

Poetry therapy for schizophrenia: a linguistic psychotherapeutic model of renku (linked poetry)

Hiroshi Tamura, M.D.*

Nakayama Hospital and Tokyo Women's Medical University, 54-23, Wakamiya 2 chome, Nakano-ku, Tokyo, 165-0033, Japan

Introduction

Disturbances of association are suggested to be fundamental characteristics in schizophrenia (Bleuler, 1950). Schizophrenics may have pathological semantic systems that are less socially conditioned. In fact, schizophrenics often fail to understand the meaning of words in context and cannot communicate their intended meaning to others (Cutting, 1985). Language impairments may also precipitate thought disorders, including misjudgment of experience, delusions, and a distorted worldview, because human cognitive ability is enhanced by the linguistic aspects of thought (Lieberman, 1984).

The current psycholinguistic approach suggests that chronic schizophrenics have language impairments at the levels of semantics, cognition, and pragmatics. The semantic and cognitive levels can be regarded as deeper structures that operate association and thought, while the pragmatic level is viewed as the study of meaning in context pertinent to communication and the relations between signs and their users.

I will present two cases of chronic schizophrenia significantly improved after participating in *renku*, a Japanese traditional poetic form, used in one-to-one therapeutic sessions. The unique character of *renku* is its dialogue in form. A series of exchanges of stanzas seem to treat schizophrenic language impairments as well as disordered reality testing. The therapeutic functions of poetic language in *renku* will be dis-

cussed and a linguistic psychotherapeutic model will be proposed.

Renku, a Japanese traditional poetic form

The origins of *renku* called *renga* dates back to the 12th century in Japan. The oldest formal linking-rules we have were defined by Nijō Yoshimoto in 1372. Modern *renku* was founded by Matsuo Bashō in the late 17th century, who also founded *haiku* (*hokku*), which was the opening stanza of *renku*.

Renku is written by more than two people as follows: the first person composes an opening stanza, a three-line stanza with *onji* or Japanese syllables arranged in the pattern 5-7-5. The second person replies with a two-line stanza arranged in 7-7. Then the next responds to the 7-7 with another 5-7-5. This pattern, 5-7-5/7-7/5-7-5/7-7/. . . is repeated until some fixed number will be completed. A *kasen* form with thirty-six stanzas and a half-*kasen* containing eighteen stanzas, are the common forms of modern *renku*.

Techniques for linking (*tsukeai*) changed from era to era. In the Teimon School organized by Matsunaga Teitoku circa 1625, the main idea of linking is word association. The Danrin School led by Nishiyama Sōin circa 1673 claims that the linking is based on the whole meaning of the previous stanza. The Bashō School developed the linking into subtle and various manners that depended mainly on the images of the immediate stanza, and “on the psychic archetypes and actual situations from life which the images represent” (Higginson, 1985, p. 195). Mukai Kyorai, one of Bashō's disciples, states in his book *Kyoraishō*

* E-mail address: h-tamura@yb3.so-net.ne.jp (H. Tamura).

(1702–1704) that Bashō exemplified four linking manners: “reflection” (*utsuri*), “echo” (*hibiki*), “scent” (*nioi*), and “rank” (*kurai*). Bashō also regarded wit and humor as an essential factor in linking (Imoto & Imaizumi, 1982). It is of utmost importance that each stanza be linked in imagery to the one just preceding.

There are rather complicated linking guidelines that define things so as to avoid repeating similar topics. For example, there are rules that limit the number of stanzas referring to the same seasons in succession. There are also rules for the positions of the moon and blossom within the whole *renku*. Nature and seasons are the central framework in *renku*, as are other topics, such as love, nostalgia, religion, illness, life and death, travel, history, and other human affairs. Such linking guidelines are not meant to obstruct creativity, but to give participants a suitable framework of images and to facilitate the composition of a following stanza. The role of the *renku* leader (*sabaki*) is the key to the participants’ peace of mind and willingness to participate. The *sabaki* takes all responsibility for gently leading and imparting the guidelines. The therapist of course has this role in *renku* therapy.

Prosody, which is the matter of suprasegmental phonological features of language (e.g., rhythm, pause, tempo, stress, and pitch), is also an indispensable element in poetry. Since there is pitch accent but not stress accent in Japanese language, the sound of each syllable or *onji* is the same in length. Japanese syllables are very short, and there is a tendency for two syllables to form a minimal meaning unit (Kin-daichi, 1978). Lines arranged in odd syllables, five or seven, are common in Japanese poetry. Sounds are perceived with rhythmical breaks and silence, producing poetic effects, which may be as familiar and comforting as nursery rhymes in the Western world. Thus, Japanese words arranged in these syllable patterns sound poetic. In addition, there are no rules governing rhyme in *renku*. As the sound system between Japanese and English is quite different, it is difficult to keep the syllable pattern in an English translation. *Renku* has been attempted in English, and the long stanza in *renku* is commonly written in three lines while the short stanza is written in two lines.

Renku as psychotherapy

I usually use an 18-stanza format originating from half-*kasen* for *renku* therapy because of its suitable length in various clinical settings. Linking rules are simplified to suit each patient. Nature and events relevant to the present season and patients’ everyday life are the main content topics of stanzas, which

serve to promote reality-oriented thinking. Despite linking guidelines mentioned above, I will rarely ask patients to write something about seasons they are not in, because it might be difficult and less therapeutic for them to do so. As sessions proceed, patients will experience the actual change of seasons and they will express seasonal feelings naturally in their stanzas. Patients will be given enough time, normally a few days for in-patients and two weeks for out-patients, to write a stanza, while the therapist writes the stanza during the session.

Rules governing season changes can also be used as a collaborative and therapeutic task in a group setting. Gorelick (1987) regards the group poetry therapy as a miniature theater-in-the-round in which the participants take dual roles of protagonist and audience as they reflect and create a here-and-now reality for one another.

Case study

Case 1

Yukiko is a 20-year-old single female with chronic schizophrenia. She lives with her mother and younger sister, and her father, who because of his work, is home only at weekends. Her mother has a sixteen-year history of affective disorders and had been hospitalized with psychotic symptoms in her manic episode and participated in group *renku* therapy organized by the author.

She was diagnosed as schizophrenia at the age of 14. She showed an insidious onset and developed symptoms such as social withdrawal, lack of conversation, confusion, underactivity, auditory hallucinations, and delusions of reference. Antipsychotic medication was effective in relieving her hallucinations and delusions. However, negative symptoms did not improve. She had difficulties in getting along with her classmates, and since leaving high school, she became more isolated. It was her routine to watch videos (e.g., animated comics with a teenage heroine), to listen to popular music late at night, and to get up in the afternoon. She also liked to spend time at home by herself without doing anything. Psychotherapeutic treatment by a previous psychiatrist ended without effective contact being achieved.

Yukiko was referred to the author when she was 18. During first examination, her mental state was characterized as blunted affect, no eye contact, disturbances of association, and a tendency to prefer fantasy to reality. She looked much younger than she was. She was seen biweekly and her medication, haloperidol, was replaced with mianserin hydro-

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