

## **The Place of the Poetic in Dealing with Death and Loss**

**Nicholas Mazza, Ph.D.<sup>1</sup>**

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*This article provides an overview of the R.E.S. model of poetry therapy. The relationship of poetry therapy to narrative therapy and family practice is examined through a case study of a single parent family dealing with death and loss.*

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**KEY WORDS:** case study; family practice; loss; narrative therapy; poetry therapy.

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Poetry therapy involves the use of the language arts in therapeutic capacities. Bibliotherapy, narrative, journal writing, metaphor, storytelling, and ritual are all within the purview of poetry therapy (Mazza, 1999). The importance of language, story, and context is identified in both narrative therapy (Monk, Winsdale, Crocket, & Epston, 1997) and poetry therapy. Methods in narrative therapy including deconstructing and constructing client narratives (stories), externalizing problems, and looking for exceptions to problems have been useful in family practice and consistent with the principles of poetry therapy.

In narrative and poetry therapy clients are encouraged to express loss as a story, but not a last story. Poetic approaches to practice through externalization of problems (i.e., the problem is not “in” the person but rather something that influences the person/family’s well-being and can be challenged) and re-storying of experiences promote client choice (decision-making) and empowerment.

An overview of the R.E.S. (receptive/expressive/symbolic) model of poetry therapy (Mazza, 1999) as it relates to narrative therapy and family practice will be provided. The model will then be applied to a case of a single-parent family consisting of a 41-year-old mother and her 14-year-old son. The presenting problems were “family problems” and “school problems.” This case is a story of death (father/ex-husband), loss, and renewal.

<sup>1</sup>Address correspondence to Nicholas Mazza, Ph.D., Professor of Social Work at Florida State University, 2512 University Center-C, Tallahassee, FL 32306-2570; e-mail: nfmazza@mailier.fsu.edu.

### R.E.S. POETRY THERAPY MODEL

Mazza's (1999) R.E.S. model of poetry therapy serves as a comprehensive framework that accounts for the differential use of poetic methods with a wide range of clients in a variety of settings. The model is composed of three components:

The receptive/prescriptive mode involves the introduction of literature (e.g., poem, story, and lyrics) into therapy.

The expressive/creative mode involves the use of client writing/narratives in therapy.

The symbolic/ceremonial mode involves the use of metaphors, rituals, and storytelling.

In the *receptive/prescriptive mode*, a poem such as Robert Frost's (1915/1964) "The Road Not Taken" could be introduced into therapy to help a client deal with problems related to decision-making. By ostensibly talking about the poem, the client begins to talk about him or herself. A poem such as Theodore Roethke's (1942/1970) "My Papa's Waltz" (a poem that evokes a child's experience with an alcoholic father) could be used to validate and universalize some of the feelings of a family with an alcoholic father. From a narrative perspective, problems could be "externalized" (e.g., indecision) through poetry or "exceptions" to the poems could be explored.

In the *expressive/creative mode*, the written and spoken word of clients can be promoted through a range of methods and techniques (e.g., individual poetry writing, collaborative family writing, journaling, letter writing). White and Epston (1990) write letters to family members as a way to help clients externalize problems, break resistance, and re-story their experience. Some of the particular poetry therapy techniques that are helpful in the assessment and treatment of families include the following:

Family collaborative poem wherein family members are invited to contribute one or more lines to a family poem relating to a theme or mood of the session. For example, the following is a collaborative poem that was developed early in therapy:

I am the most happy at home [Clinician]  
When my feelings are respected [14-year-old daughter]  
When my family listens to me [17-year-old son]  
When we do things together [40-year-old father]  
When we are together [39-year-old mother]

The parents' presenting problem was "family bickering and general dissatisfaction." By collectively stating what was important to the family, the members were subsequently able to specify how and when the above elements in the poem could be achieved. Each member also took responsibility for contributing to a happier family (Mazza, 1999). This technique is consistent with the solution-focused and strengths-based aspects of narrative therapy.

Dyadic poem (Mazza & Prescott, 1981) wherein two members of a family (e.g., husband-wife, parent-child, siblings) develop a two-line poem (each person contributes one line) about their relationship or concern. A poem or song can also be introduced to the two members as a means to facilitate self-expression.

Prestructuring techniques such as using acrostics wherein a poem is developed using the word “FAMILY” (each line of the poem begins with a letter from the word) can also be helpful in practice. For example, the following poem was written by a 13-year-old girl whose parents were divorced and have joint physical custody of her:

Father who loves and helps her with life  
And who helps me believe in myself.  
Mother who cares for me even  
If she’s not there.  
Lots of love in my houses even when  
Yelling or we’re sleeping. (Mazza, 1999, p. 38)

Other prestructuring techniques include the use of sentence stems (e.g., “I am happy when . . .”) and clustering (Rico, 1983) whereby a central word such as “Loss” is encircled, the individual or family can then draw offshoots relating to feelings, people, places, images, etc. A poem could then be developed based on the group of words generated. Gladding (1985) also developed a series of structured poetic exercises including “borrowed family poems,” “brief family poems,” “rational family poems,” and “extended family poems.”

In the *symbolic/ceremonial mode*, rituals play a key role in working with families. For example, the death of a pet can teach family members valuable lessons on love and loss. Symbolic/ceremonial activities for the death of a cat could include a family member reading Judith Viorst’s (1971) “The Tenth Good Thing About Barney,” creating a special marker for the gravesite, and writing a personal note about the family cat. Ceremonies or symbolic acts can also be developed to deal with divorce and other life transitions. For example, writing a letter to an ex-spouse and then burning it. Becvar and Becvar (1993) noted that one of the problems involved in divorce is losing the person with whom one has a shared story. Bowman (1994) found that loss does not only relate to physical loss or the loss of a relationship, but the loss of a dream. For couples going through divorce, it is the loss of what he or she imagined their life would be together throughout time. In essence, each family member carries and creates stories. The “storying” of experiences is central to narrative and poetry therapy.

### CASE EXAMPLE

Ms. C, a 41-year-old bookkeeper called me for an appointment because her son, Brad (age 14), was having “school problems” and was “not listening” to her at home. In the initial interview, I spoke with Ms. C and Brad together, and then

spoke with each of them individually, and finally closed the interview conjointly. The multiple interview format afforded me the opportunity to assess problems, strengths, and communication patterns on individual and family levels. From a poetic/narrative perspective, I could listen to the mother's story, the son's story, and their family story. It is also helpful to know which stories are private, which are family, and which are public.

*Ms. C and Brad.* In the parent-child interview, I tried to gain an understanding of the presenting problem. Ms. C quickly stated that her son, Brad, was doing poorly in school (grades dropping from A's and B's to D's and F's), involved in fights at school, angry at home, and not complying with the rules and responsibilities that she established for him (e.g., chores, being home on time, foul language). In a very calm and direct manner, Ms. C offered her impression that Brad was probably still upset over the death of his father. Brad was guarded in his speech and looked away from his mother. With his head down, Brad blurted: "It's no big deal, she just worries too much." It appeared both Ms. C and Brad maintained a "closed story" that provided an element of protection from the discharge of powerful emotions.

*Ms. C.* In the interview with Ms. C, I learned that Brad's father (her ex-husband John) died one year ago. I wanted to understand the specific events and circumstances surrounding the death. I found out that Brad's father died suddenly from a car crash and Ms. C was notified by her ex-husband's second wife. Ms. C reported that while she was not devastated, John's death was a very distressing time. She went on to say that she and John had been divorced for 5 years (after being married for 12 years). Ms. C had full custody of Brad. John would occasionally visit ("a few times a year") with Brad. Ms. C also reported that her ex-husband had a history of alcoholism and their post-divorce relationship was "very strained." Ms. C appeared relieved to share her story of frustration, anger, and fear. The anger was still felt toward her ex-husband. The frustration centered around her parental abilities. The fear was that her son's behavior would lead to increased difficulties and that her relationship with Brad would be forever damaged.

*Brad.* In my interview with Brad, I learned that he was angry about his father's behavior, specifically that he saw him only three times in the past year before his death. Brad also recalled his father's drunken behavior. Brad was angry at his mother for setting "too many unfair rules" for him and angry at his teachers for being "unfair and boring." Brad went on to explain that he was involved in fights at school because "there's some jerks who start it." Brad, although not thrilled with the thought of counseling, appeared accepting of our session. Brad's story seems to be one of disappointment, loss, and anger. Disappointment with his father, loss of his father and loss of hope that their relationship would improve, and anger displaced at everyone in his surroundings.

*Ms. C and Brad.* In closing the initial interview with Ms. C and Brad, I externalized the problems on an individual and dyadic basis. Ms. C was faced with dealing with "demands" on her as a mother and bookkeeper. Brad had to deal

with the “anger” that prevents him from getting the most out of life. Ms. C and Brad had to deal with the “school thing” and “arguments” that made life difficult at home. Although no specific timetable was established, I recommended that we meet for approximately 6 to 8 biweekly sessions that could combine individual and conjoint formats.

## REVIEW OF TREATMENT

Throughout the course of treatment, a flexible format of both individual and conjoint sessions was utilized. Early in treatment, basic contracting and tasks (regarding chores, homework, and time limits) were used to help establish parental boundaries and actively engage Ms. C and Brad in solving their problems. After encouraging both mother and son to “tell their stories” (individually and collectively), grief and relational issues became the focus of treatment.

I learned from Ms. C (an individual part of second session) that Brad had refused to attend his father’s funeral or any of the memorial services. There were apparently unresolved grief issues that needed attention. In addition to identifying the individual grief issues of Brad and Ms. C, I needed to deal with the dyadic grief between mother and son. The parent-child “system” does not grieve; however, the interactive process must be addressed. Ms. C and Brad had a shared experience (death of ex-husband/father), however, not a shared view. I was also concerned with Brad’s reactions to his mother’s rather flat grief response. While the basic organization of this family was not significantly altered (Brad lived with his mother and received only periodic visits from his father), the hope for improved relations between father and son was gone.

The R.E.S. poetry therapy model was used to promote the expression of grief on the part of Brad, improve communication and establish a shared experience for Ms. C and Brad, and finally to promote action and engage in meaning-making in resolving grief issues thus promoting a healthy life transition.

In an effort to validate Brad’s feelings and promote self-disclosure, I introduced the song (played audiotape and provided copy of lyrics) “Living Years” (Rutherford & Robertson, 1988/89; performed by Mike and the Mechanics) into the conjoint part of the third session. Brad was able to make an emotional identification with this song that deals with the death of a father, intergenerational conflict, and unspoken words. The song also reached Ms. C who harbored anger and resentment toward her ex-husband but also recognized many loving experiences including the birth of their son. The beginning of significant grief work was clearly established through the receptive/prescriptive mode of the R.E.S. model of poetry therapy used in this session.

In the fourth session, the expressive/creative mode of the R.E.S. model proved helpful. In order to promote mother-son interaction and build their relationship, a sentence stem technique developed by Koch (1970) was used. Both Ms. C and

Brad were asked to complete the following: "I used to be . . . /But now I . . ." Brad wrote the following:

I used to be mad all the time,  
But now I control my anger.

Ms. C wrote:

I used to be frustrated with Brad,  
But now I understand.

Writing and sharing the lines, Brad and Ms. C were able to engage in open discussion about their feelings surrounding the death of Brad's father.

In the fifth session, the unfinished business of saying goodbye was still apparent. In the individual part of the session, Brad stated that he wanted to visit his dad's gravesite and that he was "almost ready." In the conjoint part of the session, a dyadic poem was created:

My dad's in heaven (Brad-1st line)  
And he's watching over you. (Ms. C's 2nd line response)

During a tearful exchange, a working alliance and emotional connection surfaced. The next step was to plan the visit to the gravesite. Discussion centered on how and what Brad wanted to do with respect to the visit.

The expressive/creative mode of poetry therapy used in the fourth and fifth sessions was now giving way to the symbolic/ceremonial mode that waited to be implemented in the sixth and seventh sessions. In the sixth session (conjoint), Ms. C proudly reported that at Brad's request they went to the cemetery right after their last session. Brad and Ms. C exhibited (verbally and nonverbally) a sense of relief and accomplishment. During the session Brad also indicated that he wanted to plant a yellow rose bush at his dad's gravesite. He also wanted to write a letter to him. These were acts that were truly expressive and symbolic. Through the letter, Brad could say goodbye. The yellow rose would symbolize love and remembrance. And consistent with "goodbye," termination of therapy, part of a parallel process with this family's transitional issues, was discussed.

In the seventh session (individual and conjoint), Brad reported that he went to his dad's gravesite by himself (maternal grandfather drove him) and did indeed plant his letter and rosebush. In the eighth and final session, progress on academic, personal, and family levels was reviewed. The treatment gains (improved mother-son relationship, improved grades, no fights at school) were solidified. A 6-month follow-up telephone call to Ms. C indicated that Brad was doing well at school (grades in overall B range), there were occasional mother-son conflicts but nothing that couldn't be resolved, and that Brad visited his father's gravesite on two more occasions. She reported that Brad appeared to be "at peace" and it was "nice to see him smile again." Ms. C also incidentally said that she was now dating a man and that he got along well with Brad.

## DISCUSSION

Ms. C and Brad, individually and collectively, were finally able to create an account (story) of their experience of loss. Through receptive, expressive, and symbolic means, they were able to externalize their problems. In deconstructing their shared problem-saturated narratives and looking for exceptions, Ms. C and Brad were able to come to terms with their family history, death, and loss. This report is consistent with Besa's (1994) research findings indicating the effectiveness of narrative therapy in reducing parent-child conflicts (single-system design, 5 of 6 families showed improvement).

The poetic experience (tapping affective, cognitive, and behavioral domains) provided a sense of meaning and control over disturbing events. In essence, the family story of loss had a beginning, middle, and end. This would give way to a new story that would unfold as Ms. C and Brad pass through their respective stages of individual development and shared stage of family development. The ultimate treatment outcome proved to be empowerment and restoration of choice for the "authors."

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