

Perspective Article

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From Borrowed Language to the Emergence of Self in Psychotherapy: Poetry, Play and the Arts

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This clinical reflection explores the significance of poetry, popular music and art in psychotherapy. Drawing on psychoanalytic ideas including symbolism, containment, It is also suggested that psychotherapy can provide a transitional space. The discussion considers how creative expression can allow challenging emotional experiences to be steadily processed and articulated. Adaptations to restrictive roles and wider circumstances can present as pathology and resist orthodox approaches to treatment. A young woman, Karen presented with marked anxiety, low mood, dependency and increased isolation in family relationships. Popular music and poetic lyrics provided a way to recognise emotions, develop her identity, and recognise some areas of emotional difficulty. Creative projects should not be considered peripheral or recreational but psychological work, emotionally integrative, encouraging gradual change. Relational safety, and play can allow insights to emerge unhurriedly. Necessary challenges to unsatisfactory life circumstances can be considered ethically and in safety.

(All names and circumstances are disguised)

‘I’m out with lanterns, looking for myself’

(Emily Dickinson, 1885/6)

Keywords: Psychotherapy, Poetry, Art, Containment, Identity, Borrowed language.

Key Points:**1. Creativity can permit psychological communication before direct speech is possible**

Karen was not able to articulate her needs openly, particularly in the presence of her mother. Popular song lyrics offered a safer language permitting unconscious themes, desires and relational patterns to emerge.

2. Poetry, narrative and the arts, in whatever form, can be psychologically integrative, and provide psychological containment in structured settings.

The arts can help bridge unconscious experiences with conscious understanding. Through symbolism they permit identity formation and illuminate possibilities for change.

3. Therapeutic changes often occur gradually and relationally.

Karen’s development was not dramatic, and not through insight alone but entailed subtle and gradual shifts. Attending consultations independent of her mother, tolerating her initial anxiety and discomfort, and beginning to recognise her own reflective abilities - all contributed. Autonomy and an emerging self-identity were incremental.

1. Introduction

The quote that prefaces this brief account was written in a letter to friends by American author, Emily Dickinson. She later commented that it referred to her unfamiliarity with surroundings - following

her move to a new home. However, it is widely considered to have deeper and creative resonance - her search for safety, meaning, self-discovery, and identity. Creativity has a role to play in making sense of psychological experiences. The work of artists and poets often offer compelling insights. In many instances, writing is

not considered a complete account of their lives. Poems capture only glimpses - attempts to illuminate experiences that seem inaccessible or unsafe to the writer.

2. A Poet's Life and Creative Emergence

Anne Sexton was a comparable poet with a similar outlook to Emily Dickinson. Both poets used symbolic expression to negotiate identities. Although their work differs in style, both reflect struggles with psychological and relational confinement. Sexton's poetry was often described as 'confessional' as much of her work was considered intimate and autobiographical. Although, she commented that she was unable to select any as accurately reflecting her experiences. Each of her poems offered only threads and fragments of her life, relationships, and struggles.

For Anne Sexton, poetry provided a private language, and so a way to begin to understand feelings and emotions that lay outside conscious awareness and beyond words. They were intimately linked with her childhood and later adult experiences.

3. Imposed identity and mediated transference

Psychoanalysis would view these events as familiar. Relationship patterns from developmental years can re-emerge in adult relationships and particularly while undertaking psychotherapy. Anne Sexton's relationship with her therapist has been understood and documented in terms of mediated transference. In psychoanalytic terms, nuances of earlier relationships are experienced in psychotherapy, sometimes through creative work. Her therapeutic relationship seemingly influenced Anne Sexton's desire to write poetry. From a psychoanalytic perspective, symbolic expression may have emerged for the poet before verbalisation became possible. Her poems were not only expressive, but psychological work, allowing her to tolerate internal states of mind. Her poetry bridged unconscious processes with conscious understanding.

This is significant for all mental health professionals. Creative forms of treatment - poetry, narrative, and visual arts are not adjuncts, distraction, or recreational but critical to psychological health and integration. They require the same thought and planning as more orthodox approaches to treatment. However, clinical settings shaped by protocols, healthcare metrics, and time constraints may not view creative work as of equal importance.

The value of poetry or arts more generally is not confined to literature. Clinical encounters may witness similar struggles with identity, particularly where emotional experiences and expressions of self seem inaccessible, insufficiently developed or perilous to openly articulate.

Psychological services often prioritise symptom reduction and measurable outcomes. For many however, the concern may be to develop a self beyond imposed identities, roles and obligations.

Creativity may not provide definitions but illuminate possibilities for different ways to live and develop.

4. Creative Child Development and Adult Wellness

My early experiences of therapeutic play emerged while working in child development. Many children presented for assessment with developmental delays and emotional deprivation. All were from socially disadvantaged families. Each demonstrated significant gains in social relating and interpersonal learning once

introduced to structured play. At various times their parents were encouraged to take part in play activities and revealed limited experiences of play during their own childhood and young adulthood development. Observing the parents' difficulties shaped my understanding regarding the importance of creative activities and symbolic comprehension to establishing healthy relationships. Play was not a peripheral event but essential to communication, identity formation and relating to others in imaginative ways.³

5. Poetry and Play in Psychotherapy: Karen - and others

Karen (not her real name) was 22yrs old at the time of our meeting. She was referred to the psychotherapy service by her family doctor, describing her as low in mood and showing marked anxiety, making work and social events challenging. PhQ9 and GAD7 psychological scores confirmed her difficulties.

She arrived for her initial consultation accompanied by her mother, who explained that Karen would not give an accurate account of her circumstances because of her anxiety, and she would be available to answer questions or clarify Karen's accounts of events contributing to her discomfort.

Our initial discussion was concerned with allowing Karen to settle in order to obtain the necessary information required to accurately assess her circumstances. However, Karen would either defer to her mother in response to questions or her mother would answer. I explained the process of psychotherapy to both and asked if each thought it possible for Karen to attend the consultation alone. I suggested that Karen's mother might initially accompany her daughter to the clinic and remain available in the reception area, should her help be required. After some thought and discussion between Karen and her mother both tentatively agreed to my suggestion.

The following week, Karen's mother accompanied her daughter into the consulting room and, as was previously agreed, returned to the seating area. Karen explained that she felt uneasy about what might be expected from her and, 'not knowing what to say'. She may not meet up to my expectations. However, we conducted the beginnings of her assessment, including family circumstances.

During our assessment, I asked Karen about her interests. She replied they were few. Working in accounts for a local business, she would drive to work and return home - staying in her room or carrying out family chores. Karen revealed also that she had an on-and-off romantic relationship but it was constrained by her anxiety and low-mood. Hobbies and recreational activities were few but Karen did, she explained, like popular music. She would listen to songs while driving and this was the only time she felt at ease with herself. This seemed, from her accounts, as Karen's only safe and secure place in which to be herself.¹ I asked if there were any particular songs and if she gave attention to the melodies or lyrics. She replied both - while the melodies soothed her, the lyrics held meanings. I invited Karen to bring in some favourites - in whatever format that appealed to her.

In the weeks that followed, Karen arrived at our consultations unaccompanied. Her mother agreed, with this arrangement, provided Karen would share aspects of her conversations with her following each consultation. Karen also brought lyric sheets from her favourite songs and together we would read them aloud in turn - permitting Karen to pause and recognise patterns.

On various occasions, Karen would present lyrics to different songs. This gave an opportunity to mix the verses - again allowing

motifs of self-communications to emerge. Karen began to change. She showed more vigour and gave more attention to her appearance. Each week she presented with creative work but now her own. Popular songs may have offered an emotional vocabulary to Karen, she borrowed before developing an internal dialogue for herself. Karen started to write poetry and compose illustrations reflecting her life and a future she imagined for herself becoming more alive in our work together. Karen also made improvements in her romantic relationship - sharing thoughts and feelings about a future with her partner.

There were challenges nonetheless, in the form of her mother, and other family members, accommodating Karen's increased independence and individuation in ways they had not initially envisaged. Karen's role as the one who needs to be cared for changed and brought about ripples throughout her family system. Established roles within the family were challenged by Karen's increasing self-reliance.

6. Art and Creativity as Wellness

Our final consultation brought a surprise. A vibrant, neck-scarfed young woman came into the consulting room with a gift for me. Karen had painted a self-portrait - full of colour, smiles, and optimism. She was exploring potentials to enroll in local art classes, looking ahead to a possible university course.

7. Developmental Psychology, Psychotherapy and the Role of Mediated Transference

Psychological assessment tools are important to identifying distress. Nonetheless, while they can identify suffering they cannot explain their meaning or identify individual experiences alongside the complexity of relationships. Symptoms may, in some circumstances, represent adaptive responses to emotionally or relationally restricted life circumstances. There is a risk that services will, unintentionally, verify for some young people that problems reside within themselves and not with the circumstances that define their lives. The sense of 'no way out' can become consolidated and further discomfiting. Karen appeared caught between an imposed family identity, as fragile and dependent and her desire to develop a more emerging self as a young person. She felt trapped in an identity that was constructed and maintained within the family system.

Karen's mother initially spoke for her, organising her experience of psychotherapy around family expectations and occupying a space that Karen was not able to view as her own. What was invisible within psychometric assessment became alive in psychotherapy - Karen's restricted figurative life. Psychotherapy provided a safe place for Karen to develop as a young woman through a mediated expression of popular song lyrics as poetry.² Creativity provided a symbolic bridge allowing an initial relational connection before Karen could think about her life and discuss her concerns more directly. Karen needed to borrow language, through popular music before developing one of her own. Her favourite songs provided an emotional framework, allowing later direct self-expressions.

8. Ethical Concerns

While Karen seemingly benefited from realising her creative potentials, there are concerns for safety. If insufficiently contained, artistic expression can expose distress and suffering. As with Anne Sexton, it was never entirely clear whether writing permitted emotional development or fueled further discomfort. Without appropriate safeguards, they may retraumatise rather than facilitate reflective psychological integration. Disclosure may also be viewed as progress without appropriate attention to the underlying trauma. Creative expressions, in whatever contexts, require containing relational environments. Karen's development was at a manageable pace supported by the safety and continuity of regular psychotherapy consultations. In Emily Dickinson's terms, art may illuminate suffering but expression alone is unlikely to resolve it. Furthermore, this discussion should not be viewed as suggesting that all creative expression permits reflection and integration. Some may find that it intensifies distress. Detailed assessment is required to identify circumstances where expressions of anxiety and low-mood represent tensions relating to identity, family conflict or entanglement. Karen's circumstances illustrate only one way how, of understanding how, symptoms can coexist with a constrained sense of self and becoming apparent in therapeutic settings.

I met many like Karen during this period of my career - a wider generation of both young women and men anxious, and hidden away in their bedrooms for a variety of reasons. All seemed to be searching for themselves and temporarily lost in the drudgery that life can sometimes bring to us all. For many, the circumstances they found themselves in was not the life they had chosen - though each believed that it was, and typically, confirmed by others. The consulting room offered, what, pediatrician and psychoanalyst,⁴ described, as a transitional space allowing figurative play, and a way of exploring themselves - previously denied. There were possibilities for different ways of living.

A final word, I recall being cautioned by a senior, as a young professional, that there will always be someone to contest with. It was later, I realised often aspects of ourselves. Discovering a capacity or gift that required our recognition and nurturing. Creativity, in safety and in different forms, can illuminate alternative ways forward - unacknowledged potentials to build a self-identity of our own choice. Much of therapeutic work might therefore be likened to Emily Dickinson's lanterns - allowing sufficient light to help find our own way.

References

1. Bion WR. *Learning From Experience*. London, England: Heinemann; 1962.
2. Hilbich A, Regev T. The role of art materials in the transferential relationship: art psychotherapists' perspective. *Arts Psychother*. 2016;50:19-27. <https://doi.org/10.1016/j.aip.2016.05.011>
3. Moschini LB. *Art, Play and Narrative Therapy: Using Metaphor to Enrich Your Clinical Practice*. New York, NY: Routledge; 2005.
4. Winnicott DW. *Playing and Reality*. London, England: Tavistock; 1971.



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