

# The use of collaborative poetry as a method of deepening interpersonal communication among adolescent girls

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*The use of collaborative writing techniques with a group of adolescent girls who are residents in a treatment program specializing in co-occurring disorders is the focus of this article. Collaborative writing techniques were found to be effective in deepening interpersonal communication among this population when group members are bonded in relationships based on mutual concern, and when group members demonstrate a minimal proficiency in basic group skills.*

**Keywords** *Collaboration; communication; creative writing; group work; maladaptive behavior; poetry; residential treatment*

The use of collaboration in expressive art therapies with groups of adolescents has received some attention in the literature (Ballbe ter Maat, 1997; Draper, Ritter & Willingham, 2003), as has the use of collaborative writing, specifically with groups of adolescents (Harding, 1999; Mazza, 2003). Ballbe ter Maat (1997) observed that collaborative mural-making provided a group of adolescent immigrants with an opportunity to achieve increased self-awareness and cultural reconciliation. Draper et al (2003) reported that the use of sand-tray art, as an adjunct to group counseling, helped create a growth promoting environment for adolescents by which they were able to deepen interpersonal relationships with each other and thus increase their ability to learn from one another. Harding (1999) reported that collaborative poetry writing exercises helped increase cohesiveness among adolescents in a classroom environment, and provided instructors with insight into students' personalities and areas of motivation. Mazza (2003) demonstrated the benefit of collaborative poetry writing exercises in family therapy, whereby adolescents, their siblings and parents

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constructed poems together as a means of exploring and deepening their relationships to each other.

The purpose of this article is to report on the use of collaborative writing techniques with adolescent girls who are patients in a residential treatment program. The collaborative writing exercises were used as a method of uncovering and processing interpersonal conflict, exploring resistance to therapy, and deepening positive support among group members.

### **A description of the site and the clinical program**

Collaborative writing techniques were conducted once a week at a residential treatment center in Southern Arizona that is designed specifically for adolescent girls. The group, referred to as the "Chocolate Buddha Writing Workshop" (CBWW) is classified in the clinical program as an expressive arts therapy group. Each session lasts 90 minutes. A licensed substance abuse counselor (with a master's degree in fine arts) co-facilitates the group with a peer-counselor (with a bachelor's of science degree in psychology).

The physical plant of the treatment center consists of six adobe buildings spread out across 25 acres of rural desert land. The patients, averaging 10 at any given time, live together in groups of two or three in dorm-style housing units, sharing a common bathroom and study area. Additionally, the patients share a common recreation lounge and eat meals together in a cafeteria-style dining hall. The CBWW is facilitated in a spacious group room decorated with artwork created by the adolescent patients themselves.

The clinical program for the treatment center is based on the concept of milieu therapy. The adolescent patients meet together as a community each morning and each evening. Although staff members are present at community meetings, designated patients facilitate it. They organize their own schedule of volunteer duties, verbalize community concerns or grievances, and recognize the significant accomplishments that they have achieved in therapy. The complex relationship dynamics generated in such a milieu are an important focus of the collaborative writing exercises facilitated each week in the CBWW.

The overall philosophy of the treatment center is based on a medical model of illness and treatment. Each patient receives a diagnosis from the Diagnostic and Statistical Manual (DSM-IV-TR) (American Psychiatric Association, 2000), as well as a corresponding treatment plan listing specific problems, objectives and methods of therapeutic intervention. Most of the adolescent patients are admitted into the program with a diagnosis pertaining to substance abuse, as well as a mood disorder. The average length of stay for a patient is 45 days.

### **Goals of the group and leadership style**

The primary goal of the CBWW is to introduce adolescent girls to more effective coping strategies, specifically the use of creative writing. Since research has

demonstrated that writing, in and of itself, is not necessarily therapeutic (Adams, 1996; Bailey, 2003) the content of the group is comprised of writing techniques designed and tested by clinicians for therapeutic effectiveness (Adams, 1998; Alschuler, 1999; Gillispie, 2003a, 2003b). The participants learn these writing techniques by practicing them together in groups, collaboratively. After becoming familiar with the exercises in the group environment, the participants are encouraged to practice them in their personal journals individually.

The second goal of the group is to provide an opportunity for the adolescent patients to process their "here and now" experiences in the social milieu. This includes examining and articulating their level of investment into the treatment process, as well as speaking candidly about their attitudes and feelings toward each other. Since each exercise is created with some form of collaboration from all group members, there are ample opportunities for the patients to engage with each other in this manner.

The counselor facilitating the CBWW incorporates a client-centered style of leadership, attempting to establish a climate of empathy, authenticity, congruence and positive regard among members (Rogers, 1980).

### **The format of the group and the use of collaboration**

Each session of the CBWW follows a standard format. An adolescent patient who has been nominated peer leader by members of the staff opens the session. She facilitates a feelings check-in and a pledge of confidentiality to the group. Each member, in turn, does the same. This provides the counselor facilitating the group with an opportunity to help the adolescents address or process any issue that demands immediate attention before introducing them to therapeutic writing techniques. It also serves to establish a level of trust among group members.

Afterwards, the counselor invites all members of the group to participate in a warm-up exercise that introduces them to the concept of collaboration. A common warm-up exercise utilized is the "story game". The counselor begins a story line and each member, in turn, adds to it until all members have had a chance to contribute. The following example, based on an actual session, demonstrates a typical collaborative group story:

Counselor: Once upon a time, there was a girl in trouble. Hoping to find help ...

Patient 1 ... she decided to sneak away from her house in the middle of the night ...

Peer Counselor ... she walked to the end of her street, past the last house ...

Patient 2 ... Finally, she came to a patch of woods and ended up getting lost. Then she noticed a little cabin with smoke coming out of the chimney...

Patient 3 ... She smelled pot and discovered a little man inside smoking a big, fat joint ...

Patient 4 ... When she knocked on the door, the little man yelled, "You better get back to rehab" ...

Patient 5: . . . So she decided to burn the cabin down and chase the little man away with a stick. The end.

Most of the adolescents participate willingly in collaborative warm-up exercises like the one described above, perceiving such an exercise as a departure from the usual structures they encounter in group therapy. The adolescents tend to become less inhibited when participating in such an exercise and tend to censor themselves less in regard to "appropriate" disclosure.

The counselor and the peer-counselor facilitate a process discussion, encouraging the adolescents to respond to the collaborative story, describing how it might relate to them personally. As they talk about the story, the patients invariably find themselves in a discussion about their relationships with each other. The issues uncovered during this process vary greatly, depending upon the stage of development a group is experiencing (Yalom, 1995).

In the example above, patient 2 started the process-discussion stating she felt "bored" as soon as patient 3 introduced the use of marijuana into the story. She complained, "Why does everything have to end up with talk about drugs?" Other members confirmed that both patients 3 and 5 seemed to be stuck in "drug talk" for most of the day. In this manner, the collaborative warm-up exercise uncovered a tension among members as they found themselves linked together in a shared story.

At this point, a collaborative story can be processed further in a number of different ways, again, depending on what stage of development a group is experiencing. During this specific session, in a group experiencing transition, the counselor directed the group toward an ambiguous aspect of the story, the manner in which it ended, and asked the group to discuss if the ending was positive or negative. It was the counselor's intention to provide the group, which consisted of members who had different levels of motivation toward treatment, with an opportunity to clarify and articulate their values.

As the ending was analysed, patient 5 acknowledged that her original intention was to simply be funny by having one of the characters in the story get chased away with a stick. However, she also acknowledged that in "real life" she acted impulsively with regard to anger and provided a recent example. Patient 5 stated she got angry and smashed a vase against a wall in her room when she was first admitted into the treatment program. In turn, each of her peers present in the group described feeling afraid of patient 5 that day, because of her behavior.

In this manner, the collaborative warm-up exercise introduces patients to the practice of generating creative material together, while simultaneously engaging the group into candid self-disclosures and feedback.

### **Collaborative writing**

Having utilized about 30 minutes of group time between the check-in and the warm-up exercise, the counselor initiates a collaborative writing exercise. A typical exercise used for this purpose is the "Round Robin." The counselor gives each group

member a line of poetry, all from the same poem, but distributed randomly. Each group member is asked to respond to the line of poetry and then pass her paper to the right. After the next patient responds, the papers are again passed to the right. The exercise is complete when each member of the group has had a chance to contribute one line of poetry to each group poem. When each group member receives the original paper she started with, she reviews the piece as a whole, adds a final line and then decides upon a title.

The process of making the poem itself is rife with opportunities for the adolescent patients to explore their relationships with each other. It is not uncommon to hear patients confront each other with statements such as, "Hurry up. It doesn't have to be perfect. You're always trying to be best" or "Why are you making all of your lines funny? Be serious." Although the counselor and the peer-counselor contribute to the collaborative poems, they also work diligently to observe the dynamics that arise, and share their observations with the group during a process discussion afterward.

When all of the poems are complete, the counselor and the peer-counselor describe some of the interactions they observed and ask the adolescent girls to describe what was happening. For example, during one session, a patient complained that her peer was trying to make the exercise too serious and "took the fun out" of it for everyone." As this was explored in the group, the patient accused of being too serious described her anxiety about being chosen as "peer leader" and acknowledged that she had difficulty acting as a leader in a way that felt natural. Other group members supported the peer leader, recalling times when humor and joking did interrupt various therapy groups, making it difficult to discuss serious or embarrassing problems.

After processing some of the immediate "here and now" dynamics that emerge in the group, the counselor invites each patient to read her poem out loud and describe how it may relate to her personal experience. The following pieces, generated by a group of five patients in the manner just described, are a typical result of the round robin technique:

*Change*

Original Line: I have only come to study the customs here.

Patient 1: I'm victimized and crucified out there.

Patient 2: Haunting shadows are suffering in the darkness of my soul.

Peer Counselor: I still have a lot to learn and cope with but I have been enlightened in many ways.

Patient 3: My enlightenment fills me up with a light that burns you when you dare to touch me.

Patient 4: A light so bright I can no longer see stumbling blindly, infantile suddenly as I learn to walk again.

Patient 5: I will be strong and willing to change

Counselor: as long as I know I can change

Patient 1: and change can only come from within.

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Original Line: Their eyes are narrow hallways.

Patient 1: Short-changing the vast horizon of their souls,

Patient 2: all the basketball players walked off the court.

Counselor: Keeping emotions hidden always.

Patient 3: I appear to be on top of it all . . . a leader

Patient 4: but I have my off days, for I need solit[ude] from the thing I love most at times.

Peer Counselor: I need time to think

Patient 5: but I've got to play the game

Patient 1: rather than stay frozen in this place.

[Untitled]

Original Line: His face continues to expand and approximate the miracle of science.

Patient 1: A vision of life as it was foretold.

Patient 2: Not quite what I'm facing now

Counselor: but yet the future may hold

Patient 3: love and peace and war and hate, all of which make the world go round.

Patient 4: Therefore war's a good thing?

Patient 5: And all is fair and all is good

Peer-counselor: And change shall come.

Patient 1: When it does—I'll probably miss my own sorrow.

Most patients choose to read their poems out loud, enjoying the cryptic and sometimes humorous lines pieced together by the entire group. It's interesting to note that the lack of clear meaning in the poems doesn't generate the usual anxiety adolescent students may express in classroom environments when discussing the "meaning" of well-known pieces of literature. Since the poems in the CBWW are created by the entire group, in a collaborative manner, the adolescent patients tolerate this ambiguity of meaning quite well and often demonstrate sophisticated techniques of applying the poems to their own personal experiences.

If patients struggle to find personal meaning in the poems, the counselor will ask them to choose one line in particular that relates to them or stands out to them in some way, including the line they provided themselves. This ensures that the process discussion remains relevant to each patient's particular treatment issues. It also continues the process of engaging the patients into a discussion of their own relationships with each other.

For example, when discussing her poem "[Untitled]," patient 1 complained that the only line she didn't like was the question that patient 4 stated, "Therefore war's a good thing?" Patient 1 stated that the sarcastic tone of the question didn't fit into the rest of her poem. Though other group members didn't agree that the question diminished the poem, they were able to recognize that patient 4 tended to be sarcastic at times. Patient 4 herself stated that staff members had confronted her about being sarcastic since coming to treatment. She acknowledged that, at times,

she was sarcastic without intending to be and that other times she was so intentionally. Again, by way of creating poems together and discussing them, the adolescent patients are led toward an increased level of self-disclosure and honesty in regards to their relationships with one another.

After sufficient discussion of the pieces created collaboratively, the counselor reads the poem from which all of the individual "starter" lines were originally taken. The group has an opportunity to discuss similarities and differences between the original poem and the poems created together, from borrowed lines. This usually generates interest and curiosity as the adolescent patients listen for the lines they started with and later transformed into a collaborative poem. It provides them with an additional opportunity to experience themselves in relationship to someone else.

The starter lines used in the collaborative pieces above came from the poem, "Chapel of the Fool" (Gillispie, 1999). It is typical of the kinds of poems used in the Round Robin exercise for starter lines, providing a number of specific images and open-ended phrases that invite a variety of responses from the adolescent patients.

*Chapel of the Fool*

**I have only come to study  
the customs here  
in this hermitage  
where twenty-five monks  
crowd the wooden tables  
and stare at one another  
eating cabbages.**

Dug deep into the mound  
of a century, **their eyes  
are narrow hallways**  
lined with portraits  
of the fool, their patron  
saint—a man who looks  
to be mentally retarded,

painted in a frock coat  
framed and hung on the wall  
where **his face  
continues to expand  
and approximate  
the miracle of science.**  
Alone in his chapel,

I am filled with a visitor's  
difficulty, unable to discern  
my own lack of knowledge

from the great veil of ignorance  
he promises any disciple  
wise enough  
to follow his ways.

The content of the starter poem should also serve the basic purposes of the group. In the example above, the narrator describes his experience of visiting a Benedictine Monastery and feeling ambivalence toward the social mores adhered to by the monks. During process discussion, the adolescent patients are invited to describe their experience of first arriving at a 45-day treatment program, and being introduced to an environment they may have felt ambivalent or even hostile toward. This kind of discussion provides a group with the opportunity to compare first impressions members may have had of each other, as well as providing a forum for more experienced patients to showcase their significant therapeutic gains,

### **From collaborative to individual writing**

At the conclusion of the Chocolate Buddha Writing Workshop, the counselor invites each patient to find a line of writing that interests her during the course of the upcoming week. She is encouraged to respond to the line in writing and bring the piece to group next time. The patient may share the line or the piece of original writing it inspired, or both if she chooses. In this manner, the basic concept of borrowing a starter line and creating a poem around it is transferred from group to individual work. Usually, most patients who decide to complete the assignment also decide to share their work in the group the following week and, thus, subject themselves to feedback and observations from their peers.

The following piece is an example of a poem created by an individual patient using her own starter line in the manner just described. It was copied, with her permission, directly from a personal journal:

In our dream we are connected, Siamese twins at the wrist.  
And I knew we'd been forever expelled from paradise . . .  
(Billy Corgan)

Your prose, my pain.  
Sick of all these words  
sick of the letters that were never sent  
This suffering—  
They call it beauty?  
No.  
They call my anguish poetry.  
Again, another definition for them  
to understand  
me

although we've never met—  
never spoken.

The presentation and discussion of poems created in this manner may be used as a warm-up exercise at the beginning of the next group. The adolescent patients may be asked to describe how they found their starter lines and describe how they chose to write about them in addition to actually reading their poems out-loud.

In the example above, the starter line itself created a great deal of interest and discussion among group members. The image of two individuals joined at the wrist like Siamese twins provided a powerful metaphor for patients to describe their own relationships to each other. The group recognized how rooming together, eating together and participating in groups together connected them in ways that felt nurturing at times, but also claustrophobic.

It can be very fruitful to compare the tone and content of these individual poems with group poems created by the same members. The individual and group poems will often reflect interesting similarities and differences. This comparison of the individual work against the group work continues the project of providing opportunities for the adolescent patients to experience themselves in relationship to others.

### **Conclusions and implications for practice**

A number of factors contribute to the successful use of collaborative writing with adolescent girls in the manner outlined in this article. The milieu therapy environment itself contributes greatly to the cohesiveness and conflict that surface during the writing exercises. By the time the adolescent girls participate in the Chocolate Buddha Writing Workshop, they have already established complex and layered relationships with one another. The collaborative writing exercises promoted the disclosure of interpersonal material.

Furthermore, admission into the residential treatment program itself acts as a kind of recruitment filter that ensures a certain level of homogeneity within the group, for example, all of the girls are between the ages of 13 and 17. Their families are able to afford residential treatment, either through insurance coverage or a method of personal payment. And perhaps most importantly, all of the patients have similar diagnoses. This level of homogeneity, combined with the daily structure of the therapeutic milieu, helps create the level of relationships required to achieve the kind of interpersonal work described in this article.

An additional factor that contributes to the successful use of collaborative writing with adolescent patients in the workshop described is the level of basic group skills that each member already possesses. For example, group members come to the writing workshop with a great deal of practice in using structured communication exercises designed to generate honesty and emotional safety in the group environment. The patients have learned to limit their feedback to specific areas such as feelings or direct observations. They have learned how to differentiate between

personal feelings toward and intellectual criticism of others. This factor is essential in establishing the necessary environment for the collaborative writing exercises to become deeply interpersonal and truly risky at an emotional level.

Finally, the stage of group development is a factor that makes the use of this kind of collaborative group writing possible. In a 45-day residential treatment program, where new group members are being admitted weekly and advanced group members are being discharged weekly, the group tends to waver between the transition and the working stages of development (Corey & Corey, 2003). At these stages, the necessary degree of self-disclosure and feedback is possible, as well as productive. The adolescent patients are able to achieve deep levels of honesty, and they are equipped as group members to manage the tensions and conflicts that may result from this level of disclosure.

With these elements of group work in place, it is possible for practitioners to use collaborative writing exercises as a method of deepening interpersonal communication among adolescent girls. The written material, created by the group, provides an object that patients can openly respond to, revealing themselves and their feelings toward others ostensibly as they discuss a story or a poem (Mazza, 2003). It has been noted that self-disclosure alone in the group environment may in itself be therapeutic if an atmosphere of support and mutual concern exists (Ellis, 1973). The use of collaboration techniques with adolescent girls can provide an effective way of generating such disclosures in the group environment.

It has also been noted that adolescents naturally recognize and confront maladaptive behavior in one another, again, if an atmosphere of support and mutual concern exists (Meeks, 1980). The methods of group collaboration outlined in this article often act as a catalyst that draws out maladaptive behavior in group members. Maladaptive behaviors relating to examples in this article include a preoccupation with drug use, the use of humor as a deflection of more uncomfortable feelings, an attempt to "be perfect," as well as the use of sarcasm as a communication style. Because the necessary conditions of mutual concern and support existed, the adolescent patients did, in fact, confront these maladaptive behaviors in a natural and spontaneous way. Since the most effective interventions promoting change in adolescents take place in natural environments, such as peers groups (Sheridan, 1995), this level of confrontation is especially potent. Although the writing workshop is not a natural environment, it is designed to engage adolescent girls with each other in a manner that is less formal and artificial than some traditional talk-therapy groups.

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