Dear colleagues,

Welcome to the field of poetry therapy! You might be surprised to know that poetry therapy has been practiced in the United States since Pennsylvania Hospital instituted creative writing as a treatment modality over 200 years ago. Today poetry therapy is widely practiced in a variety of diverse settings with various populations.

Integrative Medicine recognizes the fact that the efficacy of treatment is enhanced by a multi-modal approach that increases the chances for optimal healing and wellness. Poetry therapy is a holistic approach that respects the various links of wellness, with its attentiveness to body, mind and spirit. It may be used as a primary therapy or an ancillary therapy. A trained poetry therapist actively engages people to identify issues and express feelings, and empowers clients to transform life issues through the use of the language arts.

Could the population that you serve benefit from the healing power of words? Perhaps you are already utilizing an art, music, drama, psychodrama or dance therapist. We would like to extend to you the services of NAPT's trained poetry therapists. The enclosed material details how poetry therapy is used with particular populations. Poetry therapy professionals are available for treatment, staff training, professional development and employment referrals. In addition, Certified and Registered Poetry Therapist trainees are available for internship placements. All trainees are supervised by approved Mentors/Supervisors.

We would welcome an opportunity to discuss how poetry therapy may be integrated into your setting. You can reach us at the National Association for Poetry Therapy's central office at 1-866-844-NAPT. Please let us know how we may help bring poetry therapy to your treatment milieu.

Sincerely yours,

The Integrative Medicine Committee
The National Association for Poetry Therapy
poetry therapy for adolescents

“Sometimes I feel like a nobody, a nothing. I don’t know where my life is going,” said Shannon, a 17-year-old girl who was struggling with feelings of loneliness and depression. Her parents were concerned about the amount of time she spent by herself in her room with the door closed. Shannon enjoyed reading but had not done much writing. She particularly enjoyed Emily Dickinson’s poem, “I’m Nobody! Who are you?” Throughout her therapy sessions, Shannon wrote a series of poems as unsent letters. She utilized Dickinson’s first line as an invitation to reveal more and more of herself:

Behind this door, I am somebody,
I am somebody who is scared
of the future
uncertain of my plans
bombarded by expectations.
Behind this door, I am creative,
I am funny and kind and even popular.
I don’t worry about my weight
or my skin
or colleges
when I am alone.
When I walk out this door, though,
I compare myself —
I know I am not you
and it is then
I feel like Nobody.

For Shannon, writing became a vehicle for statement, a place where she could give voice to the previously unexpressed. Through keeping a journal, she developed a friendship with herself that eventually aided her ability to communicate with her parents. Her use of transformative metaphors helped expand the black and white thinking that so often characterizes adolescence. In subsequent writing, she was able to expand on the idea of doors as flexible boundaries. This led her to examine what sort of door was needed for various relationships as well as whether or not keys, locks or windows were necessary for feeling safe as she established her place in the world.

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The reading and writing of poetry, as well as journal-keeping, are valuable forms of poetry therapy, particularly for teens. Writing assists in the exploration of issues on paper. It is a powerful vehicle in the search for identity. For Shannon, writing helped to clarify her struggle for autonomy and forged a road toward independence.

Nancy Scherlong, CSW, Child & Family Therapist
Registered Poetry Therapist
Poetry therapy for the Bereaved

“I don’t want to be a widow!” Betty shouted, as she leaped out of her chair. It was that poignant period between the death of her long-time spouse and the funeral. As Betty talked, it became clearer that she was not only grieving the death of her husband but also its meaning for her. She would now be a widow.

At such a time, poetry and poetry therapy can be a useful resource. The poetry therapist responded by offering Betty a poem called “she lived” by Lucille Clifton. It’s a hard poem about the weight and reality of bereavement. After the death of her spouse, the wife watched the days multiply without meaning.

watched every act become
the history of others,
every bed more
narrow

Lucille Clifton from The Book of Light: Poems, Port Townsend, WA: Copper Canyon Press, 1993

It is also the story of a woman with spunk and an attitude of resiliency.

She walked away
from the hole in the ground
deciding to live. and she lived.

The poetry therapist used the poem to validate and encourage Betty’s grieving. It could also invite a conversation or writing about how her life might be following her husband’s death. How might she, for example, continue the poem?

The bereaved person needs a safe place to voice the complex emotions that are experienced in grief. The poetry therapist creates a safe space where words are used to heal. The poet Lisa Mueller put it well in her poem “When I Asked”:

I sat on a gray stone bench
And placed my grief
in the mouth of language.


Poetry and storytelling are forms of poetry therapy that may be lifelines to persons who are coping with overwhelming emotions, particularly the bereaved. Many bereaved persons have stories to tell, memories to face and pain to bear, all of which can find outlets through writing or through reading the accounts of others. Meeting with a poetry therapist provides the bereaved person with an opportunity to share the writing and receive the response and support of the poetry therapist. The poetry therapist helps the bereaved to meet the emotional challenges of devastating loss.

Ted Bowman, MDiv
poetry therapy for cancer patients

“This wasn’t supposed to happen to me. This disease doesn’t run in my family, I had two children that I breast-fed, I keep active, I eat vegetables, I don’t smoke. I am supposed to be healthy.”

Janice was a 58-year-old woman who had been diagnosed with stage two breast cancer. When she first learned of her diagnosis, she experienced several common reactions including fear, anger and helplessness. Several months after finishing her first course of treatment, her cancer returned, and Janice joined the hospital’s poetry therapy group. When the poetry therapist asked Janice what most concerned her at this time, she revealed that the she and her husband disagreed about her upcoming second round of treatment.

“I want to have chemotherapy again and he fears that it will do more harm than good,” she read from her in-session journal. “I don’t know what to do.” The poetry therapist suggested that Janice write a dialogue and honestly confront this difficult issue with her husband. This is an excerpt from her journal:

Paul: I am not convinced that chemotherapy will be good for you in any way. In fact, I believe it will be a negative force because it will compromise your immune system.

Janice: I want to give myself the best chance of having a positive outcome. I know there are no guarantees, but I’m willing to give more chemo a go, especially because the side effects don’t sound so severe that we can’t have some quality of life.

Paul: I wish you’d be open to trying new complementary options.

Janice: I’m willing to try new complementary options but conventional treatment has some proven benefit for a percentage of breast cancer patients. It seems worth a try.

Paul: If I can find some research data to support my beliefs, will you reconsider?

Janice: Yes, but I will need to be convinced. I’m not there now. I do know you love me and want the best for me. We both want to beat this thing. I need your love and support.

Using the dialogue technique, Janice was able to explain to her husband for the first time that she was not suffering as much during her initial chemotherapy treatments as he had assumed. She also discovered a deep-seated belief that if she could choose chemotherapy then at least she would have some control over her treatment and her life.

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Journal writing in the quiet of one’s home and spontaneous writing in session are both forms of poetry therapy that help the individual to clarify thoughts and feelings. As Janice later wrote, “Perhaps my cancer crisis will teach me a lot and help me see how I am in charge of my own feelings and reactions in life, find my own path and be a unique person.”

Karen vanMeenen, MA
Certified Poetry Therapist
“I’m afraid of the dark and I can’t go to sleep,” sobbed Casey, a six-year-old whose fears often kept him from being able to sleep, even with a light on. The poetry therapist asked Casey to imagine a special friend. Writing and storytelling helped Casey to identify his feelings and to begin to create strategies for self-soothing.

Casey created a special companion whose fears were stronger than his:

One day a hippo
followed me home.
I keep him safe
in my bedroom closet.
he likes to chew
on my sneakers,
and snow boots.
Sometimes he sings songs
to himself
at night when he’s scared.
He sings so nice
it keeps the monsters
under my bed
quiet and happy.
At first,
my parents said
I couldn’t keep him
because he was too big.
I told them
how he helps me sleep
and then it was okay.

The creation of the hippo as a character led Casey’s parents to assist him in writing a series of stories and poems about coping with a variety of challenges: a first trip to the dentist, saying good-bye to a friend who had moved away, the illness of a grandparent and the transition to a new school year. Casey discovered that leaving a radio on at night was helpful for him. He also added a stuffed hippo to his collection of animals that had a special place on his bed. Within a short period of time, Casey was able to conquer his night fears and resume a normal sleep pattern.

Storytelling is a form of poetry therapy that is effective with all ages, but is especially appealing to children. Through the use of projective identification and creative visualization, children tap into the healing power of their own imagination. Writing and creating “family books” became a shared, healing activity for Casey and his family.

Nancy Scherlong, CSW, Child & Family Therapist
Registered Poetry Therapist
poetry therapy in a day treatment setting

“I feel broken, and I want to be whole. Why can’t I feel whole?” Deborah was a 27-year-old client attending a partial hospitalization program following a major depression. An abusive childhood and an adolescence marked by substance abuse had left emotional scars on this young woman. Deborah discovered the power of poetry in a weekly poetry therapy group. In this group, the poetry therapist asked each individual to take a handful of words from a bowl and arrange them in a way that had meaning for him or her. This is part of Deborah’s first poem:

I want to be whole. I think of tragedy such as death, but love as a mysterious lilac finds my lost soul. One of a kind I am. I shout, thinking of dense forest. I shiver because of the images of wicked things that take me to a river of tears, but with work, treatment, and embraces I will succeed and heal.

Deborah had been depressed and anxious. While the depression had improved, she continued to experience a great deal of fear and anxiety. After being introduced to this exercise, she found a creative way to work through her anxiety. She wrote extensively and shared her work with her family. She said about her writing:

On paper I confront my fears. I express my joy. I’ve learned to resolve issues. When I’m anxious, insecure, unsure, or having scrambled thoughts, what writing does for me is to put things in order. It clears my thinking, calms me down and reassures me that I’m safe, okay, and that I love me.

Deborah had discovered a therapeutic tool that she could use any time, day or night. The poet e.e. cummings once said, “it takes courage to grow up and turn out to be who you really are.” This is one of the greatest gifts of poetry therapy—helping to guide an individual into becoming that person.

In a poetry therapy session, the opportunity is offered to hear another speak his or her truth and to speak one’s own truth. For many of the people attending a partial day hospital program, histories of abuse—physical, emotional and sexual—are the rule rather than the exception. For some, silence was what kept them safe; their fear of the consequences of speaking dominated their lives. Writing and reading aloud what had been unspeakable can be a terrifying experience, but also a healing one. Once the risk is taken and there are compassionate witnesses to acknowledge one’s truth without judgment, a sense of worth can begin to emerge.

Elaine Brooks, RNC, MA, Psychiatric Nurse Clinician
Certified Poetry Therapist
“I’m lost and totally alone.” A tear slid down Ellen’s cheek. After nine years of therapy for major depression, Ellen felt she had worked through the death of one parent in her youth and the difficulties with another parent in her adolescence. Despite being a vice-president in a national company and a great success, Ellen felt lost.

At that moment, David Waggoner’s poem “Lost” came to mind. We sat down to read the poem together which reads in part:

The trees ahead and bushes beside you
Are not lost.
Wherever you are is called here
And you must treat it as a powerful stranger...

David Waggoner, from Riverbed, Bloomington, IN: Indiana University Press, 1972

These lines in themselves are calming and orienting. They acknowledge that there may at times be a “powerful stranger” in our lives, and the poem reassures us, that despite the uncertainty in our lives, the search for the true self can be successful.

Stand still!
The forest knows where you are.
You must let it find you.

After reading the poem several times, Ellen and I sat quietly. Then I invited Ellen to write what came to her from the poem. After a few moments, she wrote:

I feel something around me, like a warm breeze on a spring day.
It envelops me and I feel safe and comfortable in myself.
The forest of the world feels friendlier to me as I notice it.
My sense is that it has been there all along, waiting for me to invite it in.
Now I feel ready to know the world and have it know me, with the spirit of the wind by my side.

We spent the rest of the session talking about finding the world both outside and inside ourselves. Ellen discovered a new sense of purpose and was not as alone. With the insight that the world knows where we are, she seemed not so lost.

Poetry therapy helps individuals to find a voice for their feelings and bring them out on paper. The result is a new sense of mastery and empowerment. Through powerful imagery and metaphor, poetry provides the individual with a mirror of reflection to the internal world. For Ellen, reading and writing poetry was a means of opening herself to new possibilities that affirmed her individuality and restored her emotional equilibrium.

Peter Klein, MSW
Certified Poetry Therapist
Poetry Therapy
for the Developmentally Disabled

“It's hard for me to get up in the morning. I don't want to do it anymore.” The speaker was Janet, a 46-year-old developmentally disabled woman living in a special residence. Janet had been placed in a protective environment at the age of six. Her parents could no longer care for her; in addition to retardation, she showed symptoms of emotional disturbance. For almost 20 years, for six hours a day, Janet has attended a special day program based on a model of positive reinforcement for appropriate behaviors. When her unwillingness to get up in the morning became a major problem resulting in poor attendance, Janet was offered the opportunity to meet with a staff person of her choice. Janet chose to meet with the Program Coordinator who was also a Registered Poetry Therapist.

Poetry became the therapeutic medium and reinforcement for Janet to attend daily. Janet loved all forms of poetry and responded to both the words and the rhythms of poetry. The poetry therapist read aloud many types of poetry. Some poems were simple; others were complicated and exotic. Sometimes Janet would rap out the rhythm and beat of the poem being read and occasionally she would ask the meaning of a word. Whenever the poetry therapist would check to see if she was enjoying the poem, Janet would smile and give the same response: “Keep reading!”

One day she said to the poetry therapist, “I wish I could write poetry!” The poetry therapist offered to be her scribe. She was eager to dictate a poem and then hear what she had written. She dictated the following:

*Summers long ago, my family would all go to*
*The bungalow in the country*
*I know that bungalow is still there*
*Other people go there for the summer now!*

Each poem was followed by an in-depth discussion of the poem and therapeutic exploration of Janet's feelings. Before periodic program review meetings, attended by her parents and residential counselors, Janet would carefully choose specific poems and asked the poetry therapist to read them in the meeting. “This is a good one. It will make my mother cry.” In fact, Janet's mother often reacted emotionally, crying, smiling and acknowledging Janet's creativity. Janet says, “Poetry therapy has made me feel proud of myself, and what's even better, my mom is finally proud too.”

Poetry therapy is a modality that has proven to be welcomed and loved among developmentally disabled adults as well as those with the dual diagnosis of mentally retardation/emotional disturbance. Relaxation techniques with poetry (dictating, reading and writing) are very effective with adults who have low I.Q. scores as well as aggressive, impulsive and sometimes autistic-like behaviors. Poetry therapy is an effective therapeutic tool for those who may have difficulty expressing thoughts, feelings and abstract ideas. For Janet, poetry therapy provided a structured environment of affirmation and validation.

*Norma Leedy, MS*
*Registered Poetry Therapist*
poetry therapy in forensic psychiatry

“I sure know what this poet is talking about. I tried to commit suicide four times.” The speaker was a member of a poetry therapy group in a psychiatric hospital for the criminally insane. More than half of the group members were African American and most had been hospitalized continuously for two to 10 years. Their life stories emphasized histories of childhood neglect or trauma, conflicted interpersonal and family relationships, significant substance abuse and criminal records, including homicide, assault and sexual violence. For this session, the poetry therapist chose the poem, “Life is Fine” by Langston Hughes. The first two stanzas describe a man’s unsuccessful suicide attempts. First he tried to drown himself, but the water was too cold. Then he tried to jump from a building, but was unable to do so. The poem concluded with these lines:

Though you may hear me holler,
And you may see me cry—
I’ll be dogged, sweet baby,
If you gonna see me die.
Life is fine! Fine as wine! Life is fine!

Langston Hughes, from Selected Poems of Langston Hughes, New York: Alfred Knopf, 1988

After the poem was read aloud, individuals described their own thoughts or attempts at suicide, and what enabled them to survive. One member of the group commented that the author wasn’t trying to die, but was looking for a reason to live. A Vietnam veteran described a suicide attempt in great detail, and related his depression partly to survivor guilt from the Vietnam War; on two occasions, he was the only one out of several soldiers in his group who was not wounded or killed. When someone responded that the bullets must have missed him because he was so short, the group members started laughing. The poetry therapist brought the discussion back to frightening experiences: war, fights, abuse and deaths. The veteran then described an attempt to jump out of a window, and stated that at that moment, he grabbed something to hold and pulled himself back in. The poetry therapist concluded with the idea that “It’s not only buildings that we can grab onto, but memories, thoughts and even this poem.”

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Sharing and discussing literature that mirrors personal conflict is a form of poetry therapy that is effective, even with populations that may not be literate. Prisons and forensic psychiatric hospitals are filled with the most difficult to treat and violent patient populations. A poem may serve as a haven, a retreat of calm and wisdom in an institution ruled by a subculture of violence. The poem may well be a “voice of reason,” providing values clarification. As one member summarized, “This is a good poem for someone contemplating suicide; it might just change his mind.”

Stephen Rojciewicz, MD
Registered Poetry Therapist
poetry therapy for the frail elderly

“For what should I live now?” asked Millie as the tears slid down her cheeks. Millie was an 86-year-old widow who rarely left her home since the death of her husband four years earlier. A poetry therapist was called in by the family, who was concerned about Millie’s seclusion and frequent crying spells.

In the first session, Millie could not speak more than one or two sentences without sobbing. Then the poetry therapist recited a poem called “Rough Weather Makes Good Timber” by Lee Edwin Kiser, about a tree that survives the roughest of storms. The poem ends with the following lines: “The trouble with folks today/ is that they’re raised like hothouse flowers/ and they don’t have much to go on at the end.”

“So, Millie, are you a hothouse flower?” the poetry therapist asked. Suddenly Millie revealed a different aspect of her personality. She spoke with pride and dignity “Certainly not! I was the strong one. I worked. I helped my husband in his business. Hothouse flower? Shows how little you know me!” Thus began a relationship in which Millie could explore her anxieties and express her feelings of depression, as well as celebrate her triumphs. Since Millie had no desire to write, the poetry therapist acted as scribe. Her first poem was called “Lost”:

I was four or five in Russia
Playing with my two little friends.
We played, and played, running and laughing.
We hardly noticed that we had entered the great forest.
Suddenly I was alone . . . lost in a wilderness
I was running, running, running
alone
Until at last I found my way to a stand
where a woman held me in her arms
while I cried, “I am lost! I am lost!”
And now, eighty years later
I am again in the wilderness, running, running, running...

At the next session, Millie read the typed poem and then shrieked, “Take it away. Why do you want me to look at such a thing?” The poetry therapist replied that although it might be painful to look at, the poem represented her emotional truth. “Well, you may have something there,” said Millie thoughtfully. She placed the poem carefully on the coffee table. It was a beginning.

. . .

Poetry therapy is an effective modality with the frail elderly. In poetry therapy a poem is used as a catalyst for exploring thoughts, feelings and memories. Life review or reminiscence is the return to past experiences for self-esteem and psychological integration. Recalling the past can help the older person cope with anxiety and depression. Imagery operates like an access code typed into the computer of the brain. Studies show that concrete language activates the storehouse of long-term memory, images and associations even with those suffering from senility and Alzheimer’s.

Sherry Reiter, PhD, Registered Poetry Therapist
Poetry Therapy in the Treatment of HIV/AIDS

“I don’t know if I want to live like this,” Martin said when we met for his weekly individual poetry therapy session. Martin was a 45-year-old man who had been living with HIV for 12 years. For most of this time he had experienced few of the challenging symptoms of the disease or side effects of the medication used to treat it, but lately he had noticed some changes in his body and his functioning, and he was having difficulty coping with these.

His usual cheerfulness had disappeared, replaced by visible sadness and fear. We discussed the symptoms he was experiencing and what meanings these changes held for him. He expressed that he wanted to live, but he was afraid of losing control of his body; he described every act as a task of Herculean proportions, and explained that he had to summon hidden reserves of energy to complete even the simplest activity.

The poetry therapist shared Dory Previn’s powerful lyrics from the song, “I can’t go on.” It begins with the speaker repeating variations on the phrase “I can’t go on,” but ends with a surprise statement: “So I guess/ I’ll get up/ and go on.”

“That’s exactly how I feel!” Martin said with excitement. “Every morning I lie in bed thinking ’I can’t get up, I can’t go out. I can’t do anything,’ and I repeat it until I finally get sick of myself and I say ‘I will get up and go out.’ But it’s so hard.”

The therapist acknowledged and empathized with the difficulties Martin described, and reminded him that he did not have to “go on” alone. The remainder of the session was spent brainstorming about what sorts of supports Martin could access so he would not feel so isolated in his experience. Martin made a list of people and resources he could seek for help, and made a plan to reach out for information and support to help him cope with the emergence of HIV-related symptoms.

Poetry Therapy is a powerful treatment modality for persons who have been diagnosed with HIV and AIDS. The processes of identification and recognition are central to the work of poetry therapy. Clients who are in treatment with a poetry therapist typically express that one of the primary benefits of this modality is that they read poems that speak of familiar experiences, and thus they feel less alone. They are often instilled with hope and are able to make clear and healthy decisions based on the support they perceive through poetry.

Julie Schwietert, MSW
Registered Poetry Therapist
poetry therapy
in marriage counseling

Donna was a young mother who came in for counseling due to dissatisfaction in her marriage. She had been married for six years to a pilot named Steve. Since the birth of their daughter two years before, sex seemed more like a job, so she avoided it. She feared that the stress of the baby, Steve's job and the change in their roles from being a couple to a family was going to lead to a divorce. She was afraid to speak with Steve and claimed that she didn't even know where to begin.

The poetry therapist presented her with a poem by Jane Stembridge, titled “Loving”:

When we loved
we didn't love right.
The mornings weren't funny
and we lost too much sleep.
I wish we could do it all again
with clown hats on.

*from Parents & Other Strangers, Deborah Grayson and Ann White, New York: Ashley Books, 1987*

Donna was stunned to find that someone else had written “her” poem. She realized that everything had become so serious and rote in their lives that they had forgotten how to lighten up and experience joy with one another. The poetry therapist asked if she would be willing to try a writing exercise that began with the sentence “The last time we made love…” She was hesitant at first, and then wrote:

The last time we made love
I was thinking of the baby,
You were in your plane . . .
I want to laugh and share again.

Donna realized that presence was important in her marriage and that the greatest gift was for her relationship to be happy and mutually fulfilling. She was off to a flying start.

... ...

Poetry therapy is an invaluable tool for giving voice to interpersonal issues that may be embarrassing or difficult. The use of appropriate poems may alleviate feelings of confusion, anger or helplessness and boost self-esteem. For Donna, a poem was used to explore her marriage and discover important information. The poem served to identify the problem, initiate problem-solving and enhance her communication with her husband.

Deborah Eve Grayson, MS, LMHC, AASECT Certified Sex Therapist
Registered Poetry Therapist
Journal Therapy in the Treatment of Physical Illness

“I’ve tried everything to manage these headaches.” As a health professional, Margo had access to the finest treatment for her debilitating headaches, but was still plagued by them. Margo wrote daily in a journal, but said she was not getting results. “I think I should be writing about feelings, but I don’t know how to do that.” For homework, I suggested that Margo write for no more than 10 or 15 minutes at a time and move the focus to her interior life. I gave her a list of prompts and questions to initiate writing from within:

- How do I feel right now? Emotionally? Physically? Spiritually?
- My heart wants to say...
- Today I was aware of...
- What was my mood today? How did it guide my thoughts and actions?

The next week, Margo said, “In my evening writes I noticed I’m really angry with my headaches for interrupting my life.” We explored her anger using the Dialogue technique, in which Margo wrote first in her voice and then in the imagined voice of her headache. To her surprise, her headache revealed itself as having helpful intent: “You like to avoid conflict and disturbance, and when I come, you can retreat to your room.”

Margo continued to work with her feelings in her journal. She came to realize how little she actually knew about the emotion of anger. Was there such a thing as normal, healthy conflict? How could she begin to safely feel and express it with her family? She learned how to recognize and deal with anger directly, instead of turning it inward or avoiding it. A journal log of her headache patterns revealed that they came less frequently, with less intensity, and with improved pain management.

Journal therapy is a form of poetry therapy which offers pragmatic, outcome-focused assistance for an unlimited number of clinical situations, personality types, cognitive capacities and literacy levels. Research psychologist Dr. James Pennebaker has done extensive work demonstrating the correlation of emotional release writing with improved immune system functioning. This finding points to the significance of writing for physical, as well as emotional health and spiritual well-being.

Note: Research studies have proven that writing is highly beneficial for those suffering from such ailments as asthma and rheumatoid arthritis. See the study by Dr. Joshua Smythe and fellow researchers in the April 14, 1999 issue of The Journal of the American Medical Association.

Kathleen Adams, MA, LPC
Registered Poetry/Journal Therapist
**Poetry Therapy in Cases of Severe Trauma**

“My story feels so complicated. I have no idea where to even begin.” Mallory’s dark eyes were haunted, swimming with confusion and fear. As we talked that first day in my office, a traumatic story of pain, anger, betrayal and grief soon emerged. Mallory was plagued with terrifying memories of childhood abuse, struggled occasionally with binge eating and had difficulty controlling her temper. She was on medication for severe depression and anxiety. Her twenty-year marriage was deeply troubled. She felt as if she had no clear sense of identity or purpose.

Mallory’s writing became an essential component of her healing process. By creating metaphors and images to describe her feelings, she was able to sort through the very complex feelings of her abuse. She felt anger toward her abuser, but she also felt sorrow and pity:

*an excerpt of Mallory's poem “Wolf”:

**One**
- You wolf who lures
- What big eyes you have
- To deceive the innocent

**Two**
- You wolf who lures
- What small eyes you have
- That see through a scope

- You wolf who snatches
- What big arms you have
- To capture the unaware

- You wolf who snatches
- What weak arms you have
- That are impotent…

- You wolf who lurks
- What a twisted mind you have
- To threaten the trusting

- You wolf who lurks
- What a tormented mind you have
- That thrives on perversion…

“Wolf” powerfully—and accurately—depicts the ambivalence that often plagues survivors of sexual abuse. By giving voice to her complexity of feelings, Mallory was able to see some of the ways her responses to her abuser affected her trust in relationships in the present. As she continued to write, she discovered new hope for both her marriage and her friendships. “I never dreamed that writing could change my life,” Mallory told me recently, “But it has. It really has.”

Poetry is paradoxical language—and poetry therapy works extremely well with clients who have experienced the complexity that accompanies severe trauma. Even the structure of poetry that a client chooses, such as Mallory’s structure of “Wolf,” works to help order and contain feelings that might otherwise feel unmanageable or out-of-control.

Joy Sawyer, MA, LPC
Certified Poetry Therapist
poetry therapy
for the sexually abused

“See,” announced Moira to the seated circle, “my arms are screaming and keeping secrets at the same time.” Moira, age 19, attended a poetry therapy group one morning with new bandages on her arms where she had cut herself again. She had been a patient at a psychiatric hospital’s sexual abuse recovery program twice before.

The poetry therapist nodded to her in greeting and responded, “You know, Moira, you talk just like poetry. It can tell and not tell at the same time.” “Sure it can,” she snapped back. “What are you talking about?” The therapist had prepared Emily Dickinson’s poem that begins, “The lightning is a yellow fork” for the session. “Have a look at this, everyone,” she said and passed copies of the poem to the eight group members. They took turns reading lines until the whole poem was read, and when the therapist asked, “What words or lines speak to you?” they called out “the awful cutlery,” “concealed,” “apparatus of the dark,” and “revealed.”

Group discussion focused on the feelings of fear and anger all of the women had experienced, as well as on their attempts to resolve the terrible contradiction that was part of their shared history. It is often expressed as, “Don’t know what you know and don’t tell.” “Hey, Moira,” urged one of the women, “why don’t ya try a pen instead of a razor?” “Yes, writing about feelings usually helps. Let’s do some writing that tells only as much as you feel safe to tell and doesn’t tell what you’re not ready to tell,” the therapist invited. Drawing on work the group had been doing with poet Ruth Gendler’s Book of Qualities that describes feelings in personified form, Moira wrote:

…Abused sits high on a playground cliff, hides behind her tangled hair wall and then tumbles violently down on her knees, on her head,
She runs, bleeding into a school building bricked in silent guilt
where a Virgin Mary statue is watching and knowing she has flung herself down
on purpose, wishing to ash herself like a cigarette.

Moira’s bravado was replaced with tears as she read her piece to the group, ending with “I don’t want to do this anymore.” Her poem elicited group discussion of the shame and self-accusation that so often plague survivors of sexual trauma. In subsequent sessions, Moira—who had shared her writing with her psychiatrist—wrote about “Recovery” who “wears thick braided bracelets to hide the scars buckling on her wrists” and “Empowerment,” whose “museum contains artifacts which belonged to Shame, Guilt, and Terror. She looks at these remains with interest and affection, never fear.” Moira stopped cutting, and her treatment continued successfully with writing as one of her primary modalities for expression.

Poetic metaphor as applied in poetry therapy allows the sexual abuse survivor a veil of safety that may permit expression of the ineffable. Poetry therapy techniques invite the sufferers to tell their stories, experience their often buried feelings, grieve their losses of childhood and innocence and develop powerful alternatives to self-defeating behaviors.

Peggy Osna Heller, PhD
Registered Poetry Therapist
Poetry Therapy for Substance Abusers

“I quit! That job is driving me crazy! People were asking me questions I couldn’t answer and I felt stupid! I just can’t do this job!” Antonio was a 50-year-old Hispanic man in recovery who was shouting and shaking, his eyes darting everywhere while his foot tapped the floor nervously. It was the day after Antonio had begun a stipend job as a typing specialist in the Day Treatment Center’s computer lab.

The poetry therapist invited Antonio to sit down and explain his feelings, how they manifested themselves in his body and in his mind. Antonio shared that the anxiety of feeling inadequate in his knowledge about computers was making him angry, and he could feel himself losing control with others and with himself. “I get mad at other people for even asking me questions,” he said, “and then I get mad at myself and lose focus. I think about all the jobs I’ve tried to do and failed at. I even feel like using drugs and I’ve been in recovery for seven years!”

Though he had previously resisted attending the weekly poetry therapy group because, as he said, “I’m not a writer,” he was open to the poetry therapist’s suggestion that we write a “calm down mantra” that he could read to himself whenever he felt the anger rising. Using a sentence completion exercise, he said his mantra:

All I want is to feel relaxed.
That would feel like peace inside.
When I get upset I’m going to take my mind to the park,
Notice the trees, laugh at the squirrels gathering nuts.
Try to slow down and enjoy life.
Then bring my mind back,
As calm and quiet as a lake.

The poetry therapist acted as a scribe, writing the mantra on a card for Antonio to carry with him. He was calm enough to decide to continue working if his supervisor could modify his job description slightly. The following day he returned, having rewritten the mantra in his own handwriting. He read it to the poetry therapist quietly and calmly, and said, “I’m trying to memorize this so I can use it whenever I need to.”

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A mantra is a form of poetry therapy that may be used for crisis intervention with persons of diverse populations, ethnicities and ages. The rhythms and repetitions inherent in poetry are effective in stress reduction and can assist in cognitive and behavioral change. Substance abusers must overcome their stress, manage anger and focus on their goals. Lines that are memorized can provide additional benefit because the positive message is absorbed on a conscious and sub-conscious level.

Julie Schwietert, MSW
Registered Poetry Therapist
On poetry and healing

“Poetry and medicine are so closely intertwined…When you go back in history and think about how healing occurred in traditional societies, most healing was [related to] the power of the word.”

—Jack Coulehan, MD, as quoted in “Healing words: Some doctors find poetry can treat wounds that medicine can’t always reach” by Deborah Shelton (American Medical News, May 17, 1999)

“Creativity is great medicine for all, both the creator and the one who experiences it. It prevents disease and promotes wellness. It is not indulgence, it is fundamental to medical practice.”


“I ask my patients to engage in the creative act as another modality of healing. In reading the poetry and narratives of my patients, I have found a complementary means of conceiving of their suffering that amplifies my ability to respond to them empathetically and with an open heart.”

—Rafael Campo, MD., as quoted in “Children of Apollo: Medicine and the Muse” by Cliff Becker, National Endowment for the Arts, Internet interview (2001)

“Poetry therapy helps patients to become more spontaneous and creative…Poetry is one of man’s deepest expressions, and emotions are thereby released. A poem has been described as the shortest emotional distance between two points, the points representing the writer and reader.”