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Identifying the Mechanisms of Poetry Therapy and Associated Effects on Participants: A Synthesised Review of Empirical Literature

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Abstract

Poetry therapy is a promising but heterogeneous and under-evidenced form of creative arts therapy. Theories of change have been proffered but are model-specific and poorly evidenced in the empirical literature. The aim of this paper, then, was to provide a united understanding of how poetry therapy operates to guide future research and practice. To do this, empirical literature exploring mechanisms of poetry therapy across theoretical traditions was systematically retrieved, reviewed, and synthesised. A systematic search of six databases yielded 554 papers, of which 14 met the inclusion criteria, spanning individual and group approaches. Mechanisms and effects were extracted and synthesised into a governing framework and logic model, and stakeholder consultation was used to validate results. In total, 25 primary mechanisms and 54 associated effects were identified. These were synthesised into a logic model characterised by five primary tasks: Engaging, Feeling, Exploring, Connecting, and Transferring ("EFECT"). These tasks were associated with multifarious benefits, apparently impacting cognitive, emotional and behavioural domains. Future research could now seek to test this model empirically. It might then be used to guide a united, rigorous research programme, helping to bring poetry therapy into evidence-based policy and practice.

Keywords: Poetry therapy, logic model, mechanism, effect

Identifying the Mechanisms of Poetry Therapy and Associated Effects on Participants: A Synthesised Review of Empirical Literature

What is Known About Poetry Therapy?

What is it?

Poetry therapy, otherwise known as Biblio/Poetry Therapy, has been defined as "the use of language, symbol, and story in therapeutic, educational, and community-building capacities" (Mazza, 2012, p. 1434). Although poetry has long been informally integrated into psychological therapies, poetry therapy did not gain traction in its own right until the late 1980s (Mazza, 2017), making it a relatively recent addition to the broader field of expressive arts-based therapies (Heimes, 2011). Poetry therapy currently occupies a broad field of practice and research, with Mazza (2017) noting that it can incorporate journal therapy, therapeutic reading (bibliotherapy), and narrative therapy. Arguably, this has proved an obstacle to researchers, who have struggled to summarise such a vast array of literature to deliver a clear consensus of what poetry therapy is and how it operates in practice (e.g. Heimes, 2011; Nyssen et al., 2016). This contrasts with art therapy (e.g. Carolan, 2001; Gabel & Robb, 2017) and music therapy (e.g. McDermott, Crellin, Ridder & Orell, 2013), which enjoy a more established position in the literature.

Where and why is it Used?

Poetry therapy research has been used in a variety of settings, including mental health clinics (e.g. Schwietert, 2004), medical hospitals (e.g. Danila et al., 2018; Johnson, 2017), community settings (e.g. Sjollema & Hanley, 2013), prisons (e.g. Rothman & Walker, 1997), and schools (e.g. Sassen, 2012). It has also been used in coaching and supervisory settings (e.g. McNichols & Witt, 2018). Applications are

equally varied, and include treating various mental health difficulties, building resilience (Tegnér, Fox, Philipp, & Thorne, 2009), developing empathy (Ingram, 2003), improving cognitive functioning (Danila et al., 2018; Levine-Madori, 2007), prophylaxis (Esterling, Abate, Murray, & Pennebaker, 1999), risk assessing (e.g. Sharlin & Shenhar, 1986; Stirman & Pennebaker, 2001), sense making in community trauma (Whitworth, 2017), and supporting youth development (Kloser, 2013; Williams, 2011). It is also noteworthy that poetry is often used to supplement other forms of psychological therapy, particularly mindfulness-based approaches (Shapiro, 2001); forming part of the curriculum in both Mindfulness-Based Cognitive Therapy (Segal, Williams & Teasdale, 2002) and Mindfulness-Based Stress Reduction (Santorelli, Meleo-Meyer & Koerbel, 2017).

Who does it help?

Poetry therapy has an emerging evidence base spanning a wide variety of clinical presentations and client populations. Although studies have generally been small-scale and idiographic in nature, positive associations between poetry therapy and outcomes have been reported for people with the following diagnoses and difficulties: aphasia (Shafi & Carozza, 2011), addictions (Brooke, 2009), dementia (Petriwskyj, Parker, O'Dwyer, Moyle, & Nucifora, 2015), eating disorders (Hornyak & Baker, 1989; Ramsey-Wade & Devine, 2018), grief and/or bereavement (Glover, Rice, Phillips, & Williamson, 2016; Sharma, 2019), homelessness (Mazza, 2007), psychosis (Tamura, 2001), sexual dysfunction (Floyd, 2019), and survivors of intimate partner violence (Donovan, Dubrasky, Sorensen, & Corser, 2019; McGarry & Bowden, 2017). This is concordant with Fancourt and Finn's (2019) scoping review, which found that the arts can play an important role in the promotion of health, the

treatment of ill-health, and in some instances, protection against the recurrence of difficulties.

Notably, although these studies have found positive associations between poetry therapy and mental health and/or well-being, the strength of the evidence they provide is limited. Publication bias favours "successful" outcomes (du Prel, Röhrig, & Blettner, 2009), and much of the evidence base has been of limited or poor methodological quality (Heimes, 2011). To date, two key systematic reviews encompassing poetry therapy have been conducted. Nyssen et al. (2016) investigated the utility of therapeutic writing in treating long-term health conditions and found that the heterogeneity of methods by which poetry therapy is applied in practice made comparisons between outcome studies invalid. Heimes (2011) found that comparisons were possible but that the evaluative methods employed by researchers were insufficient to provide a compelling evidence base, despite numerous encouraging studies.

How is it Used?

The predominant model of poetry therapy used in contemporary research and practice is Mazza's (2017) tripartite "RES" model, which identifies the role of receptive, expressive and symbolic aspects of poetry when used for therapeutic purposes. For instance, a facilitator might introduce a poem into the session (R), from which the client(s) could write a response (E). From this, a discussion of emergent metaphors might ensue (S). This model has been investigated empirically (Mazza & Hayton, 2013) and underpins the International Federation for Biblio/Poetry Therapy's (IFBPT's) training and certifications in poetry therapy. It is commonly delivered in a group format, but can also be used individually.

Commentators have argued that poetry therapy is a "tool, not a school" and is best conceptualised as a creative adjunct to traditional models of psychological therapy, rather than an alternative treatment modality (Gorelick, 2005, p. 125). However, the discipline's regulatory authority, the IFBPT, offers both clinical and non-clinical designations for certification in poetry therapy: Certified Poetry Therapists and Registered Poetry Therapists are qualified mental health professionals who have subsequently undertaken training in poetry therapy, and Certified Applied Poetry Facilitators are those who apply poetry therapy with non-clinical populations in community settings. In other words, not all qualified poetry therapists are trained psychologists or psychotherapists, and therefore cannot be expected to hang their practice on established therapeutic frameworks – they will, in effect, be offering poetry therapy as a stand-alone intervention. In short, there is great variety in how poetry therapy is employed in practice, and by whom.

Because individuals from a range of professions can deliver poetry therapy, there are no formal guidelines regarding its application beyond cautioning practitioners to remain within their scope of practice and expertise (Mazza, 2017). As such, the application of poetry therapy by a psychotherapist might look quite different to its application by a nurse or social worker. Poetry therapy could therefore be used in varied ways: proactively or reactively; in an open-ended or time-limited frame; assimilated within, or as an alternative to traditional models of psychological therapy.

What is Not Yet Known About Poetry Therapy?

How does Poetry Effect Change?

In 1993, Mazza published a 17-item research agenda for poetry therapy. Though much work has been done in the subsequent decades, substantial gaps remain.

Perhaps the most striking absence is “an integration of thought systems related to poetry therapy” (Mazza, 1993, p. 57). In general, theories of how poetry therapy might bring about change have been hung upon the rubrics of traditional schools of psychological therapy, such as psychodynamic theory or cognitive behavioural therapy (CBT). To date, no clear synthesis of these ideas has been conducted and they have not been tested to see whether they apply in practice. As such it remains unclear as to whether proposed mechanisms of change are actually employed during poetry therapy sessions, and how they might account for any effect that is brought about.

This contrasts with the wider expressive arts therapy literature. For instance, in their thematic synthesis of 119 art therapy papers, Gabel and Robb (2017) identified five therapeutic factors which they equated to mechanisms of change: symbolic expression, relational aesthetics, embodiment, pleasure/play, and ritual. No equivalent study has yet been conducted to review the poetry therapy literature. In short, though the aforementioned evidence to some extent supports the therapeutic ends of poetry therapy, the means by which this is achieved is altogether less clear.

This is an important omission, for as Mazza (1993) highlighted, a cogent, integrated theory underpinning poetry therapy would help to direct the larger scale empirical research programme. An understanding of mechanisms of change can in turn be used to identify which outcomes are measured in clinical trials, and to provide a standardised framework upon which trials can be compared, be those across different client groups or therapeutic modalities (cf. Messer & Wampold, 2002). This would help to meet the recommendation from Ramsey-Wade and Devine’s (2018, p. 290) review that “more research [….] examining the process of change is needed”.

The Aims of This Review

This review is intended to bridge gaps in the literature by systematically retrieving, evaluating and synthesising empirical studies that have investigated, directly or indirectly, the mechanisms underpinning poetry therapy. In so doing, it should provide an account not only of *which* mechanisms of poetry therapy are applied in practice, but also of *how* these mechanisms might be expected to bring about some form of therapeutic effect - of potential benefit to researchers, practitioners, and educators alike in our combined effort to further describe and develop this emergent field.

Methods

Design and Rationale

This literature review follows Baxter et al.'s (2014) design, producing a logic model from systematic review synthesis. This means that papers were systematically searched for, evaluated for quality, and then synthesised into an explanatory model. The aim of this model is to diagrammatically demonstrate the logic underpinning the relationship between mechanisms and observed effects. Though this is not proof of a cause and effect relationship, it goes further than merely pointing at correlation by attempting to fill the "black box" often left in intervention studies (Baxter et al., 2014): an answer to *how* poetry therapy might effect change.

Literature Search

Six databases were searched (ASSIA, CINAHL, OpenDissertations, MEDLINE, PsychINFO, and Web of Science) to capture psychological, medical, community-based literature, and unpublished dissertations. The Cochrane Library was searched using the same query for historical and registered systematic reviews but

returned no results. The database search query used was: ((poet*) AND (therap* or psychotherap*) AND (mechanism or system or technique or process or "program* theory" or "logic model")).ab. All articles published before 7th January 2020 were searched, limited to English language papers. To capture missed and "grey" literature, a call for unpublished papers was made between 14/07/2019 and 14/11/2019 using the social media platforms of key poetry therapy organisations, and the reference lists of relevant articles were manually searched. This process is summarised in Figure 1.

Selection Process

Database searching retrieved 554 articles and manual searching contributed a further 5. Duplicates were removed before articles were screened for eligibility. Only text-based articles that empirically employed and reported the mechanisms of poetry therapy in a health or wellbeing setting were included.

There is on-going debate in the psychotherapy literature regarding the definition of "mechanism", and this study used the Merriam-Webster dictionary definition (Table 1). This includes structural techniques as well as psychosocial processes, which, by Petrik and Cronin's (2014, p. 283) account, are both required to "comprehensively evaluate how change occurs" in psychological therapies. This also accords with Kazdin's (2007, p. 3) definition of mechanism as "the basis for the effect, i.e., the processes or events that are responsible for the change; the reasons why change occurred or how change came about". This broad definition was deemed appropriate at this early stage of model development, to capture the full range of mechanisms that can be identified in poetry therapy across client cohorts, psychological presentations and therapeutic modalities. However, this breadth may preclude more detailed analysis of the particular functions and effects of different

techniques used in poetry therapy and their comparative utility, which may prove a fruitful avenue for research in the future.

In this study, empirical papers were operationally defined as those describing one or more complete intervention with attention to the client group, intervention and outcome. This criterion was used to enable the identification of mechanisms of poetry therapy *in practice*, along with their identified effects. Table 1 outlines the operationalization of key terms, used to inform whether or not an article was considered suitable for inclusion.

Figure 1: *PRISMA Diagram of Literature Search Process*

Table 1: Operationalization of Key Terms

Quality Assessment Tools

The Critical Appraisal Skills Programme (CASP) Qualitative Checklist (CASP, 2018a) and Randomised Control Trial Checklist (CASP, 2018b) were used to assess the quality of studies. CASP measures consider the validity, clarity and utility of results, inclusive of ethical integrity. As recommended by their authors, these tools were not used to yield a numeric ranking or score, but rather to inform the consistent qualitative evaluation of each study's validity and reliability.

Review Process

Retrieved papers were first assessed for quality, informed by the appropriate CASP tool. This was followed by data extraction and analysis. To permit comparisons across studies, the following data were extracted: Country, year of publication, therapeutic approach, ethics, client group, number of participants, key participant demographics, study design, setting, intervention, number of sessions, outcomes assessed, data collection method, main results, main conclusions (see Tables 2, 3 and

4). Papers were then analysed to identify mechanisms and effects. This was supported by NVivo version 12. These were transferred to individual summary tables of mechanisms and effects, and individual models depicting conceptual links between the two. The 14 tables and models were then cross-compared to produce one synthesised framework and one synthesised logic model.

Results

Studies Identified

In total, 13 peer-reviewed papers and one unpublished doctoral dissertation were identified. Summaries and key extracted data are reported in Tables 2-4.

Table 2, Table 3, Table 4

Summary of Studies

Papers 1-8 used qualitative methodology: Six single clinical case studies and two group case studies. One study supplemented clinical notes with self-report questionnaire data. Client groups were diverse, including individuals across the lifespan, both typically developing and those with learning disabilities. Presenting difficulties included acute (unspecified) distress, behaviour that challenges caregivers, childhood sexual assault, cancer, depression, and trauma. Settings spanned community/ outpatient, home-based, inpatient, and residential care. Quality was generally limited.

Papers 9-14 used quantitative methodology: Three randomised control trials and three exploratory clinical trials. Five studies used self-report questionnaires before and after an intervention and one study collected saliva samples. Participant groups included adults with symptoms of cancer, mixed depression and anxiety, psychosis, secondary post-traumatic stress disorder, and stress, as well as those without identified

difficulties. Studies took place in community or inpatient settings, or participants' homes. Quality was generally good.

Analytic Synthesis

Framework

The mechanisms and effects identified in each of the 14 papers were extracted to create 14 individual frameworks, and then synthesised to create one overarching framework. An illustrative sample of this master framework is provided in Table 5, which also identifies the corresponding RES component (Mazza, 2017) for comparison. The unabridged version of this framework, inclusive of primary and secondary mechanisms and effects, is available upon request from the corresponding author. Papers that directly evidence the reported mechanism or effect are reported as a proxy for strength of evidence. Note, however, that not all mechanisms would be possible within the diversity of approaches sampled, and some studies may have used these mechanisms but not reported them, making this a conservative estimate.

Table 5

Model

Each of the 14 individual frameworks was described visually, creating 14 individual models (available upon request). Though the degree of confidence placed in each study's findings was informed by the quality appraisal, with poorer quality studies being afforded less confidence, the analysis revealed that each of the studies converged upon very similar themes. As such, all of the papers were considered to have contributory value (see Gabel & Robb, 2017), and all 14 individual models were drawn upon equally in the construction of the synthesised logic model (Figure 2), which describes the inputs, processes, and outputs of poetry therapy in practice.

The resultant model can be conceptualised as describing five primary tasks:

1. Engaging: Task is attracting and retaining participants. This includes recruitment; participants' ability to actively engage in the session; and/or their continuing involvement with poetry therapy.
2. Feeling: Task is eliciting awareness of feeling state. This could be a thought, emotion, or embodied/sensory experience.
3. Exploring: Task is meaning making. This includes any mechanism relating to the development of understanding, insight or processing.
4. Connecting: Task is the social enterprise of "being-with". This includes connecting with the self, the group, the facilitator, and wider society.
5. Transferring: Task is transferring an immaterial thought, emotion or sensation into something tangible that can be shared with others. This could be in physical or digital copy.

The bidirectional arrows indicate how these primary tasks continually influence each other, forming an active and dynamic process.

Figure 2: *The "EFECT" Model of Poetry Therapy*

Stakeholder Consultation

Stakeholder consultation is recommended as best practice in the development of logic models, to assess the validity and utility of the results (Baxter et al., 2014). As such, the synthesised framework and model were circulated to mentor-trainers in biblio/poetry therapy and other poetry therapy professionals via an online survey. Professionals were asked to consider how well the model and framework reflected their experiences of poetry therapy, how easy they were to understand, and how they might be useful to the respondent.

Six professionals responded to the survey. Regarding the framework, participants rated 76.0% of the mechanisms and 81.7% of the effects as a "good fit" or "very good fit" with their professional experience. No new mechanisms or effects were identified. Four respondents rated the model (Figure 2) as "difficult to understand", one rated it as "very easy" and one did not answer. Two participants felt that the arrows were confusing and one felt that the model was too complex. Three respondents felt that the model could be helpful for teaching or training; one did not feel it was helpful, and two were unsure in what way they might use it. The model was simplified on the basis of this feedback (Figure 3).

Figure 3: *Simplified "EFECT" Model of Poetry Therapy*

Discussion

Key Findings

14 papers yielded 25 primary mechanisms and 54 associated effects. The most consistently reported mechanisms were "facilitator provides writing task" (11/14 papers), "facilitator introduces stimulus poem" (10/14 papers) and "facilitator attempts to make sense of what is going on" (9/14 papers). The synthesised logic model describes the relationship between five core processes: Engaging, Feeling, Exploring, Connecting, and Transferring ("EFECT"). These processes are hypothesised to positively influence participants' thoughts, feelings, and actions. Stakeholder consultation indicated that the framework and model represented were valid and had potential utility.

Understanding the EFECT Model

Engaging

Reviewed studies indicated that engagement was central to the effectiveness of poetry therapy, and consisted of three components: attractiveness, safety, and sustainability. Theoretical reasons for attending poetry therapy, including the pan-cultural familiarity of the arts (Zaidel, 2014) and their intrinsic rewards (Dissanayake, 2007), were supported by reviewed studies. Some participants referenced their familiarity with poetry from school, their sense of it as an interesting or enjoyable activity, or its place within their cultural identity. However, several variables that could plausibly influence engagement remained unexplored, for example: personality factors such as openness to experience or extraversion (Thalmayer, 2018); beliefs about gender and identity (Furman & Dill, 2015); cohort effects (Pennebaker & Stone, 2003); and previous experiences of poetry and/or therapy (MacNair-Semands, 2002).

The second component, feeling safe in the therapeutic process, has long been recognised as an important foundation to psychological therapy (Bowlby, 1988). Safety enables vulnerable self-expression, hypothesised to facilitate positive growth (Livingston, 2003). The reviewed literature indicated that the facilitator was fundamental to managing safety by establishing "ground rules", setting up the room/ location, and outlining the frame of therapy (for instance, specifying session times, purpose, and the anticipated way of working). This was reported to reduce feelings of nervousness, enabling active participation in the process.

Finally, positive appraisal of poetry therapy was associated with participants' continuing attendance at sessions. The heterogeneity of reviewed studies and inconsistent reporting of session numbers precluded the calculation of a "dose-response effect", but it appeared that multiple sessions were required to achieve

significant results, with weaker associations observed among shorter treatment protocols (e.g. study 10). This accords with the evidence base in mainstream psychological therapies (see Howard, Kopta, Krause, & Orlinsky, 1986, for review). Participants referenced the variety of activities, the poetic form, and the group process as helpful "ingredients" in the process. Where reported, participants generally found poetry therapy a positive experience, expressing desire to attend again in the future, deciding to continue the group, or using poetry to support wellbeing independently. Only study 6 reported early termination of therapy. Although reasons were ambiguous, the client was noted to have a poor pre-existing relationship with poetry. Further investigation of the causes of attrition would be helpful.

Feeling

As an experiential approach, it is unsurprising that this review highlighted the central role of *feeling* to the poetry therapy process. Here, feeling is conceptualised as the experiential awareness of emotions, thoughts, actions and the body. This borrows from the four-part model of cognitive behavioural therapy (CBT; Beck, 1995). Reviewed studies indicated that awareness arises in an immediate way through reading, listening to, writing or discussing poetry; bringing the feeling into the room for here-and-now exploration. Participants reported that the stimulus materials elicited both immediate, reactive emotional responses as well as the re-experience of emotional memories. Developing awareness has long been considered a central component of psychological therapy, enabling participants to explore the cause of the feeling, its power, purpose, and how it can be managed (see Rogers, 1946). This is a central organising feature of arts-based therapies, but a number of mainstream

approaches, in particular third-wave CBT models, also recruit an experiential component (e.g. Gilbert, 2010; Linehan, 2014).

A less explored, but still evident aspect of *feeling* pertains to the body. Almost every reviewed study involved reading poetry aloud to others, recruiting the sensory experiences of both speaking and listening. Some participants linked the use of their voice to the embodiment of their emotional experience, and study 14 used exercises designed to engage participants with their voice in the treatment protocol. The impact of rhythm and sound featured in study 11, which reported positive effects on stress reduction through listening to spoken poetry alone. Though mainstream psychological therapies are increasingly attending to the embodiment of emotion (e.g. van der Kolk, 2015), this concept holds particular prominence in expressive arts and movement-based therapies (e.g. Koch & Fischman, 2011). As an approach that recruits action and sensation into its operational paradigm, poetry therapy is likely to provide a useful platform from which to further explore these principles. Attention to the action of writing, the sensory aspects of ink and paper, and the impact of sound as a distinct mechanism from the communication of meaning, would offer interesting contributions to the model, but were not discussed specifically in the papers. Drawing upon the philosophical field of embodied cognition could inform this enterprise considerably (Koch & Fuchs, 2011; see also Gallagher, 2006; Noe, 2004).

Exploring

Making sense of ones' experiences is a central endeavour of most forms of psychological therapy. The reviewed studies illustrate the particular ways in which poetry can facilitate and expedite this process. Foremost, poetry elicited material that could be explored via discussion. The poem also provided an accessible route into

difficult conversations, leading several authors to argue its advantage over traditional therapy techniques (e.g. studies 1, 3, 5 and 8). Not only did this serve to strengthen the therapeutic alliance, a common factor to the effectiveness of psychological therapies (Wampold, 2015), but so too did it appear to facilitate the circumnavigation of defensive structures, permitting more incisive analysis.

The exploration of inner worlds was a central component to almost every study reviewed, and it is noteworthy that the mechanism of *discussion* was associated with the largest number of effects in the summary framework (Table 5). Participants telling their stories, identifying key themes or images, and making links with personal experience were some ways in which exploration was achieved. It appeared that the facilitator's continual act of formulation and re-formulation helped to guide the participants' enquiry in a process of collaborative discovery, as it might in any other form of psychological therapy (Johnstone & Dallos, 2014).

Participants and facilitators alike referenced the importance of processing feelings, both in terms of the sense of satisfaction gained, and its role in personal growth. The relationship between meaning and change was evidenced in several papers, wherein improved understanding of thoughts, experiences and emotions reportedly led to new ways of thinking, emotional experiences, and/or actions. For instance, outcomes such as improved ability to manage emotions (study 5), increased clarity of goals (study 3), increased social interaction (study 4) and greater desire for intimacy (study 8) were reported, and linked to positive appraisals of the process.

Connecting

Common across reviewed studies were the particular ways in which poetry seemed to facilitate greater connectivity – be that with the present moment, the past,

one's sense of self, the facilitator, group members or important others. To this end, the poem was used both as an evocative and communicative device.

The *feeling* component of the EFECT model highlighted how poetry enabled connection to oneself in the present moment as an embodied, sensing agent, as well as connection to past feelings evoked by images or ideas contained within the poem. This appeared to promote a sense of integration within participants, and also permitted them to re-connect with their less dominant narratives. For instance, participants in study 5 reported feeling more capable, creative, and confident following participation in poetry therapy. Similarly, poetry seemed to enable participants to connect to the stories of their lives – stories that may not ordinarily be given voice (see e.g. study 6). In this way, poetry therapy exemplifies principles of narrative therapy, such as re-membering and re-storying; processes theorised to promote strength and resilience within participants (Morgan, 2000).

Poetry also appeared to evoke feelings of connectivity to people, places and things in a way that transcended space and time. Studies 4 and 6, in particular, noted how reading poetry could elicit memories of loved ones long passed, lending a feeling of connectivity that seemed particularly important for older adults experiencing bereavement. So, too, did it facilitate a sense of connection to the mind of the poet, helping isolated individuals to feel interpersonally connected when this might otherwise be difficult or impossible. This sense of social connection is well documented as having a protective as well as restorative effect as regards mental health and wellbeing (Perkins, Subramanian & Christakis, 2015).

As a communicative device, poetry had a variety of applications. Sometimes, poetry was used to communicate with others directly, for instance, writing a poem *for*

someone. Participants in study 5 indicated that this fostered feelings of connection, for instance, via enhanced empathy, improved communication skills, or a sense of altruism. Others noted that poetry enabled indirect communication, wherein the meaning underpinning poems written later emerged through discussion (e.g. studies 1 and 8). This use of poetry to communicate experiences appeared to have an important impact upon the therapeutic relationship – an identified common factor predicting the effectiveness of psychological therapy (Wampold, 2015). Poetry enabled participants to convey difficult feelings in a way that the therapist could understand. This appears consistent with neuropsychological findings that visual art activates the default mode network, a neural circuit that relates perceptual information to one's sense of self (Vessell, Star & Rubin, 2013). In other words, art enables information about others to be processed in a self-referential way, thus facilitating empathy.

Finally, poetry seemed to directly facilitate social connectivity. By sharing personal experiences, or writing collaborative poetry, participants were reported to connect as a cohesive group (see studies 2, 5, and 10). This reportedly offered multiple benefits, including emotional support, problem solving, mutual care, and entertainment. This is important, because feeling isolated or different can contribute to psychological distress, and social capital may facilitate sustainable psychological wellbeing (Tew, 2013). Furthermore, poetry appeared to connect participants with their common humanity. Experiences once considered indicative of individual deficit were revealed to be shared – be that among group members, or simply the reader and the poet. Participants in study 5 indicated that this served to normalise, validate, and de-stigmatise the difficult experience, promoting a feeling of "togetherness" and instilling a sense of hope. These effects have long been theorised (Yalom & Leszcz,

2005) and evidenced (Bloch, Crouch & Reibstein, 1981) in the group therapy literature; however, poetry appeared to facilitate, and perhaps enhance them.

Transferring

In this model, *transferring* refers to the process of moving thoughts, feelings or experiences from the mind into the poetic form via writing or typing. As predicted by Hunter and Sanderson (2007), studies indicated that through this process the chaotic becomes orderly; the intangible becomes tangible; the immediate and up close becomes more distant and examinable; and the coupling of emotion and identity becomes uncoupled and externalised. These processes are common to many forms of psychological therapy (e.g. Beck, 1995; Morgan, 2000), but manifest in a material sense through poetry therapy – and, perhaps, arts based approaches more broadly. For instance, Wright and Holttum (2020) reference the use and importance of externalisation in art therapy among those with lived experience of psychosis.

In transferring experiences from the ideal to the real, some participants seemed able to directly influence the emotion that they were experiencing. For instance, one participant in study 5 reported how changing the affective quality of events described in a poem improved her mood. Other participants in the same study reported positive secondary emotions, such as accomplishment and satisfaction at having produced something worthwhile. Positive feelings also arose via altruism, for instance, through the production of a poetry anthology, or gifting a poem to a loved one. This mirrors other therapeutic models that recruit “the helper therapy principle”, such as the “twelve steps” programme used to support those recovering from addictions (Pagano, Post & Johnson, 2010, p. 23).

The physical poem also appeared to have multiple uses. Firstly, as a material entity it had to be organised in some way – filed, displayed, given away, or destroyed. Study 6 indicated that this could, in itself, be an important mechanism by which participants related to their experiences. Likewise, study 8 illustrates how it can provide a form of documentation, recording participants' experiences and progress over time. Arguably, the material poem became an extension of the writer's mind; a manifest memory bank that stored both semantic and emotional information regarding the participant's journey. Further study of how poetry therapy can be understood within the rubric of Clark and Chalmers' (1998) Extended Mind Thesis could further illuminate the utility and importance of this approach.

Additionally, studies highlighted the ways in which material poems were used interpersonally to therapeutic effect. In study 3 the participant gives her written poems to her therapist to read between sessions, who used the poems to formulate – a theory informed, client-centred process of sense making (Johnstone & Dallos, 2014). This could be perceived to be a literal instantiation of the psychotherapeutic process of "holding", wherein the participant "gives" painful emotions and experiences to the therapist to make sense of, who then returns these experiences in a digestible form (Lemma, 2003). In the same vein, the gifting of poems from facilitators to participants could be considered a literal form of "transitional object", as suggested by Steed (2003). Further exploration of the ways in which poetry therapy might materially recruit psychodynamic processes would be valuable.

Strengths, Limitations, and Future Research

This study is the first to systematically retrieve, review, and synthesise the empirical literature to explore possible mechanisms and effects of poetry therapy. In

doing so, it models a unified process of poetry therapy consistent across its many different forms, settings, and client groups. This provides a theoretical framework from which a programme of research and practice can be developed, strengthening both the coherence of the field and its evidence base.

Encouragingly, the EFECT model is consistent with existing theories within psychological therapies - particularly narrative, psychodynamic, cognitive behavioural and mindfulness-based approaches - suggesting its validity as a form of psychological therapy, as well as a wellbeing initiative. It is also consistent with Mazza's (2017) RES model of poetry therapy (see Table 5), which comprises the Receptive/prescriptive, Expressive/creative and Symbolic/ceremonial. These components are evident throughout the EFECT model, though the *feeling* component closely accords with the Receptive, and the *transferring* component recruits both the Expressive and the Symbolic. Future research might seek to explore and develop these connections in more detail, using the greater explanatory and predictive power of the EFECT model to develop the existing knowledge base.

Nonetheless, certain methodological limitations should be noted. Firstly, the literature search was limited to single-medium approaches written in the English language. Many studies using poetry do so in combination with other media, be that a mixture of the arts, animals, movement, or the environment. Likewise, several papers written in Arabic could not be included. Future research addressing these inclusivity gaps could strengthen the findings.

It is a strength of the study that poetry therapy professionals judged the EFECT model and framework to be consistent with their experiences and to have potential utility. Nonetheless, the validity of the study was limited by the quality of

the included studies. Qualitative papers in particular were generally of low quality and limited in their generalizability, being for the most part unsystematic single-case reports. Papers were generally descriptive in nature and judged highly susceptible to bias. The model should be evaluated in the light of this quality caveat, and future empirical assessment of the validity and reliability of the EFECT model, particularly attending to participants' experiences, is essential.

Though limited in their generalizability, many of the included studies did helpfully report "least likely" samples, going some way to challenging the potential criticism that poetry therapy favours those of a certain educative or intellectual status. Further, whilst many of the studies were based in the USA, a significant sub-section came from Iran, indicating some degree of cultural generalizability across included studies. Together, findings suggest the parameters for poetry therapy that larger-scale and/or more rigorous studies could test empirically whilst also attending to much-needed quality considerations.

Only one of the included studies considered human biology. Further physiologically based research would help triangulate and develop current understanding of how poetry therapy works and the effects it can have. For instance, though study (11) indicated that the sound and rhythm of poetry reduced salivary cortisol, the study did not uncouple sound from meaning or culture, leaving questions as to which was the active "ingredient" - or indeed whether they can be separated. Studies in the field of music therapy (Moore, 2013) and neuroscience (Koelsch, 2014) indicate that both rhythm and pitch can, independently of meaning, up- and down-regulate emotional states. Further research in this field, using methodologies

such as heart rate monitoring, skin conductivity, or functional neural imaging, could inform the empirical evidence base significantly.

Implications for Policy and Practice

This study provides an initial evidence-based model of the operational mechanisms of poetry therapy and their associated effects. It is hoped that this goes some way to answering Mazza's (1993) long unanswered call to provide a coherent organisational framework by which professionals can develop their practice, be that delivering, teaching or researching poetry therapy. For instance, practitioners could use it to develop existing protocols, or researchers could use it to isolate variables and test associations. If supported empirically, this model may help develop the evidence base required to propel poetry therapy into mainstream psychological practice.

Summary and Conclusions

This study reviewed 14 empirical papers, underpinned by a range of theoretical assumptions, reporting the process and impact of poetry therapy upon participants. Mechanisms and effects were extracted and synthesised into a testable logic model. The resultant EFECT model hypothesises key active, inter-related processes underpinning poetry therapy: Engaging, Feeling, Exploring, Connecting and Transferring. This is consistent with existing models of psychological therapy and has built upon Mazza's (2017) RES model of poetry therapy. It was judged by professionals in the field to be a valid and useful tool for research and practice; however, further research is now required to test the model empirically. If sound, the EFECT model could support the development of more rigorous research to further the evidence base, potentially bringing poetry therapy into more mainstream practice.

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Figure 1

PRISMA Diagram of Literature Search Process

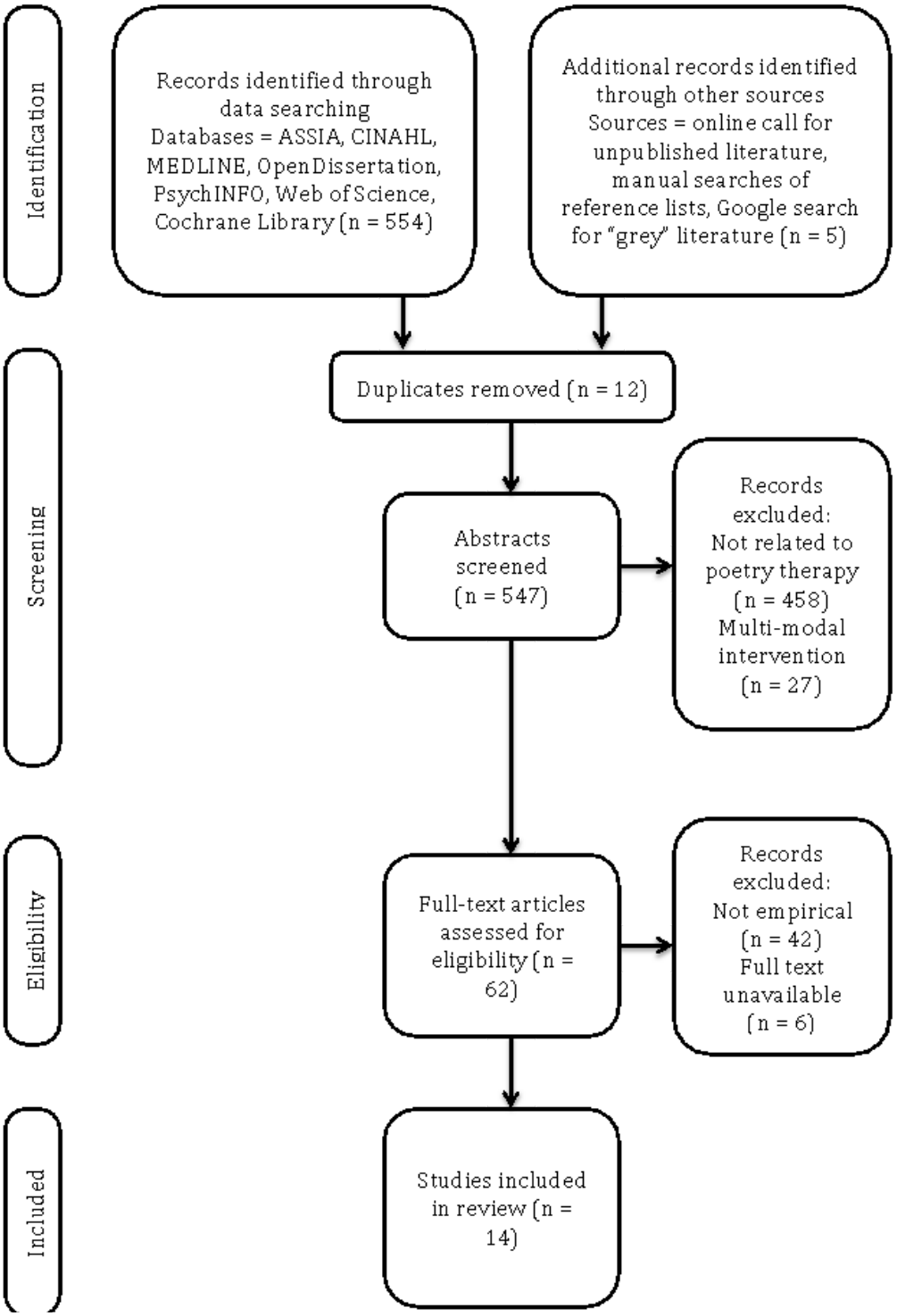


Table 1

Operationalisation of Key Terms used for Inclusion Criteria

Term	Dictionary Definition*	Operational definition
Poetry	Writing that formulates a concentrated imaginative awareness of experience in language chosen and arranged to create a specific emotional response through meaning, sound, and rhythm	Deliberate use of written or spoken rhythmic (metrical) language to convey experience.
Mechanism	A process, technique, or system for achieving a result	Intentional application of a technique or intentional facilitation of a process theorised to achieve predictable change.
Health (setting)	The condition of being sound in body, mind, or spirit; *especially* freedom from physical disease or pain	Setting in which professionals intend to provide treatment for, or protection from, disease or pain of the body or mind.
Well-being (setting)	The state of being happy, healthy, or prosperous	Setting in which professionals intend to provide services that maintain or enhance positive physical and/or emotional states.

** Merriam-Webster online dictionary, accessed November 2019.*

Table 2

Study Identifiers and Key Quality Ratings

No.	Author(s) & date	Evidence of Attention to Bias	Evidence of Attention to Ethics	Generalizability	Replication Potential
1	Bowman & Halfacre, 1994	Low	Low	Low	Low
2	Buck & Kramer, 1974	Low	Low	Low	Sufficient
3	Conlon, 2012	Low	Low	Low	Low
4	Deshpande, 2010	Sufficient	Low	Low	Low
5	Reid, 2016	Sufficient	Good	Low	Very good
6	Reiter, 1994	Low	Low	Low	Sufficient
7	Santarpia, Dudoit & Paul, 2015	Sufficient	Sufficient	Low	Good
8	Seiden, 2007	Sufficient	Low	Low	Sufficient
9	Boone & Castillo, 2008	Sufficient	Good	Good	Good
10	Golden, 2000	Good	Sufficient	Good	Good
11	Jabarouti, Shariat & Shariat, 2014	Good	Sufficient	Good	Good
12	Mohammadian, Shahidi, Mahaki, Mohammadi, Baghban & Zayeri, 2011	Good	Sufficient	Good	Good
13	Parastoo, Amenehsadat & Shahla, 2016.	Sufficient	Low	Good	Low
14	Tegnér, Fox, Philipp & Thorne, 2009	Good	Sufficient	Good	Good

Note. Full CASP assessment notation available upon request. Evidence rated “low”, “sufficient”, “good”, or “very good”.

Table 3

Summary of Extracted Study Characteristics

No.	Client Group	Presenting Difficulty	Client(s)	Setting	Design
1	Adolescents; Survivors of childhood sexual assault	Difficulties with intimacy and sexuality, impaired ability to trust, anger and low self-esteem.	1x 19y/o M	Unspecified therapy/ counselling setting	Single clinical case study
2	Adults with/out recovering mental health difficulties	Communication	9 undergraduate students, 12-20 hospital patients	Meeting room; psychiatric hospital rehabilitation unit	Group case study
3	Palliative care; physical health	Terminal cancer with treatment side effects	1x 31y/o F	Hospital – inpatient medical ward	Single clinical case study
4	Older adults	Depression & social withdrawal; dementia	1 x 93y/o F	Nursing home	Single clinical case study
5	Adults; Parents; Adults with Learning Disabilities	Mothers whose children had been adopted in context of mixed psychosocial difficulties	3x service users, 1x project worker; aged 20s-40s, F	Charity – community setting	Group case study
6	Older adults	Depression & social withdrawal in context of bereavement & physical health comorbidities	1x 86y/o F	Client’s home	Single clinical case study
7	Older adults; palliative care; physical health	Depression & social withdrawal in the context of terminal cancer	1 x 70y/o M	Hospital - oncology unit	Single clinical case study

8	Children	Oppositional & defiant behaviour in context of adoption & family discord	1x 7-9y/o F	Unspecified therapy/ counselling setting	Single clinical case study
9	Adults	Domestic violence counsellors with secondary-PTSD	55 counsellors; aged 23-53; M = 6, F = 49	Participants' homes	Randomised control trial
10	Adults	No identified distress, normally developing	33 graduate counselling students (M = 16, F = 17)	College classrooms	Randomised control trial
11	Adults	Stress precipitated by retirement	26 retired academics; M, aged 51-57	Participants' home	Randomised control trial
12	Adults; Students	Depression, anxiety, stress	28 university students; F, aged 18-22	Not specified	Exploratory clinical trial
13	Adults with psychosis; Psychiatric inpatients	Psychosis	22 M; mean age experimental group = 46, control group = 53	Hospital, psychiatric inpatient setting	Exploratory clinical trial
14	Physical health	Adjustment to cancer diagnosis	6 F patients, aged 50+	Cancer support centre	Exploratory clinical trial

Note. F = female, M = male

Table 4
Summary of Extracted Study Outcomes

No.	Intervention	Measures	Main Results	Main Conclusions
1	Actualizing therapy with poetry therapy adjunct. Frequency, length, and number of sessions unspecified.	Therapist's notes, client's poems.	- Move towards self-actualisation - Ability to express difficult emotions - Increased sense of trust - Writing enabled "rehearsal" of secret/painful experiences before revealing them in therapy - Rewriting poems increased confidence in accuracy of memories and emotions - Interpretation aided understanding - Desire to relate more intimately toward others - Increased self-esteem and self-acceptance. - Improved self-awareness - Developed skills	- Actualizing therapy is compatible with poetry therapy - Unwanted emotions may be more easily expressed in poetry than in more traditional forms of therapy by some individuals - The resolution of sexual abuse may be encouraged by poetry therapy as intense emotions are assimilated by means of the client's interpretation of personal poetry.
2	Time-limited group poetry therapy: 7 weekly sessions, unspecified duration	Facilitator's notes & participants' poems.	- Group divisions confronted and overcome; move towards unity - Poetry aided indirect expression of thoughts, attitudes, and feelings; leading to direct expression - Sharing poetry aided self-disclosure and expression of felt experience, enabling empathy - Poetry supported self-actualising growth; acceptance of feelings and experience - Participants developed skills with words and in the expression of emotions and thoughts - Developed conception of self as poet	The group demonstrated the communicative potential of poetry when it is used in combination with a theory of group development.

			- Group theme development occurred: similar elements appeared in poems by different people - Decided by consensus to continue the group	
3	Brief poetry therapy. Number of sessions unspecified, duration 4 days.	Therapists' notes	- Facilitated processing of thoughts and emotions - Provided safe vehicle for emotional expression - Aided goal clarification - Was perceived as meaningful work by client and therapist - Left client feeling encouraged and satisfied	Poetry therapy is an acceptable and effective intervention for brief hospital based end-of-life work.
4	Self-psychology with poetry therapy adjunct. Number of sessions unspecified, duration 4 months.	- Geriatric depression scale (GDS) - Therapists' notes - Care staff observations	- Improved self esteem - Increased interaction with others - Reduced symptoms of depression (15 to 12 GDS over 4 months) - Acquired coping skills - Acquired interpersonal skills - Developed emotional regulation skills - Managed later life issues - Acquired ability to use available resources.	Poetry therapy with self-psychology helped client access larger world, develop meaningful interactions and alleviate depressive symptoms. Suitable for use with elderly persons with adjustments but progressed dementia can be a contraindication.
5	Time-limited poetry therapy: 5x 2hr group sessions, weekly	Semi-structured interviews.	- Helps to identify, release, and process memories, thoughts and emotions - Facilitates change - Aids skill development, self-esteem and confidence - Enjoyable process, though elicits mixed emotions	Group poetry therapy can be effective for adults with learning disabilities. Participants reported variegated benefits and stated they would attend again.

			- Group process was helpful and preferable to individual work - Process appreciated: Authenticity and creativity important, variety of exercises useful, poetry had benefits over other writing forms, topic choice and safety important	
6	Biblio/poetry therapy of unspecified frequency and duration	Therapist's notes and poems	- Poem can represent past and/or present emotional states, both positive and negative - Poem can communicate a need - Sharing poetry can strengthen the therapeutic relationship - Sharing poetry can act as a catalyst to discussion - Poem can be a physical representation of emotional truth - Images can elicit feelings and associative thoughts - This can elicit meaningful discussion	Poetry provides a vehicle for sharing client's inner world and telling the stories of our lives. This can strengthen the therapeutic relationship and open meaningful discussion. Poetry offered a sense of connection to others and an opportunity for sense making.
7	Four-phase poetry-writing technique, 4-6 weeks duration.	Semi-directive interviews conducted before and after intervention	- Discourse changed during study: reduction in use of first-person pronoun - Less reliance on defensive processes e.g. laughter - Development of new metaphors - Ability to express frustration - Difficulty expressing depth of sentiment via writing - Finding psychic objects that were previously lost to memory	Writing workshops based on haiku can enable patients to produce a larger and more unified narrative about their end-of-life experiences, to think in new ways about themselves and their relationship to illness and disease, and may influence how cancer is experienced.

8	Psychoanalysis with poetry therapy adjunct. Number of sessions unspecified, duration 2.5 years.	Therapist notes and clients' poems, letters, drawings and stories.	- Client enjoyed making collaborative poems with therapist - Poems helped client communicate directly, and develop clearer self-understanding - Client's defiant and oppositional behaviour reduced - Bedwetting remained a problem - Poems record client's progress - Approach has equipped client with tools for managing difficulties in life	Poetry therapy depends on the use of playful symbolic language, making it an effective adjunct to psychoanalysis when working with children who find it difficult to talk to their therapists directly about their life and their problems. Joy in the process is an important part of the experience.
9	Structured online poetry therapy: 3x self-directed sessions, reading and writing poetry, accessed via website.	Impact of Events Scale (IES)	Intervention was associated with a statistically significant reduction in PTSD symptoms as assessed by the IES ($t = 5.52$, $p < 0.001$). *Note.* control group also showed significant reduction in IES scores at time two.	- Poetry therapy can relieve symptoms of secondary PTSD - Practitioners at risk of secondary PTSD should be informed of writing as a self-care technique - Support groups that utilize writing and poetry therapy may be an especially effective means of helping staff cope with stress.
10	Poetry therapy with or without collaborative writing. 6x 1hr/ weekly	The Cohesion subscale of the Group Environment Scale (GES)	- Scores improved post-test for both the experimental and control groups but differences within groups were not significant - The difference between post-test scores on Cohesion in poetry therapy control and experimental groups was significantly different (1.95, $p > .032$)	The hypothesis that there would be a difference between post-test scores in Cohesion on the Group Environment Scale was accepted.

11	Listening to poetry via CD-player, 5x 30mins per week, 8 weeks	Salivary cortisol (stress hormone)	Intervention significantly reduced salivary cortisol compared with the control group (p = 0.007)	Listening to Persian classical poetry reduces salivary cortisol for retired men and should be considered as an independent method of poetry therapy.
12	Time-limited group poetry therapy: 7x once weekly 90-minute sessions	Depression Anxiety Stress Scale (DASS-21)	Results of mixed ANOVAs showed that poetry therapy had a significant effect on reducing signs of: - Depression (F= 22.17, df= 1,15, p= 0.001) - Anxiety (F= 6.59, df= 1,16, p= 0.021) - Stress (F= 22.36, df= 1,15, p= 0.001)	Group poetry therapy may be effective in reducing symptoms of depression, anxiety, and stress as measured by the DASS-21 among female Iranian undergraduates.
13	Time-limited group poetry therapy: one-hour group poetry therapy session, x2/ week, for four weeks.	1. Demographic information questionnaire 2. Cognitive Emotion Regulation Questionnaire (CERQ) 3. Brunel Mood Scales (BRUMS)	Significant improvement in - Positive refocusing and planning - Evaluation and adoption of broader perspective - Acceptance - Overall mean of positive (helpful) strategies No significant change in use of negative (unhelpful) strategies. No significant change in mood.	Poetry therapy is an effective way for individuals with psychosis to develop their use of positive coping strategies. Recommend that poetry therapy be used as a supplementary therapy in psychiatric centres and clinics

14	Time-limited poetry therapy: 6x 1.5hr group sessions, weekly	1. Hospital Anxiety and Depression Scale (HADS) 2. Mini-Mental Adjustment to Cancer (Mini-Mac) Scale 3. Courtauld Emotional Control Scale (CECS). 4. Post-traumatic Growth Scale (PTGI).	- Significant change in total CECS for the participants who experienced the poetry workshops (47 to 41). - Significant decrease on anger sub-scale of CECS (17 to 15) - Significant reduction on anxiety scale of the HADS (6 to 4) - No significant changes on these measures in the control group - Scores on other measures showed non-significant change in hypothesized direction	- Emotional resilience can be improved by the use of a poetry therapy intervention - This can also improve anxiety levels. - Participants verbally expressed their enjoyment of the poetry therapy intervention indicating treatment acceptability.

Table 5
Abridged Framework of Synthesised Mechanisms and Effects

Mechanism (RES comparator)	Ref. Papers	Effect	Ref. Papers
Facilitator introduces stimulus poem (Receptive/ prescriptive) *e.g. a published poem*	4, 5, 6, 7, 9, 10, 11, 12, 13, 14	Audience listens *e.g. when someone else is reading a poem*	5, 6, 8, 11, 14
		Increased awareness of self *e.g. through reflection*	2, 3, 5, 7
Facilitator invites discussion (Receptive/prescriptive; Expressive/creative) *e.g. asks questions about response to poem*	1, 2, 3, 5, 6, 10, 12, 14	Poems aids emotional insight *e.g. via discussion*	1, 2, 3, 4, 5, 6, 7, 8
		Poems facilitate change *e.g. via goal clarification*	1, 2, 4, 5, 6, 8
		Poems bring group together *e.g. via mutual support*	2, 5, 10, 13
		Poems aid cognitive insight *e.g. via discussion*	1, 2, 3, 4, 5, 6, 7, 11, 12, 14
		Short-term improvement to mood *e.g. feel "cheered up"*	2, 4, 5, 9, 11, 12, 13, 14
Facilitator provides writing task (Expressive/ creative) *e.g. "fill in the blanks" exercise*	1, 3, 4, 5, 7, 8, 9, 10, 12, 13, 14	Participant(s) complete task *e.g. write poem*	1, 3, 4, 5, 7, 8, 9, 10, 12, 13, 14
		Task impacts emotional health *e.g. offers relief from difficult emotions*	1, 2, 3, 4, 5, 6, 7, 8, 12

		Task aids cognitive awareness *e.g. writing highlights thought patterns*	1, 2, 3, 4, 5, 6, 7, 8, 12, 14
		Task aids communication *e.g. can express things that are difficult to say in conversation*	1, 2, 3, 5, 6, 8, 12, 14
		Some symptoms improve *e.g. reduction in anxiety symptoms on Hospital Anxiety and Depression Scale*	4, 7, 9, 11, 12, 13, 14
Facilitator invites participant(s) to share their writing (Expressive/creative; Symbolic/ ceremonial) *e.g. read poem aloud*	2, 5, 7, 10, 12	Participant communicates through writing *e.g. poem enables direct communication to others*	1, 2, 3, 5, 7
		Poem serves emotional function *e.g. prompts recall of emotional response to a situation*	1, 2, 3, 4, 6
		Cognitive response *e.g. listening to poem brings up new ideas of way of looking at things*	3, 6
Facilitator offers ending ritual (Symbolic/ ceremonial) *e.g. creating an anthology*	2, 5, 14	Participant(s) experience positive thoughts and emotions *e.g. poetry therapy appraised as being satisfying*	2, 5

Note. Indicative sample of primary mechanisms and effects included for brevity. Examples selected to indicate concordance with Mazza's (2017) RES model. The complete table of primary mechanisms and effects; and the expanded table, inclusive of secondary codes, are available upon request from the corresponding author.

Figure 2

The "EFECT" Model of Poetry Therapy [in colour]

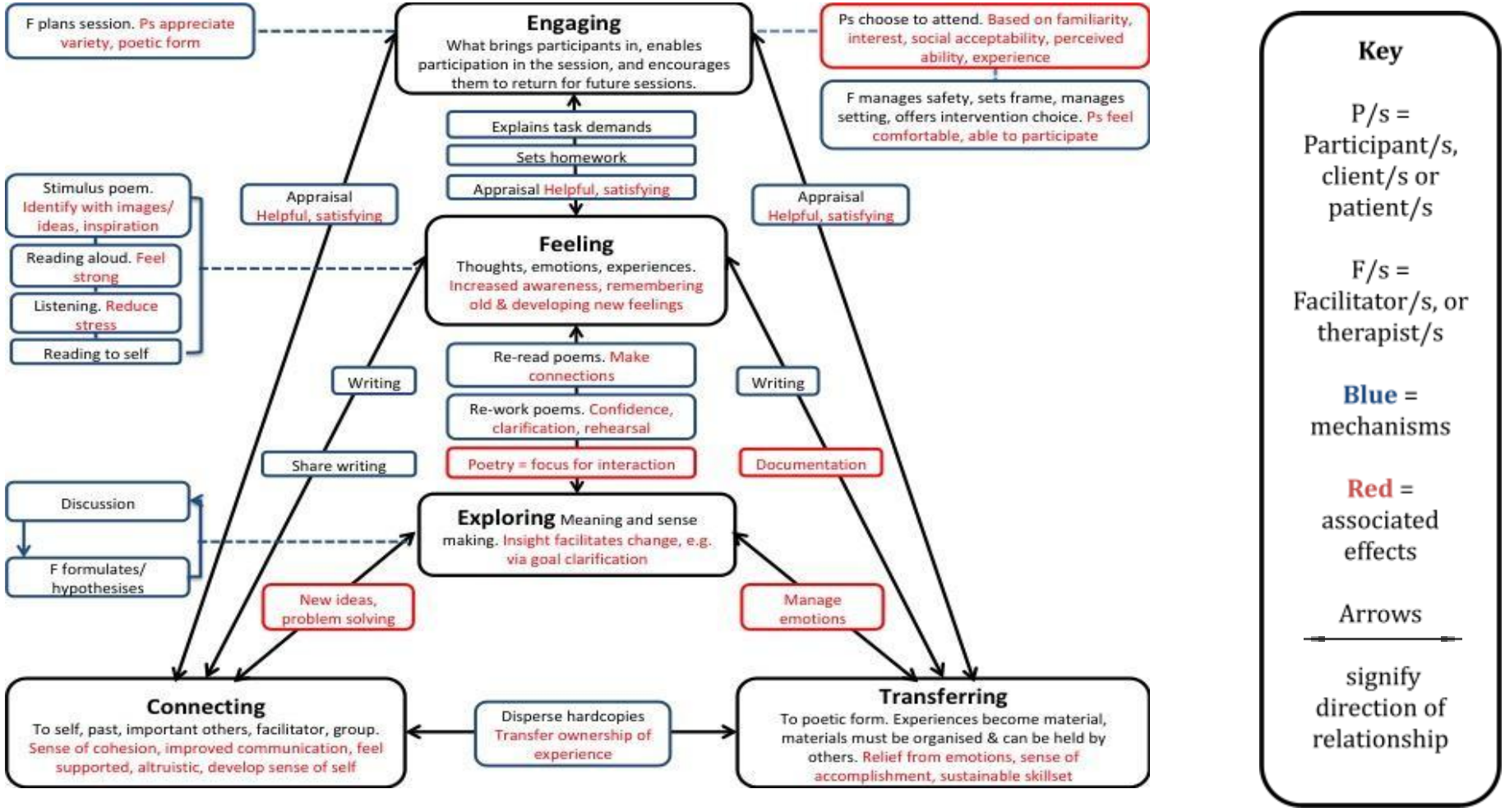
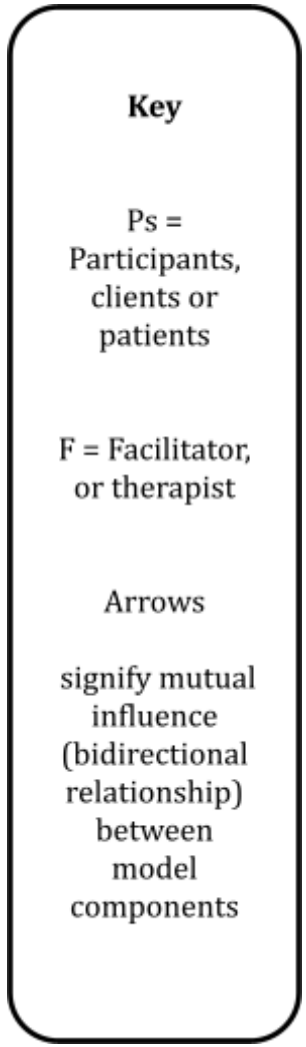
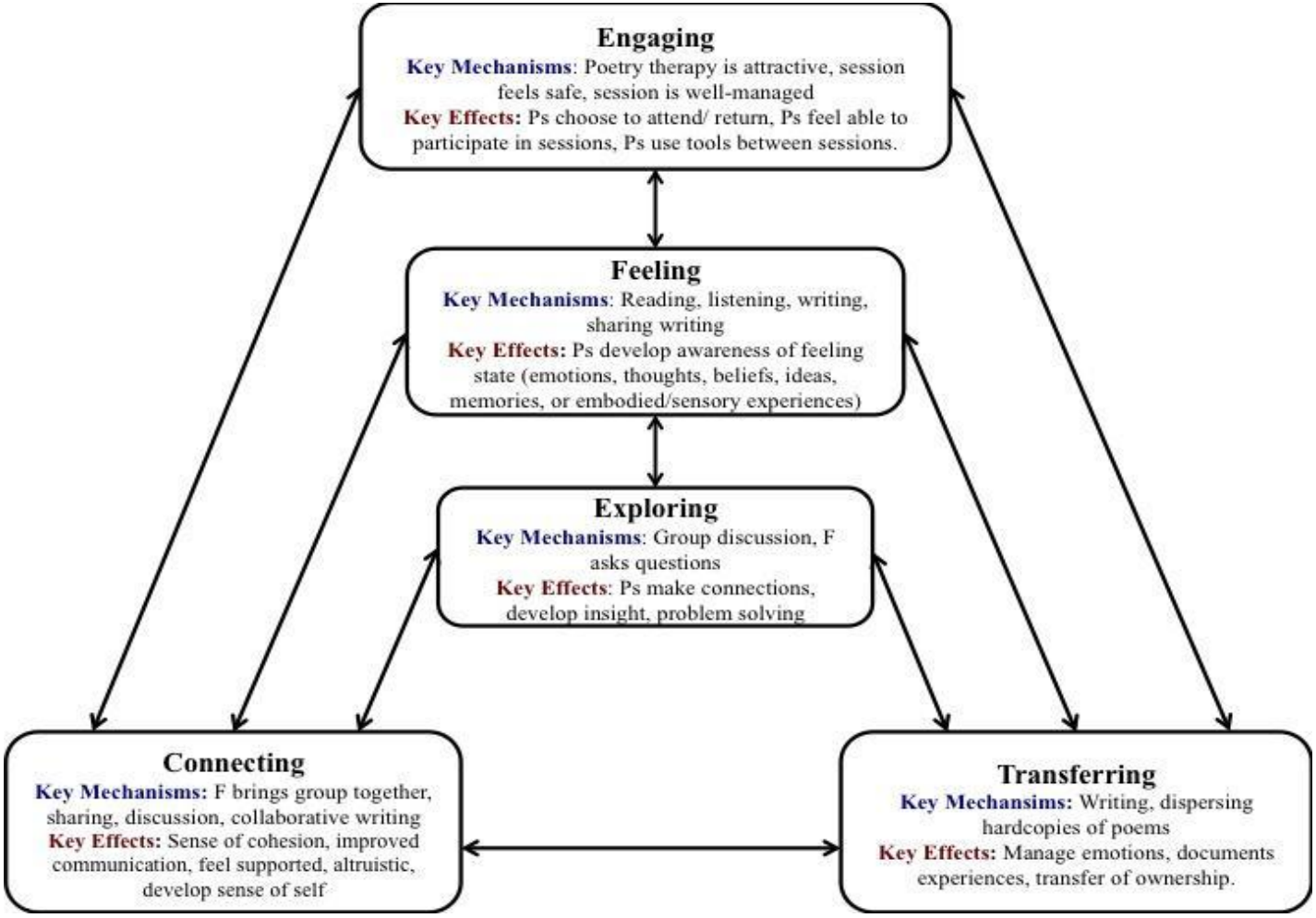


Figure 3
Simplified "EFECT" Model of Poetry Therapy [in colour]




Engaging
Key Mechanisms: Poetry therapy is attractive, session feels safe, session is well-managed
Key Effects: Ps choose to attend/ return, Ps feel able to participate in sessions, Ps use tools between sessions.
Feeling
Key Mechanisms: Reading, listening, writing, sharing writing
Key Effects: Ps develop awareness of feeling state (emotions, thoughts, beliefs, ideas, memories, or embodied/sensory experiences)
Exploring
Key Mechanisms: Group discussion, F asks questions
Key Effects: Ps make connections, develop insight, problem solving
Connecting
Key Mechanisms: F brings group together, sharing, discussion, collaborative writing
Key Effects: Sense of cohesion, improved communication, feel supported, altruistic, develop sense of self
Transferring
Key Mechansims: Writing, dispersing hardcopies of poems
Key Effects: Manage emotions, documents experiences, transfer of ownership.