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Reading for Life: Biblio/Poetry Therapy with Different Target Groups

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Abstract: This chapter aims to give a general overview of the theoretical and practical background of person-centred group biblio/poetry therapy, and introduces the ‘Pécs School’ (Hungary) which represents this field. The author summarizes some opportunities of biblio/poetry therapy offered to different target groups, facilitated by professionals trained in Pécs. This work is based on books and other text-like materials used as mental health tools to spark interactive and (self)reflective reading, writing, and discussion that promote personal growth, and improve positive outcomes for people of various gender and age groups in different social contexts, living with mental health and emotional wellbeing issues.

Keywords: bibliotherapy; poetry therapy; therapeutic reading; therapeutic writing; mental health; emotional wellbeing; person-centred approach.

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Reading for Life: Biblio/Poetry Therapy with Different Target Groups

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Introduction

In his book titled *A History of Reading*, Alberto Manguel emphasizes how deeply reading (as a practice of understanding and interpretation of any – not just literally written – signs) is essentially embedded in human culture and everyday life. “We all read ourselves and the world around us in order to glimpse what and where we are. We read to understand, or to begin to understand. Reading, almost as much as breathing, is our essential function.”¹ Reading ourselves, reading as self-exploration and self-understanding strongly links to the process of self-cognition, identification, evaluation and self-assessment. How we develop this metaphorical self-reading is one of the most complex and mysterious aspects of biblio/poetry therapy, when reading and writing ourselves, Others and the world supports self-understanding and helps the person to gain insight and motivation for change.

In her impressing autobiographical novel, *Why Be Happy When You Could Be Normal?*, Jeannette Winterson highlights this relationship based on the expressive and healing power of words: “I believe in fiction and the power of stories because that way we speak in tongues. We are not silenced. All of us, when in deep trauma, find we hesitate, we stammer; there are long pauses in our speech. The thing is stuck. We get our language back through the language of others. We can turn to the poem. We can open the book. Somebody has been there for us and deep-dived the words.”² Reading and writing can help us to express difficult emotional experiences when turning the emotional content into language.³ The act of turning or transforming emotional experiences into words allows us to give structure to something unstructured (and many times unconscious) that helps to get more control over it. From this new perspective, and in the mirror of others, we can start to understand and re-evaluate our experiences in a new light. “Materials [that we read and write] create new perceptions in relationship to the readers’ selves, others, and the world. The creative focus is within self, creating new feelings, new attitudes and new motivations for action.”⁴ This is the starting point of our work in biblio/poetry therapy.

¹ Alberto Manguel, *A History of Reading* (New York: Penguin Books, 1997), 7.

² Jeannette Winterson, *Why Be Happy When You Could Be Normal?* (Toronto: Vintage Canada, 2012), 9.

³ James W. Pennebaker, J. F. Evans, *Expressive Writing: Words that Heal* (New York: Idyll Arbor, 2014).

⁴ Arleen M. Hynes, “Some Observations on Process in Biblio/poetry Therapy“, *The Arts in Psychotherapy* 8 (1981): 237.

Reading and writing in biblio/poetry therapy

Biblio/poetry therapy is the interactive, facilitated use of (self)reflective reading and writing that helps people tackle their own subject matter, promotes personal growth, and supports mental health and wellbeing.

(Self)reflective reading in biblio/poetry therapy

Bibliotherapy is based on classical psychotherapy principles of identification, inspiration and insight which leads to motivation for positive change. This can help readers gain insight into themselves by connecting with characters and values appearing in poems, short stories, novels or in other textual materials. Their reading is followed up with group discussion and facilitated by the bibliotherapist's and group mates' questions and reflections. Group members can share their ideas and feelings with the help of the expression of their own subjective response to the text shaped by their identity and life-experience. The aim of the therapy is to elicit change in the attitudes and behaviour of the readers to enhance their problem-solving skills, and hence increase their resourcefulness. It aims to show readers that they are not alone because the others have the same concerns or problems. The main goal of the therapeutic process is positive life-change and personal development.⁵

"Bibliotherapy is the use of reading creatively; books, stories and poems to make people feel better, in themselves, about themselves and about others. (...) We all know how reading can take us out of ourselves and into another world. Conversely it can show us our own life mirrored in that of another person. If we are feeling miserable or alone sharing our experience in this way can help us to feel less isolated. Our empathy with others is extended as is our imagination and understanding."⁶ As Julie Walker, a brilliant British psychiatric nurse-bibliotherapist-adult educator argues, "bibliotherapy supports people to take control of their own health and emotional wellbeing, and helps building resilience. It fits with secondary level preventions/interventions by promoting opportunities for increasing coping skills and helps to alleviate symptoms of depression and anxiety, increase self-esteem, improve social skills and concentration, combat isolation, and provide access to deeper thoughts and feelings and the words to express these to others."⁷

A wide range of fiction and non-fiction materials are appropriate for biblio/poetry therapy purposes that meet the users' needs and the focus of the therapy. Textual materials serve as motivating, affirming and empowering mental health tools. The following types of texts or other materials (that can be interpreted as texts or stories) are among them:

- fiction books and texts – classic and contemporary imaginative literature: poetry, short stories, novels, drama, fairy tales
- other imaginative or semi-imaginative genres: song lyrics, chick lit, theme-appropriate movies, dreams, traditional folk tales, Hasidic tales, therapeutic and developmental stories (e.g. written by Nancy Davis or Annamária Kádár)

⁵Judit Béres, "Bibliotherapy and Creative Writing", in *Horizontok II. A pedagógusképzés reformjának folytatása*, ed. Ferenc Arató (Pécs: PTE BTK Neveléstudományi Intézet, 2015), 190.

⁶ John Duffy, Jo Haslam, Lesley Holl & Julie Walker, *Bibliotherapy Toolkit* (Huddersfield: Kirklees Council – NHS, 2012), 3.

⁷ Julie Walker, *Does Bibliotherapy Work?* Posted on 17 December 2014.
<http://www.cilip.org.uk/blog/does-bibliotherapy-work>

- non-fiction: documentaries, letters, diaries, philosophy, case histories, autobiographies, personal recovery stories (e.g. AA, NA), self-help books, personal Facebook posts and blogs.⁸

(Self)reflective writing in biblio/poetry therapy

As “reading ourselves” is of key importance in biblio/poetry therapy, self-writing also belongs to the bibliotherapist’s basic toolkit. Nowadays there are some national practices of biblio/poetry therapy (e.g. in Finland, Lithuania, United Kingdom and the USA) where creative, poetic methods and the different types of personal writing are often more important tools than reading and reception of books. The dialogue of two professionals, Gillie Bolton, the British creative writing trainer and Juhani Ihanus, a Finnish poet-psychologist-poetry therapist highlights why the application of writing is important in therapy: “Insight and support are gained by writing that help us find out more about ourselves and the way we relate to home and work, significant others, and wider society and culture. It offers relatively safe and confidential ways to express areas of experience otherwise difficult to communicate. In its initial expressive and explorative stages, writing is private, and is both physical and creative, as is art, music, and dance.”⁹

Besides receptive/prescriptive biblio/poetry therapy when working with personal readings/meanings of already existing texts (e.g. poems, lyrics, novels written by other authors), poetic methods are often applied in bibliotherapeutic work. Poetic methods such as poetry, letter or journal writing foster participants’ self-assessment, encourage self-expression, provide a sense of order and control, and promote group process variables such as cohesion.¹⁰

Explorative, expressive writing is a proper way of self-writing applied in biblio/poetry therapy. Expressive writing is a powerful and deeply personal, mostly free style and fluent text (many times with no grammar, syntax or much sense) that helps people to confront deep, personal issues, promoting physical health and subjective wellbeing. This writing is a tool to ‘translate’ into language traumatic, disturbing emotional experiences that people suffer from.¹¹

Self-writing applied in biblio/poetry therapy is a kind of personally developing, deeply self-reflective therapeutic writing. Gillie Bolton mentions poetry, journal and autobiographical writing that can reduce self-consciousness, allowing writers to tap into their strong wise creative sides “Whatever you write will be right for you at that time. Although possibly initially unclear or lacking in understanding, we are the world’s best authorities on our own experience and so cannot write wrongly about it.”¹² This writing enhances self-understanding, enables the person to express experiences, thoughts and feelings difficult or impossible to share directly with others. Therapeutic writing improves

⁸ Categories and genres of materials applied in biblio/poetry therapy are based on Nicholas Mazza, *Poetry Therapy: Theory and practice* (New York: Brunner-Routledge, 2003); John C. Norcross et al., *Self-Help That Works. Resources to Improve Mental Health and Strengthen Relationships*. 4th ed. New York: Oxford University Press, 2013); Judit Béres, “*Azért olvasok, hogy éljek*” *Az olvasásnépszerűsítéstől az irodalomterápiáig* [“I read for my life” From reading promotion to biblio/poetry therapy] (Pécs: Kronosz, 2017)

⁹ Gillie Bolton, Juhani Ihanus, “Conversation about poetry/writing therapy: Two European perspectives”, *Journal of Poetry Therapy* 24, (2011): 3. 169. See more about reflective writing applied in counselling and psychotherapy: Jeannie Wright, Gillie Bolton, *Reflective Writing in Counselling and Psychotherapy* (London: SAGE Publications, 2012)

¹⁰ Nicholas Mazza, *Poetry Therapy*

¹¹ James W. Pennebaker, J. F. Evans, *Expressive Writing*

¹² Gillie Bolton, Juhani Ihanus, “Conversation”, 170.

self-respect, personal integrity and positive regard, in order to discover appropriate ways to act in the future. Even if this writing is originally for its writer to read, s/he has full authority over it, including rereading alone or possibly sharing with trusted persons. Personal writings created by participants during the sessions and after the sessions, at home, may be applied as other textual materials, if brought back and shared with trusted group members, and become subject of reflections and discussion.

Person-centred biblio/poetry therapy

In February 2014 the University of Pécs started a continuing professional training programme in biblio/poetry therapy which has become the Hungarian centre of the person-centred approach. Nowadays it is the major and most successful centre of Hungarian education in bibliotherapy.

The aim of this training programme is to offer advanced knowledge and skills in the fields of biblio/poetry therapy, reading and writing for mental health and wellbeing. On completion of the qualification the trainees will be able to plan and facilitate the interactive use of imaginative literature, non-fiction materials and therapeutic writing, promoting personal growth for people from various age groups in different social contexts, living with mental health and emotional wellbeing issues.

Through the whole programme students receive intensive instruction in major disciplinary fields necessary for bibliotherapist practitioners working in developmental or clinical context, such as the basics of psychotherapy and mental health, group dynamics, selection and interactive use of materials, bibliotherapy for special target groups, and supervision. 100 hours of peer experience as a participant in a supportive therapy group is an essential part of the training programme. Bibliotherapy workshops and field visits offered as further opportunities for exploring the benefits of various facilitation techniques.

Biblio/poetry therapy represented by the 'Pécs School' is person-centered in character. However books and other textual materials are key tools and important points of reference in biblio/poetry therapy, therapy itself does not derive just from the book.¹³ The strongest power of bibliotherapy is based on intrapsychic and interpersonal processes. This fact fostered the notion of group process- and person-centered biblio/poetry therapy that places emphasis on participants' therapeutic experience, examining therapeutic reading as a group process phenomenon.¹⁴ Participants' emotional experiences and interpersonal processes between them are central, taking into consideration the wide range of therapeutic factors. Dealing with multiple emotional factors through a person-centered bibliotherapeutic process, that results an integrative model of bibliotherapy, based on the so called 'person-centred approach' applied in the humanistic psychology.

This model offers a view of people as active, autonomous agents of the improvement of their own life who, through deep encounters and intimate exchanges with the materials, the facilitator and each other, evolve an emotionally supportive environment in the bibliotherapy group, a net of interpersonal processes. A set of activities for developing EQ are involved in this process like, for instance, becoming capable to perceive, express and understand one's emotions and ideas, capability to share personal emotional experiences, acceptance of ourselves and others, practice of giving and getting support and feedback.

¹³ About the distinction between the positive emotional effect of a good book and bibliotherapy, see more in Keren Dali, "On Bibliotherapy", *Reader's Advisory News*, August 2014. <https://www.ebscohost.com/novelist/novelist-special/on-bibliotherapy> (accessed April 29, 2016)

¹⁴ Laura G. Cohen, "Reading as a Group Process Phenomenon. A Theoretical Framework for Bibliotherapy", *Journal of Poetry Therapy* 3 (1989): 2, 73-83.

Among these dynamic processes the influence of the readings or other materials is just one factor which is not enough to make an effective therapy.

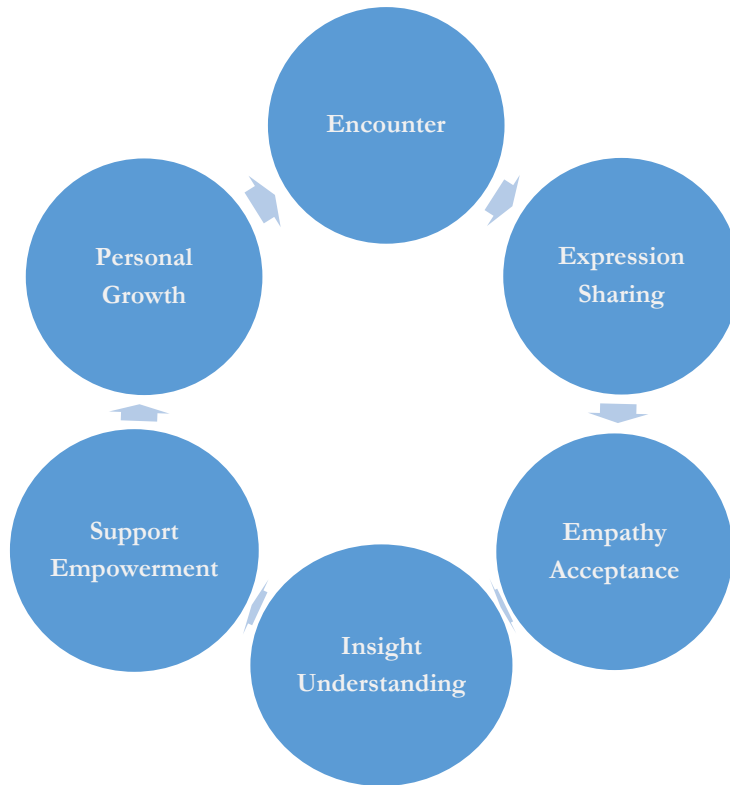


Fig. 1. Emotional processes in person-centered group biblio/poetry therapy¹⁵

Given this model is person-centred it suggests to deal with some potentials hidden within and between the participant persons. The readings (or other text-like materials as I mentioned before) elicit participants' subjective emotional response shaped by their identity and life-experience, offering a tool for their projections. One of the main questions of bibliotherapy is about why the certain person responds to literary works and other materials as s/he does, and how her/his introjections shape the personal interpretation of the materials. Thus enables the participant to stand both inside and outside that interpretation so as to observe and understand it. This act of insight, accompanied by group interactions and co-constructions of meanings might lead the person to new attitudes and new motivations for action.¹⁶

¹⁵ Judit Béres, "Person-centered Bibliotherapy", in *Reading for Recovery poster series*. ed. Judit H. Ward, J. 38th Annual Conference of the Substance Abuse Librarians & Information Specialists and Association of Mental Health Librarians (Denver, CO, May 5, 2016)

¹⁶ As I mentioned earlier, according to Hynes, 1981.

Biblio/poetry therapy as a tool for helping professionals

Since Clara Richardson Lack's famous article (*Can Bibliotherapy Go Public?*)¹⁷ has been published, it is a widespread idea that bibliotherapy can be divided in two types, developmental and clinical bibliotherapy. In Hungary there are shorter bibliotherapy trainings which try to focus just on developmental bibliotherapy education for librarians and teachers. The 'Pécs School' does not share this idea as it happens many times that the two modality (developmental and clinical) cannot be separated clearly during the therapeutic work. That is why we prepare trainees for the challenges of both fields, and teach them general skills needed in the facilitation of group bibliotherapy. Finally it depends from trainees original professional competences, how, with whom and where they will apply bibliotherapy.¹⁸

Biblio/poetry therapy is an effective method adaptable in many helper professions, which might be added to the toolkit of professionals who work for humans' support. It may be offered for different target groups, both in clinical and non-clinical settings. This is why the biblio/poetry postgraduate training of the University of Pécs is available for BA or MA degree holders in arts and humanities, teacher training, mental health care, medical sciences, economy, law, and pastoration. Our students are professionals who already work with humans in different settings, and intend to learn a new method to be involved in their work. The list of their professions and typical working places is the following:

- teacher in public (elementary or high) school or adult education institutions;
- librarian in school, public and medical libraries;
- social worker in day-care centres and care homes for people living with substance abuse issue (e.g. drugs and alcohol), working in rehab centres and relapse prevention;
- social worker and mental health worker working with elderly people in care homes or in other settings (e.g. clubs for elderly, open universities for seniors);
- social worker or volunteer from social welfare services, crisis intervention centres, shelter houses, or hospitals;
- life and business coach who has both individual and group sessions with their clients;
- HR professionals (e.g. head hunter, human resource & career manager);
- prison and school psychologist;
- clinical psychologist working in hospitals (e.g. with children and mothers-to-be);
- assistant, counsellor or special educator working in family therapy, bereavement counselling and palliative rehabilitation;
- psychiatrist working with adolescents or adults in psychiatric wards.

This list implicates the main types of the available target groups (such as students, library users, psychiatric patients, addicts etc.), but in reality there are much more types of potential clients in one setting that we could imagine for first.

In schools, for instance, teachers trained in bibliotherapy or outsider bibliotherapists work mostly with students. This means the application of some elements of biblio/poetry therapy in classroom work. Teachers and school librarians sometimes offer biblio/poetry therapy groups as parents support, and there is also bibliosupervision support for teachers' burn-out prevention. Some schools have special classes for disadvantaged and/or gifted students for whom biblio/poetry therapy sessions are among cross-curricular support programmes. *Table 1* shows the details of this kind of biblio/poetry therapy provided for 3

¹⁷ Clara Richardson Lack, "Can Bibliotherapy Go Public?", *Collection Building*, 1985 Spring, 27–32.

¹⁸ The 'Pécs School' shares the integrative approach of the creative bibliotherapy programme titled "Well into words" provided by the Kirklees Council, National Health Service, United Kingdom. <https://vimeo.com/70929838>

months (1,5 hours every second week, with one facilitator) in the club of a high school in Pécs.

Table 1. Biblio/poetry therapy for disadvantaged gifted adolescents

Topics discussed	Materials	Creative tasks
holding and caring in human relationships, love, patience, values, Christmas in our family (the group started in Christmas period)	János Pilinszky: Hitünk titkairól (Advent) [Secrets of our religion] (essay)	Petra Finy: Bemutakozom [I introduce myself] (poem); write 5 characteristics about how you see yourself + 5 as Others might see you
self-confidence, giftedness, emotional resourcefulness, resilience	Lotilko szárnyai [The wings of Lotilko] (Tunguz folktale)	read Ágnes Ágai's adolescent poems, write a similar poem about yourself
daydreams, desires, plans, career & identity	Frigyes Karinthy: Találkozás egy fiatalemberrel [Meeting with a young man] (short story)	write a letter with recommendations to the 8-9 years younger yourself
supportive/destructive relationships (family, love, friendships), barriers, coping	Ervin Lázár: A kalapba zárt lány [The girl closed in a hat] (tale)	write sms letters similarly to Dániel Varró's Szívdesszert [Heart dessert] (poem)
role models, youth trends, positive/negative self-image, body image	Krisztina Tóth: A lélek megatest [The Soul is Megabody] (short story)	write an advertisement about yourself similar to Virág Erdős' Hazudós mese [Liar tale] (poem)
happiness, successful life, self-criticism, inner resources	Sándor Márai: Füves könyv – A boldogságról [Herbarium (About happiness)]; Sándor Weöres: A teljesség felé (A forrás – Szembefordított tükrök) [Toward completeness (The source – Mirrors facing each other)] (philosophy)	final evaluation with association Dixit Cards

This table gives a much clearer picture of what we do and how it works. In Hungary we started bibliotherapy programs in three types of secondary schools (vocational school, technical college, grammar school for gifted children), with implications for the reduction of socio-emotional risks and distress of disadvantaged students.¹⁹ In this work particular attention is given to how bibliotherapy can facilitate readers to find solutions to personal problems, develop life skills and enhanced self-image. Bibliotherapy helps these students to learn new strategies for dealing with their social and emotional issues, and supports their empowerment, that is to break out of disadvantages and work out opportunities based on their understanding. Whilst working together in a bibliotherapy group, students learn about themselves and understand that they are not alone, but others have been sharing – and had

¹⁹See more details in Judit Béres, Ildikó Sóron, Tünde Tegzes, Borbála Zsidai, „Hátrányos helyzetű középiskolások biblioterápiája” [Bibliotherapy for disadvantaged youth], *Könyvtári Figyelő*, (2014): 4, 459–480.; Judit Béres, *Bibliotherapy and Creative writing*.

shared – the same concerns or problems. This can expose them to new ways of thinking about and seeing the world around them, helps them gain insight by connecting to each other, to a sentence in a poem or song lyrics, or by identifying with a character in a novel or short story with similar issues to overcome. Creative writing played a very important role in this therapeutic work. We usually applied warm-up identity plays from the collections, and used humorous and ironic model texts from Hungarian poets, asking students to write similar, strong messages about themselves. This helped them to understand motivations, express feelings, externalise selfhood, reduce loneliness, frustration, and distress.²⁰

Opportunities are usually numerous in all settings we apply biblio/poetry therapy. My second example is about libraries as traditional institutions related to the service of people, reading and books offer also numerous opportunities for general biblio/poetry groups aiming at healthy population and at people living with mild and moderate mental health and wellbeing issues. The biggest part of these groups are organised for the general support of people from various gender and age groups. There are also special, thematic groups that focus on special questions or turning points in everyday life situations (e.g. unemployment, problems in intimate partnerships and other relationships /between husband-wife, parent-child, siblings, different generations/. Thematic groups are available for vulnerable people or for those who deal with identity issues and new developmental tasks (women, young mothers and fathers, elderly, professionals in career change, immigrants). Other thematic groups focus on the support of clients with primary bonding and loss issues (e.g. divorce, bereavement, parents-to-be, parents with little children, and parents who have to let go their young adult children). Table 2 gives insight into the work of a 14-month-long (2 hours once per month in a quiet room of the county library, with one facilitator) biblio/poetry process supporting 10 adult women from different age groups (from 23 to 63), all of them facing normative life-crises and emotional wellbeing issues.

Table 2. Bibliotherapy for adult women with normative life-crises

Topics discussed	Materials	Creative tasks
current mood and life situations, challenges, expectations	Virág Erdős: Ma [Today] (poem)	-
female/male role models, marriage/partnership crises, self-esteem, daydreams and desires	Lyudmila Ulitskaya: Szonyecska [Sonechka] (novel)	(home work) creative writing about the therapeutic situation (diary, poem, free style text)
attachment, separation, loss, reflectivity, self-reflection, self-esteem, self-confidence, primary and secondary bondings	Eszter Szakács: Saudade; Anna T. Szabó: Elhagy [She leaves me] (poems)	(home work) reflective writing: the woman in the mirror who I am...
female identity, construction of femininity, trans identity, sexuality, body	Tibor Noé Kiss: Inkognitó [Incognito] (transvestite novel)	entry with association cards (Bear Cards); (home work) reflective writing: my body, my femininity
role models, female identity, femininity, self-esteem, body image	Krisztina Tóth: A lélek megatest [The Soul is Megabody] (short story)	(home work) expressive writing: milestones of my personal growth

²⁰ See more details in Judit Béres, *Bibliotherapy and Creative writing*.

creativity, independence, freedom, love, loss	Anna T. Szabó: Senki madara [Bird of Noboby] (short novel)	-
abusive relationships, domestic violence, infertility, sexual dependence	Noémi Kiss: Sovány angyalok [Thin Angels] (novel)	-
taboos, secrets, insight, trust, sharing	Tímea Turi: A dolgok, amikről nem beszélünk [Things we never talk about] (poem)	entry with association cards
women roles, touchstone members of the family, conscious and unconscious, trauma	Lyudmila Ulitskaya: Médea és gyermekei [Medea and her children] (novel); Életművésznők [Women's Lies] (short stories)	-
reading, writing and identity work, mother-daughter relationship, motherhood, lesbian identity	Jeanette Winterson: Miért lennél boldog, ha lehetsz normális? [Why be happy when you could be normal] (lesbian, autobiographic novel)	send your favorite tale to group members, guess choice motivations
self-assessment, personal growth, further developmental tasks	János Szentmártoni: Befejezhetetlen vers önmagunk állásáról [Unterminable poem about ourselves]; Szilárd Borbély: Ha menni kell [If it's time to go] (poems)	creative writing: finish the poem with self-reflection, share with others

This group focused on the multiple experience of female identity and personal growth, supporting participants' coping skills when facing normative life-crises. The group worked for female empowerment (connected to feminist psychotherapy), improving women's positive self-evaluation and resilience, helping them achieving a sense of intimacy and generativity. The group offered a lifelong perspective in character as three different generations were present supporting each other, creating a flourishing context for interpersonal learning, understanding and acceptance.²¹ In May 2017 a similar, but a bit longer (15-month-long, 2 hours per month) biblio/poetry therapy group for women has been started in Pécs, held in a nice community setting with garden (not in library), facilitated by two bibliotherapists in cotherapy. In this new group we try to be more person-centred, and emphasize the benefits of poetic methods applied in identity work (e.g. poetry writing, letter writing, journal writing, tale writing). The biggest part of our sessions is based on group members' personal writings prepared during the sessions or after sessions, at home. Receptive bibliotherapy (when we read already existing texts from poets and writers) is quite rarely applied, if yes, we use just small part units that may trigger self-reflection. Tools from fine art therapy and tale therapy (Metamorphoses) are also involved in this work. Since 2012 three other types of biblio/poetry group for women has been started in Pécs, one for elderly women at the open university for seniors held at the University of Pécs, another one

²¹See more details in Judit Béres, Bibliotherapy for Women from a Lifelong Learning Perspective, in *Some Issues in Pedagogy and Methodology*, eds. Judit Torgyik, János T. Karlowitz (Komárno: International Research Institute, 2016) 111-120.

held in a crisis intervention care home for abused mothers with little children, and the third one started in a local prison.²²

Concluding, it is worth mentioning some of the main benefits of biblio/poetry therapy. The group facilitator usually asks participants to fill out a final feedback questionnaire which helps participants' reflection on the most important factors of their therapeutic experience.

According to participants' opinion:

1. Participants appreciated the 'sense of universality,' they felt they are not alone suffering from the certain problems. With the help of the (self)reflections given to each other, to the texts and the facilitator they learnt how others see their personality and behaviour, how they solve similar problems, that helped to gain new perspectives and insights.
2. The group supported the inter/intragenerational communication, helped participants to understand others' way of thinking, motivations and reasons behind their communication and behaviour.
3. The group fostered self-reflection, the deeper understanding of experiences and personality (weaknesses, strengths) showing further developmental tasks.
4. Facilitators, group members and the self-reflective work sparked by personal writings and other theme-appropriate texts created a warm, positive and supportive emotional atmosphere, which was important experience, mostly for those who are lacking this basic 'holding' in their everyday relationships. This atmosphere empowered participants to be more active and autonomous agents of their own life.
5. Deep encounters with each other, the facilitators and the textual materials evolve a rich net of interpersonal and intrapsychic processes such as becoming capable to perceive, express and understand one's emotions and ideas, capability to identify and share personal contents, practice of giving and getting support and feedback, accept and tolerate others' values.
6. It was a great experience to discover the healing power of (self)reflective writing, finding inner creative resources.

As outlined previously, the biblio/poetry therapy model and the group programmes introduced here effectively use reflective, personal reading and writing as a life support system, offering great opportunities for people's mental health and wellbeing support, that result a number of positive emotional and cognitive changes, empowering clients through their whole life-span.

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²² See more details in Judit Béres, *Bibliotherapy for Women*; Judit Béres, Eszter Csorba-Simon, "Biblioterápia nőknek" [Bibliotherapy for Women], *Könyvtári Figyelő* 61, (2015): 2, 178-195.; Judit Béres, Rita Zoboki, Biblioterápia időseknek a pécsi Szenior Akadémián [Bibliotherapy for elderly at the Senior Academy of Pécs] in IX. *Képzés és Gyakorlat Nemzetközi Neveléstudományi Konferencia. Tanulmánykötet*, ed. Bernadette Nagyházi, (Kaposvár: University of Kaposvár, Faculty of Education, 2015) 86-92.

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Therapeutic Poems for Advancing Coping, Empathy, and Cultural Well-Being

促进应对、同理心和文化福祉的治疗诗

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Abstract

From the perspective of poetry therapy, the author relates Western views of poetic time, rhythm, literary creation, and metaphoric language to ancient Chinese conceptions of literature and to the haiku tradition. The author analyzes and develops practical approaches to using haiku for therapeutic, rehabilitative, and preventive purposes. In haikus, he detects potential to explorative and meditative self- and communal transformation, flexible coping with current anxieties, and the advancement of social and cultural well-being. The ecopoetic applications of haiku pave way to more empathic connections of human beings to nature and the whole cosmos.

Keywords: haiku, poetry therapy, coping, metaphors, nature writing, empathy

摘要

从诗歌疗法的角度，作者将西方关于诗歌时间、节奏、文学创作和隐喻语言的观点与中国古代文学观念和俳句传统联系起来。作者分析并发展了将俳句用于治疗、康复和预防目的实践方法。在俳句中，他发现了探索性和冥想式的自我转变和社区转变、灵活应对当前焦虑以及促进社会和文化福祉的潜力。俳句的生态诗学应用为人类与自然和整个宇宙建立更多的共情连接铺平了道路。

关键词：俳句，诗歌疗法，应对，隐喻，自然写作，共情

Poetic Time and Flow

When reading and writing a poem, we can get attuned to various developmental levels and various existential states and times. In the realm of poetic voices, vibrations, and reverberations, it is impossible to exactly define what time it is. The always current time of a poem is immeasurable, not fixed, but it can be sensed, perceived, and experienced by those who get immersed in the poetic universe where temporality and mortality, birth and collapse, presence and absence, voices and silence embrace them. On the poetic way toward hitherto unknown sources, hidden perspectives, and unheard sounds, the moving words can both address our anxieties and ground our being in joy.

Poetic metaphors can bridge emotion and thought, let the depths and surfaces unite in the flow and pulse of our existence, reaching from the past through the present toward many possible futures. We imagine, and we dream now—thus we will become. The power of the poem to bind and loosen emerges: a flood of emotion, thought, image, and memory is both channeled and let loose.

Poetic flows express, create, and signify an experiential being that is not neutral but “tuned.” Breathing poems tune languages, readying them for a journey to the wild mindscapes and creative environments, adding pleasure and joy and shades of chagrin and pain. In the haphazardness and transience of every poem, there is also something inalienable and indestructible, carrying over the seeds of renewal, of making new subjects through the transformative spaces of writing and reading. Not to express one’s tunes to others can be an indication of indifference. On the other hand, the poem’s excess of words can repress the intolerable and drown conflicts.

In Western psychology, the talk of a “stream of consciousness” is metaphorical, like the talk of the capital inflows or of the currents of thought. The stream or flow has also been connected to physiological and sexual phenomena (milk stream, blood stream, the flow of semen) and to technological information systems (data stream). The flow experience has been described by Mihaly Csikszentmihalyi (1990) as the “optimal experience,” a complete absorption into the experience at hand, one where action and consciousness merge into each other and where the pleasure produced by the feeling of existential communality is sufficient without any external rewards. “Flow” is not the same as chaotic “flooding,” because Csikszentmihalyi considers the flow as requiring acceptance of a set of “formal rules” before one can trustingly throw oneself into the flows of arts, sports, or social rituals.

However, Victor Turner (1977, pp. 51–52) has remarked that the flow experience does not necessarily require formal rules or preconditions. Certain “key symbols” or symbolic acts, closely related to beginnings and transitions, creation, and exile, may awake flow experiences. They break, often in practical situations, social and cultural frames or shake up hierarchies. In many ways, poets have tuned flow experiences, “liminoid phenomena” (Turner, 1977, p. 43) as “plural, fragmentary, and experimental,” arising on the margins, as the harbingers of the unconventional, revolutionary, or alternative ideas of reality and the social order. Liminal poetry is on the threshold, in a state of transition, expressing discomfort, and waiting for a crossing over the border, thus also giving voice to marginalized groups and oppressed communities and their desires.

Through words, flow experiences can be produced, for example, by the whims and jumps, puns, and paradoxes, by a quick wit that ties connections between the most heterogeneous matters: “in every three words, he saw an insight, and in every three dots, the face,” the 18th-century German aphorist Georg Christoph Lichtenberg (1968, F 98) writes, noting a wide perception of unforeseen connections, akin to the haiku practice.

Different phenomena, and “key symbols” can widen the poetic consciousness, even at the peril of losing—or, rather, changing—the horizons of understanding. The expansion of poetic consciousness is present anywhere and whenever. Signification after signification occurs in the poetic universe, polyphonic fields spreading in the spirals of hearing. The voice of poetry can be stronger than that of a prayer or a bluster for war.

A resourceful poem is an organic whole of saying and leaving-the-said: all that is said is ready to change into something else. The poet’s “own” voice is likewise always manifold and grafted. The color of the voice has different nuances. Language cannot be possessed, mastered, or inhabited by any author. A poem each moment utters its everything, all the while heeding new calls to enter the rhythms of unknown and unsaid realities.

Rhythm and Consciousness

As the French sociologist-philosopher Henri Lefebvre noticed, rhythm makes it possible to join space and time: “Everywhere where there is interaction between a place, a time and an expenditure of energy, there is *rhythm*” (Lefebvre, 2004, p. 15; see also Lyon, 2019). Rhythm is repetitious, but not absolutely repeating the same, because “there is always something new and unforeseen that introduces itself into the repetitive: difference” (Lefebvre, 2004, p. 6). The simultaneous multiplicity and uniqueness of rhythms make the “polyrhythmic” universe that human beings are part of. “Eurhythmia” means joyful rhythmic union in a healthy state, while discordant rhythms bring about disorder and suffering, “arrhythmia” (Lefebvre, 2004, p. 16). The accelerated pace of 24/7 societies produces arrhythmic disorders, while alternative slow movements tend to favor eurhythmic relations in the middle of stressing temporalities.

Human thought includes transitions, fluctuations, and vacillations between marginal states that cannot be interrupted except by force. In every consciousness, states undergo change. This kind of consciousness is not a chain or succession of elements but a flow of differences, of irreversibility. Although we believe we know what rhythm is by placing it in nature (in the sea, the sky, and the human life), rhythm defies exact definition, because it does not belong merely to the orders of nature, language, or even art.

The poetic and dialogical exploration of the difference between what is known and what is unknown, is an act of love. Ancient Greek philosophers already observed that the symbols of two human beings never match together. The words we use do not express exactly what we mean. There is no absolute definition of “explanation” or “meaning”—or even of “definition” itself! Our symbols and texts are porous and open to the difference, enigma, and paradox. In between there is Eros, the playful and the “bittersweet” (cf. Carson, 1986/2014, pp. 109, 172). The rhythm appears to be regular and hegemonic, nevertheless not following rules. The rhythm produces deviations, disturbing the regularly rhythmic being.

Dialogical meaning making opens the realm of the possible to intersubjective exchange, transport, and transfer. Discourse in poetry therapy moves from one participant to another, cultivating narrative spaces, re-enacting and trans-affecting. *Transito* means “circulation that includes passages, traversals, transitions, transitory states, spatial erotics, (e)motion” (Bruno, 2002, p. 71). Transformative transferences (Ihanus, 1998, pp. 89–90; Ihanus, 2019, p. 104) foster surprise, creative leaps, and the excitement of the unknown to be expressed. Such transferences no longer repeat the echoes of the past but evoke the rhythm and its continuity “with a *vaster form of discourse*, that which we never stop holding with ourselves and which is held with us” (Laplanche, 1976, p. 138). The poetic hooters on all shores have “an unfading language of earth, life, joy,” as the Finnish poet Viljo Kajava (1937, p. 54) reminded his readers.

Of course, poetry or any literary genre has no monopoly over rhythm that has cosmic as well as everyday human dimensions. However, the motion and rhythm of the appearing and vanishing worlds are framed in all kinds of literary figurations, balancing between order and disorder, taking their chances on a play of language and signification and in the innocence of becoming a possible world, also enabling

eurhythmic co-tuning. For example, Chinese integrated poetry therapy, as depicted by Peng (2019), combines poetic rhythms with breathing, moving, and voice training for maintaining physical and mental health.

Haiku: Deep Sensibility and Responsibility

The author and the reader are not origins of, but passages to the worlds to appear. The author, the reader, and the world are rhythmically, sensually, kinesthetically, and dynamically implicated in each other. “The texture of a world is not only interpretant but also affect, movement in itself rather than movement as object of understanding or schematization” (Bratt, 2016, p. 190). In ancient Chinese literary theory, Liu Xie’s *The Literary Mind and the Carving of Dragons* (see Bratt, 2016, p. 191) grasped this relational and kinetic-affective creation of the literary worlds as patterning or “weaving.” Literary works and literature, *wen* (文), were conceived of as flowing with the worlds and thus wit(h)nessing the manifestations of heaven and earth. In Liu’s words, 文之为德也大矣。与天地并生者。 (“The virtue of the text is great, coexisting with heaven and earth,” 1.1). Further, in Liu’s text (46.2), the poets’ connection to writing takes place through feeling, associating, wandering, sensing, and contemplating the things of the world as the flowing appearances of the vital energy *qi*:

是以诗人感物。联类不穷。流连万象之际。沉吟视听之区。
写气图貌。既随物以宛转。属采附声。亦与心而徘徊。

As the poets feel, endless associations appear. While wandering around, they contemplate what they see and hear. They write the appearances of *qi* when they revolve around the things. They join nature and pick sounds, also wandering with their heart.

Bratt (2016) has even proposed that early Chinese ideas about literary theory, as expressed by Liu Xie, Lu Ji, and later Ye Xie, articulate relational views that can inform the contemporary post-phenomenological literary approach. From this point of view, literary creativity is not limited to cognitive-interpretive acts or socio-cultural practices, but it embodies and enacts the human mind embedded in the larger nature and embraces the pulsating cosmos.

The Japanese master of haiku (hokku) Bashō (1644–1694) maintained that we should follow, and return to, *zooka* (造化), which is not the same as “nature” but refers, together with *ziran* (or *shizen*, 自然), to the naturalness and spontaneity of Dao, the non-anthropomorphic cosmic creative power. In Bashō’s teaching, the object and the self are one (*butsuga ichinyo*, 仏我一如). Time is neither split into separate elements, but all time is one. Numerous directions implicate the Way. Bashō’s concept of *Fueki ryuko* (不易流行), literally the “eternal current,” points out the dialectical balance between the unchanging and the ever-changing. Presence, heightened or extended consciousness, simplicity, the suchness of things, irregularity, and perishability are all suggested in this flow.

This all-pervading creative stance approaches the nature-based expressive arts therapies (Atkins & Snyder, 2017), and, in this literary context, ecopoetry and

ecopoiesis (Levine, 2020) that all develop resilience and deep ecological, ethical, empathic, and aesthetic responsibility. In ecopoetic healthcare, “the wounded healer” and “the wounded storyteller” (Frank, 1995, pp. xii–xiii) join to defend and assume “an ethic of voice,” creating unique and shared means of combating anxieties, burnout, and empathy fatigue among individuals, groups, and communities. Through their ecopoetic and creative capacity human beings are more able to cope with global threats, “attuning our vision and our actions to planetary life and the ecosphere” (Alexeyev, Kopytin, & Levine, 2020, p. 4). In the changing world of the senses and sensible appearances, there is no berth for eternal truths, but the flow of *poiesis* (Levine, 1997) makes, for a while, sensible that which had not been sensed before.

In the process of sensing the earth and the cosmos, we human beings can experience the rhythmic merger, differentiation, and transformation, “blending our skin with the rain-rippled surface of rivers, mingling our ears with the thunder and the thrumming of frogs, and our eyes with the molten gray sky. Feeling the polyrhythmic pulse of this place—this huge windswept body of water and stone. This vexed being in whose flesh we’re entangled. Becoming earth. Becoming animal. Becoming in this matter, fully human” (Abram, 2010, p. 3).

Japanese Edo or Tokugawa period poems express awe and sympathy for small animals, particularly insects that have their own life sphere. In this famous haiku, Kobayashi Issa (1763–1827) supports a tiny frog—perhaps wrestling in spring before Issa’s eyes:

瘦蛙 yasegaeru	You thin frog,
まけるな一茶 makeru na – Issa	don’t give up – Issa
是に有り kore ni ari	is here.

Issa, like many other haiku poets, took care of the fly too by identifying with it, “Don’t hit me! / The fly rubs its hands / rubs its feet” (やれ打つな はえが手をする 足をする; Yare utsuna / Hae ga te o suru / Ashi wo suru)

In Japanese poetry, the poetic subject, if it is “thin” (*hosoi*) enough (in Bashō’s meaning of deep sensibility, without honing the reason), can also empathize and mentalize itself to the position of the other, here to the waterfowls’ possible sleep on the lake, in the mendicant poet Rotsū’s (1651–1739) haiku:

鳥どもも tori-domo mo	Waterfowls
寝入っているか neitte iru ka	are you asleep
余呉の湖 Yogo no-umi	on Lake Yogo?

Poetic pulses stem from the field of everyday practices and actions. In Haiku poetry, awareness of the present moment is a way to insight, surprise, or delight, without clinging to artificially figurative or “poetic” expressions. In haiku, language takes on freedoms that are based on the mind’s possibilities to move in the safe container, in the restrictions and frames, to be reframed by various new spontaneous plays with inner censorship and cultural codes, consciousness and unconsciousness reflecting one another. Restrictions enable structures that contain emotions, thoughts, memories, and fantasies and resist chaos.

Haiku Therapy

Of course, the landscapes and mindscapes of haiku have not been without the expressions of irrationality and *kyō* (madness, eccentricity). The classical linked verse (*ushin no renga*, 有心の連歌) in Japanese poetry was more serious in comparison with the often-humorous *haikai* (俳諧, “comic”). The fusion of *haikai* and *kyō* was reflected in what Haruo Shirane (1998, p. 12) has called “the literature of reversal.” According to Shirane’s interpretation (see also Qiu, 2008, pp. 84–85), Bashō celebrated the eccentric in *haikai* by his poetic ideal *fūkyō* (poetic eccentricity) that exaggerated the aberrant and funny and turned it to something more refined and spiritual, while a later *haikai* poet Nampo went the other way round.

The idea of the psychotherapeutic and self-help uses of haiku has been present in psychiatry and psychology, both East and West. Psychotherapy is a Western paradigm that is often too sharply separated from Eastern healing traditions, making the cross-cultural broadening of healing paradigms difficult. However, in Japan, the term *shinri-ryōhō*, first introduced by the Buddhist philosopher Enryō Inoue in 1904, means “psychotherapy” and has generally been used after psychiatrist Tsunerō Imura adopted it in the 1950s and recommended it. Nowadays, Japanese psychologists use this term, whereas physicians and psychiatrists often refer to *seishin-ryōhō*. (Chervenkova, 2017, p. 4.)

The well-known Japanese psychiatrist Morita Shoma was already before the Second World War influenced by the haiku poet Masaoka Shikin, while Morita developed his therapy method (Moriyama, 1991). A centenarian doctor, Hinohara Shigeaki, was also in favor of medical humanities that has adopted, for example, sports, music, dance, narration, recitation, and haiku as therapeutic methods in primary care and healthy life planning. Hinohara himself started to learn to compose haiku at about the age of 100 and published a collection of haiku at the age of 103. The Life Planning Center (LPC) Foundation of Tokyo, established in 1973 by Hinohara has promoted holistic approaches to facilitate individual and cultural healthy lifestyles. The maxim of Socrates in Plato’s *Crito* (48a): “It is not living, but living well which we ought to consider most important” has been the basic principle of the activities of LPC (on Hinohara, see Bando et al., 2017).

One of the earliest proponents of haiku therapy is the Japanese psychiatrist Iimori Makio who, in the 1970s, found that haiku used in individual schizophrenia psychotherapy had positive effects on organizing the language disorders and the chaotic inner reality (Iimori, 1997). Another Japanese psychiatrist, Tamura Hiroshi, has documented a linguistic model of *renku* (linked poetry) therapy for schizophrenia. He maintains that *renku* advances clear expression and metaphorical, even humoristic relational understanding, diminishing the impact of thought disorders and delusions (Tamura, 1998; 2001).

The author of this article has similar findings as Iimori and Tamura. For example, one of the patients in the author’s semi-open poetry therapy writing group for schizophrenia rehabilitation had not previously read poetry at all. During the 3-year period of the group, at the beginning of the 1980s, he became increasingly interested in Chinese and Japanese literature, borrowed books, sharpened his perceptual observations, structured his associations, and refined his writing style so that he was even given an award when

the writings of the patients were assessed with literary criteria. Of course, such outer awards are not the aim in poetry therapy that encourages personal development toward inner balance and flexible relations with the others and the environment.

The patient was especially attracted to the clear structures that haiku and tanka poetry provided him. In the weekly group, participants first had a tea ceremony combined with reading and free discussion on the writings from the earlier meeting. After tea, the members continued together to find a writing theme that suited each member of the group. The members could also choose an individual writing form. The above-mentioned patient, who usually chose haiku or tanka, wrote down his first daily impressions connected with a season (*kigo* word) and nature or, unconventionally, the urban life, followed by a cut word (*kireji*), a turn, a paradox, a caesura, or a humoristic point, concluding with a philosophical or a spiritual dimension, the text immersed in subtle elegance.

According to the author's experience (see also Maanmieli & Ihanus, 2021), the use of haiku and tanka for therapeutic, rehabilitative, and preventive purposes has positive effects on advancing the well-being of the patients. At the same time, haiku and tanka therapy promotes and empowers fair culture, the realization of peoples' cultural rights and equal participation in the cultural activities of creating personal and communal meanings regardless of age, gender, language, disability, ethnicity, and religion. In poetry therapy, it is not a question of high culture for the few but of the common availability and attainability, in daily life, of rich cultural heritage and resources for renewal, thus maintaining physical and mental health, and caring for social justice and well-being. Freely expressed and shared words can give a passage to dialogical means of alleviating both intra- and intersubjective and intra- and intercultural conflicts.

Western psychotherapies, since psychoanalysis, have preferred free associations in the process of the unconscious becoming conscious. Haiku meditative and self-healing therapy advances being conscious of the present associations in the naturalness of human restrictions, while letting go of the fixed thoughts, by writing dialogically, intuitively, even humorously, and in contemplation with the present moment and perceptions.

To give an example of the steps for writing haiku meditatively, Hiltunen (2003, pp. 66–67; Hiltunen, 2005; see also Rossiter, 2004) has proposed seven stages:

1. Stop and relax in a nature setting if possible (silence and stillness).
2. Become present and let go (emptiness & detachment).
3. Be present and aware (focusing on your breath to get back to the present moment).
4. Open your senses, relax your body and become aware of your sense perceptions (see, hear, taste, touch and smell).
5. Concentrate and focus your mind, let go of your thoughts, then zoom on something in nature and amplify.
6. Write spontaneously with intuition, imagination, inspiration and/or contemplation.
7. Rewrite, write, rewrite, and finalize your haiku.

Tamura (1998; 2001) mentions five therapeutic aspects of classical Japanese poetry: orientation to reality, the unconventional syntax, brevity, ambiguity, and word and image

associations. Ambiguity can lead to the insight that reality consists of the overlapped phenomena rather than of binary opposites. Inner conflicts can thus more flexibly communicate with outer realities without the feelings of becoming overwhelmed by chaos and disorder. Everything is connected, big and small, the sublime and the trivial, in the haiku mindscape.

Although Western and Eastern cultures have developed through mainly separate routes, new vistas can be opened for cooperation, co-creative endeavors, and transfertilization. Haiku is a special meeting place for advancing cultural reciprocal relations and enhancing mutual empathy. For example, haiku poets and psychotherapists share pursuit “to connect, unburden, and enlighten” (Deluty, 2002, p. 211). Haiku’s international and transcultural fields extend beyond local, ethnic, religious, and institutional boundaries to probe the perennial, existential, and global questions of the human predicament and the biosphere.

Metaphors and the Poetics of Mind

Psychological, psychoanalytic, phenomenological, and cognitive approaches to literature interpret and try to understand poetic expression by conceptualizing poetic figurative language, translating it into the language of scientific *logos* and abstract reasoning. Even when conceptual scientific *logos* favors exactness and the honing of analytic reason, scientific argumentation is partly dependent on figurative tropes (e.g., metaphor, metonymy, irony, sarcasm, hyperbole, understatement, oxymoron, zeugma). Even in science, the tropical and logical ways of reasoning intertwine.

In their conceptual metaphor theory, Lakoff and Johnson (1980) proposed that conventional metaphors are consciously and mostly unconsciously used for structuring our ordinary everyday conceptual system, our language, and our way of thinking, speaking, and acting. Conventional metaphors provide the basis of the poetic metaphors. In his “poetics of mind,” Raymond W. Gibbs (1994) claims that the human mind is not inherently literal, and that language reflects our mind’s perceptual and conceptual understanding of experience. Furthermore, figuration is not tied only to language but provides much of the foundation for human thought, reasoning, and imagination. Figurative and poetic modes of thought, which develop from childhood onward, can be found in everyday contexts and interactions; they contribute to and motivate our comprehension, from the meanings of concrete expressions to those of abstract concepts. Gibbs (1994, p. 16) adds that metaphorical understanding is grounded in the preconceptual “nonmetaphorical aspects of recurring bodily experiences or experiential gestalts.”

While figurative and poetic language is indeed present in everyday interactions, the ontological, epistemological, and phenomenological aspects of poetry—and especially metaphorical understanding—are more complex than psychological, linguistic, and social science approaches have so far delineated. Metaphors can carry out different meaning-making, communicative, socio-cultural, and metareflective functions depending on the discourse (for example, scientific, educational, political, economic, religious, moral, literary) where they are used. The level of understanding

(i.e., comprehension, recognition, interpretation, and appreciation) of the language user is also a relevant issue. Scientific metaphors are seen as valuable when they are heuristic, clarifying, or supportive of efforts to explain, whereas literary metaphors carry expressive, evocative, or therapeutic functions, as well as often unconventional, even obscure, and hermetic linguistic dimensions that can approach novel perspectives and possible worlds.

For example, in poetry therapy, novel expressive metaphors can be used deliberately to induce change by discussing, relating to, and connecting with their co-constructed meanings, while conventional metaphors tend to be automatic and unintentional, not calling for shared explorations of meaning. The metaphoric potential and process (see Corradi Fiumara, 1995) in human beings invites us to poetically move letters and meanings, to relate ourselves to the new horizons of understanding. There are naturally also worn-out, oft-repeated metaphors that have been reduced to the empty vessels of language. Through continuous and exploratory metaphorizing, however, the human mind can shape iterative patterns into more flexible and innovative views of the world, a world that might contain our thoughts, emotions, perceptions, impressions, tones, fantasies, goals, desires, memories, and anticipations in ever-changing figurations.

As Gerard Steen (2008) has suggested, there may be a “paradox of metaphor”: what is categorized as metaphor in the structures and functions of language and thought may not count as metaphor in people’s minds and behavior. The framing of figurative language does play a role in social and cultural practices, but metaphors as used in texts do not necessarily correspond to metaphors as understood in people’s cognition and through interactions. Verbal metaphors can also be transferred to multimodal expressions.

Metaphorical perceptions are different from meditative perceptions (Gilcrest, 2002, pp. 121–130). The former tend to turn, through imagination and literary figurations, the perceptual objects to something else, while the latter, through stillness and silence, help the perceiver to meet and become aware of another world that can never be fully comprehended. In the “biopoetics of haiku,” the routines of perception are loosened and the surprising extensions of perceiving pave way to something rare, making the usual something “special” (Marshall, 2013, p. 91). The other is encountered and accepted being as such, without any “shoulds,” forced therapeutic interventions, nostalgies, or calculated future scenarios.

A Latvian Canadian haiku poet and psychologist, George Swede (1980), characterized the specialty of haiku in the act of juxtaposing, “Haiku is a poetic form that avoids the use of metaphor, simile and other poetic devices, obtaining its effects primarily through the juxtaposition of sensory impressions. If done successfully, this juxtaposition creates a moment of acute awareness about the external world. The person wrapped up in himself is forced outward to a consideration of the unity of nature.” Such juxtaposition does not mean sharpening the contrasts, but heightening awareness of the unity of the inner and the outer.

Poetic consciousness is absorbed into the revelations, images, rhythms, and figures of language reality, which bridges the individual and the collective, the past, the present, and the future. The creative whirl of poetry allows images to turn around and change

places in the comedy and tragedy of illusions, without the need for an absolute truth. The movement of the signs of language from the same to other, from self to others, crumbles the world of constants. Without the swaying of meanings, the world would be sealed in official documents, directives, and articles of association. Poems would become subject to licenses.

Nobody can close the fate of the poem in accordance with his/her own mind—that is, by reading, writing, interpreting, or evaluating. A poem creeps into many dimensions, exploring the tensions of consciousness that exist between words and the states of affairs. The breath (psyche, “a butterfly”) of a poem flies further than the poet’s desire, conflicts, and passions.

Coping with Anxieties through Poetic Empathy

Poetry therapy as one of the expressive arts therapies, when facilitated and interactive, makes it possible for the participants to become engaged and to explore personal experiences through embodied, rhythmical, and moving words. They evoke and enact emotionally laden meanings embedded in the mind, to be reflected, co-created, and shared with other minds and reveries, extending and transforming perspectives. For example, poetic rhythms, metaphors, and images can evoke empathic simulations of the possible worlds, console (even when the poetic landscape would be “dark”), give shelter, provide relational and meaningful worldviews. When the human mind and the biosphere resonate within each other, the reclaimed space and time attains surplus meanings, allowing otherwise thinking and feeling, expressing in other words, and resounding polyphonically. Poetic empathy, meditative skills, and flexible coping resources can be further developed in several environments, whether individual, group, family, communal, or cultural, and in several professional contexts, whether they are in the fields of education, health and social care, business, arts, science, technology, industry, or service.

The tasks or functions of poetry can be expressed in many ways, but they have no definite aim. Others can say otherwise what has usually been said, multiplying meanings. Simplicity does not preclude the expansion of worldviews, the surprising frameworks of belief, attitude and value, or unexpected perspectives and resonances. The poetic expression, always dying yet never dead, contradicts its own tenets, affirming and negating, catching for a while and letting go.

The being of a poem consists in the constant perception of openness, in considering the world as it is manifested. Writing proceeds in the open and leaves open the modes of living and dying. Through the perception of openness, poetic consciousness allows things to be and become. This does not amount to passive indifference but to participation in the enabling of people, relations, things, and events to develop into meaningful beings. The world as a poem does not then manifest itself in the system of facts but in the fabric of meanings.

The continuous freshness of perception and appreciation is not self-evident. For poetic consciousness, there is always more than is expected, at the unexpected moments of meeting. The poem’s wisdom—not knowing—is not ignorance but a sensing-otherwise, trans-sensing, and inhabiting everyday rareness and freshness. By

mixing memory and intuition, the poem loads language with the rhythms of otherwise-knowing. The poem draws the mind away from its zone of comfort, seducing us out of the need for certified letters, off the thrones of sovereign control.

When we start writing, we approach a “danger zone,” as Gillie Bolton (n.d.) warns us in her poem: “Writing can seriously damage your sadness / Writing can seriously damage your nightmares / You are in danger of achieving your dreams.”

In a poem that is both alive and awakens restlessness, the unnamable is an instance to keep silent when naming: “to keep still, *preserving silence*: that is what, all unknowing, we all want to do, writing” (Blanchot, 1980/1986, p. 122). The poem gives voice to emptiness, only to fall immediately back into muteness; the poem creates meanings, only to return them to emptiness and oblivion where silence still resounds the enigma (cf. *ibid.*, p. 53).

Teetering between creation and destruction, affirmation and negation, writing may slide away from origins, authors, and conventional modes of expression. The poetic mind is fragmentary and experimental, its positioning plastic; it discards such socially desirable conventions of the linguistic presentation as closure, “personal” narrative voice, pre-established figurative frames, and fixed identities.

The word can deceive poetry and ally itself with the official order. The processing systems of cultural information willingly take over the word and art products and assimilate them into the regulative operations of indoctrination, marketing, advertising, and consumption. Already the Victorian art and social critic John Ruskin noted that words can immobilize and deaden whatever their “information” touches. He warned about the “masked words droning and skulking about us in Europe just now”, spreading “shallow, blotching, blundering, infectious ‘information,’ or rather deformation.” For him, such words were “creatures of prey,” “mischievous,” and wearing “chameleon cloaks” (Ruskin, 1871/1906, pp. 59–60).

Language can enliven or deaden, heal, or hurt. “Masked words” have lost their connection to the experiential flows and to the reciprocal pulsations that crush permanent attributes. The resources of masked words have been sacrificed to maintain stagnation, repetition, and repression. The enormous mass of meaninglessness, the masquerade of information fatigue, is in progress in the world of masked words. So many words swirl around loaded with information, without any contact with sensuous and imaginative language.

The scales and dimensions of anxiety are ever more global, ranging from the past to the future, demanding various anticipations and coping strategies if the human species is to survive. Current forms of anguish include, among others: climate, Coronavirus pandemic, Trump, Putin, media, technology, Zoom, and screen. The author has introduced and defined “virtual anxiety” (Ihanus, 2021) as a continuous background “noise” that people are usually unaware of, but which repeatedly emerges on the global techno-cultural scenes as a conscious distressing feeling, demanding assessment and mobilization of suitable coping strategies for avoiding its long-term harmful effects.

Empathetic dialogues among individuals, societies, and cultures help develop meditative mentalization, interaction, and coping skills. In such poetic co-tuning, sharing the words therapeutically, in interaction, the participants can keep one’s own

and the other's mind in mind, mending and minding the gaps, and alleviating to reframe and resolve conflicts.

Poiesis means doing (Ancient Greek *poiein*) something, giving existence to something that did not exist before. Poiesis evokes an internally relevant and meaningful world. Poiesis includes different creative activities (handicraft, verbal, musical, and artistic works, etc.). Poiesis enhances one's personal experience of available resources, even in virtual anxiety. It enriches life values and serves mutual social relations. Positive poiesis meanings can infuse ordinary life events. New priorities and goals can be set, and even in harsh situations positive perspectives and benefits can be found if one reflects on and reminds oneself of them, through "imagination and word."

So far, research on coping has mainly concentrated on past and present stressful issues. Researchers have noticed the limits and failures of the problem- and emotion-focused coping strategies, especially in the long-term stressful situations. Sarah Folkman (2008) has maintained that when those copings fail, people may use *meaning-focused copings* in liaison with positive as well as negative emotions. Personal meanings and positive emotions also support problem-solving and emotional balance. Recently, *future-oriented copings* have received more attention. Furthermore, the means of anticipating the challenges and adversities faced by humankind are not only individual-centered but require the large-group negotiations of life-preserving efforts, the mutual reconciliation of conflicts, and constructive planning for future generations.

Growth may follow even from extremely stressful situations and the sense of coherence may induce a sense of relational compassion and poetic-empathetic relations. Playful poetic-empathetic approaches support upsetting given categories, constructing different selves in changing interactive situations and relations. Poetic playful freedom involves letting go and letting be, feeling the sense and even nonsense of being alive, creatively writing, resonating, and transforming the selves and the worlds.

The therapeutic, rehabilitative, and preventive effects of haiku poetry are in unison with human development toward empathy, mindfulness, resilience, reciprocal caring and responsibility, the sense of meaningfulness, belongingness, and rootedness in nature and the whole cosmos.

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Review

Finding the Words to Say It: The Healing Power of Poetry

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My purpose in this paper is to help you experience for yourself the potential of poetry to heal by feeling its power through your own voice. Many people have an intuitive sense that voice in general and poetry in particular can be healing. We have all experienced the comfort of soothing words. Finding the words to articulate a traumatic experience can bring relief. A letter between friends who are fighting can heal a relational wound. People are frequently moved to write a poem in times of extremity. In mainstream culture there are subjects that are not talked about. They are taboo. For example, each of us is going to die, but we do not talk about dying. We are all in the dialogue of illness, death and dying, whether or not we are talking about it. Poetry gives us ways to talk about it. Multiple ways of utilizing poetry for healing, growth and transformation will be presented including the Poetry and Brain Cancer project at UCLA. Particular attention will be given to issues of Palliative care. The reader will be directed to the scientific evidence of the efficacy of utilizing expressive writing. The developing professional field of Poetry Therapy, and The National Association for Poetry Therapy will be discussed.

Keywords: poetry therapy – poetry and healing – voice and healing – poetry and medicine

Introduction

My purpose in this paper is to help you experience for yourself the potential of poetry to heal by experiencing the power of poetry through your own voice.

In the United States many people are scared of poetry. They have had bad experiences with it in school. People often believe that poetry is difficult or inaccessible or not relevant to them.

Modern poetry is based on voice, and must be passed through our ears. This is where the sense is made. So, when you read this article and you see poetry

Read it aloud
pass it through your ears
enjoy the
ride, and
know
the difference between poetry and prose
is that poetry is broken
into lines—
that is all.

When we speak, we use pauses and phrasing. When we speak, we breathe. When we write poetry, we have punctuation and line breaks. The line breaks are there to help the reader find the natural flow of poetry based on voice.

As you read poetry aloud
do it so that you are breathing
comfortably.
Let the sense of the poetry emerge
from your response to the rhythms
and tonal variations of the sound
as well as the meaning of the words.

The passage below is derived from a conversation I had with poet Li-Young Lee on the relationship between poetry and breath and life and death. When you read the passage, pause after each line and take a breath in. Feel for yourself the emergent meaning.

All of language is spoken on the out breath
All of life begins on the in
All of death is spoken on the out breath
All of life begins on the in

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Poetry as a Natural Healing Practice

Many people have an intuitive sense that voice in general and poetry in particular can be healing. We have all had the experience of the comfort of soothing words. Finding the words to articulate a traumatic experience can bring relief. A letter between friends who are fighting can heal a relational wound. Poetry can spring from us naturally in times of need. People are frequently moved to write a poem in times of extremity.

In the aftermath of the World Trade Center attacks on September 11, 2001, poetry sprang up everywhere. A *New York Times* article on October 1, 2001, documented the phenomenon: "In the weeks since the terrorist attacks, people have been consoling themselves—and one another—with poetry in an almost unprecedented way ... Improvised memorials often conceived around poems sprang up all over the city, in store windows, at bus stops, in Washington Square Park, Brooklyn Heights, and elsewhere. ..."

Some catastrophes are so large, they seem to overwhelm ordinary language. Immediately after the recent tsunami disaster in Southeast Asia, the *Los Angeles Times* reported the witnesses were literally *dumbstruck*. Words failed them. They had lost their voices.

In mainstream culture, there are subjects we do not talk about. They are taboo. For example, even though each of us is going to die, we don't talk about dying. Instead, we avoid it. Even physicians are reluctant to talk with terminally ill patients about the patient's experience, however,

We are all in the dialogue
of illness
death
and dying

whether or not we are talking about it.

Poetry gives us ways to talk about it. My job as a poetry therapist is to use poetry and voice to help people get access to the wisdom they already have but cannot experience because they cannot find the words in ordinary language.

William Carlos Williams was a poet and a physician. He is credited with making voice the basis of modern poetry. He wrote in his poem *Asphodel, That Greeny Flower* (1)

*It is difficult
to get the news from poems
yet men die miserably every day
for lack
of what is found there.*

Two years ago, I was asked to pair poets with brain cancer patients at UCLA in the Department of Neuro-Oncology, so that the poets could help the patients find the words to articulate their experiences. One patient reported his dilemma following brain surgery to remove his cancer,

*I felt I lost my edge
and then I lost my place
but the tragedy is
I have so much to say.*

Although illness is usually discussed in terms of a patient's symptoms, deficit, or impairment, it is also about how people respond when faced with extreme circumstances and what they have to tell and teach us. One of the poems that came out of the poetry and brain cancer project was "Amazing Change" (2).

Amazing Change

We can go through amazing changes
when we are faced with knowing
we have limited time.

After one woman got brain cancer
she decided what she wanted
was to go to Africa
to see the gorillas.

She and her husband and the guides
began the long trek through the jungle
up the mountains, but the woman was
having trouble. The guides tried
to convince her to go back, but
she wouldn't.
She struggled and struggled.
Eventually she won the guides over
and everyone was rooting for her
but there came a point when
she couldn't go on, so

she laid down on the grass
and when she did, the gorillas
came out of the jungle
to her.

If you didn't read this poem aloud, do so now. What is your experience of reading this poem? How is it relevant to you? Do you identify with the woman or, perhaps, the husband or the guides or even the gorillas? Can you visualize the images, see the people trekking along, then lying down in the grass? What sounds can you hear? What is the smell of the jungle? What physical sensations do you feel in your body as the poem unfolds? What happens to your breathing when you read the last lines? How did the transformation that happened at the end of the poem affect you? Did you have any associations to the poem about a situation in your own life?

Whatever your experiences of reading this poem, they are examples of the ways that poetry works. It gets into us and plays through our psycho/neuro/immuno-sensory selves.

In other words
poetry has ways of working
that get under our skin,
which is to say
it has ways
to get in.

All of my professional life, I have used language embodied in voice as part of my medicine. Whether it was an attempt to talk someone through a traumatic experience or to help them

understand the implications of their diagnosis or to aid them in finding the words to write their own stories and poetry, I have encouraged patients to speak and write their truths. At the same time, I have learned from them. One of the privileges of being clinicians is that we have a place in our patients' lives as they live through experiences that we may have yet to face ourselves.

It is becoming more and more common for people dealing with serious illnesses to write and publish their stories and poems as their own healing practice (3–11). Many physicians and other health care providers have joined in writing their own personal experiences with illness, death and dying (12–19).

So, it may be difficult
to get the news
from poems,
but it is becoming
more and more
common

Poetry and Therapy

In my private practice of family psychiatry, I often ask whether my patients do any writing and for what purpose. In my work with them, I support their writing and encourage its use whether it is through poetry, journals or personal letters. I encourage bringing the writing in as material for discussion, and I may make suggestions. For example, *Writing in the third person gives distance to your voice, so try writing in the first person*. I also sometimes gives assignments. For example, *write what you are having difficulty saying, or bring in a poem which is particularly meaningful to you*. This can then become a springboard for discussion and exploration. The poem "I Can't" by Carlene Shaff represents a turning point in her treatment, facilitated by using poetry therapy, and documented in her poem "I Can't."

I Can't

I can't. I just can't. I can't do it all.
I can't be all things to all people
At all times and under all circumstances.
I can't be the one to always change my plans to suit another's.
I can't be the one to pick up after others all the time.
I can't work all day and stop at the grocery and cook dinner
And have it ready by 6:30.
I can't carry the weight of the world on my shoulders.
I need some support, too, and a rest.
I can't; can't, can't cantaloupe, can't canticle, can't cantilever,
Cantina, cantata, cantankerous, cannon,
Canape, canard, candelabra, can... can...,
Can I? Can I just do it? Can I do it all?
Can I ration my time to allow for my priorities?
Can I ask others to share the burdens?
Can I refuse this role of superwoman?
Can I just 'say no?'

I can. I can just say no. I can just say,
"I'm out of the business of doing it all."
I can take time for myself to breathe
And dream or just sit quietly.
And I will!

Did you experience the change that Carlene went through? Poetry therapy is not only used with individuals. It is frequently used in groups. Shahin Sakhi, a psychiatrist who attended a poetry therapy seminar, told me he had never previously written a poem or any other type of expressive writing. The first words he wrote were (19):

I am tired.
I have died so many times in so many ways.
I am tired of dying, dying again and again...
The first death I remember is the beheading
of my pet pigeon
By my father
In the basement.

It was the first time he had shared this experience. Finding the words to express it was a deeply healing experience for Shahin, and his relief was palpable.

If the group's focus is on a particular theme, for example, cancer, I might use poems that relate directly to the illness. My poem "Eileen" is an account of an incident related to me by a friend that occurred between a mother and her daughter.

Eileen

Eileen has breast cancer.
The lump was removed last year.
It was chemotherapy and radiation
for the next six months.
Eileen lost weight.
Her skin burned.
She vomited every day.
Her hair fell out—
First wisps, then tufts,
then clumps.
Her daughter couldn't stand it—
She was only thirteen—
Seeing her mother
pull out her hair.
"I don't care!"
Yelled her daughter,
"I don't care."
"Want to pull?" Said Eileen.
"Want to pull out some hair?"
At first she couldn't do it,
But her mother cupped her face with her hands.
"I need you baby. Help me. Take a pull."
So the daughter grabbed a strand,
and it came out easy.
So she grabbed another
and another

then a clump
and out it came.

Then they put on music
and danced
and grabbed hair.

They played Chaplin
and burlesque.

Hitler had a funny moustache.
They put sideburns on Jews.
Eileen became a billy-goat.
They bayed at the moon.
When Eileen became bald,
they laughed, then they wept.

Then the daughter
pasted patches in her armpits
and a tuft between her legs.

"Look Mom.
I'm a woman now!"
She said.

Up and down
the women jumped and screamed
until they were exhausted
and Eileen's scalp turned red.

Then they laughed
and hugged
and went to bed.

In "Eileen" I wanted to capture the experience of a healing transformation and ritual passage between a mother and her daughter. Could you see the images and feel the experience of witnessing the transformation?

"Being the Stone," is written from the point of view of the ritual object and is about how it is imbued with its power. Be sure to read "Being the Stone" aloud and feel the experience of actually being the stone and carrying this power to heal.

Being the Stone

I want to be the stone
and tell
how she held me
in the palm of her hand
rolled me between her fingers
slipped me into her mouth
tasted my salt
tumbled me around.

Then she ran her tongue along my edge
and rubbed my cool body across the scar
 of her breast
put me in her pocket
took me home
gave me to her daughter—
a special gift.

When poems such as "Eileen" and "Being the Stone" are read to a group, people experience a resonance with their own stories in ways they may have never been put into words before. The poems need not be about illness specifically, but might otherwise embody themes that confronts the patients.

Twelve years ago, I myself was going through personally difficult times. One of my patients, a 32 year-old woman who was a wife and mother of a 2-year old daughter, died. At the same time my father was beginning his terminal decline from diabetic multisystem failure, and a friend of mine was dying from a cancer that had metastasized to her brain. In addition, I had recently had reconstructive knee surgery to repair torn ligaments, following which I was disabled for months.

I had never written much before except a few poems in earlier times of crisis. I developed ways of writing as my own healing practice, and I listened to the voices of other poets and writers doing the same (20).

Our voices are saturated with who we are, embodied in the rhythms, tonal variations, associations, images and other somato-sensory metaphors in addition to the content meaning of the words. Our voices are embodiments of ourselves, whether written or spoken. It is in times of extremity that we long to find words or hear another human voice letting us know we are not alone.

The poems "MeFather," "What Waiting Is," and "The Family Plot" were all written during this period (8,21). They represent a progression of my experience: from a dreamed awareness of my father's death as he began his terminal decline, through the realization of what the three year process had meant to me, to overwhelming grief in the aftermath of losing both my father and my friend, and, finally, an attempt to come to some resolution.

MeFather

I rose in his wake.
A dream crossed my eyes—
My father lying still in his tub.
I throw my arms around him yelling
Daddy, wake up!
Bubbles are bursting everywhere.

What Waiting Is

We sit on the bench in the hospital corridor
next to the cafeteria, and we wait.
You know what waiting is.
If you know anything, you know what waiting is.
It's not about you.

This is about
illness and hospitals and life and death.
This is about the smell of the disinfectant
that hits you in the head.
In the bathroom you look in the mirror.
What do you see?
Your father's sad face?
Your mother's eyes?

You catch the water cupped
in your thickened hands, splash it on your face,
and hope against hope you can wash it away—
the aging brown spots, the bags,
the swelling truth of waiting—

So you go back to that bench.
Maybe your mother is there or your wife
who is waiting for your father who is waiting
for the news from the surgeon
or the morphine for the pain
or the nurse who cleans bedpans
who is waiting for her shift to change
while another man's hand clamps white as a claw
to a clutch of bed sheets, and you wait.

So you hear the news,
and you take the long trip back from LA or Detroit—
wherever you're from—
and you see the faces of the drivers
as they approach you out of the fog,
and you see this one:
a woman hunched over the wheel like your mother,
and you think, *It is my mother*.
and you want to tell her everything,
how waiting kills and what it does to your life,
that fifty years of marriage is an eyelash blink,
but she's past you now and headed in the wrong direction,
so you wait.

Then, out of the corner of your eye,
you see your father's face in the driver's seat
of a '49 powder blue Pontiac sedan.
The thin sliver of his moonlit profile's smiling,
but the nose is too long and it's not really him,
and besides he'd never understand anyway—
this impatience, this anger, this rage, this love,
this fog on the windshield,
this never even knowing if it's inside or out—
because his whole life was waiting,
and what does a fish know of the water
or a bird of the air?

So you push the leaden accelerator down
and act like you're headed to some small emergency,
and you don't give a damn about the cop waiting
behind the billboard or death over your left shoulder,
and you think you might want to pray,
and you do pray, but you don't know what for,
and, anyway, you're driving, so you go back
to the endless lines of headlights and traffic
and exit signs until you get home to see the light
flash on your answering machine,
but you don't pick it up.
Instead, you go to the bathroom,
take a shower, take a piss,
pull out a carton of leftover food—anything—
but you can't swallow it.
So you push the button,

and it's your sister's voice,
but it's choked,
and she can't speak.

That's how I learned that the waiting was over,
that my life changed forever,
that this end was a beginning,
but I didn't know for what.
I used to think it was death I was waiting for,
but that's not what this is. This is life.

So you show up and do the work
and love who you love, and you learn to wait,
and if you're lucky, you learn what waiting is
and what you have to give.

The Family Plot

I dig the earth with my hands,
claw stones with my nails,
sift ash through my fingers—
bone and tooth fragments
burned out by morning
spread on the ground.

The rain washes down
the smoldering mass below.
Our human flesh
the caustic ash
now together
turn to soap.

When I was asked by the minister of a local congregation if I would read my poetry on illness, death and dying as part of their Sunday service, I viewed it as an opportunity to facilitate a community's healing. The congregation had recently sustained a number of deaths, and the minister wanted to facilitate a dialogue among the congregants who were having difficulty talking about the losses. After reading "McFather, What Waiting Is," "The Family Plot," and others (21), the congregation responded with testament of their own. Below in the poem "We All Sat Around in a Circle" I tried to capture the voices of the congregants.

We All Sat Around in a Circle

After the reading, twenty stayed.
A woman in a navy-blue suit spoke first:
"I remember", she said, "when my mother died.
It was six months after we first found the lump.
Between the breast surgeries and the metastases
and the strokes, she was gone.
I yelled, 'Do it now, Ma! Die now!'
but it took another month."

Then a man:
"Sometimes they need to know it's O.K. to go.
My Dad was in coma for weeks.
He got agitated and made sounds,
but he couldn't talk.
The doctors said there wasn't much they could do.

'He's terminal', they said.
 'We'll just give him morphine
 and make him comfortable.'
 But my brother said, 'No, not yet.'
 And he and my sister and I got together and agreed
 it was time for Dad to go...
 so I was chosen.
 I sat on the edge of the bed and held his hand.
 I said, 'Dad, It's O.K. We'll be O.K. without you.
 If you want to go, it's all right,'
 and I said it again and again,
 and I swear he heard me
 because in thirty minutes,
 he was gone."

Then a woman in her sixties:
 "It's been nine years since my son died.
 I was so passive...
 When the doctors told us to leave the room
 because they had to change the dressings,
 I didn't say, 'No, I'll stay.'
 I just went...like they said.
 I couldn't do him any good like that.
 Then, when I was out of the room,
 his heart stopped, and I wasn't there.
 Nine years it's been.
 I don't think I'll ever forgive myself.'

A man in his forties:
 "My brother...he's paralyzed.
 He's in a wheelchair...a gunshot wound
 when he was sixteen.
 He takes care of our Mom.
 He does it all.
 He washes for her.
 He cooks.
 He cuts watermelon.
 He's a blessing, he is.
 I just can't do it.
 He blames me, but what can I do?
 Some people just aren't cut out for it."

Then another man about my age:
 "I'm a little scared to say this,
 but I have no story.
 I don't cry.
 When they're gone, they're gone...
 nothing more.
 I work in the movie business.
 People come and go.
 We can be close for six months,
 work together every day,
 then it's on to the next project.
 I may never see them again.
 That's what it was like
 when my friend Ernie died...
 like he's out there somewhere,
 too involved with another project to call.

That's nothing unusual for Ernie.
 Time just passes.
 People say there's something wrong with me.
 I don't know.
 Sometimes I wonder."

A man in his thirties:
 "I've thought about it,
 been in therapy over it,
 processed it till I'm blue,
 but in the end,
 I still can't accept it.
 In the end, she's still gone,
 no matter how I work it out.
 We were fifteen.
 I've got children now.
 I love my wife,
 but my sister...
 She was all of our heroes...
 tall with dark red hair.
 She drowned going after a ball.
 I saw her go out, and I heard her yell.
 When she went under,
 I saw her."

A silver-haired woman near fifty:
 "The strange part for me
 is thinking about the future.
 My cancer was removed ten years ago.
 Between the surgeries and the chemo
 and the complications,
 it was all I could do
 to live day-to-day.
 Now it's been ten years.
 I'm beginning to believe
 I have a future.
 I've lost a lot of friends along the way,
 but we were there for each other."

and so it went—
 around and around—
 until we were done.
 Then we hugged
 and we touched.
 Then we left.

For more on the ways in which poetry is employed as a therapeutic tool, you can refer to the following references (23–29).

A Note On Healing

In Chinese, the written character for *poem* is composed of two characters, one means *word* and the other means *temple*. Together they mean poem. The wisdom of poetry is in the combination of the sacred and the word as illustrated by the character in Chinese.

Healing is frequently thought of as taking place at the level of the individual. But if healing is viewed as a process that brings us back to wholeness, then in addition to happening within the

individual patient, healing can also take place between patient and family members, between patient and the larger community of which they are a part, and even at the level of the community as a whole. In fact healing is often necessary on many of these levels simultaneously.

In many indigenous cultures, illness is viewed as the individual falling into disharmony with the community, so that in order to heal the individual, their place in the larger order must also be restored. In many West African indigenous cultures, proverbs are told in the oral tradition of poetry. Kykosa Kajangu from the Congo has collected these proverbs and integrated them into what he terms Wisdom Poetry (personal communication).

In one African tribe, when a woman is pregnant, the women of the community assemble in the forest and listen for the new child's song. When they hear it, they bring it back to the community and sing it in public. When the child is born, the song is sung again. When the child goes through ceremonial rites of puberty and marriage, it is sung again. And, when the child grows old and is dying, it is sung again. But, it is also sung when the child has broken with the community, committed a crime, or otherwise fallen out of harmony. The people tell themselves and each other who they are in the order of things, and can thereby bring themselves back into harmony with the world.

Poetry and Palliative Care

The healing concerns of palliative care do not reside only with the patients. The need to give voice to experiences at the end of life is shared by patients, families, caregivers and health care professionals, as well as the larger community, as illustrated in "We All Sat Around in a Circle."

In 1996, during my father's terminal illness, a friend of mine contracted a nasal sinus cancer, which was thought to be benign. After several surgeries, all of which were too-little-too-late, the tumor spread into her skull and invaded her brain. The following set of poems includes "The Proof in the Pudding," "The End Game," and "The i in Poetry." I was attempting to capture the experience of my friend's terminal illness and engage her in a dialogue of poetry (22).

The Proof in the Pudding

When last I left my friend Ruth Ellen,
the surgery to remove the frontal bone
left her with a step on her forehead.
When we went out, she wore hats.
Today I'll visit her in her room.
The tumor is no longer
benign.

In her head
in her eye
in what now appears to be
the end of her life
is my life.

The end game.

What a relief to know
all that is left is to live.
Time becomes pudding,
pudding air,
thick and everywhere.
These are the best times of our lives,
these pudding days of grace
when gardens are our guide.
They finally took her eye.
Don't mind.
They finally took her eye.

When I arrived at the house,
her daughter Molly gave me a hug.
She'd gone slightly stiff.
I walked in and looked out the back window.
The garden was beautiful and overgrown,
wet with new rain.
I almost missed her in her chair
at the table,
sitting there
eating avocado,
sliced and laid out flat.
She looked cute
in her bonnet and patch.

"Well", she said,
"except for the eye
and the headaches
and there are still decisions to be made,
I'm fine."

And it was her all over again
fine in the face of it
crabgrass roots deep
fine in her chair
a bonnet and patch
white like cotton
not hospital white
not bleached white
milky white like her
as we settled into our love
for one another.

Oh carry me wind
for I am air;
she's gonna lose her hair
I fear
she's gonna lose her hair
and hibiscus's blooms
and hummingbirds' wings
and deep dark earth held our future
as we shared the last bite of avocado.

Ruth Ellen rose
then retired to bed.
Her black cat waited
under the covers
after licking Ruth's plate.

I read them poetry.
 We all tempted fate.
 “What’s that beeping?”
 Her daughter appeared out of habit
 and unkinked the IV.
 “You and Susan and Josh,” Ruth said,
 “all wonderful, all full,
 all richly gifted.
 I am gifted too,
 but unrealized.
 I always wanted to write,
 I always wanted to paint,
 I always wanted...”
 “A friend brought me a journal.
 I don’t know if I’ll write.
 I don’t know if I can.
 Whenever I try,
 it seems distant or removed.”
 “You can”, I said.
 “We will write poetry together.
 You must start with your own spoken voice,
 which is alive, not distant, here and now:
 your house, your garden, the crabgrass, a bloom
 the light playing through the leaves
 the mud that kept you company in the living room.
 You remember the last bite of avocado
 creamy and green
 a friend
 your bonnet,
 the beeping IV
 Molly, kinked by your arm,
 the cat black and close—
 everything rich
 and scented with you.
 This is your poetry.
 This is your life.”

The End Game

“I’m slipping Robert.”
 Her voice trailed off my machine
 just before the beep.
 I went to the house to her room.
 Her face looked like a pumpkin
 swollen red and round as a plate.
 Her left eye was gone.
 She didn’t wear a vanity patch anymore.
 I kissed her on the cheek.
 “I’m closing down,” she said,
 “Getting ready to die.
 Sometimes it scares me.
 I’m shedding, like wings.
 Sometimes I come out whole;
 sometimes it’s an onion.
 Maybe I’m emerging.

Sometimes I feel it.”
 “No, those are the wrong words.
 It’s not nothing.
 It’s something else.
 You know me, Robert,
 I don’t get all mystical,
 but something’s happening.
 I’m shedding from the inside.
 It’s all falling away—
 beliefs, relationships—
 all falling.”
 “I know you’re there if I need you,
 but mostly I just want to sleep.
 It’s good you’ve come.
 Dying’s no big thing anymore,
 It’s a way to go.”

The i in Poetry

When I sat at my friend’s side
 while she was dying
 and we wrote words like snow
 and shed wings,
 I was witness and scribe.
 We wrote poetry together,
 She and I.
 We wrote poetry.

The poem “The End Game” was particularly meaningful to my father while he was dying. The poem “Cherish” tells this story.

Cherish

My father is scheduled for surgery tomorrow.
 They’re replacing the clogged artery in his leg
 with a vein graft, also from his leg.
 The incision will run from his groin
 to his foot.
 If they don’t replace the artery,
 the toe will turn gangrenous,
 and he could die from infection.
 If they cut off the toe,
 the stump may not heal
 from the lack of circulation,
 so they have to replace the artery first,
 and the artery in the other leg, well,
 that can wait for now,
 but it will need replacement too,
 if he lives.
 My father called the other day.
 He told me a story from his childhood
 about a man who owned a one horse shay.
 The axle broke so
 he took it to the blacksmith
 to have it repaired.
 The blacksmith told him it would cost as much
 to repair the axle as it would to buy

a whole new wagon, to which the man replied,
 “Well, if that’s the case,
 then they should build them
 so all the parts break at once.”
 “That’s what’s happening to me,”
 said my father, and I knew
 he was looking at his life straight
 and he could feel his death coming.
 “Yes,” he said, “I feel things closing down
 and falling away,
 and I wonder if it means I’m dying...
 that this is what dying is...
 things falling away.”
 I read him the poem “The End Game,”
 when Ruth Ellen tells me she’s
 “closing down...getting ready to die...
 I’m shedding like wings...
 beliefs, relationships...
 all falling.”
 “Yes,” he said,
 “maybe it’s the same.”
 “The Legacy” came out of the poetry and brain cancer project discussed earlier. In it, a wife of 25 years speaks of her role as caregiver (2).

The Legacy

I felt frozen at first.
As things went worse for his body
there was a kind of condensation—
like distilling our future into a very tiny space.
Everything became condensed into moments
of closeness.

I became a better person.
I stretched.
Sometimes I wanted to sleep.
Sometimes I wanted to hide.
I was overwhelmed.
I was envious of people.

The humor we shared wasn't about jokes.
It was about being silly.
You can't be silly with just anyone.
It's a real loss.

I knew the minute he died.
It was like he shrunk into his body.
The soul may linger for a while,
But it didn't linger in that body.
What was left was left in our hearts,
not in the bed.

I came up with this amazing idea
That everything now is surreal,
And the surreal is the new reality.

I just thought of something wonderful.
No matter how long we were together,

There was always more.
I wrote a poem.
Here are a few lines.

*Nothing of love is ever lost.
You take each other in.
Where you're molded and remolded
And become yourself again.*

The poetry and brain cancer project also produced poetry that presented a different sort of perspective. “Median Mortality” by Toby Estler is an example of the humor and courage displayed by people faced with terminal illness (2).

Median Mortality

The first question most brain cancer patients ask is,
How long do I have to live?
I'll tell you how to figure it out.

First, think of a number. Any number.
Divide that by the number of your scheduled chemo
treatments.

Add that to the square root of the amount of times
you throw up each week.

Multiply by the number of staples required
to reattach your skull.

Now, this is where it gets a little tricky ...

Add the number of your surviving relatives
(Immediate family only please. Cousins skew
the results.)

Divide by your estimated percentage hair loss.
If you anticipate wearing a wig—
I'm sorry, cranial prosthesis— please disregard this
section of the equation.

Subtract one quarter of the number of seizures per month.
Add a third of the headaches (cluster headaches
are not considered eligible.)

Multiply by the average amount of mood swings
and/or personality changes in a week.

Divide by the total number of MRI's, MRA's, and X-rays;
add this to the combined sum of skin rashes,
episodes of blurred vision, drowsiness,
lost erections, swollen gums, lost appetite,
photosensitivity, and/or abdominal cramps.

Multiply by the amount of times you cry.
Divide by the amount of times you want to cry.

Add the number of people in your email support group.
Add twice the number of medications taken daily.
Divide by the number of hemispheres in your brain
(if uncertain, use 2).

There you have it.
An accurate and realistic assessment of your life
expectancy.
We call it median mortality.
And don't worry if you don't understand it—
math can be a real killer.

$$MM = \frac{\left(\left(\left(\left(\left(\frac{\chi}{\text{chemo}} \right) + \sqrt{\text{throw}} \right) \times \text{staples} \right) + \text{Rel} \right) \right) \left[- \frac{\text{Seiz}/\text{mo}}{4} \right] + \frac{h\alpha}{3} \left\langle \times \frac{\mu\sigma/\pi}{\text{week}} \right\rangle}{\sum(MRI + MRA + Xray)}$$

$+ \sum(SR + bv + \delta r + \lambda \varepsilon + sg + \lambda \alpha + \phi \text{OTO} + / AC)$
 $\times \text{cry}$
 $+ \text{CRY!}$
 $+ 2(\text{email})$
 $+ 2(\text{meds/day})$
 $+ \text{hemispheres}$

Figure 1. Median mortality equation.

In a soon-to-be published paper, Jack Coulehan and Patrick Clary, *Journal of Palliative Medicine* in press write about the need for professionals who work in palliative care to be able to process their own experience, specifically using poetry. John Fox writes of this need amongst hospice care givers to find their own voices in the work they do (23,24). Gregory Gross discusses the need to deconstruct death from his Scientific Medicalization to a more poetic remystification of the process of dying (30). *The Man With a Hole in His Face* (31) by Jack Coulehan is a dramatic example of a physician trying to come to grips with his own reactions to the reality of this patient.

The Man With a Hole in His Face

He has the lower part,
a crescent of face
on the right, and an eye
that sits precipitously
beside the moist hole
where the rest of his face was.
The hole is stuffed
with curls of gauze.
His nurse comes before dawn,
at the moment
the eye fears for its balance,
and fills the wound,
sculpting a tortured landscape
of pack ice.
The man's eye does not close
because any blink
is death,
nor does the eye rest
in mine
when I ask the questions
he is weary of answering.
While I wait here quietly
in arctic waste,
the pack ice cracks
with terrifying songs

and over the moist hole
where the rest of his face was,
he rises.

This man is the man in the moon.

The Experimental Evidence

Most of the experimental evidence as to the efficacy of Poetry Therapy comes through the literature on expressive writing. The seminal researcher in the field of the therapeutic uses of expressive writing is James Pennebaker (32,33). Pennebaker has shown that the use of expressive writing for as little as 15 min over 4 days has positive health effects as measured by visits to physicians and a diminution of symptom complaints. His original work deals with the use of expressive writing to heal wounds from traumatic stressful events.

Pennebaker's argument and the evidence for the efficacy of expressive writing is well stated in his most recent book *Writing to Heal: A Guided Journal for Recovering from Trauma and Emotional Upheaval* (33). In it he summarizes his argument for the therapeutic effects of expressive writing on the immune system (34); medical health markers with asthma, cancer, and arthritis patients (35); and decreased physiological stress indicators in the form of lower muscle tension, drops in perspiration levels, and lower blood pressure and heart rate levels. (36) He also summarizes the evidence for the psychological benefits of expressive writing in terms of positive short and long-term mood changes (37) and behavioral effects in the form of school and work performance. (38,39,40)

Findings from numerous experiments have suggested that writing exercises can give a whole array of health benefits including reductions in emotional and physical health complaints (37,41,42), and enhanced social relationships and role functioning (43).

On the other hand not all investigators have found positive effects using writing, and not all people who wrote showed positive benefits (35). Some writers have shown skepticism (44).

In 2002, Lepore and Smyth published *The Writing Cure: How Expressive Writing Promotes Health and Well-Being* (34), which is the most comprehensive review to date on the research into the efficacy of expressive writing. It presents cutting edge theory and research, and points students and scientist to new avenues of investigation. It also presents how clinicians are beginning to translate basic research into practical applications. The book is divided into four sections: 1. an overview; 2. the therapeutic effects of expressive writing and adjustment to life stressors (including work with cancer patients, expressive writing and blood pressure, working with children and alexithymia); 3. emotional, cognitive and biological processes; and 4. new directions and clinical applications.

Overall, the research on poetry therapy in general and expressive writing in particular is promising. Recognizing the need for additional research, the National Association for Poetry Therapy (NAPT) and Lapidus (the Association for the Literary Art in Personal Development) located in London are planning a multi-center research study on the efficacy of

Poetry Therapy with cancer patients. Also, NAPT is embarking on a multi-center clinical research study attempting to assess the efficacy of Poetry Therapy on post-traumatic stress disorder in war veterans (see NAPT below).

In Conclusion

I hope you've enjoyed the ride. If you've gotten this far, you've certainly had some kind of experience. You may or may not understand it, but ask yourself whether you have a better sense of being in the dialogue on illness, death and dying. How do you already use your capacities for poetic expression in working through these questions? If on the other hand, you just skipped directly to this conclusion, here's something for you too.

The first fiddle in the Philharmonic
Was late for a concert, so
He hailed a cab.
"Tell me sir", he said,
"What's the best way to get to
Carnegie Hall?" to which the cabbie replied,
"Practice, practice, practice."

And so it is.
Whether it's the practice of medicine
or the practice of yoga
or the practice of using
the healing powers of poetry,
it is a practice that must be done
again and again and again.

I'll close with a quote from Yogi Berra,
*The difference between
Theory and practice
Is that in theory
They are the same,
But in practice
They are not.*

Afterword

What I want is not words
But where words come from
The space within breath
That calls out our tongue.

Resources: The National Association for Poetry Therapy

According to the NAPT, the definition of Poetry Therapy is the intentional use of the written and spoken word to facilitate healing, growth and transformation. The NAPT has been in existence since 1982. It's predecessor was The National Association for Bibliotherapy. A survey of the membership reveals an interesting 25% split. Twenty-five percent of the members are mental health providers (psychologists, social workers, family counselors, etc.), 25% are medically trained

physicians, nurses, etc., 25% are educators, and the last 25% are an assortment of artists, writers, building contractors and race car drivers, etc., who also share an interest in the healing power of poetry. NAPT has a training program in poetry therapy and an academic journal, *Journal of Poetry Therapy*. Please refer to the web site for details. www.poetrytherapy.org.

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Sedative Power of Poetry: Study of Julia Darling's "The Poetry Cure"

Poder sedativo de la poesía: estudio de "The Poetry Cure" de Julia Darling

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ABSTRACT:

Expressing feelings creatively helps most of the patients cope with the vicissitudes of life and can be a lifeline for patients. This study aims to analyze the healing aspects of poetry in Julia Darling's "The Poetry Cure". A qualitative method has been utilized, and discourse analysis has been carried out. The result shows that poetry can be clinically use as a therapeutic medium. Poet portrayed one of the main distributions of therapeutic poetry, which is to encourage and inspire the readers' positive emotion. Analyzed poems emphasized hope and its accompanying emotions. Recommendation for future research is provided by the end of the study.

KEYWORDS: Poetry therapy, sedative power, life-save poems, Julia Darling..

RESUMEN:

Expresar los sentimientos de forma creativa ayuda a la mayoría de los pacientes a afrontar las vicisitudes de la vida y puede ser un salvavidas para los pacientes. Este estudio tiene como objetivo analizar los aspectos curativos de la poesía en "The Poetry Cure" de Julia Darling. Se ha utilizado un método cualitativo y se ha realizado un análisis del discurso. El resultado muestra que la poesía puede ser utilizada clínicamente como un medio terapéutico. Poet retrató una de las principales distribuciones de la poesía terapéutica que es alentar e inspirar la emoción positiva de los lectores. Los poemas analizados enfatizaron la esperanza y las emociones que la acompañan.

PALABRAS CLAVE: Terapia de poesía, poder sedativo, poemas que salvan vidas, Julia Darling..

INTRODUCTION

Writing as a method for handling one's beneficial experience is anything but an ongoing practice. History is full of different people that have a variety of talents in the art that turned to expressive writing for comfort. James Joyce and others are abstract instances of modern poets who utilized the craft of writing to mirror life. Louise DeSalvo (DeSalvo: 2001, pp. 48-50) dedicated a whole section to 'Composing as a therapeutic procedure - How authors see it' in her book writing as a method of recuperating. While recognizing that expounding on unpleasant life occasions isn't new, she expressed that artists and authors have customarily drawn on horrible beneficial encounters for motivation and have utilized writing as a method for change and mending for a considerable length of time (Mazza: 2018, pp. 203-208). The predominance of inventive non-fiction and self-portraying writings has fuelled the design of diary writing, utilizing expressive writing for helpful purposes. Dan Wakefield (Wakefield: 1990) insinuated this in his book "The story of your life, composing an otherworldly autobiography."

Although the therapeutic impacts of communicative writings have been reported for a substantial length of time, however, the study on medication and brain analysis recently started. Ira Progoff (Progoff: 1975) was one of the first instigators and perhaps one of the most well-liked pioneers of the benefits of expressive writings, and in recent years Julia Darling's (Darling: 2005) has taken the baton to pursue therapeutic writing. Julia Darling and Cynthia Fuller compiled a list of amazing poems that was distributed by Bloodaxe, The Poetry Cure, wrote: "This book of poems is for all of us who go through illness, deal with doctors,

hospitals, and experiences such as bereavement and aging, and who struggle to find language to describe the suffering we have to go through." Julia Darling energetically accepted that "poetry should be part of every modern hospital." She felt that the language of poetry could counterfeit pain for writers as well as everybody. Julia noted in the anthology of "The Poetry Cure":

"It's a powerful force, which can help us through the darkest times. I would like to see more poets in residence in the health system, more poetry books in waiting rooms, more poems on the walls, more training in creative writing for doctors, and more poems printed on primary care leaflets."

As an expert on poetry, Julia felt that poetry could increase vocabularies knowledge to convey despair and pain, empowering us to convey better how we feel just as engaging us through utilizing our own words (Heimes: 2011, pp. 1-8). Julia Darling (Darling: 2005), an expert of poetry, felt that poetry increases lexical knowledge to convey despair and pain, empowering people to deliver their emotions by using the engagement of words and communication. The expert conveys that finding the correct analogy for pain may assist one by taking charge of the situation. This was a two-path process, as she accepted that medical experts could profit extensive research with their patients. The beguiling and estranging language utilized by specialists could be supplanted by pictures and representations we are generally capable of comprehending. Jackie Kay, one of the most established poets, observed that Julia had utilized poems as a medium to help face ailment and demise, and deprivation. Changing the way medical clinic and personage treat their patient which inadvertently proves that Julia always thinks outside the box.

Her work was persuasive in separating hindrances among specialists and patients, and she ranelevating workshops for students, scholars, journalists, and clinical staff. In these meetings, everybody included was urged to take a gander at the human body as a motivation for writing and to utilize clinical jargon in bizarre manners. Throughout ten years of treatment for her cancer disease, Julia investigated her body and her experience of the medical administration in her poem, radio, stage plays, and blogs. Julia trusted the poem collection she edited with Cynthia Fuller, "The Poetry Cure," would be a manual for assuming liability, notwithstanding giving 'solace and motivation.' She figured the book ought to be found on the bedside tables of other patients as well as at the hospital magazine stand.

Past Studies

Individuals with experience as a patient, psychological wellness attendants, scholars, and different experts have utilized writing to profit mental health administration clients in different manners. These incorporate expressive writing, just as applications in psychotherapy and advising and to manage explicit issues and emotions. What's more, poetry therapy and bibliotherapy have been utilized. Different advantages have been depicted, yet a few records do exclude proof of clinical adequacy (Mohammadian et al.: 2011, pp. 59-63). Be that as it may, effective ministrations results have been accounted for in research papers and other writing, with specific proof of clinical viability in certain investigations of bibliotherapy, therapeutic writing, and poetry therapy. Further work is expected to explain and quantify the adequacy of different expressive and remedial employments of writing. The creators additionally suggest joint effort among professionals and the requirement for supporting proof for recommendations for expanded assets in this field.

METHODOLOGY

This qualitative undertaking employs discourse analysis to scrutinize the poems and uncover the source of their curative influence. According to the editors, this compilation of "healing poems" is fashioned specifically "to find readers who might not usually read poetry. It is recommended that these poems be read "by those sitting in waiting rooms in surgeries and outpatient clinics." While it is a tall order to expect total relief from the reading of these poems, in a situation where people are convinced of the healing effect offered by a poetry reading, these poems may stand a good chance of claiming a regular place in the waiting rooms of hospitals and clinics.

This well-organized book of poems comes in eight sections, with each section portraying a specific topic, circumstance, or treatment approach. Namely, these sections are labeled admissions, poems to make you feel better, what it feels like, for those we love, the language of pain, healing rhythms, body parts, and talking to the dead. The significant degree of overlapping among these sections can be put down to the fact that high-quality poems project their messages in a variety of languages and defy restriction to a single facet. The classification of these poems can be exploited to attract a reader by offering him/her a selection that is of most current interest. Once captivated by the selected poem's quality, the reader is free to explore the other sections of the book unrestricted.

The emphasis of discourse analysis is on the communal facets of interaction and how individuals harness language to realize certain objectives. Some examples of such objectives are the development of trust, the creation of doubt, the instigation of emotions, and the management of disagreements. Rather than concentrating on fractions of language (including sounds, words, or phrases), discourse analysis emphasizes investigating greater masses of language (including complete dialogues, whole texts, or compilations of texts). The examination of the sources under consideration can be conducted on a variety of levels. The poems are scrutinized by the table displayed below:

Table 1. Methodology of Analysis

Communication level	Target of analysis
Words	Words and phrases are scrutinized for ideological connections and form, as well as for euphemistic and metaphorical compositions.
Configuration	The configuration of the texts is examined to determine how it generates emphasis or how it develops a storyline.

Rather than concentrating on smaller units of language, for example, sounds, words, or expressions, discourse analysis is utilized to contemplate bigger pieces of language, whole discussions, writings, or assortments of writings magnitude. The poems will be analyzed based on the table above.

RESULTS

Therapeutic Literature in Psychotherapy, Counselling and Cognitive Therapy

Medical officers, as well as other experts, have utilized therapeutic writing and perusing in other alternative ways as an agreement for conventional mental therapy and consultations, comprising of psychological approach. Writing has been utilized to empower readers to explore issues and express difficult emotions such as sadness, despair, and depression (Floyd: 2019, pp. 1-10). Freud (Freud: 1985) portrayed the purifying impacts of writing: 'Our genuine happiness regarding an innovative work continues from freedom of pressures, empowering us to make the most of our fantasies without regret or disgrace' (Allen et al.: 2019, pp. 14-19).

According to L'Abate (L'Abate: 1991, pp. 87-98) and Torem (Torem: 1993, pp. 267-276), as an alternative to the traditional physical examination, therapeutic reading and writing can be used instead. Jones (Jones: 1997, pp. 238-244) has applied these two patterns, who gives a moving record of manners by which, as a medical attendant psychotherapist, he empowered 'Kate,' a lady with inoperable carcinoma, to utilize poems related to psychotherapy. This caused Kate to comprehend and communicate her emotions about her despair and her approaching demise. Kate remarked that 'conversing with you and my poem brings me comfort' (Jones: 1997, pp. 238-244). Jones (Jones: 1997, pp. 238-244) presumed that poems gave Kate

and individuals near her a sign language through which it got conceivable to imagine what, under normal conditions, couldn't be considered, and submitting such comprehension to words.

Different creators likewise portray manners by which writing has been utilized in psychotherapy and directing worried about melancholy and deprivation. Stearns (Stearns: 1989) sketched out one lady's writing of poem to convey and address issues related to her stillborn youngster. This incorporated an incredibly moving sonnet, 'For Collin', written in his memory (Shelton: 1989, pp. 121-122). Outside proper psychotherapy and directing, medical attendants and different experts have utilized therapeutic writings, both organized and open-ended, to accomplish an assortment of objectives. In open-ended writing, the customer composes whatever strikes a chord. Longo (Longo: 2017) contends that most psychological wellness medical caretakers have the imperative abilities to encourage account, guided, and centered writing, and this can be of a specific incentive to customers who discover oral correspondence troublesome.

The Therapeutic Effects of Poetry

In the opinion of Hynes (Hynes: 1988, pp. 55-62), bibliotherapy and poetry therapy is 'practically synonymous.' Poetry therapy is deemed as purposeful utilization of poetry to encourage to alleviate painful emotions and personal growth. According to Lerner, a well-renowned pioneer in the field of writing therapy, poetry has the potential to reconnect with oneself and brings our inner humanity to Mazza (Mazza: 2017).

Generally, the progression of poetry therapy in the USA went the way of two separate routes. Leedy setup the Poetry Therapy Centre on the east coast. This establishment focuses on the education of 'interns' in the context of poetry therapy values and techniques (Harrower: 1978). Meanwhile, Lerner's Poetry Therapy Institute, on the west coast, emphasized that poetry therapy 'is a tool and not a school.' In other words, it is a component of the therapeutic process and not a distinct discipline (Dubrasky et al.: 2019, pp. 1-10). The year 1981 witnessed the incorporation and affiliation, of the National Association for Poetry Therapy, to the National Coalition of Arts Therapies Associations.

The application of available poems that can correspond to the client's frame of mind, or bring about the expression of feelings, are among the four kinds of poetry therapy described by Harrower (Harrower: 1978). This is in agreement with the definition of poetry therapy by Mazza, as the practice of trying to bring about consciousness with regards to contributing anxieties, which can consequently serve to provide liberation from distressing emotions (Mazza: 2016). Mazza (Mazza: 2018, pp. 203-208) quoted that expressive poetry explores intrapersonal, interpersonal, and intergenerational emotions in which offers an exciting challenge for further research. There is certainly an exciting spot for the "Artist-Practitioner" to merge art and science through poetry therapy (Furman: 2020, pp. 1-9).

Chavis believes that the therapeutic benefits of poetry stem from its condensed structure, cadence, acoustic effect, and imagery, as well as its connection to human temperament and awareness. The application of poetry therapy involves not only the works of acclaimed poets but also the compositions of the clients themselves. Poetry therapy represents an opportunity for specialists to widen their scope of expertise in their chosen field (Chavis: 1986, pp. 121-128).

As opined by Mazza (Mazza: 2018, pp. 203-208) which states that poetry therapy is the utilization of art in language on a therapeutic magnitude. His poetry therapy model comes in three sections:

The receptive/prescriptive section, concerning the engagement of literature during a scientific or community undertaking

The expressive/creative section, concerning the exploitation of client compositions in a scientific or community undertaking

The symbolic/ceremonial section, which has to do with the engagement of images, rites, and narratives during a scientific or community undertaking.

Literature related to the expressive and curative features of reading and writing often comes with perplexing, and at times conflicting descriptions (Johnson, 2017). This state of affairs is generally prevalent

in other areas of mental healthcare and treatment. To further complicate matters, no single form of intervention is applicable for every client (Yücesan & Şendurur: 2018, pp. 26-39).

Through-out Julia's experience with cancer, she has explored her anatomy and shared her experiences of the medical services in her poetry, radio, stage plays, and blogs. According to Julia of her thoughts regarding The Poetry Cure: 'I think one of the hardest things about being ill is feeling impaired and crazy. Writing poetry helps by having a sense of control because most of the time, you feel miserable and powerless. In order not to feel that way while in the waiting room, poetry helps ease the experience. In this analysis, three excerpts from "The Poetry Cure" will be analyzed based on the vocabulary and structure utilization.

How to Behave with Ill Julia Darling

(Darling: 2005)

Approach us assertively, try not to cringe or sidle, it makes us fearful. Rather walk straight up and smile. Do not touch us unless invited,

particularly don't squeeze upper arms, Or try to hold our hands. Keep your head erect. Don't bend down or lower your voice.

Speak evenly. Don't say 'How are you?' in an underlined voice. Don't say, and I heard that you were very ill.

This makes the poorly paranoid. Be direct, say 'How's your cancer?' Try not to say how well we look.

Compared to when you met in Safeway's. Please don't cry or get emotional, And say how dreadful it all is.

Also (and this is hard, I know) try not to ignore the ill or to scurry

Past, muttering about a bus, the bank. Remember that this day might be your last and that it is a miracle that any of us stands up, breathes, and behaves at all.

In her poem, "How to Behave with the Ill," Julia Darling (Darling: 2005) emphasizes how we may meet our patients, with our voice being focal. Human voices pass through every one of us. The significance of the meaning of the word "advice" is being introduced in each line of the poem. The jargon that strikes a chord when perusing this sonnet affirms the diverse inclination one would feel as well as reverberating the voices of the patients. One individual's voice gave on to another, holding the same number of convictions, fears, and expectations, as it does realities.

In the first verse of the poem, the focal voice is of the patient. You can see a whole other world through poetry as each of the verse switches from one person to another in a flurry of emotions. Julia describes the act of "kindness" to others may be perceived as pity for the receiver, which would make them feel worse than they already are.

If we were to analyze the second, third, and fourth verse, it is apparent that it is wholly regarding the dos and don'ts when dealing with a patient. The start of the sentence strictly demands that one should not touch a patient without their consent and to speak confidently to an ill patient. When one is to think, healthy people tend to skirt around patients as not to "offend" them, but humans, regardless if they're ill or healthy, are not fragile.

It's interesting to find that we find solace in the form of poetry writing, which was indicated by Mazza (Mazza: 2018, pp. 203-208), patients find it therapeutic when they read or write poetry. Poetry therapy gives them a sense of calmness and makes them feel they could strive better in the world. However, not everyone could find the benefit of Poetry Therapy to their advantage (Mazza: 2017).

Everything is going to be All Right Derek Mohan

How should I not be glad to contemplate the clouds clearing beyond the dormer window and a high tide reflected on the ceiling? There will be dying, there will be dying,

but there is no need to go into that.

The poems flow from the hand unbidden and the hidden source is the watchful heart.

The sun rises despite everything and the far cities are beautiful and bright.

I lie here in a riot of sunlight watching the daybreak and the clouds flying.

Everything is going to be all right.

'Everything Is Going to Be All Right' is a poem that admits that hardship and mortality are a part of life but that the beauty of the world has a power of its own. The message behind the poem did not try to dodge reality or sugar-coat existence, but just remind us all that there is beauty all around us and to reassure the readers that everything wrong will eventually be okay but patience is a virtue and life is fair to everyone. This startling declaration is tempered by the reassurance that right now, we do not need to talk about death or sad memories, which humans with emotion usually feels like daily. We tend to focus on the bad moments instead of moving forward and taking them as a lesson. When faced with death, words may come with ease when the heart is paying attention to what matters.

According to Mazza (Mazza: 2016) and Hedges (Hedges: 2017, pp. 105-114), poetry provides a sense of security in which brings mindfulness and allows readers to dispose of or control their negative feelings. This poem symbolizes not only hope but peacefulness as the reader will feel assured and secure that hard times will pass and eventually it will get better.

Furthermore, this poem has portrayed one of the main distributions of therapeutic poetry which is to encourage and inspire the readers' positive emotion. Daboui et al (2018). States that a poem needs to have a positive distribution that boosts readers' "happy thoughts" and identifies the feelings within so readers may take a step forward to resolve those arrays of negative or positive emotions. No matter what tragedies or despair we encounter, the sun comes up every morning whether we want it to or not, whether we see its beauty or not.

Sometimes

By Sheenagh Pugh

Sometimes things don't go, after all, from bad to worse. Some years, muscadelfaces down frost; green thrives; the crops don't fail.

Sometimes a man aims high, and all goes well. A people sometimes will step back from war, elect an honest man, decide they care enough, that they can't leave some stranger poor.

Some men become what they were born for.

ometimes our best intentions do not go amiss; sometimes we do as we meant to.

The sun will sometimes melt a field of sorrow that seemed hard frozen; may it happen for you.

The first verse of the poem begins by citing the often-heard quote that things tend to go "from bad to worse". Relatively, the poem focuses on positivity, mainly readers' perception towards bad moments. The poem uses the metaphor of muscatel, a kind of grape, and points out that every once in a while, the crops overcome the frost, and instead of failing from winter, thrives instead, and becomes stronger than ever. The final line of the poem is more direct, suggesting that every once in a while, things will go well but it comes with determination and patience.

In this piece, the rhyme set up is somewhat slack. In the first and third verses (both quatrains), rhyming occurs in the second and fourth lines. As for the second verse, rhyming occurs in the first and final lines. Although the syllable count is similarly slack, generally, the poem portrays a structure that facilitates a smooth flow while demonstrating good meaning.

This poem emphasizes hope and its accompanying emotions. It has to do with remaining positive, and believing that there will always be light at the end of the tunnel. Armed with this conviction, one should dispel the inclination to give in, and fall victim to feelings of despair. The poet uses pleasing figures of speech (such as 'the image of frost-covered grapes', and 'the sun that melts a field of sorrow') to convey the message that though winter can be pleasing to the eye, the cold it brings can at times be distressing. Put differently, life can sometimes be fantastic, and at other times dreadful. It can never be permanently one or the other. At the end of the day, it is more practical to hope, than to fall prey to hopelessness. The poet conveys this message through the line "that for you, the most bitterly frozen fields will melt under the glow of the sun that never went away".

DISCUSSION

First and foremost, poetry instructs us to resist complexity and embrace simplicity. Poets are the original system thinkers as they could determine and comprehend the complexity of emotions and environments. Reading and writing poems can practice that limitation, improving one's capacity to all the more likely conceptualize the world and impart it to other people. Poems can likewise assist readers with building up a progressively intense feeling of compassion. In the poem "How to Behave with Ill", Julia explored her own body and her experience of the medical administration in her poetry which helps the reader, whether ill or healthy to comprehend that patients' needs to be treated with compassion and understanding as opposed to sympathy. The therapeutic advantages of expressive writing such as poems or sonnets offer another way for people to engage in defeating life challenges by reframing the significance of occasions and incorporating the past with the present. A developing assortment of proof-based research exhibits that this methodology can be successful with different populaces (Fallahi Khoshknab et al.: 2016, pp. 919-927).

Likewise, with any therapy procedure, there is some standard of procedure that one needs to abide such as a controlled and safe environment to conduct the therapy. This is to ensure that patients could safely and privately express their concerns without any judgments. However, Furman (Furman: 2020, pp. 1-9) has advised that although there are benefits to letting ones' creativity speak for a person, there are still disadvantages with regards to expressive writing. In an example, an individual could be overwhelmed with their feelings and take unnecessary actions that would hurt others. Great clinical practice and savvy instinct ought to be used in figuring out who will profit the most from this sort of treatment. Similarly, as with any clinical procedure, expressive writing ought to be connected to the clinical reason (Furman: 2020, pp. 1-9). As I would like to think, poems should be written in a calm environment and when ones' emotions could flawlessly flow without any hindrances. In any case, as Hegel estimated, poetry therapy is associated with the creator's emotions about an occasion or experience.

Based on the poems analyzed, it had been positively regarded by a medical practitioner that poetry therapy does help in healing the readers. Past research including recent reports, results in positive feedback for the treatment, especially in expressive writing, bibliotherapy, and poetry therapy. However, according to Harrower (Harrower: 1978) critical investigation in specific areas is limited because of the immense variable involved which is finding writing and reading enjoyable and rewarding. Cohen (Cohen: 1994, pp. 40-44) found that therapeutic utilization of literature and its clinical effectiveness can be determined by its benefits towards the client that have specific goals and achievements. Further studies on the recuperating parts of composing are justified. The particular of specialist rules likewise encourage supplementary examination. Expressive writing within the inner setting of a medical hypothesis and a prototype investigation can simultaneously advance psychological and physiological wellbeing. This has suggestions for clinical practice, yet additionally for self-improvement and network advancement.

CONCLUSION

There is developing enthusiasm for estimating the effect of art in improving mental and physical health. The main objective of the project is to make the patient (the person who waits) to be pleasant and subsequently pique the interest in poetry. Poetry isn't, in itself, restorative; it could, in reality, be risky. Therapeutic poetry depends vigorously upon the activities of an individual specialist, with a verse a device in the systematic procedure to connect with the patient. Characterizing and explaining the significant sorts of expressive and helpful employments of writing, and the terms utilized, is a fundamental forerunner to additionally inquire about in this specific discipline. Further research is expected to assess the worth and medical viability of explicit techniques and mediations. There is a requirement for joint effort among medical attendants and different experts who encourage expressive and restorative perusing and composing. This is probably going

to empower the sharing of thoughts, the advancement of good practice, and legitimate and dependable strategies for evaluating clinical adequacy.

BIODATA

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Research Paper: The Effectiveness of Group Poetry Therapy on Improving Positive and Negative Symptoms in Chronic Schizophrenia Patients



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Abstract

Poetry therapy, a form of creative art therapy, utilizes poetry and other stimulating forms of literature to achieve therapeutic goals and promote personal growth. Research has shown the effectiveness of positive and negative symptom control and treatment in schizophrenia, highlighting the need for non-pharmacological interventions. Poetry therapy has emerged as one such intervention in this domain. Therefore, the present study aimed to investigate the effectiveness of group poetry therapy on positive and negative symptoms in patients with schizophrenia. This quasi-experimental study employed a pretest-posttest design with a control group. The statistical population of the study were hospitalized patients in treatment and rehabilitation centers in Ardabil city. Using cluster random sampling, 22 participants were selected and randomly assigned to the experimental and control groups. The experimental group received eleven sessions of group poetry therapy, while the control group did not receive any intervention. Data were collected using the Positive and Negative Syndrome Scale (PANSS) and analyzed through one-way analysis of covariance. The results indicated that, after accounting for the pretest effect, the mean of posttest scores of the experimental group participants were lower than those of the control group in positive and negative symptoms ($P < 0.05$), confirming the effectiveness of group poetry therapy intervention. This study demonstrated that group poetry therapy is an effective non-pharmacological treatment for individuals with chronic schizophrenia and can be implemented by clinical professionals in treatment centers.

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1. Introduction

Schizophrenia is a term that was first introduced by Eugen Bleuler in 1911. It is a symbolic representation of profound behavioral and personality disorders (Strunoiu et al., 2019). Psychiatric disorders refer to a significant category of psychological disorders characterized by a common feature of patients' disconnection from reality, including profound disturbances in thinking, emotional expression, perception, and emotions (World Health Organization, 2016). These disorders often impair various functional domains such as family, social, occupational, and educational ones (Sadok & Sadok, 2011).

Currently, approximately 450 million people worldwide suffer from various mental disorders (Bonner et al., 2012). The annual incidence of schizophrenia is estimated to be between 0.2% to 2 per 10,000 individuals, with a lifetime prevalence of 0.1% to 1.9% (Choi et al., 2016). In a nationwide study of the epidemiology of psychiatric disorders in Iran, the prevalence of psychotic disorders was reported to be 0.49%, and the prevalence of schizophrenia was reported to be 0.1% (Fallahikhoshknab et al., 2016). Therefore, the World Health Organization considers these disorders as major global health problems in the 21st century (Almond et al., 2004).

Recurrence of symptoms or multiple relapses and hospitalization in treatment centers are significant characteristic of psychiatric disorders, imposing considerable medical and non-medical costs on the patient, their family, and society (Halder & Mahato, 2015). Schizophrenia is a major mental disorder that leads to impairments in

emotional, cognitive, and social domains (Akbari & Saeidi, 2017). The symptoms of the disease along with cognitive impairments lead to serious disability. In fact, cognitive disorders are early indicators of the disease and particularly predictive of treatment outcomes (Khanmohammadi et al., 2022). Cognitive impairments are particularly common in schizophrenia and can be diagnosed in the early stages, even before starting pharmacological treatment, and remain throughout the course of the illness (Fathi Azar, 2022). Among individuals with schizophrenia, problems in working and long-term memory, attention, executive function, and processing speed occur. In an unusual subgroup, individuals may be largely silent, exhibit abnormal and strange motor behavior, or display undue anxiety, all of which are indicative of hebephrenia (Lesh et al., 2011 CS).

This disorder is characterized by symptoms such as delusions, hallucinations, disorganized speech and behavior, as well as negative symptoms such as cognitive and emotional impairments, and if not treated, at least two of these symptoms must have actively affected a large part of the person's daily life for at least one month. Furthermore, the overall pattern of symptoms related to the disorder should continue for at least six months to confirm the differential diagnosis of this disorder from other psychiatric disorders (American Psychiatric Association, 2013/2015). Schizophrenia is often described in terms of positive and negative symptoms (Simas, 2002). The most significant factor contributing to functional decline and disruption in the lives of individuals with schizophrenia is the presence of negative

symptoms. These symptoms represent a loss of normal emotional responses or other thought processes that are typically present in healthy individuals but are impaired and distorted in individuals with schizophrenia (Berkovitch et al., 2018). Although in the early 21st century, with remarkable scientific advancements in the neurochemical sciences, it is expected that therapeutic efforts for schizophrenia would lean towards pharmacological treatments, non-pharmacological approaches and various forms of psychotherapeutic methods are still in the field for schizophrenia treatment. Modern approaches such as art therapy have gained a special place in the field of therapy in recent decades. Meanwhile, some of these methods, such as music and painting, have gained more popularity, especially in our country. However, the use of other methods, such as poetry, has not yet found their real place. Poetry therapy is a creative art that utilizes poetry and other stimulating forms of literature for therapeutic goals and personal growth, and its various forms are suggested with each approach. On the other hand, poetry therapy can be used as a new and appealing approach to connect deeply with the literary heritage of people in countries, addressing a wide range of psychological disturbances. Poetry therapy is a therapeutic approach in which poetry is used for personal growth and emotional well-being (Mohammadian et al., 2010). It aims to develop accuracy and understanding, self and other awareness, creativity, self-expression, self-confidence, enhancement of individual and interpersonal skills, emotional catharsis and tension release, finding new meanings through positive new ideas and information,

and increasing coping with stress. Nowadays, psychiatrists claim that the use of classical poetry in psychotherapy has positive results (Mazza, 2003).

So far, poetry therapy has been used in cognitive-based psychotherapy to address conflicts and internal struggles (Cheryl, 2009). The therapeutic characteristics of poetry include state of regression, sublimation, richness of insight and clarity of perception, providing a state of ambivalence with vague and scattered feelings, and the discharge and elimination of tension (Farvardin, 2019). In fact the term “poetry therapy” includes short stories, novels, anecdotes, tales, plays, articles, and films (Fallahikhoshknab et al., 2016). Poetry therapy is referred to as a cost-effective form of therapy that requires no tools or equipment and can be easily implemented in any setting. To conduct poetry therapy, only paper, some stationary, and a small room are needed. However, the presence of a professional therapist is essential. Compared to medical treatments, poetry therapy does not require expensive pharmaceutical products with side effects (Fallahikhoshknab et al., 2016).

Poetry therapy has been used as a means to explore human conditions since the human language evolved (Collins et al., 2007). Ancient Greeks were among the first humans who intuitively realized the significance of words and emotions in poetry and therapy. In Aristotle’s works, the role of catharsis in emotional therapy has been discussed. Today, emotional catharsis is considered an important aspect of psychotherapy and a therapeutic factor in group therapy, and it is considered a major component of mental

show. The identification of emotions as a principle in emotional catharsis is a crucial point in using poetry in the therapeutic setting. Existentialists believe that poetry can help clients grasp the meaning of life and other states of mind that manifest themselves in the present moment (Mazza, 2003).

Given that poetry therapy can have an impact on positive symptoms such as disorganized speech and negative symptoms like poverty of speech, social withdrawal, and superficial emotion, and also considering that previous studies have demonstrated its effectiveness on elderly, (Mohammadian et al., 2010), depression of students (Gillispie, 2003) education and entertainment for mental patients (Rahbar, 2012), the objective of this study was to investigate the effectiveness of group poetry therapy as a non-pharmacological treatment on individuals with schizophrenia spectrum.

1. Method

The present study was a quasi-experimental pre-test post-test design with a control group. The statistical population of the study consisted of all patients diagnosed with schizophrenia in 2019 in Ardabil's maintenance and rehabilitation centers. Cluster random sampling was used following the entry criteria. The entry criteria included a minimum level of literacy and willingness and consent to participate in the study. Their illness was under control and they were receiving medication. From among the rehabilitation centers in Ardabil, Daralshafa Institute was selected, and then 22 patients out of 50 chronic mental patients of the

institute were randomly chosen, 11 for the experimental group and 11 for the control group. In this study, the Positive and Negative Syndrome Scale (PANSS) and the Berkeley Expressivity Questionnaire were used. Poetry therapy sessions were conducted for the experimental group every week for 11 sessions, one and a half hours each session. The data were analyzed through the analysis of covariance using version 22 of SPSS software.

1.1. Instruments

The Positive and Negative Syndrome Scale (PANSS): This scale was developed by Kay et al in 1987 to measure the severity of positive and negative symptoms in patients with schizophrenia and assess the symptoms and dimensions of schizophrenia disorder. The scale consists of 30 questions or phrases with 7 options, 12 of which are taken from the Brief Psychiatric Rating Scale and 12 other are extracted from the Schedule for the Deficit Syndrome with the definition of PANSS. The scoring is based on a 7-point Likert Scale (1 to 7) with a minimum score of 30 and a maximum of 210. In Iran, Bakshipour and Dezhkam (2014) have standardized this questionnaire, and its reliability has been estimated as 0.88 for positive symptoms, 0.87 for negative symptoms, and 0.87 for the overall test. Furthermore, the validity of the questionnaire has been reported to be high when compared with other measurement tools that assess related constructs. A summary of treatment sessions is presented in table 1.

Table 1

Summary of Poetry Therapy (Khodabakhshi Koolae et al., 2015)

Sessions	Session Descriptions
First Session	Explaining the group rules to patients (such as the need to listen to the speaking members, confidentiality, not interrupting the speaker, mutual respect, and regular attendance), describing the therapeutic process, and requesting them to express their emotions and verbalize whatever comes to their mind without considering its value.
Sessions two to six	Reading poems with content of complaint, anger, resentment, love, and lamentation about the beloved or the passage of time to discharge negative emotions, discussing delusional beliefs, potential hallucinations, and suppressed inner turmoil.
Sessions seven to eight	Reading humorous poems for patients in order to encourage them to change their perspective and outlook on life from a humorous point of view and find a way to cope with life's issues through something other than negativity, excessive seriousness, emotional suppression, or negative emotional expression.
Sessions nine to eleven	Reading motivational and hopeful poems, such as Sohrab Sepehri's "The Sound of Water's Footsteps," with the aim of instilling a sense of hope in life, accepting difficulties, and enjoying life under any circumstances, highlights the value of living simply because of being alive. At the end of the eleventh session, a summary of the previous sessions, the lessons learned from the poems and the therapeutic process, each patient's perception of others in the group, and the importance of continuing to derive pleasure from poetry even after the completion of these sessions (whether in a group or individually) were discussed.

2. Results

In the present study, in terms of educational level of the participants, the experimental group consisted of 4.45% elementary school, 3.27% middle school, and 3.37% diploma, while the control group consisted of 4.36% elementary school, 2.18% middle school, and 4.45% diploma. In terms of economic status, the experimental group had 1.9% good, 3.27% average, and 6.63% poor economic status, whereas the control group had 2.18% good, 3.27% average, and 5.54% poor economic status. Regarding the duration of

illness, in the experimental group, 2.18% were under 10 years, 3.27% were between 10-20 years, and 5.54% were above 20 years with schizophrenia, while in the control group, 3.27% were under 10 years, 4.45% were between 10-20 years, and 3.27% were above 20 years with schizophrenia. [Table 2](#) presents the mean and standard deviation of positive, negative, and general symptoms components for both the experimental and control groups in the pre-test and post-test phase.

Table 2

Mean and standard deviation of positive, negative, and general symptoms components in the experimental and control groups at pre-test and post-test stages.

Variable	Test	Control group		Experimental group	
		Mean	Standard Deviation	Mean	Standard Deviation
Positive Symptoms	Pre-test	56.90	13.30	61.27	17.91
	Post-test	54.72	12.64	39.72	11.23
Negative Symptoms	Pre-test	33.54	7.01	23.18	7.35
	Post-test	30.81	8.58	15.27	4.19

Table 2 shows the mean and standard deviation of positive, negative, and overall symptom components for the experimental and control groups in the pre-test and post-

test. As observed, the scores of the participants in the experimental group show a significant reduction in all three components during the post-test stage.

Table 3

Results of covariance analysis of post-test scores of positive, negative, and general symptoms with pre-test control.

Components	Homogeneity of Variance (Levene's test)		The effect of pre-test		The main effect of the group		
	F	Sig	F	Sig	F	Sig	η^2
Positive Symptoms	53.66	0.001	53.97	0.001	53.35	0.001	0.280
Negative Symptoms	50.34	0.001	88.92	0.001	11.76	0.002	0.337

($p < 0.05$)

Since the number of participants in both groups was equal, there was no issue in using parametric analysis of covariance. The analysis of covariance test indicated a significant reduction in positive and negative symptoms among the experimental group,

but this change was not significant in the control group (**Table 3**).

3. Conclusion

The results of this research showed that group poetry therapy can reduce the positive

and negative symptoms of chronic schizophrenia patients. These findings were consistent with the following studies:

Faraji et al. (2013) demonstrated in their research that group poetry therapy is effective in enhancing cognitive status in the elderly. So, in the control group, an improvement in cognitive status was observed after the implementation of poetry therapy techniques, whereas no significant change was observed in the pre- and post-intervention assessments in the control group. Mohammadian et al. (2010) indicated that group poetry therapy is effective in improving depression in students. Asayesh et al. (2011) showed in their study that group poetry reading is effective in improving social behaviors in schizophrenic patients, reducing aggressive behaviors, general social dysfunction, and overall behavioral problems compared to pre-intervention scores. Gillispie (2003) suggested that the principles and techniques of poetry therapy, particularly instructive poems, are effective in the education of adults with mental illness.

To elaborate the findings more, it can be noted that poetry, like the pressure within a volcano, releases internal pressures and prevents an earthquake from occurring. When emotions such as anger and depression cannot be expressed, they may give rise to symptoms of illness. The process of reading and writing poetry can be seen as an acceptable outlet for pouring out psychological forces that have the potential to explode, thus restoring physiological and psychological balance (Ghamari Givi et al., 2010). Therefore, poetry therapy generally reduces symptoms as a whole.

Poetry and literature are basically everything that has engage language and serve as a catalyst used by the poet-therapist to evoke reactions in individuals and groups. In fact, poetry, like the lava of a volcano releases internal pressures and prevents an earthquake from occurring. When emotions such as anger and depression cannot be expressed, symptoms of illness may emerge. The process of reading and writing poetry can be considered as an acceptable outlet for the release of psychological forces that have the potential to explode. Consequently, it restores physiological and psychological balance (Khodabakhshi Koolaei et al., 2015).

On the other hand, poetry therapy deals with the expression of words. Negative symptoms, like poverty of speech, decrease through the expression found in poetry. Superficial emotions, with the expression of feelings and their externalization, and also receiving empathy from other group members, diminish. In a space where emotions are expressed and understood by others, there is no reason for superficial emotions to exist.

Achieving the goals of poetry therapy in individuals with schizophrenia creates a sense of purpose and coherence in life, awareness of values, acceptance, and significance, which are essential components of meaning in life. Poetry therapy sessions evoke feelings of hope, vitality, dynamism, and ultimately a search for meaning. Thus, due to the lack of available research that examines the effects of group poetry therapy on participants' sense of meaning, we turn to studies that focus on the concept of meaning and meaning-centered interventions in

reducing psychological disorders in the elderly and improving mental health by reducing depression, anxiety, etc.

On the other hand, poetry therapy deals with the expression of words. The poverty of words, which is considered as a negative symptom, is reduced through the expression in poems. Superficial emotions are diminished when feelings are expressed and externalized, and when empathy from others in the group is received. In an environment where emotions are expressed and understood by others, there is no reason for superficial emotions to exist.

Tamura (2001), a cognitive linguistics psychologist who explores language difficulties, assumes that poetry serves as the foundation for solving cognitive disorders. He argues that this approach stabilizes linguistic therapy for schizophrenia, which in turn resolves fundamental cognitive impairments. Since poetry is closely connected to speech and language, it can be effective in resolving cognitive problems. Furthermore, when psychological points are not taught through normal conversations during therapy sessions, but rather in the form of shared poetry, the patients perceive themselves facing a powerful collective cultural process (Mohammadian et al., 2010). In such circumstances, they have to accept certain mistakes in their thinking and beliefs. For example, when patients expressed their delusional and incorrect thoughts during sessions, they were challenged by certain poems and subsequent feedback from other individuals. In an empathetic atmosphere, patients realized that in some instances, they held irrational thoughts. Sometimes, poetry reading triggered paranoia and pessimism in

these patients, and others challenged them through their feedback. As a result, in the final sessions, almost every patient gained a relative insight into their delusions and cognitive mistakes, leading to changes in their self-awareness.

This study is conducted only on male patients. Also lack of control over the duration of patients' hospitalization in centers, age heterogeneity among patients, and the absence of follow-up after intervention are among the limitations of this study. It is suggested that in future research, these factors be controlled, and these techniques be tested on female patients and other mood and psychiatric disorders.

4. Conclusion

Poetry therapy sessions can help participants grasp the meaning of life. It also provides an opportunity for members to explore self-awareness, understanding, and emotional release, while strengthening their sense of meaning. Joyful activities such as poetry therapy sessions help individuals with schizophrenia being purposeful in their life, serve as strong support for emotional stability, and ultimately ensure their mental and physical well-being. These sessions contribute to the development of insight, hope, and improved quality of life.

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Conflicts of Interest

There are no conflicts of interest among the authors.

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RESEARCH ARTICLE

The effect of poetry therapy on the level of anxiety in patients with myocardial infarction

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ABSTRACT

Background: Myocardial infarction (MI) is the main cause of disability in developed countries. Anxiety is the most common psychological response to MI. **Aims and Objectives:** Due to the importance of the issue, this study aimed to investigate the effect of poetry therapy on the level of anxiety in patients with MI in 2016 in Bushehr city. **Materials and Methods:** In this study which is the randomized clinical trial, 60 patients with MI were selected from Bushehr heart specialist hospital by convenient sampling method in 2015. Then, the selected samples were assigned into test and control groups randomly. The data were collected by anxiety assessment inventory. Poem reading was performed for each person in test group during 4 sessions of 45 min every week. In control group, no intervention was performed. Data were analyzed by SPSS software version 18, and descriptive statistical tests (mean, standard deviation [SD], frequency, and confidence interval of 95%) and inferential statistical tests (Chi-square, Fisher's exact test, and independent *t*-test) were used. **Results:** Before the intervention, the mean and SD of anxiety score in test and control groups was 19.83 ± 2.39 and 19.93 ± 3.07 , respectively. The mean and SD of anxiety score after intervention in test and control groups was 7.60 ± 5.55 and 17.03 ± 3.18 , respectively. After the intervention, a significant statistical difference was observed between anxiety level in patients of test and control groups ($P = 0.001$). The mean anxiety level before and after the intervention had a significant statistical difference in test and control groups ($P = 0.001$). After the intervention, there was a significant difference between the severity of anxiety between test and control groups ($P = 0.001$). **Conclusion:** Poetry therapy has an effect on the anxiety level in patients with MI. Considering the low cost and simplicity of poetry therapy method, it is recommended to use it as an uncomplicated, simple therapeutic method to control the anxiety caused by MI.

KEY WORDS: Poetry Therapy; Anxiety; Myocardial Infarction

INTRODUCTION

Myocardial infarction (MI) is the main cause of death and disability in developed countries. In the United States, about 176 million people have coronary artery diseases.^[1] 8.5 million people of them will have MI and 10.2 million will have angina pectoris.

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In Iran, 2 million people have MI and every day 317 people die because of MI.^[2] The age of affliction to cardiovascular diseases in Iran is 7–10 years less than it in other countries.^[3] Psychosocial factors affect the development of atherosclerosis and speed up the acute heart attack and sudden death due to heart failure. Anxiety is the most common psychological response to MI. Anxiety is a negative feeling that happens in response to a risk factor with an intrinsic or extrinsic source.^[4] The prevalence of anxiety among patients with cardiovascular diseases is about 70–80%.^[5] The most common cause of anxiety is fear from death and being afraid of recurrent stroke.^[6] Patients who have anxiety during 48 h after MI are 4.9 times more on exposure to some complications like recurrent stroke.^[7] Anxiety disorders are very prevalent and at the same time they are curable.^[8–10] Pharmacological and non-pharmacological methods may be used to treat anxiety.^[5] Anti-anxiety drugs may have toxic effects on heart.^[11] Considering the side effects of the drugs used for treatment of anxiety in patients with heart diseases that exacerbate their clinical status and also the risk of drug dependency and intolerance of these drugs for a long time and high cost of them, it is better to use non-pharmacological methods to control and cure anxiety.^[12–14] These methods are inexpensive, non-invasive and without any side effect. One of the common non-pharmacological treatments is art therapy which is used for alleviation of anxiety in patients.^[12,14–16] While these methods are inexpensive and practical and non-invasive, they have very benefits for the patient without any side effect.^[17] One of the methods of treating anxiety in patients with heart diseases is cognitive-behavioral techniques. The main objective of these techniques is identification of negative thoughts which is an important issue in cognitive-behavioral treatments.^[18] Poetry therapy is one of the art therapies that may be used. Poetry is a verbal art that is presented in form of language, and therefore, is able to communicate with the audience.^[19] Poetry is one of the aspects of art that can be used as a method of art therapy in mental and physical diseases. Poetry therapy is a kind of art therapy which is used for motivating the patient to achieve treatment objectives.^[20] Poetry therapy may lead to the quick improvement and promote communication and self-understanding in patients.^[21] Although poem looks to be a simple combination of words, it is actually the expression of strong and sophisticated feelings.^[22] There are various studies on the effect of poetry therapy in mental and physical domains studies.^[20,22–27] Nurses in intensive care units are one of the most important members of the treatment team and have an important role in maintaining and protecting the mental and physical health of patients.^[28] One of their main duties is assessment of verbal and non-verbal behaviors and determining the anxiety level of the patients. They may participate actively in treatment of common

psychological responses (anxiety) following coronary heart diseases.^[29] Since anti-anxiety drugs have important side effects on heart and cause drug tolerance, and therefore, reduction of their effects after a short time,^[30] it is better to use non-pharmacological methods to treat anxiety in these patients. Due to the importance of the issue and lower costs and reduced complications of poetry therapy, this study was conducted to assess the effect of poem reading on the anxiety status in patients with MI who have been hospitalized in Bushehr heart specialist hospital in 2016.

MATERIALS AND METHODS

This study which is a clinical trial was aimed to assess the effect of poetry therapy on the anxiety level of patients with MI in 2016. Samples were selected by a convenient method, and then they were randomly assigned into test and control groups using Excel's random table. The study populations were 60 people of the patients hospitalized in Bushehr heart specialist hospital. To determine the sample size, considering the confidence level of 95%, test power of 80% and the proportion of patients that after intervention their moderate anxiety changes to the mild anxiety which was 60% in test group and 20% in control group, the sample size for each group calculated to be 27 people. With anticipating the attrition rate of 10%, eventually, 30 people were selected for each group. The inclusion criteria were diagnosis of coronary heart disease by a specialist and having moderate anxiety, homogeneity of samples in terms of gender and marital status and age of between 20 and 60 years old. The exclusion criteria were: (1) History of heart diseases and hospitalization in intensive care units (2) having unstable vital signs (3) history of convulsion (4) being deaf and dumb (5) having the education level of less than high school (6) history of mental diseases (7) having a non-Persian language, and (8) drug addiction. The Beck anxiety assessment inventory was given to the participants. Beck anxiety inventory is a self-reporting questionnaire with 21 questions that reflect the severity of cognitive and physical symptoms during the previous week. Each question had four answer options (0–3). Zero means without anxiety, 1 mild anxiety, 2 moderate anxiety, and 3 the severe anxiety. This questionnaire emphasizes more on the physiological aspects of anxiety that three questions of that are related to the anxious mood, three questions related to specific phobias, and the rest of the questions assess the symptoms of hyperactivity and physical tension of anxiety. The score of 0–7 shows slight anxiety or having no anxiety, 8–15 shows mild anxiety, 16–25 moderate anxiety, and 26–63 shows the severe anxiety. Kaviani *et al.* reported that internal consistency of this questionnaire is 85%, retest reliability after 1 week 71% and the correlation

of its parts is 53%. The Cornbrash's alpha coefficient has been calculated to be 90%.^[31] It was a single-blind study. After getting the informed consent from patients and assuring them about confidentiality of their information, the anxiety assessment inventory was given to them. The questionnaires were filled before and after the intervention. Test and control groups were investigated separately. In control group, no intervention was performed. To prevent any bias, filling the questionnaires was done by a person who was not there at the time of intervention and had no role in that. The main intervention was performed by the main researcher while the one who filled the questionnaire was not there. Poem reading sessions were held separately for each patient 4 times per week for 45 min. Poems for each person were selected according to the congruence and emotional characteristics.^[26] In other words, according to the anxiety score of patients before intervention, some poems were selected for anxious patient that could alleviate them and reduce their anxiety. Some factors were considered in choosing poems, including communication, language, poem narration, feeling and emotion, and being motivating, and having an understandable concept in terms of narration and simplicity. The poems used in these sessions were from famous poets who have influenced the literature like Khayyam,^[32] and also from the recent poets such as Jalil^[33] and Gheysar Aminpour.^[34] Succinctness of poems, effectiveness and being exhilarating and making others hopeful were some of the characteristics of selected poems which were compiled in a booklet by literature consultants. The booklet was approved by the ethics committee. Selection of poems was according to the poem type, verbal fluency and patients' interest. During each session, researcher was asking the patient to be ready in their room and sit on a chair. If patient was unable to come out of bed, researcher was doing the intervention as patient was in bed. After asking about patient's comfort and readiness, poem reading was starting. The method was explained for patient before intervention. Researcher was reading poems 2–3 times for patient and then was asking the patient to say how much he could communicate with the poems. The patient was also asked to talk about the topics or verses that engaged his mind or about any concept of the poem. The patient was asked to select and read one of the poems from the booklet as well. In each session, some new poems were used. The method of reading poems, accent, and feeling during reading, tone of voice, the topic, and the way of communicating with patient by body language was assessed by a trained person. At the end of sessions, researcher was asking patient again to express his feeling. Then, research assistant filled the Beck anxiety assessment inventory in absence of the researcher. Researcher was trained about the method of poem reading in an accredited institute. Analysis of data

was performed by descriptive statistics (mean, standard deviation [SD], frequency, and confidence interval of 95%), inferential statistics (Chi-square, Fishers exact test, and independent *t*-test), and also non-parametric tests like Mann–Whitney U-test. To do this, SPSS software version 18 was used.^[35,36]

RESULTS

The mean and SD of age in test and control groups was 47.47 ± 9.82 and 50.53 ± 10.85 years, respectively, that had no significant difference according to the independent *t*-test ($P = 0.25$). Based on the inclusion criteria, there was no significant difference between gender distributions in two groups as well. The number and percentage of women and men in test and control groups was 7 (23.3%) and 23 (76.7%), respectively. The least frequency of education level in both groups was in doctorate level which was 2 (6.6%) and the highest one was bachelor's degree which was 20 (66.6%). According to the result of Fishers exact test, there was no significant difference between education level of participants in test and control groups ($P = 0.6$). The comparison between education level of participants in test and control groups showed that the number and percentage of people with the education level of under bachelor's degree in test group was 14 (46.7%) and in control group 17 (56.7%) and the number and percentage of people with the education level of higher than bachelor's degree in test and control groups was 16 (53.3%) and 13 (43.3%), respectively. Considering the inclusion criteria, there was no significant difference between two groups in terms of marital status. The number and percentage of married and single participants in test and control groups was 26 (86.7%) and 4 (13.3%), respectively. According to the result of independent *t*-test, there was no significant difference between the mean anxiety score in test and control groups before intervention ($P = 0.88$) but according to Mann–Whitney U-test results, there was a significant difference between the mean scores of anxiety of participants in test and control group after intervention ($P = 0.0001$). The mean and SD of anxiety score in test and control groups before intervention was 19.83 ± 2.39 and 19.93 ± 3.07 , respectively, and after intervention they become 7.60 ± 5.55 and 17.03 ± 3.18 , respectively [Table 1]. In test and control groups, moderate level of anxiety had the highest frequency and percentage (31, 51.7%). The number and percentage of patients with various levels of anxiety after intervention was as follows: Mild or without anxiety 27 (45%), moderate anxiety 31 (51.7%), and sever anxiety 2 (3.3%). Based on the inclusion criteria, before intervention all participants had moderate anxiety. According to the results of independent *t*-test, variations of the mean anxiety score before and after intervention have a significant difference between test and control groups ($P = 0.0001$). The variation of mean score of anxiety score and its SD before and after intervention in test and control groups was 12.23 ± 5.71 and 2.90 ± 4.62 respectively. According to Fishers exact

test result, comparing the frequency of patients with mild or without anxiety, moderate anxiety, and severe anxiety after intervention showed that there is a significant difference between severity of anxiety in test and control groups ($P = 0.0001$). The mean and percentage of patients who had no anxiety or mild anxiety after intervention in test and control groups were 23 (76.7%) and 4 (13.3%) respectively. The mean and percentage of those who had moderate and severe anxiety was 7 (23.3%) and 26 (86.7%) in test and control groups, respectively [Table 2].

DISCUSSION

There was no significant difference between the mean age of participants in test and control groups and this result is consistent with the results of a study conducted by Asayesh *et al.*^[27] There was also no significant difference between gender of participants in test and control groups and this result is consistent with Faraji *et al.*'s study as well.^[20] The test and control groups had no significant difference in terms of education level and marital status too. Poetry therapy may reduce the anxiety of patients with MI. To calculate the mean score of anxiety in patients with MI in test and control groups before and after intervention, having the same level of moderate anxiety before interventions, was a proper factor for determining the anxiety score after intervention. Based on the inclusion criteria and also according to the results of independent *t*-test, the anxiety level of patients in test and control groups had no significant difference before intervention. However, after intervention, there was a significant difference between anxiety level of patients in test and control groups. It looks that this result is due to the effect of poetry therapy on the anxiety status of patients with MI and this result is consistent with the results of studies conducted by Mohammedian *et al.*^[26] and Asayesh *et al.*^[27] In these researches, there was a significant difference

between the mean score of depression and social behaviors of people in test and control groups before intervention. These results were also consistent with the results of Faraji *et al.*'s study,^[20] that showed the effectiveness of poem reading on elderly depression. After intervention, there was a significant difference between the frequency of patients with no anxiety or mild anxiety and those with moderate or severe anxiety which is consistent with the results of studies conducted by Jabarouti *et al.*,^[23] Koolae *et al.*,^[24] Faraji *et al.*,^[29] Asayesh *et al.*,^[27] Tegnér *et al.*,^[22] and Naidu and Shabangu.^[25] Comparing the frequency of patients with mild anxiety in test group with those in control group shows that poem reading has been effective on reducing the anxiety of patients with MI in test group. Comparison of the anxiety score before and after intervention in two groups showed that after intervention, there was a significant difference between anxiety scores. In test group, anxiety score has had a reduction but in control group it had no change or an increase. The remarkable variation of anxiety score in patients with MI in test group confirms the effect of poem reading on controlling the anxiety in these patients. Lack of control on anxiety may lead to the deterioration of patient's situation and using some methods like poetry therapy reduces patient's anxiety. The effect of poem on physiological and mental balance of patients may respond to various aspects of personal needs as an improving process. The proved effect of poem on immunity system and physiology of patients is an evidence of the ability of this process to be used in treatment of patients.^[37] People may find out the realities of their own life by reading poem and receive positive energies from it to alleviate them.^[38] Poem may reduce anxiety and promote confidence of patients. It may have a decisive therapeutic role.^[39,40] One of the most important limitations of this intervention is the lack of collaboration among some patients. The researcher tried to justify patients according to the importance of the subject and the purpose of the study.

CONCLUSION

Poetry therapy reduces the anxiety of patients with MI and may improve their symptoms. While using drugs to treat anxiety, poetry therapy also may be used as an inexpensive and simple method. According to the findings of this study, poetry therapy may be used as a more effective method of reducing anxiety in patients with MI, effectiveness of poem reading on controlling the anxiety of patients, confirmed

Table 1: Comparison of the mean score of anxiety before and after intervention between test and control groups

Anxiety score	Mean±SD		P*
	Test group	Control group	
Before intervention	19.83±2.39	19.93±3.07	0.88
After intervention	7.60±5.55	17.03±3.18	0.0001

*Mann-Whitney U-test has been used. SD: Standard deviation

Table 2: Comparison of the severity of anxiety between the test and control groups after the intervention

The severity of, anxiety	The test group (number/percentage)		The control group (number/percentage)		Total (number/percentage)		P
	Moderate and severe anxiety	No anxiety or mild anxiety	Moderate and severe anxiety	No anxiety or mild anxiety	Moderate and severe anxiety	No anxiety or mild anxiety	
	7 (23.3)	23 (76.7)	26 (86.7)	4 (13.3)	23 (55)	27 (45)	0.0001

*Exact Fisher test has been used

the hypothesis of this study. Nurses may use poem reading method in cardiac care units to reduce anxiety of patients.

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BRIEF REPORT



Personal poetry therapy for depression by the chatbot and image creator

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ABSTRACT

In this article, the author presents a satisfying learning experience he had with an Artificial Intelligence image generator and chatbot. He explains how he, after suffering from depression, used the Bing Image Creator to create an image of a woodworker in the style of Van Gogh. He then wrote an ekphrastic poem according to the image. This poem was submitted to ChatGPT for language editing, which resulted in a second version of the poem. The Bing Image Creator was used again to create an image connected to the second verse of this poem. The author points to the beneficial therapeutic effect of his engagement with Artificial Intelligence and argues that the second version of the poems might also be regarded as his creation.

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KEYWORDS

Depression; woodworker; poetry therapy; Artificial intelligence; ChatGPT; Bing Image Creator

Introduction and theoretical markers

The aim of my article is to share a very satisfying, even exhilarating learning experience I recently had.

In 2021 I went through a period of severe depression, to the extent that I was admitted to a psychiatric institution in the city I live in. After ten days of successful treatment, I was discharged. The past two years I have been trying to rebuild and restructure my life, a process, I soon realized, would last for the rest of it. Emotional wellbeing is a construct (Tang et al., 2019, p. 1). These authors argue that psychological well-being is a core feature of mental health, and may be defined as including hedonic (enjoyment, pleasure) and eudaimonic (meaning, fulfillment) happiness, as well as resilience (coping, emotion regulation, healthy problem solving).

Mohammadian et al. (2011, p. 59) reported that the use of poetry as an intervention technique played a significant role in reducing signs of depression, anxiety and reported stress in the female Iranian undergraduate students ($n = 29$) in their study. They pointed out that the following characteristics of literature make poetry therapy a useful and effective tool to be used as part of the therapeutic experience: verbalizing of emotions, releasing of stress and discomfort, expression of wishes in a symbolic, ambiguous and

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paradoxical, as well as acceptable manner, developing a sense of creativity and power and increasing self-esteem and self-exploration (Mohammadian et al., 2011, p. 62). Pearson et al. (2020, p. 39) indicated that poetry may offer meaningful linguistic opportunities to aid the expression and narration of self and experiences.

Hosseini and Punzi (2023, p. 139) furthermore reported that creative activities provided a “safe space” and a sense of recognition. According to them, such activities are related to joy and belonging and could be used to handle uncertainty and emotional suffering. Afghan participants in their study – unaccompanied refugee minors in Sweden – preserved their heritage through music and dance and simultaneously approached the Swedish heritage and the Swedish language through poetry and music. They determined that poetic writing was a way to convey personal experiences of injustices, a source of self-understanding, and a way to establish new social networks.

Because of technical advancements in recent years, Artificial Intelligence (AI) is becoming used in many areas of our lives, including mental health care (Prescott & Hanley, 2023, p. 177). For this paper, AI refers to the simulation of human intelligence in machines that are programmed to perform tasks such as learning, reasoning, problem-solving, and decision-making, often mimicking human cognitive functions. The use of AI within education and training has been recognized as having value in mental health care (Prescott & Hanley, 2023, p. 178). There is a view, though, that a therapeutic relationship of a sufficient quality cannot be created with a machine (Prescott & Hanley, 2023, p. 183).

But what about the use of AI to write poems and create pictures to facilitate emotional healing and wellbeing? Very little, if any, work appears to have been done in this field. I often write poems to serve as markers and stabilizers of my healing process. Recently I experimented with ekphrastic poems – poems flowing from, or connected to, pictures or paintings. As such, I have decided to investigate the extent to which AI can contribute towards my healing process after the period of depression.

Materials and methods

Since its introduction about two years ago, I have been using the ChatGPT chatbot regularly. ChatGPT is an AI-powered conversational agent developed by OpenAI that processes natural language to generate human-like text responses, facilitating tasks such as answering questions, engaging in discussions, and providing personalized assistance.

A few weeks ago, a friend suggested that I should go to Bing.com/Create and click on “join” and “create” to log in to my Microsoft account to access the Bing Image Creator (Diaz, 2023: online). The Bing Image Creator is a tool powered by AI that generates images based on text prompts, allowing users to create visual content by simply describing what they want to see.

I now must mention that I am also an amateur woodworker, and my woodworking projects serve to calm my nerves and allow me to express my creativity in tactile manner. My father was a building contractor and I often, as a teenager, played and worked with wood on his building sites. He died in 1985, and since then I connect with those memories through my woodworking.

This is why my first instruction to the image generator was “woodworker at his workbench”. After a few unsatisfactory attempts, the image generator suggested that I should add “in the style of ...” to my instructions. I then added “in the style of Rembrandt” and

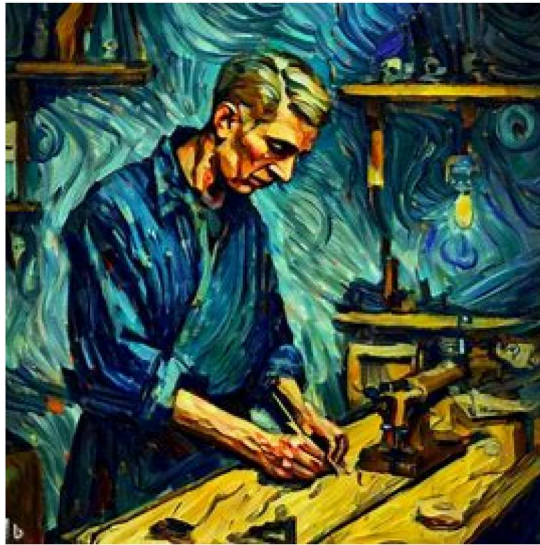


Figure 1. Woodworker at his workbench in the style of Van Gogh. Generated by Bing.com.

"in the style of Caravaggio", but I did not like the hands created by the generator. I then added "woodworker at his workbench in the style of Van Gogh", and one of the four suggested images was the one in [Figure 1](#).

Results

This satisfied me, and I started to identify the objects in the image to write this poem:

Silent man in blue I

So many thoughts to contemplate – who are you?
 A carpenter, a writer, hunter of stars –
 perhaps a veteran of blood-spattered wars?
 Maybe, with your graceful fingers and pencil
 you were able to solve the existential
 paradox of living in darkness *and* light,
 or have you lost the sallow fights
 with so many fools?
 Perhaps your fluttering hands held precious tools
 when, magically, between glue and wood
 life emerged out of yellow and blue. Have you understood
 that the true purpose of life is to drift
 from glory to what you might have missed?

I felt blessed and comforted by this poem and picture. They reminded me of my love for physical objects, wood and craftsmanship. It connected me with my father, who, as I have mentioned, died almost forty years ago. I felt encouraged to continue writing this paper. I then decided to submit *Silent man I* to the chatbot (<https://chat.openai.com/>) to be language edited. The chatbot sent me the following version, and I promptly baptized it *Silent man in blue II*.

Silent man in blue II

Amidst the solitude, you stand,
thoughts whirling like grains of sand.
A carpenter, a writer, a seeker of stars,
or a veteran of blood-spattered wars?

With graceful fingers, pencil in hand,
did you solve the paradox, understand,
living betwixt darkness and light,
or did you falter in the endless night?

Perhaps your hands once held the tools,
when life emerged from woods and glues.
Did you grasp the purpose, the drift,
from glory to what you might have missed?

Oh, man of mystery, reveal your soul,
as the universe unfolds its majestic role.
Embrace the peace in silence found,
let love and truth be solid ground.

For life is but a dream outside a dream,
an illusion's dance, or so it may well seem.
Go placidly, then, be gentle, be true,
as you navigate this gorgeous world through.

I then gave the Bing Image Creator a new assignment, namely, to create a painting of a woodworker at his workbench in the style of Van Gogh according to the second verse from the poem edited by the chatbot:

With graceful fingers, pencil in hand,
did you solve the paradox, understand,
living betwixt darkness and light,
or did you falter in the endless night?

It responded by generating the picture in [Figure 2](#).

Discussion

As far as I am concerned, the edited version and picture added great value to my poem. It should be noted that I do not state that the chatbot edited version is *superior* (my emphasis) to my first poem. I simply conclude that it added great value to my first poem. In fact, considering the process of language editing that most academic journals require, I wish to argue that the second version is also essentially “mine”. Readers should take note of the inverted commas around the word “mine.”

I asked the chatbot to explain the meaning of the inverted commas in this statement. The chatbot pointed out that the inverted commas might have been used to indicate that the word is being used in a special or non-literal sense, that I therefore wanted to suggest that I am acknowledging that the word “mine” might not be entirely accurate or might be subject to interpretation. This usage, the chatbot said, could imply irony, doubt, or a

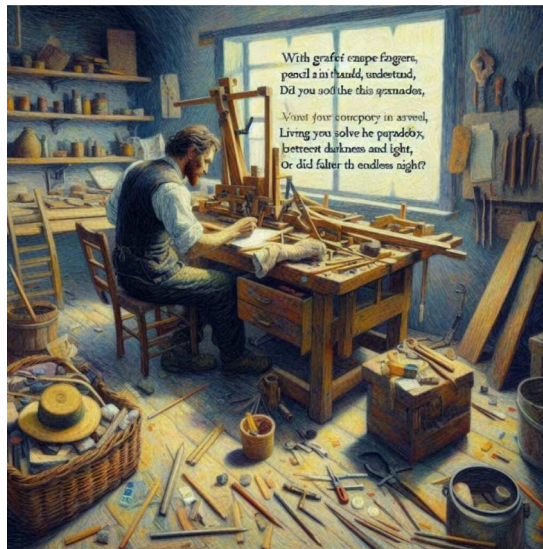


Figure 2. Woodworker at his workbench in the style of Van Gogh according to the second verse of *Silent man in blue II*. Generated by Bing.com.

specific nuance that distinguishes it from the straightforward meaning of possession. I find this explanation sufficient.

Critical readers might note that the chatbot revised my poem into formal stanzas and added additional stanzas that may seem more “poetic” but are merely cliché. In addition, some readers might argue that this process alone disqualified this version as being recognized as my own. Those readers might point out that the original version had more authentic turns of phrases indicative of my inherent writing voice.

A critical reader of this paper has indeed suggested that in the following three lines, I placed the gesture of drawing next to a philosophical statement that ends with a concise and evocative line: “paradox of living in darkness and light.”

Maybe, with your graceful fingers and pencil
you were able to solve the existential
paradox of living in darkness and light.

This critical reader then made a profound interpretation which added considerable additional meaning to my paper and the academic debate surrounding the use of AI in academic papers alike: “The chatbot version ignores the nuance and development of this juxtaposition. It is clumsy, didactic, and cliché.”

I thankfully agree with this at this stage, but I shall nevertheless bravely explain my position further. I argue that the only difference, if one can call it that at all, between the language editing required by academic journals and the editing done by the chatbot, is that one is performed by one or more humans and the other one is performed by a chatbot – the algorithms of which were developed by (more) humans.

What I can claim with great certainty, is that my process of healing from depression has been enhanced by what I have accomplished with the image generator and the chatbot. Seeing this, I find it very encouraging that Prescott and Hanley (2023, p. 183) reported

that, despite their criticisms of technological advancements, most participants (therapists) in their study ($n = 35$) are open to the possibilities AI may offer for future therapy.

As further evidence of my ongoing recovery, a collection of my Afrikaans poems was recently published in South Africa – see <https://naledi.co.za/product/stil-gesprek/>. As such, there is, as far as I am concerned, great potential for poetry therapy at the interfaces between humanity and Artificial Intelligence.

Acknowledgments

I hereby express my sincere gratitude to Mr. Carl-Heinz Conradie, who introduced me to both chat.openai.com and Bing.com/Create. This changed my life for the better.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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The Effect of Poetry Therapy on the Development of Language and Social Skills in Children with ASD

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ABSTRACT

Aims Regarding the language deficiency in children with autism spectrum disorder (ASD) and delay in their development of social activities, providing intervention and training to improve these skills is of great importance. The present study aimed to determine the effectiveness of children's educational poems on the development of social activities and language skills in autistic children.

Materials & Methods This quasi-experimental study was conducted with a pre-test and post-test and a control group. The statistical population included all children with ASD (age range: 10-12 years) referring to the Welfare Organization, Exceptional Children's Schools, and healthcare centers and clinics in Ardabil, Iran in the time period between March and September 2019. A total of 30 individuals were selected through voluntary sampling and randomly assigned to experimental (n= 15) and control (n= 15) groups, and answered the Vineland Social Maturity Scale (VSMS) and the Test of Language Development (TOLD) questionnaires. The children's educational poems were practiced with the experimental group for 16 sessions (60 minutes; 2 sessions per week). Then, at the end of the interventions, both experimental and control groups were evaluated again by study instruments. Data were analyzed using descriptive statistics and multivariate analysis of covariance (MANCOVA).

Findings Children's educational poetry significantly improved social activities ($p<0.01$) and language skills ($p<0.01$) in children with ASD.

Conclusion Poetry therapy was effective in increasing the use of language skills and improving appropriate social skills. Also, teaching such skills can be used as an effective intervention method in schools, medical centers, and speech therapy centers.

Keywords Language Skills; Social Skills; Poetry Therapy; Autism Spectrum Disorder

CITATION LINKS

[1] Lego therapy for children with autism spectrum disorders: Theoretical Foundations, applications, levels of performance and effectiveness [2] Synopsis of behavioral sciences/ clinical psychiatry [3] Dietary correlates of hyperactive behavior in children [4] Investigating and comparing the linguistic characteristics of autistic children [5] The effect of storytelling on speech language in children with autism (mild to medium spectrum) [6] An investigation of language impairment in autism: Implications for genetic subgroups [7] The effectiveness of puppet therapy intervention on social skills of male students with autism disorder [8] Comprehensive text book of psychiatry [9] Theory of mind (a new approach to transformational psychology) [10] How children tell a lie from a joke: The role of second-order mental state attributions [11] Membership brochure [12] Music therapy for all, introduction to: Music therapy including music therapy in Iranian literature [13] The effect of group poetry therapy on reducing depression symptoms in students [14] Gilliam autism rating scale (GARS-2) [15] The effectiveness of applied behavioral analysis (ABA) on symptoms of autism [16] Vineland social maturity scale: An update on administration and scoring [17] Clinical art therapy [18] Psychotherapy [19] Moving toward cohesion: Group dance/movement therapy with children in psychiatry [20] Multitouch tablet applications and activities to enhance the social skills of children with autism spectrum disorders [21] The effect of music therapy along with play therapy on social behaviors and repetitive behaviors of children with autism [22] The effectiveness of storytelling on social interactions of children with autism disorder [23] The effect of inactive music therapy on symptoms, communication deficit, and social interaction of children with autism spectrum disorder [24] The effectiveness of storytelling on improving communication skills and social interactions in children with autism [25] The effect of rhythmic singing style on the quality of speech of children in autism (autistic) seven to ten year old Persian-speaking boy

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Introduction

The term autism spectrum disorder (ASD) was first coined by Bleuler in 1912. The term was not used to describe people with ASD but referred to ASD thinking as opposed to logical thinking. Hence, Bleuler is not considered a pioneer of ASD since the first studies on ASD were seen in the works of Connor and Asperger, two physicians in 1934 and 1935 [1]. In primary school children, the rate estimated of ASD prevalence is 157 per 10,000 children in the United Kingdom (1.26). The preliminary investigation of Ghanizadeh in school children (2008) indicated a rate of 19 per 1000 for probable autistic disorder and 5 per 1000 for probable Asperger syndrome, which is more than the reported rates across the world (1.26). ASD is one of the neurodevelopmental disorders. According to the latest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), ASD is diagnosed by such major symptoms as impaired communication, impaired reciprocal social interaction, and restricted, repetitive, and stereotyped patterns of behaviors or interests [2]. In fact, autism affects three major behavioral domains, including social interaction, verbal communication (language), and stereotyped behavioral patterns. Therefore, among different groups of children with special needs, children with developmental disorders such as ASD have many problems in social relations, behavioral patterns, and social communication (language) [3].

Language, as one of the great functions of the human mind, has been the subject of much scientific research. It is one of the most high-level cognitive activities in the human brain and is regarded as one of the most effective instruments for expressing thoughts and emotions. Language disorder results in the inability to communicate with the environment. Speech is an objective and audible expression of language. Both speech and language can be damaged for various reasons. ASD is one of the disorders that negatively affects language skills and social interactions. Thus, it is important to study the linguistic and communication characteristics of this group of disorders by language and communication experts [4]. Studies show that one of the main characteristics of children with ASD is that they do not have the right verbal ability to communicate properly, and that the linguistic domains of these children, mainly pragmatics and semantics, are problematic [4]. In another study, one of the problems observed in children with ASD was that these children had a delayed onset of speech or had problem in speech development [5]. Accordingly, language and speech problems are among the major challenges in children with ASD [6]. So, it is important to study the linguistic and speech aspects of this disorder and find a solution for improving such skills in children with ASD.

Children with ASD have many problems with their social skills, too. Social skills play an important role in a person's life and success, but these children have significant difficulties in learning and applying these skills. Social skills include behaviors that help a person interact effectively with others and avoid undesired responses [7]. ASD belongs to the group of pervasive developmental disorders (PDD) characterized by sustained impairment in interactive social skills and limited repetitive communication patterns. The onset of the disease is from birth to about three years of age [8]. Studies show that people with ASD have multiple disorders in social interaction [9]. Children with ASD often have difficulty in establishing and maintaining social relationships. They usually face limitations in social communication, and attempt to socialize in rigid ways. These problems should not be viewed as a lack of interest in or reluctance to socialize, but rather as a result of their inability to use appropriate social, communication, and language skills. In fact, one of the major problems of children with ASD is social interaction disorder, which is related to the inability to use social skills [10]. A child with ASD may be isolated or may become self-absorbed or refuse help from others while doing things [9]. Therefore, as the prevalence of children with ASD has increased, it is important to find a cost-effective therapy for the development of language and social skills in them. In this respect, poem therapy is one of the treatments that has not received significant attention.

Nowadays, the actual number of psychotherapy systems and methods is unclear. Some of these systems have gained popularity, but other methods of psychotherapy such as art therapy and its various methods have not been introduced yet. Artistic methods such as painting, music, theater, storytelling, photography, sculpturing, and poetry have a huge impact on humans and can have a healing effect. Poetry therapy is a creative art therapy that uses poetry and other stimulating forms of literature to achieve therapeutic goals and personal growth [11]. Some scholars have studied poetry and rhythmic games in terms of their effects on different aspects of social life and others have studied the effect of poetry on emotional development or children's psychomotor and cognitive development. A study by Schmidt Peters [12] showed that poetry therapy was effective in reducing depression [13]. But the effect of using rhythmic speech (poems) as a game on the social and linguistic skills of children, especially those with developmental and neurodevelopmental disabilities such as autism, has not been considered significantly yet. Given the importance of the subject and the lack of sufficient studies in this field, it seems necessary to conduct surveys with appropriate interventions for developing social activities and language skills of autistic children. Therefore, the

present study was carried out to investigate whether children's educational poems are effective on the development of social activities and language skills in children with ASD.

Materials and Methods

This quasi-experimental study was carried out as pre-test and post-test with control and experimental groups (Table 1).

Table 1) Diagram of the present study

Group	Random	Pre-test	Independent variable	Post-test
Experimental group	R	T1	X	T2
Control group	R	T1	-	T2

The statistical population included all children with ASD (aged 10-12 years) referring to the Welfare Organization, Exceptional Children's Schools, and healthcare centers and clinics of Ardabil, Iran in time period between March and September 2019. A total of 30 participants were randomly selected and assigned to experimental (n= 15) and control (n= 15) groups. Subjects in the population were sampled by a random process, using either a random number table, so that each person remaining in the population has the same probability of being selected for the sample. The sample size was determined by personal estimation, that is, the researcher determined a certain percentage of the population through considering such factors as the degree of population heterogeneity, distribution of trait (s) in the population, available facilities and possibilities, and time.

The main inclusion criteria are definitive diagnosis of autism using Gilliam Autism Rating Scale (GARS) and psychiatrist approval, lack of oral and maxillofacial disorders, lack of anatomical disorders of speech organs, absence of oral apraxia, absence of visual and auditory problems and cranial nerve disorders. Also, the language environment of all participants was Persian.

The exclusion criteria are depression, maxillofacial disorder, parents' dissatisfaction with their children's participation in the study, and aggression and severe self-injury of participants.

Instruments used in this study are as follows:

1- Gilliam Autism Rating Scale (GARS): This scale helps diagnose people with ASD. The test, which was standardized in 1994, summarizes the characteristics of autistic people based on the data of 1,094 individuals from 46 states of three countries, including Colombia, Puerto Rico, and Canada. The GARS is based on the definitions presented by the American Autism Society (1994), the American Psychological Association (APA), and the DSM-5. This scale is suitable for people aged 3 to 22 years, and parents and professionals can complete it at school or at home.

The questionnaire consists of four subscales and each subscale consists of 14 sections with a score of 0-3 for

each question. The first subscale describes repetitive behaviors, motor disorders, and strange behaviors. The second subscale, which deals with communicative skills, covers items 15 to 28 and describes verbal and nonverbal behaviors that are symptoms of autism. Social interaction is the third subscale containing items 29-42. Finally, the fourth subscale, which deals with developmental disorders, includes items 43-56 and raises key questions about the childhood development of individuals. The maximum and minimum score for each of the three subscales of repetitive behaviors, communication, and social interaction is 42 and zero, respectively. Each child's overall score is a maximum of 140 and a minimum of zero. A higher score indicates a problem in that specific subscale and a lower score indicates an improvement in it. Also, the reliability of this test has been confirmed in various studies. Studies show a coefficient alpha of 0.90 for repetitive behaviors, 0.89 for communicative skills, 0.93 for social interaction, 0.88 for developmental disorders, and 0.96 for autism semiology. In addition, the validity of the test has also been confirmed by comparison with other autism diagnostic tools and demonstrated through several reviews [14]. Regarding the reliability of this test in Iran, the Cronbach's alpha coefficient for repetitive behaviors was 0.74, communicative skills 0.92, social interactions 0.73, developmental disorders 0.80, and total score 0.89 [15].

2- Vineland Social Maturity Scale (VSMS): This scale assesses the ability of individuals to meet their own practical needs and accept responsibility. This scale has 117 items. The information required in each item is not obtained through test but through interviews with informants (parents, nurses, siblings, or anyone who knows the child well). The scale is based on what the individual is capable of doing in daily life. This scale includes eight subscales: General self-help ability, self-help eating, self-help dressing, self-direction, occupation skills, locomotion skills, communication skills, and socialization skills. It should be noted that in the present study, among the social development subscales, only three categories of general self-help ability, self-direction, and communication skills were used. Also, the scale has been standardized on 620 males and females in each age group (from birth to age 30) with a validity coefficient of 0.88 and a reliability coefficient of 0.92 [16]. In the present study, parents of children with ASD assessed the scale of autistic behavior in their children, but the researcher scored them.

3- Test of Language Development (TOLD): TOLD-P:3 was designed and developed by Newcomer and Hamil (1998). This test was adapted and standardized by the Special Education Organization of Iran in 2001. The subtests consisted of picture vocabulary, relational vocabulary, oral vocabulary, syntactic understanding, sentence imitation, morphological completion, word discrimination, phonological analysis, and word production. This test

is based on a two-dimensional model. One dimension consists of linguistic systems with listening components (reception), organization (composition), and speech (expression), and the other dimension includes linguistic features with semantic, syntactic, and phonological components. This two-dimensional model is the theoretical basis for the preparation of 9 subtests, out of which 6 subtests are related to semantics and syntax and are part of the main subtests and 3 subtests are related to phonology and are regarded as complementary. Semantic features are presented by three subtests: The picture vocabulary subtest including listening system, oral vocabulary subtests that cover the speech system. These three subtests measure lexical repertoire. As mentioned earlier, by considering the theoretical model underlying this test, five additional benefits can be obtained by combining the standardized scores of the tests. These benefits include syntax, semantics, listening, organizing, and speaking. In the present study, only three categories of understanding relational vocabulary, syntactic understanding, and word discrimination were used. Based on the alpha coefficients test manual for all individuals, the mean alpha coefficients of different age levels were

obtained using the z-transform method. The alpha coefficient for the subtests and the components was very good. Higher coefficients indicate that the test sample is quite valid and the results can be used with confidence. Mean alpha coefficients for picture vocabulary, relational vocabulary, oral vocabulary, syntactic understanding, sentence imitation, morphological completion, word discrimination, phonological analysis, and word production were 0.76, 0.89, 0.89, 0.74, 0.90, 0.81, 0.90, 0.94, and 0.82, respectively [4].

Intervention sessions

After the pre-test, rhythmic poetry training consisted of 16 intervention sessions. Based on the pre-test model, 16 sessions were held (60 minutes; two sessions per week). In these sessions, which were arranged using credible scientific resources [12] and expert consultation, the researcher intervened to improve the development of social activities and language and writing skills in autistic children using various techniques of melodic intonation therapy (MIT). Moreover, all subjects were re-evaluated in the post-test. Table 2 shows summarize the stages of MIT adapted from the research carried out by Schmidt Peters.

Table 2) Summarize the stages of MIT adapted from the research carried out by Schmidt Peters

Session	Contents
1	Breathing for 10 minutes with an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the first song selected from the comment CD and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak (a percussion instrument), wood, triangle, bells, agogo, flute, harmonica; clapping and singing the selected song in group and individually and continuing the practice for 1 hour; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age.
2	Breathing for 10 minutes with an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from the last session in group and individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; clapping and singing the selected song in group and individually and continuing the practice for 1 hour; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age.
3	Breathing for 10 minutes with an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from the last session in group and individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; clapping and singing the selected song in group and individually and continuing the practice for 1 hour; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age.
4	Breathing for 10 minutes with an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from the last session in group and individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; singing the selected song in group and individually and continuing the practice for 1 hour; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age.
5	Practicing rhythmic talking between the examiner and the subjects for 15 minutes before the start of the exercise in a stretched and calm manner; Breathing for 10 minutes with an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from last session in group or individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; and singing the selected song in group and individually and continuing the practice for 1 hour; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age; Giving physical training such as sit-up, squat, and push-up along with rhythmic talking (to prevent any boredom in the classroom).
6	Practicing rhythmic talking between the examiner and the subjects for 15 minutes before the start of the exercise in a stretched and calm manner; Breathing for 10 minutes with an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from last session in group or individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; and singing the selected song in group and individually and continuing the practice for 1 hour; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age; Giving physical training such as sit-up, squat, and push-up along with rhythmic talking (to prevent any boredom in the classroom).
7	Practicing rhythmic talking between the examiner and the subjects for 15 minutes before the start of the exercise in a stretched and calm manner; Breathing for 10 minutes with an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from last session in group or individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; and singing the selected song in group and individually and continuing the practice for 1 hour; Singing a favorite song from the book based on the subjects' personal tastes; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age; Giving physical training such as sit-up, squat, and push-up along with rhythmic talking (to prevent any boredom in the classroom).

Continue of Table 2) Summarize the stages of MIT adapted from the research carried out by Schmidt Peters

Session	Contents
8	Practicing rhythmic talking between the examiner and the subjects for 15 minutes before the start of the exercise in a stretched and calm manner; Breathing for 10 minutes with an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from last session in group or individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; and singing the selected song in group and individually and continuing the practice for 1 hour; Singing a favorite song from the book based on the subjects' personal tastes; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age; Giving physical trainings such as sit-up, squat, and push-up along with rhythmic talking (to prevent any boredom in the classroom).
9	Practicing rhythmic talking between the examiner and the subjects for 20 minutes before the start of the exercise in a stretched and calm manner; Breathing for 10 minutes with an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from last session in group or individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; and singing the selected song in group and individually and continuing the practice for 55 minutes; Singing a favorite song from the book based on the subjects' personal tastes; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age; Giving physical trainings such as sit-up, squat, and push-up along with rhythmic talking (to prevent any boredom in the classroom); The time dedicated to music and songs decreased since the ninth session, and the time for normal and non-musical conversation increased.
10	Practicing rhythmic talking between the examiner and the subjects for 25 minutes before the start of the exercise in a stretched and calm manner; Breathing for 10 minutes with an instrumental song; Holding a breathing competition for attracting and motivating the subjects in the class; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from last session in group or individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; and singing the selected song in group and individually and continuing the practice for 50 minutes; Singing a favorite song from the book based on the subjects' personal tastes; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age; Giving physical trainings such as sit-up, squat, and push-up along with rhythmic talking (to prevent any boredom in the classroom).
11	From this session on, the time of rhythmic exercises gradually decreased and the time of rhythmic speaking increased. This included: Practicing rhythmic talking between the examiner and the subjects for 30 minutes before the start of the exercise in a stretched and calm manner; Breathing for 10 minutes with an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from last session in group or individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; and singing the selected song in group and individually and continuing the practice for 45 minutes; Singing a favorite song from the book based on the subjects' personal tastes; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age; Giving physical trainings such as sit-up, squat, and push-up along with rhythmic talking (to prevent any boredom in the classroom).
12	Practicing rhythmic talking between the examiner and the subjects for 35 minutes before the start of the exercise in a stretched and calm manner; Breathing for 10 minutes with an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from last session in group or individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; and singing the selected song in group and individually and continuing the practice for 40 minutes; Singing a favorite song from the book based on the subjects' personal tastes; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age; Giving physical trainings such as sit-up, squat, and push-up along with rhythmic talking (to prevent any boredom in the classroom).
13	Practicing rhythmic talking between the examiner and the subjects for 40 minutes before the start of the exercise in a stretched and calm manner; Breathing for 10 minutes listening to an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from last session in group or individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; and singing the selected song in group and individually and continuing the practice for 35 minutes; Singing a favorite song from the book based on the subjects' personal tastes; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age; Giving physical trainings such as sit-up, squat, and push-up along with rhythmic talking (to prevent any boredom in the classroom).
14	Practicing rhythmic talking between the examiner and the subjects for 40 minutes before the start of the exercise in a stretched and calm manner; Breathing for 10 minutes listening to an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from last session in group or individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; and singing the selected song in group and individually and continuing the exercise for 30 minutes; Singing a favorite song from the book based on the subjects' personal tastes; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age; Giving physical trainings such as sit-up, squat, and push-up along with rhythmic talking (to prevent any boredom in the classroom); Practicing talking slowly in a rhythmic way and then repeating the sentences in a normal way.
15	Practicing rhythmic talking between the examiner and the subjects for 55 minutes before the start of the exercise in a stretched and calm manner; Breathing for 10 minutes listening to an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from last session in group or individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; and singing the selected song in group and individually and continuing the practice for 25 minutes; Singing a favorite song from the book based on the subjects' personal tastes; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age; Giving physical trainings such as sit-up, squat, and push-up along with rhythmic talking (to prevent any boredom in the classroom); Practicing talking slowly in a rhythmic way and then repeating the sentences in a normal way.
16	Practicing rhythmic talking between the examiner and the subjects for 60 minutes before the start of the exercise in a stretched and calm manner; Breathing for 10 minutes listening to an instrumental song; Blowing a flute and training with it as 2-4 and 4-2 rhythms for 10 minutes; Training with a harmonica for 10 minutes; Practicing the songs from last session in group or individually for 20 minutes; Practicing two new songs selected from the comment CD (played from the CD) and then in the next stage with the help of musical instruments such as tambourine, Khash Khashak, wood, triangle, bells, agogo, flute, harmonica; and singing the selected song in group and individually and continuing the practice for 20 minutes; Singing a favorite song from the book based on the subjects' personal tastes; Practicing rhythmically for 15 minutes on the text of a book that the subjects themselves had chosen based on their age; Giving physical trainings such as sit-up, squat, and push-up along with rhythmic talking (to prevent any boredom in the classroom); Practicing talking slowly in a rhythmic way and then repeating the sentences in a normal way.

Findings

Based on the data of the study, in both experimental and control groups, most children were 9 years old. Also, the majority of children in both groups had one sibling and most of them were firstborns. Besides, the

educational level of mothers of the majority of children in both experimental and control groups was diploma, and they were mainly housewives. Regarding the educational level of fathers, the majority of the children in the experimental group

were under diploma or diploma, while the majority of fathers in the control group held an associate's degree. In addition, the majority of fathers were employed in both groups. Finally, the economic status of the majority of children in both groups was moderate. In this study, 30 subjects, 50% in the control group and 50% in the experimental group were attribution.

In the following, we will describe the status of the main variables of the research hypotheses in both groups. Table 3 shows the descriptive statistics related to the scores of social development and language skills of autistic children in both groups in pre-test and post-test stages.

Table 3) Descriptive statistics of social and language skills of the experimental and control groups during the measurement steps

Variable	Group	Mean±SD
Social skills development		
General self-help		
Pre-test	Experimental	12.95±2.28
	Control	11.80±3.31
Post-test	Experimental	15.81±2.01
	Control	12.05±1.79
Self-direction		
Pre-test	Experimental	2.25±1.14
	Control	3.50±2.03
Post-test	Experimental	6.21±1.62
	Control	3.42±1.92
Communication		
Pre-test	Experimental	2.71±1.80
	Control	4.12±2.82
Post-test	Experimental	8.42±2.13
	Control	4.45±2.71
Language skills development		
Understanding relational vocabulary		
Pre-test	Experimental	19.82±1.63
	Control	18.33±1.10
Post-test	Experimental	24.60±2.45
	Control	18.60±1.86
Syntactic understanding		
Pre-test	Experimental	11.20±1.58
	Control	12.47±1.99
Post-test	Experimental	22.13±3.52
	Control	12.87±1.92
Word discrimination		
Pre-test	Experimental	12.07±1.16
	Control	11.67±1.44
Post-test	Experimental	17.27±2.77
	Control	13.91±1.32

There are significant differences between the two groups in terms of the variables studied post-test. The null hypothesis is confirmed for the normal distribution of scores related to the development of social and language skills. So, the normality of the distribution of pre-test and post-test scores in the experimental and control groups is confirmed. The results of Box's M test show a correlation between the covariances in the experimental and control groups ($F = 1.45$; $p = 0.052$; Box = 52.86). As Table 4 shows, the F value was significant for all variables of social skills development ($p < 0.05$). Therefore, the correlation of the covariate variables (pre-tests) with the dependent variables (post-tests) is linear for each of the covariates.

As shown in Table 5, the significance levels of all tests indicate that there is a significant difference between the experimental and control groups in at least one of the dependent variables (social development and language skills development; $F = 16.08$; $p < 0.001$). The effect or difference was 0.81. In other words, 81% of the individual differences in the post-test scores of social development and language skills development in autistic children were related to the influence of educational poems on children. Since statistical power is equal to one, there is no possibility of a second type error. Therefore, the main hypothesis of the study is confirmed.

Table 4) One-way covariance analysis to test the linearity of the covariate and dependent variables

Source of change	F	p
Social skills development		
General self-help	8.03	0.000
Self-direction	37.40	0.000
Communication	176.21	0.000
Language skills development		
Understanding relational vocabulary	5.86	0.023
Syntactic understanding	32.22	0.000
Word discrimination	6.69	0.0014

Table 5) Multivariate tests on the mean of post-test in experimental and control groups with pre-test control

Statistical power	p	F	Value	Test
1	0.001	16.08	0.81	Pillai's Trace
1	0.001	16.08	10.9	Wilks' Lambda
1	0.001	16.08	4.43	Hotelling's T-squared
1	0.001	16.08	4.23	Roy's largest root

Discussion

The results showed that teaching children's educational poems is an effective way for improving the development of social activities and language skills in children with ASD. Accordingly, the main hypothesis of the study was confirmed. This finding is broadly in line with the findings of researchers who explored the impact of poetry and rhythmic games on different aspects of social life, emotional development, and psychomotor and cognitive development in children. So, it can be concluded that in a therapeutic activity associated with music and poetry, a child with ASD will attempt to provide a suitable, desirable, and timely response to a stimulus. For example, a child who speaks little will try to speak more to achieve his/her goals. A child who uses his/her 5 senses less, will try to use these senses more, and a child who has less control over his/her movements will learn how to control and direct them. Therefore, these interventions will greatly help in the recovery of children with ASD, which is recommended to be provided to this group of children in addition to current treatments [17-20]. The results depicted that poetry therapy is effective in increasing the social skills of children with ASD. This finding is generally in line with the results of Hossein Khanzadeh and Imenkhah [21], who showed that music therapy along with play therapy can

increase social behaviors, and at the same time decrease isolation and repetitive behaviors in children ASD. Also, this finding is generally in line with the results of Nasiri *et al.* [22], who indicated that storytelling and its related structure are effective in improving social interactions in autistic children. In addition, this finding is similar to the results of the study conducted by Khanjani and Khaknejad [23], who showed that music therapy enhances communication and language skills and reduces symptoms of autism. Finally, this finding is in line with the results of Falahi and Karimi-Sani [24], who reported that storytelling is effective in reducing autism symptoms, improving communication skills, and social interactions in children with ASD. Performing music and poetry in groups (playing musical instruments or singing) is a multi-quality activity that affects reflections of the human nervous system. Meanwhile, most children with ASD enjoy this practice and get actively involved in such activities. So, such activities can enhance their ability to focus and interact with others, thereby enhancing their communication and social skills. Thus, engaging in music-making techniques can provide a promising approach to facilitating the linguistic expression in autistic children who are unable to speak. Also, music therapy and poetry encourage more autistic people to participate in designed social/linguistic and cognitive/motor activities. Music and poetry provide a useful context, in which a sense of curiosity and exploration of environmental stimuli in autistic children is enhanced. In fact, children encourage through music. Poems and hymns can also be combined to create a form of musical social storytelling, which is useful for practicing social skills.

In this study, the effect of music therapy and poetry on children with ASD was determined. Music is, above all, an emotional need. It stimulates the brain's emotional system (limbic system), leading to emotional stimulation of the inner state. Also, in many situations when there is no speech or expression, music can cause empathy and emotion, and most importantly expand feelings. Therefore, music is the best way for autistic children to interact, socialize, get out of their inner world, and pay attention to their living environments.

The results obtained from the analysis of the data related to the second hypothesis showed that there was a significant difference between the experimental group and the control group regarding the development of language skills. In other words, children's educational poems increased the development of language skills in autistic children in the experimental group compared to the control group. This finding is in line with the results of Ferdosi *et al.* [25] who reported that after performing the rhythmic singing method, continuous speech quality, mean length of utterance, verb count, and speech rate increased, and echolalia percentage decreased in children. As a result, the rhythmic

singing method has a positive effect on the speech quality indicators of autistic children. In explaining this finding, it can be said that language is a social contract that exists between speakers of a community and includes semantics, word formation, syntax, and cognitive abilities of words and phrases. Language disorders include perceived and expressive disorders, such as aphasia and dyslexia. When a person has difficulty understanding others, he has perceived disorders, and if he has difficulty expressing his thoughts and opinions, then he has expressive disorders. Due to cognitive and communication problems, autistic children usually have both speech and language disorders and both speech and language skills can be enhanced by music and poetry activities. Musical activities that motivate children with ASD to follow the lyrics of the song are useful for enhancing their perceptual-linguistic skills, as group singing reduces the subjects' anxiety about speech. Meanwhile, vitality in group sessions increases the desire to speak and read. Playing wind instruments along with singing can strengthen the muscles associated with speech in autistic children. Control of the muscles responsible for breathing, tongue, lips, and cheeks is essential for speech and playing wind instruments enhances this ability. In addition, rhythmic singing helped children with ASD to talk in a much better way. Finally, adapting the rhythm of the song and singing improved the language skills of autistic children.

The main limitations of the present study include the lack of a follow-up stage and limited sample size. It is suggested that future studies use a larger sample size with children from different cultural and economic backgrounds.

Conclusion

According to the DSM-5, ASD is characterized by such major symptoms as impaired communication and social interactions along with restricted and stereotyped patterns of behaviors or interests. In the present study, it was observed that using children's poems is effective in improving the language and social skills of children with ASD. Therefore, it can be concluded that poetry therapy, which is a subset of art therapy, can be a cost-effective, new, and appropriate method for treating children with ASD.

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