



## Afterword and After the Ward: The Poetry Cure

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### ABSTRACT

*What impact might poetry have on an individual's psychosomatic system? This piece connects current research in occupational therapy with the acts of writing, listening, and reading poetry.*

More often than one could imagine, after I have finished a poetry a reading, a member or two of the audience will come up to me and ask me what antidepressants I take. Often these people are disappointed when I tell them I'm not on any. Often, in response, I laugh and say: "actually, it's the poetry."

I share this anecdote with an Occupational Therapist, and laugh, as I usually do, when I mention the poetry as a source of healing.

But the Occupational Therapist does not laugh back. Her interest is piqued.

She asks, "how so?"

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Since then, I have been working on an answer to bring her. Maybe, in a little way, the idea for this special issue served as a way of reaching those answers.

### ANSWER 1: POETRY HAS A HISTORY OF HEALING

A quick browse on [The National Association of Poetry Therapy's website HISTORY](#) section traces the first prescription of poetry back to 4AD Egypt. Soranus is said to have prescribed poetry in 1AD. Even before all of this, we know of shamanistic rituals that require chanting words and phrases to specific intonations as integral parts of the healing practice.

One thousand years and a printing press later, in 1925, Robert Haven Schauffler wrote *The Poetry Cure: A Pocket Medicine Chest of Verse, Music and Picture*, which followed a prescriptive format: the poems included were meant to work for specific moods and ailments. The poems should be read in the order prescribed. Schauffler cautions readers (patients?): poems do not affect everyone in the same way.

A significant portion of the early theoretical foundation for the use of poetry in therapy was drawn from the psychoanalytic literature (e.g. Ansell, 1978; Parker, 1969, Pattison, 1973, Pietropint, 1973), with Freud's *The Poet and Day-Dreaming* serving a foundational role. Applying Freudian theory, poetry and psychoanalysis share unconscious and preconscious materials of dreams and fantasies. Joseph Zinker's 1977 *Creative Process in Gestalt Therapy* finds that the parallel between writing poetry and undergoing psychotherapy relies on the individual/object to experience change/transformation. Similar to Winnicott's object of transference, as Zinker sees it, the poet directs the emotion to the poem through organization of lines and distribution of words, and with enough distance, both speaker and poem simultaneously transform.

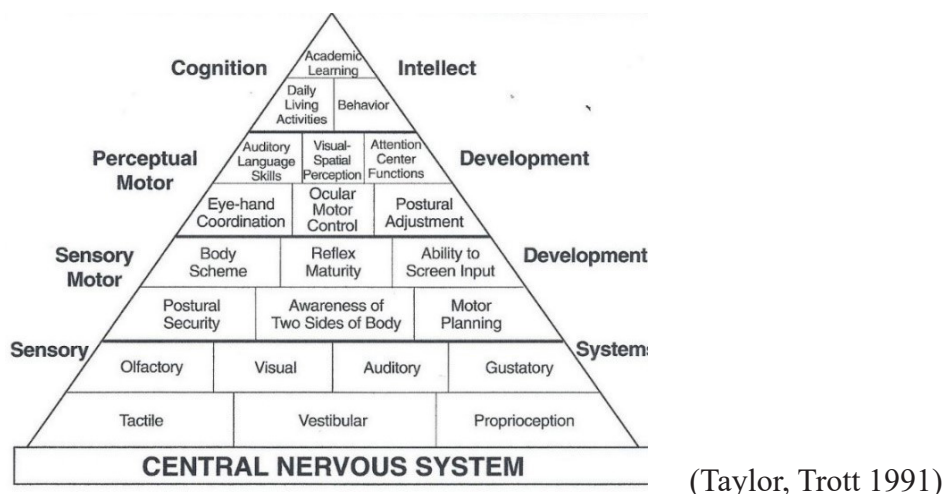
Through the establishment of the Association for Poetry Therapy (APT), Arthur Lerner, a poet and psychologist, founded the Poetry Therapy Institute, the "first legally incorporated nonprofit organization devoted to the study and practice of poetry therapy." Collins, Furman and Langer's 2006 "Poetry Therapy as a Tool of Cognitively Based Practice" offer links between poetry therapy and cognitive therapy. The scholars define cognitions as the entry point for dealing with the interplay of emotions and behaviors, and offer examples to readers on how to engage with poetry and CBT. Following this, Nicholas Mazza's *Poetry Therapy: Theory & Practice* suggests that that "the poetic has the promise of combining ego supportive with problem-solving approaches" (Mazza 10-11). The exploration and evaluation of the poetic in a wide range of settings continues to expand conceptions of poetry therapy, which is now broadly defined as "the use of language, symbol, and story in therapeutic, educational, and community-building capacities." (Mazza 12).

Still Gilly Bolton warns readers that "not all therapeutic writing is art, just as not all poetry is therapeutic" (Bolton 121). With her chiasmatic syntax, Bolton echoes Jung, who wrote, "art in its essence is not science, and science in its essence is not art."

The distinctions between the two are important and warrant the experience and research from an Occupational Therapist. While we might metaphorically define poetry as an art that helps make sense of the world, by definition, sensory processing is defined as how our brain, body, and nervous system come together, helping us "make sense of the world" (Sicile-Kira). Occupational Therapists are trained to understand the cartography of our complex nervous system. Carl Jung's theories on cognitive processes center him as one of the leading psychiatrists to recognize the importance of

sensitivity. For Jung, our cognitive processes, specifically our perception and sensations, were more crucial to an individual’s susceptibility to neurosis than sexuality.

In 1991, occupational therapist Kathleen Taylor and special education teacher Mary Ann Trott created the Pyramid of Learning, a visualization of how the hierarchy by which our sensory processing system operates. Taylor and Trott’s research turned to Jean Ayres, a foundational researcher and occupational therapist who “developed and established the psychometric properties of tests” for various aspects of sensory integration... “and invented equipment to be used in practice” (American Occupational Therapy Association). At the peak of the sensory pyramid sits academic learning, which depends on the efficiency of all other functions; that is, for one to receive appropriate academic learning, one must have the ability to simultaneously regulate attention, process complex motor skills, and maintain a balance of self-control and self-esteem. Poetry is sometimes considered an art of esteemed academic learning, but for me it has been used as a basic tool for regulating my senses.



## ANSWER 2: POETRY IS A MULTISENSORY EXPERIENCE

Poetry involves the complex acts of reading, writing, listening, processing, remembering, and imagining, all at once. In *The Book of Delights*, Ross Gay asserts that the “actual magic of writing... comes from our bodies” (Gay 33). A good poem might send a shiver down your spine. More so, when we write poetry, we activate varying parts of our central nervous system through a goal of reaching academic learning.

Writing is a tactile, vestibular, proprioceptive sensory experience. We grip the pen. We tap the keys. Writing demands of its practitioner the regulation of phonological, morphological, and

orthographic knowledge, short term memory, long term memory, visual and spatial skills, and fine motor skills. Our tactile and proprioceptive senses work in sync as we write poetry, a practice that facilitates our ability to maintain self-control and engage in emotional regulation. Emotional regulation is the process by which we consciously or unconsciously influence what emotions we have, when we have them, and how we experience and express them. This type of emotional intelligence is essential to maintain a balanced behavioral lifestyle.

It is not uncommon for those who write poetry to reflect on past experiences and incorporate them into the poem. Research from Bessel Van der Kolk's *The Body Keeps the Score* acknowledges the difficulties experienced when traumatized people write about the past. The first difficulty, Van der Kolk reckons, is organizing the traumatic experience into a coherent account, a story containing a clear beginning, middle, and end. Trauma impacts the alarm system of our brain through memory. Those who experience trauma have difficulties remembering – not just remembering the trauma, but with memory in general. There is within us a desire to make sense, to provide logic, to find the memory that connects. Trauma defies such desires -- it cuts off our left hemisphere from comprehension. Writing about one's trauma can be difficult for some; there is an assumption that readers crave a cohesive narrative: What happened first? How? When? But the trauma is in the details, not just the chronology. As is the healing.

Poetry, with its meandering lines and syntactical leaps, asks of its readers and its writers to move around, to get a little lost. While a poem can certainly contain a narrative, it is not unusual for the narrative to blur. Writing poetry helps regulate our sensory systems not just through linguistic word play and articulation, but through the chronological freedom afforded by the line. The poetic line contains multitudes. Line breaks and white space tell the stories we are not yet ready to tell. Unlike much of the prose we consume, a poem can be personal without being chronological. Glück said that. She wrote:

“Poems are autobiography, but divested of the trappings of chronology and comment, the metronomic alternation of anecdote and response” (Glück 92).

For the practicing poet, the work of rewriting and/or rereading places a heightened focus on the writer's ability to control their emotional state. The detachment to the feelings for the piece grows as the poet gets closer to the provocation of the poem: what is it asking of the reader? How is it moving? Finally, the focus on punctuation, word placement, line break, and the process of moving, deleting, and adding language to and from the poem constructs further distance between who is writing the poem and what the poem aims to do.

Poetry scholars might point to Anne Sexton's first drafts when championing the healing and strategical benefits of the revision process. Sexton's first drafts were most likely “raw cries of

pain, anger, distress, joy: possibly ‘confessions’ (Bolton 122). First drafts do not resemble the final product, which often reveals less, braids more. Critics argue that it was not just Sexton’s writing process, but her revision process, that “helped to keep her from suicide until she was 46” (Bolton 122). The poet’s pseudo-Freudian compulsion to repeat, to reread and rewrite, calmed her nervous system. Kept her here, writing.

Rhythm is precisely what differentiates poetry from all other forms writing. Poetry does not need cohesive narrative, but it does need rhythm. Rhythm operates as the uniting factor between all forms of poetic practice. Whether we are writing, reading, or listening to a poem, it is the rhythm that provokes us most. It is here that I will confess I do most of my writing on the computer, and the rhythmic typing of the keyboard, the familiarity of QWERTY, offers me both that tactile sense of pushing down and also a comforting, lulling rhythm, the kind you get when you know and play an instrument by heart.

In 1996, Robin Phillip and Imogen Robertson reported that 42%, 93 out of 196 respondents, “spontaneously reported that reading poetry helped them by incantation of rhythm, silent or aloud” (Phillip, Robertson 332). Physical therapists, speech therapists, occupational therapists, behavioral therapists, and psychotherapists all utilize, in different ways, the need for “simple, rhythmically attuned movements...” (Van der Kolk 87) to help ease the nervous system. In the quest to research how a poem’s rhythm impacts our psychosomatic systems, a German team of scientists led by Eugen Wassiliwizky underwent research on 27 participants. The participants were asked to pick out poems that they had already personally knew and enjoyed from the 18<sup>th</sup>, 19<sup>th</sup>, and 20<sup>th</sup> centuries. Throughout the experiment, researchers “collected continuous piloerection data” through a small camera and recording device as they began to measure the specific neurological effects one experiences when listening to poetry.

In other words, scientists hooked up willing participants to a machine that would monitor any “self-reported chills” as they listened to previously, individually selected poems; poems they knew and had listened to before. Throughout the study, the team calculated an average of 1.33 chills/min/person (Wassiliwizky 1230).

Without much surprise, the study revealed that poetry induces highly emotional experiences, “including subjectively reported chills and objectively measured goosebumps.” The fmRI imaging illustrated how poetry triggers “not only mild affective responses but also the most intense ones”, and that poetry is a “powerful emotional stimulus capable of engaging brain areas of primary reward” (Wassiliwizky 1231).

### **ANSWER 3: 1.33 CHILLS PER MINUTE (PER PERSON, PER POEM)**

Wassiliwizky's research determined that listening to poetry activates the basal ganglia, an area of the brain that works to regulate our motor system, as well as the precuneus, an area of the brain associated with developing effective coping mechanisms and responses to pain. The precuneus helps other parts of the brain, like the left prefrontal cortex, and engages episodic memory retrieval as it searches other cortexes for contextual associations of the past. The precuneus is also involved in our proprioceptive senses, specifically our visual and spatial awareness. When activated, the precuneus directs attention to movements of space and images, engaging our motor coordination and mitigating how we shift attention (Hatfield 77).

Wassiliwizky's research offers new life to the healing effects of poetry. The fMRI data produced by the team puts image to the claim that poetry folds into the brain. The bodily sensations evoked from the poetry activated the "mid-cingulate and mid-insula," a portion of our brain believed to be connected to consciousness, as well as empathy and taste, amongst other more innate reactions. Contrary to its etymology, the "insular" cortex is not alone; rather, it wedges itself so deeply within the brain that its natural position causes dependencies and responses with other cortexes. The mid-cingulate and mid-insula are connected to the basal forebrain within the cerebral hemisphere, situated between the caudate and putamen. These areas are key in mediating emotional and motivational processes as well as in establishing connections between the limbic-motor interface.

The mid-cingulate also establishes a crucial role in one's decision making. A 2013 study "The role of the midcingulate cortex in monitoring others' decisions" by Apps, et al., asserts that the midcingulate cortex (MCC<sub>g</sub>) has the greatest influence on social behavior, and is actively engaged when predicting and monitoring the outcomes of decisions during social interactions.

To put it simply, poetry, whether it is being heard, written, or read, services our executive functioning. It helps us remember, it helps us empathize, and it helps soothe our bodies. Poetry regulates our senses. Because of this, Gilly Bolton finds poetry "appropriate for the depressed, the anxious, or those suffering from certain illnesses, physical or psychological" (Bolton 123).

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I have turned to poetry for many things: my grandmother's death, a bone marrow transplant, a first love, a father's death, a second love, more cysts & styes & broken bones, more damaged nerves, friendships, a third love, marriage, motherhood, divorce, a step/second father's death. I have written poems about walking around a park, forgetting eggs, my unwillingness to fold laundry. Since I was six years old, I have incorporated poetry into any and all aspects of my personal, professional, and academic life. Until provoked by an occupational therapist, I never actively considered writing

poetry as a parallel to the healing practices. Poetry was my education. It was my career. And while I had always known that poetry was pleasurable, I certainly did not realize that re/reading, re/writing, or re/listening to poetry triggered a neurological reaction that channeled dopamine, comforting me, stimulating some type of pleasure, even when I was writing about cleaning up my father's urine.

Day by day, year by year, my brain got used to a message: it wanted the pleasure (the poem) again. These synaptic connections charged my ability to empathize, jumpstarting the process of balancing out the hierarchy of my central nervous system. Poem by poem, reading by reading, having already solidified itself as source of pleasure, listening, reading, and writing poetry regulated me. (Healed me.) Throughout the years, whenever strangers would come up to me and note my happiness while simultaneously asking about my antidepressant routine, I would laugh and tell them it was the poetry. I'd laugh. But I was serious.

With this understanding, and alongside the research presented on this special topic, like the discussion on Owen Lewis's curriculum for teaching poetry to medical students at the Columbia University Vagelos College of Physicians and Surgeons, or Cassandra Normand's research on creating and implementing evidence and community based writing groups with cancer survivors, ripe cross-disciplinary connections present themselves for the future of researching the implementation of poetry – and creative writing at large - into contemporary medical practices. The psychosomatic benefits of poetry, and its larger family of creative writing, extend beyond the limits of this special feature, and with open access to over 100 writing prompts developed by psychologist Dr. Erik Kreuter, Mitchell James and I hope readers and scholars of the JCWS will continue to consider, and research, the psychosomatic benefits of creative writing.

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