



From destruction to creation, from silence to speech: Poetry therapy principles and practices for working with suicide grief

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ARTICLE INFO

This article is dedicated to the memory of Liam Rector, poet and instructor in the MFA program in creative writing at New School University, who died by suicide in August 2007.

Keywords:

Suicide bereavement
Traumatic grief
Suicide survivors
Poetry therapy
Expressive writing
Creative arts therapies

ABSTRACT

Survivors of suicide must contend not only with traumatic grief but also with shame, stigma, and silence. Poetry therapy is a powerful tool for healing in this population. The utilization of preexisting poems, along with the expressive writing of poems, letters, and journals, contributes to the desensitization of traumatic memories and helps the bereaved move beyond formless anguish toward a capacity for the verbal representation of psychological pain. Further, creative expression serves as a means for rejecting the implicit message of destructiveness that characterizes suicide. The author describes a variety of techniques that can be used as part of self-directed efforts at psychological repair (i.e., “auto-poetic healing”), as well as with individuals or groups in the context of professionally facilitated treatment.

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Introduction

Grief refers to the intense emotional distress that typically follows the death of a loved one. Factors that can make a loss particularly difficult include suddenness, violence, and/or a perception that the death was preventable (Doka, 1996). The causes of such losses include medical conditions (e.g., heart attack), accidents, homicide, suicide, terrorism, and war. The term “traumatic grief” serves to capture the idea that these types of losses are often inherently traumatic, and when they occur, the bereaved may show signs of both trauma and grief.

In this article, I focus on one type of traumatic grief, namely, that which occurs in the aftermath of a suicide. Researchers, clinicians, and the bereaved themselves have observed that the suicide of a loved one is almost always exceedingly painful (Baugher & Jordan, 2002; Carlson, 2000; Stillion, 1996). Unlike most other forms of death, in many cultures suicide has a long history of being viewed as sinful or dishonorable (Stillion, 1996). For example, suicide was criminalized in England in the 10th century, and remained on the criminal statutes throughout Europe until the Enlightenment (Jamison, 1999; Lieberman, 2003). Medieval law supported such practices as abusing the suicide’s corpse (including driving a stake through the heart), refusal to bury the deceased in consecrated ground, seizure of property, and punishment of the

suicide’s family. Suicide was decriminalized in the United States during the 19th century, but remained a crime in Britain until 1961 (Jamison, 1999; Lieberman, 2003). Religious and moral condemnations of the deceased person have persisted in contemporary times (Robinson, 2001). The linguistic practice of using the verb “commit” just before the word “suicide” still leads many people to unconsciously associate suicide with crime (e.g., adultery, murder). Further, in the aftermath of suicide, it is common for acquaintances, relatives, neighbors and even strangers to blame the person’s closest relatives and friends for the death (Ross, 1997). Thus, in addition to all of the factors that make any death painful, and that make traumatic losses especially excruciating, survivors of suicide must also contend with feelings of guilt, stigmatization, and shame.

Many survivors remain silent about their anguish for years, either because others have conveyed the message that they are not comfortable with the topic or because the survivor fears social disapproval and rejection of him/herself and/or the lost loved one (Lukas & Seiden, 1997). Yet in order for healing to occur, it is necessary for the bereaved to move from a state of formless anguish to one in which the pain can be symbolized or represented, either in words or in non-verbal media such as drawings, music, and dance. It is also necessary to move beyond self-imposed or socially enforced isolation into a state of meaningful contact with at least one other human being.

In addition, suicide is generally viewed as an act of destruction. Hence, recovery from suicide loss can be facilitated by an active, willful countering of destructive tendencies. Any form of creativity

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can serve this purpose, but engagement in the expressive arts may yield particular benefits. Maintaining silence about the experience of loss, and about the loved one's life and death, prevents survivors from experiencing the sense of solace and release that result from authentic self-expression.

In this movement from silence to speech, poetry therapy can be a particularly helpful tool. "Poetry therapy" refers to the utilization of poetry and related forms of literature and creative writing in order to improve psychological functioning (Mazza, 1999). This can take place in a solitary, spontaneous way or in a formal professional setting. Usually, it is most effective to engage in a combination of receptive and expressive approaches, either within each session or across a series of sessions.

Receptive methods: Self-directed and facilitated

Receptive methods of poetry therapy are those that rely on the utilization of preexisting poems (Mazza, 1999). This usually refers to poems that have been published in collections, anthologies, literary journals, and so forth, or that are circulated among individuals or on the Internet. It can also refer to songs. The poems or songs do not have to specifically mention suicide; in fact, most do not. Rather, they capture particular aspects of the experience of overwhelming grief (Stepakoff, 2002). Mazza (1999) proposed the term "receptive/prescriptive" in order to differentiate this way of working from "expressive/creative" approaches, which focus on the act of writing poems.

Receptive methods are generally employed in two different ways. In the first, the bereaved person chooses a poem that is meaningful to him or her, and that captures a particular aspect of his or her feelings and experiences, and either reads it to him/herself or shares it with others. I call this receptive method "self-directed" (for those who are not in a formal clinical setting) or "client-directed" (for those who engage in this effort as part of their work in counseling or psychotherapy). A second way that receptive methods of poetry therapy are employed is referred to as a "facilitated" or "therapist-guided" approach (Stepakoff, 2003). These terms refer to situations in which the therapist or group facilitator carefully chooses a poem that s/he feels—based on his or her own life, experiences with other individuals or groups, input from other clinicians, and/or intuition—will help survivors focus on and grapple with particular aspects of their grief. In these situations, the facilitator/therapist supports the client/group in using the preexisting poem as a springboard for talking about their own experiences and concerns. This method is described in detail in the classic text *Biblio/Poetry Therapy: The Interactive Process* (Hynes & Hynes-Berry, 1994). In the pages that follow, there are examples of both self-directed and the therapist-guided receptive poetry therapy with survivors of suicide.

Self-directed

Many survivors of suicide have reported that in the aftermath of the death, they felt compelled to search for or cite preexisting poems and songs that expressed what they were not able to find the words to express, and that they found solace when they located a poem or song that was salient. For example, one survivor came to a therapy session with a photocopy of Adrienne Rich's (1991) "Tattered Kaddish," a poem that is a poignant tribute to people who have died by suicide. She read it aloud to the therapist, and spoke about what it evoked in her.

One of the most common methods of self-directed receptive poetry therapy is the utilization of preexisting poems or songs on memorial websites, booklets, or cards. One couple with whom my colleague, Dr. Jack Jordan, and I worked, whose son died by suicide, chose to place the poem "A Litany of Remembrance"

(Gittelsohn, 1975) in a card they sent to all who had attended his funeral:

In the rising of the sun and in its going down,
In the opening of the buds and in the rebirth of spring,
In the blueness of the sky and in the warmth of summer,
In the rustling of the leaves and in the beauty of autumn,
In the beginning of the year and when it ends. . .
We will remember him.

Numerous examples of the utilization of poems and songs can be found on websites created by survivors. For example, Faye Martin created a website in memory of her daughter, Lisa, who ended her life at age 23 (<http://www.lisalamb3.com>). The website features a poem by Maya Angelou ("When Great Souls Die"), several songs (e.g., Celine Dionne's "My Heart Will Go On," Julie Gold's "Heaven" as sung by Bette Midler, "Precious Child" by Karen Taylor-Good), and several inspirational quotes, along with some original poems by Lisa's relatives.

A website created by Rea de Miranda (<http://Emile-de-Miranda.last-memories.com>), whose son, Emile, died by suicide at age 20, contains a powerful song by Simple Plan entitled, "How Could This Happen to Me?" The lyrics aptly express the thoughts and feelings of a person who is suicidal, but could refer equally well to the feelings of the bereaved survivor:

I can't stand the pain
and I can't make it go away. . .
I wanna start this over again
So I try to hold on. . .
and I can't explain what happened. . . .
No, I can't stand the pain.
How could this happen to me?

For additional examples of memorial websites created by suicide survivors, most of which contain a combination of preexisting and original writing, see [Appendix A](#).

Facilitated/guided

Although survivors are quite adept at choosing poems that are meaningful to them and that they feel capture important aspects of their experiences and emotions, there are many situations in which the facilitator or therapist may be better equipped to select poems than are the survivors. In these situations, the facilitator or therapist uses a preexisting poem as a catalyst that will increase clients' willingness to talk about their own experiences and concerns. Registered poetry therapists, who have undergone a rigorous process of study, practice, and credentialing, are specially trained to identify poems that are likely to serve as safe, effective springboards for individual and group exploration.

My colleague Dr. Jack Jordan and I co-facilitated several cycles of a 10-session, biweekly Suicide Grief Support Group (SGSG) (See [Table 1](#)). Such groups can be helpful at any stage of healing, even

Table 1
Topics for suicide grief support groups (Jordan, 2002).

Session	Topic
1	Orientation and introductions
2	Remembering our loved ones
3	Psychological reactions to suicide
4	Coping strategies
5	Social reactions
6	Making sense of suicide
7	Impact on families
8	Continuing bonds
9	Holding on while going on
10	Commemorating and ending

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