

How to heal a wounded story A bibliotherapy model for working with painful narratives

Efrat Havusha-Feldman

Ha-Mila – The Israeli Bibliotherapy Center, Israel

Efrat@ha-mila.org

ORCID ID: 0009-0005-6935-758X

Abstract

This article presents a bibliotherapeutic model for working with wounded stories through writing, utilizing the framework of the picture book *How to Heal a Broken Wing* by Bob Graham (2008) to guide the healing process through writing. The model emphasizes the importance of narrative construction in promoting emotional well-being and consists of seven stages: 1) Noticing the wounded story, 2) Creating a safe space, 3) Acknowledgment and validation, 4) Compassion and empathy, 5) Expanding and reframing, 6) Fostering hope, and 7) Letting go. These stages, including guided writing techniques and sharing, encourage participants to reflect on and transform painful experiences, gradually shifting from a place of suffering to one of healing, growth, and renewal. The therapeutic benefits of bibliotherapy, such as emotional catharsis, meaning-making, and narrative coherence, are highlighted, illustrating how bibliotherapy can support individuals in reclaiming agency and resilience. This model not only offers a structured approach to healing but also fosters a deeper connection with the self and others, enhancing therapeutic outcomes in individual and group settings.

Keywords: bibliotherapy; expressive writing; meaning-making; narrative reframing; group therapy

Introduction

From a very early age, human beings are occupied with making sense of and finding meaning in their life occurrences. What Antonovsky (1993) termed *Sense of Coherence* (SOC) represents the universal human need to find order, predictability, and meaning in life, inherently driving people to make sense of their experiences. This drive is fundamental for navigating life's challenges and maintaining resilience in the face of stress.

“Self-making is a narrative art,” states Bruner (2002, 65), emphasizing that narratives are the structures through which order, predictability, and meaning are shaped, ultimately constructing one’s sense of self. As White and Epston (1990, 10) explain:

In striving to make sense of life, persons face the task of arranging their experiences of events in sequences across time in such a way as to arrive at a coherent account of themselves and the world around them. Specific experiences of events of the past and present, and those that are predicted to occur in the future, must be connected in a lineal sequence to develop this account. This account can be referred to as a story or self-narrative.

However, constructing a narrative involves activating filtering and selection mechanisms, guiding individuals to omit aspects of meaning that conflict with the dominant stories they or their environment uphold. Over time, certain experiences and perspectives remain un-storied—amorphous, lacking organization, meaning, and form (White & Epston, 1990).

The narratives people live by shape their interactions, perspectives, actions, and behaviours. Therefore, while the process of creating meaningful narratives is essential and natural, it does not always promote well-being. It is a multi-layered process, influenced by the environment, relationships, and the other stories people hold about themselves and others. In some cases, individuals actively participate in creating and maintaining stories that are unhelpful, unsatisfying, or dead-ended.

These stories, referred to here as *wounded stories*, carry negative emotions such as guilt, anger, shame, or remorse. They are painful narratives that individuals revisit repeatedly in an attempt to make sense of and validate them. Wounded stories compromise well-being and self-concept, negatively affecting the quality of relationships. They limit the ability to trust, dare, let go, and embrace authenticity.

Research in narrative psychology suggests that reconstructing life narratives can positively influence self-concept and well-being. For example, Adler et al. (2015) found that individuals with more coherent, meaningful life stories tend to experience better mental health trajectories. These individuals often exhibit greater resilience and adaptability to life stressors. The study highlights the importance of redemptive themes, where adversity is framed as leading to personal growth, and suggests that altering one's life narrative can promote emotional well-being over time. As Bruner (1993, 93) explains, "Through narrative we construct, re-construct, in some ways re-invent yesterday and tomorrow. Memory and imagination fuse in the process".

Bibliotherapy is a therapeutic approach that uses literature and storytelling to support emotional, psychological, and personal growth. It involves the guided reading or discussion of texts—such as books, poetry, or short stories—to help individuals explore their thoughts, feelings, and experiences in a safe and reflective way. Bibliotherapy also incorporates writing as a dynamic process, encouraging active participation and personal interpretation. This empowers individuals to become co-creators of their healing journey, utilizing metaphorical space and literary elements such as shifting tenses, plotlines, and points of view. These techniques expand individuals' contact with their inner world, reaching hidden or unconscious aspects of the mind. Bibliotherapeutic writing also facilitates meaning-making, enhances insight, and promotes emotional catharsis.

This article presents a bibliotherapeutic model for working with wounded stories, enabling clients to reveal, explore, validate, and reconstruct painful narratives. The goal is to foster a sense of relief, facilitated through processes of acknowledgment, acceptance, and the discovery of new meaning.

Method

This model for working with painful stories draws inspiration from the picture book *How to Heal a Broken Wing* by Bob Graham (2008). The book's portrayal of the healing process serves as a framework for the writing prompts and techniques used in this model. Participants are guided

through various writing exercises designed to help them engage with and transform their wounded stories. They are invited to notice, care for, validate and re-frame their stories in a way that provides the strength and expanded freedom of movement, much like the character in the book who nurtures a wounded bird back to health. The following section provides a detailed description of the bibliotherapy model for working with wounded stories. Stages 1–4 of the healing process focus on constructing, observing, and validating the wounded story, while stages 5–7 focus on expanding, reframing, and reconstructing it. This model is well-suited for use with therapy groups and can also be effectively applied to individual clients in a therapeutic setting.

Healing the wounded story – A bibliotherapeutic model

In the picture book “how to heal a broken wing” (Graham, 2008) we follow Will, a young boy who discovers an injured bird in the bustling city. He is the only one noticing the bird and the only one to take it home to recover. The story describes the various actions Will, with the help of his parents, takes in order to help the injured bird recover:

1. He *notices* the bird - “No one looked down... except Will” (p. 6).
2. He takes it to a *safe place* - “And he took it home” (p. 10).
3. He *acknowledges* what can’t be changed and what can be done – “A loose feather can’t be put back... But a broken wing can sometimes heal” (pp. 11–12).
4. He nurtures and takes care of its basic needs – with *compassion, patience and empathy*, as he puts it in a padded box and feeds it gently.
5. He encourages it to *expand* its motion to get stronger.
6. He holds on to *hope* – as he lets the bird watch the open sky out the window.
7. He accepts *setting the bird free* and allows it to spread its wings and fly away.

The symbolic space of children’s books serves as fertile ground for exploring social, mental, and emotional situations, often embodied in metaphors. Imaginary stories incorporate images, objects, and symbols that connect us to the universal structure and archetypes of the human mind (Campbell, 2008). In this context, the story of Will and the broken-winged bird reflects a healing process that encapsulates basic human needs for recovery and renewal.

Considering the need to create meaning through narrative construction—and the possibility that these narratives may become “wounded,” serving as sources of pain that hinder growth and well-being—we might explore how they can be noticed, cared for and transformed using bibliotherapeutic writing techniques.

Selecting the wounded story

We all carry wounded stories within us—those events, memories, or life experiences where things went wrong. We were hurt, we hurt someone else, or something broke, leaving cracks that still ache. These are the stories that call for care and attention.

Selecting a wounded story to work with requires thoughtful consideration of several key factors, such as:

1. The setting: Where is this intervention taking place? Is it in private therapy or a group therapy setting? Is there enough time to work with the story in a gradual, attentive way?
2. The relationships involved: How well do the individuals know one another? Do they feel safe and comfortable sharing sensitive material?
3. The participant's readiness: What is the overall state of the participants? Do they have the mental, emotional, and social resources to face painful memories and engage in the process of constructing and reconstructing them?
4. Timing and perspective: Has enough time passed since the occurrence to provide a reasonable distance and perspective? It is important to ensure that the individual is not in the acute phase of a difficult situation and that there is sufficient grounding before revisiting a wounded story.

Getting started

Participants are invited to reflect on an occurrence from their lives that they consider a 'wounded story,' as described above. They are encouraged to write it down as they remember it, without overthinking or planning—simply as they would naturally tell it to themselves or others.

Healing Step No. 1 – Noticing

Noticing is a foundational and crucial step in the healing process, as it invites participants to focus their attention on a specific life event, the way it is formed in their mind as a narrative and the effect it has on their well-being. The initial written story serves as both the starting point and a space for observation and discovery. The noticing stage consists of two parts:

a. Participants are invited to read their story to themselves and reflect on the following questions:

- What do you notice?
- Is there anything that stands out—a new detail, a word, an emotion, or a mental state?
- Are there any gaps—between timelines or points of view?
- Is there anything missing?

Participants can jot down their observations in a separate note, while keeping the original story intact.

b. Participants are then invited to give their story a title. Afterward, they are encouraged to come up with another title, and then another.

Choosing a title requires participants to reflect on the core of their story: What is it truly about? The invitation to explore additional titles encourages a deeper, reflective process that moves beyond the obvious, helping them uncover the fundamental, subjective meaning of their story.

Healing step no. 2 – Safe place

In order to care for the bird, Will needed to take it to a safe place first. Safety is a fundamental condition for recovery and growth. Psychological safety refers to the extent to which individuals feel comfortable taking positive interpersonal risks, such as trying something new, without fear of being blamed, shamed, or ignored. When individuals experience psychological safety, they are empowered to exercise their agency and engage fully in various experiences and interactions in life (McClintock & Fainstad, 2022).

Writing provides a safe space for participants, as it allows them to express their feelings, thoughts, and ideas on paper, giving them the time and space to process, articulate, and refine before sharing with another person.

Therapists and group facilitators play a key role in creating and maintaining this safe space for participants, fostering openness, acceptance, and tolerance for the diverse voices shared. However, facilitators can encourage participants to take on a more active part for ensuring their own psychological safety by inviting them to reflect on and write down what constitutes their subjective safe place.

Participants are thus invited to write down a detailed request for their listener, focusing on what they need in order to feel safe sharing their wounded story. This request can be shared within the group to establish a common understanding, and help identify potential witnesses to their story from their own environment.

Healing step no. 3 – Acknowledgment and validation

The act of testifying has been shown to be a vital part of healing (Felman & Laub, 2008; Greenspan et al., 2014). Behind the need to testify lies the desire for recognition and acknowledgment from another individual. Herman (1992) emphasizes that creating a self-narrative of a traumatic event requires it to be heard, accepted, and acknowledged by a trusted individual, and by society, for healing to occur. This process helps individuals reclaim agency over their story and integrate fragmented memories into a coherent narrative. Being heard and validated affirms the individual's reality and counters the isolation and disbelief often surrounding painful stories.

Writing can be the first step in testifying to a wounded story: when words are written, they are validated and perpetuated, becoming an existing entity. Writing allows the story to be revisited, edited, and refined to ensure the subjective experience is described as fully and accurately as possible before sharing it with others. Revisiting the story to enhance its accuracy is a way of reclaiming control over the narrative.

The next step in validating the story is sharing it with a trusted witness or group. Once a safe space has been created and the story is ready to be shared, the act of testimony can occur. The listener plays a crucial role: they must bear witness, accept, validate, and acknowledge the story. It's important to note that what the witness validates is not the objective truth or the facts, but the narrator's subjective experience.

Story Validation Steps – the role of the witness:

1. The listener is open and attentive, ensuring everything is fully understood by asking the narrator to repeat when necessary.
2. The listener reflects the narrator's personal experience by connecting to its core emotions while avoiding adding content or interpretations.
3. The listener responds with acknowledging statements, such as:
 - "Thank you for sharing this story with me."
 - "Your experience is important."
 - "I can sense how profoundly this event has affected you."
 - "You are brave for sharing this story."

Healing step no. 4 – Compassion, patience and empathy

Bion (1962) proposed that human experience involves processing overwhelming emotions, often symbolized as the "contained" (emotions, thoughts, anxieties). These need a "container"—a space or relationship to hold and process them without becoming overwhelmed. The therapist helps transform these emotions into manageable, symbolic forms, allowing integration and understanding.

The page where a wounded story is written can serve as such a container, enabling individuals to pour their subjective experiences and emotions. Selecting words, phrases, and perspective in the writing process becomes a meaning-making act, where subjective experience is contained and being processed within the realm of language and symbolism.

Literature and poetry can also offer a creative and delicate space for offering empathy to a wounded story.

Once the story is written and acknowledged, the facilitator or therapist can offer an empathetic echo through a literary or poetic text that mirrors the theme or emotion, what Sherman (2013) described as "The textual container." A poetic or literary text presented to a participant in response to their wounded story serves not only as an echo and validation of their subjective experience but also as a means to deepen their engagement with it. The vast and indeterminate nature of the literary and poetic space allows for exploration and expansion. Consequently, such responses offer participants a profound sense of being held, seen, and accepted.

An additional empathetic response can come from asking witnesses to think of a metaphorical gift they would offer to the storyteller: a symbol, line from a poem, or song. Using poetic resonance creates a more flexible, intuitive dialogue that enhances compassion and empathy, freeing participants from the pressure of direct discourse when dealing with wounded stories.

Healing step no. 5 – Expanding, broadening & getting stronger

Once the wounded story is written, shared in a safe space, and acknowledged with empathy, the next step involves exploring whether the narrative can be made more flexible, expanded, or transformed. Rottenberg-Rosler, Schonmann, and Berman (2009) analysed adolescents' diaries to

identify components that make journaling therapeutic—facilitating transformation and catharsis. Their findings suggest that self-narratives should incorporate three distinct types of writing to foster transformation:

1. *Descriptive*: Providing an external description of events and outlining the chain of occurrences.
2. *Expressive*: Engaging in intense emotional and cognitive release, including expressions of mentalization and insights into the inner world.
3. *Reflective*: Incorporating meta-cognitive contemplation, expanding perspectives, and finding relief. This type of writing often requires aesthetic distance from the experience.

Facilitators can guide participants in reviewing their wounded stories to assess the extent to which these three types of writing are present. Participants are then encouraged to expand on any missing or underrepresented type to ensure all three are integrated into their narratives.

Once this expanded writing is complete, participants are invited to reflect on their stories by exploring questions such as:

- How did this form of writing make you feel?
- What new insights or observations do you notice about your story?
- Was there new information added that may have been left out initially?
- Did new emotions or perspectives arise during the process?
- Has a new meaning emerged?

Finally, participants can revisit the titles they initially assigned to their stories and consider whether they would like to modify or add to these titles, reflecting the evolved narrative.

Healing step no. 6 – Hope

Hope can be understood as the capacity to envision a better future and the agency to strive for it. In *How to Heal a Broken Wing* by Bob Graham (2008), Will lets the wounded bird look out at the open sky through the window, symbolically offering it a vision of a horizon where it might once again spread its wings and fly. This act reflects the power of hope, imagination, and symbolization as tools for fostering healing. By shifting the focus from present pain to a vision of freedom and strength, these elements transform the experience of adversity into a potential catalyst for growth and resilience.

After delving into their wounded stories, participants can be invited to use writing to create a textual picture of this hopeful horizon. The writing prompt at this stage could be framed as follows:

- Imagine your story as a seed. It will grow, expand, and branch into various paths in the future. Where will it lead? What will it become?
- As you write, use the present tense, as if this imagined reality is already unfolding.

This exercise enables participants to engage with their capacity for hope, connecting their narratives to a future shaped by possibility and renewal.

Healing step no. 7 – Setting free

Working with wounded stories through writing creates a space for exploration, reflection, and discovery. The act of writing empowers narrators to reclaim agency over their stories, enabling them to shape and articulate their experiences in a meaningful way. When witnesses acknowledge these narratives with empathy and offer poetic resonance, a new perspective may emerge.

As this new meaning emerges, some old perspectives may shift and sometimes even feel outdated. At this stage in the process, participants are encouraged to revisit their original wounded stories, written at the outset and to reflect on whether aspects of these stories are ready to be transformed or set free, creating space for new meanings and insights to surface.

Setting free does not mean forgetting the experience itself; on the contrary, just as Will accepted not being able to put back the loose feather, we encourage participants to accept and perhaps even make peace with what cannot be changed. In fact, this acceptance is what helps set some aspects of the story free—those aspects that are limiting or holding us back. But in any case, rather than being an external expectation, setting free should be a personal, subjective, and organic outcome of the inner work done with the wounded story.

Conclusions

Wounded stories which people carry hold painful emotions. As a wounded wing of a bird, these stories need care and attention to heal. This bibliotherapeutic model demonstrates how working with wounded stories through guided writing in gradual and attentive steps can facilitate meaningful transformation. By creating a structured yet creative space, participants can observe, validate, mold and reframe their narratives. This process of noticing, acknowledging, and ultimately expanding one's story opens pathways to deeper self-understanding and healing.

The structured stages of the model—from fostering safety and validation to nurturing hope and release—emphasize the profound impact of writing as a therapeutic tool. Participants are not only empowered to claim agency over their narratives but also encouraged to envision new horizons of growth and resilience enabled by the creative space of poetry, symbolism and narration. These evolving narratives, imbued with compassion and hope, reflect the enduring human capacity to transform pain into meaning.

The model invites further exploration into how bibliotherapy can enhance emotional well-being, encourage reflective practices, and foster a sense of coherence. In this poetic and symbolic space, writing becomes an act of liberation—a way to let the wounded bird soar again, carrying the lessons of its journey into the future.

References

- Adler, J. M., Turner, A. F., Brookshier, K. M., Monahan, C., Walder-Biesanz, I., Harmeling, L. H., Albaugh, M., McAdams, D. P., & Oltmanns, T. F. (2015). Variation in narrative identity is associated with trajectories of mental health over several years. *Journal of Personality and Social Psychology*, 108(3), 476–496. <https://doi.org/10.1037/a0038601>
- Antonovsky, A. (1993). The structure and properties of the sense of coherence scale. *Social Science and Medicine*, 36, 725–733. [https://doi.org/10.1016/0277-9536\(93\)90033-Z](https://doi.org/10.1016/0277-9536(93)90033-Z)
- Bion, W. R. (1962). *Learning from experience*. Heinemann.
- Bruner, J. (2002). *Making stories: Law, literature, life*. Farrar, Straus and Giroux.
- Campbell, J. (2008). *The hero with a thousand faces* (3rd ed.). New World Library.
- Felman, S., & Laub, D. (2008). *Testimony: Crises of witnessing in literature, psychoanalysis, and history*. Routledge.
- Graham, B. (2008). *How to heal a broken wing*. Candlewick Press.
- Greenspan, H., Horowitz, S. R., Kovács, É., Lang, B., Laub, D., Waltzer, K., & Wiewiorka, A. (2014). Engaging survivors: Assessing ‘testimony’ and ‘trauma’ as foundational concepts. *Dapim: Studies on the Holocaust*, 28(3), 190–226. <https://doi.org/10.1080/23256249.2014.951909>
- Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence—from domestic abuse to political terror*. Basic Books.
- McClintock, A.H., & Fainstad, T. (2022). Growth, Engagement, and Belonging in the Clinical Learning Environment: the Role of Psychological Safety and the Work Ahead. *Journal of General Internal Medicine*, 37, 2291–2296. <https://doi.org/10.1007/s11606-022-07493-6>
- Rottenberg-Rosler, B., Schonmann, S., & Berman, E. (2009). Dear Diary: Catharsis and Narratives of Aloneness in Adolescents' Diaries. *Enquire*, 2(1), 133–156.
- Sherman, S. (2013). The textual container. *Shihot*, 60(3), 233–240.
- White, M., & Epston, D. (1990). *Narrative means to therapeutic ends*. W.W. Norton & Company.