

Recovery Poetry 101: The Use of Collaborative Poetry in a Dual-Diagnosis Drug and Alcohol Treatment Program

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This practice report profiles the author's use of collaborative writing techniques in a dual-diagnosis drug and alcohol treatment program. Examples of typical patient-generated collaborative poems are provided. The author concludes that collaborative group poetry, when effectively facilitated, can generate a meaningful process-discussion toward values clarification. Furthermore, group-writing exercises can be converted to individual writing exercises, enabling patients to continue the process of values clarification through poetry written outside of the group setting.

KEY WORDS: collaborative poetry; drug and alcohol treatment; recovery; writing exercises.

The place of writing as a therapeutic agent in working with addictions has received some attention in the literature (e.g., Alschuler, 2000; Howard, 1997; Mazza, 1979; Plasse, 1995). The purpose of this article is to provide a vivid demonstration of my work with collaborative poetry in a large group setting at a twenty-eight day (inpatient) dual-diagnosis drug and alcohol treatment program. In addition to describing poetry writing exercises, I describe the therapeutic intention I have infused into each poem. Just as important as the poetry itself, I have attempted to capture the atmosphere and essential structure of my collaborative poetry group.

THE GROUP PROFILE AND WORKING CONTRACT

As the group begins, I stand at the podium in front of forty-five patients. Each one has agreed to complete twenty-eight days of in-patient treatment. As patients,

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their issues include drug and alcohol addiction, codependency, mood disorders, eating disorders, and unresolved trauma. In age, they range anywhere from 18 to 72 years old. I see twice as many men in the audience as women. In terms of occupation, I am working with miners, doctors, business owners, homemakers, college students, construction workers, secretaries, and professional athletes. They've gathered together in the lecture hall for a piece I've titled, "Recovery Poetry 101."

As a poet and a counselor, my goal is to present poetry to this diverse group of people as a practical tool for recovery. I have a couple of hours to demonstrate three main points:

1. Writing poetry can be a practical way to organize and process personal experiences.
2. Writing poetry provides an opportunity to develop insight into oneself and others.
3. Writing poetry can be public as well as private.

After saying that, I pause. Experience has taught me that the term itself, *poetry*, is rife with unpleasant connotations for many patients. With that in mind, the first group activity I conduct is a survey designed to help patients process and inventory their current relationship to poetry. On an erasure board, I write two questions for patients to consider. On the left side of the board, "What has attracted you to poetry?" On the right side of the board, "What has pushed you away from poetry?"

As patients answer, I record their responses and encourage discussion. In this manner, we generate a group profile. I learn what the group may be willing to try and what the group may resist. More importantly, I learn what positive experiences patients have had with poetry. If possible, I will try to re-create them.

A typical survey looks like this:

What has attracted you to poetry?

- I can get my feelings out
- The rhythms calm me down
- poets I relate to/ poets who express my feelings
- short poems that don't take long to read
- I like the images.

What has pushed you away from poetry?

- not understanding the symbols
- I feel dumb
- forms like sonnets or haiku
- I was forced to recite poems in school
- being told I'm wrong

Using the information on the board, I establish a working contract with the group. I agree to honor the negative experiences patients have related. Though I will allow everyone in the group to express their own opinions; as a facilitator, I make a commitment to work around the aspects of poetry that patients dislike. With this particular group, I mention symbols, fixed forms like sonnets or haiku, and forced participation. I make a commitment as a facilitator not to tell anyone, "You're wrong."

In return, I ask the group to help me direct our discussion toward the aspects of poetry that have been pleasurable. Drawing from our list, I mention specific items like feelings, enjoyable rhythms, and images. I ask the group to let me know when they see or hear something that interests them.

At this point, I have utilized about twenty minutes of group time. I often remind patients that our most important work may already be accomplished: a simple discussion to establish what one likes and dislikes about poetry. If poetry is to be utilized as a recovery tool, such information is essential.

THE SENTENCE-STEM POEM

I introduce the first group writing exercise as a performance poem that requires a division of labor. I provide the first line while each patient provides his or her own lines. After we've written our separate parts, working individually, we go around the room and read our lines out-loud, performing a completed poem. This exercise usually generates interest with patients, but may also generate some anxiety. I remind the group that participation is voluntary. Everyone has the option to pass.

For the lines, I ask each patient to complete the following sentence stems:

"I would never _____ but I would always _____."

I ask that patients complete these sentence stems in a way that will help me learn more about them as individuals. I give them a few examples previous patients have written:

"I would never give money to an alcoholic on the street but I would always volunteer to sell Christmas trees for the YMCA."

"I would never ride a roller coaster but I would always eat ice cream."

"I would never look both ways before crossing the street but I would always tell you to do so."

My job is to write an "if statement" that will grammatically complement the lines provided by the patients. In the past, I have used the following statements:

"If I ever achieved long-term sobriety . . ."

"If I insisted on living a healthy life-style . . ."

"If I loved myself as much as others love me . . ."

My goal is to choose a statement that will frame the poem and give the lines a new meaning. My hope is to create an interesting relationship between my line

and the lines provided by the patients. However, I don't want to affect what the patients choose to write. For that reason, I don't reveal my line until the patients have finished writing their lines.

Before we perform the poem, I ask the group to help me choose an appropriate title. I ask for a word that describes the mood of the group and try to incorporate it into the title. I also ask for specific images that patients may have included in their lines. In the past, groups have come up with titles like these:

"A Whimsical Poem for Wednesday"

"Never Always (Again)"

"Mysterious Ice Cream Poem"

Once the title is created, we are ready to give the poem a test run. I read the title and my first line, and then each patient reads, in turn, the lines he or she wrote down. A typical poem sounds like this:

Mysterious Ice Cream Poem

If I insisted on living a healthy life-style . . .

I would never bungy jump
but I would always try new things

I would never love
but I would always fall in love

I would never crawl close to the ground
but I would always dance in the rain

I would never lie or cheat my girl friend about drugs
but I would always take care of my self first

I would never look before crossing the street
but I would always tell others to do so

I would never ride a roller coaster
but I would always eat ice cream

I would never swim across the ocean
but I would always play by the shore

I would never really flip out and lose it
but I would always try to think first . . .

After the last lines of the poem are read, I ask the group to give a round of applause. Before I lead the group into a process-discussion, I allow for a moment of silence. I want to hear what the patients have to say about their poem without

any direction from me. Usually, I hear things like, "That was fun," or "Let's do it again." Oftentimes I'll hear someone say "I didn't know you could call that poetry."

I use this exercise as a metaphor to help me describe the way I believe good poetry works. Good poetry is able to draw in a diverse group of people and keep them interested. I remind the group how quiet and attentive they became once the poem started. Good poetry is able to invoke a response from people. I remind the group how often I heard laughter after someone gave his or her lines, or how often I saw people nod their heads in agreement to ideas presented in the poem. These are the characteristics of what I consider "good" poetry.

More importantly, I ask the group if my line changed or enhanced their lines in any way. I'm interested in exploring the random juxtapositions we created in the poem as a group. I give the patients an opportunity to elaborate on the lines they wrote and discuss how it applies to their work in treatment.

Sometimes, the patient's writing fits into my first line as if it had been planned:

If I insisted on living a healthy life-style . . .

I would never lie or cheat my girlfriend about drugs but I would always take care of myself first

Other times, a verse creates an almost ridiculous contradiction:

If I insisted on living a healthy life-style . . .

I would never look before crossing the street but I would always tell others to do so

Usually, the lines that contradict my line generate the most discussion. They often create a sense of humor in the poem, but lead to the most serious discussions later. Since I generally try to start the poem with a line that represents a positive recovery value, when this is contradicted, the group is especially responsive and vocal. They identify with such contradictions and can often recognize how their own addictive behaviors and attitudes undermine their core value system.

THE WISDOM POEM

After sufficient discussion, I introduce the second group writing exercise. I describe it as a "wisdom" poem that requires two different lists of words or phrases. For the first list, I ask the group to spend a few seconds thinking about the activities in their lives that generate healthy pleasure. I encourage the group to be as specific as possible. For example, if hiking is an activity that generates healthy pleasure for someone, I want to hear about a hike in a particular canyon or a particular region. If someone derives pleasure from reading, I want to hear about a specific book or story. I encourage the patients to mention favorite foods as well as favorite songs.

As patients answer, I list their responses on the erasure board. A typical list looks like this:

List one

1. "Candle in the Wind" by Elton John
2. Coconut Cream Pie
3. Hunting Elk in Montana
4. Working-out at the gym
5. Playing "Yahtzee" with my kids

For the second list, I ask patients to give opposites for each of the items already mentioned. Since literal opposites aren't usually possible, the patients must approximate as best they can. For example, someone might suggest the opposite of "Candle in the Wind" by Elton John is "Honky Tonk Woman" by the Rolling Stones. Someone might suggest the opposite of coconut cream pie is lime flavored low-fat Jell-O.

Most groups become very animated during this part of the exercise, shouting out suggestions with a great deal of humor and enthusiasm. As a facilitator, I want to make sure I'm utilizing as many different ideas from as many different people as possible. I want both lists to stand as a fair representation of the entire group. I write the second list right beside the first one. A list of corresponding opposites might look like this:

List two

1. "Honky Tonk Woman" by the Rolling Stones
2. lime flavored low-fat Jell-O
3. saving a spider from drowning in the sink
4. eating donuts on the couch
5. going on a date with my ex-girl friend

When the two lists are completed, I let the group members know that their work is done. The poem has essentially been written. Now, it needs to be performed. I preface my performance of the group poem by mentioning the rich tradition of Hebrew wisdom poetry found in the Old Testament. If appropriate for the group I'm working with, I sometimes pull out an old Bible and open it to the book of Ecclesiastes. I read the first verse in Chapter 3 which states: "To every thing there is a season, and a time to every purpose under the heaven."

I close the Bible. Borrowing the familiar structure of the verses that follow in Ecclesiastes, I read an item from each list after repeating the phrase, "There is

a time." A reading of the two lists would sound something like this:

"There is a time for 'Candle in the Wind' by Elton John and a time for 'Honky Tonk Woman' by the Rolling Stones

A time for coconut cream pie
and a time for lime flavored low-fat Jell-O

A time for elk hunting in Montana
and a time for saving a spider in the bathroom sink

A time for working-out at the gym
and a time for eating donuts on the couch

A time to play 'Yahtzee' with the kids
and a time to date an ex-girlfriend."

After I finish performing the poem, again, I ask for a round of applause to recognize the poets who wrote it. I then initiate a general discussion. Keeping my audience in mind, I want to lead the group toward an examination of recovery values. For starters, I usually ask, "Is there really a time for all of these items we listed on the board?"

I'm especially interested in looking at the list of items given as opposites. I might ask more specifically, "Is there really a time to eat donuts on the couch?" One patient may answer, "No, that's just the kind of behavior that got me in a treatment center. I need to learn to relax in a healthier way." Another patient may answer, "For me, I never allowed myself to do anything like eat donuts and watch TV. If I wasn't accomplishing something important I felt worthless. I could stand some time doing nothing."

In this manner, I invite patients to explore the lines of the poem in a serious light. I encourage them to pay attention to the relative nature of positive recovery values and share with the group any items on the list that don't fit for them. This process provides an opportunity for patients to assess what their recovery needs are, and at the same time, hear how their peers may respond to similar situations in different ways. Ideally, patients develop insight into themselves and others.

THE WORD LIST POEM

At this point, I have utilized about an hour and a half of group time. Most of the patients appear to be engaged. They feel comfortable with the idea of poetry as a vehicle for self-discovery—and if I've done my job—our discussion has been directed toward some aspect of poetry the group is invested in.

Our last writing exercise provides an opportunity for patients to write individual poems. After a rest room break and the distribution of pencils and paper, I ask the group to help me compile one final list—which will be the basis of our individual poems.

I ask the group to come up with one word they would like to see in a poem. A word that is beautiful, provocative, humorous or especially meaningful. After choosing one from the many suggested, I write it on the board. I ask for another word—but for the second word, I introduce a restriction—it must begin with the last letter of the first word. So if my first word is *red* the second word will have to start with the letter *d*. We repeat that process about ten times. A typical list will read like this:

red
dream
miracle
eternity
yearn
Neptune
enormous
story
yellow
willow
winter

Next, I ask each patient to write a poem using the first word from the list somewhere in the first line, the second word from the list somewhere in their second line, and so on, until they work their way through the whole list, compiling a ten or an eleven line poem. I establish a time limit, somewhere between ten and fifteen minutes, and remind the group that participation is voluntary. Anyone may opt to not write at all.

When the time limit is up (assuming the majority of patients have completed their poems) I ask that each patient pair up with a partner and read his or her poem out loud. I remind the group that reading the poem to someone else is optional as well. If patients do not feel comfortable presenting their piece to a peer—they won't be forced to. A typical word list poem produced by the method I describe above reads like this:

[Untitled]

The red lights that go off in the middle
of the night
a dream of stopping a losing fight
The miracle of change seems so far
away
a life of Pain, an eternity, doubt seems
to be the way
even though I yearn for something more
I feel it's so far away like Neptune to
the sun

and even though the sun is so
enormous in size, it's still cold there
my story is your story
my color is yellow as I've gotten
past red
my life is like a willow tree
That becomes barren in winter
awaiting spring.

At this stage of the workshop, the energy level is generally highest. The lecture hall is buzzing with voices as most patients pair off to share their poems. The group is cohesive and bonded. The safety level has increased considerably since we started working together.

I conclude the last writing exercise by asking two or three patients to share their poems with the entire group. I am especially interested in contrasting and comparing different approaches each patient chose to employ. Also, I am interested in exploring with the group how each individual is able to create a unique poem utilizing the exact same list of words. I present this idea as a metaphor which describes how the recovery process works: we all utilize the same basic recovery skills—such as self-disclosure or affiliation with a 12-step support group—yet each of us creates a unique recovery program that is tailored to our own specific needs.

FROM GROUP WRITING TO INDIVIDUAL WRITING

As I close the Recovery Poetry 101 workshop, many patients are still eager to read their poems out loud—which is ideal. I want patients to leave with an excitement about poetry, a desire for more writing and more reading.

I conclude our work together with a suggestion for those patients interested in more poetry: all of the group exercises we completed can be converted into individual exercises. For example, an individual could use the sentence stem exercise we started with as a structure for a page-long journal entry. After creating an "if statement" that presents a specific goal, such as "If I dealt with depression in a healthy manner," a writer could then fill an entire page with responses following the structure of the sentence stems, *I would never* _____ *but I would always* _____.

Similarly, an individual could convert our wisdom poem exercise into a page-long journal entry. By simply utilizing the rhetorical structure I borrowed from the book of Ecclesiastes, an individual writer could produce a self-reflective meditation that records the events of his or her life, alternating between positive and negative experiences, and thus, producing an individual "wisdom poem."

The last group writing exercise is easily converted to individual work as well. Using the same process to create a word list, an individual can free associate and then construct a cohesive poem with the words chosen at random—hopefully discovering something of value about his or her current mood, core beliefs, or intimate relationships in the process.

As the door clears out of the lecture hall, I stay behind to speak with patients. Here, I conduct my last bit of work as a facilitator. I am especially interested in hearing from patients who were not vocal in group. They often provide the most helpful feedback as they describe their experiences with the writing exercises. These quiet ones are in fact my first priority in Recovery Poetry 101—they are the very people who I try to target as I conduct group poetry work—the people who feel and see and hear, but do not speak. If I'm lucky, I'll learn something new by the end of every group that will help me address their needs better the next time around.

CONCLUSION

The list-making exercises that I present in the Recovery Poetry 101 workshop provide patients with a practical structure for writing poems. The use of opposites and free association as an organizing principle in poetry tends to encourage more spontaneity in the group. Patients learn that established forms such as rhyming couplets or ballad stanzas aren't necessary to create poetry. Without those familiar, fixed rhythms, patients tend to produce more authentic poems that reflect their actual experiences.

Random juxtapositions are also an important aspect of the Recovery Poetry 101 workshop. Starting with the sentence-stem exercise, I want to provide patients with an opportunity to see themselves in relation to the entire group. For many patients, the experience of being heard by others is both unsettling and satisfying, especially if their particular line of poetry becomes part of the group discussion. As ideas and values in the group poems are debated, individuals get the opportunity to develop insight into their current beliefs—even if they don't verbalize them to the whole group.

As patients work with these exercises in private, it is my hope that what happens at the group level can continue for the individual. I believe the organizing principles of opposites and free association are able to provide a practical structure that patients can continue to utilize outside of the group process. In this manner, patients can examine the random juxtapositions in their own poems, seek out an audience of their own choosing, and engage in their own dialogue concerning recovery values.

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