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Existential Psychotherapy with Adults in Assisted Living

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Existential Psychotherapy with Adults in Assisted Living

A DISSERTATION
(submitted by)

Christine A. Burbidge

In partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

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Lesley University
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ABSTRACT

This study explored aging individuals' perceptions of existential poetry therapy. Six existential themes served as guides. They were: hope, gratitude, mindfulness, loss of mobility, forgiveness, and meaning in life. The data were analyzed via three sub-inquiries: (a) What thoughts and feelings do these six themes elicit; (b) What additional themes (existential or non) would the participants like to explore; and (c) What roadblocks hinder this population for accessing poetry therapy to its optimal extent. The research method involved two focus groups with a total of five participants, and data were analyzed using qualitative content analysis. The three most common themes elicited were orientation towards others, issues of life and death, and loss of mobility. Additional themes for future exploration, derived from inter-group data, were: faith, gratitude (irrespective of Gratitude theme), loss, nature, hope, and beauty.

CHAPTER 1

INTRODUCTION

This dissertation investigated the theory and application of existential poetry therapy with healthy aging populations. There is a dearth of literature that addresses the intersection of poetry therapy and aging, and even less on its relationship to existential psychology. Conversely, when treated individually, all of these areas abound with richness. This work was an attempt to cement existential psychotherapy, gerontology, and poetry therapy into a foundation upon which future research can build (Cozolino, 2008; Cummings, 2002; Leedy, 1969).

The purpose of this study was threefold: to raise awareness about the paucity of existing research concerning poetry therapy as it relates to healthy aging, to promote the case for an existentialist ontology (while delineating the limitations therein), and to purpose ideas for a program based on new findings. What does existential psychotherapy have to offer, and what might an existential poetry therapy program designed for assisted living residents look like?

Before continuing, a distinction must be made between the terms “expressive writing” and “poetry therapy.” Though the work conducted in this dissertation was poetry therapy, it is the author’s estimation that “expressive writing” is a more relatable term to aging individuals. As the upcoming research will uncover, the word “poetry” conjures images of school and similar didactic, and arguably repressive, environments. Poetry therapy is anything but sticking to the rules of grammar and form, but the author’s experience is that the consciousness of many individuals, especially those who came of age at a time that rote memorization was enforced in school, hold the contrary. To

complicate matters further, poetry therapy is sometimes referred to as “bibliotherapy,” which some believe is a more accurate term as it acknowledges the inclusion of literature other than poetry (Hynes & Hynes-Berry, 1994).

McArdle and Byrt (2010) define expressive writing as “the use of writing to enable people with mental health problems to enjoy and express themselves, develop creativity and empowerment, affirm identity and give voice to views and experiences” (McArdle & Byrt, 2010, p. 517). This description best encapsulates this dissertation’s operational definition of “expressive writing.”

A pilot study conducted in 2011 provided a backdrop for this dissertation. This study, *Healthy Aging and Poetry Therapy: A Pilot Study* (Burbidge, 2011), provided separate overviews of poetry therapy and healthy aging as topics; and then identified its gaps, and proposed a bridge for intersecting the two entities. The section “The Psychology of Aging” will lay out the cognitive and psychological realities relevant to the assisted living population, which for brevity’s sake, is this study’s population of focus.

Next, a section on existential psychotherapy will make the case for existentialism as an ontological lens for examination. Here, special attention is given to the work of Yalom, the “father of existential psychology.” Yalom acknowledges the contributions of existential philosophers, namely, “Kierkegaard’s choice; Nietzsche’s iconoclastic determinism, Heidegger’s focus on temporality and authenticity; Camus’ sense of absurdity; [and] Jean Paul Sartre’s stress on commitment in the face of absolute gratuitousness” (Yalom, 2008, p. 200). When applied to clinical work, Yalom asserted,

the word “existential” simply means all that pertains to existence (Yalom, 2008). Yalom explained that,

The existential approach is one of many psychotherapy approaches, all with the same *raison d'être*—to minister to human despair. The existential therapeutic position states that what bedevils us issues *not only* from our biological substrate (a psychopharmacological model), *not only* from our struggle with repressed instinctual strivings (a Freudian position), *not only* from our internalized significant adults who may be uncaring, unloving, or neurotic (an object relations position), *not only* from disordered forms of thinking (a cognitive-behavioral position), *not only* from shards of forgotten traumatic memories or from current life crises involving one's career and relationship with significant others, *but also—but also*—from a confrontation with existence.” (p. 200-201)

Yalom's work is pivotal not only for laying much groundwork in the field of existential psychology, but for his contributions to group processes. As much of poetry therapy work is conducted in the group format, some attention will be given to this.

Existential therapy is a branch of philosophical counseling. Originating in Europe in the early 1980s, philosophical counseling is best defined as a “cluster of approaches... designed to address the predicaments of the average person through philosophical means, rather than psychological ones” (Lahav & Tillmanns, 1995, p. ix).

Lahav and Tillmanns (1995) articulated that the role of the philosophical counselor is to:

... help counselees explore their predicaments and lives, using philosophical thinking tools, such as conceptual analysis and phenomenological investigations.

Through these explorations counselees attain new insights which “color” their worldview and attitude to their predicament. The subject matter of philosophical counseling is, then, the philosophical questions posed by life. Thus, philosophical counseling seeks to bring philosophy closer to everyday life. It holds that philosophical ideas are not disconnected from the individual’s concrete living moment, as they are commonly treated in academic philosophy. (p. x)

Older adults, who have a deeper reservoir of life experiences, might be more effectively reached through philosophical means rather than traditional psychotherapy. Poetry therapy, with its promotion of imagery and group cohesiveness, further capitalizes on this.

Ontological Considerations

This dissertation was partly inspired by the theory of Cognitive Behavior Therapy (CBT). Like CBT, existential psychotherapy emphasizes the link between mental health and self-responsibility.

This connection between existential psychotherapy has been further established in the literature. (Corrie & Milton, 2000; Lowenthal, 2010). Loewenthal (2010) described this link as “an attempt [to] offer such an alternative place where we might still be able to think how alienated we are through valuing existential notions such as experience and meaning whilst questioning such other aspect as existentialism’s inferred narcissism” (Loewenthal, 2010, p. 320). In other words, by gaining control over one’s thoughts, feelings, and behaviors (via CBT), the individual can master any impulses he or she may have to obsess over death, anxiety, and other existential fixtures. Conversely,

existentialism can be a tool to keep one's cognitive energies engaged by ensuring that an individual is focusing only on matters of importance to him or her.

Fundamental to this brand of existentialism is the idea that when individuals experience close encounters with death, either physically or psychologically, they reevaluate their lives and live more authentically in the present (Yalom, 2008; Yalom, 2005). An existential ontology strives to capture this authenticity as such that the individuals can live in such a way for the entirety of their lives.

In addition to CBT, the principles of Albert Ellis' Rational Emotive Behavior Therapy (REBT) factor heavily into the ontological framework of this work. Ellis (1913–2007) asserted that optimal mental health can be achieved through living in ways that maximize happiness and minimize suffering as much as possible (Ellis 2004; Hutchinson & Chapman, 2005). Such a task can only be achieved, Ellis argued, by identifying and then adjusting irrational beliefs (Ellis, 2004). Hutchinson and Chapman (2005) argued that, “[p]eople who use rational thinking will take proper responsibility for their lives and emotions, accept uncertainty and themselves, and practice tolerance. They will make reasonable compromises, take risks, and have higher levels of frustration tolerance, and sacrifice immediate pleasures for long-term benefits,” (Hutchinson & Chapman, 2005, p. 146).

Cognitive, existential, and rational emotive theories can forge a powerful and effective clinical ontology, as “the pursuit of meaning can be facilitated by rational thinking” (Hutchinson & Chapman, 2005, p. 147).

CHAPTER 2

LITERATURE REVIEW

Poetry Therapy: An Overview of Theory and Practice

This review will begin with an overview of poetry therapy and healthy aging, followed by a section on the psychology of aging. This section will include research on the effectiveness of groups with aging individuals, as well as the impact of expressive writing on aging. A section on assisted living will both delineate the unique challenges presented by life in these facilities, and make a case for assisted living as a focal point.

A segment on existential psychotherapy will follow, highlighting the Forms of World, which is paramount to understanding existentialism. The function of anxiety in the context of existential psychotherapy will be explored, and some central tenets of leading existential philosophers – Kierkegaard, Binswanger, Nietzsche, Jaspers, Heidegger, Frankl, and Sartre – will be uncovered.

Yalom, the most modern of these philosophers, is an existential psychotherapist and also one of the most prolific writers on the subject. It is Yalom who provides insight into the therapeutic consequences of an existential approach, and existential psychotherapy with older adults, both of which this overview will examine. The penultimate segment will describe existential poetry therapy, and the final segment of the literature review will investigate some critiques of existential psychotherapy.

As poetry therapy is a relatively new field, an overview is required for the expressive arts therapist and layperson alike. The extensive detail concerning poetry therapy in this section, therefore, is intentional and hopefully beneficial.

Poetry therapy is the use of poetry, prose, and storytelling to promote mental health. “Bibliotherapy” is often used interchangeably with poetry therapy (Hynes & Hynes-Berry, 1994; Malchiodi, 2005; Mazza, 2003). Agreeing with Hynes and Hynes-Berry, Malchiodi stressed three indispensable components of poetry therapy: the client, the trained facilitator, and “the poem or some other form of literature” (Malchiodi, 2005, p. 127). Deshpande (2009) offered that in poetry therapy, “the poem is used as a co-therapist, or a co-facilitator, as it provides insights to the client as a therapist would” (Deshpande, 2009, p. 6).

Reiter (1994) viewed the poem used in poetry therapy “as a catalyst for exploring deeper thoughts and feelings” (Reiter, 1994, p. 140) and explained that,

[T]he poem may be thought of as an empathetic friend. In actuality, it is an embodiment of the thoughts and feelings of another human being, whether the poet is alive or long dead. This friendly "other" is nonthreatening in its reduced black-and-white form and, unlike some human friends, it is always there. Object constancy becomes very important to a person who is particularly sensitive to the issues of separation and loss. (p. 140)

It was not until the 19th century that poetry was employed for mental health purposes (Mazza, 2003). Pennsylvania Hospital, founded by Benjamin Franklin in 1751, was the nation’s first hospital. It was here that Dr. Benjamin Rush, the “Father of Modern Psychiatry” offered both literature and music to promote healing (Leedy, 1969; Mazza, 2003). The first book about poetry therapy was Robert Haven Schuffler’s *The Poetry Cure: A Pocket Medicine Chest of Verse* (Mazza, 2003). Contrary to poetry

therapy books written in this day, which are largely dialectical, Schauffer's book was entirely prescriptive. In other words, it suggested a poem to heal any given ailment.

Aristotle, in his work *Poetics*, noted poetry's value in its ability to produce universal truths. In this day the emotional catharsis elicited by poetry continues to be a feature of psychotherapy (Leedy, 1969; Mazza, 2003). In 1973, Blinderman wrote about the use of poetry in the forms of incantations and invocations throughout history (Mazza, 2003).

Hynes and Hynes-Berry expanded on Mazza's work and identified four goals of poetry therapy. They are outlined as follows:

Table 1

Goals of Poetry Therapy

-
1. To improve the capacity to respond by stimulating and enriching mental images and concepts and by helping the feelings about the images to surface;
 2. To increase self-understanding by helping individuals value their own personhood and become more knowledgeable and more and more accurate about self-understanding by helping individuals value their own personhood and become more knowledgeable and more accurate about self-perceptions;
 3. To increase awareness of interpersonal relationships;
 4. To improve reality orientation.
-

Hynes and Hynes-Berry, 1994, p. 24

Hynes and Hynes-Berry pointed out that all four of these goals serve one central purpose: to enrich morale and self-esteem (1994).

Poetry therapy groups can be either clinical or developmental. Whereas clinical groups take place in a hospital, outpatient therapy clinic, or other traditionally "clinical" settings, developmental groups are generally open to the public and occur in libraries, churches, community centers, and similar settings. The ideal group size is 6 – 12

participants, and sessions may last as long as 90 minutes (Hynes & Hynes Berry, 1994; Mazza, 2003).

When selecting the literature to be used in the poetry therapy session, the poetry therapist is to consider four features, or thematic dimensions. These are that the literature must be: comprehensible, powerful, positive, and should contain universal experiences and/or emotions (Hynes & Hynes-Berry, 1994). This standard is featured in Appendix B and is the standard form that poetry therapists use to evaluate a piece of potential literature.

There are several factors to consider when selecting materials to be used in the poetry therapy session. On most occasions the material is chosen by the poetry therapist (Hynes & Hynes-Berry, 1994). The poetry therapist should be well versed with mental and physical repertoires of literature for almost every mental health affliction. Additionally, the registered poetry therapist has a significant amount of experience, consisting of 120 hours of facilitation, 200 didactic, 60 peer, and 60 supervision (NAPT, 2011). There are, however, times when the client is best encouraged to choose the material. The client who is critically ill, for instance, may benefit from sharing literature that is in some way conducive to his or her story. Furthermore, the act of searching for a piece of literature that that might touch a fellow client fosters group cohesion.

Central to poetry therapy is the “isoprinciple (Hynes & Hynes-Berry, 1994; Mazza, 2003). The isoprinciple is the belief that the mood of the literature should be as closely aligned with that of the client as possible (Mazza, 2003). Much research has been gathered on the isoprinciple, promoted by Leedy (1985). A 1978 study headed by Luber, involving 10 patients in a partial hospital program at a psychiatric institute, found little

difference in pre and post trials on the isoprinciple (Mazza, 2003). In spite of this, Brown (1977/1978) found support for the isoprinciple, inasmuch as people are most responsive to poems that evoke feelings within their emotional range of experience (Mazza, 2003).

There is much to consider about the advancement of poetry therapy from a research base. Bergin and Garfield's *Handbook of Psychotherapy and Behavior Change* (1994), offers three views on clinical practice: social learning theory, humanistic phenomenological perspective, and social psychology in light of catharsis and rituals. Other modern perspectives on poetry include Bandura's social cognitive theory (1986), which involved cognitive restructuring through narrative. Sue, Zang, and Young, writing in 1994, were seminal thinkers in the area of using poetry therapy with ethnic minorities. Koss and Bucher (1986) identified three main research questions, summarized as follows:

1. How does improvement produced by poetry therapy methods compare to that produced by other methods?
2. Is one poetry therapy approach superior to another?
3. What client characteristics are related to maximal outcome with poetry therapy clients?

(Kiss and Bucher, 1986)

Among the problems in poetry therapy research is the lack of clear definition of "poetry;" though this can be dealt with by operationalizing "poetry" on a case-by-case basis. Mazza reviewed the research in the three segments of poetry therapy (receptive/prescriptive, expressive/creative, and symbolic/ceremonial.) In 1997, Reiter surveyed NAPT colleagues about most-used poems, and came up with a list of 22. The most popular was Mary Oliver's "The Journey." Various studies in the 1990s attested to

the cathartic benefit of creative writing, and in 1996, Kay Adams published a self-paced journaling workbook called *The Way of the Journal: A Journal Therapy Workbook for Healing*. The body of research in the area of poetry therapy and group work is slightly more exhaustive, extending back to the late 1960s. Mazza concluded the chapter with a list of “19 directions for poetry therapy as we approach the next millennium” (Mazza, 2003, p. 105).

Poetry Therapy and Healthy Aging

Mazza (2003) offered several points on applying poetry therapy to the healthy aging population. First, the poetry therapist must keep in mind that when working with older adults, one should consider functional age as opposed to chronological age. Similarly, one ought to keep in mind that older adults are not easily defined as a distinct group. Older adults contend with a great deal of stress, both positive and negative. Poetry can help smooth these trials and tribulations, while bringing a sense of intergenerational linkage.

Mazza (2003) looked specifically at loss, transition, and the couple/marital relationship. In terms of loss, the older adult must contend not only with the loss of people, but of their own mental and physical faculties (Helfgott, 2009). A couple poems that addressed loss through Alzheimer’s is Marge Piercy’s (1985) “Does the Light Fail Us, or Do We Fail the Light?” and C.K. Williams (1987) “Alzheimer’s: The Wife.” “Miss Rosie,” written by Lucille Clifton in 1987, captured the losses experienced by a homeless woman. For the subject of transition, Mazza recommended Nikki Giovanni’s (1972) “Legacies,” which spoke of the problems that can arise in intergenerational

communication. Mike and the Mechanics' "The Living Years" (1988) was a song about unresolved conflicts between a son and father (Mazza, 2003).

Anger is a common emotion present among older adults (Mazza, 2003). James Kavanaugh's (1977) "An Angry Old Man" synthesized these feelings poignantly; though its blunt nature requires processing initiated by the poetry therapist. "The Last Words of My English Grandmother" by William Carlos Williams (1986) dealt with the complicated feelings of family members have when deciding to seek more regular medical treatment for their elderly family member. For discussions on couple/marital relationships, Mazza suggested Gwendolyn Brooks' (1963) "Bean Eaters," which is about an elderly couple who, despite their meager finances, find solace in each other.

Poetry newsletters published in nursing and residential homes, similar to those of battered women's shelters, promote community and affirmation. Writing exercises can be seemingly simple, with prompts such as, "Think of the place you were born and write about what you remember" and "think of your favorite color and write about it." Collaborative poems focusing on individual memories both increase self-worth and provide psychosocial support among group members (Mazza, 2003).

An autoethnographic narrative study from 2010 highlights the effectiveness of research poems (Furman et al., 2010). A method of data analysis, research poems "re-present... the narrative and highlight key themes induced from thematic analysis" (Furman et al., 2010, p. 61). The authors agree with Mazza's aim of honoring the lives of older adults, but take this a step further by seeking to draw out the "lived experience of research participants" (Furman et al., 2010, p. 61). The autobiographical narrative, though the research poem, is one way to draw out this lived experience. This study

looked at one of the authors' autobiographic written reflections on her relationship with her grandmother.

Methodology involved five phases of data analysis to analyze the narrative. The first round was analyzed, without coding, by the researcher (the second author of the study). This author's impressions were recorded. The second round involved open coding. A third round of coding took place a week later. In a fourth round of coding, the researcher "searched for connections between the codes and developed themes on a higher level of abstraction," and in the fifth and final round, the researcher sought evidence to refute the codes (Furman et al., 2010, p. 66).

The data revealed the following themes: resilience, pain, family obligations, longing, lessons, regret, and love (Furman et al., 2010). From these findings the researcher created a poem for each theme.

Though the study's methodology was thorough in its use of five coding sessions, having more than one researcher code may have made the study more reliable. Moreover, while the themes revealed were useful, some are not clearly defined. "Pain," for example, could refer to that which is physical, emotional, or mental.

These themes aside, Mazza provided insight on the future of poetry therapy. According to Bergin and Garfield's *Handbook of Psychotherapy and Behavior Change* (1994), we are living in an "age of eclecticism and empiricism" and in an era that is "atheoretical." They offer three views on clinical practice: social learning theory, humanistic phenomenological perspective, and social psychology in light of catharsis and rituals. Other modern perspectives on poetry include Bandura's social cognitive theory (1986), which involves cognitive restructuring through narrative. Sue, Zang, and Young,

writing in 1994, were groundbreakers in the area of using poetry therapy with ethnic minorities. Koss and Bucher (1986) have identified three central research questions: (a) How does improvement produced by poetry therapy methods compare to that produced by other methods? (b) Is one poetry therapy approach superior to another? (c) What client characteristics are related to maximal outcome with poetry therapy clients? Among the problems in poetry therapy research is the lack of clear definition of “poetry;” though this can be dealt with by operationalizing “poetry” on a case-by-case basis (Mazza, 2003).

Goldstein (1987) took up an area left undeveloped by Mazza. She found a positive relationship between reminiscing and maintaining ego integrity, and suggested that “reminiscing plays a part in avoiding anxiety and depression-producing aspects of the present and the future,” (Goldstein, 1987, p.117).

The Psychology of Aging

The literature is alive with positive realities associated with aging. To begin, the subjectivity of “aging” as a concept is acknowledged. The World Health Organization (WHO) defined “elderly” as individuals who are age 65 or older (Panno, 2005). There is a general consensus that being age 65 or over puts an individual into the “aging” category (Egendorf, 2002; Panno, 2005).

In his encyclopedia, *The Psychology of Ageing*, Stuart-Hamilton (2006) defined the threshold of aging as loosely between the ages of 60 and 65, underscoring that, “[t]here is no single point at which a person becomes ‘old,’ [and] chronological age is in any case an arbitrary and not very accurate measure, so the use of a single figure for the threshold would give it a speciously objective status” (Stuart-Hamilton, 2006, p. 25).

Onedera and Stickle (2008) identified important developmental issues individuals encounter for the first time once turning age 65. They proposed that after a lifetime of exercising, and thus strengthening, the faculties of reasoning, memory, and problem solving, older adults enjoy a level of consciousness never before experienced (Onedera & Stickle, 2008). An increased amount of personal time allows the older person to develop these areas in greater depth. What is more, their rare location on the generational map allows older adults integrate the richness of up to four generations (Onedera & Stickle, 2008). Onedera and Sickle's views are both comprehensive and affirming to older adults. The authors, however, take for granted the assumptions that older adults have had the privilege of having had a life time of exercising their minds and could thus enjoy this level of consciousness. In reality, not all adults have had such opportunities.

Despite these positive attributes, there exist stereotypes of aging individuals. Moody (2000) debunked many of these negative stereotypes. One common misconception is that older people are frequently bored and lack enthusiasm for regular pastimes. Citing the Duke Longitudinal Study of Aging (Palmore, 1981), Moody pointed out the fact that almost 9 of 10 participants said they had not experienced even one instance of boredom in the past week (Moody, 2000). Another stereotype is that older people take more time to learn new information and various tasks (Moody, 2000). Moody claimed that though older people do indeed move slowly in new situations, their reasons for doing so are often misunderstood. This slower speed, argued Moody, "is partly explained by lack of practice, differences in learning style, or motivation" (Moody, 2000, p. 380). Conroy et al. (2010) commented on the idea that boredom is common in

this population, but has found that this boredom exists because of decreased cognitive functioning (Conroy, 2010).

As this dissertation concentrates on the relationship between aging and poetry therapy, special attention is owed to the state of creativity in advanced age. Creativity is a central feature of intelligence. According to Moody, creativity has been linked to two specific types of intelligence: “fluid intelligence” and “crystallized intelligence” (Moody, 2000). Whereas fluid intelligence is that which is utilized in the face of solving new tasks, crystallized intelligence alludes to the accumulation of past experience and social experiences (Moody, 2000). Moody notes that these two types of intelligences have an interconnected relationship. Whereas fluid intelligence is the fountainhead of abstract creativity, crystallized intelligence “may signify the acquisition of practical expertise in everyday life – in short, wisdom” (Moody, 2000, p. 380). Expanding on Moody’s assertion, an Australian study of older individuals found that fluid intelligence was positively correlated with low mortality rates among the aging population (Batterham et al., 2008). This 17-year study followed 896 males and females aged 70 – 97, all of whom lived in a community-dwelling study in Australia. Six hundred and eighty-seven deaths occurred during this time span. Of these, Cox proportional hazard regression models were used to explore whether the relationship between intelligence and mortality might be interceded by any or a combination of the following factors: socioeconomic status, health behaviors, and health status. The results were determined with a 95% confidence level (Batterham et al., 2008). Findings from this research pointed to a need for a poetry therapy practice that incorporates activities that promote fluid intelligence-building.

The conflict is that in order to achieve wisdom, a certain amount of detachment is required (Moody, 2000). Wisdom, by definition, involves the ability to transcend personal bias in order to gain an objective hold on a situation. This leap, contended Moody, requires more than good cognitive skills alone. Borrowing from Peck (1968), Moody described this detachment and “freedom from self-centeredness” as “ego transcendence” (Moody, 2000, p. 380). From this, it can be inferred that improving an aging individual’s ego transcendence may be a goal of poetry therapy with the older client.

This link between creativity and the wisdom that comes with age is not only a Western phenomenon. Countries such as China, India, and Japan, among others, view advanced age as “an appropriate time for spiritual exploration and artistic development” (Moody, 2000, p. 381). In China, many retired individuals engage themselves in meditation and traditional landscape painting. The Hindu doctrine of life stages, furthermore, declared that later life stages are for reveling in one’s insight and spiritual wisdom (Moody, 2000).

History abounds with examples of artists who were most productive in their later years. The Dutch painter Rembrandt grew to deepen his style, loosening his brushstroke and connecting more intensely with the individuals whom he painted. Monet, in a similar vein, did not paint his famous water lilies until he was in his 70s. In the world of poetry, W. B. Yeats and Goethe, in addition to many others, solidified their styles later in life (Moody, 2000). “All these examples,” Moody continued, “suggest that in the last stage of life many of the greatest creative minds experience a change or deepening of their

creative style that could be attributed to the accumulation of wisdom” (Moody, 2000, p. 381).

According to Erik Erikson, the renowned psychologist who devised the eight stages of psychosocial development, “wisdom” is the resolved value that arises from the “integrity versus despair” conflict that takes place during “old age,” the last of the eight stages (Seperson & Hegeman, 2002). Erikson would have likely agreed with Moody’s emphasis on ego-transcendence. Erikson juxtaposed ego-transcendence with its opposite, ego-preoccupation. This balance, asserted Erikson, “requires individuals to concentrate on having a legacy through human relationships and social contributions that represent gratification and remembrance by future generations” (Seperson & Hegeman, 2002, p. 63). Clearly, ego-transcendence is emerging as a central theme.

In addition to ego-transcendence vs. ego-preoccupation, Erikson identified two other issues relevant to the “old age” life stage: *ego differentiation vs. work-role preoccupation* and *body transcendence vs. body preoccupation* (Seperson & Hegeman, 2002). The former focus on the importance of keeping sundry activities as to not leave the individual with a sense of rolelessness, whereas the latter focuses on the importance of staying socially, physically, mentally, and creatively active (Seperson & Hegeman, 2002).

Peck (1969) both elaborated and expanded upon Erikson’s model for this final stage. His elaboration took the form of four additional subtasks: *valuing wisdom vs. physical powers*, *socializing vs. sexualizing*, *emotional flexibility vs. emotional impoverishment*, and *mental flexibility vs. mental rigidity* (Seperson & Hegeman, 2002). The first subtask, *valuing wisdom vs. physical powers*, refers to the reality that

individuals who place high premiums on physical beauty and strength are doomed to become depressed as these traits inevitably decline. When an individual values wisdom above physical prowess, he or she is sure to gain self-esteem (Seperson & Hegeman, 2002). Socializing vs. sexualizing refers to that gains that come from looking at members of the opposite sex (or same sex) with an eye for interpersonal relationships, as opposed to potential romantic partners. *Emotional flexibility vs. emotional impoverishment* pertains to the need to shift energy to new friends and family as old ones pass on, and *mental flexibility vs. mental rigidity* speaks to the importance of breaking habits and seeking novel experiences.

Cozolino (2008) bolsters Moody's and Erikson's emphasis on wisdom as a central feature of advanced age, offering several social, psychological, and biological factors that when in place, support the surfacing of wisdom.

Table 2

The Surfacing of Wisdom

 Social

Social embeddedness and sustained contact with the entire group

Sustained intimate attachments with family

Social support to counterbalance decreasing skills and abilities

A recognized and respected place within the community

A set of obligations and contributions to the community

 Psychological

Lifetime learning, accumulated experience, and maintenance of old memories

Self-knowledge and increased perspective

A balance of inner awareness (introversion) and connection with others
(extroversion)

An acceptance of aging and morality

A drive toward storytelling and sharing these stories with others

Biological

Rebalance of neural networks toward decreased fear and anxiety

Increased right and left hemisphere participation in problem solving

Well-maintained networks for sustained attachment

Slower processing and enhanced neural integration leading to more thoughtful deliberation

Rebalance of frontal-parietal processing resulting in increased self-awareness and perspective

Onedera and Stickle identified two theories of successful aging. These theories, disengagement theory and activity theory, are complementary in some ways and conflicting in others.

Disengagement theory was branded by Cummings and Henry in 1961 (Onedera & Stickle, 2008; Seperson & Hegeman, 2002). The premise of disengagement theory is that the drifting between the aging person and the outside world is voluntary on both parts, as opposed to a change mourned by the older person. Withdrawal, states the disengagement theory, is psychologically natural for individuals of this age bracket.

Seperson and Hegeman (2002) agreed with this assessment, adding that disengagement theory has been criticized by gerontologists for bolstering myths and stereotypes about the aging. Some of the most common of these are, “1) [that] social withdrawal is inevitable; 2) the elderly welcome withdrawal; 3) high activity results in low morale; 4) life satisfaction in old age is associated with fewer roles and 5) disengagement theory is mutually welcomed” (Seperson & Hegeman, 2002, p. 65).

The majority of research promoted the activity theory of successful aging. According to Onedera and Stickle, “[b]eing both connected and useful to others at an advanced age is both an individual goal and one that supports the well-being of others and society as a whole” (Onedera & Stickle, 2008, p. 74). Seperson and Hegeman add that activity theory “implies that a comfortable level of social activity is essential for people of all ages” (Seperson & Hegeman, 2002, p. 65).

One need not choose between the activity and disengagement theory. Onedera and Stickle cite the possibility of a partnership between these two theories, though they are clear that further research is needed to reach any conclusions on this. Specifically,

the research needs to take into consideration the fact that older adults, as individuals, require various levels of social interaction (Onedera & Stickle, 2008).

Activity theory versus disengagement theory as a concept has been studied cross-culturally. In 1998, Chen (2003) completed a study that surveyed Taiwanese men and the extent to which they bought into disengagement theory. Data were derived primarily from the 1998 survey on Taiwanese living conditions, and the data were collected by the Statistic Department of the Ministry of the Interior of the Republic of China. Participants were asked to evaluate their life satisfaction levels, extending back three years to the present. Eleven life domains were examined. These included: “health institution, parental relationship, marriage life, financial status, working condition, education institutions, social activities, leisure activities, transportation condition, social order, and public safety” (Chen, 2003, p. 209).

The results of this study were that of all the important determinants for life satisfaction for the elderly in Taiwan from 1989 – 1993, financial status and level of leisure activity ranked the highest (Chen, 2003). Chen’s findings are consistent with Onedera and Stickle’s claim that high levels of activity among aging adults are called for.

Activity theory and disengagement theory aside, the criteria for healthy aging are varied, though not contradictory. Many researchers identify a handful of standards integral to successful aging. Onedera and Stickle (2008) recognized seven criteria, three of which are indispensable. These central criteria are: an active lifestyle, steady cognitive orientation, and social support. Isaacowitz et al., (2003) highlighted additional important features that mark older adulthood. Because older adults have fewer work responsibilities and in most cases no child-rearing responsibilities, they have more

resources available to invest in their personal relationships, which tend to be fewer in number and of higher quality.

Like Onedera and Stickle, Ranzijn (2002) endorsed the activity theory of healthy aging, honing in on older adults as active agents in developing and enhancing their own quality of life. Avoiding any debates on the definition of quality of life, Ranzijn's work viewed quality of life through the lens of individual context. Ranzijn acknowledged that little attention has been paid to helping older adults increase their adaptation skills needed to positively influence their environments. Problematically, Ranzijn contended, other theories of aging have been preoccupied with simply adapting to the environment – be it political, social, or physical (Ranzijn, 2002).

To amend this, both Ranzijn (2002) and Baugh and Sullivan (2009) called for an increase in what they called the “person-environment fit.” The person-fit environment is a philosophy that recognizes that environments are in constant flux and if an individual is not succeeding, it is a result of problems adapting to the environment, as opposed to failure of the individual. For example, the issues faced by visually-impaired older adults would be attributed to the failure of visually non-impaired adults to tap into resources to alter the environment to help these individuals (Ranzijn, 2002).

What is important, Ranzijn has found, is not the actual fit between person and environment, but the individual's perceived fit to which he or she aspires (Ranzijn, 2002). By improving the gap between the person-environment fit between the present reality and the individual's aspirations, quality of life will be improved (Ranzijn, 2002; Baugh & Sullivan, 2009).

Person-environment fit can be enhanced through the promotion of productive aging (Ranzijn, 2002). Ranzijn was quick to point out that because older adults do not generally produce goods and services – which falls in line with the traditional definition of “productivity” – a more liberal definition of “productivity” is called for. Guidance and support for grandchildren, gardening, and offering financial advice, for instance, would count as productive activities.

Ranzijn cited a study on productive aging that he completed in 1998. Commissioned by the Office for the Ageing in South Australia, this study surveyed 391 older adults in both rural and metropolitan areas, via telephone interviews and self-completed inventories. One part of the interview addressed barriers participants thought hindered their productive involvement with the lives of both themselves and others. Findings told that the greatest perceived barriers were illness (52.2%) and lack of funds (33.9), followed by adequate public transportation and ease of access into public buildings and other areas.

A small percentage (3.6) felt their own and others’ expectations of older people were limiting. This finding is consistent with those of Onedera and Stickle and other theorists who emphasized that contrary to popular belief, older adults are not passive people-pleasers. Ranzijn (2002) reported studies that cite an increased ability to regulate emotions in older age.

Generativity in older age is a theory devised by Erik Erikson (1959/1980), which many continue to espouse to this day (Panno; 2005, Ranzijn, 2002). Generativity begins in middle adulthood and is Erikson’s final stage of psychosocial development, which is characterized by an urge to contribute to the lives of others (Ranzijhn, 2002). In his later

years, Erikson expanded the concept into “grand-generativity,” to reflect caring for the environment and broader community.

Ranzijn (2002) conducted a study to test whether the amount of productive activity towards others would be related to life satisfaction. The importance of making a contribution and functional ability were both controlled. In this study, generativity – or productive activity – was measured by asking participants to estimate the amount of time they had devoted to various productive activities in the week prior. This information then divided into two groups: time spent on self, and time spent on others. These data were analyzed through hierarchical multiple regression.

One result was that the scope of productive activity did not predict life satisfaction. These results are inconsistent with the general premise of generativity – that older adults are overwhelmed with an urge to focus on others. This again is significant to others’ findings that for many older adults, other people are not necessarily their primary focus.

That said, Ranzijn offered some possible explanation for these findings. One is that as many people, regardless of age, contribute to the best of their ability. As such, even a small fraction of time spent on others was enough to satisfy the need to contribute; maybe no additional benefit to life satisfaction above the threshold level was needed. Furthermore, as Ranzijn admitted, this study failed to account for the fact that of the large number of hours devoted to others, many of these could have been due to lack of choice. Assistance to infirmed family members and friends, for example, may be given out of a sense of duty rather than out of a drive to enhance one’s own life (Ranzijn, 2002). Another weakness of this study, which Ranzijn also accounted for, is that it did not

account for the pre-existing condition that having a high level of wellbeing to begin with is often the drive that *initiates* helping others.

This study centered on the connection between the individual and his or her immediate family and world at large, but there is scant research devoted to the need for community and connectedness. Ranzijn attributed this to the fact that most research of this nature is conducted in the United States, Australia, and other individualistic/Western countries (Ranzijn, 2002).

Researchers and other professionals would do well to be aware that there is a relationship between specific age amongst the healthy aging population and quality of life. Balts and Balts (1998) have found that “the aging experience is positive for many older adults, although they caution that it is a more negative experience for adults in their mid-eighties and beyond” (p. 27). The reason for this, state Balts and Balts, is that psychological and mental decline most often starts to ensue at this age (1998).

General theories aside, there remain some personality changes that begin to take shape as individuals begin to advance toward their later years. Seperson and Hegeman (2002) noted the Kansas City Study of Adult Personality of the 1950s. Conducted at the University of Chicago, this study looked at adults aged 40 to 80 via both cross-sectional and longitudinal methods. This study discovered three age-related personality changes. The findings are largely supported to this day (Seperson & Hegeman, 2002). These changes, or shifts, are: shift in gender role perceptions, shift toward interiority, and shift in coping styles of personality (Seperson & Hegeman, 2002).

In the shift in gender-role perceptions, women become more open to their assertiveness, individualism, and other traditionally “masculine” traits. Likewise, men

are able to grow more accepting of their nurturing capacities. The personality shift toward increased interiority is the individual's capability to introspect. Finally, the personality shift in coping strategies specifically refers to the drive from an active mastery orientation to one of passive mastery (Seperson & Hegeman, 2002). Whereas active mastery "involves striving for control, autonomy, and competency... passive mastery involves gaining control over one's environment by accommodating others who are perceived to be more powerful" (Seperson & Hegeman, 2002, p. 63). Projective testing was used to confirm this shift (Seperson & Hegeman, 2002).

Group Effectiveness with Aging Individuals

Groups are not only a microcosm of real life (Yalom, 2005), but they are central to this research for the fact that the majority of poetry therapy work is done in groups (Hynes & Hynes-Berry, 1994). Due to the collective nature of the assisted living environment and realities of managed care, assisted living residents are more likely to be offered group activities as opposed to individual activities. Therefore, the question is asked: what considerations are to be made for therapists working with groups of seniors?

Garrow and Walker (2001) summarized what literature on group work with aging individuals says in regards to group work.

1. Groups are effective with older persons because they provide opportunities for restoring and maintaining meaningful social interaction.
2. Groups also provide increased opportunities for intimacy and friendship for older persons who often suffer from isolation.
3. ... groups offer older clients support for sharing common losses, concerns, and experiences.

(Garrow & Walker, 2001, p. 79)

Specific to group existential therapy, McDougall (1995) stated that “the characteristics of existential psychotherapy make it an appropriate modality for many of the boundary situations facing older adults, such as retirement transitions, chronic illness, and irreversible decisions” (Garrow & Walker, 2001; McDougall, 1995).

Aging and Expressive Writing

Expressive writing is a major component of poetry therapy (Hynes & Hynes-Berry, 1994; Mazza, 2003). Reiter (1994), contends that, “[a]ccording to Erickson, the developmental task of the last period of life is integrity, the coming together of all previous phases of the life cycle, “to clarify, deepen, and find use for what one has already obtained in a lifetime of learning and adapting” (Reiter, 1994, p. 140). One way to do this, Reiter argues is to utilize the process of “life review,” or “reminiscing... the return to past experiences with the purpose of ego integration and enhancing self-esteem” (Reiter, 1994, p. 140).

Numerous studies attested to the connection between expressive writing and improved cognition. A study by Klein and Bowls (2001), measured the effect of emotional disclosure through expressive writing on available working memory capacity in college freshman. In the first of two studies, 35 participants were assigned to “write about their thoughts and feelings about coming to college” (Klein & Bowls, 2001, p. 520). This group demonstrated larger working memory gains 7 weeks later, compared to a group of 36 writers that was assigned to a trivial topic. This study also found an “increased use of cause and insight words was associated with greater [working memory] improvements” (Klein & Bowls, 2001, p. 520). The second study found that students who

wrote about a negative personal experience experienced greater improvements in their working memories, as well as declines in intrusive thinking compared with students who wrote about a positive experience (Klein & Bowls, 2001). In sum, this study found that expressive writing about a negative experience reduces intrusive and avoidant thinking about a stressful experience, thus freeing [working memory] resources” Klein & Bowls, 2001, p. 520). Though this study was conducted on college students as opposed to aging individuals, its findings may be generalized to the aging population, due to its focus on working memory (Stuart-Hamilton, 2006).

Stuart-Hamilton (2006) identified the basic linguistic skills and semantic processes that decline with age. The chief one is anomia, or the failure to name objects. Anomia is one of the first signs of dementia (Stuart-Hamilton, 2006). As many aging poetry therapy clients show signs of pre-dementia, knowledge of this will help the poetry therapist determine the proper course of therapy. For instance, literature that is heavy on names and places, as opposed to sensory imagery, may prove too taxing for the client with pre-dementia.

Assisted Living: Unique Challenges

In the United States, assisted living is the middle level between independent living and nursing home care. Assisted living facilities grew rapidly in the late 1980s, as a response to the changing economy (Cummings, 2002). As of 1999, assisted living facilities comprised 75 percent of all new housing construction for the elderly (Cummings, 2003; Tighe et al., 2008). Given that assisted living is so relatively new, there is “no definitive date on the number and characteristics of facilities and residents that is generalizable to the nation” (Speike, 2008, p. 136). Nevertheless, it is known that

the assisted living industry is growing between 15 to 20 percent annually (Cumings, 2002). The average assisted living resident is female, Caucasian, and older than 70 (Seipke, 2008).

Assisted Living residents are able to carry out their Activities of Daily Living (ADLs) independently, but do so best under supervision. Many assisted living residents rely on assistance with their medications, and some require reminders to come to the dining hall at meal times. A study by Cummings (2002) explored the psychological wellbeing of frail elderly males and females in an urban assisted living community. This study revealed that 55.4 percent ($n = 32$) of the participants required assistance with four or more ADL tasks. The most common form of assistance needed was transportation to doctor visits, followed by laundry help, then taking medications, and finally, basic care tasks such as bathing and grooming. Unlike other studies examined in this literature review, this study included a more significant percentage of male participants (21.4%). As such, caution should be used when applying these ADL findings across groups.

The two assisted living facilities at which the author conducted both her pilot study and dissertation contained single apartments, but some other assisted living facilities offer double units for married residents or those who prefer roommates. A study by Williams and Warren (2008) offered that “in contrast to nursing homes, assisted living allows residents to experience continuities with self and home: a private room, some of their own belongings, and access to relationships and activities with self at home” (Williams & Warren, 2008, p. 309).

Though most assisted living facilities have an activities director, they vary in the amount and quality of activities offered. The assisted living home where the author

offered previous poetry therapy groups presented residents with an activities calendar packed full from Sunday to Saturday, from arts and crafts first thing in the morning, to afternoon tea time, to evening yoga. Guest speakers graced the premises at least once per month, and lunch outings to local restaurants took place every other week. The assisted living facility used for this dissertation study, in contrast, offered little more than a monthly book club.

A study by Speike (2008) examined “sense of self” among female assisted living residents in the Midwest. Drawing heavily from communication theory, this study looked at aging females’ communication about transitioning to assisted living. Participants ($n = 25$) ranged in age from 72 – 99 years, were all Caucasian, and had been living at the assisted living facility from anywhere to one month to five years. Eighty percent ($n = 20$) of participants at one point worked outside of the home, whereas 20 percent ($n = 5$) never worked outside the home. Findings yielded that these women had considerable difficulty in “downsizing the feminine sphere,” or abandoning their traditional gender roles (Speike, 2008, p. 131).

As Speike articulated, “age distribution in society leads to clusters of individuals who interpret self, others, and experience based on particular historical events that shape these interpretations.” As such, individuals who experience the same major world events, be they World War II or the aftermath of 9/11, together fuse into a culture with their own sets of norms.

Speike’s examination of historical factors and their role on the participants’ transitioning was thorough. One potential shortcoming of this study is that because all participants were from the Midwest, the study might not be generalizable to women in

assisted living as a whole. The question is asked: If this study were conducted in Massachusetts, California, or similarly liberal geographic area, would it yield the same results? Regardless of this demographic observation, Speike's combination of communication and aging theory is valuable.

Some attempts have been made to use scales to measure wellbeing among assisted living populations. Using depression and life satisfaction scales, Cummings (2002) pinpointed predictors of psychological wellbeing among assisted living residents. In the summary of hierarchical regression analysis for variables predicting psychological wellbeing, the life satisfaction variable, generated, in order of importance: sex, self-rated health, functional ability, perceived social support, and social activities. Looking at the bigger picture, this study "support[ed] findings of earlier research indicating that a sizeable proportion of elderly people suffer from impaired psychological well-being" (Cummings, 2002, p. 299). What is more, the female participants were found to have lower levels of life satisfaction and more depression. This discovery is further support for the author's (albeit coincidental) population base of female participants in the upcoming dissertation research study.

Whereas Cummings' findings yielded social activities as low in importance relative to other concerns among assisted living residents, Zimmerman et al., (2003) made a case for the centrality of social engagement, ergo social connection in the form of structured group activities. Citing studies from the early 1990s, Zimmerman et al., (2003) found that "involvement in activities is associated with decreased mortality rates" (Zimmerman et al., 2003, p. 6). A study by Tighe et al. (2008), which looked at the connection between resident activity participation and discharge time supported

Zimmerman et al.'s findings, and declared that "higher levels of activity are associated with longer retention in the AL setting" (Tighe et al., 2003). It should be noted that Tighe et al.'s study was careful to rule out potentially confounding factors such as cognitive functioning, general health, and level of mobility.

Existential Psychotherapy

Existentialism is a philosophical ontology that is concerned with life meaning, in face of the fact that death is a reality that all human beings encounter. In existentialism, primacy is placed on the individual's unique position as a self-determining agent responsible for the authenticity of his or her choices (Corrie & Milton, 2000; Walters, 2009; Yalom, 2005). Most, if not all, existentialist theorists would agree that existential theory is predicated upon basic truths of human existence (Furman, 2003).

Foy (1974) asserted that unlike practitioners of other philosophical schools, those practitioners and thinkers in general are wary of the "ism" or ideological aspect of the philosophy. "Existential," claimed Foy, "pertains to a viewpoint on man that recognizes the unique place and presence of individual human existence and the centrality of human action and freedom within human existence" (Foy, 1974, p. 927). Pivotal to this is the premise that "existence" is a word that human beings are the only species to which the word in this context has been applied (Foy, 1974).

Lantz (1997) quoting May (1983) defined existential psychotherapy as a "treatment orientation based on ideas and concepts found in existential philosophy, theology, poetry, literature, art, and drama" (Lantz, 1997, p. 371). Foy (1974) concurred with the premise that existential psychotherapy is loosely defined. In terms of philosophy, Foy added that "existential philosophy offers the example of a consistent and

systematic philosophical penetration of psychiatric theory and practice, [and that this] is the only instance where a rigorous philosophical method and viewpoint has a decisive influence on the formation of a school of psychiatry, with its own constructs and clinical applications” (Foy, 1974, p. 926 – 927).

In this version of existentialism, special attention will be given to Yalom, whose synopsis of truths of human existence is the most modern and comprehensive.

Existential philosophy was first practiced by Swiss psychiatrist Ludwig Binswanger in the early 1900s (Corrie & Milton, 2000; May & Yalom, 1973). Despite being a force in psychiatry’s discourse for more than one hundred years, one must be aware that unlike with other therapies, there is “no manual to follow” (Corrie & Milton, 2000). Not only does this make existential therapy unique from other forms of therapy, but it also provides a host of challenges in and of itself. May and Yalom (1973) described existential psychotherapy as:

... [N]ot a specific technical approach that presents a new set of rules for therapy. [Existential Psychotherapy] asks deep questions about the nature of the human being and the nature of anxiety, despair, grief, loneliness, isolation, and anomie. It also deals centrally with the questions of creativity and love. Out of the understanding of the meaning of these human experiences, existential psychotherapists have devised methods of therapy that do not fall into the common error of distorting human beings in the very effort of trying to help them. (p. 1)

Other common themes explored in existential therapy are meaning, creation, and responsibility (Furman, 2003; Owen, 2004). Furman (2003) notes that,

According to existential thought... existential anxiety can be experienced in two different ways. It can be debilitating and overwhelming, leading to what is referred to as dread (depression), and the choice of escape through various dysfunctional behaviors or mood states. Conversely, it can be an energizing source that propels one to live as fully and as totally as possible.” (p. 196)

Owen (2004) offered that unlike other schools of psychotherapy, existential therapy recognizes that psychotherapy can never erase a client’s past; nor can it necessarily alter the current problem. At minimum, the client has the opportunity to change his or her perspective. This perspective-changing invokes hermeneutics, which is the theory of interpretation (Owen, 2004). As such, “in order for each practitioner to know how to proceed with a client, it is argued that one should be able to account for how one interprets the psychological situations of the clients and ourselves, in relation to specific and general situations,” (Owen, 2004, p. 334). According to Owen, existentialism is thus superior to other modes of psychotherapy.

Furman explained that whereas existential philosophy asks: what is the meaning of life? existential therapy asks: what is the meaning of *my* life? (Furman, 2003). Furman also added that “... the goal of existential therapy, and perhaps all therapies, is to make the therapist ultimately expendable” (Furman, 2003, p. 198).

Owen (2004) agreed with Furman’s (2003) existential questions, but in light of hermeneutics, probed deeper and posed the following questions:

1. What stance or stances can be occupied to provide a proper perspective on the human condition, which can account for these perspectives?

2. What conditions are thinkable that organize or structure psychological meaningfulness, in that what is experiential and understandable, is capable of being adequately understood from valid perspectives?

(Owen, 2004, p. 334)

Existential therapists, Owen would argue, are acutely aware of race, class, ethnicity, and other realities of client context and how these shape the individual. Corrie and Milton (2000) agreed with Owen, adding that, “[w]e take a stance towards an experience and it is this stance (i.e. intentionality) in its emotional, cognitive, behavioral and value dimensions, that shapes the form that is experienced and observed” (Corrie & Milton, 2000, p. 10).

Owen (2004) saw that the scope of existential therapy lies in the following:

1. Socially mediated motivations from contact with others, may become engrained, habituated and be understood by self, as parts of self that cannot change. They include the on-going presence of the social past. Socially mediated motivations are those of folk psychology, the ordinary understanding of emotional and relational life, understood in the context of the conditions of possibility of history, society, and culture.
2. Personal choice, free will and personal preference exist in connection with habituated constraint in the individual (Sartre). Personal choice can be understood in the context of the conditions of possibility of personal conscience, social context and the effects of psychological trauma of the individual.

3. Cause in the material sense is due to physical inheritance and predisposition. Material cause (or “heritability” in human beings is understood in the context of the conditions of possibility shown by the psychobiology that indicates mental and physical freedom and constraint.

(Owen, 2004, p. 343)

Background: The “I Am” Experience and Forms of World

The concept of “I Am” is a foundation of existential psychotherapy (May & Yalom, 1973). The crux of this idea is the premise that when all individuals are born, they are faced with an inevitable choice: life or death. As May and Yalom (1973) state, The realization of one’s being—‘I am now living and I could take my life’—can have a salutary effect on a patient. ‘The idea of suicide has saved many lives,’ said Nietzsche. The human being will be victimized by circumstances and other people until he or she is able to realize, “I am the one living, experiencing. I choose my own being. (p. 2)

The existential therapist takes this idea further and strips away all of one’s layers of identity to arrive back at “I Am.” For example, I (the researcher) am a student, professional, friend, and a host of other identities. When one arrives at the moment of “I Am,” he or she is simply being. It is in this state that one can best get in touch with the opposite state of being, which is nonbeing. The significance in this is that if nonbeing is always right around the corner, so to speak, life is all the more precious (May & Yalom, 1973).

May and Yalom (1973) caution that simply pondering “I Am” is not enough. “It is, rather,” they state, “the *precondition* for the solution. The patient [spends time]

working through specific psychological problems, which [he or] she [is] able to do on the basis of her experience of being” (May & Yalom, 1973, p. 2).

Existential psychotherapists recognize four dimensions of being, known as the forms of world. They are the physical, social, psychological, and spiritual (Yalom, 1980).

The physical dimension, or the “Umwelt,” refers to both the individual’s body and the world at large. The Umwelt encompasses not only the reality of the physical world, but the individual’s attitude towards it. When individuals engage in sports and take other health precautions, they are engaging in preservation of the Umwelt. According to existential psychology, recognizing the limitations of the Umwelt, that one is not immortal, leads to anxiety (May & Yalom, 1973).

The social dimension, or “Mitwelt” (German for “middle world”), denotes the ways in which one interacts with others in social settings. Considerations for the way one navigates his or her Mitwelt may include a mixture race, class, sexual orientation, and other cultural idiosyncrasies.

The psychological dimension, or the Eigenwelt (“own world”), “presupposes self-awareness and self-relatedness and is uniquely present in human beings. It is “a grasping of what something in the world personally means to the individual observer” (May & Yalom, 1973, p. 4). This might also be called the spiritual dimension. The focus in this dimension is the journey of the self, and it is the duty of the therapist to draw this out (Yalom, 1980).

Anxiety

Existential psychotherapy emphasizes anxiety in a way that other schools of psychotherapy do not. This is because according to existentialism, anxiety “arises from our personal need to survive, to preserve our being, and to assert our being” (May & Yalom, 1973, p. 3). Anxiety, therefore, is impossible to divorce from being. Existential psychotherapy holds that there are two types of anxiety: normal and neurotic. Both types of anxieties differ in terms of three specific ways: appropriateness to the situation at hand, degree of repression, and degree of creative use (May & Yalom, 1973, p. 3).

Normal anxiety is that which is objectively appropriate to the situation. If one hears a bang on the door in the middle of the night, naturally, he or she will be anxious. There is also no need to repress normal anxiety, in the sense that it is possible to come to terms with death (which is always a possibility). Also with normal anxiety, there is a potential to a stimulus “to help identify and confront the dilemma out of which the anxiety arose” (May & Yalom, 1973, p. 3). In the case of the individual becoming anxious upon hearing a loud noise in the night, one creative option would be to install a home security system. With normal anxiety, there is a “way out.” Furthermore, without at least one modicum of anxiety, there is little impetus for creativity.

Neurotic anxiety, conversely, is inappropriate to context. Not wanting to leave one’s home out of fear of getting into a car accident is an example of neurotic anxiety. Repression is evident. As this type of anxiety triggers the “fight or flight” response, it is never productive. Existential psychotherapy is unique for recognizing death as a primary source of anxiety (Yalom, 1980). As many aging individuals are facing their impending deaths, anxiety is a facet of existentialism worth consideration.

Existential Philosophers at a Glance

This section highlights the contributions of seven existential philosophers: Binswanger, Frankl, Heidegger, Jaspers, Kierkegaard, Nietzsche, and Sartre.

Soren Kierkegaard (1813 – 1855). Many sources consider Kierkegaard to have been the first existentialist (Podmore, 2009; Yalom, 1980). Kierkegaard's contributions centered on the study of despair. Kierkegaard concluded that despair can be resolved through faith, or the “*self-surrendering recognition of acceptance before the Holy Other*” (Podmore, 2009, p. 174). Other central themes in Kierkegaard's work are the power of personal choice and self-awareness (Kirby, 2004).

Ludwig Binswanger (1831 – 1966). Binswanger is known for his publication *The Case of Ellen West* (1944). Ellen West was a pseudonym for a woman who struggled with self-starvation, severe mood swings, and unmitigated depression. Her suicidal ideation increased dramatically in her early thirties and she ultimately took her life. Binswanger gave Ellen West a diagnosis of schizophrenia, but today's clinical standards, the diagnosis would have likely been anorexia (Jackson et al., 1990; Vendereycken, 2003). *The Case of Ellen West* is significant for being the first clinical case study of applied existential analysis.

Friedrich Nietzsche (1844 – 1900). In contrast to Kierkegaard, Nietzsche was a strong atheist who believed that values of life are not bestowed by a god, but are to be created by individuals. One finds life meaning in becoming an “*Urbmensch*,” which is attained by striving to be the best human one can be. In addition, Nietzsche developed and promoted “*perspectivism*,” which is the idea that “everything is seen from a

particular perspective or point of view and that there is no absolute underlying reality; no metaphysical dimension that guarantees a “Truth” (Thompson, 2008, p. 12).

Karl Jaspers (1883 – 1969). A psychiatrist, Jaspers popularized the idea of “transcendence” (Yalom, 2011). The scientific method, Jaspers argued, is limited in terms of addressing facts of reality. Rather than giving into the despair that results from this, Jasper recommended taking a leap of faith, or transcending these limitations by basking in unbridled individual freedom.

Martin Heidegger (1889 – 1976). Heidegger emphasized the role of phenomenology, or consciousness, in existence. According to Heidegger, meaning is derived from concentrating not on *what* things are, but *that* things are (Heidegger, 1927). A modern example of this is the two alternatives that a truck driver has when faced with frustration that comes from sitting in traffic. The truck driver can become annoyed (*what* things are), or he can turn his attention to the simple fact that cars even exist in the first place (*that* things are). From here, he may marvel in the ingenuity of humankind and as such, enjoy a more deeply pleasant experience than he would had he let himself get caught up in the surface level annoyance of traffic.

Viktor Frankl (1905 – 1997). A Holocaust survivor, Frankl founded logotherapy, an existential school that focuses on “will to meaning” (Frankl, 1988). “Will to meaning” is the idea that meaning can be found in all life situations, no matter how horrid and inhospitable to human life. His book *Man’s Search for Meaning* (1946) chronicles how Frankl himself applied logotherapy to survive the horrors of the Holocaust. Frankl’s “will to meaning to” can be contrasted with Nietzsche’s “will to

power,” which is the theory that individuals find meaning in striving for achievement (Yalom, 2011).

Jean-Paul Sartre (1905 – 1980). Both Nietzsche and Sartre underscored the importance of transcending social constraints (Thompson, 2008; Yalom, 2011). It was Sartre, however, who took Nietzsche’s philosophy a step further by claiming that not only can individuals choose, but they are forced to choose (Thompson, 2008). In Sartre’s view, “we are responsible for ourselves insofar as we have no fixed personality or ‘nature’ to fall back on as an explanation or justification for our actions” (Thompson, 2008, p. 16). Sartre coined the term “bad faith” to describe the mindset of not living up to the challenge of this radical freedom.

Irvin Yalom (1931 –).

Yalom’s focus is twofold. Not only is he a modern day leading existentialist therapist, but he has also made countless contributions to the study of group therapy. Yalom’s existential framework centers on seven therapeutic factors: installation of hope, universality, imparting information, altruism, the corrective recapitulation of the primary family group, development of socializing techniques, and imitative behavior (Yalom, 2005).

Yalom cited two reasons for hope being central to the therapeutic context. First, without even a slight degree of hope present, clients would have no motivation for continuing with therapy. Second is that belief in the efficacy of a treatment “can in itself be therapeutically effective” (Yalom, 2005, p. 4). Yalom has also been a proponent of the placebo effect, citing recent studies in brain imaging, showing that “the placebo is not inactive but can have a direct physiological effect on the brain” (Yalom, 2005, p. 4).

Hope takes a unique function in the context of group therapy. This is worth considering in light of the fact that as stated in the last section, a great deal of poetry therapy work is done with groups as opposed to individuals. The group format, Yalom points out, offers something that an individual format cannot: the opportunity to learn from others with similar struggles. Finally, Yalom accentuates the plasticity of hope, in that hope “redefines itself to fit the immediate parameters, becoming hope for comfort, for dignity, for connection with others, or for minimum physical discomfort” (Yalom, 2005, p. 5).

Yalom’s application of universality is consistent with that of poetry therapy. As the reader may recall, universality is one of the four therapeutic dimensions of poetry therapy; the other three being powerfulness, comprehensiveness, and positivity. In poetry therapy and “regular” group therapy alike, the “disconfirmation of a client’s [unhealthy] feelings of uniqueness is a powerful source of relief” (Yalom, 2005, p. 6; Mazza, 2003).

Yalom believes the reason universality is so central lies in the fact that “there is no human deed or thought that lies fully outside the experience of other people” (Yalom, 2005, p. 6). Even the most introversive individuals require the presence of others not only for survival, but also for sense of purpose. An introvert who spends the bulk of his or her free time reading relies on others to produce the books, and not to mention, all literature is a form of discourse on interpersonal matters. Though it is feasible for a person to live on a desert island for a given amount of time, his or her life would be meaningless without some connection to other people. What thoughts could grace this person’s inner landscape, if not thoughts that in some way involve the contributions of

another individual? Universality, the ability to relate to others, is thus an inevitable part of the human condition (Frankl, 2006; Yalom 2005).

In his group therapy practice, Yalom has found that the most common secret, or universal condition, among individuals is feelings of inadequacy – “a feeling that one is basically incompetent, that one bluffs one’s way through life” (Yalom, 2005, p. 7). The second most common is a strong sense of interpersonal alienation, followed by some type of sexual secret (Yalom, 2005). The reader should take note that these findings have been gleaned from Yalom’s own professional experience and not on any formal studies.

Yalom identified two means of imparting information. These are didactic instruction and direct advice. In group components that involve didactic instruction, clients are educated about their diagnoses or other troubles. A group for individuals with anorexia nervosa, for instance, may include a psychoeducational piece wherein participants learn about the impact of poor nutrition on the body. Yalom cites the success rates of self-help groups that are strong proponents of didactic instruction: Adult Survivors of Incest, Parents Anonymous, Gamblers Anonymous, Make Today Count (a cancer support group), Parents Without Partners, and Mended Hearts (a support group for patients of heart surgery) (Yalom, 2005). Direct advice, by contrast, is the imparting of information by other group members as opposed to the therapist (Yalom, 2005).

Altruism, the fourth therapeutic factor Yalom promotes in his brand of existential psychotherapy, is beneficial for promoting “role versatility, requiring clients to shift between roles of help receivers and help providers” (Yalom, 2005, p. 13).

The “corrective recapitulation of the primary family group” is the idea that group therapy offers a reconstruction of a client’s primary family, which in most cases was

dysfunctional (Yalom, 2005). Yalom points out that overtime, individuals reveal themselves and “it is inevitable that, sooner or later, the members will interact with leaders and other members in modes reminiscent of the way they once interacted with parents and siblings” (Yalom, 2005, p. 15). Yalom explains that for this reason, groups are run by one male and one female co-therapist. However, as are more and more families headed by same-sex couples, the researcher is uncertain if such a heteronormative model is still relevant and therefore effective.

Though Yalom’s research is based largely on groups, other research speaks to how the corrective recapitulation of the primary family group applies to the individual therapeutic setting.

The development of socialization techniques harkens back to the concept of universality, in the sense that it underscores the centrality of other people in one’s life. The extent to which social learning is promoted directly (i.e.: via didactic social skills programs) varies according to the general needs of the individuals in the group (Yalom, 2005).

Imitative behavior, the last of Yalom’s therapeutic factors, is the idea that overtime, therapists and other group members impart certain communication styles and mannerisms, which the client absorbs (Yalom, 2005).

Yalom’s therapeutic factors segue into the four ultimate concerns, which is the meat of his existential philosophy. The four ultimate concerns, also referred to as existential givens, are: death, freedom, responsibility, and isolation.

Yalom writes on what he calls the “Life-Death Interdependence” (Yalom, 1980). This is the idea that life and death are tied together psychologically. One lives in light of

his or her impending death, and one faces death in light of the backdrop of his or her life. There is not one major life decision an individual makes that is not influenced by the context of his or her pending death. As individual human beings, we all have only a certain amount of time to live. Given this, all individuals are forced to evaluate what is important. Do I want to pursue education? If so, for how many years? Do I want to marry? Have children? Travel? If so, where? These are some questions human beings have to face, because of death. If the human lifespan were several hundred years, such questions would have little existential significance, as there would be time to accomplish many of these things a number of times over. However, this is not reality.

A secondary lesson here is that to live well means to die well, and vice versa. Yalom underscores: “Although the physicality of death destroys man, the *idea* of death saves him” (Yalom, 1980, p. 30). From this, Yalom proposes two options of being: “forgetfulness of being” and “mindfulness of being” (Yalom, 1980). Whereas the forgetfulness of being fosters preoccupation with the way things are in the world, mindfulness of being brings pause *that* things are. Yalom favors the later state, explaining that “[t]o exist in this mode means to be continually aware of being, not only of the fragility of being, but mindful, too... of one’s responsibility for one’s own being. Since it is only in this ontological mode that one is in touch with one’s self-creation, it is only here that one can grasp the power to change oneself” (Yalom, 1980, p. 31). To Yalom, mindfulness is a nexus of personal responsibility (free will), which in turn is necessary for change.

In the author’s opinion, Yalom takes mindfulness a step further than other psychotherapies prevalent in present-day pop psychology, which seem to promote

mindfulness for the sake of mindfulness. Yalom asserts that while the stress-reduction and overall wellbeing that comes with mindfulness is well and good, the golden nugget comes from the impetus of change that one can reach in such a peaceful state.

Therapeutic Consequences of an Existential Approach

Foy (1974) summarizes six guidelines, originally outlined by Werner Mendel, that are generally adopted by existential psychotherapists.

The first point is the concept that an individual is perpetually rewriting his or her history (Foy, 1974). Events in an individual's past can never be recalled as they were experienced in the moment. Just as some historical revisionism is necessary to propel generations forward, personal histories "likewise require their own revision, a looking backward again and again to sum up the relevant past" (Foy, 1974, p. 936). Second, existential psychotherapists recognize the impact of the future as an ever-looming presence. All successful courses of therapy, argues the existential psychotherapist, acknowledges the pull of the future (Foy, 1974). The third existential aspect of psychotherapy emphasizes the "phenomenological attitude [that] is maintained toward accounts of symptoms, events, fantasies and dreams" (Foy, 1974, p. 936). In other words, time and energy in the therapeutic session is spent on conscious material.

The fourth point calls for authenticity between client and therapist, which as such brings to the forefront any and all possible instances of transference and countertransference (Foy, 1974). Fifth, is emphasis on action in place of thought. This aspect recognizes that "a person puts more of his existence into what he does than into what he says" (Foy, 1974, p. 936). As such, there is a focus on both divergence and convergence between actions and expressed thoughts.

Lastly, the sixth existential aspect of psychotherapy emphasizes the theme of choice. As such, “decision and action are integral to the process of therapy, and are not to be conceived as interminably delayed until the work of therapy is accomplished” (Foy, 1974, p. 936). This method departs from traditional psychoanalysis, which emphasizes catharsis through speaking.

Existential Psychotherapy with Older Adults

McDougall (1995) asserts that existential psychotherapy is naturally “suited for older adults who are interested in personal growth or relief of pain and suffering resulting from undifferentiated causes or situations” (McDougall, 1995, p. 16).

Yalom offers that a great deal of this pain results from the fact that “alternatives exclude” (Yalom, 2008). By this, Yalom means that all choices in life, big or small, involve a loss. This dissertation’s conclusion will propose ideas for addressing this. Though Yalom does not specifically say so, the author observes that all of Yalom’s four ultimate concerns: death, freedom, isolation, and responsibility, hold a special meaning for aging populations. Death and isolation are both common and natural thoughts individuals have as they age, and loss of freedom can be a part of transitioning to assisted living homes. On its surface, meaningless does not discriminate against any age group. Yet, as the next chapter will reveal, meaning in life surfaced as a theme in the pilot study. While Yalom’s four ultimate concerns – and existential therapy in general – targets all populations, the author asserts that aging people may be open to exploring these themes in a way other populations might not be.

Existential Poetry Therapy

Furman (2003) provides the most comprehensive revelation of the natural relationship between existentialism and poetry therapy. To review, Mazza's model (1999) of poetry therapy practice contains three components: receptive/prescriptive (the introduction of literature into therapy), expressive/creative (the act of client writing in therapy), and symbolic/ceremonial (use of metaphors, storytelling, and rituals in therapy). Furman identifies the many key features of poetry therapy that are "highly congruent with existential practice" (Furman, 2003, p. 197). Quoting Hirshfield (1997), Furman argues that because the purpose of poetry is to clarify and magnify the being, poetry therapy and existentialism alike provide a means of stabilization in an uncertain world. Secondly, Furman calls attention to the writer W.H. Auden (1907 – 1973), who held that "poetry helps writers make sense of their worlds; to put their own pain and suffering into perspective, and to find meaning in their lives" (Furman, 2003). As Furman points out, this is consistent with Frankl's theory that meaning is to be found in the context of suffering (Frankl, 2006).

In light of this powerful connection between poetry therapy and existentialism, Furman (2003) proffers four poetry / writing exercises for existential practice. They are: automatic writing, visioning meaning exercises, mission statement exercise, and strength and motivation from death.

Automatic writing is consistent with the existential tenet that the therapist is all knowing with regards to client wants and needs (Furman, 2003; Lantz, 1997). In automatic writing, the therapist asks the client to write for a specific segment of time, usually five or ten minutes, on either a topic of choice or one predetermined by the

therapist. “The goal,” Furman explains, “is to help the client explore, not edit. I have found it valuable to tell the client that even if they write the word ‘the’ repeatedly for five minutes, they are to keep writing” (Furman, 2003). Just as in to talk-therapy, the therapist gently encourages the client to express himself or herself without censorship.

The purpose of visioning meaning exercises, Furman’s second poetry/written exercise for existential practice, is to help clients hone in on what is truly important to them. It is self-evident that when individuals, in a therapeutic context or not, are asked to think only of their future selves, they naturally focus on the highlights of various dreams and passions. As Furman articulates, “when we think of ourselves in the present, we are more likely to look through the filter of self-doubt and expectation” (Furman, 2003, p. 198). One way to achieve this is to present the client with the sentence stem, “With my grand future, I will...” Sentence Stems and their usage will be elaborated is detailed in Appendix G.

As its name suggests, a mission statement exercise is that in which clients are asked to write a mission statement for their lives: what their lives mean or stand for (Furman, 2003). In this, clients are invited to imagine themselves as “an organization” and to “dream up organizational goals and actions” (Furman, 2003, p. 198). Unlike other poetry therapy exercises, the mission statement exercise is typically more formal in nature (Furman, 2003).

Strength and motivation from death exercises, Furman’s fourth and final offering, draw from Heidegger’s focus on the fact that individuals tend to take the basics of life for granted (Furman, 2003). In this exercise, the client is asked to as vividly as possible, imagine his or her own funeral. Clients are then asked to explore: who will speak about

you and how you lived your life? What will they say? As Furman attests, “the writings that emerge from this exercise can be powerful motivators for exploration and change” (Furman, 2003, p. 198). Death and other looming existential realities that present in the mission statement exercise, as well as the others, is a reminder that “psychological distress... is a consequence of the particular stance taken towards that experience” (Corrie & Milton, 2000, p. 10). Furman draws influence from Yalom, as the later underscores the importance of helping clients achieve “a sense of liberation... [and] an enhanced sense of living in the immediate present, rather than postponing life until retirement or some other point in the future” among other points of personal growth (Yalom, 1980, p. 35).

Though little has been written on the specificity of existential poetry therapy, much can be inferred from the literature on existential psychotherapy in general. Let us revert back to Owen’s (2004) three foci of existential therapy: the idea that social interactions with others overtime become habituated parts of the self, the primacy of free will, and the role of mental and physical predispositions. With its group orientation and use of literature to transport clients into another world, poetry therapy is compatible with all of these (Mazza, 2003).

This research makes some unsupported claims that may call its validity into question. For example, the authors attribute loss of hope to the “concurrent rise of materialism, reductionism, and nihilism” (Mascaro & Rosen, 2005, p. 986), yet they provide no evidence for this claim. That said, this study offers several measurement tools that measure an individual’s meaning. Because such tools may provide a basis for future

measurement in existential poetry therapy, it is necessary to take this opportunity to examine them.

The most useful of these tools is the Personal Meaning Profile, or PMP, which measures implicit meaning. Developed in 1988 by Wong, the PMP assesses seven factors on a 7-point Likert scale. The seven factors are, in order of importance: “Achievement, Relationship, Religion, Self-Transcendence, Self-Acceptance, Intimacy, and Life-Fairness” (Mascaro & Rosen, 2005). Mascaro and Rosen (2005) fail to indicate the population of individuals from which Wong derived this baseline. As such, the PMP should be used with caution among aging populations. For example, it is likely (as found in the results of this dissertation’s research study component) that aging individuals would give preference to religion over achievement. Nonetheless, the PMP is worth mentioning as it is one of the few measurements of existentialism.

Corrie and Milton (2000) discuss the intricacies of existential therapeutic technique. “Existential therapeutic practice,” they argue, “is influenced by the central tenets of the approach, which are known for not attempting to offer answers to clients and for challenging the attempts by therapists to ‘cure’ people” (Corrie & Milton, 2000, p. 11). In this, the role of the existential therapist is to aid individuals in their search for clarification of their world, as well as the restrictions and limitations therein (Corrie & Milton, 2000; Yalom, 1994).

Taking a cue from Sartre, Corrie and Milton (2000), underscore the existentialist premise that one individual can never completely know the experience of another (Corrie & Milton, 2000). Given this, the existential therapist treads lightly when it comes to clarifying client experience. As existentialism maintains that “the most powerful

experiences from which we learn are the ones in which we are most fully engaged,” the existential therapist encourages being present in the moment (Corrie & Milton, 2000, p. 11). Coincidentally (or not), being present in the moment, or mindfulness, is a theme that surfaced in this dissertation study.

Claessens (2009) defines mindfulness as an “experiential practice in the development of moment-to-moment awareness of our physical, cognitive and affective responses to internal and external stimuli” (Claessens, 2009, p. 109). Both Claessens (2009) and Corrie and Milton (2000) uphold mindfulness as a therapeutic modality this is applicable to all therapeutic approaches, though existential in nature.

One strength of existential therapy is its emphasis on bracketing, which is the client’s temporary suspension of his or her surroundings. “Bracketing is a method that allows the therapy and the interventions to take a descriptive and challenging stance and that assists the therapist and client to describe the client’s experience” (Corrie & Milton, 2000, p. 12). After this period of bracketing, the therapist engages in the “descriptive challenge” of repeating back the client’s experience to him or her (Corrie & Milton, 2000).

There similarities between existential therapy method and poetry therapy technique are striking. For one, both techniques are less concerned with labeling pathologies and more concerned with removing roadblocks that prevent individuals from living their lives to the fullest (Furman, 2003; Mazza, 2003). Both existential therapy and poetry therapy emphasize free will; the existential therapist naturally, and the poetry therapist in encouraging the client to take ownership of the literature and apply it as he or she sees fit. Furthermore, universality is a core principle that both techniques share. The

existential therapist works with overcoming isolation, which may be viewed as achieving universality, whereas the poetry therapist holds universality in literature as one of the four therapeutic dimensions.

Critiques of Existential Therapy

As with all psychotherapeutic orientations, existential therapy is not immune from critiques. The most prominent shortcoming is that existential therapy has not been formally operationalized (Corrie & Milton, 2000; Yalom, 1980). While this may matter little to the work of existential therapists as individuals, the lack of consistency can create complications in existential therapy discourse.

Lowenthal (2010) writes of what he calls the “inferred narcissism” of existentialism. To engage in existential thought, Lowenthal argues, an individual would first need to be endowed the privilege to step back and ponder the four ultimate concerns and similar thoughts.

In a similar vein, the author observes that existential therapy has a fairly strong Western bias. “Isolation” holds significance for a professor or Wall Street Banker in a way it would not for a tribal woman in Kenya, or other people of more collective cultures. That said, the physical, mental, and psychological realities that come with aging are cross cultural realities, and ergo relevant to this body of research (Stuart-Hamilton, 2006). All cognitively intact individuals, no matter their standing in life, “exist” and at some point ponder their deaths; even if their ideas surrounding these issues are different.

Given that existential therapy with aging populations is in its incipient stages, the lack of operational definition is perhaps not an issue at this point in time. In response to Lowenthal’s critique, it would seem that elderly individuals, especially women, run a

relatively low risk of developing narcissism, as many have been socialized from a young age to live for the sake of others (Stuart-Hamilton, 2006).

Regardless of the pros and cons inherent in existential therapy, existential therapy in groups for older adults “can help to provide life meaning; to facilitate social support; and to improve coping with grief, loss, chronic illness, and ultimately death” (Garrow & Walker, 2001, p. 77).

Many of the findings discussed in this literature review revealed results that contained existential undertones. For instance, Furman et al.’s findings of resiliency, pain, family obligations, longing, lessons, regrets and love in one way or another tie into Yalom’s four ultimate concerns: death, freedom, isolation, and responsibility (Furman et al., 2010). The former themes do not exist in a vacuum; without the context of a distant (or not so distant) looming death, individuals would not have longings or regrets. Family obligations and pain tie into the isolation concern, and freedom and responsibility encompass these all. Moreover, the four objectives of poetry therapy are by nature both existential and conducive to the needs of older adults.

In addition to being the first objective of poetry therapy, the focus on “connecting images with concepts” and feelings is a salubrious mental exercise to the aging brain (Hynes & Hynes-Berry, 1994, p. 24). Increasing self-understanding, the second objective of poetry therapy, fosters connection (i.e.: the opposite of isolation) as it naturally leads to more satisfying interpersonal relationships; which is the third objective of poetry therapy. The improvement of reality orientation, the fourth objective of poetry therapy, becomes increasingly important as individuals age and are thus at greater risk of dementia and other forms of cognitive decline.

Summary

In closing, it should be noted that therapeutic orientations strongly influenced by existentialism may not be appropriate in all settings and with all client populations. For example, young families dealing with divorce, individuals with schizophrenia, or teenagers battling drug addiction are some of the many populations who, in their present states, would benefit little from existential therapy. Older adults free of addictions and other psychiatric afflictions, on the other hand, are generally equipped with enough emotional reserve to explore their lives existentially.

A study that specifically targets this intersection of aging, existentialism, and poetry therapy is discussed in the next chapter.

CHAPTER 3

METHOD

Summary of Research Method

The study used as a basis six themes that were identified in pilot poetry therapy research. (Refer to Appendix A for information on the pilot study.) These were hope, gratitude, mindfulness, loss of mobility, and meaning in life.

The current study sought to explore three inquiries:

- 1) Sentence Stem Activity: what subthemes do the “big six” themes elicit?
- 2) Are there themes additional to the “big six” that participants would like to see explored?
- 3) What (if any) are common roadblocks that hinder aging individuals in engaging in poetry therapy to the fullest extent possible?

Research involved the implementation and analysis of two focus groups, consisting of a total of five participants. Both groups took place at an assisted living home in a suburban New England town.

Both focus groups were held on a Saturday, from 10:30am – 12:00pm. Such consistency in time and day of week helped establish a baseline of equal mental and physical status. If one group were to be held after lunch and another on a week night, participants may have been of more variable hunger and exhaustion levels. Additionally, as residents of assisted living homes keep to schedules that are more regimented than that of the general population, a Saturday timeslot caused the least amount of disruption to participants’ schedules. To add yet another measure of consistency, Groups 1 and 2 were held the day before a holiday: Mother’s Day and Father’s Day, respectively. This

research was reviewed by the Lesley University Internal Review Board and all participants gave informed consent. All names in the tables are pseudonyms.

Identification of Participants

All five participants were identified, and selected by the discretion of, the agency's activities director.

In spring 2011, the researcher emailed a solicitation letter to the agency's activities director. The letter described the study and asked if this project would "interest any residents." The letter also contained a research solicitation flyer (Appendix C).

The activities director responded promptly and eagerly, expressing that she had "five or six" people in mind and that they happened to be female. The researcher responded in gratitude, and in this response, stated that the only additional caveat is that all participants have enough cognitive and emotional energy to endure "no more than 90 minutes" of discussion.

Next, the activities director responded with five names and phone numbers. She offered that "these women are all college educated." To this, the researcher replied that education is not a factor in the selection process. As the solicitation flyer states, "Having so-called 'good' writing skills is not a requirement for this study." The activities director clarified that she understood this and felt this fact was adequately conveyed, and that these particular women just so happened to be college educated and for the most part, "former professionals."

When the researcher called Participant A ("Alice") to set up a time, it became apparent that Participant A and Participant B ("Betty") were roommates. These two participants were asked what time of day would work for them, and they replied, "Any

time before lunch.” Participant C (“Catherine”) was unable to be reached by phone, so the researcher arranged her time through the activities director. It turned out that Catherine had voice projection problems and speaking in general, particularly over the phone, was a struggle for her.

The idea of running focus groups, as opposed to individual focus sessions as originally planned, evolved during the researcher’s phone discussion with Alice. In this interaction, the researcher began to realize that as friends and roommates, Alice and Betty maintain daily schedules that rarely deviate from one another’s. Alice was under the impression that the researcher would be meeting with both of them at the same time. Rather than clarifying that the sessions were intended to be individual, the researcher opted to give them a choice, stating, “My original plan was to proceed with individual sessions, but I am open to having groups of no more than three.” At this, Alice said they would like to do theirs together and that they would be open to including another person, whoever it may be.

Catherine was given the option of joining the other two participants, or having her own interview. She opted for the former. Thus Group 1 was formed.

The evolution into the group format presented a challenge for the upcoming arrangements with the remaining two participants, Participant D (“Diana”) and Participant E (“Ellsbeth”). On the one hand, data from two groups would be easier to analyze than one group and several individuals. On the other hand, the researcher did not want the other two to feel forced into a group, especially if their rapport with one another was not as strong as that of Alice and Betty from Group 1. To ensure optimal comfort, the researcher presented this as an option to Diana, who similar to Catherine, had a

speech problem and could not be reached for comment. The activities director replied that Diana and Ellsbeth were familiar and friendly with one another and wished to meet together as a group, thus creating Group 2. Group 2 was scheduled to meet in three to four weeks. The researcher told the activities director that one more participant, to total three, was welcome to join Group 2. Despite casually mentioning this study to a couple more people in the facility, no other residents were interested. At this point, the research pool had been exhausted.

Presentation of Group

The researcher presented the group in a manner that was assertive yet relaxed. With the group members that arrived a few minutes early, she initiated “small talk” about the weather and upcoming holidays. At the agreed upon time, if a participant had not yet arrived (as was the case with Ellsbeth from Group 2), she inquired with an aide, who then located the missing participant. (It turned out Ellsbeth had forgotten about the group.)

Once the researcher thought sufficient rapport had been established, she began speaking about the nature of the study and what participants could expect of the next hour and a half or so. The following is a paraphrased version of how the researcher opened both groups.

“I am a doctoral student at Lesley University in Cambridge, Massachusetts. In the past I have led writing groups for people in assisted living homes in the Lexington area. This study will count towards my dissertation, and it’s about looking at how writing groups might be better developed for people who live in assisted living homes. The writing groups I am looking to develop are entirely different from other types of writing groups, which are more concerned with skill level and technique. The groups I

am looking to develop are expressive in nature. In other words, I am looking at how literature can draw out people's emotions and enhance communication with one another. Do you have any questions about what I mean by this?"

The researcher opted not to launch into a description of poetry therapy because, as discussed elsewhere, by using the word "poetry," one runs a high risk of eliciting images of "school" (i.e.: judgment and critique). The researcher gave only a limited definition of expressive therapy as to not overwhelm participants with terms and concepts that at this point in time would be superfluous.

Establishment of Rapport

The researcher felt comfortable and as such, participant-researcher rapport was reasonably easy to establish in both groups. In the beginning stages of Group 1, there was discussion of Mary Oliver and her geographical roots, which happen to be close to the facility. Slightly more than halfway through Group 2, there was discussion about the ways in which companion animals can enrich lives. The researcher took this as an inroad to saying a few words about her own pets, and a participant insisted she take the group to her apartment (which happened to be down the hall) to meet her cat. Interactions such as this, in addition to the fact that the researcher's relative is also a resident of the facility, naturally increased the rapport all around.

Throughout the group sessions, the researcher remained cognizant of the time, interjecting lighthearted comments every 20-25 minutes that lunch was around the corner. The goal of doing so was to motivate participants to stay on task by validating their mindfulness of their schedule and overall wellbeing.

None of the five participants expressed hesitation, either verbally or nonverbally, about being tape-recorded.

Two participants, one from each group, had physical limitations that required accommodations on the part of the researcher. Alice (Group 1) had problems with her fine motor skills as such that she could not write. Ellsbeth (Group 2) was significantly visually and hearing impaired, but this was amended by the researcher moving to sit beside her. Diana (Group 2) had a stroke history. Though she had no resulting limitations that interfered with her reading and writing, she disclosed that she was prone to crying jags. These crying jags manifested on two occasions during the group session. As an aside, both these occasions occurred after discussion of her daughter-in-law, who was ill from breast cancer.

The participants hindered by physical limitations did not appear shy or otherwise self-conscious about asking for assistance when necessary. Furthermore, when the researcher spoke too softly as such that a hearing-impaired individual struggled to understand, other group members would chime in and casually remind the researcher to speak more loudly for this individual. This happened in both groups, on at least two occasions in each group. Such advocating for other group members suggests a degree of pre-existing rapport among participants.

Appendix E illustrates the guiding questions, or techniques, used to elicit discussion.

Data collection

Both group sessions were tape-recorded and transcribed manually (and separately) by the researcher. The transcription process began approximately one week after each respective group. The quality of the transcripts was adequate, in that only a handful out of words out of hundreds were inaudible. The words that were inaudible could be deciphered through context and did not cause any significant problems.

Table 3 illustrates the breakdown of Groups 1 and 2.

Table 3

Participants

Group	Date of Focus Group	Participant
1	May 7, 2011	Alice Betty Catherine
2	June 18, 2011	Diana Ellsbeth

Both focus groups took place in their facility's library. Though the library was a common area, it was secluded enough to make for adequate research conditions.

Distractions were minimal, and involved one or two people sauntering in and out the library, in all cases unconcerned with the happenings of the group.

With the exception of one participant, all participants from both groups arrived on time. The one participant who required a reminder had significant problems with her physical mobility, and it was later discovered that she was waiting for an aid to assist her in walking to the library.

Data analysis

The data were analyzed qualitatively both inter-group and intra-group. All data in this study were analyzed manually.

The researcher began by scanning both manuscripts for all indications of the participants' previous experience with poetry. The rationale for this was twofold. First, doing so provided the researcher with additional demographic information, such as class and level of education. Second, comments about the extent of poetry read naturally led (and did lead) to revelations about the degree to which one reads in general. This information, in turn, provided invaluable information about the participants' respective cognitive abilities.

CHAPTER 4

RESULTS

To review, this study explored aging individuals' perceptions of existential poetry therapy. Six existential themes served as guides. They were: hope, gratitude, mindfulness, loss of mobility, forgiveness, and meaning in life. The data were analyzed via three sub-inquiries: (a) What thoughts and feelings do these six themes elicit; (b) What additional themes (existential or not) would the participants like to explore; and (c) What roadblocks hinder this population for accessing poetry therapy to its optimal extent. The research method involved two focus groups with a total of five participants, and data were analyzed using qualitative content analysis. The three most common themes elicited were orientation towards others, issues of life and death, and loss of mobility. Additional themes for future exploration, derived from inter-group data, were: faith, gratitude (irrespective of Gratitude theme), loss, nature, hope, and beauty.

The groups varied in their abilities and willingness to write during the writing exercise component (response to the Mary Oliver poem). Whereas Group 1 preferred to write silently for 10 minutes, Group 2 preferred to process their responses aloud in discussion format. The obvious reason for this was that in Group 1, two of the three participants (Betty and Catherine) had writing skills that were strong enough to complete the free-write with considerable ease.

At first glance it may seem that "past education" is irrelevant as a category. The researcher nonetheless included it, with the possibility in mind that in some cases, having had an active mind in one's earlier years might stave off dementia. A French study by Ritchie, Ritchie, et al. (2010) followed 1,433 participants over age 65 for seven years.

Results showed that in addition to other findings, those who scored lower on a reading test were more likely to develop dementia (Ritchie & Ritchie et al., 2010). A shortcoming of this study, however, is that researchers looked at education level as opposed to number of books presently read per month or year.

The guiding question was derived from the researcher's pilot study, which found that interest in poetry therapy groups among aging populations is can be self-selecting. The researcher was looking for evidence that would either bolster or negate this secondary hypothesis.

Participants B and E both spouted names of poets spontaneously. Because the researcher stressed that knowledge of prior poetry and poets was not essential for participation, this piece of data is not included.

Table 4

Participants' Backgrounds

Participant	Education	Relevant Comments
Alice	"Professional" (per activities director)	"My son is a poet."
Betty	"Professional" (per activities director)	Reads fiction avidly, Mentioned Thich Nhat Hanh
Catherine	"I went to school in Vermont."	
Diana		
Ellsbeth		

Next, the researcher decided to move ahead and look at the data from both the sentence stem and writing exercises, respectively. The logic in this is that by thinking about the “meat of the data” – or the direct inquiries being asked of the participants – the researcher would get a stronger sense of the next best path to take in the data analysis process.

The data from the sentence stem activity were analyzed intergroup.

Table 5

Hope

Participant	Response	Intra-theme trend(s)
Alice	“The bedrock of life.”	Health
Betty	“A sense of future possibilities.”	Life and death
Catherine	“To continue to be in good health, the love with my family. To allow my home to be shared with my niece and nephew before I die.”	Other people
Diana	“Much health for my daughter-in-law” (battling cancer).	
Ellsbeth	“... beauty.”	

Table 6

Gratitude

Participant	Response	Intra-theme trend(s)
Alice	Hope in a way, overlapping.”	Hope
Betty	“Thankfulness for what is.”	Other people
Catherine	“To remember to call or write those who have been so impudent to my return to a joyful life.”	
Diana	“How my life has turned out here. With the ‘good kids.’”	
Ellsbeth	Hope.	

Table 7

Mindfulness

Participant	Response	Intra-theme trend(s)
Alice	“Important in one’s life.”	Other people
Betty	“Staying or living in the moment.”	Sense of time
Catherine	“Ability to look ahead to reading, calling, or writing.”	
Diana	“Being aware of other people... that’s caring.”	
Ellsbeth	“Caring.”	

Table 8

Loss of Mobility

Participant	Response	Intra-theme trend(s)
Alice	“It’s a real restriction on one’s life... I don’t take to it gracefully.”	Physical limitations
Betty	Physical limitations.”	
Catherine	“It’s a follow up to [the other themes].”	
Diana	“Loss of present day memories... mobility of the mind... To me it’s definitely more physical limitations.”	
Ellsbeth	“If you don’t have the freedom of movement... gratitude for what God still has left you.”	

Table 9

Forgiveness

Participant	Response	Intra-theme trend(s)
Alice	“Learning forgiveness.”	Lack of grudges
Betty	Letting go.	Life and death
Catherine	“Don’t hold a grudge to the loss of life for families.”	
Diana	“I don’t carry a grudge... I don’t bother finding fault. Forgiveness heals, I think.”	
Ellsbeth	“... what God asks of us as humans... it’s very difficult and takes time, and much living to be able to rise above human failures.”	

Table 10

Life Meaning

Participant	Response	Intra-theme trend(s)
Alice	“You’ll have to get back to me on that one.”	Physical limitations
Betty	“In nature: mountains, the sea, woods... birds and flowers. Faith and friends.”	
Catherine	“Faith, love, and sex.”	
Diana	“Doing things that I am able to do. Enjoy them... just being able to breathe and see, and get around.”	
Ellsbeth	“Being a true friend, and really sacrificing selfishness to make the world a better place.”	

Taking both groups as a whole and across the six themes, additional themes arise.

This data analysis is as follows:

Table 11

Combined Data and Inter-Theme Results

 Combined Data (Sentence Stem)

The bedrock of life. / A sense of future possibilities. / To continue to be in good health, the love with my family. To allow my home to be shared with my niece and nephew before I die.” / Much health for my daughter-in-law [battling cancer]. / **Beauty** / Hope in a way, overlapping. / **Thankfulness** for what is. / To remember to call or write those who have been so impudent to my return to a joyful life. / How my life has turned out here. With the ‘good kids. / Hope. / Important in one’s life. / Staying or living in the moment. / Ability to look ahead to reading, calling, or writing. / Being aware of other people... that’s caring. / Caring. / Physical limitations. / It’s a follow up to [the other themes]. / **Loss of present day memories**... mobility of the mind.... To me it’s definitely more physical limitations.” / If you don’t have the freedom of movement... **gratitude** for what **God** still has left you. / Learning forgiveness. / Letting go. / “Don’t hold a grudge to the **loss of life for families**. / “I don’t carry a grudge... I don’t bother finding fault. Forgiveness heals, I think. / ... what **God** asks of us as humans... it’s very difficult and takes time, and much living to be able to rise above human failures. / **In nature**:

 Inter-Theme Results

Faith / God / Religion
Gratitude (unrelated to Gratitude theme)
Loss (in general)
Nature

At the conclusion of both group sessions, participants were asked directly if there were additional themes they would like to explore should they ever be part of a poetry therapy group. Two participants, both in Group 2, provided responses. From Group 1, Betty quoted Emily Dickonson’s line, “Hope is a thing with feathers,” punctuating her desire to explore Hope in greater detail.

Table 12

Additional Themes

Participant	Additional Themes
Betty Diana Ellsbeth	More on Hope “Beauty” “Beauty... of the spoken word.”

The discussion of Mary Oliver’s poem, *Wild Geese*, was significantly more fruitful in Group 1 than it was in Group 2. The researcher can think of two explanations for this. First, Group 1 had three group participants, as opposed to two. Second, the participants in Group 1 had fewer physical limitations than their counterparts in Group 2.

The pilot study that inspired this dissertation yielded one roadblock: the tendency for aging individuals to approach poetry therapy in a manner that is didactic rather than therapeutic. In analyzing the data from this study in light of this inquiry, the researcher’s first step was to scan both manuscripts for any and all indications that express the same sentiment. None were found.

Gathered from both dissertation manuscripts was the frequency and ease participants had about getting themselves off topic and speaking for several minutes tangentially. In this study, a “tangent” is operationally defined as an abrupt change in topic.

Table 13

Frequency of Tangents

Group – Total Participants	Frequency of Tangents
Group 1 – 3 Participants	4
Group 2 – 2 Participants	2
Total: 5 Participants	6

The second most frequent observation was lack of attention to certain speakers. Because the researcher did not accurately count this expressed lack of interest in her notes, there is no data for this. The researcher recalls from memory that most instances of lack of interest were brought on by the previously described tangential outpours. It is worth noting that there is no consistency in what brought about these tangents.

In three of the six thematic categories explored in the sentence stem, “other people” was a main sub-theme. The presence of “physical limitations,” a main theme in two of the six categories, was the second most popular. “Health” came up as a main sub-theme only once, but when coupled with the “physical limitations” sub-theme, it is counted three times.

The “life and death” theme indicate topics that touch on life and death, and as such indicate a degree of urgency. For a response to meet this categorization criteria, the participant must have used the words “life” or “death” in her response. There were three instances of “life and death:” two under Hope, and one under Meaning in Life.

Table 14

Results

Theme	Responses
Hope	Health, life and death, other people
Gratitude	Other people, hope
Mindfulness	Other people, sense of time
Loss of mobility	Physical
Forgiveness	Lack of grudge, life and death
Meaning in life	Physical limitations
Total	Other people (3), life and death (2), physical limitations (2)
Intergroup themes	Faith/God/Religion, Gratitude (separate from Gratitude theme, Loss
Themes for further exploration	Hope, Beauty

CHAPTER 5

DISCUSSION

Before delving into the meat of the discussion, further explanation of sentence stems, and justification for using them in this research is owed. In sentence stem work, the client is asked to complete a sentence given to him or her by the therapist. A client struggling with depression, for example, may be asked to complete the sentence: “What matters to me most in life, is...”.

Brandon (1994) describes sentence stem work as a “deceptively simple yet uniquely powerful tool for raising self-understanding, self-esteem, and personal effectiveness” (Brandon, 1994, p. 85). When working with a sentence stem, the client should move quickly and focus on the first ideas that come to mind, as pausing for reflection leads one to over-think and self-judge. Brandon advises not to worry if the endings are “literally true, make sense, or are ‘profound’” (Brandon, 1994, p. 85). The goal of the sentence stem is to elicit what is weighing heaviest on the client’s mind. Sentence stem exercises can be used to “facilitate self-understanding, melt repressive barriers, liberate self-expression, [and] activate self-healing” (Brandon, 1997, p. 55).

Brandon provides examples of how sentence stems can be applied to existential philosophy. The sentence stem, “If I took responsibility for every word I utter...” may yield the following responses: “I’d have to be in much higher mental focus. I’d have to speak more clearly. I’d be afraid of having my words judged. I’d reveal too much of myself. I’d have to be conscious... I’d be accountable for the quality of my communications” (Brandon, 1997, p. 103). Such responses yield fertile ground for therapeutic work.

Perhaps the most obvious demographic factor is that despite the researcher's use of a gender neutral recruitment letter, all volunteers and subsequent participants were female. The most likely explanation for this is that focus groups can be self-selecting. In this study, there is evidence for self-selection in both groups. Alice and Betty from Group 1 were roommates, and Diana and Ellsbeth (Group 2) were identified by the agency's activities director as friends. Moreover, in all the author's prior experience of running poetry therapy groups in assisted living homes, groups were either entirely female or predominately female. This reality calls to question two parts of the results. For one, given that orientation to others is a stereotypically female trait, it is arguable that finding that "other people" as the most prominent theme would not hold true in a group of male or mixed gender participants. Secondly, it could be argued that women are conditioned to "not hold grudges" (the leading result of the Forgiveness theme) in a way that men are not. Therefore, a poetry therapy program based on the findings of this study would not be easily applied to male and perhaps mixed gender groups. That aside, Zimmerman's finding of connection to others as a central goal of group therapy with aging populations does not specify gender.

Race, ethnicity, and other cultural influences are other demographic realities that need attention. In addition to being female, participants in this study were white and were raised in the United States. One's communication style, as well as the literature one is exposed to, is heavily based on one's area of origin. Moreover, a poem that incorporates such a high degree of nature-based imagery may be less relatable to residents in an assisted living facility based in an inner city. It was fortuitous, but also

planned for, that at least three of the five participants recognized Mary Oliver, who again is based in the same area as the facility.

This study did not account for the participants' sexual orientations, which were unknown. Though sexual orientation, and sexuality in general, remain primary areas of focus throughout the lifespan (Stuart-Hamilton, 2006) in this study, the topic of long term romantic relationships did not surface even once. One plausible explanation for this is that when an individual reaches the point at which he or she requires long term care, there is likelihood that one's spouse, if a spouse ever existed, would have been passed away for several years. Whereas there was no mention of husbands or partners (same-sex or otherwise), one participant (Catherine) gave "sex" as one of her responses to Meaning in Life. Because of time constraints (lunch was coming up and the group was scheduled to end soon), the researcher did not probe for additional details. This finding suggests that romantic relationships, taken as a topic of discussion in poetry therapy groups with aging populations, might be more central among aging individuals who have not yet reached the assisted living or nursing home level of care.

Another possibility for the lack of focus on romantic relationships is that American culture considers thinking and speaking about sex taboo among older people (Stuart-Hamilton, 2006). On this note, it should be pointed out that Catherine, the sole participant who mentioned sex, was also the participant who disclosed her history of depression and mental health hospitalizations (early disclosure). Such a consistency in ease of manner suggests that as a person, Catherine may be less verbally and emotionally inhibited than the other four participants.

Class is another demographic to be weighed as well. Based on the types of health insurance that the agency accepts, the class of the participants was assumed to be within the middle to upper-middle class range.

All in all, any programs based on the findings of this study should be implemented with caution with populations that are not predominately white and female.

Demographics aside, there is one piece of resulting data that the researcher called into question. This is the finding of “nature” as one of the prominent inter-group themes. Mary Oliver is widely known as a poet who draws heavily from nature and the poem *Wild Geese* holds numerous references of both nature and wildlife in particular: “... [T]he sun and the clear pebbles of the rain are moving across the landscapes, over the prairies and the deep trees, the mountains and the rivers. Meanwhile the wild geese, high in the clean blue air...”. It is thus possible that prior discussion of the poem planted thoughts of nature that would not have been planted otherwise. Thus, the validity of “nature” as a primary emerging theme could be debatable.

In the interview process, the author went into some detail in exploring the response “other people,” which emerged in three of the six themes. In both manuscripts combined, there was one mention of a daughter-in-law, one mention of a niece and nephew, one mention of fellow residents at the facility, two mentions of family in general, two mentions of friends in general, one mention of other people in general, and one mention of companion animals. A follow-up study specifically tuned in to the concept of “other people” may shed light on whether or not one type of relationship – friend, family, or other – typically outweighs others in terms of quality and personal

focus. Nonetheless, the broadness of this category other people is significant in its own right.

The Mary Oliver poem included a line that the researcher had hoped would naturally bring forth in depth information concerning “other people.” (This was of course prior to the researcher’s knowledge that “other people” would be as popular a category as it was.) This line is: “The world... calls to you like the wild geese, harsh and exciting – over and over announcing your place in the family of things.” Participants were then asked to define what the concept of “family of things” means to them. The researcher was curious about comments about how concepts of family shift throughout the lifespan, but none were forthcoming.

Health, as a separate category from Physical Limitations, surfaced only once (under Hope). This is consistent with the finding that aging individuals are no more concerned with health than the general population (Stuart-Hamilton, 2006). This finding also brings up questions about the link between mental health and physical health. Four of the five participants had impaired mobility, as such that they required assistance from an aid to sit in their chairs. As mentioned elsewhere, two participants could not write, two required others to speak with an amplified voice, and one was legally blind. It would seem that these later health impairments, aside from impaired mobility, would be reason enough for health concerns to rise as a salient issue. This study clearly attracted participants who have at least a modicum of interest in writing as a therapeutic tool. This begs the question: Were the participants overall less concerned with health because their pre-existing interest in writing serves as a coping mechanism? Or had they adjusted to health concerns given they were not living independently?

Before the conclusion of the focus groups, participants were each asked in turn to provide their final thoughts. Specifically, participants were asked, “Did you like talking about some of these themes more than others?” and “Are there any themes we didn’t talk about that you would have liked to see included?” Betty responded: “No, I think that just for me was – as I said before, about not reading much poetry anymore and enjoying it. It’s a reminder to read more.” Catherine said, “Your project is very commendable...” but did not elaborate. Diana stated simply, “Beauty.” Ellsbeth’s final response, “...being a true friend, and really sacrificing selfishness to make the world a better place,” punctuates the potency of the Other-oriented theme.

Conclusion

Review of findings

In summary, hope and gratitude emerged as two (of six) of the most frequent themes in the author's pilot study. The other themes were forgiveness, loss of mobility, meaning in life, and mindfulness. These findings are telling, as the pilot study was not explicitly existential yet it yielded themes that are arguably existential – most notably mindfulness and meaning in life. This dissertation study, which again, used the pilot's findings as a springboard, found additional themes, the most popular being other people (3), life and death (2), and physical limitations (2).

Gratitude emerged as an intergroup theme in the dissertation study, in addition to the pilot study. Faith/God/Religion and loss were other themes gleaned from the dissertation study's intergroup analysis.

These findings suggest that a poetry therapy program for assisted living populations, who fit these particular demographics, would do well to concentrate on these seven themes:

- 1) Hope
- 2) Gratitude
- 3) Connection with others
- 4) Death
- 5) Dealing with physical limitations
- 6) Spirituality
- 7) Loss

According to Foy (1974), the key existential themes are: “values, anxiety, reason and unreason, freedom, authenticity, the other person, and death” (Foy, 1974, p. 927). In many ways these correspond with the above.

New Considerations for Existential Poetry Therapy with Seniors

In addition to the findings above, this dissertation reveals five sub-contributions, or sub themes that spring from the nexus of aging populations, existentialism, and poetry therapy. These are: the roles of anxiety, death and spirituality, emphasis on hope in groups, mindfulness and psychoeducation. Whereas some of these sub themes have been well formulated elsewhere in this dissertation, others could use further consideration and development.

Anxiety. As discussed in Chapter Two, existential therapy’s framing of anxiety in the form of death anxiety is inherently fitted to aging populations. Furthermore, May and Yalom (1973) heed that “the function of therapy is *not* to do away with all anxiety. No human being could live a full and satisfactory life without anxiety. Mental health is living as much as possible without *neurotic* anxiety, but *with* the ability to tolerate the unavoidable existential anxiety of living” May & Yalom, 1973, p. 3). It may be asked: How do assisted living residents induce just the right amount of anxiety into their lives to prevent boredom whilst allow them to develop meaning?

Death and Spirituality. Spirituality, as it pertains to death, surfaced in both the study and literature review components of this dissertation (see intergroup results). According to Yalom (2008), for an individual to come to terms with death, he or she cannot believe in an afterlife. Yalom explains that,

[T]he existential worldview on which I base my clinical work embraces rationality, eschews supernatural beliefs, and posits that life in general, and our human life in particular, has arisen from random events; that, though we crave to persist in our being, we are finite creatures; that we are thrown alone into existence without a predestined life structure and destiny; that each of us must decide how to live as fully, happily, ethically, and meaningfully as possible (p. 202).

Death, argues Yalom, is a state of total nonexistence, no different from the state one is in before birth (Yalom, 2008; 2002). Belief in an afterlife completely changes the frame of death, and therefore, the goals of life. In his 2008 book, *Staring at the Sun: Overcoming the Terror of Death*, Yalom gives an example of an older woman approaching death who obsesses over the idea of never knowing what will become of her son, a grown man with many problems. Yalom's response to this was to point out that it does not matter because she will not know.

However, the reality is that many clients do believe in an afterlife. What is more, in some cases – especially in that of older adults – calling this belief into question is calling their identities into question, many of which have been established in light of a lifetime of attending religious services. Yalom does offer solutions to working with people who believe in God that do not call for the negation of God. For example, he purposes the rippling effect, or the idea that one can derive meaning from leaving intellectual and physical pieces of him or herself in the world (Yalom, 2008). Moreover, Epicurus (whom Yalom draws some of his inspiration) held it was possible to believe in the gods but not an afterlife (Rist, 1992; Yalom, 2008.) In existential psychology,

however, there is no way to circumvent the afterlife issue and to some clients, Yalom's alternatives may not be satisfactory. This is an area in need of deeper attention.

Emphasis on Hope in Groups. The study component of this dissertation reveals "hope" as a leading existential theme surfacing among aging individuals. A study by Mascaro and Rosen (2005) found a connection between existential meaning and levels of hope and depressive symptoms within a population of college students. Regardless on an individual's age, hope "appears primary in the etiology of depression" (Mascaro & Rosen, 2000). To review, the installation and maintenance of hope is one of Yalom's 11 therapeutic factors that make for a successful group (Yalom, 2005). The author's discovery of hope as a primary area of need may necessitate even emphasis when applying Yalom's model to older populations. In terms of instilling hope in existential poetry therapy groups, therapists "should by no means be above exploiting this factor by periodically calling attention to the improvement that members have made" (Yalom, 2005, p. 5). Yalom also suggests sharing progress made by former group members. However, the inherent problem in this is that in assisted living groups when a group member moves on from the group, this individual is more likely to have closer continued contact with other members as opposed to with the the therapist. This calls for a new adaptation for the instillation of hope. What would a hope-building model for poetry therapists working with assisted living populations look like?

Mindfulness. Mindfulness, one of the six themes that emerged independently in the pilot study, also surfaced in the literature as a key existential theme. In terms of existential therapy, it can underline the four main concerns, and can even serve as a means to better access these ideas. To review, Yalom discusses two modes of being: the

everyday (concern with *how* things are) and the “ontological” (the wonderment *that* things are). Incidentally, it is the author’s experience that many aging individuals fall into the latter category. Existential poetry therapy exercises designed for this population would do well to capitalize on the ontological mode of being.

Psychoeducation. A key finding of the pilot study identified a need to minimize the didactic mindset that many seniors hold about poetry therapy, so that the client would gain more therapeutically. Though this was not an official result of the dissertation study, the transcripts contain several comments that allude to concerns with “performance level” and so-called quality of writing. Rather than striving to overcome seniors’ didactic approach to poetry therapy, which is deeply entrenched, the author proposes incorporating this didactic tendency into a form of psychoeducation – as to meet the client where he or she is. What would it look like to “educate” aging individuals about Yalom’s four ultimate concerns? No doubt this would lead to challenges, not the least of which calls into question lifelong epistemologies (as explained previously). For example, one such poetry group might begin with an explanation of Yalom’s idea that “alternatives exclude,” and end with an activity called “in the life I did not lead.” “In the life I did not lead” is a sentence stem commonly used in poetry therapy groups, in which group members are invited to write about their lives had they made different decisions. This exercise offers an opportunity for reflection, and the psychoeducational piece preceding it provides the didactic/intellectual context that many in this population crave.

Closing

This dissertation recognizes the challenges inherent in pooling aging, existentialism, and poetry therapy into one body of research. Whereas existential psychotherapy has been advancing since the middle of the twentieth century and theories of aging continue to rapidly evolve, poetry therapy as a discipline is still young. As such, compared to the other two disciplines, poetry therapy has more potential to be influenced for better or for worse. Under normal circumstances, this would be problematic as too much exposure to any framework leaves less room for exposure by other ontological frameworks (e.g. humanism, feminism, Gestalt). Fortunately, existentialism is compatible with multiple ontological structures (Yalom 1980). If the outcome of this dissertation were to spark an increase in inquiries of existential poetry therapy, it would not be to the detriment of the multitude of other directions poetry therapy might take. Rather, existentialism deepens the positive features of these other theories.

An example of this could be illustrated with humanism. Existentialism differs from humanism in that, “whereas the key words for humanistic therapy are *acceptance* and *growth*, the major themes of existential therapy are client *responsibility* and *freedom*” (NCBI, 2010, p. 1). Humanistic and existential psychotherapies “...are united by an emphasis on understanding human experience and a focus on the client rather than the symptom” (NCBI, 2010, p. 1). In existentialism, psychological problems are viewed as the result of a limited capability to make authentic, meaningful, and self-directed choices in life, whereas in humanism, these same problems are viewed as an inhibition to reach one’s full potential. Existential psychotherapy encompasses humanistic therapy, inviting the client to self-actualize within the

framework of exercising responsibility and otherwise living authentically (existentialism).

Feminist therapy, another modern therapeutic orientation, asserts that “in the context of the individualistic patriarchal cultures in Western societies today... the value of women and women’s voices is obscured and diminished,” (Brown, 2004, p. 18). Feminist therapists argue that the choices of women and other groups of individuals that meet a standard for an oppressed class do not exist in a vacuum. A feminist therapist would emphasize that the choice for a woman to become a prostitute, for example, is always made in the context of how society views women. If patriarchy did not exist, the feminist therapist would argue, women would be less inclined to “choose” that life. At first glance, feminist therapy might seem incompatible with existential psychotherapy, because of the associations between “personal responsibility” and the political right. However, this need not be the case. Existential psychotherapy, when exercised properly, can hold the dialectic that the choices made by women, or other groups deemed oppressed, are influenced by their sociopolitical status, and women have just as much agency as men to take ownership of their lives and overcome their predicaments.

Given that the majority of assisted living residents who participate in group activities are female, the existence of a feminist ontology in particular cannot be avoided. The poetry therapist functioning in the assisted living facility can marry existentialist and feminist approaches. This can be achieved through the gesture of acknowledging that many women who came of age in the early to mid-1900s chose fulltime careers as wives and mothers because like all human beings, they were influenced by cultural zeitgeist. Acknowledging outside influences whilst discouraging unproductive “victimhood”

mindsets, the existential poetry therapist holds the paradox of outside influence and personal responsibility.

An emergence of existential psychotherapy would not threaten the contributions of humanism, feminism, and/or other ontological frameworks.

This dissertation also acknowledges what may seem to be an overreliance on Yalom's contributions. Yalom's writings, all of which flow into reservoir of prime existential theory and practice, are not the best out of others; they are simply all the field has at this point in history. While there are other writers in the field of existential psychology, Yalom is the first, and only, one to codify his theories into an integrated existential canon. One might ask: were existential psychotherapy not such a nascent field, would other theories would be in existence? What would they be, and how would they influence the trajectory of poetry therapy with aging populations? The evolution of existential psychotherapy with aging populations continues to unfold.

APPENDIX A

FINDINGS OF STUDY

ABSTRACT

This study was an exploration of the work conducted in the field of poetry therapy, as it pertains to healthy aging populations. Though poetry therapy as a field is in its infancy, at this time, there appears to be some consensus about best theories and practices for work with aging populations. The purpose of this study was threefold: to explore the most prevalent literary themes presently being used, uncover frequently used poets and literature for this population, and identify areas of need for future work. The research method involved three interviews with poetry therapy practitioners, which were analyzed using qualitative content analysis. The five most established themes identified were, in order: hope, gratitude, meaning of life, forgiveness, and coming to terms with loss of mobility. There was little consensus regarding favored writers and pieces of literature, and the sundry that were provided all fell into the contemporary era. The strongest area of need is the development of an ambiance that is more distinctively therapeutic as opposed to didactic.

Results

Gratitude (32%), hope (20%), meaning of life (16%), forgiveness (12%), coming to terms with loss of mobility (12%), and mindfulness (8%) were identified as the five most prevalent themes being explored by poetry therapists working with healthy aging populations. Mary Oliver was the most common poet cited. The only consistent need identified lies in better helping clients to transcend the mindset that poetry therapy sessions are “classes” in the traditional sense.

APPENDIX B**POETRY THERAPY LITERATURE REVIEW FORM**

Title of Piece:

Author:

Rank piece on a high (5) to low (1) scale:

Thematic Dimensions

Universality	5	4	3	2	1	Personalized
Powerful	5	4	3	2	1	Trite
Comprehensible	5	4	3	2	1	Obscure
Positive	5	4	3	2	1	Negative

Stylistic Dimensions

Rhythm: Compelling	5	4	3	2	1	Discontinuous
Imagery: Striking/Concrete	5	4	3	2	1	Abstract/absent
Language: Simple/clear/precise	5	4	3	2	1	Difficult, archaic, Convolutd
Complexity: manageable/succinct	5	4	3	2	1	Long, diffuse, rambling

What is your personal response to this poem? Please include what initially attracted you to the

poem, what stands out for you, what images, words or phrases linger in your mind.

What population would you use this piece with? Why?

Are there any populations you would not use this piece with?

What warm-up exercise (if any) might you use with this piece? Consider what complementary

materials you might use.

List two or more discussion questions you might offer.

List two or more writing prompts that you might suggest.

Comment on some aspect of poetic device in the piece (use of line break, white space, rhythm,

metaphor, alliteration etc.)

What issues might be brought up for the facilitator that could affect the use of this piece?

APPENDIX C

SOLICITATION FLYER

Poetry Therapy research study for people ages 65+



I am an Expressive Therapies doctoral student at Lesley University in Cambridge, MA. I am seeking individuals age 65+ to participate in a dissertation study, *Existential poetry therapy with aging populations: An exploration of literary themes*.

Participation would involve **one interview / focus group session**, which would run from approximately forty-five minutes to **1 hour**. In the session, you would be asked to do the following:

- 1) **Read a short poem and respond to it in writing.**
- 2) **Discuss opinions of poetry in general, and given themes (such as “hope,” “forgiveness,” “gratitude”).**
- 3) **Complete another short (10 – 15 minute) writing activity.**

This study is ideal for anyone wanting to have some fun exploring using writing to reflect and unwind. (Having so-called “good” writing skills is not a requirement for this study.) Though this is a low-risk study to begin with, you would be allowed to stop your participation at any point.

The purpose of the study is to explore themes that have been identified as central to the lives of seniors, and the findings will inform the development of future work in the field of healthy aging and poetry therapy.

APPENDIX D

INFORMED CONCENT FORM

Study of Existential Poetry Therapy with Aging Populations

Principal Investigator: Christy Burbidge, co-researcher, Michele Forinash, Director of the PhD program in Expressive Therapies, Lesley University.

You are being asked to volunteer in this study to assist in my doctoral research on existential poetry therapy with aging populations. The purpose of the study is to explore literary themes that are central to the lives of individuals living in assisted living facilities or attending senior centers.

You will be interviewed about opinions concerning specific themes, such as “hope” and “gratitude,” and asked to complete two simple writing exercises. The interview session will be 45-60 minutes in length, will take place at The Victorian, and will be audio-taped.

You will be personally interacting with only myself as the principal researcher. This research project is anticipated to be finished by approximately May, 2012.

I, _____, consent to participate in one poetry therapy session.

I understand that:

- I am volunteering for an interview involving poetry therapy, running approximately 45-60 minutes in length.
- Sessions will be audio-taped.
- My identity will be protected.
- Session materials, including reports and audiotapes, will be kept confidential and used anonymously only, for purposes of supervision, presentation and/or publication.
- The session may bring up feelings, thoughts, and memories. Therefore, possible emotional reactions are to be expected, however, I am free to end the session at any time. If I find that I have severe distress, I will be provided with resources and referrals to assist me, and will not lose any benefits that I might otherwise gain by staying in the study.
- This study will not necessarily provide any benefits to me. However, I may experience increased self-knowledge and other personal insights that I may be

There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Dean of Faculty or the Committee at Lesley University, 29 Everett Street, Cambridge Massachusetts, 02138, telephone: (617) 349-8517.

APPENDIX E

GUIDING QUESTIONS

Ask:

- What are some thoughts (or images) that come to mind when you think of poetry?

Do you have any favorite poems? ...Early memories – good or bad?

- Does poetry play a role in your life (past or present...) in any way? If so, how?
- In your time at The Victorian, has a writing / poetry group ever been offered? If so, did you participate in it? Why or why not? Describe your experience.

- Have you heard of poetry therapy? (If so, describe it in your own words.)
 Explain: poetry therapy is the use of literature to promote emotional well-being. A typical group involves reading a piece of literature, responding to it either in writing or other artistic / expressive means, and discussing it as a group. Poetry therapy groups are different from regular poetry / writing groups because of its therapeutic component. While poetry writing groups focus on outcome, poetry *therapy* focuses on process. The poem is the vehicle; the means to the end, not the end itself. Also, it is called “poetry therapy” for simplicity’s sake only. Other types of literary forms, such as prose and short stories, are often used in poetry therapy sessions. (Ask if they need clarification on this definition of poetry therapy.)

To give you a “taste” of poetry therapy, we will now run through a sample exercise.

Pass out sample session (attached). Note: participants will only actually do the Individual free-write (highlighted in blue). The rest is all a run-through.

Ask: what was this like for you? What was easy about this process? Difficult?

Sentence stem activity

These are themes that have come up in my past poetry therapy groups. By completing this, you will help give me an idea of how you interpret these themes.

After they complete it ask:

- Did you feel particularly drawn to some of these more than others? If so, which ones, and why (if you know why)?

- Are there other themes you would have liked to see included in this sentence-stem activity? If so, what are they?
- If a poetry therapy group were to be offered at (this facility), would you participate in it? If so, can you think of themes other than these that you would like to see covered?

APPENDIX F**SAMPLE POETRY THERAPY GROUP SESSION****Wild Geese**

- Mary Oliver

You do not have to be good.
 You do not have to walk on your knees
 for a hundred miles through the desert, repenting.
 You only have to let the soft animal of your body
 love what it loves.
 Tell me about despair, yours, and I will tell you mine.
 Meanwhile the world goes on.
 Meanwhile the sun and the clear pebbles of the rain
 are moving across the landscapes,
 over the prairies and the deep trees,
 the mountains and the rivers.
 Meanwhile the wild geese, high in the clean blue air,
 are heading home again.
 Whoever you are, no matter how lonely,
 the world offers itself to your imagination,
 calls to you like the wild geese, harsh and exciting--
 over and over announcing your place
 in the family of things.

* * * * *

(Always read through poem at least twice.)

Discuss as a group:

- What are the lines, phrases, or images that stand out to you most? (Circle these.)
- Does this poem illicit any memories?
- What sensations (sights, smell, touch, sounds, tastes) does the imagery draw out?
- What would you say the tone of the poem is?
- What might the author mean by “You do not have to be good?” (first line)
 Growing up, what did “being good” mean to you? What does “being good” mean now? Where do we get our ideas of what constitutes “being good?” What are some pros and cons of “being good?”

- Turn to the last four lines of the poem:

*“[T]he world offers itself to you in your imagination,
Calls to you like the wild geese, harsh and exciting –
Over and over announcing your place in the family of things.”*

What do you make of this? What is your place in the “family of things,” and how is it different than it was 10 years ago? 30? 40?

* * * * *

Individual free-write: Turn back to your circled phrases / images from the poem. Pick one of them, and free-write for 10 minutes with this image as a prompt.

6) I find meaning in life...

APPENDIX H

POETRY THERAPY PORGRAM: TIPS FOR POEMS, LITERATURE SELECTION, TECHNIQUE AND EXERCISE DEVELOPMENT

Designing an existential poetry therapy program for assisted living residents will be an arduous but invigorating process. This section includes searching suggestions and poem selection tips for embarking on this monumental task.

A Google search on “existential poetry” yields the work of Tom Greening, a Los Angeles based psychotherapist. Greening’s book, *Worlds Against the Void: Poems by an Existential Psychologist*, (2008) is a useful resource.

Poets.org is an invaluable reservoir of both poems and biographies of poets. This website contains a search tool, handy for looking up poetry by theme. Keeping in line with the primary themes of hope and gratitude, one might do a search on one or both of these words. A search on “gratitude” yields Anne Porters “A List of Praises.”

Give praise with psalms that tell the trees to sing,
Give praise with Gospel choirs in storefront churches,
Mad with the joy of the Sabbath,
Give praise with the babble of infants, who wake with the sun,
Give praise with children chanting their skip-rope rhymes,
A poetry not in books, a vagrant mischievous poetry
living wild on the Streets through generations of children.

Give praise with the sound of the milk-train far away
With its mutter of wheels and long-drawn-out sweet whistle
As it speeds through the fields of sleep at three in the morning,
Give praise with the immense and peaceful sigh
Of the wind in the pinewoods,
At night give praise with starry silences.

Give praise with the skirling of seagulls
And the rattle and flap of sails
And gongs of buoys rocked by the sea-swell
Out in the shipping-lanes beyond the harbor.
Give praise with the humpback whales,

Huge in the ocean they sing to one another.

Give praise with the rasp and sizzle of crickets, katydids and cicadas,
Give praise with hum of bees,
Give praise with the little peepers who live near water.
When they fill the marsh with a shimmer of bell-like cries
We know that the winter is over.

Give praise with mockingbirds, day's nightingales.
Hour by hour they sing in the crepe myrtle
And glossy tulip trees
On quiet side streets in southern towns.

Give praise with the rippling speech
Of the eider-duck and her ducklings
As they paddle their way downstream
In the red-gold morning
On Restiguche, their cold river,
Salmon river,
Wilderness river.

Give praise with the whitethroat sparrow.
Far, far from the cities,
Far even from the towns,
With piercing innocence
He sings in the spruce-tree tops,
Always four notes
And four notes only.

Give praise with water,
With storms of rain and thunder
And the small rains that sparkle as they dry,
And the faint floating ocean roar
That fills the seaside villages,
And the clear brooks that travel down the mountains

And with this poem, a leaf on the vast flood,
And with the angels in that other country.

Porter's poem is an ideal poem for poetry therapy in general, as it scores high in the four thematic dimensions. (It is universal, powerful, comprehensive, and positive.) Furthermore, the many individuals in this population could relate to the poem's religious overtones. Poets.org abounds with hundreds of such poems.

In designing poetry therapy exercises for this population, the therapist should keep in mind the physical limitations with which many clients are dealing. Exercises should thus be more discussion-oriented and involve less writing.

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