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# Poetry therapy as a tool of cognitively based practice

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**Abstract**

This paper illustrates the potential uses of poetry therapy for practitioners interested in cognitively based psychotherapies. Separate brief discussions of cognitive therapy and the uses of poetry and poetry therapy are presented. The congruence between these two approaches is addressed. Sample exercises and poems as illustrations are presented that demonstrate this congruence.


*Keywords:* Poetry therapy; Cognitive therapy

## Introduction

Cognitive therapy and poetry therapy are therapeutic methods that have become increasingly important within social work and other clinical professions. Both are used to resolve multiple client problems within multiple treatment contexts. In many ways, the two methods are highly compatible and can be used creatively together. The purpose of this paper is to illustrate the potential uses of poetry and poetry therapy when working from a cognitively based model. Separate brief discussions of cognitive therapy and the uses of poetry and poetry therapy are presented. Next, the congruence between these two approaches is explored. Sample exercises are presented that illustrate this congruence as they occur within actual practice situations. Limitations of this approach are also briefly discussed.

## Cognitive therapy

The scope of this section is to present the main precepts of cognitive therapy so that the reader can understand the connections made between cognitive interventions and poetry therapy. Kelly (1955) proposed a perspective of psychopathology that was based entirely on the cognitive processing of individuals. He pioneered the idea of "constructive alternativism," which asserts that individuals differ in their projections of cognitions about alternatives and options in their lives. Traditionally noted for contemporary contributions to the cognitive therapy model are Aaron Beck and his associates (Beck, 1976; Beck & Emery, 1985). He used Kelly's perspective on constructive alternativism in his work on client's feelings of worthlessness (Leahy, 1996). Beck's models of cognitive therapy have been empirically studied

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in over 325 clinical trials and have found to be effective for disorders such as depression, anxiety, panic, substance abuse, and personality disorders (Beck Institute, 2000).

The umbrella of cognitive therapy also includes tenets from many theorists and disciplines (Mahrer, 1989; Payne, 1997; Werner, 1986). For example, cognitive theory includes Rational Emotive Behavior Therapy (REBT) (DiGiuseppe, 1981; Ellis, 1958, 1973, 1976); Cognitive Behavioral Modification (Meichenbaum, 1977); cognitive restructuring (Mahoney, 1991); constructivist approaches to psychotherapy (Gergen, 1985) and reality therapy (Glasser, 1965). The differences among these approaches seem to be more superficial than some theorists postulate. For example, while Beck's cognitive therapy tends to focus more on the *processes* of cognition, and Ellis's REBT tends to be more concerned with the actual *content* of belief, both approaches focus considerable attention on both process and content. Often, the differences in focus stem from philosophical and personal preferences and fade at the level of actual practice.

The central notion in cognitive therapy is that the manner in which clients perceive their life situations and challenges is the most significant cause of emotion and behavior. Cognitive interventions tend to be time-limited, focused on the present situations, and are based on a problem-solving approach. It is the hope of cognitive therapists that their clients will be able to carry newly acquired skills and thinking patterns with them throughout the rest of their lives (Beck Institute, 2000). Stoic philosophers are often cited as the earliest thinkers who influenced the development of the cognitive approach. Epictetus, quoted in Walen, DiGuiseppe, and Wessler (1980), stated: "Men are not influenced by events, but by the views they hold of these events" (p. 23). That is, beliefs, attitudes, and patterns of thinking are largely responsible for the other realms of being. How one sees his or her world will impact their relationships to it, his or her feelings about it, and the manner in which he or she lives. Individuals learn about their worlds through their families and through social institutions. These lessons are subsequently interpreted by the individual based upon their idiosyncratic differences in temperament and biology. The interaction of these differences is what subsequently leads to differences in cognitive and belief (Leahy, 1996). Clearly then, cognition is not the only influence upon human functioning, but is conceptualized as the most directly accessible in the therapeutic process (Beck, 1995; Ellis, 1994), the change of which will lead to long-term symptom amelioration. Techniques that focus on behavioral and emotional systems are utilized to help change cognition. Modern cognitive theorists do not limit themselves to only cognitively based techniques, yet remain focused on the importance of cognitive change for the short- and long-term well-being of the client (Sharf, 1996).

In Beck's system of cognitive therapy, cognition is divided into three areas: (1) automatic thoughts; (2) intermediate beliefs; and (3) core beliefs. Automatic thoughts, the primary target of intervention, consist of thoughts that occur without any deliberation or reasoning. These are the actual images or thoughts that run through one's mind. As the name implies, they seem to automatically occur in the mind. Intermediate beliefs consist of the rules, attitudes, and assumptions that a person makes about his or her world and others. Core beliefs "are the most fundamental level of belief; they are global, rigid, and overgeneralized" (Beck, 1995, p. 16).

Ellis (1958) developed REBT, which is a therapeutic intervention that encourages emotional growth by teaching clients to replace their negative or self-defeating thoughts, feelings, and actions with new ones that are more effective for growth, healing, and personal development. The "ABCDE" practice method is used by REBT clinicians. The "A" in the system represents a clients' activating event, or the situation or context in which the client is experiencing distress. In the system, "B" represents clients' beliefs, including images, values, and perceptions. Clients are taught a systematic method for evaluating the problems in their lives, which are represented as "C" (or consequences, either emotional or behavioral) in the paradigm. According to Ellis (1994) clinicians must disrupt (D) the irrational beliefs of the client in order for the client to enjoy (E) their newly discovered rational beliefs. Clients are helped to assess the connection between their beliefs and the difficult feelings and behavioral consequences that are transpiring in their lives (Ellis, 1958, 1973, 1994).

It is important to note that one of the most common misconceptions of REBT and other cognitive approaches is that the goal of treatment is to help clients not feel, or to discount their emotions (Ellis, 1994). However, depicting REBT being anti-emotion is inaccurate. The goal of treatment is to help clients experience feelings in a deep and personal manner, and to modify intermediate and core beliefs that eliminate affective states that interfere with a client's realistic appraisal of the situation, and their capacity to maximize their strengths and meet their goals. For example, sadness and grief are understood to be healthy human emotions that stem from upset and loss. According to Ellis (1994) depression occurs when patterns of thinking associated with sadness and loss become exaggerated, magnified, and globalized. In such cases it is essential that the therapist use his/her skills to "argue with the client" and challenge their belief system to help the client learn ways to alter these cognitive processes and content.