EDUCATIONAL POETIC THERAPY FOR EMPOWERING SCHIZOPHRENIC PATIENTS

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Abstract
This article presents educational poetic therapy methods / techniques to empower schizophrenic clients. A theoretical psychological and educational basis is given to explain Educational poetic therapy. The causes of schizophrenic clients’ disability to live self dependently in society and to deal with their disabilities are presented. Low self evaluation is discussed as a typical and difficult problem, and is explained how educational poetic therapy can transform personality. Qualitative research is used. Case analysis illustrates the effectiveness of educational poetic therapy.

Keywords: schizophrenic, poetic therapy, empowering, psycho-education

Introduction

The biopsychosocial model of mental illness, developed by S. Engel (1970), offers theoretical ground to examine the social influence on mental health and leads to the supposition that psycho-education is a real way to reduce disability. Contradictory statements of effectiveness of psycho-education (NICE, 2002, Falkai, Wobrock, Lieberman et al., 2006) reveal the problem of the concept of psycho-education. The evolutionary point of view emphasizes the therapeutic techniques integration into psycho-education (Bertrando, 2006) - this concept is more related to educational poetic therapy. Stressful life events have negative effects on subjective wellbeing (Dormann &

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A human being is positive by nature; destructiveness takes place, when basic needs are not satisfied (Maslow, 2006). People can be autonomic and unique without losing relationship with one another. During the educational poetic therapy process the client experiences unconditional love and esteem, a relationship that is based on equality and partnership, a process that is orientated to the highest values. Empirically we have observed that a negative way of thinking is connected with the individual’s system of values; everyone is responsible for his own personal development. Hopelessness, depression and angst are named meta-pathology, this meta-pathology takes place when a man doesn’t try to seek meta-values: truth, kindness and beauty (Maslow, 2006). Individuals learning to understand the psychosocial factors’ impact, and to reevaluate values leads to a better understanding of self-situation and helps deal with personal problems. The necessity to listen to a schizophrenic person’s personal meanings is discussed by Koivisto, Jahnonen, and Vaisanen (2002), and Hayne and Hynes-Berry (2003); before this research we supposed that the deep dialog, focused on the client’s personal meanings, is an important tool to remove schizophrenic the person’s stigma off and to stimulate his better social functioning. According to A. Adler’s theoretical standpoints, we emphasize on the importance of verbal symbols to construct a social relationship; we evaluate a fiction as an inner expression, its dependence on the personal goals’ perception and human relationship; and as a fantasy helpful to deal with the tension between reality and dreams. Empirically we have confirmed a need to verbalize social perception and to stimulate the schizophrenic person’s growth as well as healthy individual personal growth. Man’s unconsciousness is not separated from social context. The individual puts effort to subordinate inner experiences to social interest, so successful therapy has demanded to understand an individual within the social context (Adler, 2009). According to V. Frankl (2006) potential meaning exists in every situation, and the individual is responsible for its realization. Schizophrenic client’s efforts to look for life meanings are supported during educational poetic therapy process.

In Social emancipation learning theory (Freire, 1970) social reality is understood like a living place of man, where the individual, involved in educational action, transforms the world. We adopted P. Freire theory for schizophrenic clients’ educational needs, emphasizing on individual’s
liberation, on the positive personality transformation via critical thinking. The links with M. Buber’s philosophy were noticed and confirmed, Freire’s dichotomies such as oppressor and oppressed were ignored. Educational poetic therapy process is orientated to liberation of individual, and to critical thinking development; relationship between teacher- therapist and learners is based on equal partnership. Schizophrenic patients have difficulties to express inner experiences and in understanding word meaning (Tamura, 1998). We supposed that poor verbal expression is one of poor social contacts, of growing deficit of language skills reasons, and of the tendency of withdrawal of itself.

In M. Buber’s Dialog philosophy three kinds of relationship are mentioned: being, open - hearted communication and involvement. In terms of Buber (2001), the action of speaking is more important than the content of thoughts. In educational poetic therapy process the therapist (educator) involves himself into the mentally ill patients’ life situation, experiences relationship I - You looking for the way to survive, and verbally expresses own inner experiences. The therapist’s language from spiritual depth creates conditions for speaking up, for speaking openly and honestly. It was noticed that it is useful to imagine the Self in the mentally ill person’s situation, and to express experiences in written form, and to work with this text during dialog.

In poetry therapy literature reading and discussion serve as catalysts for the disclosure of personal meanings and help to interact with existential knowledge (Mazza, 1999; Hynes, 1994). According to psychodrama tradition (Schloss, 1976), emotional identification with the literature hero reduces emotional tension and gives possibility to interact with new meanings (knowledge of life). According to the psychoanalytic standpoint (Knox, 2009), new conceiving can be reached by insight: archetypes and relationship act on unconsciousness and have an impact on the insight. Literature is a source of mythological archetypes, and empirically we noticed the benefit of Source, Road, Down, Stream archetypes. By the standpoint of Gestalt psychology learning to express poetically is viewed as a possibility to integrate vision and reality into one view of wholeness – here is a way to confirm personal meanings and identity. Looking for the answer to the questions of how to live and how to survive dealing with problems of mental illness; empirically we noticed the benefit of artistic and scientific cognition. All these forms of cognition promote personal growth, and transform a personality in a positive way. According to E. Tisdell (2003), learning is understood as a process not
separated from spirituality. Story telling and listening to other people's stories help to find new standpoints to life's phenomena - person's abilities to perceive human being problems are developed by discovering new meanings. Learners move to spiritual wholeness this way.

Taking into account all the mentioned theoretical and empirical facts, we developed an eclectic theoretical model to explain the methodical system of poetic therapy.

**Aim of this research**

To analyze the effectiveness of educational poetic therapy theoretically and to confirm it empirically.

**Objectives**

1. To analyze the factors that affect adults' ill with schizophrenia ability to live independently in society.
2. To construct educational poetic therapy's methodical system.
3. To confirm the effectiveness of the methodical system of educational poetic therapy via case analysis.

**Method**

Theoretical scientific literature analysis was used to conceptualize the definition of educational poetic therapy and to develop its theoretical model; to identify the factors able to affect schizophrenic adults' ability to live in society and to promote their learning to deal with their disability; to develop the concept *liberation of the power to speak up*. Different theories were used to explain the theoretical ground of educational poetic therapy for empowering schizophrenic adults - this choice has been made on an opportunity, given by postmodern philosophy, to select different sources of knowledge and to interpret social meanings. This research is based on post structuralism Postulate that social reality is dynamic and created by people, that’s why subjectivity is
allowed. The author of this article is a cognition instrument, and the method of qualitative research is applied.

*Research ethics* has an obligatory requirement of confidentiality and safety in the work with mentally ill people. Research participants were informed about the research, and they gave their agreement to use data of their personal experience and to present qualities of their social communication anonymously in the context of scientific research. Names of participants were changed.

**Methods of data collection, analysis, verification and generalization**

Schizophrenic patients attended poetic therapy groups, and their behavior, mood, verbal communication were analyzed. Data were collected over 10 years; poetic therapy groups’ *phenomenological observation* was made.

*Content analysis, descriptive and hermeneutic - interpretative methods* were used for data generalization. Empirical data were collected during the educational poetic therapy process (action research), data we compared with the scientific literature data and generalized using the *strategy of grounded theory*. The criterions causing schizophrenic patients’ disability to live in society and to deal with their disability were indicated, and the theoretical model of educational poetic therapy was developed. Project’s method was used to verify educational poetic therapy methods/ techniques, to evaluate its benefit for participants.

*Case study* was used to verify the effectiveness of the techniques of educational poetic therapy to empower schizophrenic adults. Data was collected in the Psychiatric Department of the County hospital. Six clients took part in every educational poetic therapy group. Length of the session was 1 hour. There were 2 sessions every week. The majority of clients participated in 4 - 6 sessions, some of them attended sessions for 2 years; 25 persons were observed.

**Results**

We disclosed that unresolved psychological problems have an impact on schizophrenic patient’s behavior and on his / her psychopathological symptoms as well. Using the strategy of grounded theory, seven factors that
cause the schizophrenic patients’ disability to live in society and their difficulties to learn to deal with their disability, were indicated (Table 1 and 2): 1. helplessness / loss of identity, 2. self evaluations disorder / disturbed fault experience, 3. dependence on other people, 4. hopelessness, 5. loss of social skills / disturbed community sense, 6. defective strategy of emotions management, 7. communicational defect in narrative (incomprehensible narrative).

Table 1. Criteria for describing schizophrenic patients’ disability of to live independently in society

<table>
<thead>
<tr>
<th>Quality / criterion</th>
<th>Quote for confirmation</th>
<th>Total number</th>
</tr>
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<tbody>
<tr>
<td>Helplessness</td>
<td>“When I told my story to the psychologist, he started to cry. My life is very hard and nobody is able to help me”. “Healthy people make us not open our mouth”.</td>
<td>15</td>
</tr>
<tr>
<td>Self evaluations disorder</td>
<td>“My youngest brother committed suicide, I feel guilt”, “After divorce I got to know that my sun is ill with cancer. I began to feel a guilt”.</td>
<td>10</td>
</tr>
<tr>
<td>Dependence on other people</td>
<td>“My mom and family often tell me: Don’t tell your ideas. You are sick, but I want them to celebrate Christmas with me”.</td>
<td>10</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>“We have no future. People will have a Christmas, but we will not have them. Our life will end in boarding homes. Such a prospect”.</td>
<td>15</td>
</tr>
<tr>
<td>Loss of social skills</td>
<td>I was told that full recovery is an exception. It was very difficult. I have lost the willingness to talk to someone, somewhere to go. Yes, I am lonely.</td>
<td>14</td>
</tr>
<tr>
<td>Defective strategy of emotions management</td>
<td>But when I find it hard, I want to lock the door and be alone. Without people.</td>
<td>15</td>
</tr>
<tr>
<td>Incomprehensible narrative</td>
<td>I took the awl and stud to the snake’s head. Later a bus arrived and we drove away. Then I came back to apologize to a killed snake</td>
<td>4</td>
</tr>
</tbody>
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Table 2. Criteria’s for describing schizophrenic patients’ disability to live independently theoretical confirmation

<table>
<thead>
<tr>
<th>Quality/ criterion</th>
<th>Theoretical confirmation</th>
</tr>
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<tbody>
<tr>
<td>Helplessness</td>
<td>Is associated with: 1. deviation between the properties which the person assigns to himself and the environmental characteristics attributed to him, Bjorklund, 1999), 2. the lost opportunity to express their feelings (Koivisto et al., 2003), 3. The existing social force in the person; that person is incapable to feel (Haynes, 2003).</td>
</tr>
</tbody>
</table>
Table 2. Criterions’ for describing schizophrenic patients’ disability to live independently

<table>
<thead>
<tr>
<th>Disorder of self evaluation / disturbed fault experience</th>
<th>Mental illness is often a sense of guilt causes a negative experience; survival guilt lowers self-esteem (Alicke, 2000; Davis, Lehman, Silver, Wortman, &amp; Ellard, 1996; Janoff-Bulman, 1979; Quelhas Power, Juhos, &amp; Senos, 2008).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependence on other people</td>
<td>“Dependency is due to mental disorder patient’s family” (Warner, 2003).</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>It is related to un-readiness collision with potential problems (Marsh &amp; Weary, 1994).</td>
</tr>
<tr>
<td>Loss of social skills</td>
<td>It is associated with sensitive, fragile relationships and increase mutual suspicion (Coggins &amp; Fox, 2009).</td>
</tr>
<tr>
<td>Defective strategy of emotions management</td>
<td>A lack of strength to survive painful feelings, makes a person move away from the people, causes negative attitude to the world, (Kilcommons &amp; Morrison, 2005), and the resulting pain is accompanied by a spiritual self-incrimination idea (Hayne, 2003), here is a cause of coldness and indifference.</td>
</tr>
<tr>
<td>Incomprehensible, narrative</td>
<td>It is a typical los of the ability to tell a socially significant story of his life (Holma &amp; Aaltonen, 1998, p. 467), incorrect word meaning perception (Tamura, 1998).</td>
</tr>
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</table>

Generalizing theoretical studies of schizophrenic patients’ existential problems and empiric data (noticed effective techniques helpful for empowering), it is possible to confirm that person’s sense of being is connected to his / her body senses, so it is necessary to stimulate body senses as well as the individual’s sense of own identity, as well as individual’s own action; new information perception needs visual form; negative emotions need expression, negative thinking could be transformed via interaction with new meanings (knowledge).

Methods / techniques of educational poetic therapy

Theoretical ground - meeting of different theories: A. Adler individual psychology, J. Moreno psychodrama, psychoanalysis, Humanistic and existential psychology (Rogers, Maslow, Frankl) and transformative learning theories (Freire social emancipation theory, Tisdell cultural - spiritual theory). In educational poetic therapy we had these practical goals: 1. to develop abilities to understand personal experience; 2. to understand the cause of past events and its influence on nowadays life; 3. to teach the understanding of what things block abilities to communicate, 4. to teach to understand the strongest
parts of the Self. 5. to strengthen the belief in Self-confidence, and to develop a personal responsibility, and a power to manage personal life.

In the therapeutic process literature serves as a catalyst and is used to awake emotions and reminiscences. The therapist helps to reflect and develops therapeutic dialog: the patient’s personal meanings are disclosed, existential problems are revealed, and critical thinking is developed. Dialog helps to tell own story and to move from one life story to new life story (see fig. 1).

Figure 1. Empowering through reflection, dialog and story telling

Involvement in the educational poetic therapy process includes concrete steps: awakening, becoming open (opening), sensing and feeling, speaking up, sharing personal story, naming of existential problems, critical reflection, interaction with new knowledge, new point of view, new understanding.

The quality of reflection and dialog were developed through different techniques. Bibliotherapeutic dialog means, that we use the literature to strengthen feelings and reminiscences and for disclosing participant’s personal meanings. Repeating of the last word or words is a helpful technique to save dialog when the person has difficulties in verbal expression. The main point is to get the person’s response; it is possible to combine reading and writing exercises for this purpose. We can ask the person to find one word in the poem, which acts on him more than other words; ask the person to use this word in a sentence; ask her to use this word for acrostic’s exercise; ask her to use new
words from acrostic in new sentences. Do the person’s sentences send a message about negative experience, lost dreams, lost future? The schizophrenic person is the best expert of their personal life. It is necessary to try to hear him. Authentic and poetic speech heals. In poetic language everything is concrete. We ask our patient to talk about concrete experience in concrete a place; we ask him to pay attention to senses. Our elementary senses (seeing, hearing, smelling, tasting, touching) give information, and we use this information in a figurative language.

Emphatic writing technique is suggested as a way of giving emotional support, confirming positive goals, hopeful visions, improving self esteem, and telling holistic resume after deep dialog. If the patient’s speech is poor, the therapist writes a blog (authentic miniature) imaging himself (herself) in the role of the schizophrenic patient. The Therapist uses the patient’s words to transmit the information. Reading this miniature the patient gets a chance to recognize a new possible image of the Self, and this discovery gives power to get out off the cocoon.

“Verbal Picture Creation”, questions about senses and concrete details help move from the abstract word to the view of the concrete moment). This technique helps to escape from a hyper rational discussion where ideas are separated from feelings. Reminiscence of the positive life period (expressed in
vivid language) is experienced again and transforms the negative understanding of the past period of life, and has positive influence on self evaluation.

The technique “Environment Observation” is recommended as an intervention, when the rise of anxiety or angst is noticed, and for getting the group ready for poetical improvisation. The participant is asked to tell what is in front of him, here and now, what is above and beneath.

Poetic improvisation is a useful way of positive interaction when the participants’ anxiety is very high after the poem’s reading, when patients have a fear of experiencing feelings and feel themselves as victims, when patients have a lack of motivation and energy to have a dialog after reading. Poetic improvisation is presented as a way to involve the group into one creative action, and as a way to interact with hopelessness. Simple symbols such as tree, road, bird; sky has a power to connect vital nature and human being into one experience, and often these symbols are used during poetic improvisation.

Directions for poetic improvisations:

1. Ask patient to imagine a tree: the roots symbolize history. How do the roots look like? What did the patient suffer? Confirm patient’s power to survive. Use patient’s words. Describe, how does the tree look like? Talk about the weather and about the growth of the tree, repeat the details of the patients lives, how does the top of tree looks like? Top symbolizes future: repeat patients’ words about future, use your words, and confirm positive future vision.

2. Imagine the road (From which place did you come: from the sea, or from the mountains, ask patients about their road of life. What’s left in the past? Repeat the patients’ words about the past period of their life. How does your road look now? Repeat the patients’ words about their life in the present... Describe where you are headed now. Talk about the view of nature, repeat more positive of the patients’ words about their life. Again, describe where you are headed now. The main thing is to confirm that we go to the light (dawn, sunny day) or to the top of mountain.

Techniques of physical movement (kinesthetic) are integrated into the methodology of educational poetic therapy and are suggested when patients’ emotions, thoughts and physical movement are inhibited, when perception of the self is very weak, when patients aren’t able enough to understand simple metaphors. We move around and imagine that life goes around, freely moving
in the room we imagine that we go from our childhood through the adolescent’s years to adulthood.

Techniques of art therapy are integrated into the methodology of educational poetic therapy and are recommended when the patient focuses his attention on one problem and speaks about the same problem in different situations and doesn’t have a clear understanding of reality. It is suggested to make a balance and put bad things on one plate and good things on the other; to draw shapes of the human body and to write into these shapes what depends on patient and next to them what depends on other factors. These techniques lead to new a understanding, give positive emotions, stimulate critical reflection. It is suggested to draw a dark cloud and write into this shape what the patient wants to escape from, to ask the patient to look around and tell: what is concrete in the here and now, and to put these words on the paper.

Techniques of collaborative writing were used for rituals and for stimulation of community feelings.

**Case study**

A 34 years old woman suffering from paranoid schizophrenia from the age of 25. The patient graduated from medical school, worked as a nurse and had a loving relationship with a partner who later died in car accident. She had 3 suicide attempts with medication.

In the poetry therapy group a Lithuanian poem was read about the Spring season and schoolchildren in the classroom. She ignored the discussion, after reading the poem she was angry, a said that she didn’t hear the poem. She carefully made an examination of the floor and didn’t pay attention to the group process. The therapist explained that the poem can cause painful reminiscences and unintelligible behavior. Later the patients were asked to look around and say what elements attract their attention. She said: “the Cross” and began to speak very loudly about the meaninglessness of life. Other people disclosed problems of low self esteem and stigmatization. Poetic improvisations were made. All the patients’ words were used. She promised to come next time if we could escape the topic of childhood. The therapist worked with her individually. She used the word CROSS for acrostic writing. She wrote words for the acrostic, later sentences with words. This material helped the therapist keep the therapeutic dialog. She got a chance to tell about the car accident, her
partner’s death, and the relationship with father, to talk about hopelessness, to confess that she is different, and her life hasn’t any meaning. When the therapist asked about her childhood she didn’t speak. After 5 minutes of silence she told that she has experienced violence, when she played with other children. She was asked to tell about the day of the violence, to remember or imagine the weather and the season of the year, and also the smell. She spoke hard, was angry to hear these questions. Later the therapist wrote a bog imagining herself in her role. Of course self evaluation was more positive in the bog, written by therapist. She smiled and told that she has forgotten her disease and would like to stay in the room a full day.

Next week in educational poetic therapy group a poem about the way to the top of the mountain was read. The poet described climbing hill as a human life, as moving to the light and wisdom. She was active in the discussion. “Why does the poet invite us to climb up? - she asked and later said that - death awaits everyone”. The group members were looking for life meanings which were discussed. Later she wrote acrostic: “Death”. By dialoging with her therapist information was obtained about her suffering from her sister’s crying child, about her thoughts about the old dog. She told that now it is time to kill the dog, because dog is old, the dog’s life is without meaning such as hers. The therapist clarified the real situation. She talked about a big emotional tension and about a favorite ritual: she liked to immerse the sponge into the water and then squeeze out the water and listen to sponge’s weak sound. The therapist wrote an emphatic text: a parallelism between the sponge and her life was uncovered: the role of victim. The therapist revealed her strong wish to be heard and to be known in society.

**Empathic writing: The Sponge**

_I feel myself as a sponge, life makes me drown deeper and deeper. In one hour I am overwhelmed by despair. My fingers are pressing the sponge as life presses me. The sponge’s cry is barely heard. Such is the invocation of my soul. I want people to hear me, so they know how deep my suffering is. I suffer and testify endurance. I ask you to listen to the cry of my soul, to the barely audible voice, and this experience will facilitate your troubles._

She grasped the text and said that therapist’s writing helps her survive. Lolita’s ritual with the sponge was irrational behavior, the text helped her to bring her feelings to consciousness and to discover (to establish) a relationship
with it. The technique “Emphatic writing”, based on personal meanings of the patient, created preconditions for emotional identification with the hero of the text and for the perception of the hero as the other self; and for the transformation from the victim’s role into the role of the self-dependent person.

In the beginning of the educational poetic therapy program 4 criterions of disability have been established: hopelessness, low self evaluation, loneliness, alexithymia (table 3).

Table 3. Signs of the disability

<table>
<thead>
<tr>
<th>Criterion of disability</th>
<th>Manifestation of the phenomenon</th>
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<tbody>
<tr>
<td></td>
<td>emotional</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>Her voice was weak: “I really want to die”. She said that she has nothing bright in her life, unhappiness follows unhappiness...</td>
</tr>
<tr>
<td>Low Self evaluation,</td>
<td>I said, God has forgotten me</td>
</tr>
<tr>
<td>Loneliness</td>
<td>„I was different. Children avoided me”.</td>
</tr>
<tr>
<td>Alexithymia</td>
<td>“Do you want very much to be heard”? - asked the therapist. She affirmed in a weak voice.</td>
</tr>
</tbody>
</table>
Hopelessness was tied to negative emotions and to a narrow spectrum of emotions; to lack of social contacts, and to the negative perspective of the future, to the role of victim and lost self esteem. The educator’s empathy and knowledge offered for as an explanation for her personal experiences and social relations were obligatory for saving the dialog.

Traumatic experience blocks the ability to experience beauty of poems, so it was necessary to liberate the person from painful feelings. Techniques such as “Acrostic writing” and “Bibliotherapeutic dialog” served for personal meanings’ disclosure and offered material for critical reflection. Discussions, observation about the environment, poetic improvisation were good tools for speaking about painful things and for anxiety management, and also for speaking about suffering. The technique “Environment Observation” was useful for the management of negative emotions.

The schizophrenic person connects to the word with different meanings compared to healthy individuals. Some meanings are marginal, not understandable for other people of the same culture. Metaphor is very important for the dialog, because it has many meanings and builds a bridge between different experiences. Lolita was very active in sharing her beliefs; often it wasn’t possible to correct behavior, but poetic improvisation attracted her attention, reduced tension, and helped her maintain contact with the therapist. “Poetic improvisation” creates a precondition for the deep dialog and emotional relationship.

A poem was read about an endless journey. This journey raised thoughts about life, and everybody was able to understand this parallelism. Group members were asked to walk in the room and to think about their journey from early childhood to the present day. Later the therapist gave an artificial paper rose to one patient and asked him to give it to one of his colleagues. This artificial paper rose went from hand to hand. When Lolita got the paper rose, she trembled all over: “I got a flower”. After suffering humiliation she finally experienced esteem in a relationship with another (equality). While the group discussed emotions she confessed silently that now she feels joy.

In this case the schizophrenic patient’s empowering is presented as founded power to disclose emotions, as an active position and motivation for learning, as liberation and understanding of choices (table 4).
Table 4. Signs of empowering

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Manifestation of criterion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disclosure of emotions</td>
<td>Became more open, shares her inner experiences</td>
</tr>
<tr>
<td>Active position</td>
<td>Asks to get literature texts helpful for her. Before sleep time, when anxiety grows, she</td>
</tr>
<tr>
<td></td>
<td>remembers the content of discussions from the poetic therapy group and discovers hope</td>
</tr>
<tr>
<td>Motivation for learning</td>
<td>She is very engaged in poetic therapy, because “here I find hope”</td>
</tr>
<tr>
<td>Liberation</td>
<td>Her parents and sisters have noticed that Lolita became calmer, interacts better and speaks more</td>
</tr>
<tr>
<td>Perception of options</td>
<td>“Could you read again a poem with the end: to believe, believe, believe? I want to hear this poem at night when anxiety controls me”</td>
</tr>
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</table>

Conclusions

The criterions for describing the schizophrenic patient’s disability to live self-dependently in society and to deal with personal problems were indicated by phenomenological observations and theoretical research: 1. helplessness / loss of identity, 2. self evaluation’s disorder /disturbed fault experience, 3. Dependence on other people, 4. hopelessness, 5. loss of social skills / disturbed community sense, 6. defective strategy of emotions’ management, 7. communicational defect in narrative (incomprehensible narrative). Low self-evaluation criterion is inseparable from the other criteria. Suppression of emotions and its ignorance, lack of knowledge of feelings, and not knowing how to deal with negative emotions direct the individual’s thinking in a negative direction, this leads to low self esteem and low self evaluation, to shrink into oneself (withdrawal) in cases of schizophrenia, resulting in a large emotional tension, loss of verbal communication skills, and the disturbance in the understanding of words and dissociation of psychic phenomena. The individual is learning to express and identify emotions, and also to deal with negative experiences by critical thinking. Thus, he is able to maintain self esteem, and to strengthen self evaluation. This is then a possible way to protect mental processes from dissociation.

Created educational poetic therapy method is a tool for awakening and liberating repressed feelings, for managing negative emotions and anxiety, for involving oneself into dialog of transformative learning. Using it, emotional, cognitive and social development is optimized, social behavior is reconstructed;
this method is a way of empowering schizophrenic adults to live independently in society and to improve mental health.

When acrostic and other techniques are used, the individual who has lost his verbal communication skills becomes more spontaneous; the patient’s personal meanings are revealed and this leads to making up a profound dialog, and to the disclosure of inner experiences. The dialog liberates the individual out of his own shell, self evaluation increases, and perception of word meanings is corrected - this method creates preconditions for cognitive, emotional and social communicational development.

Mentally ill individual’s inner experiences, expressed in disconnected poor language, are transferred into the person’s narrative, and the person becomes more able to feel the value of the self and to perceive life in a more comprehensive way. The technique of emphatic writing serves this purpose. By reading a text and recognizing one’s own experience the individual identifies himself with the hero of the narrative which leads to positive changes of self perception and self evaluation.

The patient’s words express personally important meanings and are used during the therapeutic poetic improvisation. At the moment of identification with the hero of the poetic improvisation the patient finds a new more positive view of the world. This view is perceptible as a more positive experience and as a more bright future perspective. A recurrence of these experiences in a continued educational poetic therapy process transfers the patient’s “I” out of the context of disability into the context of empowering.

The technique metaphor’s clarification allows for the incomprehensible to become comprehensible. After transferring it into the schizophrenic patient’s life story a major improvement is noticed in self evaluation and this recurrent experience allows a shift from negative emotions to more positive ones and to positive changes in social communication.

The schizophrenic person’s speaking up and acquired ability to tell own life story transforms the experience from low self evaluation to the strong feeling of community, belief in the self and responsibility - that is the result of empowering.

References


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