

A Bibliotherapeutic Narrative Agency Reading Group with Breast Cancer Patients

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Abstract

Breast cancer, a major global health concern, imposes a significant emotional and existential burden on patients, highlighting the need for innovative psychosocial support. This article examines the bibliotherapeutic application of the Narrative Agency Reading Group (NARG) model, an evidence-based reading group method developed through research and tested with various groups. The NARG model emphasizes cultural narratives and dialogical reflection on both dominant and counter-narratives of cancer, making it a distinctive bibliotherapeutic approach. In autumn 2024, we facilitated a narrative agency reading group for breast cancer patients, exploring the potential of cancer-specific literary narratives to enhance the narrative agency of participants. Results indicate that engaging with literary cancer narratives enabled participants to critically reflect on prevailing cultural narratives, articulate their personal experiences, and explore alternative narratives. The safe, dialogical space of the meetings facilitated emotional processing, helping participants integrate their illness into their life stories. While earlier bibliotherapeutic breast cancer groups have focused on poetry and texts that do not explicitly address cancer, the NARG model suggests that cancer-specific literary narratives and creative writing can also serve as effective tools for emotional support and self-exploration in cancer care. By fostering a shared narrative space, the NARG model provides a novel bibliotherapeutic approach that not only alleviates emotional distress but also empowers patients to navigate and reshape cultural narratives of illness. We suggest that dialogical counter-narrating represents bibliotherapeutic poetic work *par excellence*.

Keywords: narrative agency reading group model; biblio/poetry therapy; cancer narratives; breast cancer narratives; cultural narratives of cancer; counter-narratives of cancer

Introduction

Breast cancer is the most common cancer among women worldwide (WHO, 2024). In Finland, approximately 5,000 women are diagnosed with it each year (Pitkaniemi et al., 2024). A cancer

diagnosis often triggers an existential crisis and imposes a heavy emotional burden. Consequently, many countries emphasize the importance of a human-centered approach in their national cancer treatment strategies (Cancer Society of Finland Strategy, 2021–2025; Smith et al., 2021). However, there remains a constant need to develop psychosocial support for cancer patients.

Biblio/poetry therapy, a form of interactive art therapy that uses written and/or spoken word for therapeutic purposes (Hynes & Hynes-Berry, 2012; Ihanus, 2019; Mazza, 2017), has demonstrated effectiveness in alleviating the emotional burdens faced by breast cancer patients, including feelings of loneliness, uncertainty, anxiety, depression, and anger (Bálint & Magyari, 2020; Gozasthi et al., 2017; Heimes, 2011; Holopainen & Ihanus, 2024; Nyfors et al., 2024; Tegner et al., 2009). In this article, we analyze the bibliotherapeutic application of the Narrative Agency Reading Group (NARG) model, an evidence-based method we developed through two research projects¹ and tested in various groups, most recently in a reading group for breast cancer patients in autumn 2024. Our bibliotherapeutic NARG model shares many similarities with other groups for breast cancer patients but is distinct in its focus on cultural narratives and its ongoing dialogical reflection on dominant narratives and counter-narratives of cancer.

In our previous articles, we have discussed the theoretical and methodological foundations of our model, reported on its practical applications, and presented case studies of creative applications of the NARG model (Kinnunen et al., 2024; Meretoja et al., 2022). We will now focus on the use of literature, particularly the significance of reading cancer-specific literary narratives within the bibliotherapeutic NARG group for breast cancer patients. What types of literary material could lead to meaningful engagement with culturally dominant cancer narratives and counter-narratives? Do evocative literary texts addressing illness and treatments provide a safe starting point for the bibliotherapeutic group process?

Before delving deeper into the question of literary material, we will first summarize the general theoretical and methodological principles of the NARG model and then proceed to explore narrative agency reading work with cancer patients within the context of the bibliotherapeutic NARG model. In the latter part of the article, we will discuss, first on a general level, the issue of literary material in the bibliotherapeutic NARG model, and then we will report and reflect on the bibliotherapeutic reading group for breast cancer patients that we facilitated in 2024.

Bibliotherapeutic narrative agency reading group for breast cancer patients

We have previously presented the principles of the Narrative Agency Reading Group (NARG) model in our articles (Kinnunen et al., 2024; Meretoja et al., 2022). Here, we will summarize the key points of the method. At its core, the method posits that narratives play a crucial role in shaping our agency, that is, how we act in the world and perceive our possibilities within different narrative environments. The narrative models that are culturally available to us affect how we align ourselves with the world and how we understand who we are.

¹ The first project (2018–2022), “Narrative, Reading, and Wellbeing,” was part of the consortium “Instrumental Narratives: The Limits of Storytelling and New Story-Critical Narrative Theory” (314769), and the ongoing project (2023–2027) is “Counter-Narratives of Cancer: Shaping Narrative Agency” (354789). Both projects are led by Hanna Meretoja and funded by the Research Council of Finland. The writing of this article has taken place within the latter project.

Drawing on Meretoja's (2018, 2022, 2023a, 2023b) theory of narrative hermeneutics, we have designed the Narrative Agency Reading Group (NARG) model that aims to enhance participants' narrative agency. *Narrative agency* is defined as "our ability to navigate narrative environments: to use, (re)interpret, and engage with narratives that are culturally available to us, to analyze and challenge them, and to practice agential choice over which narratives we use and how we narrate our lives, relationships, and the world around us" (Meretoja, 2023a, 296; Meretoja et al., 2022). In other words, it involves our ability to verbalize and narrativize our identities—answering the questions of who we are and where we come from—and how we exercise our agency in narrativizing our lives and those of others.

Meretoja's theory identifies three central dimensions of narrative agency: narrative awareness, narrative imagination, and narrative dialogicality. *Narrative awareness* refers to the recognition of culturally available narratives that shape our lives by functioning as models of sense-making. Cultural narrative models affect us largely automatically, and the effort to bring them partly into conscious reflection can allow us to evaluate them critically. *Narrative imagination* encompasses our ability to envision possibilities beyond what seems self-evident, creatively engaging with cultural narrative models, and imagining alternative narrative trajectories for ourselves, our communities, humanity, and the planet. *Narrative dialogicality* refers to the narratively mediated process through which we become who we are in relation to others in a fundamentally dialogical and relational way. This highlights our ability to engage in a narratively mediated dialogue with others and their stories (Meretoja, 2018, 98–142, 2022, 2023a).

This theory of narrative agency forms the theoretical and methodological basis of the NARG model. The purpose of the NARG model is to enhance participants' narrative agency, including awareness of dominant cultural narratives and the ability to create counter-narratives. Master narratives are culturally dominant ways of interpreting various aspects of life, while counter-narratives challenge these perspectives and offer alternative frameworks for understanding that can expand our sense of the possible. (Meretoja, 2018, 90–97, 2021; Hyvärinen et al., 2021). The narrative agency reading groups empower participants to develop a critical and creative relationship with culturally dominant narratives, enabling them to tell their own stories in ways that enhance their sense of agency and resilience (Kinnunen et al., 2024; Meretoja et al., 2022). It is important to recognize that counter-narratives are not always progressive, nor are master narratives always harmful; what is crucial is awareness of these narratives and the ability to form one's own relationship with them (Meretoja, 2021).

In 2024, we organized the first bibliotherapeutic NARG pilot group for cancer patients. The group's objective was to enhance participants' narrative agency, including their awareness of different cultural narratives surrounding cancer and their ability to participate in creating more expansive cancer imaginaries that could open new possibilities for agency (Kinnunen et al., 2024; Meretoja et al., 2022). In the NARG group for breast cancer patients, we read cancer narratives, explored culturally dominant narratives of cancer (master narratives), and practiced the art of counter-narrating.

The meetings followed a structured format of the NARG model: tuning in, working (reading and reflecting), and ending (a ritual of narrative insights and final reflection) (Kosonen et al., 2025; Meretoja et al., 2022, 189–194). As the focus was on reading, creative writing exercises were assigned for completion between sessions at home, using notebooks provided to participants during the first session. Each session began with a warm-up, where participants shared their news. We then worked with personal narratives by reading and discussing the creative writing exercises done at

home. Following this, we worked with the new textual materials—excerpts from selected cancer narratives—which were usually read aloud during the meeting. After the reading, the group discussed the text, typically starting from an experiential perspective. It was only after personal responses that we explored narrative issues, reflecting on how cancer is narrativized within the specific text. Each meeting concluded with a short ritual involving a creative writing exercise called *Narrative Insights*, designed to provide participants with an opportunity to reflect personally on specific narrative issues. The sessions ended with a round of reflections, where participants could share what they considered particularly meaningful during the session. At the end of each session, the narrative insights, written on post-it notes and attached by participants to a metallic tree we had purchased for this purpose, were read aloud by the facilitators (Kinnunen et al., 2024; Kosonen et al., 2025).

Given the sensitive nature of working with breast cancer patients and our aim to facilitate reflective processes, it was of utmost importance to our facilitating principles to be able to create and maintain a creative and safe space in the groups, following the principles of biblio/poetry therapy. In this supportive atmosphere, participants could engage in NARG work: encountering cancer narratives *in situ*, exploring and reflecting on illness narratives and themes related to existential issues, life crises, and illness traumas with one another. Participants were also encouraged to share their personal cancer stories: their feelings upon receiving the diagnosis, how they have coped with the illness, and their experiences with treatments, drugs, surgeries, chemotherapy, radiotherapy, and so on. Validating participants' personal stories is crucial for enabling reflection on narrative issues and working creatively with the concept of counter-narratives. For NARG facilitators, this role involves delicately balancing personal and cultural narratives surrounding cancer.

Next, we will discuss what types of narratives can be productively read in bibliotherapeutic groups for cancer patients: what kinds of texts might lend themselves to meaningful work with culturally dominant narratives and counter-narratives.

Reading cancer narratives with breast cancer patients

The key to the narrative working method of the NARG is to facilitate participants' reflection on cultural narratives. Consequently, our approach to reading cancer narratives with breast cancer patients differs somewhat from the policies of current bibliotherapeutic cancer groups, which emphasize the use of poetry and therapeutic writing.

Poetry is often a convenient and safe literary medium in biblio/poetry therapy. Its short form is suitable for the time constraints of group sessions, and the metaphorical distance provided by poetic language allows participants to explore their emotions safely. It is hence understandable that research indicates breast cancer patients can alleviate anxiety and stress related to illness and treatment through poetic work, finding comfort, enhancing self-expression, and experiencing a sense of belonging and meaningfulness in bibliotherapeutic poetry groups (Bálint & Magyari, 2021; Gozasheti et al., 2017; Holopainen et al., 2024; Tegner et al., 2009).

However, the aforementioned research reports often pay little or no attention to reading, a key element in biblio/poetry therapy and essential to the NARG model. In most cases, reading is presented merely as an orienting phase leading to therapeutic writing. Poetic material is frequently not analyzed or is treated as an undifferentiated mass of poetry (poetry collage). There is scant information regarding the actual poems read in the group, how they were facilitated, and the

therapeutic interventions employed. This scarcity may stem from observations made by Bálint and Magyari (2020, 4–5) that it is unrealistic to expect that a text utilized in one group would produce identical effects in another.²

We fully agree with Bálint and Magyari that textual material is an ever-changing component of the bibliotherapeutic process and that the socio-cultural context of each group must inform the selection of material.³ Nevertheless, we believe this should not equate to completely ignoring or bypassing discussions on the textual material and the therapeutic reading work. We concur with Holopainen and Ihanus (2024, 9) that it is essential to have accurate and detailed knowledge of all components of the bibliotherapeutic process. Our view is that this should also encompass the dimensions of transformative reading.⁴

The reading policy of the bibliotherapeutic narrative agency reading group for breast cancer patients can be characterized as diverse and permissive, even though the NARG model highlights the use of literary narratives and prose.

Before the initiation of the cancer patient group in autumn 2024, our research team spent the entire spring term identifying suitable literary material. We were particularly interested in contemporary cancer prose that would resonate with breast cancer patients and texts that narrativize different aspects of illness and/or cancer treatments, including dominant narratives of cancer (e.g., narratives of war and battle) and counter-narratives. Although the material we ultimately selected was evocative in addressing painful aspects of illness and treatments, it had to be literary prose that invited participants to actively interpret and reflect on the text's meanings.

In our meetings, we read various kinds of cancer narratives: autobiographical literature (cancer memoirs, life writing), autofiction, and fictional novels. The textual material of the group consisted of Finnish excerpts from the following books (listed alphabetically): Margaret Atwood's *Bodily Harm* (1982, *Lievää vakavampi*), Annie Ernaux's & Marc Marie's *L'usage de la photo* (2005, *The Use of Photo*), Salli Kari's *Vedestä ja surusta* (2024, *On Water and Grief*), Hanna Meretoja's *Elotulet* (2020, *The Night of Ancient Lights*), Maddie Mortimer's *Maps of Our Spectacular Bodies* (2022), Ulla-Maija Paavilainen & Katarina West's *Kertomus kauneudesta, toivosta ja elämän hauraudesta* (2023, *A Tale of Beauty, Hope, and the Fragility of Life*), Niina Repo's *Arpi* (2008, *The Scar*), Alexandr Solzhenitsyn's *Rakovyj korpus* (1967, *Cancer Ward*), and Astrid Swan's *Viimeinen kirjani* (2019, *My Last Book*).

Published illness narratives, such as cancer narratives, possess substantial therapeutic and existential potential (Frank, 2013, 21). They often deal with the full range of human existence, including experiences of pain and suffering. Literary illness narratives can also address culturally

² Some popular self-help books falsely claim that reading specific literary works can lead to certain effects. For example, Berthoud and Elderkin (2013, 214) claim that reading Kafka's *Metamorphosis* (*Die Verwandlung*, 1915) can alleviate an identity crisis.

³ In general, the reading policy of biblio/poetry therapy can be described as permissive and diverse. At its core is the principle of suitability, which means that a trained facilitator selects materials and themes that align with the goals of the group. The textual material can include narrative literature, poetry, or even audio-visual story material. It may consist of serious or popular literature, depending on the needs and goals of the group. The essential factor is that the material evokes an emotional response (recognition) in the group, providing a foundation for working process (Hynes & Hynes-Berry, 2012; Kosonen, 2019; Papunen & Kosonen, 2022).

⁴ In Shared Reading research, on the other hand, various factors related to transformative reading have been impressively analyzed (Billington, 2019), including studies focused on reading groups for breast cancer patients (Andersen, 2022).

dominant narratives of illness and offer alternatives. Consequently, reading cancer narratives together can help participants become aware of different ways of narrating cancer and provide them with “interpretative resources” for reflection (Meretoja, 2018). As many researchers have suggested, illness narratives complement existing medical discourse by incorporating the patient’s voice and perspective, offering concrete and detailed descriptions of illness and treatment, relationships with family and friends, thoughts on life’s fragility, identity, body image, and associated emotions: anger, fear, joy, grief, sadness, gratitude, etc. Sociologist Arthur Frank has likened illness narratives to post-colonialism in their demand “to speak rather than be spoken for and to represent oneself rather than being represented or, in the worst cases, rather than being effaced entirely” (Frank, 2013, 13).

However, we emphasize that narrative cancer literature also possesses a metaphorical and poetic (connotative) dimension, akin to poems (in contrast to discursive nonfiction that relies on denotative language). Literary narratives (narrative fiction and autobiographical literature) can invite readers to momentarily inhabit the lives of characters, reliving their external and internal life situations relating to their feelings, including their fears, pain, and suffering, while maintaining a safe aesthetic distance. Narrative fiction, through imaginative engagement (“as if”), encourage readers to embrace the experiential perspectives of characters and narrators (Felski, 2008; Pettersson, 2009). Additionally, it has the potential to expand our sense of the possible, challenging stereotypical thinking and culturally dominant narratives while providing new possibilities of experience, affect, thought, and action (Meretoja, 2018, 2023a). In autobiographical literature, reading can be an intensive and intimate experience, yet various factors can protect readers from losing their sense of reality (Lejeune, 1989).

In our reading choices, made according to the principles of the NARG model, the poetic process and thematic purposefulness converge in the spirit of biblio/poetry therapy (Hynes & Hynes, 2012; Papunen & Kosonen, 2022).

Experiences of the participants on the cancer narratives read in the group

In the first bibliotherapeutic NARG pilot group, four women participated from mid-September to mid-December 2024. All participants had experienced primary breast cancer and had completed their active treatments. Recruitment was conducted in collaboration with the Oncology Clinic and the Cancer Center of the University Hospital of Turku, along with advertisements posted in peer groups on social media and on our project website. Since the group was aimed at cancer patients in working life, all meetings were scheduled for evenings after work. The program included a total of 10 weekly sessions (each lasting 2 hours), with two breaks.

The group was co-facilitated by bibliotherapist and researcher Päivi Kosonen, along with the leader of our research group, comparatist and novelist Hanna Meretoja. Researcher Eevastiina Kinnunen served as an observer and assisted with interviews and data collection. The research data comprises individual initial interviews with each participant before the group process, transcriptions of audio recordings from the meetings, texts written by participants, questionnaires filled out after the group process, and a final group interview conducted one week after the last meeting.

The participants clearly indicated, both in the final group interview and in the questionnaires, that they considered the cancer narratives read together to be significant for their experience in the group.

All participants of the group agreed that reading literature focused on cancer was important. When the questions “What did you think about the choice to read texts dealing with cancer in the group? Would it have been better to read something else, perhaps something entirely different? Or was it more fruitful that we read texts dealing with cancer?” were asked in the final interview, the following dialogue ensued:

Regina: I think these texts were good. If we had been made to read something else, it would have felt somehow futile.

Someone: Yes.

Sofia: Then it would have felt like an ordinary reading group.

Others in the background: Yes. Exactly. Yes.

Sofia: I too think that reading cancer-related literature was the point. It felt right.

Others: Yes.

Johanna: So that we address this issue now.

Regina: And just like Aliina said, it’s enriching in a way. ... There are all those different stories, which give me a sounding board for my own thoughts.

Johanna: They were excerpts, so if you became interested, you could read the whole book. But in such small portions, they didn’t make you anxious.

Regina: No. The texts didn’t cause anxiety, at least for me.

In this way, all four participants affirm that reading literature about cancer was a beneficial idea, as it provided different perspectives that allowed them to relate their own experiences to various literary approaches to cancer.

This sentiment was echoed in their answers to the questionnaires.

One questionnaire asked: “What kinds of thoughts and feelings did the read texts give rise to in you? Did any particular text resonate with you, either mentally or physically?”

Some participants identified particular texts that had left a mark on them, while others responded more generally, but all seemed pleased with the selected readings.

Johanna: The texts were well chosen; they addressed the topic from various perspectives in many different ways.

Sofia: The texts were well chosen, in my view, and they contained enough elements to which we could relate—prompts and inspiration.

Sofia also noted that a particular text had been challenging for her, highlighting the importance of being able to listen quietly during discussions. This underscores the significance of a safe space and facilitation that accommodates different ways of participating.

Regina: In some texts, it was easy to identify with the characters, especially passages involving children and the associated pain.

Aliina: Two texts particularly stayed in my mind. 1. A French way to be ill created a lot of bafflement for me. I hadn't encountered anything like that before. 2. The passage set in Iceland was very relatable, to the point where it felt tight in my chest.

Over the autumn, the group clearly began to develop a shared narrative imagination linked to cancer. Certain key moments in the group discussions recurred frequently, as evidenced in the final interview.

For example, when we read Annie Ernaux's and Marc Marie's *L'usage de la photo*, we discussed "a French way" of experiencing breast cancer, being elegant, erotic, and passionate despite the illness. This perspective was entirely new for the participants, causing both laughter and bafflement. The women joked about it, and one of the participants drew a juxtaposition between the glamorous French approach and the down-to-earth Raisio way (Raisio is a small Finnish town near Turku, generally regarded as unexciting and unglamorous).

For Regina, the text and group discussion inspired the image of a "siren woman," a hidden aspect of herself that might one day emerge. In the final interview, she spoke of "the stories of others" and how the "stories we read" opened her up to "a new vision"—that of the "siren woman."

The group also discussed certain words that provided them with new perspectives on their cancer experiences. One such word was *derailment* (in Finnish *suistuminen*), describing how a diagnosis derails one from the ordinary path of life, making one feel as if falling outside shared time. This expression, used in Meretoja's novel *Elotulet*, was frequently discussed in the group and referenced by Sofia during the sessions, becoming a significant term for her. She reflected on different derailments in her life, including those affecting her family members. In the final interview, she remarked, "I've had various derailments this week too," adding, "That concept of derailment has become a treasure that I got from here. Accepting that I can examine it from as many perspectives as possible, understanding that derailments can happen to any of us, is challenging; that's one of the biggest challenges of being human." Regina echoed Sofia's sentiment, stating, "It's a good and descriptive concept." Johanna affirmed, "Yes, the same for me. That idea of derailment stayed with me on the way home. It's a fine word."

In the questionnaires, Johanna mentioned not only Meretoja's *Elotulet* but also Solzhenitsyn's *Cancer Ward*, describing the latter as "fascinating." She elaborated in the interview, noting that what particularly fascinated her was that it was from a different era. She expressed intent to read it in full later.

The experiences of the participants, as expressed in the questionnaires and group discussions, affirm the viability of using narrative literature with vulnerable and traumatized patient groups, such as cancer patients. In addition to poetry, evocative literary narratives can provide valuable expressive and reflective material in bibliotherapy and poetry therapy, even when addressing major existential

issues such as illness, grief, death, or challenging experiences such as trauma or body image, which are difficult to articulate.

Conclusion

In the bibliotherapeutic NARG model for breast cancer patients, cancer is more directly encountered than in typical bibliotherapy groups. The literary materials used are evocative, that is, they address cancer and its treatments and not only positive emotions, such as hope and empowerment, but also feelings of anxiety, despair, and the “grief of the dying” (Swan, 2024).

Our analysis of the research data suggests that the NARG reading and material policy, which considers the full range of human experiences, can be a safe and effective method for engaging breast cancer patients with cultural narratives of cancer. It provides valuable interpretative tools to help them navigate their experiences. In line with the tradition of biblio/poetry therapy, groups organized according to the NARG model allow cancer patients to face painful emotions and to cry and laugh together with others, alleviating the emotional burden caused by illness and treatments. This process helps in integrating the illness into their life stories. In addition, the NARG model expands participants’ awareness of cultural narratives around cancer. For biblio/poetry facilitators, the NARG model offers an alternative shared reading method and a psychosocial support strategy for cancer patients.

At its best, the bibliotherapeutic NARG model enables the creation of a productive, collaboratively built space of a “narrative in-between” (Meretoja, 2018). This process of dialogic storytelling, involving narrating and counter-narrating, allows participants to examine cancer narratives: the textual set of cancer narratives read in the group, the oral narratives shared in the group meetings, and the written personal narratives explored through creative exercises. In this dialogic narrative process, the boundaries between personal and cultural stories can be partially redefined in a way that fosters narrative agency. We suggest that such dialogical counter-narrating can be considered bibliotherapeutic poetic work *par excellence*.

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