

The Role of Poetry in Therapy

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Abstract— The authors present poetry as an instrument allied with individual and/or familiar clinical therapeutic practice. Method: During the first session, the therapist collects data and makes a familiar genogram based on the complaints and comments made by the client. These data are used in the construction of the poem that will be delivered to the client. This poem reflects feelings, ideas and metaphors that come up during the session in a positive manner. The client receives and reads a new poem at the beginning of each session; as a result, the therapist sees that the poetic resource works as a personalized intermediary object and it allows the client to have new perceptions to solve problems. Conclusion: the client and the therapist feel the benefits of how poems are able to create sequential catharsis with gradual advances and reorganization of perception that allows new posture by the client.

Keywords—1. Changing with Poetry, 2. Poetry and Catharsis, 3. Poetry and Psychology, 4. Making Therapy with Poetry.

I. INTRODUCTION

When we talk about the curative power of poems, we can go back to Ancient times, and see that Aristotle believed in the process of liberation of emotions (catharsis) in dramaturgy. Lee [1] also recognized the curative power of poetry in the *Poems in the Waiting Room studies* (PitWR), a project that intended to make the patient's wait before the consultation more pleasant. Supported by grant donations and by The Garfield Weston Foundation, the project has attracted a wider attention, because the results not only added quality to the waiting time, but also changed how patients face their disease during the treatment. This has encouraged new collaboration in other countries.

The original study was made with a single- A4 size format (three fold cards) with 6 to 8 poems inside. These fold cards with poems were distributed in the waiting rooms four times a year, and the patients were invited to read and take the cards home with them. After this, Lee [1] gathered the information from the nurses, the paramedic staff, and doctors about the changes in the patients' behavior. The results showed some changes in the duration and quality of the waiting time, but also in the manner, how the patients dealt with their disease or illness.

Da Silveira [2]-[3]; Schrodes [4]; Caldin [5] are authors that believed in the curative power of Bibliotherapy, Music

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Therapy, Literature and Fine Arts. Da Silveira [2]-[3] was a Brazilian psychiatrist who, since 1949, used the Fine Arts in the treatment of Schizophrenia. She shared her ideas about the unconscious power of Arts with Jung and founded the Museum of the Unconscious, in Rio de Janeiro, where the works of many of her patients have been exposed until now.

Sharma, Varun; Sood Amit; Prasad, Kavita; Loehrer, Laura; Schroeder, Darrel & Bauer, Brent [6] wrote about the association between stress, anxiety, resilience, and mindfulness using Bibliotherapy. Others researchers like Foster; McAllister and O'Brien [7] related on their study, how writing about our own experiences can provide to us a self-transformation in mental health and it is considered like a process of self-rebuilding.

Bergson [8], Nobel Prize in Literature in 1927, made a relationship between body and spirit in *Matter and Memory*, where he explains to us his construction of the perception to feel the past time and the reorganization of the present time, when we bring in our mind, the past facts to the present. In addition, he explained to us that, as we are doing this, we actualize these past memories with our present time.

Adelia Prado [9] is a Brazilian poet who says that the inspiration is an experience of a previous reality to ourselves. She understands that poetry has the power to combine thought and emotion, and it releases the pain in order to visualize another meaning to the lived event, in a different time than it actually originally occurred.

II. USING POETRY IN THERAPY

One of the authors of this study used to listen to her relatives, friends talk about their everyday lives, and occasionally some feelings emerged to her. She used to write few lines about the conversations, she noted down words about the lived situations and how she felt about them. Afterwards she used to re-read about what she had written and this is how poetry came to her life and how she became a poet. Later on in life, she had the opportunity to do this more frequently, and when she sent a self-made poem to someone who had shared his/her troubles with her, she noticed that it seemed like the poem transformed everyone involved, as it transformed herself too.

When she began to attend patients in Therapy, the same occurred. Some words, some remembrances were associated with the narrative of the clients, and she began to use the poetry in the Family Therapy. In the beginning, as a member of a Reflexive Group Therapy (based on Tom Andersen's *Reflexive Team*), she was attending families pro bono, and sometimes the room was very noisy. The noise and the

distance from the main group of therapists made it difficult to hear what they were saying. Therefore, the words came to her like a broken record. However, she was able to see the patient's face, their gestures and their emotions and she matched them with the words. In order to stay attentive she began to make poems mixing those emotions and words. When the main group of therapists called the Reflexive Group to give and share their opinions about the case, in her turn, she read the poem that she had made to the family. She noticed that something changed, and afterwards the patients even related that they were re-reading the personalized poem many times during a day and some of them even put it in a place where it was easy to see throughout the day.

Later on, when she left the Reflexive Group Team, she decided to continue this new practice. After that, now taking part in a supervision group of therapists, where some difficult cases were brought to the sessions to be discussed, she used to make a poem to be given to the client by the relator therapist. When the supervision group met again, she asked about the evolution of the case after the poem was given to the patient, and the answer was that the complicated situation was solved and the therapy was going well. She used to ask how the patients reacted to the poetry. In all of the cases, the answer was that it seems that the knots in the cases were untied and a new way of looking at things appeared to the client.

For these reasons, the authors believe in the curative power of poetry. The poetic imagination is a creative laboratory that organizes the revealed emotions that were present in the patient's narrative. The result is a poetic experience that has double benefits: to whom it is given, and by whom it was made too.

III. MAKING THE POETRY

The terms, the expressions and the metaphors used were unique to a particular case story. In it, we combined some steps.

The first step: In the first session some biodata is collected (name, age, gender, profession, civilian status, if they have children, their names; number and age), as well as the reason for the consultation.

The second step: The participant tells his/her story in the session and the therapist in charge takes some notes.

The third step: The therapist asks about the problem that is bothering the patient at the moment and some details about different relationships in the family are written down in order to highlight if these relationships are healthy or not. The therapist also collects details like marriage(s), divorce(s), adoption(s), possible spontaneous abortion, alcoholism or drug abuse, suicides in the family, untold secrets, disagreements in the family, important dates in life, the repeated names in the family's history. The therapist also asks the participant to share any names of music, lyrics or films that the participant feels are significant to him/her.

The fourth step: At the same time, the poet-therapist collects the words, the expressions, the exposed feelings and the metaphors that are made by the participant and/or the feelings that the poet-therapist reflects during the session.

The fifth step: The poem is delivered to the client at the start of the next session. The poet-therapist asks from the participant what kind of feelings and ideas arise in his/her mind while reading the poem and the therapist observes the changes in the participant's feelings. This is asked in each subsequent session, after the poem is delivered.

The steps three to five above are repeated during each subsequent session as a feedback.

IV. CONSIDERATIONS

In this study, we highlight the transformation that we found when we bring the focus to using poetry in therapy. First, we must remember that writing poetry can be difficult, as we need to find the right expressions to combine the feeling with the correct meaning of the word. Words can have many different meanings in many cultures that we need to pay attention to details and take in account the culture of the client too. When we reach this, and we believe that we do, the silence and the emotion are the common tonic when the client reads the poem. We can feel that something happens and it is like an awakening to a new order, where the patient visualizes another way out from his/her problem.

Many authors, with some of them cited here, consider that Poetry, Bibliotherapy, Literature, Music Therapy and Plastic Arts are powerful tools to reach the catharsis. This is also observed by us when using Poetry in Therapy. The changes in the patient's mood is visible in the process of the therapy. The patient relates that they can re-read the poem and this gives them the perception that something has happened since the poem was first give to them: a positive change in their feelings and in the overall therapy.

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