Uses of Poetry and Adolescent Literature in Therapy for Adolescents

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ABSTRACT. The article addresses itself to the use of poetry in bibliotherapy as it might help troubled adolescents lead more normal lives. The paper discusses relevant concepts and possibilities for application, and provides a representative bibliography for reference.

Bibliotherapy has been variously defined to mean the use of reading to promote mental health (Strunk, 1972); as the use of directed readings to aid in the modification of attitudes and behavior of students (Newton, 1969); as an interaction between the reader and certain literature that is useful in aiding personal adjustment (Lindeman and King, 1968); and as the use of books and the reading of them in the treatment of nervous disorders (Sclabassi, 1973). Nickerson (1975) discusses four aspects of literatherapy, using imaginative literature as the basis for involvement, identification, catharsis, and insight. Schultheis (1978) describes these as requirements for effective literatherapy, suggesting that children must identify with the book’s characters or situations and setting and accept them as realistic. They may then experience a cathartic release from tension by realizing that their problems are not unique, thus enabling them to face their difficulties more confidently and to understand better the problems of others. Sclabassi (1973) presents a review of the literature concerning bibliotherapy and notes the following sets of objectives for this technique: (1) general objectives, including intellectual enhancement and the acquisition of facts and knowledge in aid of self-understanding; (2) social objectives, concerned with attitudes, goals, and values; (3) emotional objectives, concerned with emotional insight and growth; and (4) behavioral goals, concerned with promoting growth in reaction patterns.

Recent studies suggest that vigorous applications of bibliotherapy
are possible in a variety of settings. Strunk (1972), for example, urges pastoral counselors to use reading outside the therapy session as part of the therapeutic process. Olsen (1975) indicates that therapeutic effects of developing proper reading skills can occur when there is a dynamic interaction between the literature and the reader’s personality. Newton (1969) concludes that bibliotherapy may be an effective method of achieving positive self-concept and improved literacy in minority children. Lenkowsky and Lenkowsky (1978) suggest that reading about problems and their solutions may enable the learning disabled adolescent to live a more fulfilling life by achieving greater self-awareness and stimulating others. Bibliotherapy may also be used for developmental, preventive, or crisis-centered therapy (Nickerson, 1975); to influence personality change (Morris, 1973) and self-esteem (Altman and Nielsen, 1974); and even to improve the personal happiness of community college students (Fordyce, 1977) and the academic achievement of reformatory inmates (Whipple, 1968).

As with any other therapy, the effectiveness of bibliotherapy is inextricably bound to the skills of the therapist, the quality of the therapist-client relationship, the attitudes of the client, and the appropriateness of techniques and content to the needs of the client and the expertise of the therapist. Thus, when the therapy is not in balance, negative consequences are possible. Nickerson (1975) identifies several such risks in the use of bibliotherapy, and Morgan (1976) warns that one must exercise caution to choose the appropriate type of reading material; negative effects can result from such things as newly learned fears, negative sex or ethnic themes, or the impact of inappropriate difficulty level on self-esteem. Likorish (1975) discusses the limitations of using literature in psychotherapy, suggesting that its primary value may be to the therapist by, among other things, increasing his or her empathy and fostering more adequate communication with the client. The client, on the other hand, may not obtain direct benefit from reading literature, but his own production of written material may offer insights into his feelings and thoughts for use by the therapist.

Likorish’s point is well taken. It is likely that the most significant factor in literature therapy is not the reception of poem or short story but the production of responses to that literature in speech and writing as the client interacts with the therapist in individual sessions and with peers in group therapy. As will be discussed later, practitioners who use literature as part of therapy mark the client’s cre-
ative writing of literature, especially poetry, and willingness to share it with others as signs of personal growth and as excellent points of departure for therapy.

POETRY THERAPY

The literature on poetry therapy reveals readings most helpful for individuals interested in grasping its techniques and in placing it within the domain of therapeutic processes in general. The references included here are not meant to be exhaustive, but they are representative and can lead the reader to applications in virtually all clinical settings of interest today. All of the authors are or were active therapists and many are also poets; a common theme in their approaches is that poetry therapy is a fusing of two processes: the treatment of the person and the treatment of the poem. The therapist must come to know both and how to use them in the service of the client’s personal growth.

Schloss (1976) has written an excellent overview of poetry therapy, including a history and an extensive bibliography. He credits Griefer (1963) as the man who gave poetry therapy its name and Moreno (1948) for calling the approach “psychopoetry.” Their writings and influence appear seminal to the field. Schloss identifies three approaches to poetry therapy. The first, the medical model, he associates with Leedy, who “... sees writing a poem as a means of dealing with symptoms which would otherwise take a physical form. ...” Leedy advocates the use of the iso-principle, in which a problem is dealt with by prescribing a poem or series of poems that express a similar feeling (14-15). An “interpersonal poetry dialogue” is the second approach, favored by Lerner (1973), in which “Participants bring in either their own poems or poetry collections and anthologies” (Schloss, 1976, p. 15). Participants then respond to a poem by expressing their feelings about its theme or read a poem on the same theme that makes a point they want expressed. The third approach, involving psychodramatic principles and techniques, is the one espoused by the Institute for Sociotherapy (New York). “Emphasis is placed upon spontaneity ... events emerge from the action occurring at the moment in the group. The leader might bring in a poem as a warm-up, or a group member might evoke emotional reactions in the group as a result of reading a poem he has written or found. Specific poetry therapy techniques may
then be introduced, but only to facilitate, not to regulate or force an interaction" (15-16).

Approaches described by other writers in the field either elaborate or adapt these three views of psychopoetry or synthesize them in ways appropriate to the therapist, clients, and clinical setting. Although poetry therapy can be effective in individual sessions, it is clearly more effective in groups because of the possibilities for growth as a result of interactions with others and because the client must sooner or later move from within or without if therapy is to have a point at all. Writing and sharing poetry seem most useful to this purpose. Schloss favors a spontaneous writing technique, in which "the client writes a poem describing a feeling within the context of an individual session or group; the theme arises out of the interaction immediately prior to the writing." Thus, love or anger or alienation would be themes for writing, depending on what was being explored at the moment. "Spontaneous writing can often free someone who, given more opportunity and greater expectation, would find it almost impossible to produce anything" (Schloss, 1976, pp. 22-23).

Kaminsky (1974), in discussing the processes of the poetry group, places the actual "making the poem" well into the total therapeutic process. Although Kaminsky's method is derived from working specifically with the aged, it holds much promise for adaptation to adolescents as well. He notes that the process "seemed to develop of its own accord, by my allowing the persons in the group the full play of their interests" (77). The four phases of the process are reading, studying, contacting themselves and each other, and making the poem. These stages develop and interFuse according to the chemistry of the group. The first "poems" generally are emotional, oral responses captured by the leader and written down; they are "dictated" poems later given to the authors to be read aloud and studied.

As they accept the fact that they can make poetry, participants begin to do so independently, bringing these creations in for consideration by the group. The space between dictated poems and independently written poems may be a long one, depending on, among other things, trust in the leader and members of the group. This process of producing poetry also allows for mini-lectures on aspects of poetry which, in turn, reinforce group respect for their own works and encourage further writing. The leader may also introduce selected professional poetry as "catalytic texts" to help the group move along personally and poetically. Kaminsky's book, and the others that
have been mentioned, can barely be touched on here, rich as they are with detail, case studies, and analyses of technique.

Leedy, editor of two excellent anthologies of articles on numerous aspects of poetry therapy, presents another such frustration. Two articles in Leedy (1973), for example, are especially relevant for professionals who work with adolescents. Schlechter's "Poetry: A Therapeutic Tool in the Treatment of Drug Abuse" (17-23) documents dramatic breakthroughs made in a drug abuse center using poetry therapy. She observes that dominant themes in adolescent writing were loneliness, alienation, and survival; that personality disorganization was common; that the young people moved from apathy and non-communication to expression and self-pride in the poems produced; and that their focus shifted from one of total self-involvement and self-pity outwards to others.

Berger examines the potential of poetry for the healer (in this case, the teacher) as well as for the client. He makes a case for more creativity within the school setting, condemning "the dull prose of programmed learning (which) stands in the way of the child being free to construct his own being" and the lesson plan as a "middleman that filters out the freshness of discovery and dehydrates the living presence of the teacher," suggesting the popular song and poetry of the street as rich objects of study in the classroom.

Finally, Harrower (1972), in writing a rationale for her book, also captured the essence of poetry therapy:

The theme of this book is not so much that poetry can be used in formal therapy, but rather that poetry is "therapy" and is part and parcel of normal development. Poetry therapy is a newcomer. Long before there were therapists, there were poets, and from time immemorial man has struggled to cope with his inevitable inner turmoil. One way of so coping has been the ballad, the song, the poem. Once crystallized into words, all engulfing feelings become manageable, and once challenged into explicitness, the burden of the incommunicable becomes less heavy. The very act of creating is a self-sustaining experience, and in the poetic moment the self becomes both the ministering "therapist" and the comforted "patient." (3)

Harrower's work parallels stages of psychological development, mainly from early childhood through young adulthood, with changing perspectives of poet-self, suggesting that the qualities of each stage reveal themselves in poetry written by individuals experienc-
ing that period of growth. About poems of adolescence, she concludes:

The soul searching efforts of the adolescent, the self in turmoil, are a sharp contrast to the peaceful products of the Age of Wonder . . . we see a struggle to achieve a personal identity and to question the very structure of existence which had been so dutifully and prayerfully accepted before . . . . The adolescent poems seem to confront the inner turmoil head on. They are excellent examples of . . . poems written too close to the emotional impact that demands their expression. One knows exactly what crisis the individual is facing. (24-26)

Two phrases, metaphors, recur continuously in the literature of poetry therapy: finding one’s song and poetry the healer. The process of creating poetry is a stabilizing force for the individual, having within itself a healing power that can result, when all is in balance, in the recognition of one’s identity, and the finding of personal expression of self, one’s song. It is the task of the therapist working with young people to help them find their songs, and in so doing, to help them make meaningful contact with others.

**ADOLESCENT LITERATURE AND LITERATHERAPY**

Over the years terms used to refer to literature read by young people of junior and senior high school age have changed. A current term is “young adult literature,” used by Donelsen and Nilsen (1980) “to include books freely chosen for reading by persons between the ages of twelve and twenty” (5). Although an excellent notion to individualize the concept of adolescent reader, the term “young adult literature” is often used interchangeably with “adolescent literature,” which suggests a far more restrictive body of literature that includes only works written specifically for young people beyond the elementary grades, with adolescents as the main characters and with adolescent themes, settings, and subject matter. Hinton’s *The Outsiders* and Zindel’s *The Pigman* would qualify as adolescent novels by this strict definition; Twain’s *Huckleberry Finn* and Salinger’s *The Catcher in the Rye* would not.

My focus here is on adolescent literature because it presents less of the complex literary devices, language, and universal themes
characterizing most adult literature. It is most often of the here and now, is readable and interesting for adolescents, and treats problems immediately confronting them. Thus, it is much more accessible to most young people than most adult literature. These qualities of adolescent literature would seem to make it a most useful device in adolescent therapy. In fact, it quite faithfully mirrors Harrower’s (1972) depiction of adolescence cited earlier. It is a developing literature, however, and does have its limitations, not the least of which is its meager store of generic poetry, short story, and drama—although adolescent novels and non-fiction are in rich supply.

Because the adolescent novel is currently dominated by what has been termed “the problem novel” (and because young people often find poetry a satisfying mode of expression), the novel as well as the poem hold particular promise for adolescent therapy.

The problem novel is discussed at length, and often categorized by problems treated, in many recent professional publications directed to literature teachers and librarians. For example, Schwartz (1979) discusses adolescent books on such topics as the mentally ill, the dying, the addicted, minorities, teenage sex, rape, and child abuse. Donelson and Nilsen (1980) examine particular problem novels in relation to “categories of concern” such as parent/child relationships, body and self, and friends and society. Carlsen’s (1980) focus is not only on the adolescent novel, but the interests of teenagers in the whole of literature available to them. Books For You (1981) annotates young adult literature by categories, which include ethnic experiences, and personal and social problems. In addition, two recent collections edited by Angelotti (1980) and Gallo (1980) investigate various aspects of adolescent literature, including the problem novel, poetry, and the new realism in adolescent novels.

Guided by the principles of bibliotherapy and techniques of poetry therapy, the therapist can establish a program of readings and group discussions of adolescent novels, both self-selected and assigned, and encourage creative responses to those works. Participants may respond in narratives or poetry of their own selection or creation, or in such other modes as drama, art, or music. It is also possible for individuals or groups to write novels from their own experiences. As in psychotherapy, the therapist can use these expressions to gain insight into the client’s problems and to encourage movement outward.

Although there is no generic adolescent poetry, a psychopoetry approach could draw material from a number of sources such as the
writings of clients themselves, school anthologies, contemporary adult poetry, and popular song lyrics. Readability and identification potential are the first tests conventional adult poetry must pass if catharsis and insight are to follow, although there are adolescents capable of reading any poem written. For most, however, Emily Dickinson, Robert Frost, and Carl Sandburg hold particular promise. The poetry therapy techniques of Kaminsky (1974) and the specific applications discussed in Leedy (1969, 1973) collections would seem to be the most directly useful sources for therapy programs involving adolescents.

In sum, the professional whose aim is to help troubled adolescents and who is interested in the potential of literature as part of the therapeutic process faces no easy task, but the information and training are available, and the value is documented. The readings on poetry therapy also teach poetry and identify the Association for Poetry Therapy, The Poetry Therapy Center in New York City, the Institute for Sociotherapy in New York, and the Poetry Therapy Institute in Los Angeles as centers for further research and training in psychopoetry. The adolescent literature references treat the subject fully, with excellent bibliographies, but, just as clients must be engaged before their problems are known, so adolescent literature must be read before its potential can be realized. The fusing of literature and creative writing into therapeutic processes aimed at helping young people is an exciting prospect, not only for the therapist, but the client as well.

REFERENCES


