

Learning From and With Humility

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Abstract: Being vulnerable enough in supervision to admit our mistakes is the theme of this brief article. When I was a trainee in poetry therapy, I learned how to use empathy and to consider potential consequences of my interventions. By examining an incident of an unintended consequence, I hope to share with other educators, supervisors, field instructors, and practitioners the importance of humbly sharing one's mistakes in supervision.

Keywords: supervision, poetry therapy, self-awareness, humility

Practitioner, field educator, supervisor, and faculty member: I have now worn each of these hats and have found that one thread runs through each: humility in admitting when I don't know something or have made a mistake. It's a platitude to say that "we learn from our mistakes," but trial and error is how we develop as reflective practitioners. I have found that sharing my errors with supervisors, mentors, colleagues, and students has made a profound difference in becoming a more open and present social work professional, supervisor, and educator.

I first learned about poetry therapy while I was working toward an MFA in Poetry at Columbia University. I often hung out in bookstores, reading and writing. One day I came upon a book title that intrigued me: *Poetry as Healer: Mending the Troubled Mind*, edited by Dr. Jack J. Leedy (1985). I had been writing poems since I was eight years old, and was interested in how they helped me cope with my feelings. I had taken some introductory psychology courses as an undergraduate. The title alone gave me an "aha" moment: I had found my 'tribe.' I bought and read the book and wrote the publisher, asking if I could write to the editor, Dr. Leedy. I was given his phone number on Long Island and called him. He spoke with me at length about poetry therapy and invited me to attend the next annual conference of what was then called the National Association for Poetry Therapy (NAPT). Thus began my immersion in poetry therapy, and where I met the woman, Dr. Deborah Eve Grayson, who became my poetry therapy Mentor/Supervisor.

Training to become a poetry therapist follows most of the same protocols as becoming other types of creative arts therapists (dance, art, music, drama). One reads didactic materials; attends workshops and conferences; attends and takes turns leading a peer consultation group; and practices under supervision.

For poetry therapy, Mentor/Supervisors are accredited by the International Federation of Biblio/Poetry Therapy (www.ifbpt.org) or by the International Academy of Poetry Therapy (www.IApoetry.org).

Two of the primary differences in poetry therapy, as compared to the other creative arts therapies, are that we are required to read a large amount of poetry, and that we have to consider the literacy level of the populations we serve. While we do not have to be poets ourselves, many poetry therapists are creative writers; we all become close readers of poetry. Under supervision, trainees learn how to select poems, song lyrics, or other literary works for use with clients.

Empathy in Training

Similar to other mental health professionals, clinical poetry therapists have to consider the consequences of our interventions, and the use of empathy in developing rapport and a therapeutic alliance. Our ability to enter into the mindset and emotional climate of another is used empathically to choose poems that relate to issues clients may be dealing with, and to create writing prompts for clients' further emotional expression during or between sessions.

Much as Method actors use memory and body-sense to recreate emotion in a scene, we learn to use our experiences, memories, and body (proprioceptive) awareness in order to bring ourselves to the lyrics, poems, and prose we use with clients. We consider the poem as a whole, its lines and phrases, even individual words, and use our empathy and imagination to consider how it might be perceived by our clients. Dr. Leedy (1985), who was an early developer and theorist of poetry therapy, used the term 'isoprinciple' to indicate a kernel of meaning within a piece of literature that might be linked emotionally or through association to the client's perception of its meaning (p. 82).

Stainbrook (1978, as cited in Lerner) described the poetry therapist as a meaning-maker who extends that role to the therapy client: "Reading or listening to poetry either by oneself or in the special social context of psychotherapy is influenced, of course, by the general cultural assumptions about the meaning of poetry and by an individual's attitudes and characteristic reaction to poems" (p. 7). As trainees learning to select poems for use in poetry therapy, we may journal about the poem, think about the associations we have to certain words or images, and discuss them with our peers or supervisors.

Accepting Mistakes

Unfortunately, many social workers and other mental health professionals are loathe to admit mistakes to supervisors or field instructors (Abernathy & Cook, 2011; Borders, 2009; Mehr, Ladany, & Caskie, 2010). Becoming a clinician takes time, but we often find it humiliating that we haven't achieved the immediate skills yet. We want to be an automatic expert. We are enthusiastic and think we've mastered something new before we really have.

Many trainees and students have difficulty accepting fallibility. We first have to admit to ourselves that we made an error. Perfectionism is not an option! Our treatment decisions may be influenced by countertransference; an intervention may not work out the way we planned; our client relapsed; we met what we perceived as 'resistance' with our own anger and frustration (Borders, 2009).

Training to be a mental health professional is rife with instances where we make mistakes. Admitting our errors is difficult for many students and supervisees. I feel it is important to teach my students that supervision is the place where we learn from our mistakes. Through use of self and honest sharing of my own mistakes, I hope to teach my students and trainees to develop authentic self-awareness.

Opening ourselves up to a supervisor, then, and being ruthlessly honest with her means we have to enter into the role of one who does not know. Supervision should be a place where we can admit our errors and request help in improving our skills (Mehr, Ladany, & Caskie, 2010). This submission to someone more experienced than ourselves does

require a certain amount of humility. While sharing the same etymological root, there is a wide difference between humiliation and humility. To me, the former implies an internal feeling of not being good enough or shamed by others, while the latter indicates a sense of having more to learn. As mental health professionals, we all have more to learn about our clients and ourselves.

Poetry Therapy Training in a Free Cancer Program

During my supervised training in clinical poetry therapy, I volunteered at Gilda's Club, a supportive, comprehensive cancer wellness agency named for comedian Gilda Radner, who died of ovarian cancer. This nonprofit provides free programs, activities, and groups for people with cancer, their families and significant others in various U.S. states. Gilda's Club clients may be newly diagnosed, in the midst of treatment, or in remission. Significant others may have lost someone to cancer, while others are in current relationships with partners, spouses, siblings, parents, children, grandchildren, friends, or colleagues; all these significant others are welcome to participate.

I was the first person to provide poetry and journal therapy at Gilda's Clubs, first in New York City and then in Fort Lauderdale. One of the most enjoyable poetry therapy activities I led was a Woodstock themed party that included journaling, musicians, and dressing in 60s outfits. I had selected song lyrics and writing prompts related to that event and its music. It turned out that two of the women-both cancer survivors-discovered that they had both attended that phenomenal event. They shared how Woodstock had been a turning point in their lives, and connected it to how cancer had now become another turning point in their lives.

Because services are free, one never knows who or how many people might attend any activities other than weekly, scheduled cancer support groups (for people living with cancer or for their significant others). I never knew who would show up for a poetry therapy session, or how many might attend. It might be people with cancer, a family, or a mix of the two. I always came prepared with a fully packed "toolbox" of poems and writing prompts. Thus, I tried to select literature and writing exercises that could be used by a variety of people. I wanted to keep an open mind, in order to be flexible and present.

An Unintended Consequence

I derived pleasure from providing expressive writing activities at Gilda's Club as I trained in poetry therapy as a specialization. I anticipated having meaningful, useful, group sessions each and every time. That is not always what happened, however. One experience in particular taught me the true meanings of empathy and humility.

On this particular afternoon, I had been thinking about the theme of life after cancer, during remission. What are the emotions one might have knowing one is in remission? Thankfully, I have never had cancer, but it has touched my life as it has countless others. I considered how life had been for my maternal grandmother before she succumbed to lung cancer. During her remission, I observed her perseverance doing exercises: moving the arm that had withstood lymph node excisions up and down a wall, or her hand clutching and releasing a rubber ball.

One of the poems I had selected for Gilda's Club was "Transplanting," by Theodore Roethke (1948/1975, p. 40). In this short, lyrical poem, the poet describes a plant which has overgrown its pot and requires removal and replacement into a larger one in which it would extend its reach and ultimately flourish. After rereading the poem and using the 'isoprinciple' concept, I identified the theme of a journey which ends with blooming and growing. I then tried to imagine how someone dealing with cancer might react to it. To do this, I remembered what my own family and I had experienced losing members to cancer, how the person with cancer had rallied and struggled to live, and how the surviving family members picked themselves up and moved on with their lives at their own paces. In my naiveté, I perceived that this would in fact be a good poem for the Gilda's Club toolbox.

When I arrived at the program one afternoon, only one woman came to my scheduled poetry therapy group. We introduced ourselves. I will call her Carly. I welcomed her and explained that poetry therapy is the intentional use of literature for healing purposes, and that I'd be asking her to read and respond to a few poems, and if she wanted to, to write in response to what she read. We waited to see if anyone else would join us but no one did.

Carly said she had breast cancer. Although weakened by her first rounds of chemotherapy and radiation, she stated she wanted to express herself. When it appeared we were alone, I handed Carly a copy of the Roethke poem and asked her to read it aloud. What I had planned as a group session had become an individual one. Poetry gets to the core quite immediately when used therapeutically. Without the synthesis of a group for peer support and processing, images and feelings are undiluted and much more intense, direct, and personalized for an individual client.

Carly recited the poem with some difficulty due to its phrases punctuated by many commas. She then became enraged at me. "Why are you making me read this?" she yelled and rose to leave.

I was puzzled: What was she so upset about? I'd read this poem over and over again before putting it in my backpack for use this day. I believed it aligned with my intentions and my own interpretation of the poem's themes. So why was she so angry-at the poem, and at me?

As Carly gathered her belongings and headed for the door, I reread the poem. I stopped her and asked if we could talk about her reaction. She shook her head but sat down again, clutching her bag and jacket in her lap as departure was imminent. "Carly, I'm so sorry if this poem upset you. It certainly wasn't my intention..."

She interrupted me angrily. "Don't you get it?"

I replied, "I meant this poem to talk about moving on with life after cancer, to see how life can get bigger and stronger after..."

"Don't you think it might mean something different to someone dealing with cancer?"

I asked her to show me which words were so upsetting. Carly pointed out several phrases: "single twist of the thumbs," "third thump," "long days under the sloped glass," "young horns," "Creaking their thin spines," and "the smallest buds/Breaking into nakedness,/The blossoms extending/Out."

Oh dear. The poem had reminded her of her diagnosis, biopsy, mastectomy, chemotherapy, radiation, and her current fear of the cancer coming

back and spreading (the final line: “Stretching and reaching”). What she had taken from the poem, the theme she had identified, the meaning she had made of it, was cancer.

In all my thinking about “Transplanting,” negative connotations had never crossed my mind. Where I saw health and healing, alignment with nature, and positive growth, this cancer patient saw her first tumor, its excision, diagnosis, treatment, and death. She was not a survivor, not yet. I felt I had made an empathetic failure. I had failed her. I felt awful and began to apologize.

“Just don’t use that poem again with anyone else with cancer, ok?” she made me promise. I agreed and she left. I returned the unused copies of poems and writing prompts into my backpack and hurried to a private office to call my poetry therapy Mentor/Supervisor. I was anguished: I had no right to think I could ever become a poetry therapist. Just because I’m a poet and a clinical social worker doesn’t mean I can marry the two successfully. In trying to help, I had caused more harm to Carly. What was I thinking? How could I have made such a horrible mistake?

A Teachable Moment

When I reached my poetry therapy supervisor, Deborah, on the phone, she quietly asked me to stop and take a breath. Then she asked me if I thought I was allowed to make a mistake. Did anyone get hurt? I said I thought I’d hurt the client’s feelings, how angry she was. I told her how stupid I felt for misperceiving how a cancer patient might respond to the Roethke poem. I said maybe I should quit the poetry therapy training.

Deborah reminded me that mistakes are how we learn and that it is just as important not to beat yourself up for being human. We reviewed my process of poetry selection for that specific client population. She explained that reaching for associations was always a tricky set of mental acrobatics: projecting one’s thoughts and feelings onto an unknown client. We are often too close to our intentions for a session so that we can lose sight of alternate perceptions or associations. Being prepared requires not doing things perfectly. We need to be able to extract the best possible outcome from however clients respond to what we provided.

We have to be prepared to be surprised, which requires humility.

We talked about how to handle a client’s anger and how to take care of ourselves so we can meet clients where they are at, instead of pushing our agenda. We discussed how I might use the Roethke poem for other client populations. I swore I’d never use it again with anyone, ever. I felt burned by it.

Through supervision I was able to step outside myself and evaluate what had happened more objectively, without self-blaming or feeling humiliated. I had had good intentions and tried to implement the isoprinciple but it blew up in my face. Carly was where she was. But I couldn’t see that until discussing it with my supervisor. There is a lot of humility in being human, my supervisor said.

I had had lofty ideals that one poem could make a difference. We think that by giving clients a poem it would change their lives. Instead, they might chew it up and spit it out. Changing perspective by talking out loud with a supervisor helps trainees analyze intentions and redirect efforts in gaining new skills.

Summary

When I train people interested in poetry therapy, I always tell the above story. I believe it is intrinsic to becoming a reflective practitioner and empathic human being to admit when we’ve misjudged, misinterpreted, or made an error. While empathy is an important part of developing a therapeutic alliance with clients, having humility about one’s fallibility is equally important. As mentors, supervisors, field instructors, educators, and practitioners, we have to be humble about the limitations of our minds in trying to know what a client might be thinking or feeling in every given moment.

While it is advisable to predict to some extent how a client might react to an intervention, we have to remember that there is always a level of projection involved in developing empathy. So it is important not to berate ourselves or feel humiliated when an intervention backfires. Supervision provides the opportunity to learn more about ourselves and the space in which we can humbly admit when we have made an error. My mistakes have kept me humble and open to new learning.

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