

## THE PRODUCTION OF METAPHOR IN POETRY THERAPY AS A MEANS OF ACHIEVING INSIGHT

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*Poetry is the lava of the imagination whose eruptions prevent the earthquake.—Byron*

### BACKGROUND AND LITERATURE

The contrast between the scientific method and the poet's inspiration is axiomatic. However, there is an underlying similarity in the approach to truth which has great value to the psychotherapist. Jacob Bronowski (1958) compares the work of the scientist with the art of the poet when he states:

All science is the search for unity in hidden likenesses. The scientist looks for order in the appearances of nature by exploring such likenesses. For order does not display itself of itself; order must be discovered and, in a deep sense, it must be created. What we see, as we see it, is mere disorder.

Science makes discoveries in an objective measurable world while poetry makes discoveries in an internal subjective world. To produce poetry is to discover hidden likenesses. It is the yoking together of disparate images in an individual's attempt to organize his world. Its achievement is in intensifying one's sense of reality.

The purpose of this paper is to illustrate how careful attention to the symbolic language in the poetry productions of patients can facilitate and enhance the therapeutic process.

In poetry therapy we encounter two disciplines in which the reappraisal of experience is paramount: poetry and psychology. A selection of literature from these two independent sources demonstrates a convergence of thought which offers a firm theoretical base for the use of metaphor as a therapeutic tool.

In the *Secret Strength of Depression* (1974) Dr. Flach states,

Therapy is a process of recovery based on a series of reconsiderations. It is a reappraisal of feelings and experiences and it explores the core premises on which the patient's perception of his experience rests.

Poetry also concerns itself with experience. Recognized poets attest to this. Robert Frost (1973) in defining a poem stated: "... the poem is experience not information."

Experience is the act of living through an event. We experience through our bodies, by means of our senses in an interaction with the physical and cultural environment (Lakoff, 1980). In so doing, each individual develops for himself a unique model of the world. One way of talking about experience is through the creation of metaphor. By understanding an individual's metaphors, the therapist has access to the patient's model of the world. In addressing the pain that an individual is feeling when seeking therapy, Grinder and Bandler (1975) state that people are often "... feeling themselves paralyzed, experiencing no choices or freedom of action in their lives." They continue, "What we have found is not that the world is too limited or that there are no choices, but that these people block themselves from seeing those options and possibilities that are open to them since they are not available in their models of the world." Poetry, with its richness of metaphor, is a vehicle for both understanding another's model of the world and for creating new models pregnant with alternate choices.

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### A LOOK AT THE POETIC PROCESS

"Poetry, like all art, is revelation. To experience a moment it must be revealed anew" (Wheelock, 1963). The process of writing a poem is not one of rediscovery and subsequent transmittal in the poem; the poem itself is part of the process. The writer, troubled by an awareness not fully understood, "... a vague tantalization at the edge of consciousness," is impelled to the creation of a new thing that shall embody it and reveal it to himself and others. In *Poetry the Healer*, edited by Dr. Leedy, it is demonstrated how symbolic language or metaphor functions against conscious recognition of the conflict that precipitated the poem. Moreover, it contains the seeds that spur the poet to a more conscious awareness.

When Freud pointed out that metaphor dominates the unconscious thought process, that "Dreams are the royal road to the unconscious," he based his assertions on a study of poetry as well as of patients' dreams. Although it is almost one hundred years since Freud discussed "... the royal road," little has been published by psychotherapists regarding the use of metaphor to explore unconscious thought processes in the way that dreams are used.

It is widely acknowledged that dreams are comprised of symbols that the mind creates in an altered state of consciousness. Jung (1964), in advancing Freud's theory, indicates that

... the dream is not a kind of standardized cryptogram that can be decoded by a glossary of symbol meanings. The dream is an integral, important and personal expression of the individual's unconscious. The dreamer's individual unconscious is communicating with the dreamer and is selecting symbols for its purpose that have meaning to the dreamer.

So, too, the symbols that emerge in poetry productions appear to be personal expressions that have meaning to the poet/patient in his exploration of his inner life. He, in a sense, assumes a dual role, that of ministering therapist and comforted patient as he communicates with and gains knowledge of himself as he writes. It is often difficult, if not impossible to communicate innermost feelings in conventional speech. We can present facts and information, but it is only when we use symbolic language that we can organize thoughts and feelings and represent experience. It is the

expression of this inner landscape, the struggle of the self with the world around it, with the human condition, whether it be in extolling its beauty and complexity or mourning its horror and pain that has been the underlying theme in the works of poets from Homer to Eliot.

Joseph Royce (1967) takes the position that "... symbolism and intuition are legitimate ways of knowing in spite of our ignorance about how they work." He urges the humanistic psychologist to tap those symbolic dimensions of reality.

Historically, it has been the linguist and the philosopher who have studied metaphor. From them we learn that our language is full of metaphor, metaphor turned cliché.

We put "tigers in our tanks," visit restaurants that are "holes in the wall," tell people to "get off their high horses," and call our enemies "dogs." These metaphors are so familiar that we hardly recognize them as such. However, a fresh metaphor will wrench us to a new awareness by opening our eyes to a hidden likeness or analogy. It leads us to notice what otherwise might not be noticed by drawing attention to a system of relationships newly discovered. A really good metaphor says something false to illuminate a truth.

The linguist Max Black, in his *Interaction Theory of Metaphor* (1979), postulates that a metaphor contains a primary subject and a secondary subject. The secondary subject is regarded as a system instead of a thing. In the act of creating or understanding a metaphor, an individual selects, emphasizes, suppresses, and organizes features of the primary subject by applying to it statements corresponding in structure and form with the secondary subject, reciprocally inducing change. For example, in the metaphor, "Society is a sea," the secondary subject—the sea—is regarded as a system. One then projects on the primary subject—Society—a set of associated implications. (Here we apply the commonplace attributes of the sea to society which might include a sense of depth, movement, vastness, swelling, rippling, etc.) We now have a fresh conception of society. In addition, the linguist tells us that our concepts of reality are to a degree influenced by our language and our language is grounded in metaphor. For example, our concept of the word *argument* is based, in part, on our experience of *war*. When we argue, our

language takes on the vocabulary of war. We use terms such as: this will *demolish* him, my *strategy* is thus and so, the *position* is *indefensible*, O.K. *Shoot*, we *win*, we *lose* and we *wipe* our opponents *out*. In the argument-is-war-metaphor, our language structures, at least in part, what we do and how we understand what we are doing when we argue (Lakoff, 1980).

How can a metaphor create a new reality? Lakoff and Johnson (1980) give the following illustration. Taking the phrase, "the solution of my problems," they point out how our present reality is that problems are puzzles requiring a correct solution; once solved they are solved forever. However, if we were to consider that same phrase metaphorically, with *solution* conceptualized as a noun, we would imagine something quite different. We might visualize a large volume of liquid, bubbling and smoking and containing all our problems, with catalysts constantly dissolving some problems for the time being and precipitating out others. The new reality derived from such a metaphor would be that problems are part of the natural order of things, rather than disorders, that once cured or corrected would never appear again. In essence a metaphor can be seen as a model for changing our way of looking at the world.

### CLINICAL APPLICATIONS

In the following poetry, produced in group poetry therapy sessions by patients at a short-term psychiatric hospital, I will attempt to demonstrate how tapping those symbolic dimensions of reality that Royce referred to facilitated the recovery process for the respective patients.

Individuals are referred to the poetry therapy group as a result of a Treatment Plan Conference which is attended by the patient, his psychiatrist, a member of the nursing staff, adjunctive therapy representative and alcohol or drug counselor, if appropriate. The purpose of the Treatment Plan Conference is to assess the needs of the patient and to state specific treatment goals. In this setting, poetry therapy is an ancillary therapy used in conjunction with a medication regimen and individual psychotherapy. A typical treatment goal for a patient referred to poetry therapy might be "to recognize and express feelings." Groups consist of from eight to ten patients and are mixed as far as diagnosis is concerned, including

depression, substance abuse, schizophrenia. The population is adult, ranging in age from approximately twenty through sixty-five years.

In conducting a poetry therapy session, the therapist selects a poem or poems, most often written by a recognized poet, with which to work. These are referred to as the catalyst poems. In selecting material, an attempt is made to match the theme of the catalyst poem to a problem with which members of the group are grappling. For example, one might use poetry dealing with loneliness to reach a patient's sense of isolation in order to have him explore his unique experience of loneliness. The patients are asked to respond subjectively to the catalyst poetry. As the poet reveals himself in all his frailty and vulnerability, he is making it possible for the patient to do likewise. Here is another human being, in this case a respected poet, reaching in and getting something from him. This is the hallmark of poetry. It is not a question of the reader getting something out of the poem, rather the poem is getting something out of the reader. What the poem reaches is that part of the reader's experience, perhaps long forgotten, that shares elements of the poet's experience. As the individual responds, an attempt is made by the therapist to ferret out significant material and direct the individual in a writing exercise where he can explore his own issues. Each group member then reads his production aloud to the group. Literary merit is avoided and each poem is discussed from a feeling perspective, with special attention being given to metaphor and ample opportunity for feedback and a group interaction.

The following poems, all of which were produced in poetry therapy groups, are illustrations of how patients' self-generated metaphors were explored in an attempt to achieve insight and change. The first poem was written by a young woman in her mid-twenties, hospitalized for schizophrenia. She was approaching the end of her hospital stay at the time she wrote it and was functioning at a relatively high level. The theme of this particular group was family relationships and several catalyst poems were read to loosen feelings. It is widely acknowledged that schizophrenics are strongly ambivalent towards loved ones (Arieti, 1974), and the poem produced by this patient allowed her to address aspects of that ambivalence not previously acknowledged.



## TEARS

My father's thoughts  
wind up in tears  
over me.  
I am guilty —  
but do not really believe it.  
I was not to blame  
but I do take responsibility  
for his tears.

Tears  
wet and soft  
flow from my father's eyes.  
What causes them?

I know  
his grief cannot mend me.  
I know his tears push me on.  
His tears are gold  
and silent.

I like to watch his tears.  
They are liquid gold to my eyes.

The sobs tear at my heart.

The initial idea for the poem involves conflict in her relationship with her father. In expanding on the poem with the group she spoke of how she was in the habit of calling her father up on the telephone each evening and how as a result of the call her father would inevitably wind up in tears. She claimed this caused her great distress because her intention was certainly not to cause her father unhappiness, and this does seem to be the theme of the first two stanzas of her poem. However, when in the fourth stanza she quite spontaneously produced a metaphor in stating "His tears are gold," the group had something concrete to work with in confronting the ambivalence. The patient was asked for her association to gold. She stated gold represented something valuable and precious. Still working with the metaphor, the question was posed—"If your father's tears cause you distress why are they as precious and valuable as gold?" The patient seemed startled by what the poem was revealing. After some moments she responded by stating, "The tears are proof that he loves me—how otherwise could I be sure." This statement allowed for a group dynamic to take place that focused on the patient's misconceptions. So the

insight made possible by the poem was successful in making the patient aware of an aspect of her ambivalence—on the one hand a desire to avoid distressing her father, and on the other hand his tears being a source of gratification. It was hoped that this awareness would bring a change in behavior and a more mature approach to interpersonal relationships.

The following poem was a clinical application of the attempt to create a new reality or new model. It was written by a woman in her early forties during her second hospitalization for depression. It was successful in precipitating a change in a pattern of thinking, and of making the patient aware of choices regarding her anger. The technique used was as follows:

1. Patients were shown an abstract painting by Jackson Pollack and instructed to focus on a section of the painting that represented their feelings at the time. The section might be a shape, a color, a pattern or a combination of shapes.
2. Patients were asked to allow their imaginations free rein and to permit the section of the painting they were focused on to take a concrete form, to represent an object.
3. They were asked to combine the feeling and the object representing it and to create a simile, i.e., "My loneliness is like a lighthouse."
4. They were asked to explore the simile in their writing.

## A CLOAK OF A DIFFERENT COLOR

I wear anger  
like an all-encompassing black cloak.  
Sometimes it is inconspicuous  
in its dark color.  
Other times its red lining shows itself  
and all the fury fills the room.  
It is a comfortable garment  
worn for so many years.  
To throw it away  
would be threatening  
to my person.  
How would I deal with life  
without this protective garment around me  
to ward off threats?  
Perhaps a day will come  
when it will become so worn and tattered  
that a new one will have to be.  
When that day comes  
it will be a cloak of a different color  
size and texture.  
A smaller one  
soft and comfortable  
in a lovely soft rosey hue.

Several weeks after writing this poem, the patient reported that prior to writing it she had not thought of her anger as something she could discard for even a moment. It was always with her. Writing the poem, creating a new model for herself, changed her mode of thinking about her anger. Now she makes a conscious effort to "take off this cloak of anger" and "put it aside" for periods of time.

Among the defenses employed in depression is the tendency to dissociate, that is, to shut out of consciousness the conflicts encountered and the feelings associated with those conflicts. A recurrent theme throughout the therapy for depression is a recognition and release of such emotion (Flach, 1974). The following poem written by a man in his mid-fifties and hospitalized for depression, demonstrates how the poem facilitated his ability to begin to come to grips with some emotionally-laden material. He wrote this piece the third time he attended the group. His first two sessions were uneventful. His only verbalizations had to do with his wife, upon whom he heaped much praise and admiration because, according to the patient, "She had gotten her life in order" and he wished he could do the same. The instructions that precipitate this poem were to compare oneself to something in nature, and to extend and explore the metaphor in the writing exercise. Several poems were introduced to illustrate this concept. The patient chose a porpoise, simply because fishing was an activity he once enjoyed and he loved the sea.

#### HE AND SHE

I am a porpoise  
He is graceful, sleek and energetic.

She eats and works  
But takes much time for fun.

He plays with the bow-wave.

She jumps free of the sea.

He is warm blooded with a large heart.

She is helpful to a friend in trouble.

He is sad when a neighbor dies.

She lives a full, rich varied life,  
Each day      Each day      Each day.

In expanding on the poem with the group, the patient stated that the title "He and She" referred to him and his wife. (This again, as we shall see, illustrates Rothenberg's concept that initial ideas for poems are metaphors for personal conflict.) As the poem progresses we become aware of the underlying sense of disharmony that seems to exist between "He and She," a disharmony that was not at all apparent in previous groups. However, it is in the sixth line of the poem—"She jumps free of the sea"—that the patient says metaphorically what he has been unwilling or unable to say directly. He expanded on the line to the group, explaining that his wife was a recovered alcoholic and that in getting her life together she had found it necessary to leave him. In order to insure her own sobriety she had "jumped free." As he spoke about this to the group, it became apparent that, while he recognized her need on an intellectual level, the poem allowed him access to the emotions of anger, loss, and rejection that were previously unavailable to him. He was able to move forward in more thoroughly letting go of what he had already lost.

The following two poems were written by a forty-year-old woman, hospitalized for schizophrenia affective disorder and serve to demonstrate how symbolic language, addressed in therapy, can account for an immediate change of affect in a patient. The first poem was written on her initial visit to the group, and the second on her last visit, just prior to discharge. Upon joining the group that first time, she appeared depressed and withdrawn. Her head hung on her chest, her shoulders were hunched forward and her affect was flat. The focus of the group catalyst poems had to do with "wearing masks"—that is, keeping others from knowing the real you. The poem put her in mind of her grandfather, who she felt was one of the only people who really knew and understood her. She began to cry uncontrollably and indicated she wanted to leave the room. With some encouragement, she agreed to stay, but when the other members started to write she refused to do so, stating she was too upset, had never written a poem before and, besides, "What good would it do"? So, while the others were writing, we sat in a corner and talked about her grandfather, the source of this strong emotional reaction. I asked her a few

questions, took some notes, and we called it a poem. Here is what she produced, every word her own, exactly as she dictated it.

#### GRANDFATHER

Tall and thin  
strong  
like a tree  
that yields to the earth  
he yielded to me.

A part of the earth.

He loved me  
when no one else did  
he understood  
that my mother beat me up.  
He would stick up for me  
and love me  
and hold me  
and never pick on me  
or put me down.

He told them to leave me alone.

He liked to sit outside  
in the summer sun  
and think,  
probably about freeing himself  
from his problems.

He couldn't free himself  
so he allowed himself to die  
and I felt lost.  
The only person I had  
was gone.

Several things happened as a result of this patient sublimating the raw emotion that led her to cry into poetry. She got in touch with her own creative process as she spoke of her grandfather as a "tree that yielded to me." There was a cathartic experience as she recounted abuses suffered at the hands of her mother. In addition, it allowed her access to feelings of anger at her grandfather who, in spite of being "strong," had "allowed himself to die," deserting her. She saw how her poem moved the whole group and her sense of isolation was alleviated as she received support from the other group members with whom she was sharing her innermost feelings. And lastly, she felt better; there was an obvious change in her demeanor. She had succeeded in

ordering some of the chaos in her world in a creative and controlled way.

She continued to explore her feelings and conflicts through poetry in the weeks that followed, often writing on her own when she felt herself confused or anxious. Her condition continued to improve. However, the last time she was to attend the group, just prior to discharge, she appeared to have regressed significantly. Her head was down on her chest again, and she appeared much as she had at our first meeting. She stated she was not going to participate in the group, just sit and listen. When the time came to write, it was suggested that she ignore the catalyst poems the group was working with and just write her feelings. She agreed, in an unenthusiastic way. Her poem follows.

Velvet black      gentian violet      yellow velvet  
You swim among the anemones  
With unknowing swiftness.  
How I love to watch you!  
For I neither look like you  
Nor have your spontaneous freedom.

The poem was obscure. None of us had any idea what it was about. But having written it, having expressed symbolically what she was not able to say directly, it was possible for her to talk about what was bothering her. It seems she was an epileptic and, due to changes in her medication while hospitalized, she had suffered a seizure. Because of the danger this entailed, her driver's license had been revoked. She now saw herself as ready for discharge only to be hopelessly confined to her house—lacking freedom. This is what her poem was conveying symbolically—her need for the "spontaneous freedom" of these little sea creatures. The group reacted. They told her how angry they would be in her place. Was she angry? She said, "No, what was the use; nothing could change." A discussion ensued. There was support and empathy for her as well as a realistic discussion about the danger she would be in if she were to have a seizure while driving. Several minutes later, she was again asked if she was angry. She hesitated—and then there was this lovely burst of profanity from this very well-mannered lady as she told us all, in no uncertain terms, just exactly how angry she was. Then she laughed and the group laughed with her. It was

out. The emotions were expressed. The poem had allowed her to say symbolically what she could not say directly. She was able to see how her anger turned inward had practically paralyzed her. She had an insight into a pattern of behavior that contributed to her depression. The release of emotion freed her from her isolation and hopelessness and she left the room with straightened shoulders, chatting with other members of the group.

### SUMMARY

I have attempted to assess the role of metaphor as it relates to language and experience. In addition, I have sought to illustrate how symbolic language that evolves in the reappraisal of experience in therapy, especially in poetry productions, is a vehicle of insight as well as an alternate way of approaching reality and a measure for unearthing unacknowledged emotions. The literature on empirical work with symbol formation in poetry productions and its clinical application is meager at present. To quote Joseph Royce (1967), "While intuition is involved at all phases of the scientific enterprise, it is minimized as final judge in science. However, metaphoric knowledge is crucial in the humanistic disciplines and would assume a dominant position in a humanistic psychology."

### REFERENCES

- ARIETI, SILVANO (1974) *Interpretation of Schizophrenia*. New York: Basic Books.
- BLACK, MAX (1979) More about metaphor. In A. Ortony (Ed.), *Metaphor and Thought*. New York: Cambridge University Press. P. 28.
- BRONOWSKI, JACOB (1958) *Science and Human Values*. New York: Julian Messner.
- FLACH, F. F. (1974) *The Secret Strength of Depression*. Philadelphia: Lippincott.
- FREUD, SIGMUND (1965) *The Interpretation of Dreams*. New York: Basic Books.
- FROST, ROBERT (1973) *On Writing* (Elaine Barry, Ed.). New Brunswick, NJ: Rutgers University Press.
- GORDON, DAVID (1978) *Therapeutic Metaphors*. Cupertino, CA: Meta Publications.
- GRINDER, JOHN & BANDLER, RICHARD (1975) *The Structure of Magic*, Vol. I. Palo Alto, CA: Science & Behavior Books. P. 13.
- JUNG, CARL G. (1964) *Man & His Symbols*. New York: Dell. P. ix.
- LAKOFF, GEORGE & JOHNSON, MARK (1980) *Metaphors We Live By*. Chicago: University of Chicago Press. Pp. 4, 57, 143.
- LEEDY, JACK (Ed.) (1969) *Poetry Therapy*. Philadelphia: Lippincott.
- LEEDY, JACK (Ed.) (1973) *Poetry the Healer*. Philadelphia: Lippincott.
- ROGERS, ROBERT (1978) *Metaphor, A Psychoanalytic View*. Berkeley & Los Angeles: University of California Press.
- ROTHENBERG, ALBERT (1973) Poetry and psychotherapy: Kinship & contrasts. In J. Leedy (Ed.), *Poetry the Healer*. Philadelphia & Toronto: Lippincott.
- ROYCE, JOSEPH (1967) *Metaphoric Knowledge and Humanistic Psychology. Challenges of Humanistic Psychology*. New York: McGraw-Hill. Pp. 23, 27.
- SACKS, SHELDON (Ed.) (1978) *On Metaphor*. Chicago: University of Chicago Press.
- WHEELLOCK, JOHN HALL (1963) *What Is Poetry?* New York: Scribner. Pp. 22, 27, 31.
- WHEELWRIGHT, PHILIP (1968) *Metaphor and Reality*. Bloomington & London: Indiana University Press.