

Section: PPT cases

STORIES IN PSYCHOTHERAPY - ORALITY AND WRITING



Anna Jaźwińska-Chren

Psychologist, Speech and Language Pathologist, Cultural Studies Expert

Basic Consultant of PPT
Private practice (Białystok, Poland)

Email: mamwsparcie@gmail.com

ORCID: [0009-0008-1970-7328](https://orcid.org/0009-0008-1970-7328)

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Abstract

The article considers the differences between spoken and written storytelling and the impact that orality and writing can have on the therapeutic use of storytelling. Research and literature on the functioning of oral and written cultures (based on oral and written hearing) and the use of storytelling in psychotherapy, with a focus on Positive Psychotherapy, are reviewed. To answer the question of how to most effectively reach the client with the message of storytelling, observations and recordings were made of two cases in which the content was communicated in two ways (orally and in writing). The clients' way of perceiving reality (dominance of the senses), self-narratives and psychological condition were analyzed in search of relationships with susceptibility to oral and written messages.

The article uses two stories written by the author. The first story contained in this article was told during a speech at a First International Caucasian Conference on PPT "Positive Transcultural Psychotherapy as a Bridge between Cultures" in Georgia in October 2023. The purpose of the story is to show the differences between spoken and written storytelling (looking at these differences in the context of the anthropology of words). The second story (*Kintsugi*) was inspired by the client's experience and written for use in the therapeutic process.

Keywords: Positive Psychotherapy, stories in psychotherapy, therapeutic storytelling, orality, writing, anthropology of words, narrative psychology, self-narration

Introduction

Humans have been telling stories since the beginning of language. Stories, fables, and metaphors are linguistic means we use spontaneously and intuitively. Listening and storytelling are somehow inscribed in our psyche.

During my first cultural studies, I became fascinated by the anthropology of words, the study of language, which is inextricably linked to the human beings who use it in specific situations. I'm inclined towards the approach

that linguistic behaviors are part of action, that they have an executive power.

During a course in Positive Psychotherapy, the slightly forgotten content of the anthropology of words came back to me, combined with the therapeutic use of stories, introduced by Nossrat Peseschkian into this stream of psychotherapy. I began to discover the immense power of the stories used in therapy. I felt that they could heal and change. A well-chosen story allows the client to look at his experiences from a different perspective. Often to those aspects he tries to avoid. It triggers reflection on behavior. It opens to new ways of

perceiving and thinking, which can lead to finding other, more effective ways to resolve internal conflicts. It can motivate change by activating resources that the client had previously overlooked. It also has the power to create a bond between the one who speaks and the one who listens. It is a power that can strengthen the therapeutic alliance.

A thought occurred to me- how can the client be reached more effectively? By telling a story or giving a story to read? Orality or writing? These considerations became the topic of a speech at the First International Caucasian Conference on PPT "Positive Transcultural Psychotherapy as a Bridge between Cultures" in Georgia in October 2023- I decided to talk about them through storytelling.

Methodology

2.1. Therapeutic storytelling

Bettelheim (1977) wrote about the therapeutic power of words. The fairy tales he made the subject of his work, according to him, contain symbolic images of internal problems and psychic events (e.g., getting lost in the woods and seeking the right path, battling a dragon). The purpose of storytelling is to enrich the inner experience—the fairy tale allows a child to understand oneself and provides various ways to cope with problems. Its greatest value lies in its ability to reach the unconscious realm. The storyteller, by creating an atmosphere using appropriate words and intonation, gives the tale its proper resonance. This enables the sharing of emotions evoked by the story between the listener and the speaker.

Storytelling has a therapeutic impact not only on children but also on adults. Therefore, numerous psychotherapeutic approaches utilize stories and metaphors in therapeutic work.

Bergner (2007) in his article presents the benefits of using storytelling in psychotherapy:

a) Cognitive organization - a well-chosen story helps clients connect their feelings and life events into a more understandable cognitive whole, contributing to a better understanding of difficulties and noticing new ways of functioning that lead to change.

b) Resistance and externalized mode of presentation - the story concerns actions of other people, beyond the client's immediate world. This distance allows for listening, accepting, and considering the story's content

with less resistance and defensiveness, which often accompany other, more direct forms of client information.

c) Story durability - by choosing a story that has personal meaning for the listener, the therapist ensures its content remains unforgettable. This durability can manifest itself in remembering and referring to the told content even several months later.

d) Communication through code - a story provides the opportunity to evoke its meaning using a single word or key phrase central to the conveyed idea. Such communication through a code known only to us can act as a bond in the relationship between the client and therapist.

e) Story as a diagnosis - the therapist can use the story to communicate with the client about the nature of their difficulties. Compared to traditional DSM diagnosis, using a story that identifies the client's problem can have several advantages: clarity and understandability of the story (drawing from the general culture and common knowledge), greater precision in expressing the nature of problems, avoiding stigmatization, and reinforcing action (clear implications about how to make changes to alleviate the given negative state).

Recent studies show that using stories in work with another person influences brain activity, which translates into the functioning of the human body and mind (Kolenda-Sujecka, 2023). Changes occurring in the nervous system under the influence of stories relate to the hormonal system (e.g., increased levels of oxytocin, progesterone, testosterone, or adrenaline depending on the content received), mirror neurons (responsible for the ability to imitate and feel empathy), memory structures (better retention, lasting recording of new knowledge) and cognitive functions (simultaneous activation of both brain hemispheres, resulting in the stimulation of old neuronal circuits for the integration of new knowledge).

The consequence of these changes is an impact on emotions (eliciting desired and needed ones), behaviors (using new coping strategies in challenging situations), and social relationships (including a greater need for intimacy and prosocial behaviors). Thus, stories make it possible for a positive change aligned with the therapy's goal in the client's functioning (Kolenda-Sujecka, 2023).

In summary, storytelling serves as a multifaceted tool for personal development, enabling individuals to explore their inner world, connect with others, and define their identity through the power of narrative.

2.2. Therapeutic storytelling in PPT

PPT uses in psychotherapeutic practice a metaphorical understanding of the world, which manifests itself in the stories told in every culture. These stories convey moral values and are the source of archetypes that take root in human consciousness. In a psychotherapeutic office, they often become a means of bringing about changes in clients' attitudes and behavior.

Nossrat Peseschkian (2016) wrote that in contact with a story, there are processes in the recipient (his mental processing and experience), which he calls the *functions of the story*.

The first of these is the *mirror function*. The images in stories allow the viewer to identify with them by projecting his needs onto the story. He or she finds conflicts and desires familiar to him or her from everyday life. By reaching for memories and activating imagination, the client opens more to the content of the story, which promotes a better understanding of it. An appropriately chosen story also allows the client to gain distance from the world of his own experiences. „*The story becomes a mirror that reflects and can be reflected*” (Peseschkian, 2016, p. 26).

The second function is the *model function*. The stories contain the model conflicts and possible ways to resolve them. “*They promote learning by working with the model*” (Peseschkian, 2016, p. 27). The model is flexible, allowing for a variety of interpretations and experimentation—first trying out never-before-tested responses in thoughts and feelings, and then applying them to the conflicts experienced.

The third function is the *mediator function*. In a situation where opposition and defense mechanisms are emerging in the client, the story can serve as a mediator between the client and the therapist. “*In this way, a three-sided process begins patient-story-therapist. The story takes on the functional role of a filter.*” (Peseschkian, 2016, p. 28). The client uses the story as if it were a shield that protects him or her from defense mechanisms—the leading topic in the practice becomes not the client, but the main character of the story. For the therapist, the story becomes

a medium through which he acquires valuable information about his client, impossible to obtain in a direct conversation.

A story acts as a storehouse. Imagery makes stories easy to remember and they come back to us in different life situations. Peseschkian calls this the *repository effect*. The client can return to the story repeatedly, interpret it anew, and discover answers to the questions that arose in him during its reception. In this way, the story affects the client over a long period and makes him independent of the therapist.

Stories are also *transmitters of tradition*, which makes them transcend experiences of the here and now. They convey the thoughts, reflections, and associations of entire generations. Although the stories seem to be all the same, in fact, each story takes on a different, new meaning depending on the recipient—it is put through its experiences, thoughts, emotions.

As carriers of tradition, the stories become representatives of their cultures, revealing the dominant rules and norms of behavior in each community. By evoking in therapy stories from cultures other than the one to which the client belongs, the therapist demonstrates other models of thinking, allowing the client to expand his repertoire of solutions. Thus, the stories become *Transcultural Transmitters*.

Storytelling is accompanied by an atmosphere of openness, cooperation, a kind of intimacy. Intuition and fantasy, which are activated while listening to stories, allow the client to *regress* to earlier stages of development. To be like a child who interprets stories spontaneously and without thinking. Who rejects socially imposed behavior, feels delight and excitement, and wants to experiment with new ideas. They become an intermediary between reality and the desire for pleasure. The stories awaken creativity. “*The stories (...) build a bridge to personal wishes and the goals of the near and distant future. Stories make room for utopias, the alternatives to reality.*” (Peseschkian, 2016, p. 30).

Stories are *counter-concepts* that the therapist offers to the client and the client can accept or reject them. The story thus becomes a kind of interpersonal communication in which concepts are exchanged. The client gets time to look at what the therapist has communicated to him with the story. Hear/read, think about the content, explain how you understand it. Say if any information makes you think you might

change your original concept. Did you find something in there that is acceptable to you or something you would reject? The therapist learning the answers also takes time to draw conclusions that will prove useful in psychotherapy.

Stories enable the customer to change his perspective. They do not require him to change his way of doing things or alter his point of view. By showing situations from a *different perspective*, they give them a different character, often taking off the accrued tension, distancing them from the threat. And *“occasionally more change in perspective is all that is needed to solve the problem.”* (Peseschkian, 2016, p. 33).

The use of stories in PPT is consciously part of the five-phase therapeutic process. To bring value to the relationship with the client, the therapist must have sensitivity and insight into the needs of his client and be aware of the purpose for which he is using the story. Entering the world of fantasy also requires courage, as it goes beyond the structured model of therapy.

2.3. Orality and writing in the anthropology of words

Orality and writing are among the subjects of research in the anthropology of words. Researchers of both phenomena point out differences between cultures that rely on the spoken word and the written word.

Spoken word is a form of action, a sound, a dynamic entity that possesses its power—it is an expression of strength (Malinowski, 1970). Its power is related to the relationship—the word spoken by one person to another person exerts influence on them (Ong, 2012). Telling someone a story is a human event. Two equal individuals participate in it, sharing the emotions evoked by the story (Bettelheim, 1977). Speech is thus a living and natural entity, emerging in the broader context of encounter.

Writing can be perceived in opposition to spoken word as an artificial technology that creates distance between the sender and receiver, making them solitary and devoid of contact (Ong, 2012). At the same time, it becomes more than material preservation—it overcomes transience and protects the word from oblivion, recording human thought. By preserving the meaning of what has been said, writing allows for reaching a larger audience whose reactions give importance and meaning

to the text. Thus, it allows for a multitude of diverse interpretations (Ricoeur, 1976).

Derrick de Kerckhove (1995) writes about two modes in which humans can operate. One is the “oral mode of listening,” and the other is the “written mode of listening.” They differ in what they focus on. The oral mode relates to situations and people; it is defined by situational context and focuses on the emotional content occurring in the relationship. The written mode is more selective and primarily focuses on words and their meaning. It is primarily a way of thinking, that is, composing speech in the silence of one's mind. The oral mode directs us outward, while the written mode is directed inward (Kerckhove, 1995).

It is worth trying to feel the difference between oral and written hearing. We can do it through a simple exercise. Sit comfortably and close your eyes for a moment. Breathe calmly—inhale and exhale. Try to open to the sounds around you. Depending on where you are, different noises will reach you. Maybe a voice of somebody speaking nearby sounds coming from outside the window, the quiet hum of appliances, the sound of a pen writing on a piece of paper, maybe the sound of searching for something in a purse or the burping in the stomach of someone sitting nearby.

Then open your eyes and try to focus on the sounds you heard with your eyes closed. Do you hear them all as clearly as before? This may be difficult or even impossible. Sight requires eighteen times more energy than hearing.

Considering research from the anthropology of words concerning orality and writing, the question arises: does the form of storytelling in a therapeutic setting influence its therapeutic impact? Is storytelling conveyed through verbal speech more effective than when read independently by the client? Is there only one correct method of using storytelling? Drawing on the distinction introduced by Kerckhove (1995), should a therapist select a story based on whether the client's dominant mode is oral or written?

Orality and writing - Story

She absorbed stories from an early age. She remembers staring at her parents or grandfather with her eyes wide open. And how long the content she heard worked inside her. Memories of words evoke vivid images in her imagination to this day. Stories about a curious little tiger, a

vain rooster, or princesses being rescued from a tower.

As a grown woman, she longed to talk to people and share her own stories with them. As she told stories, she watched closely to see if the listener's eyes betrayed an emotional stirring.

One day, as she was drinking coffee while sitting on a park bench, two men joined her. One of them was aged, with a long gray beard. The other, slightly younger, held a book in his hand.

"Let's talk about stories." - they said at the same time, which was surprising, but made the woman curious.

"Have you ever thought what words are?" - the older man asked.

"I think it's a set of sounds that is a symbolic designation of a concept," - replied the woman.

"My dear, words are much more than that. Yes, they are sounds. But first, they are events. Language is a way of acting, and words have magical power. To speak and sound is to use power." - said the old man.

She caught that thought.

"Yes, you're right. When I speak- I act to evoke a reaction in the listener through an appropriate choice of content. I act to reach the unconscious sphere and trigger emotions, and memories, making them reflect. I act to enrich the experience" - she replied excitedly.

"Wait a minute"- said the younger man-"And the written word? It also triggers emotions; it also evokes memories and makes you think. Then isn't it an action?" - he asked.

"In writing, words are things, they are not action, they are something dead. Reading is done in isolation, not in interaction. If a story is to bring something to another person, it must be an interpersonal event. Stories function in real life, not on paper." - said the old man.

The woman was silent for a moment, then said.

"Yes, with that I agree. Storytelling is a shared experience, a sharing of emotions. When I tell a story- with the right tone of voice and intonation, I build an atmosphere to guide my listener to where they can discover ways to deal with the world of inner experience."

"That's right. Spoken word works and reacts at the same time."- the old man interjected.

"The written word can also enrich the human psyche, make the inner life more intense." - continued the woman-"To live and fully understand, we need not only proximity but also distance. This is what writing provides us."

"At last, some wise words."-spoke the younger man-"Action, interaction, sharing of emotions-all beautiful. But think- a spoken story is addressed to someone predetermined by the situation of the dialogue, someone who is next to you and listening. Writing is more universal; it can reach anyone who can read. That's its power, it can work on a larger scale."

"It reaches everyone," - repeated the woman-"But does it reach the appropriate story? A spoken story allows you to match the content to the person who is listening. And it works more intensely."

"You can choose the right written content and give it to read-isn't that the same thing?" - asked the younger gentleman.

"Spoken words are part of the actual, lived present in which people meet. When you speak words - you change the situation."- interjected the old man, who had been silent for a long time.

"You don't see the potential of writing. It can reach an infinite number of readers. They are the ones who will give the written story its context, transferring the story from the dead world of letters to the human world of life," - the younger man continued.

"But they are alone in this. Just as lonely is the author of the story when writing it down"- replied the old man.

"But this solitude gives time for the story to take effect in him or her."- said the younger man.

"In oral stories, there is also time for silence and distance. I can be silent after the story is told and give the listener time, waiting for them to interact again. I can tell my story the moment our meeting ends."- replied the woman.

"Well, well, well. What about permanence? Writing allows us to save forever what is spoken and fleeting. Text frees the mind from the trouble of memorization," the younger man said.

"Those who use writing weaken the mind. Writing destroys memory." - The old man defended his rationale.

The younger man was ready to begin his next statement when the woman began to speak in a calm voice.

"When creating my stories, I first write them down, then I tell them. I am between orality and writing. The solitude of the writing artist helps me take a detached view of the viewer's experience. It gives time to think about the content to convey the very essence of thought. This essence is brought to life when I express it in

interaction with another person. I give it power, make it an action.

At the same time, in this solitude, I am constantly interacting with the recipient. I think about his reaction, and the emotions I will arouse, I plan what I will say next. This makes the moment of writing an interpersonal event."

"It's all about you as a creator and speaker"- said the old man.

"Well, exactly. But what about the recipient?"- asked the younger one-"From which world will he draw the most? The world of orality and sound or the world of writing and sight?"

They both stared at her waiting for an answer. She took a breath and said:

"Let's do a little experiment. Close your eyes. Imagine the world around you at this moment.

Does an image appear in your mind? The park we are in, the bench we are sitting on, people walking their dogs.

Or are the sounds that reach you the most? The rustling of leaves moved by the wind, the sound of water in a fountain, a dog barking, or a baby crying.

If a picture appeared in your head - most likely you are close to written hearing. To you, I will suggest a suitable story, read it, and give it power.

If you created a vision from different layers of sound- most likely close to you is oral hearing. To you, I will tell the story."

2.4. The oral and written transmission of the story in therapeutic practices

To see how the way a story is conveyed affects its reception, I began to make observations of my clients depending on whether the story was told by me in the office or read independently by the client at home. I would like to share my reflections on working with two clients.

Case 1

Client Z., 36, came to the practice because of recurring thoughts of death. They had accompanied the woman for 2 years, with varying intensity. They first appeared after the birth of her child. Most often, on the way to work or in the evening, there was a fear that the client might die and anxiety about what would then happen to her family, how the family would cope without her, how she would defend her child from the evils of the world. These thoughts were

accompanied by several psychosomatic symptoms: increased sweating and feeling hot, accelerated breathing, and faster heartbeat. The client described this condition as panic attacks, during which she had to stop for a while (drive the car to a parking lot, stop the activity she was doing) to get back to equilibrium. In the evening, she delayed the moment of going to bed for fear that she might die in her sleep. When asked about the most important events in her life, she primarily indicated the diagnosis of malignant skin cancer (melanoma) and the traumatic experience of receiving the diagnosis and facing the disease. She reported that she would like to finally feel healthy, but the numerous scars on her body still remind her of that nightmarish period in her life and do not allow her to move on.

One of the problems raised in the sessions was the patient's attitude toward her own body. She performed only basic hygiene without paying much attention to her body. She avoided looking at herself in the mirror and being naked for long periods. Because of the risk of recurrence, the doctor's recommendation was to watch her scars, which was a huge challenge for the client.

The fairy tale I wrote for my client was related to her corporeality and her attitude toward her scars.

Kintsugi

He had no intention of staying in this town for long. Increasing fatigue and dwindling food supplies forced him to change his plans. Seeking a place to stay for the night, he stood at the open door of a small workshop and curiously peeked inside. He saw an old man sitting at a table covered with pieces of ceramic in various colors. The old man was carefully gluing them back together, covering the places where the glue bonded the fragments with gold paint. The man watched in silent fascination as the wrinkled hands skillfully wielded a thin brush.

The old man looked up and met the visitor's gaze.

"Kintsugi," said the artist.

"Is that your name?" the man asked.

"It's what I do. Kintsugi is an ancient Japanese art I've been practicing for years. I rebuild what has been broken."

"Do you do it to save money?" the man asked.

"Dear boy, my work is not about saving money; it's about philosophy. The vessel I hold in

my hands has experienced so much, serving until the day it shattered into pieces. Its owner lovingly collected all the fragments and brought them to me to repair, to breathe new life into it. I create golden scars, each precious and meaningful. I highlight them to show their significance, to give meaning to the history of this particular vessel. Look at it,"- he said, raising a blue bowl veined with golden lines to the light. - "Isn't it beautiful? More beautiful than it was. I bring it back to life, making it a symbol of fragility, strength, and beauty."

"Isn't it easier and cheaper to buy a new vessel?" the man asked again.

"Kintsugi is the physical expression of the Mushin philosophy—do not reject what is broken, accept change, and treat cracks as expressions of the impermanence of existence," said the old man, returning to his work.

Fascinated, the young man decided to stay in the town longer and learn more about the art of Kintsugi.

One evening, after a long day's work, he was alone in the workshop. He took off his shirt and looked at the scars on his body. He took a thin brush and gently covered the scars with gold paint.

During one of the sessions, I suggested she read the fairy tale at home. At the next meeting, she shared that she only glanced at it because household chores distracted her from reading. When asked if she would like to hear the text now in the office, she agreed and listened attentively to the words directed at her. Her first reaction was tears and a moment of silence, after which she shared her reflection with me. "I felt exposed. There's a flood of emotions in me right now. But what's strange is that I hear my calm breath, a light sigh. Hope comes to me that I still have time to piece everything together, to fit each fragment, to try them on. The old man's worn hands are my hands; they feel like that too. I feel like I can't go on, but the idea I'm doing it for is stronger. And I feel lightness. Yes, this vessel is full but light. Something inside nourishes me. This vessel is delicate but compact. It won't fall apart. And it is beautiful. The gold color of this paint is exceptional. This isn't ordinary paint. It's gold, so it's selected. I also have many questions—what was the young man looking for? Why did he stay?"

Her feedback about the storytelling session indicated a preference for hearing it in the office. As the client noted, one of the factors

contributing to a fuller experience of her emotions was the storyteller's voice. Thanks to her presence in the office and the relationship with the therapist, the client could express everything happening inside her in a safe environment.

Case 2

I suggested the same story to another client. Mrs. J., aged 42, came for consultations due to a diagnosis of depression. Before the crisis, her life was full of responsibilities related to home and work. She was under a lot of stress related to her high-responsibility position in the company and, as she emphasized, perfectionism that she couldn't get rid of. She said of herself that she had always been the responsible one, the decision-maker, the dependable one, on whose back the whole family - quarreling parents, husband, children - rested. She lacked space for herself and to pursue her passions, such as painting. Constant pressure and the feeling of not being good enough caused the client to "fall apart."

Asked during the session whether she would like to hear the fable or read it herself, she chose the second option, claiming that this way she would be able to better empathize with the content because when listening she is unable to focus her attention on the words she is hearing, especially if the text is longer.

During the next meeting, she presented a painting she created under the influence of the story. It depicted an outstretched hand holding a blue sphere, set against a pale pink background. Both the hand and the sphere were intersected by golden lines. She described her experience as follows: *"Reading it, I immediately saw a hand in my mind. And I don't know how it happened I painted my own hand. This sphere is my world, with everything inside me. The pink background is because I want my life to be pinker. I want to refine this painting—the background to be more delicate and mistier. And you can't see well how the gold paint shimmers; you have to look closely at the drawing to see it."*

The cases described can be related to the two modes of listening described by Kerckhove (1995).

Client Z. uses the "oral mode of listening," which focuses on the emotional content present in the relationship. In her narrative, we find more of a message concerning the client's inner states, the emotions that accompanied listening to the

story, and more interpretation of the content in relation to herself. Paying attention to the young man's character and curiosity about his intentions and experiences also fits in with the oral mode of listening, which focuses on situations and people.

Client J. used the "written mode of listening," which focuses more on words and their meaning. In her narrative, there is less emotional communication, less exposing of her inner self. We get a concrete picture of the client's hand and her world, but we are not given full access to this world. We can observe it from the outside and make conjectures about what is enclosed in the blue sphere.

Discussion

The challenge in therapeutic work is not only choosing the appropriate content of the story we direct to our client, but also deciding how to convey that content. How can a therapist assess whether a client responds better to oral or written storytelling?

One way might be the experiment described earlier, which involves closing the client's eyes and focusing on how the client perceives the reality around him; whether the dominant focus is on the sounds coming from the environment, or whether the image he remembers immediately pops into his head. Depending on the dominant sense, we can decide how to convey the content: a customer focused on sounds is likely to better assimilate content conveyed orally, and a customer with a dominance of images may be more receptive to written content.

The cases described above may indicate that another key to choosing how to convey a story is to analyse how the client builds his narrative, what language he uses, and what content dominates his statements. By analysing the psychic phenomenon that is the client's self-narration, we can look at the client's ways of constructing and experiencing a variety of experiences (Soroko, 2013).

Trzebinski (2002) writes about the narrative schema, which may or may not include procedures for constructing the content of one's emotional and motivational states. As the cited examples show, a more reflective, emotional narrative, focused on internal experiences and their interpretation, was associated with a preference for an oral message (client Z.). The

choice of a written message was accompanied by a "cognitive" narrative, focused more on images and facts—a self-narration resembling description, without exposing the emotional states of the speaker (client J.).

Analysis of the statements and the course of therapy of the described clients led to reflect on whether the client's psychological state and needs are not also a determining factor in the path of story transmission.

Looking for an answer to this question, I looked at the Balance Models of the two clients. Patient Z., who seems to be closer to oral transmission, placed her energy mainly in the realm of contact. Patient J., on the other hand, withdrew from this sphere and invested more energy in the areas of body and fantasy. Perhaps the strong need to be in contact may influence the preference for oral transmission of stories since this form implies being in a relationship with someone or a whole group (as in oral cultures). The need to be closer to oneself, with less contact with others, may influence the choice of written content, which allows distance and being alone with oneself.

The relationship of oral and written listening to the client's mental state has raised the question of whether we can respond alternately to oral and written content depending on our emotional condition.

The relationship between the mode of narration and the client's psychological condition and preference for story reception is worthy of in-depth observation of a larger group of clients. Conclusions from the study can contribute to improving psychotherapeutic work with ways of selecting not only the content but also the form of story transmission.

Conclusions

Orality or writing? These questions open the door to further research and reflection on the role of language, both spoken and written, in the therapeutic process. It can be hypothesized that different individuals will respond differently to various forms of communication, depending on their individual preferences, experiences, and personalities. Therefore, it is important for the therapist to be flexible and adapt their approach to the individual needs and preferences of the client, considering both oral and written modes.

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