THEMATIC ARTICLES

EETP Vol. 15, 2020, No. 2(56)
ISSN 1896-2327 / e-ISSN 2353-7787
DOI: 10.35765/eetp.2020.1556.05

Submitted: 12.03.2020
Accepted: 21.04.2020

Suggested citation: Szurek M.M., Zmuda E. (2020). *From the Word to the Story. Improving Children's Narrative Competences as a Way to Improve Storytelling Skills,* "Elementary Education in Theory and Practice," vol. 15, no. 2(56), pp. 63-76.
DOI: 10.35765/eetp.2020.1556.05

Marzena Maria Szurek
ORCID: 0000-0002-8134-2285
Jesuit University Ignatianum in Krakow

Ewa Zmuda
ORCID: 0000-0001-7858-2643
Pedagogical University of Krakow

From the Word to the Story: Improving Children's Narrative Competences as a Way to Improve Storytelling Skills

KEYWORDS

story, narrative, narrative competence, language competence, speech therapy, pedolinguistics

ABSTRACT

The subject of the present article is a story shown from the perspective of pedolinguistic reflection on narrative (as the essence of a broadly-understood story). The initial parts of the article explain the most important theoretical issues related to narrative and narrative competence. That is important for proceeding to further considerations. The main part of the work concerns the possibility of using the ability to tell stories (from the earliest age) in speech therapy focused on improving language communication and other aspects of child development. Thus, the purpose of the article is to emphasize the importance and the function of a story seen from the perspective of therapeutic interactions. That is why the authors of the article present the specific features of speech therapy implemented in order to develop narrative competence. However, this competence is not only the final effect of the therapeutic process but also an important tool for shaping other key competences. Narrative proficiency becomes the therapeutic purpose and the tool for building various competences in the minds of individuals. The suggested strategies and forms of exercises are based on the authors' therapeutic experience related to

working with patients with various developmental disabilities. At the same time, the examples used in the paper reflect theoretical scientific debates concerning the role of narration in broadly understood therapies of various disorders.

Introduction

From the point of view of pedolinguistics and the linguistic approach to applied speech therapy, the term "story" has a very broad meaning.[1] For a linguist, a story is, first of all, a language construct that has a certain form in a specific communicative situation (the form is neither uniform nor codified). For a linguist who is also a speech therapist, this construct is additionally considered with reference to the function it performs in an individual's therapy/speech development and in the relationship between the therapist and the patient. In this context, a story becomes a synonym of a narrative,[2] i.e. a linguistic form of describing either events (arranging them in a temporal perspective) or the world (presenting phenomena in spatial relationships) (Grabias 2017: 54). Such a narrative is perceived in a multifaceted and interdisciplinary manner. The objective of this article is to emphasizethat a story/tale/narrative[3] understood in this way is of crucial importance in the context of supporting an individual's intellectual and social development and in perceiving the role and specific features of a speech therapist's work. Thisis because a speech therapist aims at building or improving achild's narrative skills, i.e. at improving his/her functioning in social, emotional and other areas of life. All these aspects need to be discussed with reference to the mechanisms and processes that facilitate the acquisition of the ability to create and (equally importantly) to understand a narrative.[4]

[1] For example, the colloquial approach is different from the genological one. From the genological perspective, according to the *Słownik terminów literackich [Lexicon of Literary Terms]*, a story is a narrative with not very clear morphological assumptions and quite a free structure; nevertheless, it is characterized by the chronology of events and a single-thread plot (full of incidents, static motives, or the character's psychological analyses) and is, additionally (taking into account its size), situated between long and short prose forms (STL 2000: 359, entry: *opowieść [a story]*).According to the *Słownik języka polskiego,* one of the meanings of the lexeme 'a story' is "a history that is being told" (SJP n.d.).

[2] A narrative (Latin: *narratio*, Greek: *diēgesis*) means a story about a course of events (STL2000: 326, entry: *mowa [speech]*).

[3] All of these terms (story, tale, narrative) will be used interchangeably in this article.

[4] That is why a significant part of this work refers to building and improving the narrative competence, because those actions become the objectives of the therapy.

The acquisition of linguistic competences and building the ability to create a narrative

Both in psychological and linguistic research, speech development is described through distinguishing its stages. For psychologists, such a periodization is related to the phases of shaping thinking and cognitive processes. They distinguish the following periods: the period of speech and situational thinking; the period of speech and specific-imaginative thinking; and the period of speech and abstract thinking (Kowalski 1972; Sołtys-Chmielowicz 1998: 12). Linguists emphasize the structure and form of an utterance, and their perception of the process of shaping the child's linguistic skills is traditionally based on the division made by Leonid Kaczmarek. He distinguished the period of melody (1st year of life), the period of expression (2nd year of life), the period of sentence (3rd year of life) and the period of specific children's speech (4th to 7th years of life) (Kaczmarek 1977: 52-55). According to the conclusion of Stanisław Grabias, who locates the ability to narrate in the last stages of speech and thinking development,[5] we should believe that all the previous periods are the path to achieve that highest level which is reflected in the ability to create narratives.

> Narrative, its structure and the way of arranging knowledge confirm a person's fullness of intellectual abilities. It provides us with information on the ways of intellectualizing sensual experiences (building references to the perceived reality in the text), the logical or alogical way of arranging things and events (the narrative line), and arranging phenomena of the reality in a structural whole. (Grabias 2017: 53)

This article assumes that particular stages of speech development have to occur[6] in order to shape the narrative competence[7] *sensu stricto.* At the beginning, it is a simplified world thatis connected with situational thinking. Later, according to psychological periodization, it becomes specific-imaginative thinking. And, even though the

[5] "Among the children with normal intellectual potential, the ability to narrate appears at about the age of 6, but the ability to describe events – as late as at the age of 10. The most difficult activity related to description is the ability to linguistically move from one space to another" (Grabias 2017: 56).

[6] The child talks about the world according to his/her stage of development.

[7] The following developmental stages of narrative can be distinguished: a) creating stories with the use of non-verbal means (the child himself/herself is the character); b) one-class utterances, connecting a word with non-linguistic elements (the subject of the story is separated from the child's environment); c) two-class utterances (in these utterances there is more information on the circumstances, conditions and ways of acting); and d) more complex stories, wherein the child indicates the character who carries out particular actions, there are many descriptions which occur one by one, there are some cause-and-effect connections (a significant increase in the number of such connections appears at the age of 6), and the child also perceives dependencies and relations (Kielar-Turska 1989).

highest form of verbal activity is still unattainable at this stage, on this level of human development, this is the only way of perceiving the world and sharing it with others.[8]

Without the crucial stages during which speech and thinking are shaped, it is impossible to achieve the narrative stage, so the role of a speech therapist and other specialists dealing with working on linguistic competences is to apply forms of stimulation and therapy that take into account those important stages – both in the therapy of a person with disorders and while accompanying the child whose developmental level is normal – in his/her everyday functioning.

> A newborn is not born (…) into this world with a pattern of speech contained in his/her brain, with a ready scheme or algorithm of linguistic behaviours. On the contrary – the acquisition of language, developing speech and communicative competence is achieved through active being in the world, exploration, fun, and interaction with the environment. (Broś 2003: 152)[9]

In the context of this interaction, each form of a communicate that includes elements of a representative function is a stage on the path to building narrative competence.

A story (narrative) in the therapy of developmental disorders

A story as a form of narrative in speech therapy may take various forms and may be used in many different ways. As already mentioned, for therapists, it is more than just having a traditional theoretical-literary understanding of this notion. "Narrative is describing a series of events" (Bokus1991: 15)[10] as a result of which, when we re-

[8] Before the child learns to use speech, he/she fulfils their relationships with the environment through pre-verbal forms of communication (screaming, babbling, self-imitating babbling) (Broś 2003: 153; Vasta, Haith, Miller 2001; Cieszyńska, Korendo 2007: 163-169). The period between the 8th and 10th months of life is important because at this stage the child experiences the field of common attention, starts to understand communicative intentions and starts to use gestures in the referential function (Cieszyńska, Korendo 2007: 166). At the end of the 1st year of life, the child is able to speak several words (names that represent the nearest surroundings), and during the 2nd year of life he/she utters at least two-word communicates that reflect the beginning of the use of inflection (Cieszyńska, Korendo 2007: 174).

[9] The neurobiological predisposition of *homo sapiens* to learn a language, which includes both the universality and the scheme of acquiring speech, is an unquestionable fact (Spitzer 2011: 62-68). However, as a social species, we would not be able to activate the processes responsible for learning a language without proper stimulation, which is confirmed by the phenomenon of so-called 'wolf children'.

[10] Then, in footnote 1, the author explains: "A narrative takes various forms, depending on the *code of the story*: verbal communicates (oral, written), pictures, and even music pieces (…); it can be a monologue or a dialogue, and it is the subject of interest of many scientific disciplines (literature, anthropology, theology, history, psychology, linguistics, art, musicology)" (Bokus 1991: 15).

ceive answers to the questions of what happened, to whom, where and when, many scientists identify them with the way in which people understand and interpret reality (Chrzczonowicz 2012: 43-50; cf. also Giddens 1991). Thus, it touches on two crucial areas in the work of a speech therapist: language and thinking. This is particularly relevant because a speech therapist should not only describe and interpret a ready narrative but also evaluate the very process of creating the narrative (perceiving the narrative as an integral part of the process of interaction between the speaker and the listener) (Bokus 1991: 18). Obviously, the therapist should, at the same time, remain within the scope of his/her competences. Moreover, it is worth emphasizing again that, in a narrative utterance, the intention to explain the reality is fulfilled (Woźniak 2005), which is why a narrative becomes a precious source of information about the patient for the therapist. The model of such an utterance is described by Grabias as a scheme (which makes it easier to describe and interpret the problem during the speech therapy diagnosis): "I tell a story or describe = I explain to myself and others (I interpret): I perceive the world (through the senses) + I recognize phenomena (through reasoning) + I experience (I reveal emotions)" (Grabias 2017: 53).

Taking into account the role of stories in a person's life, therapeutic work on narrative competences boils down to two kinds of influence: building narrative skills and facilitating narrative competences.[11] Such actions include both the activities that influence building/improving competences related to reception and creation (in this case, they also include interpretation).[12] Thus, narrative competence becomes an important aim of the therapeutic actions of a speech therapist as it is the crowning of all his/her previous therapeutic activities. This is because

> (…) narrating is the most difficult form of human linguistic activity. It is characterized by a closed structure and unusually developed internal composition (…). Narrative competence requires the awareness of the full structure of an utterance and an interactive technique of fulfilling it: the ability to synchronize verbal and non-verbal elements. (Grabias 2017: 54-56)

Looking more carefully at therapeutic proceedings, we can indicate several dimensions of influence that facilitate narrative competences or make it possible to use stories in therapeutic work.

[11] In books on the subject, we come across the notions of narrative competence, narrative skills and talents, as well as narrative knowledge (Soroko, Wojciechowska 2015: 212).

[12] Referring to the research by W. Kintsch and T. van Dijk, Maria Kielar-Turska emphasizes that "people use a narrative scheme both in the reception of texts and in speaking about them (…). We may conclude that the narrative scheme is treated as the basic model of organizing knowledge" (Kielar-Turska 2018: 77).

The primary (linguistic) dimension

In order to speak about and improve narrative competences, first we have to build and enhance linguistic competences.[13] According to Grabias, a healthy child acquires them automatically: "a child with full biological and intellectual possibilities acquires language by the age of 6 without any particular effort" (Grabias 2017: 36). In the case of children with dysfunctions, it is necessary to take up actions that stimulate linguistic functions.

Taking into account a person's narrative competence, therapeutic tasks include all kinds of actions aiming at building and improving linguistic competences needed to receive and create a story. From the perspective of speech therapy, this dimension is primary. Scientists often emphasize that, along with the acquisition and improvement of linguistic competence, we acquire and improve narrative competence (Wyrwas 2012: 453; Nott-Bower 2018:70).

The therapeutic procedure boils down to several basic assumptions: a) primacy of linguistic perception; b) repetition of the child's speech development; c) early learning to read; d) minimizing the system of language; e) stimulation of the left brain hemisphere; f) choosing the dominant hand; and g) stimulation of motor functions (Cieszyńska-Rożek 2010: 29). According to Jagoda Cieszyńska-Rożek, this programme of therapy refers to all linguistic communication disorders, because "such an approach results from the adopted assumption on the primacy of linear, sequential and hierarchical skills for building and re-building the language system" (Cieszyńska-Rożek 2010: 29).

In case of disorders such as deafness, hypoacusis, alalia, oligophasia, autism, and children's epilepsy, which require building linguistic competences (Grabias 2001: 11-43; 2017: 42),[14] speech therapists emphasize that "the most important strategy in the speech therapy procedure … is linguistic programming, i.e. equipping the child with the system of language" (Michalik 2010: 41). In such cases, the necessary strategy includes using the communicative minimum:"Minimization refers to the resource of linguistic signs functioning on various levels of language organization and to the collection of grammar rules that organize these signs" (Orłowska-Popek 2009: 36).

[13] Just like Grabias, what we mean by linguistic competence is "the ability to build grammatically correct sentences, and to distinguish meaningful sentences from meaningless ones". Also, we adopt Grabias' division into linguistic competence, communicative competence ("the ability to build utterances (dialogic and narrative ones)", and cultural competence ("an individual's knowledge of the world gained through sensual cognition and social interactions") (Grabias 2017: 41).

[14] In this article we are dealing with this group of disorders because the second group of Grabias' classification of disorders includes patients who need to improve speaking skills that accompany already acquired competences, while the third group mainly includes adults.

Thus, in these cases, working on narrative competence has been identified with working on linguistic competence for quite a long time. At first, the therapeutic objective includes teaching the child to create simple communicates which, at this stage, are the only way in which the child is able to describe the world.[15] Only after this stage is finished may the therapist work on more complex constructs needed to work out narrative skills. However, this first stage is already fundamental for shaping the ability to create and receive astory.

Apart from continuous work on grammatical skills among children who undergo speech therapies,[16] it is important to improve lexical and semantic skills because "lexical resources are the index of a person's knowledge of the world, and word-formation awareness reflects the ability to understand the relationships among various phenomena"(Grabias 2017: 51). Also, "all kinds of human experience are arranged by the brain into notions. Research on the structure of notions indicates that a healthy brain orders experience according to a socialized scheme while an ill brain orders knowledge very subjectively, i.e. according to its own concept" (Grabias 2017: 51).

To work on this aspect, a speech therapist uses:

1. Pictures of single things, toys, everyday objects, etc. (he/she teaches the child to name them as such naming is the first attempt to describe the world).
2. Picture stories (from two-element to even eight-element ones) – not only does the child learn to use their lexical resources and build grammatically correct sentences, but he/she also uses the operators of time and space, which are necessary to acquire narrative competence, and learns to understand cause-and-effect relationships.
3. The first simple texts (the ability to repeat a story, answer questions, and focus on an oral or written text).
4. More complex texts (additionally, if accompanying disorders occur, which are revealed in the form of speech defects, a therapist may use existing fairy tales or special stories used in speech therapy) (Nożyńska-Demianiuk 2016). Nevertheless, we believe that more customized aids are better.[17]
5. Creating narratives (which are at first short and, later, take longer and longer verbal forms, as well as written forms). Very important skills at this stage are

[15] Two-element sentences that describe situations in the presented pictures (e.g. "Ola eats") and simplified dialogue ("How was kindergarten/school?""Good") are often, for a long time, the maximum achievement of children who undergo therapies to acquire linguistic competences.

[16] Grammatical skills often require long and planned programming, especially within the morphological and syntactic layers (Michalik 2010: 42; Orłowska-Popek 2017).

[17] Moreover, it seems that a story built around a sound (which is additionally emphasized by the graphics) makes the reader focus on the fulfilment layer and not on the content and compositional structure of the story.

maintaining not only coherent consistency (which determines the semantic order of an utterance) but also structural consistency (cohesion), which requires advanced metalinguistic knowledge and manifests itself through the adequate application of formal lexical, word-formation and grammatical elements.[18]

Secondary dimensions

A. Social dimension. Inpsycholinguistics, scientists often adopt the perception of Teun van Dijk, who claims that a narrative is a presentation of human action (van Dijk 1985: 273-294). Such an approach makes it possible to use a story both for the assessment of the quality of a given child's social interactions and for working on using language in a way that is socially acceptable.

According to research carried out by Barbara Bokus, children ascribe various areas of action to themselves and others, and "in a social situation, a child may perceive his/her own area as an area that is either isolated or shared with a partner (…). The perception of this arrangement of the areas – as a shared or isolated area – is the source of the child's way of using language in the process of starting and continuing cooperation with a peer" (Bokus 1991: 147). Thus, stories created by the patient provide the therapist with precious data concerning social functioning and the ability to use language in social situations. Therefore, while describing and interpreting the child's narratives, one has to take into account this aspect of utterances as well.

Many speech therapists agree with such an approach.[19] Also, it is worth emphasizing that this is particularly important in working with children with autism spectrum disorders, because, in these cases, problems with using language in social situations become the central aspect of therapeutic actions.

[18] The ability to apply results from earlier, separate preparatory exercises (which e.g. shape the child's ability to categorize things) and long-term, typically linguistic, education (e.g. creating synonyms, hyponyms and hypernyms, i.e. using various syntax schemes in practice).

[19] "Analysing a written narrative also provides information concerning the proper use of language in a given situational context … which could play an important role in the psychological diagnosis of autism" (Nott-Bower 2018: 72).

Thus, for a speech therapist,[20] stories become a diagnostic tool that helps to evaluate social competences and the way language is used in social situations.[21] Also, stories become a tool that makes it possible to work on these competences. At the same time, a speech therapist helps the child notice and interpret social aspects of stories.

Working on these aspects is especially facilitated by picture stories that present the scripts of behaviour as well as simple, and later more complex, texts, especially those written for a particular child. Such texts present important social situations and desired behaviours. Also, in this aspect, it is good to create a journal of events together with the child.

B. Emotional dimension. While building the child's lexical competences, we introduce abstract nouns, including the names of emotions, as well as specific nouns. A therapist often provides the child with such names, and he/she helps the child build a given notion. In this aspect, a speech therapist's task is to teach the child name emotions and build their concepts, as well as – in the case of some disorders – to help the child understand socially acceptable ways of responding (includingin a linguistic manner) to particular emotions. To achieve this objective, the therapist can use narratives created by the child or stories written especially for this purpose. The existing collections of such stories include therapeutic tales.[22] Also, the therapist can use other books or fairy tales for children, but, for the needs of a particular therapy, it is worth customizing a story for a specific child.

C. General developmental dimension. Apart from the above-mentioned benefits, which are achieved by the child in the linguistic or emotional-social areas, listening to or reading stories and structuring tasks around them performs thefunction of a stimulus that facilitates the development of all kinds of cognitive functions. During such tasks, a therapist is able to evaluate which aspects of the child's functioning should be practised and improved, irrespective of a given narrative (in isolation) or

[20] This is also the case for psychologists: "Before a child starts to narrate, he/she learns schemes of constant events. These empirical generalizations of stereotypical events are called scripts (e.g. eating in a restaurant). A script has a complex structure in which we can distinguish the following elements: a sequence of events or activities, participants of events, typical objects, conditions that activate the scenario, and results. We can notice that the elements of a script match the aspects of the story distinguished by Forster (1966) and those mentioned above. This results in the thesis that scripts are the basis for creating narrative schemes" (Kielar-Turska 2018: 76).

[21] "A child's oral narrative makes it possible to see his/her entire verbal expression because it requires various aspects of language and organizational skills" (Nott-Bower 2018: 72).

[22] In psychology, bibliotherapy and fairy tale therapy are also popular as therapeutic methods (Molicka 2011).

with direct reference to it. The level of such exercises shall obviously depend on the child's age.

In case of deficits that require auditory stimulation (e.g. a lack of ability to differentiate particular sounds of speech), the therapist may use those elements of the story (words, sentences) which include oppositional sounds. Also, the stimulation of phonemic hearing is facilitated through various language games which, built on the basis of an interesting story (e.g. changing the names of characters according to a particular linguistic model or creating any derivatives from particular names of characters/things or rhymes), gain the value of attractiveness and are not associated by the child with traditional speech therapy techniques. Even the very acts of listening to and re-telling all the details of a story (e.g. funny stories told or read by the therapist) improve the child's hearing memory, which is very important from the point of view of their general development and preparation for school. In this case, so-called audial literature is an interesting solution (CDs with recordings of texts are often attached to modern books), which reflects the "return to the primary orality" of literature (Zabawa 2013: 31), i.e. to the original functions played by the literary narrative.[23]

Skills related to sight and visual memory are usually practised in the context of a story through shaping the ability to read (including forearly reading[24]), which is, in fact, stimulation aimed at the perception of athematic patterns of letters.[25] Through emphasizing the interesting part of a narrative (derived from existing books or prepared by the therapist, taking into account the individual fascinations of a particular child), the therapist makes the technical aspect of reading a means to achieve an objective and not the objective itself. However, the perceptive skill related to eyesight may also be practised with children who do not read, e.g. on the basis of picture stories arranged in sequences of events (with cause-and-effect meanings). On this basis, the child finds, with his/her eyes, important elements that create the linear layout of the story; he/she can also show missing or inadequate elements, fill in ready sequences or describe the arrangement of components shown in the pictures according to what he/she has memorized with his/her eyesight.

[23] Such a form of the reception of a narrative (which focuses on sound, without visual support) facilitates the development of hearing memory and perceptive skills related to hearing. Moreover, it emphasizes additional, or even primary, values of literature (Zabawa 2013: 31). Also, educational value is found in sung narratives, which make it possible to practise hearing skills using exercises that develop other structures of the brain than those stimulated during spoken narratives (Altenmuller 2004: 64-69; cf. Critchley, Henson 1980; Springer, Deutsch 2005).

[24] Cieszyńska (2005) writes about the values of early reading and its therapeutic properties in cases of various developmental disorders.

[25] This is an important element of therapy in various disorders related to dyslexia (Bogdanowicz 2002: 39-50; cf. Bogdanowicz, Czabaj, Bućko 2008).

Building the child's narrative competences with the involvement of mechanisms that stimulate all psychological functions is facilitated by the technique that includes the creation of diaries of events.[26]A diary of a person with communication disorders describes the events from his/her life and gives information about people, emotions experienced, and significant events. Thus, it both serves to build narrative competence[27] (on the basis of all motor, perceptive and memory skills that are included in this competence) and to support the improvement of the social and emotional skills of the child (it helps him/her to name things, create notions and scripts of behaviours, work out many emotions, etc.).

Summary

The evaluation of narrative competences seems to be a very important element of speech therapy diagnosis and treatment. Such an evaluation should be carried out as early as possible (it refers both to natural and artificial narratives) so that a therapist can support the child in acquiring those important competences. This refers to children characterized by both normal and distorted development. Aneta Nott-Bower emphasizes that the"[e]arly and reliable evaluation of narrative competences can reveal the child's strong and weak points of linguistic development, as a result of which therapists can provide him/her with proper support aimed at the full use of his/her potential in the educational and social aspect" (Nott-Bower 2018: 72).

Thus, it turns out that not only can narratives used to create stories be the objective of therapeutic actions, but theycan also be a tool used to build the patient's increasing perfection in broadly understood linguistic skill and all kinds of competences resulting from the improvement of elementary intellectual functions. The quality of speech reflects the degree of a person's intellectual development, but, on the other hand, advanced thinking processes depend on linguistic development. What a child saysto us at each stage of his/her speech development can be treated as a story (in therapeutic terms) about perceiving and interpreting the world and as an explanation of what he/she is experiencing at a given moment. If we adopt such an approach, each form of this story may be a precious diagnostic tool and a starting point for linguistic improvement.

---

[26] On the creation of this technique and its detailed assumptions, see Orłowska-Popek 2006: 247-256; 2017: 168n.

[27] As emphasized by Orłowska-Popek, "a diary combines two approaches: a communicative one and a cognitive one. On the basis of such a diary, the child learns new meanings and grammatical structures derived from everyday talks. Later, he/she can use those structures in everyday communication" (2017: 169-170).

Bibliography

Altenmuller E.O. (2004). *Muzyka w głowie*, "Świat Nauki," vol. 1/4, pp. 64-69.

Bogdanowicz M. (2002). *Recepty na dobre czytanie i pisanie*, [in:] J. Turewicz (ed.), *Jak pomóc dziecku z dysortografią*, Zielona Góra: Ośrodek Doskonalenia Nauczycieli, pp. 39-50.

Bogdanowicz M., Czabaj R., Bućko A. (2008). *Modelowy system profilaktyki i pomocy psychologiczno-pedagogicznej uczniom z dysleksją rozwojową*, Gdynia: Wydawnictwo Operon.

Bokus B. (1991). *Tworzenie opowiadań przez dzieci. O linii i polu narracji*, Kielce: Wydawnictwo Energeia.

Broś D. (2003). *Od pierwszego krzyku do pierwszego słowa. Dwa podsystemy języka w rozwoju komunikacji werbalnej dziecka w okresie niemowlęcym. Studium przypadku*, "Audiofonologia," vol. 23, pp. 151-167.

Chrzczonowicz A. (2012). *Narracja a zaburzenia psychotyczne: badania i zastosowanie terapeutyczne*, "Postępy Psychiatrii i Neurologii," vol. 21, no. 1, pp. 43-50.

Cieszyńska J. (2005). *Nauka czytania krok po kroku. Jak przeciwdziałać dysleksji*, 2nd improved and extended edition, Kraków: Wydawnictwo Naukowe Uniwersytetu Pedagogicznego.

Cieszyńska J., Korendo M. (2007). *Wczesna interwencja terapeutyczna. Stymulacja rozwoju dziecka od noworodka do 6. roku życia*, Kraków: Wydawnictwo Edukacyjne.

Cieszyńska-Rożek J. (2010). *Diagnoza funkcji lewej półkuli mózgu i jej wpływ na programowanie terapii dzieci w wieku przedszkolnym*, [in:] M. Michalik, A. Siudak (ed.), *Zagadnienia mowy i myślenia*, Kraków: Collegium Columbinum, pp. 23-30.

Critchley M., Henson R. A. (1980). *Music and the Brain. Studies in the Neurology of Music*, London: William Heinemann Medical Books Limited.

Forster, E.M. (1966). *Aspects of the Novel*, Harmondsworth: Penguin Books.

Giddens A. (1991). *Modernity and Self-identity. Self and Society in the Late Modern Age*, Stanford: Stanford University Press.

Grabias S. (2001). *Perspektywy opisu zaburzeń mowy*, [in:] S. Grabias (ed.), *Zaburzenia mowy*, Lublin: Wydawnictwo UMCS, pp. 11-43.

Grabias S. (2017). *Język w diagnozowaniu umysłu. Terapia logopedyczna a poznawcza i interakcyjna funkcja języka*, [in:] D. Pluta-Wojciechowska, B. Sambor (ed.), *Współczesne tendencje w diagnozie i terapii logopedycznej*, Gdańsk: Harmonia Universalis, pp. 35-63.

Kaczmarek B.L.J. (1995). *Mózg, język, zachowanie*, Lublin: Wydawnictwo UMCS.

Kaczmarek L. (1977). *Nasze dziecko uczy się mowy*, Lublin: Wydawnictwo Lubelskie.

Kielar-Turska M. (1989). *Mowa dziecka. Słowo i tekst*, Kraków: WUJ.

Kielar-Turska M. (2018). *Refleksja nad istotą narracji w kontekście badań z zakresu psychologii rozwoju człowieka*, "Horyzonty Wychowania," vol. 17, no. 42, pp. 71-84.

Kowalski S. (1972). *Rozwój mowy i myślenia dziecka*, Warszawa: PWN.

Michalec K. (2016). *Wypadek świerszcza. Opowiadania logopedyczne*, Katowice: Wydawnictwo Debit.

Michalik M. (2010). *Między językiem, myśleniem a rzeczywistością – budowanie kompetencji gramatyczno-leksykalnej dziecka podejrzewanego o upośledzenie intelektualne. Studium przypadku*, [in:] M. Michalik, A. Siudak (ed.), *Zagadnienia mowy i myślenia*, Kraków: Collegium Columbinum, pp. 31-50.

Molicka M. (2011). *Biblioterapia i bajkoterapia. Rola literatury w procesie zmiany rozumienia świata społecznego i siebie*, Poznań: Media Rodzina.

Nott-Bower A. (2018). *Bezobrazkowe badanie poziomu rozwoju kompetencji narracyjnej u dzieci jedno- i dwujęzycznych*, "Postscriptum Polonistyczne," vol. 2(22), pp. 69-81.

Nożyńska-Demianiuk A. (n.d.). *Bajki logopedyczne*, Kalisz: Wydawnictwo Martel.

Orłowska-Popek Z. (2006). *Dzienniczki wydarzeń uczniów niesłyszących – utrwalone pismem zachowania językowe*, "Annales Academiae Paedagogicae Cracoviensis. Studia Historicolitteraria," vol. 7, pp. 247-256.

Orłowska-Popek Z. (2009). *Kształtowanie się systemu językowego u dzieci z implantem ślimakowym*, "Biuletyn Logopedyczny," vol. 1(23), pp. 35-39.

Orłowska-Popek Z. (2017). *Programowanie języka w terapii logopedycznej na przykładzie rozwoju języka dzieci niesłyszących*, Kraków: Wydawnictwo Naukowe Uniwersytetu Pedagogicznego.

Porayski-Pomsta J. (ed.). (2008). *Diagnoza i terapia w logopedii*, Warszawa: Elipsa.

Sławiński J. (ed.) (2000). *Słownik Terminów Literackich*, Wrocław: Zakład Narodowy im. Ossolińskich.

Słownik języka polskiego [*SJP*], https://sjp.pwn.pl/slowniki/opowie%C5%9B%C4%87.html (access: 19.04.2020).

Sołtys-Chmielowicz A. (1998). *Wymowa dzieci przedszkolnych*, Lublin: Wydawnictwo UMCS.

Soroko E., Wojciechowska J. (2015). *Kompetencja narracyjna jako obszar nauczania i oceny w edukacji*, "Studia Edukacyjne," vol. 37, pp. 211-236.

Spitzer M. (2011). *Jak uczy się mózg*, trans. Małgorzata Guzowska-Dąbrowska, Warszawa: Wydawnictwo Naukowe PWN.

Springer S.P., Deutsch G. (2005). *Lewy mózg, prawy mózg z perspektywy neurobiologii poznawczej*, trans. Iwona Szatkowska, Warszawa: Prószyński i S-ka.

Van Dijk T.A. (1985). *Action, Action Description, and Narrative*, "New Literary History," vol. 2, pp. 273-294.

Vasta R., Haith M.M., Miller S.A. (2001). *Psychologia dziecka*, Warszawa: WSiP.

Woźniak T. (2005). *Narracja w schizofrenii*, Lublin: Wydawnictwo UMCS.

Wyrwas K. (2012). *Dlaczego opowiadanie w rozmowie potocznej to nie monolog?*, [in:] A. Burzyńska-Kamieniecka (ed.), *Akty i gatunki mowy w perspektywie kulturowej*, "Język a Kultura," vol. 23, Wrocław: Wydawnictwo Uniwersytetu Wrocławskiego, pp. 451-460.

Zabawa K. (2013). *Rozpoczęta opowieść. Polska literatura dziecięca po 1989 roku wobec kultury współczesnej*, Kraków: Akademia Ignatianum, Wydawnictwo WAM.

CORRESPONDENCE ADDRESS

Marzena Szurek
Jesuit University Ignatianum in Krakow
e-mail: marzena.szurek@ignatianum.edu.pl

Ewa Zmuda
Pedagogical University of Krakow
e-mail: e.zmuda22@gmail.com