Poetry Therapy as a Tool for Strengths-Based Practice

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Abstract: This article explores the congruence between poetry therapy and the strengths perspective of social work. It demonstrates the ways in which poetry therapy is consistent with the strengths perspective and discusses methods for its utilization in direct practice settings. Case examples are provided to help the practitioner learn how to utilize poetry therapy with clients from diverse backgrounds. As a tool in strengths-based practice, poetry and poetry therapy can help empower clients and help to focus practitioners on clients' capacities and resiliencies. This article seeks to expand upon the growing literature of strengths-based social work, addressing how the theory can be applied to clinical practice situations.

Keywords: Poetry therapy, strengths perspective, social work practice

Currently, the strengths perspective is rising to the forefront as one of the most important and influential guides to practice for social workers (Chapin, 1995; Lewis, 1996; Logan, 1996; Perkins & Tice, 1994; Saleebey, 2002; Van Wormer, 1999). While many of the values and principles of the strengths perspective are not new (Maluccio, 1981; Robinson, 1949; Smalley, 1967; Taft, 1939), its development and conceptualization as a separate perspective dates back only slightly more than a decade (Graybeal, 2003; Weick, Rapp, Sullivan, & Kishardt, 1989). While the underlying assumptions, values, and precepts have been well articulated (Early, 2000; Saleebey, 2002), intervention techniques and practice methods related to the perspective need further development and articulation (De Jong & Miller, 1995). There are techniques that readily lend themselves to possible inclusion under the rubric of the strengths perspective. One such approach is poetry therapy, the structured and therapeutic use of reading and writing poems that seeks to draw out the innate resources and healing power that lie within each individual. As such, it is highly congruent with the basic assumptions of a strengths-based approach to clinical practice. This article demonstrates the ways in which poetry therapy is consistent with the strengths perspective and discusses methods for its utilization in clinical settings.
Several issues will be explored. First, a discussion of the healing and growth inducing aspects of poetry and poetry therapy are presented. Second, the nature of the strengths perspective as complimentary with poetry therapy are discussed. Third, the congruence between poetry therapy and the strengths perspective are explored by discussing key elements of the strengths perspective and how these elements can be actualized through the use of poetry and poetry therapy. Fourth, case studies that demonstrate the integration of theory and practice vis-a-vis poetry therapy and the strengths perspective are explored.

THE CURATIVE NATURE OF THE POEM AND POETRY THERAPY

As tools, poetry and poetry therapy have been successful in drawing out the inner capacities of individuals from many different populations, including the chronically mentally ill (Goldstein, 1987), the elderly (Edwards & Lyman, 1989), troubled children and adolescents (Alexander, 1990; Langosch, 1987; Mazza, 1987, 1996; Mazza, Magaz & Scaturro, 1987), veterans (Geer, 1983), the terminally ill (McLoughlin, 2000), substance abusers (Bump, 1990; Leedy, 1987), and families (Gladding, 1995). Practitioners working in diverse settings including women’s shelters (Hynes, 1987), nursing homes (Edwards, 1990; Kazemek & Rigg, 1987), and elementary schools (Gladding, 1987) have made use of poetry and poetry therapy. In addition, poetry has even been incorporated into family work (Mazza, 1996), diversity work (Holman, 1996), community work consciousness raising (Kissman, 1989), and research (Poindexter, 1998).

Poets and philosophers have been aware of the curative and healing nature of poetry for millennia. Long before there were social workers or other helping professionals, poets and storytellers helped people deal with their deepest fears by echoing the struggles of humanity in their poems, myths, and stories (Harrower, 1972). In hearing these works, people have learned that they are not alone with their pains; they are part of a greater struggle. The Aristotelian concept of psychagogia (Lerner, 1981), “the leading out of the soul through the power of art” (p. 8) predates Freud’s notion of sublimation by more than a thousand years. Aristotle discovered that through the process of creating poetry, people were able to transform their problems into power and their sadness into strength.

Many poets have discovered the liberational power of the poem in helping them maximize their own emotional and spiritual resources. For example, American counter-culture poet Charles Bukowski (1991) saw poetry as the “ultimate psychiatrist.” While poetry has been therapeutic to many “professional” poets, poetry can be therapeutic and used therapeutically with many different groups of people.

As a discipline, poetry therapy falls into the broader classification of bibliotherapy, the intentional use of poetry and other forms of literature for healing and personal growth (Reiter, 1997). While many types of therapy are poetic in nature, poetry therapy is a separate entity (Rothenberg, 1987), with several professional organizations and journals devoted to its development (NAPT, 2001). Those who identify themselves as poetry therapists include psychiatrists, psychologists, counselors, substance abuse specialists, and social workers. Table 1 shows some useful resources for exploring poetry therapy.

Lerner (1981) defines poetry therapy as the structured use of reading and writing poetry and similar literary genres to facilitate therapeutic goals. He draws a dis-
tinction between a poetry therapy group and a poetry workshop in that the former uses poetry as a means to accomplish treatment goals, whereas, poetry therapy uses poetry as a means to an end. Gladding & Heape (1987) note that popular music such as rap can be used to make the medium more accessible.

**THE STRENGTHS PERSPECTIVE AND IMPLICATIONS FOR THERAPY**

To many, the construct of therapy represents an activity of practice that necessitates hierarchical patterns of practice that perpetuate or even accentuate social inequities. Many models of therapy are associated with the medical model of practice where the professional therapist seeks to help the patient “fix” some deficit or problem that lies within them. In many ways, the strengths perspective has been developed as a reaction against such approaches that pathologize instead of empower. Unfortunately, therapy itself is now often identified with practice that disempowers and blames. This is unfortunate because therapy does not have to be conceptualized as a relationship between unequals that blames a client’s problems on personal deficits. Finding a new means of reframing the process of therapy is essential, as this is one of the most common tasks that social workers undertake in their practice (Gibelman, 2000). Fook (1993) has explored therapy and casework as a means of overcoming oppression and altering social and personal inequities. Creative uses of therapy and therapeutic arrangements can assist clients explore the social causes of their struggles and find the means to overcome their structurally created bonds, thus, freeing energy for personal and social growth and transformation (Fook, 1993; Lee & Pithers, 1980; Mullally, 1993.)

One principle of the strengths perspective is that the social worker is encouraged to work in collaboration and dialogue with the client. Therapy need not be something that is done “to” people (Saleebey, 2000) but can be conducted as a collaborative experience guided and driven by clients as a means of helping them maximize their internal and external resources and achieve their dreams. Based upon the literature of resiliency, the strengths perspective challenges social workers to

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<td>5505 Connecticut Ave., North West, #280,</td>
<td><a href="http://www.poetrytherapy.org">www.poetrytherapy.org</a></td>
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<td>Poetry Therapy</td>
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<td>The Center of Journal</td>
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help people utilize their skills and competencies in overcoming life's problems. The strengths perspective does not deny the existence of problems, but asserts that maximizing the strengths and resources of individuals and groups is the best means of helping them overcome life's challenges. Saleebey (2002) describes the strengths perspective in the following way:

Practicing from a strengths orientation means that everything you do as a social worker (or therapist) will be predicated, in some way, on helping to discover and embellish, explore, and exploit clients' strengths and resources in the service of assisting them to achieve their goals, realize their dreams, and shed the irons of their own inhibitions and misgivings. (p. 3)

THE STRENGTHS PERSPECTIVE AND IMPLICATIONS FOR THERAPY

The strengths perspective rests upon a number of assumptions including empowerment, dialogue, and collaboration between social worker and client, membership, resilience, healing, and wholeness (Saleebey, 2002). These assumptions are also consistent with the use and application of poetry in therapy and poetry therapy.

The very engagement in the creative process can tap into inner strengths that are not always apparent and can draw out well-hidden resiliencies (Makin, 1998). In his expansion of Maslow's hierarchy of needs, Gil (1990) postulates that creative expression is an essential human drive. It has been argued that when the drive is expressed, humans are freer to solve their problems, think creatively, and maximize their potential. If creative expression is difficult for clients with multi-stressors and overwhelming responsibilities, engaging clients in creative processes such as creating poetry can help liberate energy that can be utilized for growth and healing (Wade, 1997).

Talerico (1986) notes that engagement in the creative process encourages the development of many skills that social workers attempt to instill in their clients, such as expressing feelings, confidence through risk-taking, developing new insights, problem solving, conflict resolution, and reducing anxiety. Other skills and resources can be maximized to develop writing and verbal abilities essential to successful participation in most social institutions.

Johnson (1983) asserts that the process of creation unleashes the healing potential within each person. As a key precept in strengths-based practice, this idea can find its roots in social work practice with the early functionalist scholars and practitioners. Poetry therapy is not something done "to" people; it is a means of engaging them in the process of maximizing their strengths and helping them achieve their hopes and desires.

The strengths-based approach is entwined with constructivist practice insights and ideas. In both theories, one can view the lives of people as stories that are constantly evolving and changing. As authors of the stories of their own lives, people can reposition themselves and other characters and change the script to better reflect their visions and dreams. In therapy and other helping experiences, the social worker, thus, helps the client develop new ways of envisioning their future.

The metaphors that lie at the heart of client stories and the narratives that guide how we see people are extremely powerful in shaping our behavior (Mazza, 1999).
Cowger and Snively (2002) discuss the powers of how certain metaphors of disease have greatly shaped social work practice.

Deficit, disease and dysfunction metaphors have become deeply rooted in the helping professions, shaping contemporary social work practice through the emphasis on diagnosis and treatment of abnormal and pathological conditions within individuals. (p. 106)

One effective way of helping clients re-author their lives is through helping them develop alternative metaphors for their lives. Metaphor and metaphoric language are key therapeutic elements to poetry and poetry therapy. The metaphor, the symbolic use of language where an object or event represents another object or event, is a core means of organizing the human experience. People hold core metaphors that represent their images of themselves, their lives, and their futures. When disability or hopelessness characterizes the metaphors that clients hold for their lives, they see little hope in changing their lives. It is important to note that the use of metaphor is not appropriate to all client populations. For example, people with chronic and persistent mental illnesses such as thought disorders might find metaphoric language confusing and frustrating. In such cases, poetry that is concrete is far more acceptable and useful.

Often, metaphors are how clients talk about their lives. By speaking in metaphoric language, clients are able to safely discuss issues that are often too painful to address directly. An example from the practice of the first author illustrates this point clearly. One male client with a history of addiction and depression envisioned himself as a bird that was locked in an iron cage. As he pounded his head against the bars day after day, year after year, he imagined that somehow this desperate act would free him from the agony of his enslavement. Metaphorically, he was able to discuss how he used his teenage drug habit to escape his memories of molestation. By constructing such a metaphor, he was allowed to explore events that he was not ready to face directly. Poetic explorations such as these enable clients to test their ability to deal with painful events and feelings slowly and safely. By helping clients discuss their prevailing metaphors and stories and affirming their creativity and courage in sharing, social workers can help them learn to see themselves as having strengths and the ability to conquer their pasts (Rothenberg, 1987; Zahner-Roloff, 1987).

**GUIDELINES FOR THE USE OF POETRY THERAPY IN PRACTICE**

Some guidelines for social work practitioners who want to integrate a few of the techniques of poetry therapy into their strengths-based practice are discussed here. In regards to structure, Lerner (1981) suggests that no table be placed between group members in order to avoid artificially distancing members. Typically, the first author organizes the setting for poetry therapy groups using the same principles that guide more traditional groups, making sure that there is also comfortable space for people to write when asked to do individual work. A few desks or a table should be provided, as not everyone is comfortable writing in their laps.

As previously discussed, the very idea of writing poetry can be anxiety producing for some clients. Houlding and Holland (1988) have designed several creative methods for reducing client anxiety. In the first group session, they pass out poems with certain phrases blocked out. Clients are asked to fill in the blanks with their
own words. The authors had found that this exercise eliminates the anxiety created by the forebodingness of a piece of blank paper. In early sessions, the authors utilized poems characterized by concreteness and neutrality, progressing to more metaphorical and emotionally laden work as members became more comfortable with each other and with the processes of poetry therapy.

Collaborative poems are useful in creating group cohesiveness (Mazza, 1985), maximizing communication abilities and interpersonal skills and establishing a culture of productivity. One activity that is useful to groups is for the therapist to ask group members to identify feelings they want to handle better and resolve. Members are broken off into pairs based upon the feelings that they chose. Each subgroup is then given a poem that relates to the theme they had chosen, which they read and discuss together. The pairs are then instructed to write a poem together, exploring what the poem meant to them. This process encourages empathy, as members who want to gain acceptance from their peers usually try to include the ideas of others. Participants also learn that they can learn to work with each other and that other group members can facilitate their healing and recovery. This helps to reinforce healthy patterns of mutual interdependence, an important concept in strengths-based practice.

In one group session with veterans attending group therapy in an inpatient substance abuse treatment center, a group of three men choose to work on fear. This triad read a poem about the topic, then wrote an 11-line poem with each line starting with “Fear is…” As they completed each line, they provided feeling and insight with that line. Some of the lines were, “Fear is getting old, not knowing who I am,” “Fear is dying young, not knowing my children,” “Fear is failure on life’s own terms,” “Fear is the future we don’t know,” “Fear is the past we know too well.”

After writing this poem, the triad shared its work with the larger group. They discussed the poem’s content and the process of working together. Group members were encouraged to explore and were helped to identify their own style of communication, the areas of relating that are difficult to them, and the behaviors of others that trigger difficult feelings or behaviors. The poem elicited a discussion on ways of coping with fears, a particularly difficult issue for veterans who suffer from Post Traumatic Stress Disorder triggered by combat experiences. The first author, as the therapist in this group, helped the group focus on acceptance of this fear as a natural and normal consequence of having witnessed such horrors and on recognizing the enormous strength that it takes to live with such memories.

Creating a collective poem is a collaborative exercise that usually centers on a theme discussed previously in the group. Each member writes a line to a poem in process (first lines can be created by the therapist, a group member, or can be taken from an existing poem). An interesting extension of this exercise involves each group member writing a first line, then passing the poems around so that each member adds a line. This often results in useful feedback for the creator of the first line.

**APPLICATIONS OF POETRY THERAPY AND CASE EXAM**

Geer (1983) helped a Vietnam veteran redefine his self-concept by using poetry therapy techniques to reconstruct his core life metaphor. During the intake, the
The client described himself as a “Marine/machine” who was only able to experience his emotions violently as a Marine or repress them as a machine. He saw himself as powerless over his feelings and clearly saw how limiting these two options were. The more he tried to control his feelings, the more his feelings controlled him. As a machine, he saw himself predetermined to act in a mechanistic, rote manner. The therapist encouraged him to search for a new metaphor for himself, a metaphor of the person he was capable of being and wanted to be. The therapist helped the client explore other possible ways of viewing himself, encouraging him to find a more flexible and expansive metaphor. In time, the client began to call himself the “poet of the rocks,” referring to his newfound discovery of his creative, feeling self and his growing love of nature. With this as his new guiding metaphor, he was able to explore new behaviors that were more congruent with this new self-concept. He learned to maximize existing strengths and worked to create new ones.

Hynes (1987) utilized poetry therapy in her work with battered women. In strengths-based practice, it is important for the social worker to help normalize a client’s feelings. While the ultimate aim of strengths-based practice is to help clients discover and develop strengths and resiliencies in the service of meeting their goals, it in no way implies denying current feelings. Therefore, before stories can be re-authored, they must be explored and constructed. Sometimes this is difficult for clients. Poems that approximate their experiences or that can be used as jumping off points for dialogue about their personal stories are valuable in helping clients begin the process of growth and healing. To this end, Hynes reads a poem to help battered women feel less isolated in their experiences. The poem has very intense images such as, “The emptiness of my future cuts me like a knife,” “I am begging to understand the joke life played on me,” and “The absence of my anger, the silence of my screams.”

After the poem was read allowed, each member was asked to identify what was significant to them about the poem or to identify an issue that needed to be discussed. The process allowed the women to express similar feelings in a safe manner.

In further expanding on Hynes’ work from a strengths perspective, several other questions and experiences can be presented to such a group. Members can be asked to discuss how the person who wrote a poem might transform their experiences. What inner capacities and strengths has each group member learned from their oppressive and even abusive histories? How can they use the experiences to become more fully human and complete? Each group member can also be asked to write a follow-up poem of transcendence or reframing. For instance, how might the poem sound if one focused on positive, compensatory behaviors developed in the process of coping with abuse? How might the poem sound different if it were written one year later after more healing had taken place?

The feelings of helplessness and powerlessness associated with oppression, such as racism and institutionalization, may lie at the heart of many emotional difficulties (Fanon, 1963; Gil, 1990; Van Wormer, 1997). Helping people become conscious of the roots of such oppression can lead to powerful emotional and behavioral changes (Freire, 1970). Again, poetry can be utilized to help people re-author their lives. Poems can be used to help explicate what people have learned about themselves from their history, then challenge these messages.
Poetry, often seen as being written for and by society's intelligencia, can be used as a powerful tool in empowerment oriented practices. Feminist and minority writers have used poetry in therapy to build community empowerment (Kissman, 1989). Through using poetry techniques, clients can learn to understand their struggles in the context of institutionalized oppression, which can mark the first step away from self-rapprochement and towards empowerment. When the mystique of poetry is deconstructed for clients and they learn not only to understand it, but also create it, an amazing sense of accomplishment and empowerment is achieved. Clients begin to realize that they can accomplish many of the things that that their internalized oppression has taught them they could not. Even clients who cannot read or write, who need to recite their words for others to write down, can begin to acquire an increased sense of mastery and accomplishment.

The first author has used poetry therapy techniques with former patients of the state psychiatric hospital system, patients who lived in community residences and attended a partial hospital program. Having suffered through years of institutionalization, most of these clients learned entrenched patterns of helplessness and experienced feelings of worthlessness and expendability. These feelings clouded their perceptions and led them to attribute their marginalized socialization solely to their mental illnesses and not to the affects of years of isolation and loneliness of institutional life. By helping them understand the etiology of their feelings, these clients started to blame themselves less and make real changes.

The group consisted of eight mental health consumers, age 25 to 60. Each was a member of a half-day partial hospitalization program that they attended anywhere from three to five days a week. No one in the group had any previous experience with writing poetry and all reported a significant history of academic failures. The members also ranged in functional ability from one who planned to return to college, to another who could not remember how to read or write. They met once a week for one and a-half hours for three months.

Each session consisted of three phases. The first phase consisted of a simple didactic discussion on the elements of language and poetry. Topics, such as the use of adjectives, nouns, metaphors, and sentence structure, were explored to help each member improve the technical aspects of their writing and to help improve their sense of mastery.

During the second phase of each session, poetry was read aloud. Readings tended to be thematic, chosen by the therapist in consultation with the clients to reflect themes of therapeutic value to the clients or they were selected by the participants as they expressed the need. Themes included friendship and support versus isolation, love versus hate, prejudice versus acceptance, and apathy versus overcoming adversity. Trips to the local library and university libraries led to the selection of many poems by the group members. This, alone, was empowering, as many group members did not know how to use a library. Learning to navigate the library helped several members feel a sense of efficacy. One member realized that if he could negotiate a library, he could perhaps return to work one day.

Group members were given much control over their group. The structure was only meant to provide order and a sense of safety. During a session one member asked the group to read a poem on helplessness. He had started to realize that dur-
During his 15 years of confinement at the state hospital that he learned to rely on the staff to meet all of his needs. He started to realize that many of the decisions and choices he continued to make emanated from the core belief that he was helpless. During the discussion of a poem by a paraplegic, several group members said they felt similarly trapped and confined by their limitations. In time, they recognized that these limitations were not, in fact, truth, but stories they learned about themselves that were open to analysis.

During this particular group session, members began to write about the themes of institutionalization and helplessness. Each member who was now comfortable and capable of working independently would work on a poem that reflected his/her response to the previous discussion or his/her reaction to the work. Members not capable of writing on their own dictated their thoughts to the therapist or worked with another member of the group. Both flexibility of structure and acceptance of where each member is at during each session are crucial factors in order for poetry groups to be safe and therapeutic environments.

After sufficient time had elapsed in order for all members to feel finished (with the previously established understanding that creative work often requires many revisions, if the author so desires), the members were encouraged to share their work with others. By this time, the eighth session, group members had progressed to the point where each either read their works or had others read them aloud. A poem written by a member was read to the group. The theme focused on being medicated and the poem was vivid. As the member read the poem, the words included the statement, “I can’t move my hands, but they work O.K.,” “I was not that bad before their rooms, and their drugs, and their thugs,” and “It will cost quite a lot to get back all that I lost.”

The author of this poem began to cry after reading this aloud. He said that it was one of the first times that he had gotten in touch with the effects being medicated had upon him. The members of the group shared in his pain and they encouraged each other to explore how they could change some of those effects. The idea that they were changing many of their learned patterns of helplessness was both liberating and frightening, as many of those patterns had become simultaneously comfortable and depressing. Subsequent group sessions focused on group members finding or creating poems that focused on their transforming themselves.

ADDITIONAL CONSIDERATIONS

Several additional implications and limitations of poetry therapy need to be addressed. First, claims of efficacy in this article are based upon unsystematic, clinical observations of individual cases and not on systematic research. While many contributors to the field of poetry therapy have noted the effectiveness of the approach with various client populations, little generalizable, empirical research exists. For those who utilize poetry therapy, Mazza (1999) has noted the importance of conducting evaluations of their practice. He calls for the use of various methodologies, including single-system design, ethnographic, and conventional experimental designs to improve upon the knowledge base. The research that exists tends to focus on process issues, such as group cohesion and positive interactions and not on client outcomes (Mazza, 1999; Rossiter & Brown, 1988).
Similarly, little research exists on the efficacy of the strengths perspective in direct social work practice. Future research should also seek to validate the concepts and suppositions of the perspective.

Poetry and poetry therapy can also be valuable tools in social work education. Using poetry in classroom settings can lend variety to teaching methods. Teachers are encouraged to explore literature and poetry that has value to them and think of creative ways of using this material. When poetry that has an emotional connection is used, students are more likely to find value in it. The first author of this article has used poetry to help students understand various client situations. Poetry is especially helpful in teaching Human Behavior in the Social Environment, as poetry can help to convey various psychosocial issues from the perspective of those experiencing them. Writing poetry can also help students to understand various issues on a personal level, thus, improving their “professional use of self.”

**CONCLUSION**

Using poetry therapy allows clients, in conjunction with their social worker, to create a sense of freedom, accomplishment, insight, and connection with others. Clients who are dealing with issues that are difficult or painful to discuss in treatment can use poetry as a vehicle toward developing new capacities and resiliencies.

This article explores the connections and congruence between poetry therapy and strengths-based practice. The ability to use poetry therapy to help empower individuals to master their emotions and experiences can aid the strength-based practitioner with assisting his or her clients toward growth and wellness. Similarly, the poetry therapist can work from a strength-based framework by guiding clients’ creative expression toward future achievements, desired outcomes, and help them maximize their internal resources.

The social work field and other helping professions can benefit from integrating poetry therapy and the strength-based approach, two effective and complementary methods that can be linked in creative ways to help social workers better meet the needs of clients.

**References**


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