



## THE USE OF POETRY IN PLAY THERAPY: A LOGICAL INTEGRATION

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One of the greatest challenges that face child psychotherapists is to find an effective way of working with the many pre-adolescent children who come for treatment. Young children arrive at mental health settings with a tremendous array of emotional and behavioral problems, and the clinician must learn to help these children as well as their typically frustrated and perplexed adult caretakers. A traditional solution has been to place the children in psychodynamically-oriented play therapy. In this type of treatment the patients are typically seen on an individual basis once or twice a week. The parents are then seen periodically for child guidance work or are referred to another therapist for assistance (Weisz & Benoit, 1989).

From the beginning, psychotherapists who have practiced this type of treatment have recognized the need to connect on a deep level with the children's experience and inner world. For this reason, the legendary Anna Freud often conducted her therapeutic consultations in the child's home (Young-Bruehl, 1988) and Erik Erikson (1950) liked to begin treatment by joining the child and his or her family for dinner. These therapists realized that unless they literally went into the children's daily milieu, they were unlikely to understand the children's experience in a profound manner. Psychodynamically-oriented child clinicians were also generally advised to begin treatment by obtaining a detailed developmental history from the children's parents (Friedman, 1966; Smirnov, 1966/1971) in the hope that this information would also further the clinician's understanding of each child's particular plight.

An early diagnostic understanding of the chil-

dren's condition was considered particularly important as this information could then foster the interpretation of a transference neurosis (Weiss, 1964). Ornstein (1976) has pointed out, however, that this traditional approach to treatment was designed only to deal with internalized psychoneuroses rather than with children who suffer from character pathology or developmental deficits. In other words, an emphasis upon transference interpretation assumed that the children's history had created structuralized problems, which would then come to life with purportedly neutral therapists. The clinician's job was to take the child's history and interpret their transference reactions in light of this background information so that the child could be freed of what had become a fixed and pathological way of relating to others.

Ornstein (1976) emphasized, however, that this approach often failed to work with a large number of children. Ornstein believed that children with severe behavior disorders typically suffer not from internalized conflicts, but from their failure to accomplish basic developmental tasks. This is particularly true for children who have grown up in chaotic, abusive or neglectful families. Given their pathogenic environment, these children have often been unable to develop basic trust, a healthy sense of initiative or adequate control over their more primitive impulses. For such children, therapy must consist not of interpreting conflicts, but of creating an empathic and supportive enough environment for the children so that they can move forward developmentally. As the social support network for families has disintegrated in recent years, creative arts therapists are faced with an ever-growing

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number of children who need this type of empathetic resonance.

It is with such cases that writing poetry can become a useful part of the treatment for many children. An excellent model for this type of work was provided by the British pediatrician and psychoanalyst, D. W. Winnicott (1971) who was acutely aware of both the child's inner mental life (feelings and fantasies) and of the family's necessary role in treatment. To this end, Winnicott recommended "the unblocking of the child's progressive maturational processes . . . so that the change he had so achieved can be made use of by parents and those who are responsible in the immediate social setting" (p. 5).

How Winnicott (1965, 1971) accomplished this "unblocking" was nothing short of extraordinary. He conducted hundreds of one to two-hour diagnostic interviews with children, during which he made extensive use of art and particularly of his famous squiggle technique. Winnicott would make a squiggly line on a blank page, which his young patient would then be asked to turn into a picture. From these sessions, the gifted Winnicott was able to gain profound insights into the inner world of the child. Winnicott then shared this information with the child's parents and often gave the mother and father explicit directions about the future care of their child (Phillips, 1988).

While most clinicians will need considerably more time than Winnicott to reach this level of empathic attunement with children, Winnicott's work can be a model of how to understand children and communicate this knowledge to parents. Giving children the opportunity to write poetry during their sessions can facilitate the initial part of the work, in which clinicians strive to know the children's inner emotional world. This idea is not without precedent, as poetry writing has been used successfully as part of the treatment of abused children (DeMaria, 1991; Mazza, Magaz & Scaturro, 1987) as well as with emotionally-troubled adolescents (Atlas, Smith & Sessoms, 1992; Mazza, 1981; Meiffren, 1993; Morrison, 1969; Pharis, 1967). Alexander (1990) as well as Bowman and Halfare (1994) have even reported positive results from the use of poetry in the therapy of suicidal adolescents, suggesting that poetry therapy need not be limited to mildly disturbed clients. Children's poetry, like their play, can be a dramatic road to their inner world.

Poems can be elicited from children in several different ways. Many children will simply respond to the suggestion that they might like to write poems

during their sessions, with therapists doing little more than providing age-appropriate writing tablets and writing instruments (pencils are fine for most children, but crayons are safer with a particularly aggressive or destructive child). At other times, the therapists may wish to suggest particular topics to children. A number of excellent resources exist in the educational literature about how to help children feel comfortable writing poetry. Of particular interest to child clinicians will be Koch's (1970) *Wishes, Lies and Dreams: Teaching Children to Write Poetry* and Spencer's (1972) *Flair: A Handbook of Creative Writing Techniques for the Elementary School Teacher*.

It is often helpful to give the children several different writing exercises from which to choose, just as a play therapist would give children a modest array of toys with which to work. The astute clinician will then intersperse the suggestion to write poems with the children's play activities. This will help them feel that creative writing is a fun addition to their therapeutic relationship, rather than an assignment dispensed by a demanding teacher. Psychotherapists who work with younger or academically delayed children should be prepared to have them dictate their poems. The purpose of the poem is to facilitate communication, rather than to have the children become preoccupied with penmanship or spelling. The use of poetry as an aid to such communication can be seen in the case of Jason, a child who presented at the author's clinical practice with severe emotional problems.

#### The Client

Jason was an attractive seven-year-old boy of mixed racial background. He was brought to a university-affiliated child guidance clinic by his mother, Mrs. P, a struggling single parent who attempted to care for her children while she worked full-time at a low-paying retail job. At the time of Jason's intake interview, his mother was particularly distraught because her son had recently brought a knife to his elementary school and had threatened to kill a classmate. Mrs. P had actually called several weeks before this incident to schedule an appointment for her son as she felt that his school performance was drastically deteriorating. Despite the fact that Jason was already in a special first-grade classroom for emotionally disturbed children, his teachers found him to be excessively needy, disruptive and argumentative.

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