

Poetry, please

Therapy should use the poetic and the scientific together to reflect and articulate the experience of the client, argues

Sarah Van Gogh. Illustration by Eda Akaltun

I am a counsellor, a tutor on a counselling diploma course and I love poetry. This makes me, as far as I can tell, completely unexceptional.

All the therapy practitioners I have ever encountered love poetry. They read it or write it or both. They can remember a wide range of favourite snippets and quote them to colleagues, trainees and sometimes even clients. Whenever counsellors and therapists get together for any kind of CPD event – workshops, seminars, conferences, residential, lectures – someone, at some point, will use some lines by TS Eliot or Maya Angelou or Keats or Goethe or Carol Ann Duffy or Rumi or... the list goes on.

And when the lines are spoken, there is always a small but palpable change in the room's atmosphere. A kind of collective expansion seems to occur as the words sink in. For a brief period people's shoulders seem to loosen a fraction, their facial expressions soften subtly as the poetry makes connections within them and between them.

William Carlos Williams wrote: 'It is difficult/ to get the news from poems/ yet men die miserably every day/ for lack/ of what is found there.'¹

I am struck by how often the words 'poetry' (or 'poems', as in the William Carlos Williams quote above) and 'therapy' could take each other's place and wonder about the deep affinity that poetry and therapy seem to have. What might this affinity be about, and what might it mean for the therapy profession if we made it more explicit?

Coleridge described poetry as 'the best words in the best order'.² He maintained that true poetry is that which cannot be translated into another tongue without losing something essential. In this he was writing about the quality of precision. His comment points to the way in which a poem can, in far less space and time than most other forms of language, put its finger exactly on an inner place and give us words to perfectly express that which, until we read or heard the poem, seemed inexpressible. And it does so in a way that retains the mystery and complexity of that inner place. It is not technical exactitude that a poem offers; rather, it is a soulful precision. Just like therapy.

The relatively recent neurobiological research that has opened up new worlds of insight to therapists has helped us understand the biology of what is so potent and so healing about articulating our feelings in a safe and accepting environment. When we do so, we are allowing the parts of the brain that are chiefly connected with our cognitive functions and those that are chiefly to do with affect regulation to communicate with each other.

Poetry seems to play the same sort of role: it simultaneously stimulates the cognitive and the emotional, healing the split between thinking and feeling, bridging the divide and restoring a sense of wholeness. We could even argue that it helps to regulate the autonomic nervous system, just as the sensitive response of caregiver helps regulate

the autonomic nervous system of the infant. For poetry is paradoxical and can both stimulate and soothe and thus help us return to a state of equilibrium. As Dr Johnson argued: 'The purpose of literature is to help mankind enjoy life a little more, or endure it a little better.'³ Just like therapy.

If we regard Freud as the founder of therapy as it is practised in western Europe, we can see how profoundly a poetic sensibility has been part of its fabric from its birth. The poetic was always a part of Freud's thinking, his writing, his practice. It is a fitting irony that the ambitious doctor who fought so hard to gain scientific respectability and status for his 'talking cure' was the same deeply cultured man who wrote so lyrically, using language that dripped metaphor, simile and imagery.

I remember a time when I offered a depressed client what I thought was quite a helpful, clear reflection of how she continually repressed her strong feelings, and how this fed her sense of stuckness and depression. My comment fell on stony ground; she looked unimpressed and distant. In the silence that followed Freud's famous image came to me, and I offered it: the room full of neglected, imprisoned dogs; the longer they are shut away, the more urgently they press for attention and release.⁴ The mood between us changed. Her face became animated; her voice sounded excited. She leaned forward in her seat: 'That's it! That's what it is! The more I try to shut them up, the more

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my dogs keep barking. I keep hoping if I lock them away my dogs will calm down, but they never do!’ Freud’s metaphor had done it – allowed for both a cognitive grasp and an emotional charge, all in one.

Poetic v scientific

There have been many other key figures since who have championed the need for an explicitly soulful and poetic approach in the work – Robert Bly, for example, and Marion Woodman. I am willing to bet that the therapy texts you most enjoyed and that have stayed with you from your training or your continuing professional development have been those with a touch of the poetic in them. In the persona of our founding grandfather, and in the work of other therapy ‘elders’, we can see the twin strands in the craft woven together: the clinical strand and the poetic, imaginative, soulful strand. Both are essential for therapy and should be allowed to influence each other.

Yet one of them is increasingly given less space within the professional arena, and seems to be considered of ever-less value, less worthy of attention and interest, despite the place that poetry seems to have in so many therapists’ hearts. I recently gave a talk on therapy and poetry to a group of practitioners in the south west of England, and asked them how they would see their work if there was no place for the poetic in it. I was expecting a few people to express a mild regret, and for the majority to say that, on the whole, a lack of the

poetic would not make much difference. In fact there was an almost unanimous expression of how dry, empty, even pointless the whole enterprise of therapy would seem without the juice of something poetic in the mix.

‘How weary, stale, flat and unprofitable seem to me all the uses of this world.’⁵

So, how strange and dispiriting it is, as a counsellor, to look through much of the current writing that our profession generates and find the technical and clinical being given ever more importance at the expense of the heartfelt, the relational, the creative and expressive. Naturally, there would be a different set of problems if there was a swing of the pendulum the other way. The answer is not poetic precision at the expense of clinical competence. It’s a case, rather, of recognising how the two can be seen as interdependent and ensuring that the poetic and soulful is rescued from its second class citizenry in the therapy profession.

The late James Hillman, Jungian thinker, writer and analyst, took us all to task as a profession for our increasing tendency to attempt to collapse the clinical and non-clinical into one kind of language, in a spurious attempt to make what is not clinical have a technical-sounding authority and weight. He referred to this mushy, pseudo-scientific language as the equivalent of bland, sliced white bread.⁶ It creeps into much of what counsellors write and speak to each other and to those outside the profession. Why can therapy-speak

seem so dry and lifeless – so dreary to read and banal to listen to? George Orwell argued that the sure sign of a cliché is when a phrase does not require the person using it, or hearing it, to really think about it or emotionally engage with it, which in turn allows it to be hopelessly imprecise while sounding as if it isn’t.

‘You can shirk it [the effort of using fresh language] by simply... letting the ready-made phrases come crowding in. They will construct your sentences for you – even think your thoughts for you – to a certain extent – and at need they will provide the important service of partially concealing your meaning even from yourself.’⁷

Therapy is a profession with the vast potential to be equally scientific and poetic. It is where the clinical and the soulful can legitimately get into bed with each other; their kinship is in therapy’s very DNA as we have inherited it, not only from Freud but from our other therapy ancestors who wrote and thought poetically: Jung, Perls, Klein, Winnicott, especially, often sounds more poet than paediatrician: ‘We are poor indeed if we are only sane.’⁸

The scientific and the poetic are both brilliant at articulating important things about being alive: about the world around us, and the worlds within and beyond. They can both provide an absolute clarity about certain things that were not clear before. When I read a wonderfully clear explanation of the consequences of continuous cortisol release on the infant nervous system,⁹

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‘Just as surely as our clients need us to know what we’re doing clinically speaking, they need us to be able to work from and therefore speak from the heart’

I experience an enrichment of my inner world and a kind of charged enlightenment that is similar to how I feel when I read a poem that touches and moves me. It is subtly different in each case, as the first is chiefly feeding my ability to make cognitive sense of my experiences and the second is chiefly feeding my ability to make emotional sense of the same. But they are interwoven; each has an element of the other. The two ways of writing are kissing cousins; they both awaken, enlighten and invite us to connect deeply to our own experiences and thereby to the experiences of others and to make meaning from that.

From the heart

So why, as therapy practitioners, are we increasingly pulled to privilege the scientific, (or, worse, the blandly pseudo-scientific) over the poetic? One example is the increasing expectation to be ‘evidence based’ in a very particular way. Our quantitative research may offer valuable clinical insight, but it tends not to include any passion, self-awareness, humour or panache. To be taken seriously, in certain arenas, it seems that research has to be written up in characterless, functional language, sprinkled with research jargon and counsellor-speak. Does it have to be so?

Of course our clients need us to know what we’re doing. As clinicians, we need a sound training, and to practise ethically. We should make ourselves aware of important relevant developments,

such as those in neuroscience and the treatment of trauma. We need to be open to new ways of thinking, and be able to reflect on issues such as gender, class, sexual orientation, ethnicity – issues that therapists have often been justifiably accused of ignoring. We have to be able to express clearly what we do and why we do it, and to be able to devise meaningful ways to monitor and evaluate our work. What responsible, mature practitioner would argue against any of that?

But, just as surely as our clients need us to know what we’re doing clinically speaking, they need us to be able to work from and therefore speak from the heart. They need to tell their stories to people who can hear and reflect them back in fitting language – language that enables us to talk about love and death; about breaking down or through; about falling into a sick despair after watching events on the evening news, or grieving for a lost mother; about the joy we feel when we walk in an autumnal park with a dog, or the hatred that chokes us when we face a bullying boss in a meeting, or how it is to lie awake, longing for a lover even though that lover has betrayed us.

We best support our clients when, in writing or speaking about our work to others, we are free to use language that does justice to the depth of their experiences: when we can offer words that aren’t clichéd and on autopilot. Our colleagues can be stimulated by, and the wider community can be more aware of, what happens in our work

when the telling of it can come to life in language that is vivid and expressive.

The neo Expressionist artist Joseph Beuys stressed the importance of making a space for what is ‘other’: that is, what is not purely rational, conscious and logical. He explained thus his reason for dressing up in strange costumes as part of his art: ‘When I appear as a kind of shamanistic figure, or allude to this, I do it to stress the need for other priorities... different plans... For instance, in places like universities where everyone speaks so rationally, it is necessary, I think, for a kind of enchanter to appear.’¹⁰

Perhaps therapy, like education and medicine (and many other areas of life that have become the preserve of logos and technology and the enlightenment that comes from the intellect), needs a space within it to be preserved and kept alive for such shamanism and enchantment, and the ‘heart’-perspective that they offer. The poetic does this.

‘These songs are about forgetting, dying and loss.

They rise above both coming in and going out.’¹¹ ■

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