

Poetry Therapy in the Assessment of Fictive Goals

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Although poetry therapy does not have any antecedents in Alfred Adler's writings, the technique can serve as a psychotherapeutic tool in the assessment of life style and in the clarification of a client's fictional goal.

In his writings, Adler does discuss the "question" of genius and creativity and the usefulness of poetic and mythical material in the course of psychotherapy. However, he does seem to limit the creative powers of the ordinary individual to the fashioning of that person's life style (Ansbacher & Ansbacher, 1956).

What poetry therapy posits is a construct which is Aristotelian in origin—the cathartic effect he alluded to in his *Poetics*. In the nineteenth century, figures such as Byron and Cardinal Newman both asserted that poetry had curative powers. Modern poets such as W. H. Auden and Robert Graves have pointed out that there is a relationship between poetry and mental health (Morrison, 1973).

The pioneering work of Dr. Jack J. Leedy of the Poetry Therapy Center in New York can be adapted to the philosophical constructs found in the writings of Alfred Adler. What Leedy and his associates have discovered is that some clients are reachable by the creative act. They use a variety of approaches. In this paper, the work on poetry therapy of the Alfred Adler Mental Hygiene Clinic will be discussed briefly. Attempts will be made to indicate how each technique relates to an Adlerian concept or an Adlerian therapeutic approach.

Poetry therapy is to be distinguished from a related approach called bibliotherapy. In the latter, works written by published writers are presented to the client. In poetry therapy as practiced at the Alfred Adler Mental Hygiene Clinic, the approach is to involve the client in the *creation* of a poem. It is in a sense an extension of the original ideas mentioned by Adler repeatedly in another context; that an individual possesses innately a creative power (Ansbacher & Ansbacher, 1956). The poetry therapist taps into that human potential and encourages the client to produce a poem.

Sometimes in order to create a mood or set an atmosphere, a poem from a published poet will be read. However, the poems produced by the client are

not and should not be meant to be imitations of that published poet's work. Once the client produces the poem, it is discussed. The aim of the therapist is to make it understood within the context of the client's life style or of his fictional goal.

At the Alfred Adler Mental Hygiene Clinic, a program geared to the rehabilitation of schizophrenics is being developed around the creative arts. In addition to poetry therapy, music, art, and movement and dance therapies are provided for the members of the Therapeutic Social Club. Adler believes that a schizophrenic suffers from a lack of social interest or social embeddedness (Adler, 1964). What better prescription than to organize a social club where the members will be encouraged to form relationships. The whole atmosphere is organized to foster cooperation among group members. For this reason, the therapists are encouraged to work with groups since that will allow the members to share mutual experiences and strengthen feelings of social interest.

In poetry therapy, the creation of a group poem is employed to foster social interest. There are several ways to construct a group poem. One technique used by the therapist is to suggest the beginning of a line to each member and ask him/her to complete it.

Offering the first line breaks down resistance based on the notion the client cannot write poetry or that he is not a poet. It encourages the patient. Because he is in a group and the group is working on the same project (creating a group poem) his sense of cooperation is stimulated. Another factor was involved in giving part of the same first line to each client. The schizophrenic lives in a world full of magic which he does not control. The therapist uses his awareness of that fact to provide the client with a magical device he can control—another tongue which can do whatever the client wishes it to do. The use of the magical concept fulfills two of the goals of the therapist. First he makes each client comfortable by involving him in a situation which allows him to express himself in a manner apparently congruent with his life style. Secondly, it encourages the client to reveal his fictive goal precisely because he is not aware that his response is indeed a revelation of that goal.

Here is an example of a group poem recently composed by some of the members of the Therapeutic Social Club. The capital letter in parenthesis at the end of each line identifies the individual contributor to the group poem:

If I had another tongue I would talk more (J)
If I had another tongue I would let them know
 exactly when it happened that
 they hurt me or made me angry. (S)
If I had another tongue I would be pleased
 because I would speak well. (B)

- If I had another tongue I would express
myself more without hostility. (G)
- If I had another tongue I would advise
another person who needs help. (C)
- If I had another tongue my anger wouldn't
build up so that I'd feel like killing someone. (T)*

The concept of "another tongue" opens within the world of the patient possibilities not perceived by him before. The therapist presented the concept in the following context: Suppose you had an extra tongue, what would that extra organ do for you that your regular tongue cannot do for you now? This gives permission to the client to freely use his fantasies. It also allows the client to express something he does not perceive as being threatening to the maintenance of his fictional goal. If we examine the material provided by each client in his particular contribution to the group poem, we will see a relationship between that line and the patient's private logic.

J. simply expresses the feeling that he needs an outside source, something greater than he, an extra device (another tongue), in order to simply talk to someone else.

In S.'s case, she suffers from holding in her anger. She feels she cannot say no, that she is invaded. She has trouble recognizing where herself ends and where the world around her begins.

B. would be pleased because with another tongue, she would be able to speak. Her words come out sharply delivered with a snap of the teeth when she's finished. Her nonverbal language points to a tremendous need to control those around her. Her fiction is that she will control others precisely by refusing to communicate verbally except in a telegraphic monosyllabic mode.

G. has fights with her husband whose passive aggressive behavior expresses itself by letting her make everyday decisions and then railing at her sometime later when some of these do not work out well. She is trying to communicate with him rather than be caught in neurotic gameplaying with him.

C. presents herself as a co-therapist in the group. Her avowed goal is stated in her part of the poem. Her competitiveness with me is conspicuous by its absence from her contribution and is well illustrated in her behavior during the group. She interprets other members' behavior constantly in an effort to control and assume leadership of the group.

*This poem was produced by members of The Therapeutic Social Club. The group poem as a technique is borrowed from Kenneth Koch's book, *Wishes, Lies and Dreams* (New York: Vintage, 1969). In it he describes teaching children how to write original poetry. I have adapted these techniques because I saw a relationship between his technique and Adlerian philosophy.

T. is one of the more potentially physically aggressive members of the group. His goal, to deal normally with the rage he felt at his over-protective parents, can only be accomplished with the aid of a magical device (extra tongue). Since the extra tongue is not really his own, it (T.) would not have to accept responsibility for his outbursts against his parents. T. still lives at home his parents. His goal, revealed in subsequent discussion centering on his line in the poem, revealed his fictive goal: either I depend totally upon my parents or I shall die.

At this point, it would be well to define the word poetry in poetry therapy and to comment on the therapeutic use of the poems created.

A poem is anything strongly felt by the client. The therapist is *not* looking for Miltonian mellifluousness nor the intellectual perspicacity of Donne or the raw confessions of Bukowski or Roethke. No brilliant imagery nor mastery of form is to be expected from these clients.

A poem which does not reflect the material suggested by the therapist can open a discussion of (the resistance) the missing part. Or the poem can be used as a springboard to promote discussion of areas to be explored with the client.

Only one technique, the *directed* group poem, has been discussed in this paper. Of course, there are other techniques in poetry therapy. Sometimes an assignment can be made. For example, two clients who apparently had not developed some ideas were encouraged to bring in a poem or a few lines discussing something which was left out of our session, something they wanted to say and did not get a chance to say, or something which they said but when they got home decided could have been said better.

This technique allows the poem produced at home to be, in a sense, a "second chance" for the client to get things off his chest, and onto paper. Things which he might feel embarrassed about or which he blocked out of his consciousness during the session.

Work is being done in the development of other techniques which will create a space in the life of the client for him to develop his fantasies. Subsequently, these techniques and their resultant poems will be discussed.

Poetry therapy is not a panacea. However, it is a powerful tool which can be used wisely in the work of an Adlerian therapist.

References

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