as it is capable of permeating every aspect of human experience. At the basis of this conception, according to Strawson, it is possible to identify two main theses: the psychological or descriptive narrativity thesis and the ethical or normative narrativity thesis (Strawson 2004, p. 428). The psychological narrativity thesis affirms that everyone, to a greater or lesser extent, creates their own meanings of life starting from narratives, through which they order and evaluate the otherwise chaotic series of events that fill daily existence. These narratives can change and transform as new life situations are faced, and, therefore, require continuous reinterpretations. Moreover, it is possible that several contrasting narratives exist simultaneously, potentially creating an inner tension. This thesis, given its descriptive nature, could, at least theoretically, be confirmed or refuted empirically through a series of psychological or neuroscientific experiments. The ethical/normative narrative thesis, on the other hand, not only asserts that the individual thinks of themselves and others through one or more narrative schemes, but that this behaviour is essential for living a good life. It follows that the inability to create a meaningful narrative of one’s life, or of some crucial parts of it, as in the case of particularly traumatic events, would be problematic and a possible cause of suffering (*Ibidem*). Similarly, Samantha Vice, in her article *Literature and the Narrative Self* (2003) (already quoted in Chapter I), distinguishes between a factual and a normative interpretation of two ‘strong’ narrative claims: that identity is constituted by the narrative that we tell about ourselves, as we consider ourselves characters of the stories contained in those narratives (a ‘narrative conception of the self’); that we necessarily impose a narrative structure upon the world and that experience, therefore, has a narrative form (a ‘narrative conception of experience’) (Vice 2003, p. 93).

Strawson was among the first to vigorously oppose this view on the positive role of storytelling with both its underlying theoretical assumptions, the psychological and the ethical narrativity thesis. According to him, the narrative turns would essentially be based on false premises, on a series of misunderstood assumptions, which profoundly distort the understanding of the role of narratives in the life of the individual. Furthermore, he adds:

I also suspect that those who are drawn to write on the subject of ‘narrativity’ tend to have strongly Diachronic and Narrative outlooks or personalities, and generalize from their own case [...]. (Strawson 2004, p. 428)

Underlying Strawson’s argumentation are a few key distinctions. The first—already introduced—is that between the two main theses in the discourse on narrativity. The second distinction is between two basic personality types, two ideal types of how people experience themselves and their lives in a temporal perspective: the diachronic self-experience, according to which one sees life as a continuum, something “that was there in the (further) past and will be there in the (further) future” (Strawson 2004, p. 430); and the episodic self-experience, according to which one “does not figure oneself, considered as a self, as something that was there in the (further) past and will be there in the (further) future” (*Ibidem*). A third distinction made by Strawson, finally, is that between considering oneself as “human beings taken as a whole” and considering oneself as “an inner mental entity or ‘self’ of some sort” (Ivi, p. 429). In fact, if, according to Strawson, it seems obvious to consider oneself as a physical being continuous in time—‘as a whole’—it is by no means obvious to consider oneself as a mental entity which is permanent in time. People who are characterised by an episodic type of self-experience and personality—among whom Strawson includes himself— as a matter of fact, would not be capable of living such an experience of ‘permanent self’. Strawson points out, moreover, that there could be combinations of these ideal types of personality—diachronic and episodic—and that they may change over time, but he assumes that most individuals can be fundamentally ascribed to one type or another and that “the fundamentals of temporal temperament are genetically determined” (Ivi, p. 131). Such differences must be taken into consideration, Strawson warns, if one wants to avoid prejudices and misunderstanding in any situation, be it a therapy or healthcare relationship or in normal communication and social interaction. The fact that some individuals have an episodic personality, in particular, would also contradict both the psychological and ethical narrativity thesis, as it would not be universally accepted that people experience their lives as a narrative or a cohesive set of narratives and that this narrative outlook on life is a good thing for all. While, in fact, diachronic personalities would be prone to self-narration, as their sense of continuity can take the form of a

narrative, this would not be the case for episodic personalities. Strawson takes himself as an example, explaining that people with an episodic personality are unable to give their life the form of a coherent, full-fledged narrative, and to perceive a continuity with the many different selves who seem to have experienced the remote past events that populate their memory. Finally, Strawson believes that diachronic personalities often exhibit a “tendency to revision” (Ivi, p. 443), which can be conscious or unconscious. Not all storytellers amend or alter their life narratives, he claims, and not always opportunistically, but some definitely do, and the risk, says Strawson, is: “moving away from accurate self-understanding, from the truth of your being” (Ivi, p. 447). In summary, Strawson launches an eloquent attack on a number of hypotheses concerning the role of narratives in the construction of the self and the experience of life. Not only does he question the assumption that all personalities are fundamentally narrative, but he also doubts that those that are so always benefit from this.

Another influential voice in this debate is that of Angela Woods, professor of Medical Humanities and philosopher, who partially shares Strawson’s position but develops it in a peculiar way. According to Woods, narration is not necessarily the privileged form of restitution of the self-experience in illness, but it simply represents one of the many cultural forms available to human beings for communicating, expressing, and formulating the experience of illness and suffering (Woods 2011, p. 14). The limits of narratives, Woods remarks, would derive from the limits of language. Nonverbal forms of understanding and expression—such as the visual arts—or even non-sequential verbal forms—such as some forms of poetry—on the other hand, could be as important, or even more important, than verbally mediated forms of narrative with a chrono-causal coherence. In particular, as highlighted by Strawson, individuals with episodic personalities would feel themselves more comfortable in expressing their experiences, thoughts, and feelings through non-verbal or non-sequential narrative and non-narrative media. By indiscriminately asking for a narrative and verbal account of everyone’s experience, instead, people—especially those with an ‘episodic nature’—would be forced to find “structure, coherence, and unity where there are no such things. Narrative forces patterns on what lacks pattern” (Ahlzén 2019, p. 4). Frank, on the other hand, would argue that this is exactly why storytelling, in the right form, is capable of healing. Strawson’s counterargument is that narratives most of the time place

a form of coherence on the individual self and past that is unreal. This constructed and unnatural coherence, according to Strawson, can result in psychological harm, both consciously and unconsciously, leading people to fatal misunderstandings about their lives, because “the more you recall, retell, narrate yourself, the further you risk moving away from accurate self-understanding, from the truth of your being” (Strawson 2004, p. 447). Critics of the narrative turn such as Strawson, Ahlzen, and Woods, then, refute both the idea that all human beings have a natural propensity for narration and the idea that such a propensity is always favourable and beneficial for the individual and the society. This second, ‘ethical’ assumption, in particular, has been strongly criticised by those who do not identify themselves as ‘narrative’ and diachronic people, in the sense expressed by Strawson. A distinction, this, that—while worthy of further psychological, neurological, and genetic research—should be carefully evaluated, as it could contribute to exacerbating a division among ‘human types’ that most often relies on subtle and complex individual peculiarities, more than clear-cut categories.

Proof of the impact that Strawson’s critique of a narrative conception of identity had, is the debate it sparked, generating both consent and dissent, as well as many opportunities for new insights. A full-fledged response to Strawson’s argumentation came from Kristofer C. Arca, who, in his article *Opaque Selves: A Ricœurian Response to Galen Strawson’s Anti-Narrative Arguments* (2018) draws on Ricœur’s hermeneutic phenomenology to demonstrate the validity of narrativity for the understanding of the meaning of human identity. Summarising Arca’s key points, it can be said that Strawson’s preference for an episodic type of personality—one that sees itself as always changing according to the experience it is living at the moment and has conscience of itself intuitively—gives rise to various doubts. First of all, one may wonder if it is possible to rely on intuition as a form of comprehension of reality, or if it is an inferential and, therefore, fallible process (Arca 2018, p. 81). What Ricœur—and Arca with him—suggests is that “if we want to understand the nature of the self, we can only do so indirectly through the interpretation of vast symbolic structures that—as symbols—stand in the place of direct lived experience” (*Ibidem*). Narrative production would be the way we use to interpret such experience, and probably the best one, as it is capable of representing one of the fundamental problems of human existence: the temporal dimension. On the other hand, as Arca highlights, Ricœur as well, like

Strawson, would have rejected the psychological narrative thesis, affirming that a narrative experience of life is not naturally embedded, but rather an “ontological condition of possibility” (Ivi, p. 82), a way to understand what it means to be a self, rather than a pre-existent psychological condition. Regarding such a distinction, it would be interesting to compare, in future research, philosophical argumentations with psychological and neuroscientific studies, to explore the faint border between possibility and embodied necessity.

Furthermore, if Strawson hints that a diachronic and narrative perception of oneself can easily fall into revisionism of one’s own life experience and, consequently, deception and falsification, Arca remarks that not all forms of revision are deceptive and that much can be learned from a narrative re-reading of both the past and the future. In Arca’s words:

[...] in returning to our life-story, we are presented with the possibility of reinterpreting a particular experience or chapter [...] and in order to inspire action. That the lived experience I narrate exceeds the story I tell is a good thing. It means that there is a wealth of meaning-potential that can be mined by the task of hermeneutic understanding. (Ivi, p. 83)

Moreover, while it is true that narratives can be used in dishonest ways, this is a moral problem that is best addressed not from an episodic point of view—alien from any form of coherence and consistency—but rather from a narrative one. For Ricœur, in fact, the narrative identity exists only in an intersubjective relation with other human beings, rooted in temporal consistency and moral constancy, and which is, first of all, a commitment and a choice defying time, whatever change might occur (Ivi, p 78). Thus, a narrative conception of identity ceases to appear self-referential and egocentric, opening—or rather depending at its very core—to the others and the world, thus building upon the Triangle of Meaning that I have proposed in Chapter II. “It is only in other words”, explains Arca, “through, by, and with my relationship with others that ‘who’ I am becomes an issue for me. It is only through, by, and with other that I am asked, and can begin to ask myself, ‘who am I?’” (Ivi, p. 80). And it is only through narrative means, the author suggests, that an answer can be attempted.

Returning to Ahlzén’s argumentation, it is interesting to consider how the basic

principles of Charon's narrative medicine paradigm are critically analysed. Ahlzén identifies three basic assumptions that seem essential to justify the claims of narrative medicine:

1. Clinical practice has moved away from the experiences of patients and narratives of illness, in favour of an exclusive reliance on scientific data and on a description of the medically constructed body in its normal and pathological functioning. For this reason, modern Western medicine would be unable to achieve its fundamental goal of reducing suffering in all its manifestations, physical and psychological.
2. Humans try to understand and explain their lives and they do so in a narrative way. Life stories, then, would be essential for a good life. Losing or failing to construct such stories leads to suffering.
3. In order to restore the importance of human subjectivity to clinical practice, clinicians and other health professionals should consume and analyse literary narratives, especially fiction, and learn some of the tools of narrative analysis. In this way, health professionals would develop narrative skills that can be applied to real patients' life narratives. (Ahlzén 2019, p. 6)

Of these three statements, Ahlzén substantially supports the first, although with some reservations, considers the third partially true, and the second probably false and perhaps even dangerous in its integral form (Ivi, p. 7).

The first assumption underlying narrative medicine describes the perceived frequent alienation of doctors from their patients—at least in Western medicine—their ethical callousness, and the need for consuming and producing narratives of illness as a remedy for such alienation. There is no doubt that this portrayal of medical practice reflects widespread concerns—Ahlzén replies—but, even admitting such risks, many doctors object that they *are* really interested in what their patients want to communicate, but that time and resources available to them are insufficient, and that their patients ultimately want them to fix what is wrong with their bodies and return to the life they led before they fell ill (*Ibidem*). Therefore, it is difficult to draw general conclusions about the willingness and ability of physicians to interact with their patients, receive their narrative of illness, and co-construct new narratives about the future.

Regarding the second assumption of narrative medicine, which essentially corresponds with the two theses of the ‘strong’ narrative perspective on human life analysed by Strawson, one can ask—following Ahlén—whether it is necessary to accept—in whole or in part—Strawson and Woods’ criticisms about those assumptions, and, if so, what would be the consequences for narrative medicine. According to Ahlén, “Some of the claims of narrative medicine must be regarded skeptically [...]. But to deny that stories matter to some degree for all humans, and particularly for those who have fallen ill, is to deny the obvious” (Ivi, p. 8). What is deeply problematic, on the other hand, is

[...] the leap from suggesting the value of doctors listening to their patients’ stories, which seems next to trivially true by any reasonable definition of “story”, to claiming that all or most patients by necessity are “narrative” and need to construct “life-stories” [...] At best, it increases the interest in what ill persons have to say and not much more; at worst, it will tend to press patterns of interpretation on persons who neither want nor should be thought of as Narratives, in Strawson’s sense. (*Ibidem*)

Finally, for what regards the third assumption, Charon clearly states that clinicians who want to practise narrative medicine need narrative tools and skills, such as “close reading, reflective writing, and bearing witness” (Charon 2006, p. X). These skills, according to Charon, are “needed to listen to narratives of illness, to understand what they mean, to attain rich and accurate interpretations of these stories, and to grasp the plights of patients in all their complexity” (Ivi, p. 3). Certainly, as Charon admits, doctors, nurses, and social workers are already overburdened with work and with the vast, ever-increasing amount of medical knowledge needed to keep up to date with the latest research results, and cannot be expected to study narratology or literary criticism in depth. But, she insists, “We want to make them transparent to themselves as readers, and we want to equip them with the skills to open up the stories of their patients to nuanced understanding and appreciation” (Ivi, pp. 109-110). How to attain this goal and the true nature of the narrative skills that doctors should learn remain, however, partly obscure, and represent factors of scepticism among healthcare professionals approaching narrative medicine. The empirical evidence for the effectiveness of such

additional training in narratology and literary narratives, on the other hand, would be far from definitive. Studies in the field, observes Ahlzén, almost inevitably appear biased and unreliable, as groups of participants are often highly selected and receive specific attention from trainers (Ahlzén 2019, p. 8).

In summary, according to Ahlzén, there is little evidence that ethical reasoning or empathetic capacity are positively influenced by literary experience and narrative training, although this may occur under carefully specified circumstances. On the other hand, it seems far more probable that the habit of reading literary works has the potential to stimulate interest also in patients' stories, a capacity undoubtedly of great value for everyone working closely with and for people (Ivi, p. 9). That is the reason why, far from abandoning research in the field of medical humanities and narrative medicine for its indeterminacy, more studies are needed, combining attentive qualitative analysis and modern technologies of analysis of bodily responses to narrative therapy approaches.

Interestingly, criticisms of the assumption that narratives and self-narration are valid treatment tools and generally beneficial for mental health and self-realisation come not only from representatives of the natural sciences or of some strands of philosophy and literary studies, but also from narrators themselves, and even from some of the most influential in history. This is the case of Fyodor Dostoevsky (1821-1881), as it is well analysed by Monica Greco and Paul Stenner in their essay *The Illness of Narrative: Reframing the Question of Limits* (2021). Greco and Stenner moves from Dostoevsky's *Notes from Underground* (1864) to investigate "whether the construction of selves through narrative can and should be regarded as a 'healthy' norm, even for those in whom this activity appears to come naturally" (Greco & Stenner 2021, p. 3). Dostoevsky's novella, in fact, inspired and questioned readers and critics since its first appearance. In his ground-breaking book *Deceit, Desire & the Novel: Self and Other in Literary Structure* (1961/1965), for example, René Girard includes *Notes from Underground* among the few literary works capable of revealing, before and better than any psychological or anthropological analysis, the intrinsic mimetic character of human desire. A desire that is essentially 'triangular'—as we have already seen in Chapter II—because it is inspired not by some intrinsic characteristics of the desired object, but by the imitation of another subject's—the so-called 'mediator'—desire for that object

(Girard 1961/1965). According to Girard, moreover, “the great writers apprehend intuitively and concretely, through the medium of their art, if not formally, the system in which they were first imprisoned together with their contemporaries” (Ivi, p. 3). This assertion is a modern-age reaffirmation of Aristotle’s recognition of the capacity of arts and poetry to provide a form of knowledge that is different from the rational one of other systems of comprehension, but not less valuable. In Dostoevsky’s novella, in particular, the protagonist—the so-called Underground Man—who is a perfect embodiment of the triangular desire, is presented as the emblem of modern society. Albeit a product of the author’s imagination, he, all the same, as explained by Dostoevsky himself, “not only may, but must exist in that [our] society”, and he is “a representative figure from a generation still surviving” (Dostoevsky 1864/2010, p. 1). What are the main characteristics of this modern Underground Man who is completely subjugated to the force of the mimetic desire later described by Girard? As argued by Greco and Stenner, the Underground Man experiences a sort of moral illness, which makes him completely unable to establish healthy relationships with others, to find the strength of will to act, and, ultimately, to find meaning for his life, because of his “superabundance of (self-)consciousness” (Greco & Stenner 2021, p. 4). The Underground Man, in fact, is completely self-absorbed, always pondering and musing on his and others’ actions, words, and thoughts—or, at least, those he attributes to them. At the same time proud and insecure, conceited, and self-reproachful, the Underground Man does not rely on any strong value or moral law, such as those of nature and truth, and his extreme self-consciousness makes him unable to truly empathise with others, who attract and repel him simultaneously. Cause and consequence of such a condition is, according to Dostoevsky, a life lived ‘lost in books’, where imagination becomes more important than reality. Reading becomes for the Underground Man the only way to safely connect—or rather, to create the illusion of a connection—to the external world populated by other selves:

At home, to begin with, I did a lot of reading. I wanted to stifle all that was smouldering inside me with external impressions and reading was for me the only possible source of external impressions. Reading, of course, helped me a great deal - it excited, delighted and tormented me. (Dostoevsky 1864/2010, p. 55)

This ‘fictional’ life lived through books, on the other hand, is both a source of solace and dissatisfaction. Periodically, as in a pendulum, the Underground Man perceives that there is another world outside his mind and his corner of solitude, and he decides to raid it. But he seems to lack the moral and affective resources necessary to navigate in such a different and perilous ‘real’ world. The Underground Man understands it clearly, as he explains to his reader:

But at times it bored me to death. I wanted to be active, and I would suddenly plunge into dark, subterranean, nasty - not so much vices as vicelets.

[...] I had no resort but reading - I mean that there was nothing in my environment at that time that I could respect and feel attracted to. Moreover, an anguish of longing would boil up inside me; a hysterical thirst for contradictions and contrasts would appear, and I would embark on dissipations. (*Ibidem*)

This life of “contradictions and contrasts”, which finds its only lifeline in reading—it is never revealed what kind of books the Underground Man reads, and that would be an interesting aspect to investigate in greater depth—eventually moulds the very cognitive and affective structures of the Underground Man. This is extremely revealing, because it foreshadows many of the psychological and neuroscientific discoveries of the following decades and even centuries, such as those concerning the mirror neurons and neuroplasticity we have introduced in Chapter III, but also of modern bibliotherapy:

I was so used to thinking and imagining everything like a book, and seeing everything in the guise in which I had previously created it in my dreams, that at first I didn’t even understand this strange circumstance. (Dostoevsky 1864/2010, p. 144)

Making confusion between art—in its literary form—and ‘real’ life is precisely the mistake that is often attributed to the ‘strong’ narrative view of experience and identity (Vice 2003, p. 93). Again, in the final lines of the book, the Underground Man gives voice to the existential malady—akin to the noogenic neurosis described by Viktor Frankl—that prevents one to find any good—and thus meaning—in real life:

[...] we have all got out of the habit of living, we are all in a greater or less degree crippled. We are so unused to living that we often feel something like loathing for 'real life' and so cannot bear to be reminded of it. We have really gone so far as to think of 'real life' as toil, almost as servitude, and we are all agreed, for our part, that it is better in books. (Ivi, p. 151)

Books—but also many other narrative forms, such as those analysed in Chapter IV—then, may become, for people who flee society, its chaos and cruelty, the only acceptable source of mental structures and of points of reference, maybe also for their very solid, 'fixed' and apparently immutable, paper nature. Hypersensitive, self-absorbed, and self-centred modern people would prefer, according to the crude analysis of modern times contained in *Notes from the Underground*, to get lost in their reveries and philosophical conundrums sparked by reading, rather than trying to reach out to the world and people outside themselves. The Underground Man, in fact, feels alone even in the crowd, both fears and looks for solitude, and, paradoxically, almost welcomes physical pain, as a form of external reality that interrupts the never-ending stream of self-referential thoughts: “[...] I refuse treatment out of spite. [...] I know better than anybody that I am harming nobody but myself. [...] Is my liver out of order? - let it get worse! (Dostoevsky 1864/2010, p. 3). Moreover, fearing the meaninglessness of reality, the Underground Man prefers the safety of prison to the uncertainty and responsibilities of independence (Ivi, p. 151). Without someone or something—such as an abstract idea or narrative contained in a book—that leads them, people from the underground seem totally unable to face the choices and challenges of 'real life':

Leave us to ourselves, without our books, and at once we get into a muddle and lose our way - we don't know whose side to be on or where to give our allegiance, what to love, and what to hate, what to respect and what to despise. (Ivi, p. 152)

Eventually, acknowledging their inability to make free choices, which may be considered the very kernel of human nature, people from the underground start to question their own belonging to the world of the living:

We even find it difficult to be human beings, men with real flesh and blood *of our own* [...]. We are born dead, and moreover we have long ceased to be the sons of living fathers; and we become more and more contented with our condition. We are acquiring the taste for it. Soon we shall invent a method of being born from an idea. (*Ibidem*)

What emerges from *Notes from Underground*, therefore, is a bleak portrait of a humanity lost in fear, uncertainty and isolated from itself. A portrait, we may add, that, although produced in 1864, looks absolutely contemporary. As a matter of fact, according to Greco and Stenner, the situation has even got worse, because “what for Dostoevsky had been the symptom of a modern illness becomes a full-blown cure” (Greco & Stenner 2021, p. 4). In fact, the Underground Man—while completely suffocated by his extreme self-consciousness and enslaved by the most violent forms of mimetic desire—still can recognise the noxiousness of such an alienating condition, albeit unable to get free from it. Instead, as Greco and Stenner claim, the contemporary “mix of speech-act philosophy, hermeneutics, ethnomethodology, structural linguistics, pragmatics, semiotics, post-structuralism, and literary theory” (*Ibidem*)—which led to the many ‘narrative turns’, we may add—seems to have fulfilled the “prophecy of de-realisation” (*Ibidem*) inscribed in *Notes from Underground*. In particular—Greco and Stenner goes on—Arthur Frank’s idea of the complex relation between the body and the culture it inhabits and of the self-defining value of narratives, especially in the face of illness, seems to welcome the very “notion — so disturbing to Dostoevsky — that human beings are ‘begotten by an idea’ or, more specifically, that we are begotten by stories [...]” (Ivi, p. 5). Moreover, Greco and Stenner find in Frank’s—and narrative therapists’—belief that narratives may have a therapeutic effect on those who create or receive them a further confirmation of Dostoevsky’s fear that modern human beings are constantly absorbed in self-reflection, continuously changing their life narratives when the selves they show are not coherent with their mimetic and conflicting desires. Clearly, Greco and Stenner are critical of Frank’s eulogy of narratives for therapeutic purposes, drawing from Dostoevsky’s words to create an opposition between two different views of the role of narratives in life:

Where Dostoevsky wanted to contrast the one who truly lives with the one who lives only through stories, Frank seems to want us to acknowledge that, actually, it is only stories that really live. (Ivi, p. 6)

While it might be true that Dostoevsky's warning contained in *Notes from the Underground* seems to have been overturned and transformed into an invitation to engage in more careful life-narration by Frank, however, it seems also limiting to depict the two opinions as in a straightforward opposition. As much as Frank—but also Charon and all the supporters of narrative medicine and narrative therapy—suggests using narratives as therapeutic tools, in fact, he also makes a distinction between different kinds of stories, as we have seen, creating a clear hierarchy between them. Accordingly, he regards 'quest stories' as the healthiest way of perceiving and living an experience of illness, considered as a purposeful journey worthy of embarking on (Frank 1995, p. 117), while he highlights the dangers of life-narratives lost in chaos or based on unrealistic dreams of restoring past conditions. In this way, Frank introduces a form of ethical discrimination in his narrative panorama, some points of reference for choosing the best way of telling one's own life-story, whose lack was what concerned Dostoevsky more in a world, that of the second half of the XIX century, overflowed by the most diverse social and political opinions, lifestyles, philosophies, and of course, narratives, among which it seemed impossible to choose. When Greco and Stenner claim that "If there is a core message to *Notes from Underground* it is that, in the same way that the narrator is the antithesis of a normal person, so living-by-narrative is antithetical and inimical to «real 'living life.'»" (Greco & Stenner 2021, p. 9), moreover, it is possible to rebut that the Underground Man—with all his flaws and weaknesses—does not embody all the evil of the society he lives in, compared to the 'good', normal people who live the 'real life'. Quite the contrary, the Underground Man appears to be both the product and victim of the society propelled by those respectable people, who made of him both a scapegoat—another fundamental concept in Girard's thought—and a perpetrator of the violence and discrimination inscribed in their individualistic society—as shown when the Underground Man vents all his anger and self-disgust against the only person who shows him piety and love, the young prostitute Liza. Therefore, are really books and narratives the cause of the Underground Man's moral and psychological breakdown? Or rather the people who, influenced by multiple

social, cultural, and moral factors, excluded him, more or less consciously, supporting the creation of a society driven by selfishness, egocentrism, and Girardian mechanism of mimetic violence, which constantly creates new victims and scapegoats? Moreover, does it really make sense to talk about ‘books’ in general terms, without specifying which books, when and in which context they were read, and with whom they were discussed (or not)? Expanding the issue on a more general level, can different ages, cultures, and societies show divergent opinions towards the role of narratives in human life or is it a universal feature that can and must be illuminated with the contributions of thinkers across the centuries and disciplines?

These are all questions that help us to place the issues related to the existence of narratives and their relations with human nature and well-being in a broader milieu. As when long-shuttered windows are opened onto endless meadows, such complex enquiries cannot be illuminated by closing the intellectual borders, but by opening them, by exploring each possible corner of the debate, both from the inside and outside. Attempts to expand these boundaries have been made in recent years, even if sometimes they faded into the background of academic discourse and professional activity for reasons of theoretical and practical simplification. Modern bibliotherapy, for example, as seen in Chapter IV, has long recognised the necessity of taken into consideration all the protagonists and factors involved in the bibliotherapeutic process—the participant, the bibliotherapist, and the textual material, but also the environment, the participant’s social relationships, their reading habits, and the therapy group, to name the most relevant. In conclusion, if even philosophers and narrators themselves have been issuing warnings about the power of narratives and stories, they have done so not to condemn narratives as a whole, but to show in what cases and in what conditions they can be used for the benefit of people, and when, on the opposite, they can become a tool for alienation, leading to a distorted relation with life and other people.

4. Empirical Limitations of Narrative Therapy

After analysing some of what can be considered the main theoretical and philosophical criticisms of the narrative turns, we can try to respond with greater awareness to some of the empirical¹⁷ and ‘practical’ limitations that professionals—especially healthcare

¹⁷ I refer to them as ‘empirical’ limitations as they all have been the object of studies that made use of some form of quantitative or qualitative data collecting tools.

ones—who want to use a narrative approach may encounter in their daily work and relationship with their patients. To this end, I have identified three—not certainly exhaustive—categories of ‘empirical’ limitations, which actually include cases in which various factors are inextricably intertwined.

4.1. Physical Limitations

Among the limitations that we can define as ‘physical’ to the application of narrative medicine and narrative theories in therapy we may include those that characterise the assistance of individuals who are unable to use spoken language due to different physical conditions.

An example is presented in the article by Alys Young and colleagues, entitled *How might the cultural significance of storytelling in Deaf communities influence the development of a life-story work intervention for Deaf people with dementia? A conceptual thematic review* (2020). In this review, the authors highlight the difficulties encountered by deaf people, especially those suffering from dementia, in taking advantage of the narrative programmes and activities commonly offered in healthcare contexts. Furthermore, since many of the narratives produced by deaf people are in the form of sign language and there are still very few recordings of it, it is difficult to analyse those texts and reflect on them, which is one of the fundamental characteristics of narrative medicine. Indeed, until the advent of cinema and digital technologies, deaf people’s narratives were not properly reproduced, stored, and analysed. Deaf scholars themselves found it extremely difficult to enter academia until very recently (Young et al. 2020, p. 274). Nowadays, on the other hand, there is an increasing awareness of the importance of paying attention to deaf people’s life stories with their cultural specificities. Deaf people, in fact, especially those who have been deaf since birth, often have specific cultural belonging traits and their own ways of expressing themselves, based on visual rather than linguistic elements. As famously stated by George William Veditz (1861-1937), seventh President of the National Association of the Deaf from 1904 to 1910, “[Deaf people] are first, last and all the time the people of the eye” (Veditz 1910/1912), and their use of a visual, spatial language is “both means and embodiment of their narrative” (Young et al. 2020, p. 263).

Given these premises, the condition of dementia in deaf people poses particular difficulties, as understanding the manifestations and evolution of this pathology for those who cannot use verbal language is made more difficult by a long-lasting lack of accessible information in sign languages. As a matter of fact, personal stories of deaf people living with dementia or of people caring for deaf people with dementia are still rare, contributing to making dementia an individual and private matter, experienced with particular shame and fear by deaf people (Ferguson-Coleman et al. 2016). As highlighted by Young and colleagues:

The small amount of available direct empirical data from older Deaf people with dementia supports this perception that in losing one's language one is losing oneself (Young et al., 2014); a sentiment all the more powerful for people whose language has been perpetually unrecognised or denied. (Young et al. 2020, p. 276)

Therefore, any technology or methodology of intervention—such as narrative medicine and narrative therapy—that purports to assist deaf people with dementia in the practice and therapy of narrating their life-stories is unlikely to be successful unless “it is able to exploit and follow Deaf people’s visual, embodied habitus” (Ivi, p. 277). Other abilities that narrative therapists should develop to successfully engage with people who are physically unable to produce traditional verbal narratives are those coming from conversation analysis and cognitive narratology, especially ‘mind reading’—also referred to as Theory of Mind, already described in Chapter III—as stressed by Tarja Aaltonen in her chapter ‘*Mind reading, a method for understanding the broken narrative of an aphasic man*, contained in Hyvärinen and colleagues’ *Beyond Narrative Coherence* (2010). According to Aaltonen, mind reading in the form of thought reporting can support the mutual understanding and participation in a narrated storyworld between so-called normal speakers—a narrative therapist, for example—and aphasic people, whose narratives are commonly perceived as broken or unintelligible (Aaltonen 2010, p. 50). Aaltonen’s argumentation moves from the recognition that “every person with or without linguistic capacities narrates in multimodal ways” and that “The form of the utterance and the manner it is interpreted cannot be understood separately from the social context in which the narrative discourse takes place” (*Ibidem*). To truly gain the necessary skills to identify, understand, and respond to life

narratives in the most different communicative conditions, therefore, involves first of all embracing a conception of narrative that goes beyond the verbal dimension and reaches the very inner structure of mental expression and thought, which is also deeply intertwined with—embodied and embedded in—social relationships and environmental conditions, as proposed along this dissertation.

4.2. *Cognitive Limitations*

The theme of dementia leads us to consider another kind of limitation imposed by this and other pathologies and syndromes on narrative capacities: the cognitive ones.

In their article *Dementia, Positioning, and the Narrative Self* (2017), Matti Hyvärinen and Ryoko Watanabe challenge the conventional wisdom that identifies the narrative self with long autobiographical narratives. This vision of the narrative self, according to the authors, would exclude those who, due to the effects of neurodegenerative pathologies such as Alzheimer's disease, appear to be partially or totally deprived of memories of the past and awareness of the continuity of their selfhood. Indeed, as the disease progresses, the traditional concept of narrative self loses much of its relevance, as it ceases to follow an apparent chrono-causal order (Hyvärinen & Watanabe 2017, p. 337). A study carried out by Hyvärinen and Watanabe in a nursing home for the elderly with dementia in Japan based on videotaped occupational therapy sessions proved, however, that even patients with dementia in an advanced state can show a desire to narrate themselves, recovering and reworking fragments of memories. The authors, therefore, deduced that the concept of narrative approach to the self should not be limited and static, but understood as a continuous, constructive, and reconstructive movement, as well as integrated into an embodied conception of the self, which includes, but also go beyond, the linguistic and cognitive deteriorations caused by age and illness. Patients with neuro-degenerative pathologies, as a matter of fact, have many different ways to express themselves, their feelings, emotions, needs, and goals. Refusing or accepting to do the exercises and activities suggested by the caregivers, opening and closing the eyes, tilting the head, using a strong voice, and all the reactions to the therapists' actions and words, for example, are all vital parts of non-verbal forms of narrative communication, according to Hyvärinen and Watanabe (Ivi, p. 353). Moving from these considerations and from the analysis of the videotaped

therapy sessions, the authors concluded that it is fundamental to recognise the existence, in patients affected by dementia, of embodied, agential selves, which testify people's intentions and continuity of identity (*Ibidem*). In particular, the occupational therapist working in the nursing home adopted a supportive strategy called 'dramaturgical positioning' (*Ibidem*). This kind of therapeutic approach aims at recognising to the patients an active role as participants of conversations, even when verbal and cognitive skills are seriously impaired. Even in the absence of a coherent, ordered self-narrative, in fact, other ways in which patients express themselves and take roles in a relationship make clear that

[...] there is no doubt about the existence of their embodied, agential selves, intentions, and continuity of person [...]. Yet their utterly fragmented and sparse ways of telling about their pasts is in stark contrast to the traditional conceptions of the narrative self and identity.

If the narrative self is understood, in the conventional way, as "the self displayed in a big narrative," [...] these women hardly possess much of a narrative self. Instead of a careful creation of a storyworld (Herman), or even a disruption within this storyworld, the studied dementia sufferers seem to focus on taking a position or role within the storyworld. This position-taking, however, displays strong experientiality. The alternative to the identification of the narrative self and big, autobiographical narrative is to renounce the assumption of narrative as a noun (Hydén, "Identity" 47): if we move toward understanding "narrative" as a verb or an adjective in "narrative selves," we can envision a self that communicates and is constituted with the help of narratives and storytelling. (Ivi, pp. 353-354)

It is important, then, to recognise that there can be alternative ways of expressing a narrative and a conscious self behind it. As I endorsed in Chapter I, the understanding of 'narrative' as an adjective rather than a noun can be an important move towards a recognition of its properties and dynamics in many more mental and expressive activities than it was thought before. We must not close the range of possible narrative forms within a fixed canon, therefore, as narration is a cognitive behaviour and, we may add, existential need that can be expressed and satisfied in any life condition.

4.3. Cultural Limitations

Finally, focusing on the therapists' side, even different cultural environments can strongly influence the acceptance of the principles of narrative medicine and theory, and, inevitably, their use in clinical practice.

In this regard, Chien-Da Huang and colleagues' article *Different perception of narrative medicine between Western and Chinese medicine students* (2017) describes a study that measured the impact of a narrative medicine course on students of Western medicine and traditional Chinese medicine (TCM) in Taiwan. The Western and the traditional Chinese models of medicine, in fact, show profound differences. As aptly summarised by Huang and colleagues:

Western medicine uses a reductive and analytical approach, while Chinese medicine uses an inductive and synthetic approach. Chinese medicine, however, lacks proper diagnostic tools, whereas Western medicines' strength is its powerful diagnostic ability (航 尹, n.d.). Thus, Western medicine is based on standards and evidence, with Chinese medicine relying on experience over time through numerous trials and clinical observations (航 尹, n.d.; Sun et al. 2013). In short, while Western medicine is a standardized and evidence-based science, Chinese medicine is experience based and more of a healing art (航 尹, n.d.). (Huang et al. 2017, p. 2)

More in detail, experts of TCM consider the human body as a whole, formed and influenced by such elements as qi, blood, Yin and Yang, viscera, meridian and channel, rather than focusing on a single cell or organ (Huang et al. 2017, p. 2). Indeed, as explained by Huang and colleagues, in Chinese medicine disease is not seen as something that a patient *has*, but as something that the patient *is*, and is regarded as an imbalance in the patient's being, that must return to the original condition of equilibrium (*Ibidem*). Therefore, people studying TCM may have a different world view and a different approach to medical education and narrative medicine than those studying medicine within a Western framework.

To verify this, Huang and colleagues asked some students of Western medicine and TCM who had attended a narrative medicine course to fill out a questionnaire. The

questionnaire investigated two domains of student perceptions: perceptions regarding the narrative medicine activity and personal attitudes towards the model of progress and healing offered by narrative medicine (Ivi, p. 3). The results showed that TCM students benefited more than Western medicine ones from the narrative medicine programme on all three main assessment factors of the study: personal attitude towards narrative medicine, self-development/self-reflection, and the emotional benefit derived from the narrative medicine course (Ivi, p. 4). The authors' conclusion was that the learning culture of the principles of narrative medicine influences its effects, although other factors may play an important role, such as the possible greater predisposition towards the humanities in TCM students (Ivi, p. 5). This study, therefore, demonstrates how the impact of cultural and philosophical factors needs to be taken into consideration in order to better understand the efficacy and role of the different forms of medical education and practice, narrative medicine included. In this way, it will not only be possible to understand the similarities and differences between how Western medicine and TCM students approach and learn narrative medicine processes, but also to adapt educational strategies to promote narrative medicine in early medical education and to further improve research and experimentation on the humanistic approach to care (Ivi, p. 6).

In conclusion, all the possible limitations and obstacles to the implementation of narrative medicine and narrative therapy that we have briefly considered highlight the need for an approach not only focused on the person, as a unique individual and richer than any classification, but also on their precise physical, cognitive, emotional, cultural, and psychological environments and needs. Only in this way the good will and expertise of healthcare workers and therapists will not collide with barriers to overcome which they have not received adequate training, and it will be possible to use narrativity in its many forms as a tool for deep and long-lasting healing.

5. *Summary*

In this final chapter I offered a sample of the principal criticisms against the narrative turns and some of their central assumptions, namely the ideas that narratives are a fundamental part of human mental activity and that they are beneficial for human well-being. The goal has been to provide an overview of the past and current debate on

those issues, showing how it spans centuries and disciplines. Since ancient times, in fact, when human beings realised that they were able to imagine things that were not directly related to their sense or to their memory and to arrange such creations in an ordered way that seemed able to replicate life or even change it, they also started to interrogate themselves about the quality, good or bad, of this ability. That is why I deemed it appropriate to start my analysis with references to Plato and Aristotle's works, whose ideas and terms—particularly the central concepts of *mīmēsis*, *poiesis*, *thaûma*, and *kátharsis*—are still relevant and discussed today, as proved by Pitari and by many other authors and studies cited along this dissertation. Together with the philosophical tradition of enquiring on the nature of narratives, poetry, and the arts, I wanted to show how narrators themselves have been deeply interested in the effects and consequences of their work. As Girard observed, there is in literature a form of insightful understanding of human life in all its aspects—psychological, anthropological, moral, social, spiritual—that can anticipate and pave the way for many other forms of rational investigation. Proof of this is the fact that great literary works—such as Dostoevsky's *Notes from the Underground*—can offer penetrating representations of some motions of the human mind and soul otherwise difficult to unearth and describe, even with modern epistemological and scientific tools. Finally, I went through some of the major types of obstacles that emerged during the last decades of research and practice in the fields of narrative therapy and narrative medicine, underlying possible ways to overcome them.

Narrative medicine, narrative therapy, and all the related transdisciplinary movements generated by the narrative turns have both instinctively attracted some, rising soaring enthusiasm, and repelled others. Mixed feelings and opinions about the role of narratives in society and human life are not new, nor easily reconciled, as we have seen in this chapter. Tolstoy sketched out this situation accurately in the passage of his masterpiece *Anna Karenina* (1878) quoted at the beginning of this chapter. In the middle of a witty conversation between Russian aristocrats, Sergey Ivanovitch—brother of Konstantin Levin, co-protagonist of the novel—claims that the only way to solve the difficult dilemma of which one of the two cultures—the classical and the scientific—is to be preferred in education is to recognise the 'morally therapeutic', anti-nihilistic effects of the "little pills of classical learning", boldly prescribed "to our patients"

(Tolstoy 1878/2020, p. 340). Soon afterwards, however, Sergey Ivanovitch himself doubts such a property, making all his companions laugh. I think there is much to learn from this apparently trivial fragment of Tolstoy's bountiful novel. First, that even in the form of a joke told to impress and amuse, the therapeutic and beneficial power of some narratives—such as those transmitted by the 'classical studies' Sergey has in mind—has always appealed to human imagination, which is a good clue that there could be something true in it. Second, that the 'anti-nihilist influence' of such narratives may hold the secret not so much to accomplish the difficult task to decide which one between the two cultures is to be preferred, but rather to understand that there is no choice to be made at all, as the human nature that is both agent and patient of this anti-nihilistic action transcends and includes both cultures. The narrative paradigm of thought, moreover, belongs to both sciences and humanities. Third, that the reason why Sergey Ivanovitch—and many others with him—cannot solve the riddle around the 'medicinal property' of the 'pills of classical learning' is, perhaps, because they prescribed them 'boldly', unidirectionally, anonymously. They betray, therefore, what should be both scientific and humanistic intellectual humility when they approach their objects of interest: non-human and human nature. They ignore, at the same time, the mimetic network that unite all of us in a continuous stream of figurations, refigurations, and configurations, and the 'triangles of meaning' that make us look for meaningful narratives in ourselves, the other, and the world.

Fortunately, research and practice regarding the application of narrative theories did not stop at the bold and vague attempts referred to by Sergey Ivanovitch. New perspectives have been unveiled, but also new difficulties, along with never exhausted questions, which show different facets in every age. Such complexity, however, should not discourage neither researchers nor all those interested in understanding narratives and how they can be employed to make a positive impact in the world. If there is something that narratives have taught humans in all these millennia is that obstacles are part of the story, as are help and wonders discovered in the most unexpected places.

Limitations and Conclusion

‘Viaggi per rivivere il tuo passato?’ era a questo punto la domanda del Kan, che poteva anche essere formulata così: ‘Viaggi per ritrovare il tuo futuro?’
E la risposta di Marco: ‘L’altrove è uno specchio in negativo. Il viaggiatore riconosce il poco che è suo, scoprendo il molto che non ha avuto e non avrà’.¹⁸
—Italo Calvino, *Le Città Invisibili*

To talk about limitations in the case of the present dissertation may seem almost euphemistic. An attempt to explore and create a dialogue between so many different approaches to vast topics as narratives, therapy, and the relationship between human mind and body is, in the best of cases, doomed to make just a few stumbling steps in the dark, not even knowing if in the right direction. In the worst case, the risk is to walk in circles till you lose your breath and orientation. At the end of this dissertation, as a matter of fact, I feel as if I have kept in my hand a leaf, a grain of sand, and a drop of water pretending to explain with them what a forest, a desert, and an ocean are, and how they are part of the same planet. On the one hand, it may be considered a too simplistic attempt. On the other hand, however—and this consoles me a little—even those little particles can lend some precious information about the far larger worlds they belong to. This is what I hoped to have attained with my overall doctoral research and the results of it that converged into this work. Like Italo Calvino’s Marco Polo, moreover, a brief journey like the one I attempted can provide some knowledge in a ‘negative sense’: in the little achieved, we can see the much more that have been left to explore and discover, along with what, maybe, will never be. It is now time to consider, then, what, if anything, can be considered the achievements of this work, and what was left behind, hopefully to be explored in future journeys.

¹⁸ “‘Journeys to relive your past?’ was the Khan’s question at this point, a question which could also have been formulated: ‘Journeys to recover your future?’

And Marco’s answer was: ‘Elsewhere is a negative mirror. The traveler recognizes the little that is his, discovering the much he has not had and will never have.’” (W. Weaver, Trans.)

In the research path that led to this dissertation I have tried to find an—at least plausible—answer to the many questions that have so many times fired in my mind regarding the nature of narratives and stories, their origins and uses, their ontological essence, their forms and contents, and the effects they can have while circulating in the minds and world. Some of those questions I listed in the Introduction of this work, and guided me in the labyrinthine writing of its chapters, where every turn in the argumentation seemed to open up in a crossroad, with infinite possible directions to choose from. Having reached one—out of the many—exit from this labyrinth, I can look over my shoulder and see which ones, if any, of those riddles I have managed to penetrate and contribute to shed some light on.

In Chapter I, I proposed a concise glossary of the principal terms associated with the narrative discourse, which often overlap and generate ambiguity in common speech. With that taxonomic effort, I aimed to answer the ontological questions regarding the nature of narratives and stories, and the features of fictionality and literariness. In particular, I deemed it important to identify a narrative mode of thinking that is employed by the human mind not only when producing or consuming cultural representations such as literary and fictional narratives, but also in a wide range of other mental activities. While provisional and necessitating further exploration, especially in the ‘dark side of the moon’ that I have dubbed ‘non-narrative mode of thinking’, I hoped that such an outline of the structures and dimensions of the human ways of understanding an (re)producing reality is helpful not only to navigate better the complex discussions on narratives and cognate terms and entities, but also, more generally, to better grasp how we think, understand, feel, and influence the world we inhabit and participate in. On the other hand, as I have tried to clarify, no possible classification and array of definitions can bridle human inventiveness and the way it manifests every day in always new life contexts. Quite the contrary, it is from narratives, both consumed and produced, that abstractions and theories should be drawn, as well as from empirical studies and field observations, in a continuous exchange of raw material and insights between practice and theory.

With the ‘humanistic mirror’ of Chapter II, then, I tried to answer the more epistemological and teleological questions related to the function and meaning of narrative production and consumption. To do so, I established an ideal dialogue between

those authors, philosophers, and critics that explored the human penchant for narratives as an integral part of that elusive, yet so outstanding and peculiar existential condition that we call ‘humanity’. At the same time, I observed the evolution of the literary and philosophical debate around narratives through the centuries, which recently resulted in the multiple ‘narrative turns’ described by Matti Hyvärinen. Inevitably—it would not deserve the title of ‘mirror’, otherwise—such an endeavour included a large part of self-reflection, of trying to apply those sometimes elaborate and at first sight transcendental theories to my everyday perception and experience of the role of narratives in everyday life. From such reflection I proposed the abstract construction of the Triangle of Meaning, with its Identity, Relational, and World(s) vertices, through which I tried to represent as many dimensions as possible of the human desire for meaning-making narratives.

Chapter III continued the mission of Chapter II, while changing epistemological tools and frameworks. With the ‘scientific lens’ of this chapter, I left the bounteous but sometimes disorientating realm of literary and theoretical studies on narratives to find a counterbalance in empirical scientific research, focusing on sensible and measurable aspects of the narrative experience. With the perfecting of the technologies for the analysis of neural activities, in particular, it has become possible to appreciate more than ever—at least a part of—the effects that narrative experiences have on the human brain and body, and to consider them not only from a qualitative and subjective point of view but also from a quantitative and biological one. Thanks to sophisticated tools of analysis such as fMRI, long-standing questions about the ‘where’ and ‘how’ of narrative processes have finally found, if not full answers, most precious indications for future research—both in the humanities and natural sciences, but also fully transdisciplinary—to proceed in the right direction.

In Chapter IV and V, then, I opened the ‘window of applications’ to show how theories produced in academia both influence and are influenced, accompany, precede, and follow a whole universe of practical uses of narratives-as-products—verbal, visual, or digital—and narrative theories. These applications are now tackling some of the most prominent issues of our and all times, such as anxiety, depression, bereavement, existential neurosis, chronic pain, PTSD, youth education, and medical training, to name a few. The results of the conscious and controlled use of narratives, formalised in

such transdisciplinary approaches and techniques as bibliotherapy, art therapy, narrative medicine, and narrative therapy, are now more significant than ever, fostering the debate around narratives in all their facets, not least the moral and ethical repercussions of their production and dissemination, at both individual and social level. Surely, I have left behind many topics that could have made the representation of the landscape outside the window of applications more complete, such as music, dance, or drama therapy, with their different degrees of narrativity—verbal or not—and non-narrativity. This choice depended on limits of space and knowledge of the topics, but I encourage—first of all myself—to fill the gap soon, aware that the galaxy of art therapies is vast and in need of transdisciplinary exploration.

Finally, in Chapter VI, I questioned a large part of the hypotheses on which the previous chapters were based by giving voice to some of the main critics of the narrative turns and movements. That was more than due, given my initial defence of a ‘One Knowledge’ approach, which not only bridges interdisciplinary gaps, but also value opposing theories as dynamic processes that can be harnessed to obtain real progress in both practice and theory. All combined, these efforts constitute a multifaceted prism of reflections and studies that may sometimes seem fragile, but that allows a multiplicity of perspectives and considerations.

For what concerns the more theoretical purposes of my dissertation, on the other hand, I hope that my references to a large numbers of scholars and researchers of so many and different disciplinary fields have given enough substance to the change of paradigm according to which the category of ‘narrativity’ should not be applied uniquely to specific cultural products, but to a whole range of mental processes that sustain cognitive and affective activities going far beyond the production and consumption of aesthetic works. If it seems so hard to fully grasp what narrativity is and how it is deployed by our mind, it may be helpful to consider the similar indeterminacy of its neural correlates, along with those of other high-level, complex, and sometimes human-specific abilities. While it may be possible to pinpoint specific brain areas involved in those abilities, in fact, the way they wire, create networks across the nervous system and the body—as we have seen considering recent theories of embodied cognition—and change according to each individual and their context make it far less easy to gain a full picture of them.

Another goal of my dissertation was to give consistency to the narrative turns that have followed over time in many disciplinary fields, so that they are not soon forgotten as fleeting academic vagaries, but are fully integrated, with their products and insights, in the public cultural and professional world. To this purpose, a great help can derive from the many forms of narrative therapy applied today. Seeing the practical uses of the results of the tireless but sometimes self-referential academic and experimental work can stimulate the social engagement that is necessary for producing the significant and long-lasting impact our world needs in order to improve.

Finally, and most ambitiously, I inserted my transdisciplinary approach to narratives in the larger effort to create a solid and holistic ‘One Knowledge’ framework for study, research, and practice, following and integrating the ‘One Health’ one proposed by the World Health Organization. The analysis of the timeless topics of discussion around the role of narrative, in particular, can contribute to depict a more complex relationship between natural sciences and humanities than a sheer contraposition which sees one or the other prevail in different ages and socio-cultural contexts. Instead, I propose here again that narrative is a truly transversal concept, whose nature and, consequently, practical utility can be best illuminated only from a transdisciplinary glass that combines both the ‘humanistic mirror’ and the ‘scientific lens’, while opening its window over multiple fields of practical application. I do not know how much I have contributed to such a lofty goal, but I hope at least to have pointed at some authors and studies that are—directly or indirectly—producing proof that it is both possible and desirable.

As for its limitations, this dissertation may surely seem too miscellaneous and lacking more specific and measurable research objectives. Such undeniable flaws may appear more pardonable if the vastness and transdisciplinary implications of the chosen topics are fully taken into consideration. This makes, I think, a general and multifarious introduction to the nature, origin, and applications of narratives—as my dissertation may appear—potentially useful for those starting to approach the subject, but also, hopefully, to those who have specialised knowledge in some areas of it and that could benefit from a broader overview. If only one reader of this dissertation could now say to appreciate better the role of narratives in our everyday lives and the world we inhabit, I will say to have outreached all my academic goals.

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