Poetry and Therapeutic Factors in Group Therapy

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ABSTRACT: This paper describes the ways in which the use of poetry in group therapy facilitates therapeutic goals consistent with interpersonal theory. A discussion of the relationship between poetic interventions and Yalom's therapeutic factors is followed by a case example of an inpatient therapy group. The identification of strengths and limitations of using poetry in therapy conclude the report.

There is a growing body of literature, anecdotal in nature, that affirms the value of introducing poetry in group therapy. Most recently, Hynes and Hynes-Berry (1986) used poetry with long-term residential drug abusers. Chavis (1987) used poetry in a women's growth group, Zahner-Rofoff (1987) with adolescent boys, Gorelick (1987) with trauma patients, Langosch (1987) with emotionally disturbed children, Goldstein (1987) with geriatrics, Hynes (1986), in shelters with battered women, Houlding and Holland (1988) with severely disturbed psychiatric inpatients. There have been few scien-

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room. Thus, by selecting a poem expressing feelings with which the patient can resonate (a catalyst poem), one can facilitate the discussion of troublesome feelings. This promotes *universality* as individuals recognize that they are not alone and at least one other person has had similar feelings, in this case the author of the poem. This loosening of feelings through the literature promotes *catharsis* as individuals learn that the appropriate expression of feelings is acceptable and beneficial to mental health. The introduction of a poem offers structure along with an invitation to respond. This approach offers a context within which the withdrawn and reluctant member has an opening for participation. *Existential* fears such as those associated with death, isolation and meaninglessness can be introduced in a nonthreatening way through the poem. As intimate sharing takes place and is responded to, individuals who are withdrawn or who have impaired interpersonal skills begin to experience a sense of belonging, trust and being valued thus facilitating a sense of *cohesion.*

Patients receive through giving. *Altruism* takes place as individuals begin to support and encourage one another. *Social skills* become enhanced as members learn how to listen, to be less judgmental and more spontaneous. The interaction of the group, promoted by the response to the literature, is a contrast to the isolation and alienation experienced by many patients and is a mechanism for becoming more comfortable and confident with oneself. *Instillation of hope* is fostered as patients gain hope by observing and hearing from others, especially others with similar problems who are making progress in their return to mental health. Hope can also be addressed by introducing a poem or piece of literature that reflects how others have successfully dealt with a similar problem.

Poetry is especially suited for enhancing *Interpersonal learning and insight* as individuals through group discussion identify with or reject thoughts and feelings expressed in the literature. As a result, reframing can take place as the individual begins to see things from a new perspective. Metaphor plays a unique role in fostering *the corrective recapitulation of the primary family group.* The group resembles a family. Members are prone to act with the leader and with other group members as they may have once interacted with their family *or as they may act in any given interpersonal situation in their present life.* This behavior can be highlighted through the literature thus allowing the individual to gain insight into the effects of this behavior on his/her life.

The above therapeutic factors do not work independently or in sequence, but rather influence and effect each other in a continual ebb

and flow. For example, the sharing of similar feelings (universality) can foster a sense of belonging (group cohesiveness). Group cohesiveness might influence the ability of others to further disclose feelings, thus enhancing catharsis. As disturbing feelings are shared, there is opportunity for support and comfort (altruism). The poetic devices in poetry offer fresh ways of viewing oneself within the world and promotes interpersonal learning and insight. As patients become more comfortable and less self absorbed there is opportunity for more spontaneity (developing socializing techniques). The therapist, by using these factors as a framework for selection of poetic material and as a framework for intervention, can structure the group to enhance these goals.

Metaphor

Poetry facilitates the therapeutic factors through metaphor. Figurative language always implies something beyond itself (Wheelock, 1963). According to Max Black (1962), a metaphorical statement can generate new knowledge by changing relationships between things designated. In addition, metaphors help us to see aspects of reality that the metaphors' production helps to constitute. They have the power to reveal connections without making them and function as "cognitive instruments" that have the ability to present in an irreplaceable way, valued insights. Poems that are open ended or ambiguous, in that the language and images build upon and integrate a theme without naming the specific circumstances that influenced the feeling tone of the poem, are especially suited for this purpose. The metaphorical use of language invites the readers to draw from their own inner resources for their involvement and connection to that theme. To the extent that a metaphor refers to an interaction between an object and its environment, it is well suited for highlighting subtle social roles that a patient takes (Pollio, H., Barlow, Fine, & Pollio, M. 1977). These roles are manifested in behavior and can be brought into awareness as the individual identifies with the metaphor. The material generated by this identification can be examined in the here and now work of the group, allowing for Interpersonal Learning and Insight.

For example, a withdrawn patient, with a diagnosis of schizoid personality disorder, in reading a poem that included the following metaphor " . . . How a man's eyes are shaped so that he only sees ninety degrees . . ." (Anonymous) responded: "It is as though a man is

trying to reach someone and no matter how hard he tries he just can't seem to get through." As he identified with the metaphor the social behavior of isolation and alienation that this patient actually lived was highlighted. The patient was asked if he ever "felt like he was trying to reach someone, etc." He responded, "Yes." He was asked to try to expand on that statement and he spoke in brief sentences and phrases of his usual feelings of loneliness and isolation. In order to bring the behavior into the realm of group work, the patient was asked if he was feeling that way at that moment within the group. Again he responded, "Yes." An opportunity for a corrective recapitulation of an interpersonal situation was thus made available. Because the patient had recognized and acknowledged his feelings of isolation, the group was able to address the "here and now aspects" of the patient's sense of alienation as it was being played out at that very moment. The members in responding to, supporting and giving feedback were able to experience the curative factor of "altruism" while the patient, at least for that hour, was no longer isolated but connected to others—a new experience for him (cohesion).

Many of the above roles would remain undisclosed and out of the patient's awareness and thus unavailable for group work, without the individual's response to the literature. The poem is an invitation for a creative response. There are no right or wrong answers. Just as there are no instructions for devising metaphors, there is no manual for determining what a metaphor "means" or "says." Davidson (1978) states: "Metaphor is the dreamwork of language, and like all dreamwork, its interpretation reflects as much on the interpreter as the originator" (p. 29). Each patient responds to or interprets the metaphor and brings to that response that which is personally unique and meaningful. It is this response that contains the seeds of group work.

Case Example

Due to the heavy demands of the hospital scheduling and the short stay (28) days) of most patients, the inpatient group does not have the luxury of time to develop through the typical group stages of orientation, conflict, group cohesion, genuine group work and conclusion. (Corey & Corey, 1982) An additional concern of inpatient group work is the level of motivation encountered. Often patients are so overwhelmed by the problems that landed them in the hospital that they are unable to identify specific areas on which to work. There is often a

vague ruminating quality to the way they see their problems. Some
are unaware of feelings that are contributing to their depression or
anxiety. Others have long histories of interpersonal difficulty and find
it difficult to share spontaneously with others and, as a result, are
inclined to be passive in the group situation. Some are so involved with
their own pain that it is difficult to find the energy to listen and to
support others. The dynamics of the following group illustrate how
poetry therapy is an effective tool in structuring the group and facili-
tating interactions that overcome these problems and promote growth
for the patient.

The patients were from the open adult psychiatric population. Six
were diagnosed with depression, one had suffered a psychotic break
and one was diagnosed with a manic episode.There were five males
and two females. The ages ranged from mid-twenties to early sixties.
All were being treated pharmacologically. The individual who had
suffered a psychotic break and the individual diagnosed with a manic
episode had improved and stabilized to the point where their thinking
was no longer impaired. All were receiving individual psychotherapy
with their physicians on a daily basis. Referrals to the poetry therapy
group were made by the treatment team.

Although the circumstances that precipitated their illnesses dif-
fered, patients who are referred to the poetry therapy group share a
common need, in that they are unable or unwilling to express feelings
in an appropriate manner. For some, this inability is a result of simply
not being in touch with and understanding their feelings. For others, it
is a result of long standing difficulty in establishing and maintaining
relationships. It may have arisen out of their current sense of hopeless-
ness and despair or from an inability to trust. Regardless of its origins,
the primary goal for patients referred to this group is to recognize and
express his/her feelings (catharsis and insight). Secondary goals are
those consistent with the remainder of the therapeutic factors previ-
ously identified. The following presentation is taken from material
generated at an initial meeting of a poetry therapy group in which the
poem "Control" by May Sarton (1980) was used as the catalyst poem.

The first stanza begins:

> "Hold the tiger fast in check
> Put the leash around his neck
> Make it known a growl will tighten
> The collar. Browbeat. Frighten."

The poem then continues with five more stanzas that integrate the
image of the tiger and control. The reader, in responding to the poem

subjectively, finds her or himself identifying either with the role of the tiger with a "noose around its neck" or with the role of the controller who is holding the tiger. The reader creates his or her own metaphor becoming the tiger "fast in check" or the controller who "browbeats and frightens." The dynamics that follow illustrate how this poem was successful in evoking feelings and highlighting subtle social behavior that were a rich source of material for the therapeutic factors to come into play.

Bill, a professional man in his early sixties, was hospitalized for a psychotic break precipitated by his failing marriage. He identified with the tiger as he spoke of a trip to St. Martin in which he "felt like a dog on a leash" as he waited outside shops for his wife. The metaphor of a dog on a leash became a metaphor for his marriage. He expressed angry feelings of being used and of lacking freedom in the marriage (catharsis). The social behavior highlighted was his failure to speak up for himself, thus allowing himself to be led around by his wife (interpersonal learning). His need to eventually take responsibility for his own passive behavior (existential factor), was brought to light and discussed moving him towards insight regarding his ability to control his own life.

Nancy, a woman in her mid-twenties hospitalized for severe depression after a long standing relationship had broken up, responded to Bill's disclosure with personal information about herself, stating, "I act like Bill's wife with my boyfriend." Nancy saw herself as the controller. She was able to identify her need to control her fiance. The social role highlighted was her tendency to enmesh herself in her fiance's life, to inhibit his freedom. Bill and Nancy were able to use the group to see things from a new perspective. Bill telling Nancy what it felt like to be so controlled and Nancy telling Bill of the insecurities that motivated her controlling behavior, thus giving him insight into some of his wife's possible insecurities. As a result of the poem, interpersonal learning and insight took place for both individuals. Cohesion and universality began to develop as individuals shared intimate feelings.

Ed, a man in his late twenties, was hospitalized for an adjustment in the medication that was controlling his mania. The tiger in the poem represented his alcohol addiction that had been successfully treated during another hospitalization but kept him confined to an exaggerated degree. He identified with an image portrayed in the second stanza of the poem of the tiger "walking a tightrope." He told the group that, since his last hospitalization, he had carefully avoided anyone who was not a recovering addict. He polled the group to see how many others in the room had an addiction problem. Finding himself alone with that particular problem, he said he felt like "a

square peg in a round hole" and was going to leave the group because he did not "fit." This presented the opportunity for corrective recapitulation as the patient was acting out in the group the way he acts in interpersonal situations in his present life. As the social behavior became highlighted, the group was able to work on the patient's distorted concept of himself in the here and now (interpersonal learning). The patient was supported and encouraged and, as a result, set a personal goal within the group to work on his feelings of inadequacy and of not belonging with anyone who did not share his problem. Some of the other therapeutic factors that came into play here included cohesion, as Ed began to feel accepted; altruism, as others supported him; catharsis, as he shared his feelings; and eventually development of socializing techniques, as he became more spontaneous with the group.

Jane, a woman in her late thirties, was hospitalized for depression precipitated by family problems. The metaphor of the tiger represented her violent fifteen-year-old son and the social behavior highlighted was her way of coping with him. She spoke of her frustration and anger with her son. The opportunity for sharing these feelings was cathartic for the patient. Initially, the group attempted to problem solve by offering suggestions on child rearing. Yalom (1983) points out that problem solving is rarely, if ever, useful in group therapy. Although it is a blind alley as far as the specific problem is concerned, it can have a therapeutic effect in the sense of support and caring it conveys to the troubled individual. Eventually the group got Jane to focus on her behavior, specifically her inability to set priorities in her demands of her son. Interpersonal learning took place as Jane learned to differentiate her reactions to her son, so that beating up his brother was not given the same weight as failing to clean the bathtub. As a result of the behavior highlighted for Jane by the poem, she was able to recognize her inflexibility and make attempts to change some of her behavior.

Kevin, a man in his early thirties, hospitalized for depression, responded strongly to an image of the tiger's "smothered fire" as it appears in the fourth stanza of the poem. He saw himself as the tiger whose entire life had been controlled by his mother's wishes that he achieve certain career goals. He had recently received his medical degree and opened a practice and now, having achieved her goals, found himself depressed, lacking a sense of identity, unable to function socially and unable to form intimate relationships. As a result of the behavior highlighted by the poem, Kevin was able to express his anger and to address the guilt he felt at being angry at his mother (catharsis). Vicarious learning also took place here between Jane and Kevin. Jane

was able to learn how Kevin's controlling mother had affected him and could apply this to her attempts to control her son.

Jeff, a man in his mid-forties, was hospitalized for depression precipitated by the prospect of a divorce and his emotional estrangement from his three teen-aged children. He presented himself as a very powerful and capable individual and some group members were initially intimidated by his manner. He reacted strongly to the poem and identified with the role of controller. He told the group about his need to control everything that went on in the lives of his wife and children. In essence, things had to go his way or he made life miserable for them. He responded to these lines in the last stanza of the poem:

> Tame the tiger. Break his pride
> You will find yourself outside . . .

The family had had enough and he now found himself an outsider. The poem allowed him to see himself in a new way (insight). The patient cried as he identified the social role made obvious by the poem and he began to look at how his controlling might "break" others. Universality was fostered as more timid patients became aware of Jeff's losses and vulnerability. In addition, Jeff was able to see his controlling behavior play itself out as he adapted the same controlling behavior in subsequent groups and alienated other group members (recapitulation of experience). The group was able to challenge the behavior and share with Jeff just how his behavior made each one of them feel in the "here and now" of the group, giving him added insight' into the effects of his behavior on others (interpersonal learning).

Discussion

It is unlikely that the depth and amount of the above intimate sharing which resulted in interpersonal learning and insight would have been accomplished had poetry not been introduced. The poem allows the group members to bypass beginning group stages and to engage itself in genuine group work in a very short period of time. For an inpatient population where each group, because of a constantly changing hospital population, must be considered an entity in itself, this makes for valuable use of group time. To a large degree, motivational issues were gradually dissipated as individuals began to identify with the poem and were drawn into participation through their unique

connection to it. In addition, the subtle social roles made available for "here and now" group work were uncovered through the poem and it is doubtful they would have emerged as quickly, if at all, without the patients active involvement in responding to the literature.

Caution should be exercised in the selection of poetry for group purposes. It is important that the metaphorical content of the poem build upon and integrate images so that a consistent, cohesive thought is made available to the listener. As pointed out by Leedy (1985), confusing poetry should be avoided. Pies (1987) also warns, "terribly obscure poems" are apt to be counterproductive. Referral precautions, based on a careful assessment, need also be taken. Patients with overt thought disorders such as are seen in schizophrenia are not appropriate referrals for poetry therapy groups that employ figurative language since that language and the use of poetic devices could serve to feed into the already existing pathology surrounding their thought processes.

It should be emphasized that in the treatment of serious disorders such as described in this article, poetry therapy is an adjunctive therapy used in conjunction with psychopharmacology and individual psychotherapy and as such is found to be effective in achieving the aforementioned interpersonal goals.

References

Black, M. (1962). *Models and metaphors*. Ithaca, New York: Cornell University Press.

Chavis, G.C. (1987) Poetry therapy in a women's growth group on the mother-daughter relationship. *Journal of poetry therapy, 1*, 67–76.

Corey, G. & Corey, M.S. (1982). *Groups: Process and practice*. Monterey, CA: Brooks/ Cole.

Davidson, D. (1978). What metaphors mean. In S. Sacks (Ed.), *On metaphor*. (pp. 29–45). Chicago: University of Chicago Press.

Goldstein, M. (1987). Poetry: A tool to induce creativity and reminiscing with geriatrics. *The American Journal of Social Psychiatry, 7*, 117–121.

Gorelick, K. (1987). Poetry therapy as therapeutic ritual in treating traumas from the past. *The American Journal of Social Psychiatry. 7*, 93–95.

Houlding, S. & Holland P.(1988). Contributions of a poetry writing group to the treatment of severely disturbed psychiatric inpatients. *Clinical Social Work Journal. 16*, (2) 194–200.

Hynes, A. (1987). Biblio/Poetry therapy in women's shelters. *The American Journal of Social Psychiatry, 7*, 112–116.

Hynes, A. & Hynes-Berry M. (1986) *Bibliotherapy the interactive process: A handbook*. Boulder, Colorado: Westview Press.

Karasu, T.B. (1977). *The psychiatric therapies*. Washington, DC: American Psychiatric Association.

Langosch, D.S. (1987). The use of poetry therapy with emotionally disturbed children. *The American Journal of Social Psychiatry. 7*, 97–100.

Leedy, J.J. (1985). Principles of poetry therapy. In J.J. Leedy, (Ed.) *Poetry as healer.* (pp. 82–88). New York: The Vanguard Press.

Pies, R. (1987). Poetry therapy in the treatment of borderline personality disorder. *Journal of Poetry Therapy. 1*, 88–94.

Pollio H., Barlow, J. Fine H., & Polio, M. (1977) *Psychology and the poetics of growth.* Hillsdale, NJ: Lawrence Erlbaum Associates.

Sarton, May (1980). *Halfway to silence.* (p. 32). New York & London: W.W. Norton & Company.

Sullivan H.S. (1947). *Conceptions of modern psychiatry.* Washington D.C.: The William Alanson White Psychiatric Foundation.

Wheelock, J.H. (1963). *What is poetry?* New York: Scribner.

Yalom, I.D., (1983). *Inpatient group psychotherapy.* New York: Basic Books, Inc.

Yalom, I.D., (1985). *The theory and practice of group psychotherapy.* New York: Basic Books, Inc.

Zahner-Roloff, L. (1987). Social despair in adolescent boys: poetic therapies and metaphoric diagnoses. *The American Journal of Social Psychiatry. 7*, 101-105.