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Journal article

Identifying the mechanisms of poetry therapy and perceived effects on participants: a synthesised replication case study
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**Identifying the Mechanisms of Poetry Therapy and Perceived Effects on
Participants: A Synthesised Replication Case Study**

Abstract

Poetry therapy lacks a unifying, evidence-based operational model. This study was designed to test the utility and construct validity of extant models of poetry therapy using observational and experience-close data. Replication case study methodology was used, wherein two cases each comprised a video-recorded poetry therapy session and 4-5 interviews with session participants. The second case study was treated as a replication of the first. Mechanisms and perceived effects of poetry therapy were extracted from case material and synthesised to create an overall operational framework comprising 37 superordinate mechanisms and 58 associated effects. These findings were replicated in the second case study, with no new categories or conflicting evidence identified. Investigator triangulation and member checking were used to strengthen validity and reliability. Results were assessed for goodness-of-fit with two models of poetry therapy. The framework was well described by one of the models and concordant with both. Member checking indicated that the synthesised framework adequately described participants' experiences. We conclude that there is empirical evidence to support the utility and validity of existing models of poetry therapy, and hope that our more detailed explication will enable greater specificity of questions in further research on practice. Implications for clinical practice are discussed.

Key words: Poetry therapy, logic model, mechanisms, effect

Introduction

Poetry therapy has been defined as “the use of language, symbol, and story in therapeutic, educational, and community-building capacities” (Mazza, 2012, p. 1434). As such it can be viewed as a trans-theoretical adjunct to traditional psychological therapies; but can also be delivered by poetry therapists who are not mental health clinicians when used in community settings (Mazza, 2017). As such, it has diverse applications among those interested in the amelioration of psychological difficulties and promotion of psychological health.

Both Mazza (2017) and Hynes and Hynes-Berry (2012) have developed the field significantly since the 1980s and have offered both theoretical and practice guidelines for professionals. In this time, poetry therapy has been delivered in numerous settings and with different populations and presenting needs, reportedly, to good effect (see Alfrey et al., 2021, for summary). However, despite strong arguments supporting the importance and effectiveness of poetry therapy, it remains the case that the evidence base is under-developed and unconvincing as compared to other expressive-arts therapies; for example, music or art therapy (see e.g. Aalbers et al., 2017; Gabel & Robb, 2017). Heimes’ (2011) review highlights several factors that may have hindered the research programme in poetry therapy. Foremost, many papers are unsystematic case reports, as is common in arts-based research (Blomdahl et al., 2013), limiting the generalizability of findings. Heimes (2011) also reported methodological limitations to the outcome studies in poetry therapy, which were often underpowered. It appears that, to date, no large-scale randomised controlled trials have been published. This might be at least in part attributed to the lack of clarity around *how* poetry therapy might work, and therefore what aspects of change should be manipulated, controlled and measured in quantitative studies. It is of note

that the Medical Research Council (2019) guidelines for developing complex interventions strongly recommends a coherent theory of change prior to beginning a controlled outcome evaluation. This means that, whilst sufficient small-scale studies exist to support the notion that poetry therapy can be effective and acceptable to participants (Mazza, 2017), and ample theoretical papers exist postulating reasons as to why this may be the case (e.g. Roe & Garland, 2011; Soter, 2016), there remains a paucity of empirical research scrutinising or synthesising these ideas into coherent, testable models.

One candidate for a testable model is Mazza's (2017) Receptive/ prescriptive, Expressive/ creative, Symbolic/ ceremonial (RES) model. According to Mazza (2017), this multidimensional model integrates receiving information from others (e.g. reading or listening to others' words), expressing oneself (e.g. through writing or speaking), and symbols or ceremonies (e.g. a metaphor or ritual emerging within this process). This model is traditionally delivered in 90-minute group format, but may also be delivered in individual, couple, family, group, and community modalities. Multiple outcome studies using this model have reported positive effects, and it has also been evaluated via survey with practitioners in the USA and found to be an adequate conception of what providers believe they are delivering (Mazza & Hayton, 2013). However, the model itself has not been explored empirically, either to assess its explanatory power or its validity from the perspective of participants. As such, there remains some question regarding how poetry therapy operates in practice.

Another candidate comes from Alfrey et al. (2021), who recently synthesised the empirical literature to develop a putative operational framework and logic model (Yin, 2018) describing the mechanisms of poetry therapy and their associated effects. Their resultant model proposes that five "primary tasks" underpin poetry therapy:

Engaging, Feeling, Exploring, Connecting and Transferring (“EFFECT”; see Figure 1). These tasks are depicted as nesting hierarchically (starting with Engaging), but with bidirectional feedback loops, such that engagement with each task influences other linked tasks. As such, activities and experiences within poetry therapy may sit most suitably within a primary task, or as a process between two or more tasks. The authors argue that this model remains consistent with Mazza’s (2017) RES model, but has greater potential utility in developing research and practice.

Nonetheless, like the RES model, the EFFECT model’s validity and explanatory power has yet to be tested empirically. This is problematic for the field of poetry therapy in general, and for Mazza’s (2017) and Alfrey et al.’s (2021) models in particular, as it leaves both somewhat undefended against rival theories, many of which are better developed and evidenced. For instance, group therapy has a well-established reputation for therapeutic effectiveness and well-explicated mechanisms (Burlingame et al., 2003; Leszcz & Yalom, 2005). Plausibly, group therapy mechanisms could underpin the effectiveness of group-based poetry therapy, in essence, rendering the literary elements moot.

Figure 1: *The Five Primary Tasks of the EFFECT Model of Poetry Therapy*

Others argue that arts participation in and of itself is therapeutic, as in McNiff’s (2004) assertions that art is intrinsically healing, and thus the therapist in art therapy could, in theory, be inconsequential. Proponents of bibliotherapy – that is, reading for therapeutic purposes - might be inclined to agree with this stance. It is not uncommon to find literary “prescriptions” available online and in the community (e.g. Flood, 2019; The Guardian Blog, 2012). Evidence from the Reader organisation indicates that shared reading can support people who are living with dementia, depression, and chronic pain, as well as those in prisons, and the wellbeing of the

community more generally (Billington, Humphreys, et al., 2016; Billington, Longden, et al., 2016; Longden, 2016). Poetry therapy is therefore challenged to evidence a therapeutic effect that is either greater than, or different from, the effects offered by a form of arts participation or group therapy alone.

Both Mazza's (2017) and Alfrey et al.'s (2021) multidimensional models of poetry therapy are likewise vulnerable to deconstructive attack. Mazza's RES model could be said to be effective due to any of the expressive, receptive, and/or symbolic components alone, or it could be that poetry therapy is not adequately explained by these three factors, as suggested by Alfrey et al. (2021) in relation to their "EFFECT" model. In the same vein, any or all of the EFFECT model components (engaging, feeling, exploring, connecting, and transferring) could be found to be redundant in practice. Further research is required to explore the empirical grounding for theoretical models. In challenging or substantiating the existing evidence base, such research may serve to increase the stature of poetry therapy, relevant to service commissioners and providers alike.

This Project

Current literature indicates that there exists an empirical "black box" (Baxter et al., 2014) between the pluralistic theories proffering *why* poetry therapy might be effective, and studies that depict *what* effects poetry therapy can have on participants. Existing models (Alfrey et al., 2021; Mazza, 2017) might hold explanatory power but have yet to be tested empirically. A uniting, evidence-based model of *how* poetry therapy operates in practice is therefore much needed. This project aimed to address this need by exploring the mechanisms and perceived effects of poetry therapy "from the ground up" (Yin, 2018, p. 169). The resultant experience-close understanding of

how poetry therapy works in practice could then be cross-validated with existing models for goodness-of-fit. The project was guided by the following questions:

1. What mechanisms of poetry therapy can be identified through observation?
2. What do participants identify as important mechanisms of poetry therapy?
3. What effects do the identified mechanisms appear to have upon participants?

This was considered important if poetry therapy researchers and practitioners seriously aspire to offer quality, evidence-based, effective care to service users, or indeed to win larger-scale research grants and service commissions.

Methods

Design

A qualitative, cross-sectional design was used with replication case study methodology (Yin, 2018). Two cases of a poetry therapy group were compared, the second replicating the first, and these were analysed using cross-case synthesis. As is customary, only the results of the cross-case synthesis are reported here, but key data from the constituent case studies are available upon request to demonstrate the chain of evidence (Yin, 2018).

This design is underpinned by a critical realist philosophy. It is assumed that there exist real ontological truths about how poetry therapy affects participants, but these are knowable only through participants' perspectives. As a result, qualitative methods were used to gain an experience-close account of poetry therapy. Method, data and investigator triangulation (Patton, 1999), and synthesised member checking (Birt et al., 2016) were used to increase confidence in the reliability and construct validity of the results.

Case Constitution

Each case comprised different “units of analysis” (Yin, 2018): the video footage of a complete poetry therapy group session, and 4-5 interviews with session attendees. Triangulating multiple data sources (individual vs. group) and methodologies (interview vs. video) captures the phenomenon under study from different perspectives and thus strengthens the validity of the findings (Patton, 1999; see Yin, 2018 for discussion). Case constitution is summarised in Figure 2.

Figure 2: *Summary of Case Constitution.*

Service User Involvement

The proposal, design, delivery, and analysis of the work were carried out in close collaboration with a service user consultant, who is an experienced lived-experience advisor, art-therapy participant, and psychology student. Ten consultation sessions of one-hour duration were held over the course of the project and the consultant was remunerated at an hourly rate. When, due to personal circumstances, the consultant was unable to complete the analyses, a second consultant with comparable credentials was recruited to assist with these tasks. A well-established service user research advisory network was also consulted at the proposal and interview schedule design stages to explore the appropriateness of the study’s aims, language and ethics from participants’ perspectives.

Facilitators

Two group facilitators volunteered to participate, leading one poetry therapy group session each. To ensure consistency across cases, facilitators needed to be willing and able to facilitate one complete 90-minute poetry therapy group session and be video recorded throughout, and able to offer this session based upon Mazza’s RES model of poetry therapy, which underpins the International Federation for

Biblio/Poetry Therapy's (IFBPT) training and certification standards. To remain within the study's ethical remit, facilitators were asked not to present a group working explicitly with identified distress or vulnerable persons. Two volunteers met these inclusion criteria and were recruited to the study.

Table 1. Facilitator Biographies in Brief

Participants

Both groups used a self-selecting opportunity sample of the general public, without identified distress. The group recorded for Case 1 was session 11 of 14 of an open group, offered on a weekly basis in the Community Room of a public library. The purpose of the group was to support participants' wellbeing. Six participants attended the session, which was the average for this group. There was no charge for the sessions. The group recorded for Case 2 was a stand-alone, resilience-themed workshop comprised of 11 participants. The workshop was designed to support participants' to develop greater emotional resilience. All participants attended the full workshop, which included a morning and afternoon session. Only the 90-minute afternoon session was recorded. Participants were charged £25.00 for the workshop, which is the usual fee for this provider. Interview participants were self-selecting, recruited from the filmed groups. Everyone who volunteered to participate attended an interview.

Ethics

Ethical approval was obtained from a university ethics panel (reference available). Data were managed sensitively in compliance with the Data Protection Act (2018) and the General Data Protection Regulations (2018). All participants were capacitous adults who gave informed consent prior to participating in recordings and interviews (information sheets and consent forms available upon request). Attendees

were advised that the sessions would be recorded prior to booking and were given the opportunity to attend a non-recorded session as an alternative at no additional cost.

Materials

The group recording was taken using a 360° Fly camera: a quiet, discreet device approximately the size of a golf ball. A dictaphone was used as backup. The recorded session was then transcribed verbatim using MS Word. Interview recordings were gathered using two dictaphones.

Group Recordings

Both sessions were filmed for their full 90-minute duration. Sessions were video recorded (rather than audio recorded) to permit rich analysis of both verbal and non-verbal data. The lead researcher attended each group prior to starting the recording to remind participants of the purpose of the research and to answer any questions. She then began the recording and left the room, returning only to end the recording, so as to minimally influence participants' experience of the session.

Interviews

Individual interviews were used to develop and cross validate the observational data. As Yin (2018, p.128) explains, triangulating multiple data sources in this way strengthens construct validity, as the “multiple sources of evidence essentially provide multiple measures of the same phenomenon”. “Shorter case study interviews” were used, retaining the exploratory nature and conversational tone typical of case study interviews, but following an interview schedule to ensure that the relevant material was covered (Yin, 2018, p. 119). Interviews lasted 45-90 minutes. Interview questions were written by the lead author and based upon the research questions (Yin, 2018). This protocol was reviewed by the consultants, facilitators and service user advisory panel and shortened and restructured according

to their feedback. A full pilot interview was then conducted with the service user consultant who did not suggest further changes. The interview format mirrored the session protocols (see Box 1), using the stimulus poem and, if they chose to bring it, participants' own writing to prompt recollection of the session (see Rogers & Elliott, 2015). For example, participants were shown a copy of the poem that was shared in their group and asked, "do you remember this poem being shared?" and, if so, "what was your experience of that?"

Box 1

Analysis

Case 1 was analysed first, through which the initial codebook was developed. This codebook was tested in the replication, Case 2. Finally, the results of both analyses were compared using cross-case synthesis. A reflexive research diary was kept throughout the analytic process to bring awareness to the researcher's bias. Software package "NVivo" (v.12), was used to support the analysis.

Case 1 was analysed using a "from the ground up" strategy (Yin, 2018, p. 169), so as to minimise confirmation bias. A codebook was created *de novo*, wherein mechanisms of action and associated effects were identified through line-by-line analysis. To remain consistent with the theoretical underpinnings of the model being tested (Alfrey et al., 2021), the Merriam-Webster online dictionary definition of *mechanism* as "a process, technique, or system for achieving a result" was applied (consistent with Kazdin's (2007) definition).

During free-coding, every identifiable instance of a possible mechanism or effect was coded. This included structural mechanisms such as writing tasks and psychosocial mechanisms such as interpersonal processes. This was done without reference to either the RES or EFECT models. Mechanisms and effects were often

found to occur in chains (wherein a mechanism elicited an effect, which in turn elicited another effect), therefore some effects were also listed as mechanisms. Codes were then transferred into two tables: one indicating the units of analysis supporting each primary code, and the other providing an illustrative quote for each code.

To assess goodness-of-fit, once free-coding was complete, codes were then organised according to the RES (Mazza, 2017) and EFECT (Alfrey et al., 2021) models. Two copies were made of the NVivo workbook, one for each model, and the components of each of the models were used as the new code names. For instance, in the case of the EFECT model, codes were organised under each of the five “primary tasks” – those of engaging, feeling, exploring, connecting and transferring. An “other” category was included to account for any codes that did not fall within these categories. The same process was followed for the RES model. The pre-existing codes were dragged and dropped into the new model headings and codes that could not be categorised according to the new headings were added to the “other” category. The EFECT model was found to be the closest fit to the free-coded data, and as such, this model was chosen to structure the codebook.

To assess how well findings would replicate, the codebook from Case 1 was used to analyse Case 2. Where new codes were found, or there was no evidence for a code, this was noted. Effort was made to extract counter-evidence, although none was found. Resultantly, the codebook from Case 2 was an extended and substantiated version of the first. The two codebooks were then cross-compared to identify areas of concordance and discordance, resulting in a synthesised operational framework.

Investigator Triangulation

Investigator triangulation (also known as inter-rater reliability) is an important principle of case study research, strengthening the validity and reliability of the

analysis by minimising researcher bias (Yin, 2018). To do this, a 15-minute video clip and interview segment from each case was selected at random. Video clips were analysed by the researcher and session facilitator, whereas interviews transcript sections were analysed by the researcher and service user advisor to protect participant confidentiality. Each investigator was issued the same transcript, recording and analysis framework and performed independent analyses of the data clips so as to afford equal voice to each stakeholder's perspective. This process mirrored the main analysis and results were discussed until agreement regarding the finalised codebook was reached. As data were not mutually exclusive, with some illustrating both a technique and a process, percentage agreement was calculated instead of Cohen's Kappa.

Member Checking

In line with good practice (Birt et al., 2016), participants were invited to view and comment upon the operational framework to assess how well the results captured their experiences. Participants were invited to rate their agreement with each superordinate mechanism and effect in the framework using a 5-point Likert-type scale, and comment boxes were provided for additional feedback. These results are described statistically, to aid the reader in judging the accuracy of the results.

Results

Demographics

In total, 17 people participated in the two groups, 9 of who agreed to be interviewed (Case 1 N = 5, Case 2 N = 4). Demographic data are described numerically in Table 2. In general, participants in Case 2 had less experience of poetry therapy, perhaps related to its stand-alone format. Participants with physical disabilities were only identified in Case 1, and participants with mental health

disabilities and/or treatment were only identified in Case 2, which was the group facilitated by a mental health professional. Though the spread of age and employment status followed the same trend across cases, greater range was represented in Case 2. This was the larger of the groups, and, unlike Case 1, was run on a weekend rather than a weekday. Case 2 showed more ethnic diversity, which likely reflects its inner city setting, compared with Case 1, which took place in an English county town. Writing habits, education level, faith background, intimate partner status, gender, English language ability and sexual orientation were broadly consistent across the groups.

Table 2. Frequencies and Percentages of Demographic Variables by Case

Cross-Case Synthesis

The Framework

Mechanisms and effects from each case were analysed separately and synthesised. No new superordinate mechanisms or effects were identified in Case 2 and no counter-evidence was found. There was variation in the sub-mechanisms and effects identified, with some only evident in Case 1 and others only evident in Case 2. For instance, writing tasks were used in both groups, but the sub-mechanisms of *acrostic* and *free-write* were only evident in Case 1 whereas a “cascading” technique was only evident in Case 2.

Table 3 provides a sample of the operational framework with synthesised evidence, abridged for brevity (unabridged table available upon request). It also indicates the concordance of each mechanism and effect with both Alfrey et al.’s (2021) EFECT model, and Mazza’s (2017) RES model to illustrate goodness-of-fit. Though these tables provide supporting evidence for both models, it is clear that not every mechanism and effect identifiable in poetry therapy can be explained or

understood by the RES model alone. In contrast, the EFECT model is shown to be a close fit to the data, suggesting that this model has greater explanatory power.

Table 3

Member checking was used at the superordinate mechanism and effect level. Of the 17 participants, seven responded to the survey, six of who had attended an interview. Overall, 83.8% of the mechanisms and 78.1% of the effects in the framework were rated as a “good” or “very good fit” with respondents’ experiences. Summary data are provided in Table 4, and the full framework is available upon request. Investigator triangulation yielded percentage agreement scores of 85.7% for interview data and 76.9% for video data.

Table 4

The Model in Operation

To explore how the framework operates and is experienced in practice, results are described here from an experience-close perspective with reference to the five primary tasks of the EFECT model (see Figure 1).

Engaging. According to Alfrey et al. (2021), the primary task of *Engaging* refers to the mechanisms that attract, involve and retain participants in poetry therapy.

Participants were attracted to poetry therapy for a variety of reasons. Key drivers included having an interest in poetry, creative expression and community participation - supporting Participant 3’s view, as a retired mental health chaplain, that “I don’t think anybody came to [the] group looking for a therapeutic experience”. Many of those who were seeking wellbeing support noted their disinclination towards psychological therapy, summarised by nursing supervisor Participant 2 stating, “I’m aware of having a preference for things that are therapeutic rather than things that are

called therapy”. These accounts indicate the potential of poetry to support wellbeing for those who may not otherwise seek this out.

Participants also described elements of the session that helped or hindered their ability to engage with the process. Central to this was a feeling of safety that, in Participant 1’s view as a professional counsellor, was “about setting those boundaries and then holding them throughout the session, so it's [...] a shared responsibility as a group”. This was important, for as Participant 3 explained, “the security means you can concentrate on the work in hand. So it’s a fruitful occasion in terms of writing”. Participant 6 also noted how agreement of ground-rules “immediately makes me feel more comfortable to share something”.

All participants referenced their desire to attend future poetry therapy sessions. First-time attender Participant 2 noted his surprise that “it’s left me hungry for more”, despite sharing that “poetry isn’t my thing, really”. Several participants also discussed using poetry therapy techniques between sessions. Retired mental health nurse, Participant 5 said she might “pick [a poem] at random then [...] just write” or “just do that six minute writing”. Participant 9 explained that “if I have something going in my life and I don’t feel that happy I will often write a poem [...]”, which Participant 7 noted was a socially acceptable way of managing given that “there is only so many times when you can sit with a really good friend and go on and on about how you are feeling”.

Together, these accounts indicate that poetry therapy was effective in attracting, involving and retaining participants. It appears that by feeling interested in poetry, and safe in the process, participants were able to engage in the other primary tasks of poetry therapy: Feeling, connecting, exploring and transferring. In turn,

positive appraisals of the effects of these tasks are hypothesised to have fed back into willingness to continue to engage in the process.

Feeling. The primary task of *Feeling* is to elicit awareness of a cognitive, emotional, or physical state. Participant 3 noted the group's appreciation for "the resources, whether they be printed sheets of poems [...] Or just simply the ideas of the exercises [...]" which would, in Participant 6's words, "poke at" feelings. Eliciting empathy with the poet or speaker appeared to be particularly important, making participants feel less alone, or, in Participant 2's words, "I felt got, I felt understood. Met". By connecting with the self and the group in this way, the task of *Feeling* had clear, bidirectional links to the task of *Connecting*.

New feeling states were also elicited through the experiential elements of poetry therapy. Participant 3 noted how "there is something therapeutic about holding a pen and writing", and for Participant 1 the poetic form offered opportunities to "play around with the shape of words, write them differently on the page". Participant 4 noticed, "I just liked the sound of the words in my mouth" when reading aloud. From a listener's perspective she felt that "rhythm and sound" was important because it "draws you in" – or for Participant 1, provides "a vision" of another place. Participant 6 drew these emotional and sensory aspects of feeling together when she described poetry therapy as "a full body experience".

For some, eliciting feeling states was therapeutic in itself: For instance, Participant 3 described how reminiscing "always lifted my mood". However, for many, the awareness of these feelings also provided opportunities to make sense of, and digest, emotions and experiences through the process of *Exploring*.

Exploring. The primary task of *Exploring* is sense making, be that of the self, others, or an experience. Case study data indicated that this was achieved via small and large group discussion, as well as self-reflective exercises.

Observational data indicated that guided discovery was key to this process, led and modelled by the facilitator but propelled through group discussion and self-analysis. Other common therapeutic techniques identified included active listening, Socratic questioning, identifying themes, making links across people's experiences, and permitting silence for individual reflection. Group members asked questions, developed each other's ideas, and made connections of their own. Participant 4 noted the central role of poetry in this process, stating, "different poems will resonate in different ways with different people and that's the beauty of it". Similarly, Participant 7 said, "it's almost as if it's speaking directly to you, like the poem knows what you need". By noticing what things meant to them, participants were able to explore their thinking patterns, clarify goals, and process difficult experiences.

Participants also noted how the group process in poetry therapy enabled them to learn about themselves. Participant 6 reflected on her tendency to want to entertain group members through poetry, which "might not necessarily be who I am but it is the projection that I want to give to people". She added, "it's good that I can [...] see what's happening within and see that this is what I'm doing". Similarly, Participant 5 spoke of how direct feedback impacted her self-awareness, stating, "one person in the group did used to say that I am a very honest and self reflective woman [...]".

The potential for poetry to aid flexible thinking was also clear. As a therapist, Participant 4 noted links with cognitive behavioural therapy (CBT), which is "all about is helping people to develop kind of flexible thinking and different perspectives on things. And I think poetry absolutely helps to do that". Similarly, Participant 7

shared, “I never cease to be impressed with [...] how differently we all think about the same [poem]”. She also indicated that writing dialogue helped her mentalize (think about others’ thinking), explaining, “I become him in that moment when I am writing, how he would express himself”.

These accounts indicate how the exploration of feeling states enabled sense to be made of difficult experiences or emotions. It likewise aided the development of insight into both the self and others – therefore forming bidirectional links with the task of *Connecting*.

Connecting. The primary task of connecting is “being-with” the self or others. Participant 8 explained how this was of central importance, saying, “I think that’s what [...] life’s about really, I think it’s connection; without it life is a bit meaningless”.

At the self-self level, participants noted how poetry supported them to feel integrated and rooted in their bodies and the environment. As Participant 1 explained: “There is that sense that you’ve just said or written something about my experience that [...] get[s] to the absolute heart of what it means to be me”. Similarly, health-professional Participant 2 felt that poetry connected him with otherwise inaccessible emotions, important because “the more I can have access to that, the more whole I feel as a person [...], the more human I can be and the more I can encourage others to be”. This indicates one of the many ways that poetry therapy was used to connect with both the personal and professional self.

Participants also referenced how poetry therapy supported their connections with others. For many, this started with what Participant 1 described as “managed risk [taking]”, achieved by reading aloud, or sharing their views or writing. Participant 7 noticed that, since attending poetry therapy, she now “interact[s] with people, in a

really confident, good way”, indicating its impact on her wider interpersonal relationships. For others, connections were supported through sharing poetry directly with others, which, for Participant 3, “made some of my other relationships less fraught”. For Participant 2, “it’s just another little thing that we might do [...] it’s another way of sharing”.

Participants also spoke of the role of poetry in connecting them to those separated by time or geography. For Participant 1, writing was “a way of still retaining those links to [home] which are very powerful and very strong for me”. For Participant 6, writing and sharing a memorial poem was one way of staying connected to a loved one who had passed away, and the people who knew him. She shared, “it meant a lot to me, that, just... just knowing that he might not be here but he’s still remembered [...] Again it was that community feel [...] we’re, you know, connected”.

Socially, participants often spoke of material poems as “gifts”. Participant 7 recounted how she was sent a poem before a big life event, which “somehow, gave me the strength to just do it”. Relatedly, Participant 1 discussed the idea of publishing poetry as a gift to the wider community, because “there might be something in you that might resonate with somebody else, in the way that so much work resonates with me”. These accounts illustrate ways in which *Transferring* emotions into material poems can support the process of *Connecting*, and that developing relationships in which poetic material can be shared likewise strengthens the process of *Transferring*.

Transferring. The final component of the EFECT model is *Transferring*, which refers to the primary task of transferring an idea or emotion into material form. Data indicated that this served emotional, cognitive and social functions for

participants, linking closely to the primary tasks of *Feeling*, *Exploring* and *Connecting*.

On an emotional level, writing was widely regarded to be a cathartic experience. For Participant 5, this pertained to a release of “bad thoughts, pointless thoughts, [...] or excessive thoughts”, and for Participant 9 it related “to any sort of energy, it could be happy energy or it could be anxious”. Participant 6 felt that “just getting it out” made her “feel so much better”. Professional counsellor, Participant 8, noticed how writing poetry helped her to obtain space from “the power and the pain that [the client] was sharing with me [...] which] lodges inside me”, which enabled her to “step back into my life; a mother, a wife, a friend”.

Participants also noted that keeping and revisiting poetry facilitated sense making. Participant 6 spoke of how this helped her to “see patterns”, and Participant 7 noted, “when I went back and read things I’d perhaps moved on a little bit and I didn’t realise I had”. For others, reviewing their writing highlighted their skills, bringing a sense of pride and self-efficacy. Participant 9 shared that “sometimes I look back in my book and [...] I thought, “gosh, did I write that? That’s actually quite good””. In constituting a material record of participants’ thoughts, skills, and personal development, it appeared that writing poetry supported participants to develop positive relationships to their self and the change process.

Finally, the act of transferring offered a way of holding onto the group, linking back to the sustainability of poetry therapy. Participant 10 stated: “At the end of these sessions I always go home and type everything up so I’ve got it all, and I’d love to see everyone else’s”. Participant 5 spoke of using poetry materials as a memory aid, explaining: “Sometimes it’s [about] getting on with life but holding that nugget there and reminding myself of that nugget really”. However, Participant 4 reflected how “I

know the things that [...] make me happy, and yet sometimes I forget to do them”, adding, “I guess [...] there are parallels between that and what happens when people stop therapy [...] maybe they go off the boil a little bit [...] It’s, it’s nice to have a place and a person and a group to [...] support you with that.”

Together, these accounts indicate that, although the material poem serves an important function in sustaining awareness of feelings, exploration, and connectivity, it was not necessarily considered a replacement for facilitated sessions.

Discussion

Key Findings

In total, 37 mechanisms and 58 associated effects were identified across cases. Case 2 replicated Case 1 insofar as no new high-level mechanisms or effects were identified and no counter evidence was found. There was some variation in sub-mechanisms and effects across cases. The resultant framework was found to be a good fit to Alfrey et al.’ (2021) EFECT model of poetry therapy. Though concordant, some of the data were unexplained by Mazza’s (2017) RES model, suggesting that the EFECT model captured a greater richness of phenomena. Member checking indicated that participants endorsed the framework.

Results in Context

In offering experience-close data for existing models of poetry therapy, these results are congruent with the poetry therapy literature base whilst adding to it in important ways. At present, the most prominent model of poetry therapy used in research and practice is Mazza’s (2017) RES model. Though validated from a professional perspective (Mazza & Hayton, 2013), this study is, to the authors’ awareness, the first to fit experience-close data to the model “from the ground up” (Yin, 2018), adding to its validity. However, though evidence for the RES model was

consistently found in participants' accounts, they also identified a number of experiences of poetry therapy that the RES model was unable to explain. When fitted to the newer EFECT model (Alfrey et al., 2021) these explanatory gaps were filled, providing psychosocial information to enrich the largely structural RES model.

It is also interesting to note the concordance of these findings within the arts-in-health literature base more broadly. Participants' accounts accord with Fancourt and Finn's (2019) findings that arts-based therapies are commonly perceived by participants as being effective and acceptable, and in particular underscores their assertion that the arts can fulfil an important role in developing community connection. This brings poetry therapy in step with what is understood about other arts-based therapies and their particular advantages in the current socio-political climate. In particular, participants' accounts clearly indicated that a "one size fits all" approach to psychological therapy and wellbeing is undesirable; dovetailing service user calls for greater choice within mental health and wellbeing services (Mind, 2013). In particular, poetry therapy may offer an appropriate and timely contribution to social prescribing (see Dayson & Bashir, 2014), given the central importance of community connectivity to the approach.

Strengths and Limitations

The strengths of this study lie in its design. Method, data, and investigator triangulation; synthesised member checking; "from the ground up" data coding; a reflexive research diary; and consultation with stakeholders were used to strengthen construct validity and mitigate confirmation bias. The result is multi-perspectival empirical support for the EFECT model which foregrounds the experience of poetry therapy participants. This goes some way to addressing concerns raised by Alfrey et

al. (2021) that the qualitative literature used to develop the EFECT model was of limited quality, perhaps impinging upon the model's validity.

It is important to note, however, that this comparison between the RES and EFECT models is limited to their group delivery, as both might theoretically be delivered with individuals, which was not evaluated in this study. Similarly, it was beyond the scope of this study to fit other models of biblio/poetry therapy to this evidence, such as the four-stage process suggested by Hynes and Hynes-Berry (2012). Future researchers might seek to address these gaps to develop this work further.

There is also the possibility that this study reflects an overly positive view of poetry therapy. Firstly, this study used a volunteer sample and may therefore have attracted individuals likely to endorse the effectiveness of the approach. Given participants' mostly highly educated status and vocational links with the helping professions, concerns regarding the generalizability of these results may also be justified. Mitigating these concerns, these findings cohere with their literature-derived counterpart (Alfrey et al., 2021), which included data from varied cohorts including young people, adults with learning disabilities, and people with dementia; though publication bias may likewise favour positive appraisals (Ferguson & Heene, 2012).

Clinical Implications

In validating and substantiating the new EFECT model of poetry therapy, this study has several implications for psychologists and allied clinicians. Foremost, poetry therapy was found to be attractive and engaging, potentially reaching some who may not otherwise seek support and, perhaps, serving to mitigate the high rates of attrition and missed appointments found within traditional talk-based therapies (see e.g. NHS Digital, 2020). Though it is unlikely to be a panacea – for the majority of participants had a positive pre-existing relationship with poetry – for enthusiasts, it

could also be an effective way to adapt psychological therapies to client interests, preferences and values; providing tailored, person-centred care.

Results likewise support the theoretical coherence of poetry therapy amalgams. Accounts suggest overlap with CBT, noting increased awareness of thoughts, emotions, actions and bodily sensations, and the development of flexible thinking (see Beck, 2006; also Collins et al., 2006). Participants also noted how poetry therapy enabled them to gain access to elusive emotions, tell the stories of their lives, and think about others' thinking, supporting the use of poetry in psychodynamic, narrative and mentalization-based therapies respectively (see e.g. Leedy, 1973; Behan, 2013; Holmes, 2008). Ways in which poetry was felt to elicit and enhance group processes was likewise evident (see Leszcz & Yalom, 2005; Tuckman, 1965). These experience-close results are supported by neuropsychological evidence presented by O'Sullivan et al. (2015) in which literary awareness was positively associated with flexible thinking, problem solving skills, mindfulness, and tolerance of uncertainty.

In addition, as an experiential approach, poetry therapy may hold select advantages over purely talk-based approaches due to its varied opportunities for *in vivo* learning and skill development. Several participants discussed feeling more socially confident through the process of managed risk taking, and others were able to experiment with vulnerability and sharing, influencing their understanding of personal boundaries and self-care. Writing poetry likewise provided opportunities for participants to exercise their imaginations through experimentation and play - a common factor identified by Gabel and Robb (2017) in their theoretical synthesis of art therapy literature.

Perhaps most importantly, these results highlight ways in which poetry therapy might augment non-specific therapeutic factors that are robustly associated with therapeutic outcomes (Wampold, 2015). In particular, the results support Roberts' (2010) assertion that poetry can support the development of empathy within and between both clients and facilitators, holding important implications for the therapeutic relationship. Although facilitators were not delivering psychological therapy, participants unanimously indicated their respect for, and trust in their facilitators, both of whom were commonly described as empathic, fair, competent, and supportive; suggesting promise for therapeutic outcomes (Ardito & Rabellino, 2011).

Finally, and relatedly, this study highlights the potential utility of poetry therapy as a self-care tool for healthcare professionals. Participant-clinicians explained that transferring their emotions into written poetry provided distance from their professional life, as well as a source of nourishment and “balm”. This is of timely relevance, given Rao et al.'s (2016) depiction of the variegated pressures faced by NHS clinicians and associated deleterious effects on mental health and wellbeing. This outcome has been linked with poorer client care, for instance as a result of compassion fatigue (e.g. Negash & Sahin, 2011). The high proportion of healthcare professionals participating in the present study may or may not be spurious, but nonetheless points to the acceptability and utility of this approach in meeting the needs of this particular group.

Research Recommendations

This model offers empirical support for Alfrey et al.'s (2021) EFECT model of poetry therapy. However, further research into the validity of the model among other client groups and settings is needed to address concerns regarding the specificity

of the sample. Studies exploring the use of poetry therapy for professional development and self-care could also be worthwhile. For instance, the framework could be used to fidelity check randomized controlled trials and aid choice of measures, or to develop interview protocols for qualitative studies. This research is much needed to bring poetry therapy into evidence-based practice.

Conclusion

This study offers empirical support for the EFECT model of poetry therapy, delivering an operational framework upon which practice and research can be organised and developed. These results substantiate claims that poetry therapy can be understood through cognitive-behavioural, narrative, mindfulness-based, and psychodynamic lenses, supporting clinicians from across traditions in the use of poetry as an adjunct to their practice. Clinicians who have not previously considered using poetry therapy may wish to do so on the basis of these results, whilst noting that clients' beliefs about poetry and/or group-work might modulate attractiveness and outcomes. Findings suggest that poetry therapy may hold advantages over more traditional verbal models of therapy for some clients, being both attractive and engaging, offering experiential learning opportunities, and perhaps augmenting non-specific factors common across therapeutic traditions. Poetry therapy may also prove an accessible source of support and emotional processing for healthcare professionals. Research focusing on these novel applications of poetry therapy is encouraged to supplement the development of this emergent field.

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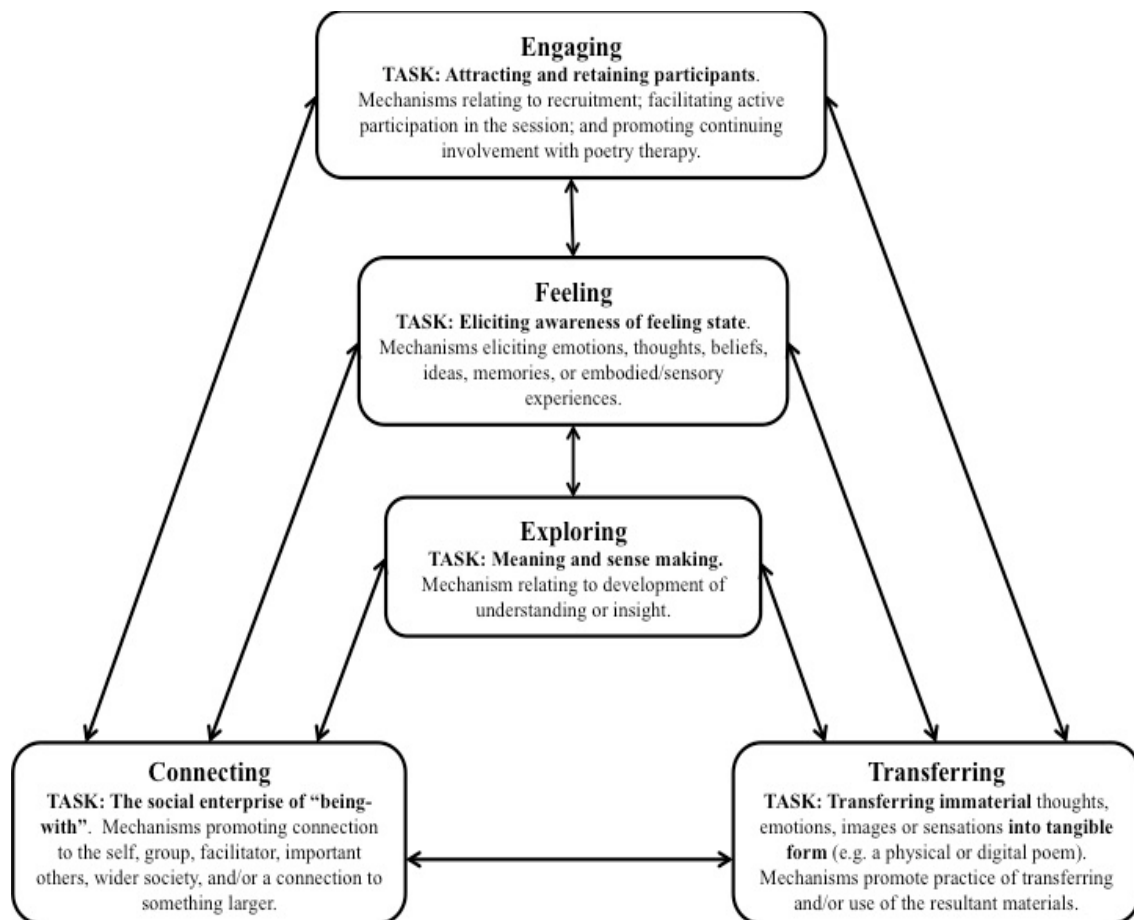
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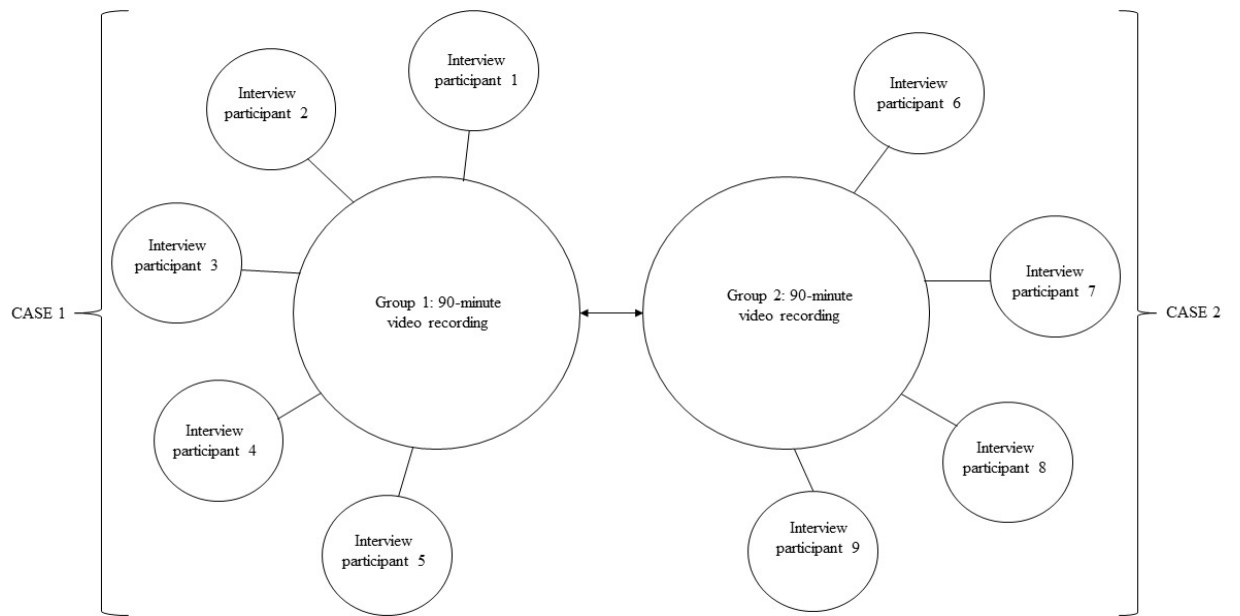
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Figure 1



Note. Adapted from “Identifying the mechanisms of poetry therapy and associated effects on participants: A synthesised review of empirical literature”, by A. Alfrey et al. 2021, Figure 2.

Figure 2
Summary of Case Constitution.



Box 1

Session Summaries

Case 1

Welcome	Saying hello, discussing “ground rules”, agreeing confidentiality, discussing time frame.
Warm-up	Complete acrostic of FRIDAY (i.e. writing word vertically down page and using the first letter of each word is writing prompt).
Sharing/ discussion	Whole group sharing of writing/ discussion.
Writing exercise	From prompt “my journey here”, attending to sensory experiences (6 mins).
Reflection exercise	Re-read writing, highlight what stands out, write down what you notice.
Sharing/ discussion	Whole group sharing of writing/ reflections/ discussion.
Stimulus poem	Reading “The Journey” by Mary Oliver.
Sharing/ discussion	Whole group sharing of experience of poem/ discussion.
Writing exercise	Choose a line that resonates from poem and use as first line for own writing (7 mins).
Sharing/ discussion	Whole group sharing of writing/ reflections/ discussion.
Closing reflection	Identify and share an intention for the week ahead.
Goodbyes	Thanking group for participation, closing information.

Case 2

Welcome	Saying hello, reminder of core “ground rules”.
Warm-up	Word association – what is resilience? Sharing and discussion.
Writing exercise	From prompt – “when I tap into my most resilient self, I...” (5 mins)
Reflection exercise	Read over writing and complete sentence “when I read this I notice”.
Sharing/ discussion	In pairs, discuss exercise/ reflections.
Sharing/ discussion	Whole group discussion/ feedback.
Stimulus poem	Reading “Gift” by Czesław Miłosz.
Discussion	Whole group discussion of poem.
Reflection exercise	Highlight word or phrase in poem that resonated and discuss
Sharing/ discussion	Whole group discussion/ feedback.
Writing exercise	Use highlighted word/ phrase as prompt (7 mins). Read over writing, highlight a word or phrase within it that stands out. Use as first line for next piece of writing (5 mins). Repeat.
Closing reflection	Identify and share one or two words that summarise the day
Goodbyes	Thanks and closing information.

Table 1. Facilitator Biographies in Brief

<u>Facilitator</u>	<u>Relevant Qualification(s)</u>	<u>Date</u>	<u>Area of practice</u>
1	• Certificate in Poetry Therapy	2005	Community
	• Mentor-Supervisor for trainees in Biblio-Poetry Therapy	2015	
2	• Certificate in Applied Poetry Facilitation	2016	Clinical
	• Certificate in Poetry Therapy	2016	
	• Diploma in Person Centred Art Therapy Skills	2007	
	• Diploma in Counselling	1998	

Table 2
Frequencies and Percentages of Demographic Variables by Case

<u>Demographic</u>	<u>Case 1 (N=6)</u>		<u>Case 2 (N = 11)</u>	
	<u>Frequency</u>	<u>Percentage</u>	<u>Frequency</u>	<u>Percentage</u>
Age				
25-29	0	0	2	18.2
30-34	0	0	1	9.1
35-39	1	16.7	0	0
40-44	0	0	0	0
45-49	0	0	2	18.2
50-54	0	0	1	9.1
55-59	0	0	1	9.1
60-64	3	50.0	2	18.2
65+	2	33.3	2	18.2
Gender				
Male	1	16.7	1	9.1
Female	5	83.3	10	90.9
Intimate Partner Status				
Married	4	66.7	5	45.5
In a relationship	1	16.7	2	18.2
Single	1	16.7	3	27.3
Disability				
Yes	3	50.0	1	9.1
No	3	50.0	8	72.7
Prefer not to say	0	0	1	9.1
No answer	0	0	1	9.1
Mental Health Treatment				
Yes	0	0	5	45.5
No	6	100	6	54.5
Mental Health Treatment				
Anti-depressants	0	0	1	9.1
Counselling	0	0	2	18.2
Psychotherapy	0	0	1	9.1
None	6	100	7	63.6
Faith				
No religion	3	50.0	4	36.4
Christian	2	33.3	4	36.4
Prefer not to say	1	16.7	0	0
Other (spiritual)	0	0	2	18.2
No answer	0	0	1	9.1
Employment				
Yes - paid	4	66.7	8	72.7
No	2	33.3	2	18.2
Other (self-employed)	0	0	1	9.1

Table 2 (Ctd)
Frequencies and Percentages of Demographic Variables by Case

Carer				
None	4	66.7	9	81.8
Older Adult	2	33.4	1	9.1
No answer	0	0.0	1	9.1
English First Lang				
Yes	5	83.3	11	100
No	1	16.7	0	0.0
Education				
School	0	0.0	3	27.3
Bachelor's degree	2	33.3	2	18.2
Postgraduate degree	3	50	6	54.5
No answer	1	16.7	0	0.0
Number of sessions				
1-5	0	0.0	5	45.5
6-10	1	16.7	2	18.2
11-15	1	16.7	1	9.1
16+	4	66.7	3	27.3
Writing habits				
Never	0	0.0	1	9.1
Used to	0	0.0	1	9.1
Occasionally	2	33.3	2	18.2
Often	3	50.0	5	45.5
Professionally	1	16.7	2	18.2
Ethnicity				
Indian	0	0.0	1	9.1
Caribbean	0	0.0	1	9.1
Other multiple ethnic	0	0.0	1	9.1
English	4	66.7	4	36.4
British	1	16.7	3	27.3
Any other white	1	16.7	1	9.1
Sexuality				
Heterosexual	6	100	11	100

Table 3

Cross-Case Synthesis of Superordinate Mechanisms and Effects Indicating Strength of Evidence and Goodness of Fit to EFECT and RES Models (Abridged)

<u>Mechanism</u>	<u>Strength of Evidence</u>	<u>EFECT</u>	<u>RES</u>	<u>Effect</u>	<u>Strength of Evidence</u>	<u>EFECT</u>	<u>RES</u>
Poetry therapy is attractive to participant	P1, P2, P3, P4, P5, P6, P7, P8, P9	En.	N/A	Sometimes preferable to psychological therapy	P2, P3, P4, P8	En.	N/A
Facilitator manages safety	G1, G2, P1, P2, P3, P4, P5, P6, P7, P8, P9	En.	S	Able to engage in poetry therapy process	G1, G2, P1, P2, G1, P4, P5, P6, P7	En.	N/A
Attendance at poetry therapy kindles a new hobby/interest	P1, P2, P5, P6, P7	En.	N/A	Participant desires to return in future	G1, G2, P1, P2, P3, P4, P5, P6, P7, P8, P9	En.	N/A
Attendance at poetry therapy teaches sustainable tools	P1, P3, P4, P5, P6, P7, P8, P9	En.	Expr.	Poetry therapy group is memorable	G1, G2, P1, P2, P3, P4, P5, P6, P7, P8, P9	En.	S
Stimulus poem	G1, G2, P1, P2, P3, P4, P5, P6, P7, P8, P9	F	Rec.	Stimulus poem impacts feeling states	G1, G2, P1, P2, P3, P4, P5, P6, P7, P8, P9	F	R
Writing task	G1, G2, P1, P2, P3, P4, P5, P6, P7, P8, P9	F	Expr	Writing impacts thinking	G1, G2, P1, P2, P3, P4, P5, P6, P7, P8	F	Expr
Reading own writing aloud	G1, G2, P1, P2, P3, P4, P5, P6, P7, P8, P9	F	Expr	Poetry impacts senses/ bodily awareness	G2, P1, P3, P4, P6, P7, P8, P9	F	R
Facilitator leads discussion	G1, G2, P1, P4, P5	Expl.	R	Clarifies viewpoint	G1, G2, P7, P8	Expl.	N/A
Group interacts	G1, G2, P1, P2, P3, P4, P5, P6, P9	Expl.	R/ Expr	Processing an experience	G1, P1, P2, P3, P4, P5, P7, P8	Expl.	N/A

Table 3 (Ctd)

Cross-Case Synthesis of Superordinate Mechanisms and Effects Indicating Strength of Evidence and Goodness of Fit to EFECT and RES Models (Abridged)

Learning about the self through the group	G1, G2, P2, P5, P6	Expl.	N/A	Development of insight	G1, P1, P2, P3, P4, P5, P6, P7, P8, P9	Expl	N/A
Connecting with important others	G1, P2, P3, P4, P5, P7, P9	C	R/ Expr	Impacting relationships	G1, P2, P3, P4, P5, P6, P7, P8, P9	C	N/A
Connecting with the self	G1, G2, P1, P2, P3, P4, P5, P6, P7, P8, P9	C	N/A	Building confidence	G1, P1, P3, P4, P6, P7, P8, P9	C	N/A
Connecting with those you cannot otherwise speak to	P1, P4, P6, P8	C	S	Expressing something that's difficult to say	P2, P3, P7, P8, P9	C	Expr
Connecting with one's community	P1, P4, P5, P6, P7, P8, P9	C	S	Altruism through sharing	G1, G2, P1, P2, P3, P5, P6, P7, P8	C	Expr
Giving out copies of poems	G1, G2, P2, P3, P4, P5, P6, P8	T	R/ Expr	Holding on to group (connecting)	G1	T	N/A
Writing (feeling)	G1, G2, P1, P2, P3, P4, P5, P6, P7, P8, P9	T	Expr	Writing impacts feeling states (feeling)	P3, P5, P6, P7, P8, P9	T	Expr
Organising material	G1, P1, P2, P4, P5, P6, P7, P8, P9	T	N/A	Writing documents experiences	P6, P7, P8, P9	T	R

Note. Abbreviations as follows: I = interviewer; P# = participant ID; F# = facilitator ID; G# = group ID; En. = Engaging, F = Feeling, Expl. = Exploring, C = Connecting, T = Transferring; R = Receptive/ prescriptive, Expr. = Expressive/ creative, S = Symbolic/ ceremonial. Allied EFECT components are indicated in parentheses. Case 1 = G1 & Ps 3-7, Case 2 = G2 & P1, P2, P8, P9. Full table available upon request. Primary mechanisms highlighted in **bold** typeface, secondary mechanisms in standard typeface.

Table 4

Member Checking for Synthesised Mechanism and Effect Framework

	Does not fit	Fits a little	Neutral	Good fit	Very good fit
Mechanism*	7 (2.7%)	10 (3.9%)	22 (8.5%)	86 (33.2%)	131 (50.6%)
Effect**	4 (0.9%)	43 (9.9%)	46 (10.6%)	150 (34.6%)	189 (43.5%)

* Min = 0, max = 259

** Min = 0, max = 434
