

Poetry Therapy: A Vehicle of Expression and Healing

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Abstract

Poetry therapy is an expressive arts-based intervention that utilizes the power of words, metaphor, and narrative to foster healing, growth, and connection (Mazza, 2022). As an alternative to traditional talk-therapy, poetry therapy integrates elements from various evidence-based frameworks, offering an inclusive and accessible approach to mental health treatment. This paper explores the efficacy of poetry therapy across diverse populations and presenting issues, examining prominent models of poetry therapy and the application in the field. Through an analysis of peer-reviewed literature, this work highlights the psychological and emotional benefits of poetry therapy, including its impact on trauma, emotional regulation, self-expression, and social connection (Alfrey et al., 2021). Poetry therapy can work with symptoms of depression, anxiety, post-traumatic stress, and schizophrenia, highlighting its role in enhancing resilience and well-being (Akhan et al., 2022; Park et al., 2022; Zhang et al., 2023). Furthermore, the paper showcases the adaptability of poetry therapy in both the context of sessions and its ability to deliver treatment in person, virtual, individual or groups. Despite growing evidence supporting its effectiveness, poetry therapy remains under-researched compared to other more traditional therapies. This paper advocates for additional research to establish long-term outcomes and demonstrate the therapeutic potential of poetry, further contributing to the increasing interest in creative arts therapies and alternative methods of healing.

Keywords: poetry therapy, poetry, liberation psychology, anti-oppressive, trauma-informed, expressive-arts counselling.

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Kaya mo yan

A poem by Patricia Mirth

On the days I wanted to flee this body
sink under the weight of research and not return
I could hear my sisters screaming in joy (our true mother tongue)
my nieces giggling in glee
mama's sisig sizzling in the pan
kaya mo yan, they all tell me
I crumble because I'm not sure what is mine to carry
but I collect the pieces and follow my laugh lines to its origin
kaya mo yan, I mantra over and over
I can do this. I can do this.
I did.

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Chapter One: Introduction

“Poetry is when an emotion has found its thought and the thought has found words.”

- *Robert Frost, American Poet and Author (n.d.)*

Overview of the Topic

In recent years, there has been a significant increase in mental illness presentations across Canada, subsequently there has also been an increase in people’s interest in art-based therapeutic intervention (Mazza, 2022; McMahon et al., 2024; Stephenson, 2023). As societal needs evolve, there is a demand for alternatives to traditional talk therapy; in response, poetry therapy has emerged as an accessible and effective therapeutic modality (Mazza, 2022; Wilson et al., 2022). Though poetry has been used therapeutically for decades, it wasn’t until the late 1980s that the mental health field started to consider poetry therapy as its own modality within the field of expressive art-based therapies, gaining its place alongside art, music and drama therapy (Alfrey et al., 2021; Mazza, 2022). Clinicians worldwide benefit from this growth as the increase in the empirical evidence supporting poetry therapy validates its numerous therapeutic benefits and its use as an independent therapeutic modality. This capstone aims to critically analyze peer-reviewed poetry therapy literature and practice, highlighting the potential for transformative effects on clients and implications for clinical practice.

Defining Poetry Therapy

Poetry therapy is defined in Nicholas Mazza’s (2022) *Poetry Therapy: Theory and Practice* as the “use of language, symbol and story in therapeutic, growth, education and community building capacities” (p. 5). There are many ways to describe the use of poetry therapy—in its simplest form, poetry therapy can be seen as the release of emotions through expression (Park et al., 2022). It provides different routes to healing and self-exploration (Mazza,

2022; Park et al., 2022). Several elements of poetry therapy are already being used in different counselling theories and methods (Mazza, 2022). However, there is a uniqueness about using poetry therapeutically that gets clients to the heart of healing in a way like no other form of therapy (Alfrey et al., 2021; Mazza, 2022). Poetry therapy routes and excavates right to the heart of emotions through sharing and receiving poetry (Alfrey et al., 2021). Research has shown that as art-based interventions gain popularity, there's been an incremental but important increase in literature around the traditionally under-researched topic of poetry therapy efficacy (Mazza, 2022). Unlike traditional talk therapy, which relies more heavily on dialogue between client and clinician, poetry therapy utilizes the power of words from within the individual in a structured yet adaptable method for individuals to externalize emotions that may otherwise be difficult to express (Alfrey et al., 2021; Mazza, 2022). The creative process allows for a deeper exploration of personal narratives, facilitating both self-awareness and emotional release (Mazza, 2022). There are also many ways to use poetry effectively in therapy, as a reader, listener, writer, or group member, all which will be explored in significantly more detail in the next chapter (Alfrey et al., 2021; Mazza, 2022). This capstone will empirically explore the various therapeutic benefits, examining specifically the components that make poetry therapy impactful and the contexts of delivery across populations and presenting issues.

History of Poetry Therapy

Poetry therapy was previously associated as a part of bibliotherapy, which is the use of literature in therapeutic practice, but it wasn't until the late 1980s that poetry therapy gained recognition as its own independent modality (Alfrey et al., 2021; Mazza, 2022). There is evidence that in the early 19th century, clinicians were already attempting to use poetry as a mental health intervention (Mazza, 2022). Mazza argued that clinicians were informally using

poetry therapy in practice, acknowledging the way poetic language naturally seeped into conversation and exploration of meaningful topics. Since then, there has been a slow but steady increase in the use and popularity of poetry therapy, gaining its place amongst other expressive art modalities (Alfrey et al., 2021). For example, the Association for Poetry Therapy (APT) was established in the United States in 1969 with annual poetry therapy conferences continuing years afterwards. In 1980, the International Federation for Biblio/Poetry Therapy (IFBPT) was established to unify ethics, standards, and training across the field of poetry therapy worldwide, with options for clinical and nonclinical training (National Association of Poetry Therapy, n.d.). This was when poetry therapy gained recognition internationally as a professional practice. A branch under the IFBPT is the National Association for Poetry Therapy, which is an international organization where professionals from a wide range of disciplines—counsellors, educators, social workers, librarians, clergy, poets, writers and more—use poetry therapy as an interdisciplinary practice. Additionally, the creation of the *Journal of Poetry Therapy* sponsored by the National Association for Poetry Therapy and edited by poetry therapy leader, Nicholas Mazza, is also a great example of the fields increasing recognition. The *Journal of Poetry Therapy* is now with over 35 years of publication with hundreds of peer-reviewed research articles promoting poetry therapy's therapeutic, educational, and community-building potential (Mazza, 2022).

Purpose Statement and Research Questions

The purpose of this capstone is to explore how poetry therapy can be ethically administered in clinical practice and identify the key factors that contribute to its effectiveness as a therapeutic approach. A closer examination at what populations and presenting issues are effectively treated by poetry therapy will also help clarify treatment application. A look at what

settings poetry therapy is best applied in will also be explored, considering individual and group application, as well as brief and long-term treatment. There is incredible benefit for clinicians, whether seniors in the field or counselling graduates, to learn and recognize the significant impact poetry therapy can have on client treatment and prognosis. Poetry therapy enriches the counselling field by expanding services to include more diverse and culturally responsive practices that ensure clients have choice and autonomy to try interventions that best align with their individual culture, needs and preferences.

Theoretical Framework

This capstone uses liberation psychology theory as an overarching framework to explore the use of poetry therapy as it efficiently addresses the potential of poetry therapy as an ethical, inclusive, and accessible therapeutic intervention for populations across cultural backgrounds and psychopathology. This framework critically examines the use of traditional, dominant, Western-centric models of therapy, which are predominantly individualistic, talk-based, top-down interventions (Comas-Díaz & Torres Rivera, 2020). As supported in the American Psychological Association's (2020) "Liberation Psychology Theory, Method, Practice and Social Justice," the concepts of decolonization, anti-oppression, and trauma-informed practice are cornerstones in providing ethical care for all individuals of all populations and are crucial in the evaluation of treatment alternative to traditional talk-therapy (Comas-Díaz & Torres Rivera, 2020). Poetry therapy has emerged as an alternative pathway, an easily adaptable process based in diverse values of collective treatment (group poetry therapy), action-based and bottom-up interventions (experimental exploration), that embodies what is lacking from the current zeitgeist of the therapy field (Alfrey et al., 2021; Mazza, 2022). Liberation psychology provides a strong foundation for poetry therapy as both emphasize the strength in individual story and voice,

collective healing and well-being, and increasing autonomy, choice, and accessibility (Comas-Díaz & Torres Rivera, 2020; Mazza, 2022).

Liberation psychology as a decolonial practice addresses the overlapping intersections of systemic, political, psychological, cultural and collective influences (Comas-Díaz & Torres Rivera, 2020; Mullan, 2023; Peters & Luke, 2022). To decolonize therapy means recognizing the enabling role therapy has in the wellness system and unlearning the colonial values of capitalism, patriarchy, individualism and meritocracy insidiously seeped into practice (Mullan, 2023; Peters & Luke, 2022). Decolonization intentionally diverts from the traditional Western and Eurocentric mental health systems, highlighting the risks of pathologizing, institutionalizing, and over diagnosing individuals, especially for consistently marginalized populations such as the Black, Indigenous, and People of Colour (BIPOC) community (Mullan, 2023). This framework, according to Mullan, names the dominating power of Western and Eurocentric values, as well as the therapeutic models that were subsequently popularized and funded. Decolonization challenges the efficacy of traditional practices and advocates for more underfunded pathways like somatic, mindfulness and art-based interventions, most especially for BIPOC treatment (McMahon et al., 2024; Mullan, 2023). This further exemplifies how poetry therapy aligns with liberation psychology principles, critical to advancing ethical and equitable mental health practices across diverse populations (Comas-Díaz & Torres Rivera, 2020; Mazza, 2022).

A significant part of liberation psychology is to take a stance of anti-oppression (Comas-Díaz & Torres Rivera, 2020). Anti-oppressive practice in the mental health field not only acknowledges the impact of systemic oppression but uses critical analysis and self-reflection to prepare for how oppression shows up therapeutically for both the client and counsellor identities (Blundell et al., 2022; Mullan, 2023; Peters & Luke, 2022). Prime examples of what counsellors

need to consider from an anti-oppressive lens are the relational power dynamics of clients versus counsellor, discriminatory transference or countertransference, and the impact of privileged and marginalized identities (Mullan, 2023; Peters & Luke, 2022). Using an anti-oppressive lens in liberation psychology highlights how the personal is political for many marginalized identities; oppression will show up in session, sometimes inadvertently, and it's the responsibility of the clinician to understand this intersectionality to ensure the therapeutic space is in alignment with anti-oppressive principles (Comas-Díaz & Torres Rivera, 2020; Mullan, 2023; Peters & Luke). There are several principles of anti-oppressive practice, including but not limited to: developing critical consciousness, centering marginalized groups, creating brave spaces through community, identifying barriers and calling for accountability (Peters & Luke, 2022). By recognizing the intersections of culture, power and privilege, and societal structures, an anti-oppressive practice advocates for equity and transformative justice (Blundell et al., 2022; Peters & Luke, 2022). This is crucial for culturally responsive work and should be a necessity for all practitioners but most especially those working with diverse populations (Mullan, 2023).

Furthermore, being trauma-informed specifically speaks to the importance of clinicians practicing from a reflective and mindful lens of how trauma will show up in treatment (Isobel, 2021). As the field continues to become more aware of the necessity of trauma-informed care, there is a need to clarify what trauma is and how the variations of trauma will manifest in care and the lives of the clients that are served (Isobel, 2021; McMahon et al., 2024). Art-based interventions are highlighted as a trauma-informed method for clients as the art provides externalization and separation from the event, thus limiting the risk of re-traumatization when exploring a client's trauma history (McMahon et al., 2024). Poetry therapy, according to McMahon et al., has the potential to meet all principled criteria of what makes a trauma-

informed practice: safety, empowerment, voice, choice, collaboration, mutuality, and peer support.

Using liberation psychology as the overarching framework allow for critical analysis of the governing systems of power in the therapy and the wellness industry, to best evaluate poetry therapy's role in this harsh neo-liberal climate (Comas-Díaz & Torres Rivera, 2020; Mullan, 2023). With rising rates of psychopathology in Canada alone, clients are seeking alternatives to traditional individual talk therapy; society is responding to the need for deeper, systemic work in healing practice practices (McMahon et al., 2024; Mullan, 2023; Peters & Luke, 2022; Stephenson, 2023). Over the last decade, there has been a significant increase in society's vocalization of oppressive practices and a substantial movement of social justice aligned practices (McMahon et al., 2024; Mullan, 2023; Peters & Luke, 2022). This theoretical lens highlights poetry therapy's potential to be a decolonial, trauma-conscious, anti-oppressive therapeutic intervention—values that are central to liberation psychology (Comas-Díaz & Torres Rivera, 2020; Mazza, 2022; Mullan, 2023).

Methodology

To explore the role and effectiveness of poetry therapy in clinical practice, a comprehensive literature review was conducted using academic databases from City University (CityU) and the University of British Columbia (UBC). The CityU librarian was consulted for best research practices and recommendations for initial searches. The initial search started with “poetry therapy,” which yielded 3,619 results in the CityU library, which were then refined to 1,499 when filtered for peer-reviewed sources. A targeted search for key scholars in the field was then conducted. “Mazza Nicholas,” a leading researcher in poetry therapy, returned 313 results in CityU's database, with 79 classified as peer-reviewed. This led to the examination of Mazza's

specific theoretical framework, searching for the “RES model of poetry therapy” which resulted in 1,096 peer-reviewed and scholarly sources in UBC’s library, while CityU yielded three relevant results. To further examine its application in group settings, the search term “poetry therapy groups” with a peer-reviewed filter returned 504 results in CityU and 15,525 results in UBC. Databases were compared to find overlapping studies that included the search terms in the study title or abstract. To assess the empirical effectiveness of poetry therapy, the search term “poetry therapy efficacy” in CityU’s library returned 61 results, with 35 meeting peer-reviewed criteria.

To refine the relevance of poetry therapy and well-being, a search for more specific therapeutic targets was done, for example “poetry therapy and self-esteem” searched in UBC’s library, using peer-reviewed and scholarly filters, yielded 2,968 results. Additionally, “poetry therapy and trauma” was searched via the UBC library with a peer-reviewed filter, resulting in 5,294 sources. Only studies that included the examination of poetry therapy independently or among other art-based interventions were selected, with priority given to studies that had higher generalizability, such as significant sample sizes and pre- and post-test assessment tools for example, to ensure findings were relevant to broader application. Single case studies without test measurements were avoided for this reason. These searches provided a great foundation for analyzing the scope, applications, and empirical support for poetry therapy within various clinical settings.

Contribution to the Field

This capstone advocates for poetry therapy’s ability to create an alternative path of healing where clients are empowered to have choice and autonomy (McMahon et al., 2024; Mullan, 2023). Utilizing liberation psychology theory to critique poetry therapy’s efficacy and

delivery, this capstone can ensure that clients are accessing safe and ethical treatments that limit the risk of harm (Comas-Díaz & Torres Rivera, 2020; Isobel, 2021; McMahon et al., 2024).

Evaluating poetry therapy's efficacy also ensures that clinicians who are interested in utilizing poetry therapy understand the potential and limitations of this modality of therapy work (Mazza, 2022). Through the synthesization of existing literature in demonstration of poetry therapy's effectiveness and aligning with liberation psychology concepts of culturally-safe, decolonial, trauma-informed and anti-oppressive practices, this capstone will hopefully lessen the gap between more traditionally funded, top-down, modalities, and the growing art-based, experiential interventions. This capstone strives to contribute to the literature that can further refine poetry therapy with the hope that this will only expand the accessibility and credibility of poetry therapy in the field. Strengthening the empirical foundation of poetry therapy not only validates its role in clinical practice but could also generate greater public interest, paving the way for more funding, training opportunities, and integration into mainstream mental health services (Mazza, 2022).

Reflectivity and Positionality Statement

As author of this capstone, I acknowledge that I am a cis-gender, able-bodied, settler and immigrant, currently residing on the traditional territories of the Hupacasath and Tseshaht First Nations, colonially known as Port Alberni, B.C. I am also a daughter, sister, auntie, dog mama, partner, poet, artist, student, and avid lover of words. As the *bunso* of the family, Tagalog for youngest child, I immigrated from Manila, Philippines, at only 2 years old. I am the first in my family to grow up fully away from our ancestral homeland as the gap between my eldest sister and I is 18 years. A majority of my journey was on the unceded ancestral lands of the Katzie, Semiahmoo, Kwantlen, Musqueam, Qayqayt, and Kwikwetlem First Nations, colonially known

as Surrey, B.C. As I grew up in the diaspora, I always felt othered in a way I struggled to describe. I often retreated into the world of books and began writing stories and poems from an early age. It wasn't until my university undergraduate work that I started my journey of decolonization—learning my ancestral ties and unlearning my colonial mindset. I gained community and vocabulary to describe the displacement I felt and began sharing my diasporic experience through spoken word poetry. In my journey of decolonization, I have become acutely aware of my occupation on stolen and shared territories. I name my duty, as a settler, to center decolonization, equity, and justice in all aspects of life, most especially in my clinical practices.

The intersection of decolonization, art, and mental health is where I feel most connected and passionate. It is these pieces of my identity that led me to explore poetry therapy efficacy. I am responding to a deep need to pursue wellness that is culturally rich and inclusive. I carry multiple layers of both privilege and complex minority identity, and I acknowledge that these parts of me show up in my analysis and interpretation of the literature. I am aware of my personal bias to poetry therapy. As a poet and emerging clinician, I know first-hand the therapeutic benefits of writing and sharing poetry. I have felt and witnessed for myself, the healing power of poetry and felt motivated to find empirically based research to promote this intervention in the counselling field and communities. Thus, I cannot state that the research is without bias, however, to mitigate this, I actively sought a variety of studies from different cultures and populations, allowing the literature to speak for itself. In my presentation of the literature, I highlighted the limitations of each study to demonstrate a thorough and critical analysis of the information. To further reduce the risk of bias, I made a conscious effort to consider alternative perspectives and mindfully searched for evidence that might contradict my initial assumptions. I also consulted with my capstone supervisor throughout my writing process

to ensure my approach to research and presentation of the literature was balanced, neutral and ethical. My personal hope for this capstone is that others will see the abundance of emerging literature around poetry therapy efficacy and experience similar admiration and excitement for the potential use of poetry in clinical practice.

Definition of Key Terms

Poetry

According to Alfrey et al. (2021), poetry's operation definition is the "deliberate use of written or spoken rhythmic (metrical) language to convey experience" (Table 1). Poetry in a general form is seen as a part of literature and writing that expresses meaning with cadence and form.

Poetry Therapy

Poetry therapy is the use of poetic forms in therapeutic experience seen in forms of "literature, client writing, storytelling, and symbolic activities" (Mazza, 2022, p. 18). The general definition includes the various ways one can participate in poetry therapy: writing, reading, sharing; Mazza described it as a "vehicle of expression" (p. 20).

Liberation Psychology

Liberation psychology is a theoretical approach that addresses and examines the effects of systemic oppression, historical trauma, socio-political injustice and advocates for equity, social justice, and anti-oppressive practices (Comas-Díaz & Torres Rivera, 2020).

Anti-Oppressive Practice

Anti-oppressive practice is a framework naming the harmful impact of oppression and actively attempts to dismantle such systems of oppression (Mullan, 2023; Peters & Luke, 2022).

Several anti-oppressive principles culminate in the call for collective liberation (Mullan, 2023; Peters & Luke, 2022).

Trauma-Informed

Trauma-informed care in the counselling field means recognizing how various forms of trauma can and will show up in therapeutic treatment and actively ensuring that practices limit the client's risk of re-traumatization and harm (Isobel, 2021).

Expressive-Arts Therapy

Expressive-arts therapy is the combination of art and psychotherapy which can include modalities such as art, music, poetry, biblio, or drama therapy (McMahon et al., 2024).

Outline of Capstone Chapters

In Chapter Two, this literature review will examine two primary models of poetry therapy, along with its various therapeutic effects. These models provide a theoretical foundation for understanding the efficacy of poetry therapy across different contexts. The review will explore how poetry therapy is best used, considering factors such as the populations served, the impact on presenting issues, and the linguistic diversity within therapeutic settings. By highlighting these elements, this review advocates for the accessibility and applicability of poetry therapy, reinforcing its validity as a mental health intervention. Ideas for further application in clinical counselling will be presented in Chapter Three, along with recommendations for the field and interested clinicians.

Chapter Two: Literature Review

“When I’m writing, I am trying to find out who I am, who we are, what we’re capable of, how we feel, how we lose and stand up, and go from darkness into darkness.”

- Maya Angelou, The Paris Review, The Art of Fiction, No. 199 (1990)

Poetry Therapy Models

This chapter begins with an introduction and examination of the two primary models of poetry therapy to establish a conceptual understanding to highlight the essential modes and tasks within poetry therapy treatment. Starting with a theoretical foundation of poetry therapy supports better understanding of the therapeutic benefits and effectiveness across populations and clinical presentations. Two main models of poetry therapy stand out in the literature as being effective: Mazza’s (2022) RES Model of Poetry Therapy and Alfrey et al.’s (2021) EFECT Model. Alfrey et al.’s model is a more recent framework of poetry therapy whereas Mazza’s (2022) RES Model is an updated version of his original RES Model from 2003. The benefit of these two models is they concretely break down exactly what makes poetry therapy impactful by providing an organizing framework and suggest that poetry therapy can be viewed as a task-driven treatment. The models do overlap at times as both communicate the same message of poetry therapy’s effectiveness, but they differ in their terminology and therapeutic targets. Alfrey et al. (2021) presented their model in five components with more detail and specific effects, whereas Mazza’s (2022) tripartite model focused more on structural components of poetry therapy.

The strength of Alfrey et al.’s (2021) model is that they offered more practical examples of application and were more specific with areas of impact. They were able to synthesize older and more recent poetry therapy literature to make a more modern and accurate example of the application and benefits. In comparison, Mazza (2022) initially establishing his model in 2003

was beneficial to the efficacy of the RES Model as there is more than a decade's worth of poetry therapy research replicating Mazza's model in the creation of session curriculum for treatment, therefore the RES model has been trialed in more diverse settings. Nonetheless, both are relevant and effective models reflective of poetry therapy's unlocked potential, both of which will be explored in more detail below.

EFFECT Model

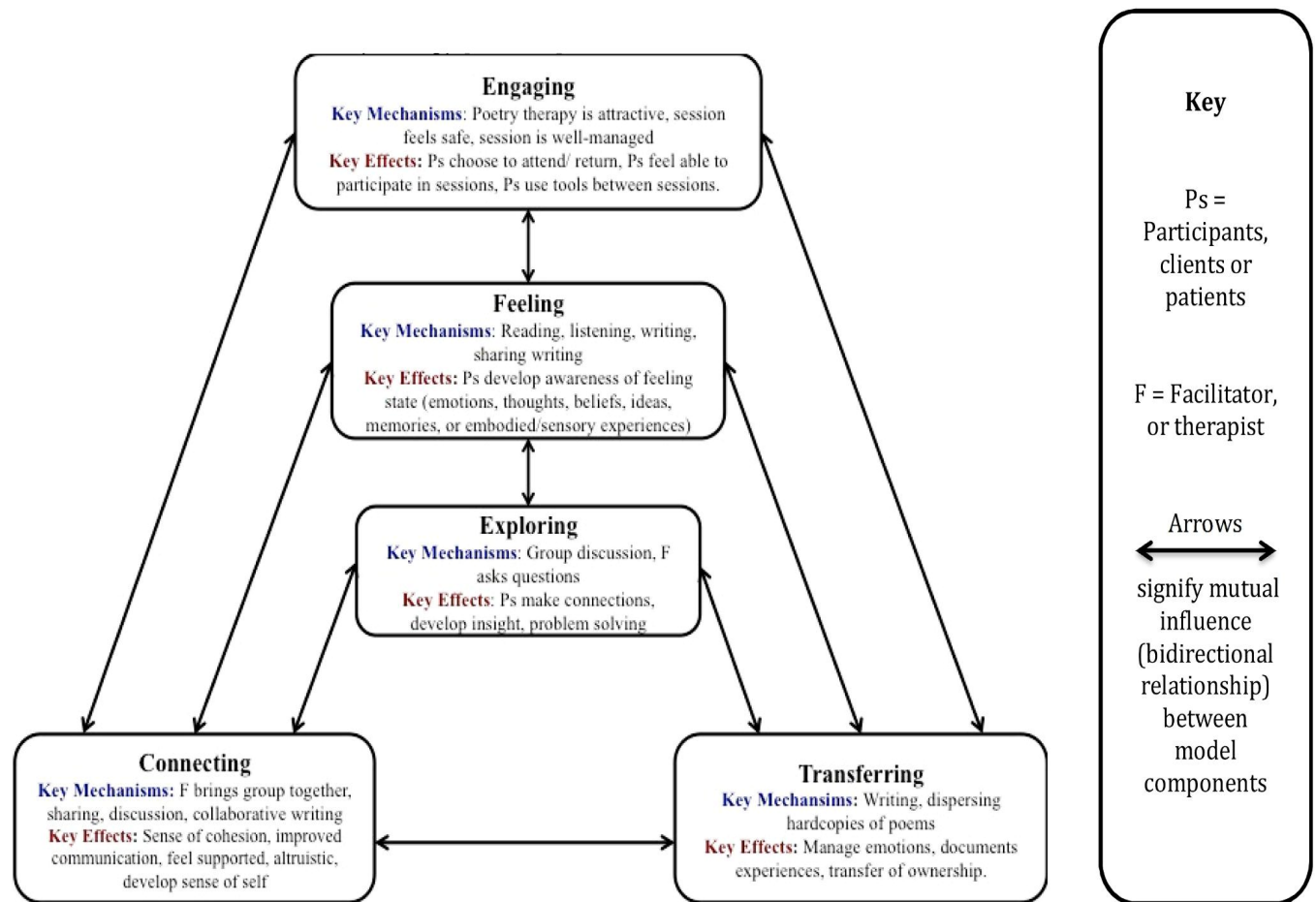
The more recently conceptualized model of poetry therapy by Alfrey et al. (2021) is based on the results of their systematic review of poetry therapy literature. Their literature review specifically examined the data containing the terms: poetry, mechanism, health, and well-being. Their work included evaluating research on poetry therapy application across settings and populations which alone exemplifies how poetry therapy treatment is being used for several different treatments. Alfrey et al.'s initial search found 559 articles, and after performing the eligibility screen to exclude duplicates, non-empirical work, multi-modal interventions, modes other than poetry therapy and texts not fully available, they were left with 14 studies that met the criteria for analysis. They used the Critical Appraisal Skills Programme Qualitative Checklist and a Randomized Control Trial checklist to appraise the validity and quality of the studies. Alfrey et al. acknowledged that the limit of their study was that they could not infer a causal relationship between poetry therapy and wellbeing but rather present the numerous positive connections between poetry therapy and mental health and wellbeing.

Based on the 14 studies, Alfrey et al. (2021) were able to create a framework that synthesized both qualitative and quantitative data across several studies and called it the EFFECT model. They were able to synthesize the applicable literature to summarize what makes poetry therapy so impactful. The model breaks down poetry therapy into 5 impacts: Engaging (E),

Feeling (F), Exploring (E), Connecting (C), and Transferring (T). The relationship amongst all components is bidirectional as seen in Figure 1 below.

Figure 1

Simplified “EFFECT” Model of Poetry Therapy Figure



Note. This figure is from Alfrey et al., (2021) research titled “Identifying the mechanisms of poetry therapy and associated effects on participants: A synthesised review of empirical literature.” Outlined are the major components of the EFFECT model with relational arrows, key mechanisms and effects.

As seen in Figure 1, the Engaging (E) task component of the model encompasses three major components of effective poetry therapy intervention: attractiveness, safety, and

sustainability (Alfrey et al., 2021). This element is centered around the retention and recruitment of participants, speaking to the clinician's role of facilitating engagement to increase buy-in and long-term use of poetry therapy. In this Engagement task, Alfrey et al. named how clients will likely join treatment with existing feelings about poetry, positive or negative, minimal or extensive, and it's the responsibility of the clinician to alleviate any negative prior feelings about poetry and to establish realistic expectations of what the therapeutic process will look like for clients. Several significant clinician responsibilities fall under this first task, as it sets the tone for clients' experience with poetry not only for treatment but also for clients' feelings towards poetry in general and long-term. Alfrey et al. described how clinicians attempt to facilitate positive regard by clarifying session expectations, managing participation, facilitating group safety and dynamics, and selecting a variety of poetry pieces that speak to the session topics and are appropriate and safe for clients.

The second feature, the Feeling (F) task stands for clinicians facilitating clients' experience emotions including thoughts, behaviours and body sensations (Alfrey et al., 2021). Alfrey et al. found that across studies there were several self-reports from clients and practitioners of immediate emotional awareness in clients when reading, listening to, writing and discussing poetry. This is a significant component, as the Feeling task allows for in-the-moment processing, embodiment and support. The sensory aspect is a notable part of this task as studies highlighted the sound, cadence and rhythm of poetry as a vehicle of regulation and embodiment of emotion for listeners and speakers. Feeling, in this model, is focused on experiential recognition of how one's emotions, thoughts, actions and body intersect in one moment. In this specific task, Alfrey et al. found that the sensory experience of eliciting feelings through poetry

created an embodiment of emotions that was positively impactful for clients, exemplified in stress reduction and emotional release.

The next task is Exploring (E), which emphasizes meaning-making through insight and reflection. Alfrey et al. (2021) demonstrated how poetry therapy was capable of eliciting significant realizations and impact as it creatively gets to the heart of emotions and experiences. Several of the studies Alfrey et al. analyzed advocated for the effectiveness of poetry as an alternative method to excavate and effectively communicate painful experiences or thoughts, especially in comparison to traditional methods such as talk therapy. This task can be especially valuable for clients who do not fit with talk therapy structures as they may struggle with articulating emotions; as noted by Alfrey et al., poetry therapy provides a safe opportunity for these clients to access self-exploration and expression. A clinician can work within the client's story, using the client's own language to explore stand-out images, words, phrases, or themes in hopes of facilitating positive change and/or reflections. In the poetry therapy process, this task highlights the clients using poetry to connect with their personal story which allows for significant emotional processing and reauthoring. Through the externalization of experiences in this task, clients may gain insight into their inner world workings, empowering them to re-edit old narratives.

The Connection (C) task speaks to the connective and social element of poetry therapy (Alfrey et al., 2021). The definition of connection, in this model, includes the relationship with the self, all of one's histories and experiences, as well as relationships with other group members, the clinician, and important people in the client's life. Alfrey et al. found in their analysis greater connectivity as an effect across studies, suggesting the unifying impact of poetry in its ability to both elicit an emotional response and shared experience. Examples of activities

that fall under this task are diverse and abundant, from writing poetry to communicate with a loved one, writing poetry for the self to connect with a previous time/experience or writing group poetry to express community needs. Significantly, Alfrey et al. found in their research that poetry could facilitate connection to people, places, and things, irrelevant to current time and place. In other words, poetry could create connections to spaces that no longer existed or loved ones of clients who already passed, which is a powerful tool in working with clients' goals and history. Alfrey et al. demonstrated how both social connection and introspective connection can be increased by poetry therapy which are important contributors to overall well-being.

Lastly, the Transferring (T) task refers to the process of writing, transforming abstract thoughts, feelings and experiences into tangible materials such as poetry. In transferring material from the inside out, experiences can be organized, made sense of, felt more clearly, and externalized, which are all significant factors in treatment (Alfrey et al., 2021). By externalizing internal experiences into concrete poems, clients may also develop a greater sense of authorship over their story, reinforcing themes of empowerment and self-advocacy. In this last task, Alfrey et al. described the multiple uses of the tangible poem, such as physical documentation of the client's experiences which can help keep a record of progress. Poems can also be gifted to others as an act of gaining or giving support. Poems can also be ritualistically destroyed like ripping the poem apart or burning it. In their analysis, Alfrey et al. found this specific task to be client-centered and useful in offering the client emotional relief and autonomy over their work.

To test the EFECT model, Alfrey et al. (2022) conducted a study to evaluate the EFECT model in action, specifically what poetry therapy mechanisms are identifiable by observation and participants' reflections. Alfrey et al. described the study as a replication case study, utilizing a qualitative cross-sectional approach. This involved comparing two examples of poetry therapy

groups, the second of which was intended to replicate the first. They analyzed videos of group sessions and participant interviews, which were used to evaluate the model in action. The small uneven sample size of 17 (n = 6 in first case, n = 11 in second case) was a limitation to the overall advantage of exploring the EFECT tasks in meaningful trials. Nevertheless, Alfrey et al. were still able to demonstrate evidence for all tasks in the EFECT model and will be discussed in more detail next.

Starting with support of the Engaging task, Alfrey et al. (2022) found that group participants were drawn to poetry therapy for several reasons such as creative expression, community connection, general interest and support for well-being. There was an emphasis on practitioners facilitating group safety through group expectation management and transparent overviews of curriculum which allowed group members to feel open to sharing and participating. Alfrey et al. discovered that executing the Engaging task effectively allowed participants to engage in the other tasks of feeling, connecting, exploring and transferring as they gained a positive outlook on the use and impact of poetry therapeutically. Within the Feeling task, Alfrey et al. reported participants speaking to the benefit of the sensory experience of writing, reading, speaking aloud and listening to poetry. It created an opportunity to evoke emotions in the moment to process, share and explore, leading to greater empathy for the self and other group members. Alfrey et al. found significant evidence supporting the bidirectional relationship between the Feeling task and the Connecting task, as participants reported mutual understanding, empathy and connection through shared emotional experiences. Participants were also reporting feeling emotions through the experiential act of writing and speaking poetry, naming how the feeling of the pen on paper, the sound of the words, allowed for a full-body experience.

The task of Exploring was found in group discussions and self-reflective activities achieving positive client outcomes such as flexible thinking, insight into self and others, and clarity on past experiences (Alfrey et al., 2022). The observational data emphasized therapeutic skills such as active listening, Socratic questioning, identifying themes, and creating connections as significant facilitators of the Exploring task. This similarly aligns with Alfrey et al.'s Connecting task, where participants highlighted the benefit of poetry therapy's ability to strengthen the connection to the self and others, again highlighting that bidirectional relationship. Several participants self-reported the significance of the poem in assisting their introspection as it ignited different reactions in each group member based on their individual needs and issues, it helped them recognize thinking patterns, evaluate goals and process painful memories. Participants also described the poems as gifts to give others and for themselves to look back upon which showcased the Transferring task. Alfrey et al. learned from that the Transferring task facilitated emotional, cognitive and social impacts for participants, they noted how the physical poem significantly exacerbated the other tasks of Feeling, Connecting and Exploring. For example, participants used their collection of physical poems to re-review, utilizing the Exploring to revisit old patterns and thoughts; participants were also sharing poetry from other group members in an act of Connecting.

Alfrey et al. (2022) successfully demonstrated how the EFECT bidirectional relationship can support each other and overlap in benefits. They effectively established the EFECT model of poetry therapy as a comprehensive framework that speaks to the potential of positive impact at an individual and community level. The study demonstrated that the tasks in the EFECT model, though individually impactful, are more likely to be used in bidirectional effects that use all tasks interchangeably, especially in a group format. This integrative model suggests that poetry

therapy is not a linear process but rather client-centered and adaptable to changing needs of individuals and groups.

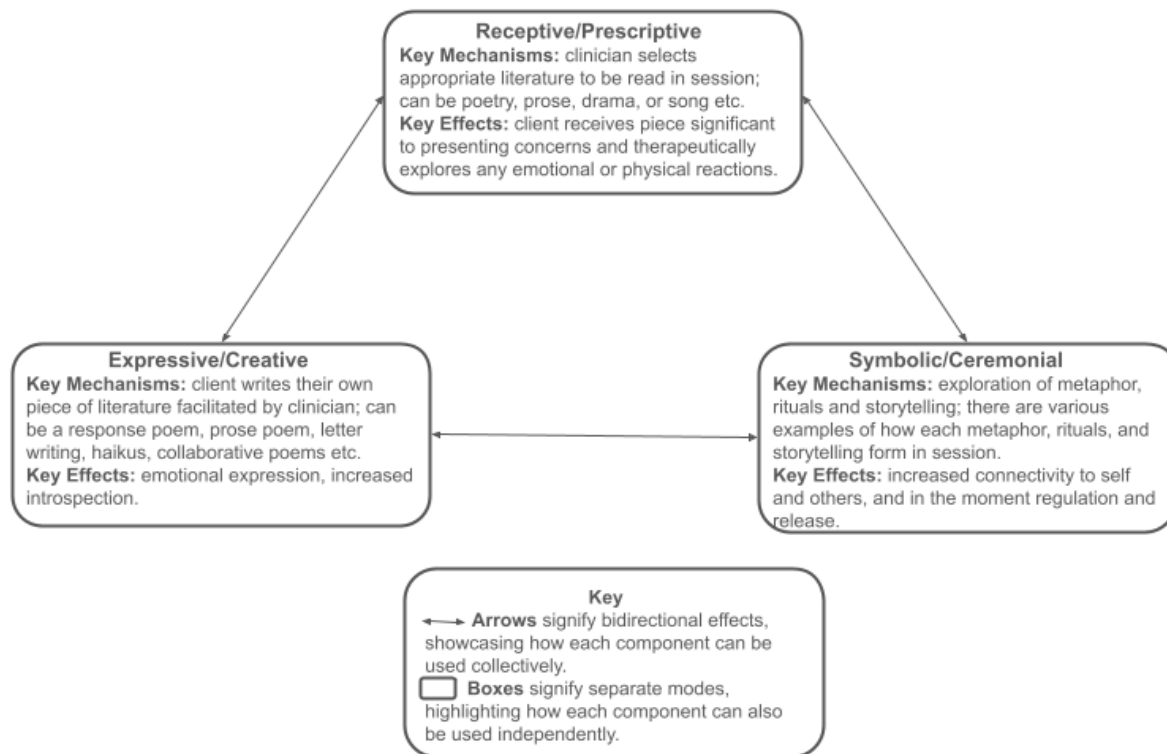
RES Model

The RES Model was first developed by Nicholas Mazza in 2003 and has since been revised and updated in Mazza's (2022) third and latest edition of *Poetry Therapy: Theory and Practice* (2022). Mazza is a leader in the poetry therapy field, a published poet, the founding and continuing editor of the *Journal of Poetry Therapy*, and President of the National Association for Poetry Therapy. His contribution to the field, especially in the early 1980s when poetry therapy was just beginning to gain traction, significantly shaped the field into what it is today. The RES Model of Poetry Therapy is a multidimensional framework and was the first to formally categorize poetry therapy into three areas of impact: (R) receptive/prescriptive part, (E) expressive/creative part, and (S) symbolic/ceremonial part. This framework helps clinicians understand and identify the specific components of poetry therapy delivery that facilitate therapeutic impact. In treatment in both individual and group settings, Mazza described how the three modes can be seen as separate and be used independently or all three parts may be used interactively. An example of the latter is a group session starting with a reading of a new poem (receptive/prescriptive), group members writing a response poem (expressive/creative), then sharing the poem aloud with the group and discussing reactions (symbolic/ceremonial), a format commonly found in the research. Not all modes occur in each session, for example, for the first few sessions a counsellor can introduce several poetry pieces for discussion (receptive mode) then move into creating person poetry pieces as the client becomes more comfortable (expressive/creative mode). Each mode can be used repetitively and nonlinearly over treatment,

easily adjusting to the changing issues and goals of the client. The RES Model provides a great outline for clinicians to understand how sessions can be structured and delivered.

Figure 2

Model of Mazza's RES Model of Poetry Therapy



Note. This figure is adapted from Mazza (2022) outlining the three modes of the RES model and highlighting the key mechanisms and effects.

As seen in Figure 2, the first component, R stands for receptive and prescriptive, which is the introduction of literature in practice (Mazza, 2022). Mazza found that selecting an appropriate poem conducive to the client's presenting issues or goal helped facilitate meaningful exploration in sessions. It creates an opportunity to address personal reactions to either the whole poem or specific lines. This component is inclusive of all forms of literature, poetry, prose poems, scripts, songs, ballads, stories, and so on. Here, Mazza highlighted the expansiveness of

poetry, naming the unlimited amount of literature that clinicians can work with to tailor the content to the client's presenting issue. Mazza cautioned that in this stage it is imperative to ensure the message of the selected poem is not based on the clinician's feelings of what the client should receive. Mazza urged clinicians to first manage and reflect on their reactions to the poem to minimize countertransference and transference that may influence the direction of this receptive task. This selection process has proven to be one of the most challenging, as Mazza gave the example of how selecting a poem with a hopeful or positive theme may pose as invalidating or insensitive to the clients struggling with grief or trauma early on in their change process. Thus, the necessity to be mindful and neutral in sifting through work with varying messages, themes, and intensities at this stage is not a simple process.

The second component in the RES model is the E for the expressive and creative mode which focuses on facilitating opportunities for the client to write their own poetry (Mazza, 2022). Mazza described writing as a "vehicle of expression" for the client (p. 20). Writing provides a creative route for the client and clinician to communicate with each other about difficult or heavy themes while using the client's own language and words. This can take various forms in therapy such as writing a response poem, poetic journaling, six-word stories, and letter writing for example. Within this component, Mazza noted that there is also room for the expression by the client(s) to be individual or group-based, an example of the latter being a group poem made and based on a single theme where all members add lines/words to create one cohesive piece. This mode emphasizes the creation process heavily as a way for the client to explore themselves and process their personal reactions to the poetry prompts.

The third and final component of Mazza's (2022) RES model is the S, standing for symbolic and ceremonial which speaks to poetry therapy's use of metaphors, rituals and

storytelling. Specific examples of this third form can be a client using a metaphor of waves to talk about grief, a client ripping up a poem after writing as a ritual of letting go, or clients sharing with a group their poem about love as an act of storytelling. Each of these three parts of the final component in Mazza's RES Model have a variety of forms and Mazza effectively highlighted the therapeutic value of these elements in treatment. The usefulness of metaphor alone cannot be understated, as well as the opportunity for release and regulation through rituals/ceremony, and increased connection to others through storytelling; these elements will be explored in more detail in the following sections.

As mentioned, the three components of the RES model can be used individually or interactively with each other (Mazza, 2022). An example of how the model can be used together is the study by Dubrasky et al. (2018), in which the researchers constructed a poetry therapy group curriculum utilizing all three components of the RES model. Each weekly poetry therapy group session consisted of the following breakdown: a different poem each week was selected to read aloud and analyze by the group (receptive mode), then a facilitated writing exercise where participants were given time to create a poem or prose vignette was provided (expressive mode), and lastly there was an opportunity for participants to share their work in the group and discuss specific phrases, words or images that stood out to them from each other's work (symbolic mode). Dubrasky et al. found positive outcomes of increased connection, social skills, and self-confidence. This provided a great example of the RES model in work and showcased how all three components, though individually useful, provided great structure when used together.

To support the RES Model, Mazza and Hayton (2013) conducted a study analyzing the RES poetry therapy model for accuracy as a theoretical framework for art-based therapeutic work. The study utilized online surveys to reach clinicians in varying art disciplines across

English-speaking countries such as the United States, the United Kingdom, Canada, Australia, New Zealand, and South Africa. After searching for professionals who identified as one of the art-based therapy forms: poetry, music, drama, art, and dance, they had a total of 240 responses to analyze. Clinicians ranged under the umbrella of art-based therapies, from poetry therapists, music therapists, art therapists, and dance and drama therapists. The questionnaire focused on clinicians' use, if any, of the three components of the RES model in their current practice. Survey results demonstrated how numerous art-based therapists used all three aspects and modes of the model in different effects based on their modality of choice. Mazza and Hayton suggested that the RES model assists in the classification of therapist types.

It's important to note that Mazza and Hayton's (2013) sample size composition had an uneven representation of music therapists contributing to over 50% of the data, therefore the application of the research may be biased to the RES model represented in music therapy. However, the results still highlighted how poetry therapy serves as an umbrella to numerous clinical disciplines, including bibliotherapy, journal therapy, narrative therapy, expressive arts therapy, and music and drama therapies. They also showcased how EFECT tasks are bidirectional as there were several overlaps in poetry therapy components and other therapeutic modalities. These additional influences in poetry therapy will be explored in more detail next.

The two models of poetry therapy provide a comprehensive understanding of the therapeutic processes and targets. Within the liberation psychology lens, it is also clear that within the structure of both the RES Model and the EFECT Model, the flexibility in each mode allows for more culturally-sensitive, anti-oppressive and trauma informed treatment. For example, the poetry presented, the theme of the writing exercises, the reception and delivery of poetry, can all be adapted to best suit the cultural, physical, mental and emotional needs of the

client. There are no physical or cultural barriers to this treatment, meaning that clients are not required to be able-bodied or English-speaking to participate in poetry therapy as options for delivery and content are abundant. For instance, if a client's disability impairs writing ability, clinicians can easily pivot to oral and auditory modes of poetry therapy and vice versa. This further highlights poetry therapy as a versatile and accessible treatment with wide application.

Therapeutic Benefits of Poetry Therapy

There are several beneficial qualities of poetry therapy highlighted in the literature, including significant themes of self-esteem, well-being/resilience, and trauma work. The focus of the literature on these major topics spoke to the changing need of clients, across populations, for additional ways to heal and grow—and of therapists who were increasingly curious to find accessible alternatives to traditional methods of top-down individualistic therapy and who subsequently found that alternative in poetry therapy (Dubrasky et al., 2018; Mazza, 2022; Mullan, 2023). The adaptability of poetry therapy targets these three benefits in significantly different methods than conventional talk therapy (Mazza, 2022; Mullan, 2023). The following section highlights the positive impacts of poetry therapy and supports its efficacy as an independent intervention for mental wellness.

Self-Esteem

There is significant support for increased self-esteem as a product of poetry therapy as discovered by Akhan et al.'s (2022) study that examined self-esteem in schizophrenic and bipolar populations. The authors highlighted how individual benefits of increased self-esteem are related to an increase in social performance which is significant for chronic psychopathology such as schizophrenia and bipolar. Akhan et al.'s poetry therapy program specifically targeted social skills in group dynamics to increase individual self-esteem. The intent was to focus on

social skills training through the use of poetry. This is important for this population as it is estimated that 50% of people with schizophrenia have persistent challenges with social skills. Therefore Akhan et al. emphasized developing and strengthening social competency which also increased self-esteem. The study used a pretest-posttest experimental design with 30 participants split equally into two groups, a control and an experimental group. The Personal and Social Performance Scale and Rosenberg Self-Esteem Scale were used to measure both groups. The experimental group received poetry therapy once a week for eight sessions. The results were consistent with previous findings where the group receiving poetry therapy reported significantly higher post-therapy self-esteem scores than the control group and a significant increase in the experimental groups' pre- and post-self-esteem reports, suggesting poetry therapy's efficacy on improving self-esteem.

To further explore poetry therapy's effect on self-esteem, a study by Yücesan and Sendurur (2018) found increased self-esteem in youth and emerging adult populations, specifically college students. Their study investigated the effects of music therapy, poetry therapy, and creative drama on self-esteem, using a pre-test, post-test, and retention test to collect data. Participants were volunteer students from the university—12 were in the experimental group and the other 12 were in the control group. The experimental group was administered nine group sessions based on music, poetry, and drama therapy. The control group did not receive any form of art-based therapy but were similarly measured by the Coopersmith Self-Esteem Inventory which measured self-esteem in four domains: general, social, academic, and parental. Yücesan and Sendurur discovered that these creative interventions positively impacted all four domains of self-esteem in the experimental group compared to the control group, with these improvements remaining consistent at follow-up. There was an emphasis on the positive impact

on participants' primary relationships such as their parents and increased academic and social skills. Though this study did not examine poetry therapy independently, but rather in tangent with music and drama therapy, the results still speak to the long-term effects on self-esteem and its potential impact on multiple aspects of one's life.

Similarly, a study by Pettersson (2018) examined how self-esteem could be increased for individuals with chronic depression and anxiety, which is important because a major symptom of depression and anxiety is increased negative self-talk and negative self-image. Pettersson utilized creative bibliotherapy, which in their definition, included the use of poetry in supplement to short prose administered to participants. They created a weekly reading group that would go over a short story and one or more poems for each session; they started with seven volunteers but then dropped to five participants upon completion. Completed well-being questionnaires and participant interviews were analyzed post-treatment. Pettersson found that participants had increased self-confidence and tangentially were more socially active. This is significant especially for depressed clients as symptoms can include social withdrawal and self-isolation. The clear limitation of this study was the small sample size, and the participants were volunteers with no control group to compare results. Nonetheless, Pettersson provided a great example of how self-esteem might potentially increase in populations with chronic psychopathology when poetry therapy is administered.

Well-Being and Resiliency

Self-esteem, well-being, and resiliency are closely related; however, the presence of one cannot infer the other. As such, there are studies that examined poetry therapy's impact on well-being and resiliency specifically. A study by Rojaji et al. (2022) examined the effects of group poetry therapy on patients with schizophrenia, showcasing its positive impact on well-being.

Using a pretest-posttest experimental design with a control group, the researchers randomly assigned 22 patients from mental health treatment centers into two groups. The experimental group participated in 11 sessions of group poetry therapy while the control group did not receive any form of intervention but were still tested concurrently. The post-treatment assessments revealed a significant reduction in both positive and negative symptoms for the experimental group. When analyzing results of the experimental group against the control group, participants who engaged in poetry therapy exhibited significantly lower symptom severity in the post-test, indicating an overall improvement in well-being. These findings were particularly significant given the central role of language in schizophrenia treatment. Positive symptoms, such as disorganized speech and word salad, reflect disruptions in linguistic processing, while negative symptoms, including social withdrawal and diminished affect, suggest a broader impairment in communication and emotional expression. Poetry therapy addressed these challenges by facilitating structured language use, creative expression, and social engagement within a therapeutic framework. Although Rojaei et al.'s sample size was limited and included only male participants, their study provided compelling evidence that group poetry therapy can serve as an effective intervention for individuals with chronic psychopathology. Despite its limitations, this study also contributed valuable insights into the intersection of poetry therapy, symptomatology, and psychosocial functioning in individuals with schizophrenia.

An older study by Tegnér et al. (2009) investigated how poetry impacted well-being and emotional resilience in cancer patients. They found similar results of poetry therapy improving well-being by increasing emotional resilience and decreasing anxiety levels in cancer patients. The 12 female volunteer participants, aged 50 or older with various stages of cancer, were divided into an intervention group and a delayed intervention group. Self-report measures, the

Hospital Anxiety and Depression Scale (HADS), a Mini-Mental Adjustment to Cancer Scale, the Courtauld Emotional Control Scale (CEC) and the Post-traumatic Growth scale were used pre- and post-treatment for this study. Significant results included a shift in CEC totals post-treatment for the intervention group, suggesting that patients felt more in control of their emotions, most specifically reporting less anger suppression. Tegnér et al. also found a significant decrease in the anxiety portion of the HADS scale. Notably, the cancer adjustment scale did not produce significant results. Tegnér et al. acknowledged that their study would benefit from a larger randomized group with a more diverse sample population as they were limited in their numbers of 12 female volunteers with self-reporting bias where some participants have done some creative writing already. However, Tegnér et al.'s study demonstrated how poetry therapy can offer people a sense of meaning and community that is often hard to access in clinical and medical settings. Poetry therapy allowed participants to gain more confidence in experiencing their emotions, lessened their anxiety, and added a sense of hope, all adding to emotional resiliency and well-being for older cancer patients.

Lastly, in a more recent study by Park et al. (2022), a group therapy program was created to examine the effects on nursing students' psychological well-being and ego-resilience, finding a positive outcome for both. The study was a quasi-experimental design where 49 nursing students were conveniently recruited. Park et al. constructed their group program using Mazza's (2022) RES poetry model as a basis for the curriculum. Park et al.'s (2022) experimental group received 5 weeks of group poetry therapy while the control group received no form of therapy during the experiment but were offered two sessions of group poetry therapy after all the data was collected. Both groups were assessed at three different times in the experiment: pretreatment, posttreatment and a 3-month follow-up. Park et al. examined the effect on stress,

anxiety, ego-resilience and psychological well-being. There was a significant decrease in anxiety and stress and an increase in ego-resilience and well-being for the experimental group immediately after treatment and at the five-week retention assessment. It's important to note that the study used convenience sampling which recruited participants in a self-selection fashion, therefore some may have been already interested in poetry therapy, which Park et al. recognized as a potential exogenous variable and bias. Nevertheless, this study adds to the argument that group poetry therapy is an effective intervention for helping clients manage adversity with significantly less stress and anxiety. For a population, such as nursing students, who experience a significant amount of stress, poetry therapy can provide alternative methods to achieve overall well-being and resiliency.

Trauma and PTSD

The literature also shows the benefit of using group poetry therapy for people who have experienced trauma, with or without a formal posttraumatic stress disorder (PTSD) diagnosis (Zhang et al., 2023). A recent study by Zhang et al. looked at the effectiveness of television-based art, music and poetry therapy for children with PTSD symptoms in Nigeria, specifically children who experienced abduction. Zhang et al. used a randomized control trial design for 470 participants divided into the four following groups: control, art therapy, music therapy, and poetry therapy. A self-diagnostic assessment of PTSD and the International Trauma Questionnaire were administered three times in the study, pre- and post-intervention, and at a three-month follow-up. Focusing on the poetry therapy group, the participants received treatment for six weeks in the same school where their abduction was witnessed. A significant result Zhang et al. found was the reduction in self-reported PTSD symptoms sustained even at the three-month follow-up assessment. This suggested poetry therapy's ability to facilitate meaningful recovery.

A possible limitation of Zhang et al.'s study was how it looked at a very specific population in Nigeria and examined one specific form of trauma thereby limiting the generalizability of their results nor did it consider how exposure to the abduction site might be a conflating factor.

Nevertheless, the sample size was significant, and the data collection procedures were done at three different points in the study making it possible to track changes over time. The methodological choices of this study provided support for the notion that poetry therapy can be an effective intervention for those experiencing post-traumatic stress symptoms.

Similarly, a study by Destiny Apuke et al. (2023) conducted in Nigeria examined the effectiveness of social media-based art, music, and poetry therapies in treating post-traumatic stress among flood victims. Unlike the previous study, which focused on children, this research specifically targeted the adult population living with symptoms of PTSD. The study recruited a sample of 330 participants who reported high levels of PTSD symptoms and were randomly assigned to either a control group or an experimental group. The experimental group was further divided into three subgroups, each receiving a different art-based intervention: art therapy, music therapy, or poetry therapy. Significantly the groups were also facilitated via online platform, WhatsApp, over a three-week period with two to three one-hour sessions a week. Destiny Apuke et al.'s program delivery was distinct from previous studies and served as a strong example of how poetry therapy groups can be easily customized and enhanced through the use of social media to maximize accessibility and impact. The waiting-list control group received no form of therapeutic intervention during the treatment but later were offered art-based therapy upon completion of the experiment. The International Trauma Questionnaire (ITQ) was used to measure PTSD symptoms in the control and experimental groups pre- and post-intervention. The participants in the experimental groups experienced significant reductions in PTSD symptoms,

while those in the control group showed no notable change. A particularly notable finding was that poetry therapy demonstrated greater efficacy in reducing PTSD symptoms compared to both art and music therapy. A limitation of Destiny Apuke et al.'s study was how it lacked follow-up assessments, which prevented the study from speaking to poetry therapy effects on PTSD symptoms long-term versus as a crisis intervention. Despite these limitations, the study contributed valuable evidence supporting not only the efficacy of poetry therapy in PTSD treatment but also its potential superiority over other art-based interventions.

An older study by Boone and Castillo (2008) also found a benefit of online deliveries of poetry therapy for PTSD symptoms. Their study explored the impact of poetry therapy on secondary posttraumatic stress disorder (SPTSD) in domestic violence counsellors. The study served as a reminder that crisis management was not only for individuals experiencing hardship but also for professionals providing trauma treatment. In their study, Boone and Castillo sampled 55 domestic violence counsellors in South America and were randomized into two groups where one was a poetry therapy intervention group, which involved writing and responding to poems through an online platform, and a control group that did not receive poetry therapy. Results suggested the effectiveness of poetry therapy as counsellors receiving poetry therapy demonstrated a decrease in SPTSD symptoms as measured by the Impact of Event Scale (IES). Notably, the control group also mirrored a decrease in SPTSD symptoms, and the authors did not address the significance of finding no group differences posttest. Boone and Castillo also performed a multiple regression analysis in order to find variables that correlate with SPTSD. They found that individuals who reported being more open to new experiences were less likely to experience SPTSD which may explain the decline in SPTSD symptoms in the control group. Nonetheless, the results suggested how online poetry therapy may be a valuable option for

treating SPTSD, which highlights the versatility of poetry therapy as an in-person or virtual treatment. It also pointed to how poetry therapy is as an adaptable method that allows for accessibility to accommodate differing abilities, needs and preferences.

A study by Wilson et al. (2022) looked at addressing poor mental health during the worldwide crisis of COVID-19, naming the significant increase in isolation and loneliness during this time that was paralleled by increased interest in expressive art. The study had a sample size of 112 staff and students from a UK university. Participants were invited to write a haiku, a Japanese form of poetry, to explore their emotional reactions to the pandemic experience. A survey was administered to participants centering around evaluating participants' engagement with art during the lockdown and the perceived impact of it as well as analyzing the haikus. Participants reported that expressing themselves through art, such as writing poetry, helped increase social connection amid crisis. Self-report measures and the lack of pre- and post-testing were limitations of this study, limiting the generalizability of the findings but Wilson et al. still highlighted the relationship of individuals increasingly using art in response to increased trauma and pandemic anxiety. In their analysis of the haikus, Wilson et al. found that it helped facilitate reflection on what is important and gave a forum to express distress which may be significant during times of elevated anxiety and isolation.

Lastly, a study by Jahanpour et al. (2019) investigated the effects of poetry therapy on PTSD and anxiety symptoms in patients diagnosed with myocardial infarction, a fatal disease that results in more than 133,000 deaths in America yearly. Within the Canadian context more than 70,000 patients with acute myocardial infarction are hospitalized yearly, and of those, 5000 patients die within 30 days of admission (Ko et al., 2021). Jahanpour et al.'s (2019) study had a sample of 60 participants who were randomly assigned into two even groups, a control and an

experimental group, where the experimental group received individual poetry therapy sessions weekly. Jahanpour et al.'s poetry therapy sessions followed the receptive mode (R) of Mazza's (2022) RES model, where poems were selected specifically for the emotional situation of the client to read and analyze for personal meaning. The measures used for assessment were the Beck Depression Inventory (BDI-S) and a self-reported 17-item scale post-traumatic stress disorder list (Jahanpour et al., 2019). The results indicated a significant reduction in PTSD and anxiety levels in the experimental group in comparison to the control group which had no significant changes. Interestingly, this is one study that did not deliver poetry therapy in a group setting; rather individuals would meet with the facilitator 1:1 for four 45-minute sessions a week. Still, the results demonstrated the potential of poetry therapy as a cost-efficient and flexible treatment that provides clients with a route for healing even, if not especially, when experiencing active, chronic trauma, anxiety, and stress.

These studies all documented the emotional, cognitive, and relational benefits of poetry therapy across populations. Within liberation psychology theory, there is incredible potential for this modality to support the reclaiming of voice, identity, autonomy, for the individual and collective (Comas-Díaz & Torres Rivera, 2020; Mazza, 2022). From students, trauma survivors, diagnosed patients, and more, the relief and improvement of symptoms suggested a path of potential liberation for folks to move out of their problem story and into wellbeing (Maanmieli & Ihanus, 2021; Park et al., 2022; Wilson et al., 2022; Zhang et al., 2023). Poetry therapy adds a nonclinical and nonintrusive treatment option for clients to access that is different from what is traditionally offered, this is crucial in decolonial and anti-oppressive practices (Blundell et al., 2022; Peters & Luke, 2022). It is clear from the several therapeutic benefits of poetry therapy

that this intervention can effectively work with various presenting problems and psychopathology (Mazza, 2022).

Delivery of Poetry Therapy

Poetry therapy is a dynamic therapeutic modality that can be adapted into various forms of individual, group, in-person or virtual sessions across presenting issues and populations (Boone & Castillo, 2008; Jahanpour et al., 2019; Mazza, 2022). It stretches across clinical, educational, and community settings and can be delivered in brief forms of crisis intervention, short-term solution focused work or be a part of the long-term therapeutic process (Alfrey et al., 2021; Destiny Apuke et al., 2023; Mazza, 2022). There are many ways a practitioner can use poetry therapy in practice. The following section will highlight the versatility of poetry therapy delivery which allows for more inclusive, trauma-informed practices.

Poetry Groups

Research showed significant evidence for the delivery of poetry in group settings as a common mode of delivery and a factor in positive outcomes (Dubrasky et al., 2018; Golden, 2000; Mazza, 2022). As revealed in the literature and in this capstone's review thus far, a notable majority of the studies on the efficacy of poetry therapy were tested in group settings. This supports the usefulness of poetry therapy in the group dynamic and suggests good face validity. Poetry therapy groups typically work under the third component of the RES model of poetry therapy, as the act of sharing poetry in a group exemplifies storytelling in the symbolic/ceremonial component (Mazza, 2022; Mazza & Hayton, 2013). There are several components of the poetry process in groups that play a significant factor in treatment outcomes (Mazza, 2022). This was illustrated in the study by Dubrasky et al. (2018), where they specifically utilized Mazza's (2022) RES model of poetry therapy to create a poetry therapy

group curriculum around inner strength for survivors of domestic violence. Dubrasky et al. (2018) found that poetry in a group setting provided new ways a client could access community and self-improvement. The study used an interdisciplinary and collaborative approach to poetry therapy by utilizing both a clinical counsellor and poet, where the poet would facilitate the writing and reading of poetry and the clinician would facilitate the emotional processing from a strength-based lens. The researchers provided a great example of how practitioners do require a level of poetry literacy to implement poetry therapy effectively but can work interdisciplinarily to acquire help where skills may be lacking. After delivery of the program, clients self-reported increased self-confidence, social skills and social connection; clinician interviews mirrored these findings in their observations and reflections of the treatment. The study used non-random sampling, and self-report measures so participant results may have been influenced by an existing bias to poetry pre-treatment. Nonetheless, Dubrasky et al.'s results not only supported Mazza's (2022) RES Model but also provided practical examples of how poetry therapy group structure can implement positive benefits for effective treatment.

Additionally, a study by Golden (2000) provided evidence that writing poetry collaboratively increases group cohesion. The study consisted of 33 graduate students in a group counselling class. Participants were randomly assigned—16 in the experimental group and 17 in the control group. Both groups were given pretest and posttest assessments of the Group Environment Scale. Interestingly, both groups received poetry therapy, but the experimental group had a specific group collaborative writing component in their curriculum while the control group did not. The results showed a significant difference in the reported group cohesion for the poetry therapy group and the control group, naming the significance of using collaborative creative writing to increase group unity. The importance of cohesion in groups supports member

engagement and commitment, a foundation for effective therapy which Golden compared to the similar importance of the therapeutic relationship in individual therapy. These findings emphasized poetry therapy's influence at a community and macro-level, where potential for strengthening group cohesion not only benefits the connection to the self but also the connectivity to society and fellow humans (Golden, 2000; Mazza, 2022).

Similarly, another study that spoke to collaborative writing in group work was by Maanmieli and Ihanus (2021), who found collaborative writing had several positive effects on people with schizophrenia. The poetry therapy group was facilitated for over a year with 11 participants in the beginning and seven remaining at the year-end mark. For the remaining participants, the poetry therapy group was reported to be a significant part of their social network. Semi-structured post-treatment interviews, group-created poetry, learning diaries, and facilitator notes were all analyzed. Though the retention and sample size were small, it was still notable that Maanmieli and Ihanus found that group settings allowed for collaborative writing which positively impacted the participant's socialization and group safety. Maanmieli and Ihanus highlighted the importance of this especially in treating schizophrenic clients. They showcased how poetry therapy's active self-expression also allowed individuals to receive external support in real-time from group members, effectively working to co-regulate and support each other through difficult emotions.

To further support the impact of the group dynamic in poetry therapy was a case example by Bembry et al. (2013), who examined poetry therapy's ability to facilitate social skills training for clients with schizophrenia. Administered in a state psychiatric facility, the small group of four long-term clients were examined based on poetry therapy's ability to develop and maintain social skills. This was important for the clients as self-isolation and deterioration of social

supports/skills is a common symptom of schizophrenia. The sessions were created to center different social interaction skills/elements such as self-esteem, rights and responsibilities, expressing feelings, resolving conflict, and understanding and managing anger. A poem speaking to individual topics was selected for each session. As a result, members were able to concentrate on developing listening skills, communication, and expression of positive and distressing feelings. Although a case example, Bembry et al.'s research stands as a great reference of how group poetry therapy curriculum can specifically target social behaviours that can be addressed and practiced actively in a group. Bembry et al. showcased how group poetry therapy can be a part of psychosocial support in the treatment of schizophrenia.

Together, the studies by Maanmieli and Ihanus (2021) and Bembry et al. (2013), demonstrated poetry therapy's potential impact in group settings, allowing for social skills, coregulation and community support. Maanmieli and Ihanus (2021) emphasized how collaborative writing within group poetry therapy supported socialization and emotional coregulation. Similarly, Bembry et al. (2013) highlighted how poetry therapy in groups allowed for the practice and strengthening of social skills and support, naming the therapeutic value of the group dynamic. Though the sample size was small in both studies, they still supported how poetry therapy's impact extends beyond self-expression and helps clients struggling with psychosis navigate social functions, inspiring coping mechanisms, increasing personal benefits like more self-confidence and autonomy (Bembry et al., 2013; Maanmieli & Ihanus, 2021). While group poetry therapy provides collective benefits like social connection and safety, it also facilitates individual emotional expression and symptom improvement, making it a holistic approach to mental health treatment.

Individual Therapy

It's not a surprise that a majority of the studies done on poetry therapy efficacy were administered in group settings as it saves resources of time and funding in comparison to treatment at an individual level (Alfrey et al., 2021; Mazza, 2022). The minority study that used individual delivery of poetry therapy was Jahanpour et al. (2019) in their examination of anxiety and post-traumatic stress in myocardial infarction patients, as reviewed earlier. To recap, each patient in Jahanpour et al.'s experimental group received 45 minutes of poetry therapy where the clinician individually selected poems that would suit the patient's presentation, language, emotion, motivation, and interest. Results were similar to studies done in group settings, including a significant decrease in anxiety and post-traumatic stress symptoms in the experimental group in comparison to the control group whose level remained the same. This in-depth personalization in the selection of poems for treatment is a great example of the receptive/prescriptive task (R) in Mazza's (2022) RES Model of poetry therapy. In clinical practice, Mazza encouraged clinicians to use poetry in individual treatment. In Mazza's *Poetry Therapy: Theory and Practice*, he connected how poetry therapy in individual usage can work well in brief therapy forms as it works well with goals, maintaining focus and time constraints.

Poetry therapy's versatility is again emphasized in the delivery of group or individual, in person or virtual therapy sessions. The latter can be seen exemplified in the study by Destiny Apuke et al. (2023), which used WhatsApp to deliver group poetry therapy, and in the study by Boone and Castillo (2008), which researched online poetry therapy. Virtual delivery has the potential to elicit the same impact as in-person delivery (Boone & Castillo, 2008; Mazza, 2022). The significant evidence for group poetry therapy indicating stronger group cohesion, connection to others, collaborative treatment and goals, multiple impacts to the self and community all

highlight the ability to heal together, out of isolation, and in community (Bembry et al., 2013; Golden, 2000; Maanmieli & Ihanus, 2021). The opportunity for members to share and witness each other's stories in a creative process adds to the therapeutic outcomes for the self and community (Golden 2000; Mazza, 2022; Mullan, 2023). Poetry therapy's potential for collective healing, from a liberation psychology perspective, cannot be overstated (Comas-Díaz & Torres Rivera, 2020). This therapeutic method presents an opportunity to center community, which is traditionally not prioritized in Western treatment and allow for cultural groups to utilize the power of poetry to increase overall connection and well-being together (Mazza, 2022; Mullan, 2023).

Clinical Considerations of Poetry Therapy and Accessibility

This capstone highlights several populations and presenting issues that were effectively treated using poetry therapy. This illustrates the possibility of how poetry therapy is potentially applicable no matter what issue the client is facing – there's a poem for everything (Mazza, 2022). There is a diversity of cultures represented in the literature which demonstrates adaptability in any language. This wide representation highlights the universality of poetry therapy culturally, clinically, and linguistically. However, as an emerging field there is still need for further research, especially for gender expressions other than cisgender, such as trans or nonbinary individuals as they were not included in existing studies. Nonetheless, as noted by Mazza, the current zeitgeist of poetry therapy literature stretches across multiple diagnosis, professions, ages, and life experiences irrelevant of writing competency.

Diverse Populations Served by Poetry Therapy

In this section the various populations and presenting issues effectively treated by poetry therapy will be highlighted in more detail. Starting with individuals with chronic and severe

psychopathology such as schizophrenia and bipolar, the research showed significant improvement in symptom reduction, increased social support and self-esteem after receiving poetry therapy (Akhan et al., 2022; Bembry et al., 2013; Maanmieli & Ihanus, 2021; Rojarei et al., 2022). The benefit of multiple studies looking at the application of poetry therapy for schizophrenia was that the combined results added to the overall picture of poetry therapy alleviating symptoms irrelevant of age, gender, and symptoms severity; the studies together strongly suggested poetry therapy's potential as a nonmedical treatment for this population (Akhan et al., 2022; Bembry et al., 2013; Maanmieli & Ihanus, 2021; Rojarei et al., 2022). This was similarly mirrored in studies examining poetry therapy for individuals with anxiety and depression; several studies found a reduction in anxiety symptoms and an increase in self-confidence and social capacity (Park et al., 2022; Pettersson, 2018; Wilson et al., 2022). This is significant, especially in the Canadian context, as it is estimated that over 5 million Canadians meet the criteria for major depression, bipolar, generalized anxiety, social anxiety, and substance use disorders (Stephenson, 2023). Stephenson noted that there is a substantial and ongoing rise in mood and anxiety disorders in Canadians over the last 10 years, especially in the years following the COVID-19 pandemic that contributed to the high rates of mood and anxiety disorders. Now, more than ever, poetry therapy is needed to provide empirical, inclusive, and potentially accessible mental health treatment.

Another population that has been repeatedly studied is poetry therapy for trauma survivors, with or without a PTSD diagnosis. As recounted in detail earlier, studies found that poetry therapy was effective for treating trauma, irrelevant of the event as there was a broad range of sample groups; from cancer survivors, domestic violence survivors, kidnapping survivors, natural disaster survivors, to trauma counsellors experiencing vicarious trauma, the

results have supported the use of poetry therapy as an effective intervention for this population (Boone & Castillo, 2008; Destiny Apuke et al., 2023; Zhang et al., 2023). These studies consistently highlighted the broad applicability and versatility of poetry therapy as a therapeutic intervention. Notably, participants across the studies reported significant reductions in PTSD symptoms, providing evidence that poetry therapy has the ability to facilitate emotional processing, enhance resilience, and support healing (Boone & Castillo, 2008; Destiny Apuke et al., 2023; Dubrasky et al., 2018; Zhang et al., 2023). These findings suggested that poetry therapy may be a powerful intervention for addressing trauma's complex psychological impacts.

Lastly, there is evidence for poetry therapy's impact on youth populations, including but not specific to students from post-secondary. In such a pivotal developmental stage, young people have been recently reporting higher rates of stress and anxiety, exacerbated by the social and emotional disruptions flowing from the COVID-19 pandemic (Stephenson, 2023). Stephenson pointed to a need for creative solutions to equip and empower young people with tools to safely combat stress and anxiety. Research in this area highlighted poetry therapy as a transformative modality for fostering self-expression and meaning making among youth (Golden, 2000; Park et al., 2022; Wilson et al., 2022; Yücesan & Sendurur, 2018). Through the creative process of reading, writing, sharing, and reflecting on poetry, participants not only explored and articulated their inner worlds but also built resilience and developed a greater sense of agency, resulting in an overall increase in well-being and self-confidence. Poetry therapy has repeatedly proven its effectiveness and can work to empower young people with lifelong skills to navigate challenges and cultivate personal growth.

Linguistic Diversity in Clinical Application

There is a diversity of countries and languages in poetry therapy literature. While the majority of studies were published from English-speaking and North American regions, significant contributions also came from countries such as Sweden, Iran, Nigeria, South America, Turkey, and South Korea, for example (Akhan et al., 2022; Destiny Apuke et al., 2023; Park et al., 2022; Rojaei et al., 2022). Poetry from different cultures and dialects can come together in treatment to meet the needs of the clients. Metaphors exist across cultures and can help communicate meaning more clearly, no matter the language of delivery (Crego et al., 2024). This geographical and linguistic diversity again highlights the universal power and inclusivity of poetry therapy to address the needs of clients from their unique cultural backgrounds. Poems can be deeply reflective and respectful of cultural values, norms and history, therefore the ability to use poetry from a client's specific culture allows treatment to be culturally informed and honouring their heritage (Alfrey et al., 2021; Destiny Apuke et al., 2023; Mazza, 2022). This cross-cultural applicability highlights poetry therapy's ability to bridge cultural divides and facilitate meaningful therapeutic outcomes across the globe (Alfrey et al., 2021; Mazza, 2022).

The research around poetry therapy highlighted its incredible potential across diverse populations and cultures. It is inclusive of all ages, male or female, presenting issues, cultures, language, and psychopathology. Poetry therapy has demonstrated its capacity to facilitate self-expression, emotional processing, and well-being. Its cross-cultural versatility speaks to the universal strength of poetry in general, which creates meaningful spaces for healing and self-improvement. Studies showed that poetry therapy not only alleviates symptoms of stress, anxiety, depression and PTSD, but also builds confidence and cultivates meaningful connections among participants (Akhan et al., 2022; Golden, 2000; Jahanpour et al., 2021; Zhang et al.,

2023). As an adaptable and emerging yet empirically supported treatment, poetry therapy offers a creative alternative route to healing that is distinctly different from traditional Western therapeutic approaches and medicine (Alfrey et al., 2021; Mullan, 2023). Poetry therapy bridges creativity and clinical intervention to use the power of words to heal, empower, and connect people across the globe (Mazza, 2022).

It is clear that poetry therapy provides a needed alternative to the traditional methods of therapeutic intervention. The versatility across populations, cultures, languages, and presenting problems, speak to its incredible potential as a liberatory and transformative practice. Poetry therapy encapsulates the principles of liberation psychology, anti-oppression and trauma-informed practices, as it removes the need to use pathologizing models and instead focuses on the unique story, lived experience, values and agency of the individual (Mazza, 2022; McMahon et al., 2024; Mullan, 2023). Poetry therapy applies a nonlinear process where stories are both processed and embodied in session, which contrasts popular Western modalities that often use normative benchmarks of progress in a top-down approach (Alfrey et al., 2021; Mazza, 2022; Mullan, 2023). It is a benefit to the counselling field to diversify treatment and recognize the potential of healing modalities that are not as commonly advertised (Mullan, 2023).

Poetry Therapy's Conceptual Overlap and Integration With Other Therapeutic Modalities

A review of poetry therapy also revealed several concepts that overlapped significantly with other therapeutic modalities (Mazza, 2022). There are therapeutic tasks within poetry therapy that utilize tools found in other evidence-based treatment (Alfrey et al., 2021; Mazza, 2022). Foundational research by Mazza and Hayton (2013) outlined the theoretical underpinnings of poetry therapy and highlighted its intersections with other arts-based approaches, including bibliotherapy, art therapy, music therapy, and drama therapy. For instance,

there is an opportunity to include more than just poetry in session, instead substituting a song, a drama, or a story (Mazza, 2022). All of these help facilitate client reactions and reflection in session and through integration of the various forms of artistic expression, clinicians can offer more personalized and accessible interventions, adaptable to clients' preferences and presenting issues (Mazza & Hayton, 2013). In alignment with liberation psychology, this is helpful in deconstructing the traditional Western idea of what therapy should look like as it allows for sessions to be more culturally responsive and inclusive, giving opportunity to work with art significant to the clients' lived experience (Comas-Díaz & Torres Rivera, 2020; Mazza & Hayton, 2013; Mazza, 2022). A major strength of poetry therapy is that it can integrate with other psychological techniques (Mazza, 2022; Mazza & Hayton, 2013).

There is significant support in the literature for types of art-based therapies as effective interventions for mental health and well-being as demonstrated by a literature review conducted by UK-based researchers Jensen and Bonde (2018). Their work examined 20 peer-reviewed articles centered around art-based mental health interventions, including poetry, dance, music and literature and found consistent evidence across studies that support art as a tool for improving mental health issues. The articles were a mix of qualitative and quantitative studies, sorted into three categories: "arts therapy and participatory arts interventions for various illnesses and diagnoses, non-clinical programmes, and arts and cultural programmes to enhance mental health of health professionals" (sec. Results/Findings, para 1). The study highlighted how using art can be effective in various applications, clinical or non-clinical. Although this was a European study, Jensen and Bonde cast a wide net for their literature search that increased the generalization of their results, especially for Canadian contexts that similarly share individualistic culture and social welfare values like universal healthcare. The results spoke to

the growing evidence of art-based therapy as a route for global change.

There is a significant component of poetry therapy where the client engages in creative writing and exploration prescriptive to their presenting problem and/or treatment goal which mirrors the externalization and re-authoring process used in narrative therapy (Freedman & Combs, 2020; Mazza, 2022). Narrative therapists Freedman and Combs (2020) recalled the usefulness of poetry at the 2001 Narrative Therapy Conference, speaking to their anecdotal experience of receiving clients' stories as pieces of poetry. Freedman and Combs observed how narrative therapy significantly emphasizes the client story and often the way clients present their story is naturally poetic and metaphorical. In an experiential trial of examining poetic language in storytelling, Freedman and Combs created group triads where one was the storyteller, one the questioner, and one was a poet tasked with catching poetry phrases of the storyteller in verbatim then sharing them in a reflection poem. They recognized that composing poems as reflections allowed for significant unpacking of the client's language, images and meaning as a part of the deconstruction and externalization element of narrative therapy (Freedman & Combs, 2020; Mazza, 2022). The use of externalization in narrative therapy is clinically seen as an integral part of treatment and poetry therapy utilizes this as a tool significantly in the expressive writing mode (Banker & Goldenson, 2023; Mazza, 2022).

To further highlight the importance of externalization, a similar case example was presented by Banker and Goldenson (2023) of a mother experiencing intense postpartum who practiced externalization with her narrative therapist and experienced significant relief in her postpartum symptoms. This demonstrated the beneficial change in perspective when clients learn to separate their identity from their problem story at their own pace and on their own terms, a process significant to poetry therapy (Banker & Goldenson, 2023; Mazza, 2022). Although a

single case study lacks overall generalizability, these results provided valuable insight into the personal benefits of externalization and implied how poetry therapy could support the externalization process in a different and creative route (Banker & Goldenson, 2023; Freedman & Combs, 2020; Mazza, 2022). This contributes to a client's autonomy and choice around their treatment style and outcomes.

A significant component of poetry therapy is the use of metaphor, which can be similarly compared to the benefits of using metaphors in Acceptance and Commitment Therapy (ACT) (Mazza, 2022). Research by Crego et al. (2024) spoke to the benefit of specifically using metaphor to guide the exploration of one's life meaning, whether negatively or positively. In ACT, metaphors are viewed as "tools to bypass verbal traps [and] promote psychological flexibility" (Crego et al., 2024, para. Intro). This is very similar to how Mazza (2022) described poetry as a route and symbol of alternative expression. The study by Crego et al. (2024) used a large sample size of 806 participants who were asked to provide a metaphor about life and explain their understanding of it. Although the study was conducted internationally in Spanish-speaking countries and its results may only apply to those populations, it may stand as an example of how metaphors can transcend linguistic differences and are impactful no matter the language. Crego et al. found that the major themes in participants' metaphors suggested a positive or negative outlook on life. Some metaphors suggested feelings of unpredictability, lack of control and conflict, while other metaphors spoke to life as a journey and finding purpose. The study exemplified how using metaphors can provide a poignant snapshot into the lens of the client and provide vast opportunities to describe life experiences uniquely. Metaphors have potential to be useful for clinicians to work with, especially clinicians working with populations of different cultural practices, because using metaphors may allow the clinician to understand

client worldviews and effectively craft treatment accordingly without misapplying the client's cultural belief systems (Crego et al., 2024; Mazza, 2022).

These studies demonstrated how poetry therapy uses empirical intervention from other theories within its creative approach. The strength of poetry therapy is the integration of evidence-based concepts from other therapeutic frameworks, applying them within a structured creative and expressive process (Mazza, 2022). The reading, writing, and sharing of poetry allows clients to regulate, play, and explore their experiences in an alternative form to traditional talk therapy (Alfrey et al., 2021; Mazza, 2022). This further highlights the potential of poetry therapy from a liberation-oriented theoretical lens. Overall, poetry therapy is a prime example of the benefit of using creative processes in healing and wellness practices.

Summary of Literature Review

A significant takeaway from the literature is the broad application of poetry therapy not only in its adaptable delivery but also in the impact across populations, presenting issues, and languages (Mazza, 2022). The diversity of studies also showcased how poetry therapy could be administered in numerous settings: hospitals, community centers, online, or in schools. The strength of poetry seems to be its expansiveness and adaptability; using it therapeutically allows for custom treatment specific to clients' unique issues (Alfrey et al., 2022; Dubrasky et al., 2018; Mazza, 2022). A single piece of poetry has the ability to resonate meaning so that each reader feels as if the poem is speaking to their specific story. Individuals also have unlimited access to creativity and metaphors, a universal reservoir of self-expression with numerous mental health benefits (Crego et al., 2024).

Chapter Three: Application and Recommendations

“Writing is not an anchor that we mistakenly cling to so as not to drown. It is writing that truly rescues, that enables us to reach the shore, to recover.”

- bell hooks in Remembered Rapture: the Writer at Work (1999)

As Chapter Two established the empirical support for poetry therapy and examined how two major therapeutic models provide a structured framework for treatment. Chapter Three will now focus more on the practical applications of this knowledge. Ideas for future directions and training opportunities will be explored. The discussion and recommendations will remain anchored in the decolonial and trauma-informed perspective. This is to ensure the implementation of poetry therapy is both ethically and culturally responsive to provide best practice. It is crucial that this capstone advocates for the counselling field to remain open to the changing landscape of client needs and the rising mobilization of decolonization. Poetry therapy plays an important role in the deconstruction of Western norms and creates an incredible opportunity for a more inclusive, trauma-informed and anti-oppressive practice.

Discussion

It may be evident from Chapter Two’s literature review that a variety of studies conducted over the years that have supported poetry therapy’s efficacy and delivery. This growing field responds to society’s rising curiosity and need for diverse and inclusive healing modalities (Mazza, 2022; Mullan, 2023). A major strength of poetry therapy is the evidence supporting the diverse application across populations and presenting issues (Alfrey et al., 2022; Mazza, 2022). Poetry therapy is versatile and adaptable to tailor treatment for individuals, groups, families, communities of all ages across clinical or nonclinical settings, brief or long-term treatment (Alfrey et al., 2021; Dubrasky et al., 2018; Mazza, 2022). Poems were found

across studies to help communicate a need or difficult experience, they elicit emotions in session which led to meaningful processing and exploration (Alfrey et al., 2021). Poetry therapy's ability to provide both structure and creative space allows clients to engage in self-expression at their own pace, in their own language with their unique cultural values, which fosters a sense of autonomy and empowerment, crucial to the therapeutic process.

Trauma-Informed and Anti-Oppressive Practices

Poetry therapy provides an incredible opportunity to be an accessible, inclusive, culturally responsive, trauma-informed and anti-oppressive practice. As seen from the literature review, there is a wide range of psychopathology that can be treated effectively with poetry therapy. The role of poetry therapy in clinical practice is to address potential gaps in care through providing alternative trauma-informed treatment individualized to each client's presenting issue and needs (Mazza, 2022; McMahon et al., 2024). This is especially important for marginalized populations as it is the treatment that will adapt to the client's needs, not the client who is asked to adapt to the treatment (Mullan, 2023). The potential of providing care that is tailored to each client's unique background, culture, and needs cannot be understated. Being trauma-informed has been the strength of art-based approaches for years and as research around poetry therapy expands, it continues to confirm this (McMahon et al., 2024).

Poetry therapy aligns with the six principles of trauma-informed practice established by the American Substance Abuse and Mental Health Services Administration (SAMHSA): safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; cultural, historical and gender issues (McMahon et al., 2024). These principles are carried through the all the modes of Mazza's (2022) RES Model, especially exemplified in the receptive mode where clinicians must practice these principles in selecting appropriate

material to present in session. Further evidence of poetry therapy's multi-cultural potential is in its linguistic diversity. Although, a majority of the studies in this capstone were English-speaking, nonetheless the studies conducted in other languages in varying countries suggested that poetry therapy is gaining traction globally, not just in North American contexts. It further highlighted how poetry unifies and connects across cultures. Additionally, the evidence of treatment across psychopathology significantly supported poetry therapy as a versatile intervention as there seems no limit to the severity of the presenting problem that poetry therapy cannot adapt to treat.

Future Directions

Although there has been an incremental rise in number of poetry therapy studies in the last decade, there is still a long road ahead to further evaluate poetry therapy efficacy. Most especially, there is a significant gap speaking to long-term effects of poetry therapy, specifically further than post-6 months of treatment, as all the studies reviewed for this capstone did not collect data past 6 months post-treatment. It would be beneficial for the field to study the long-term effects of poetry therapy through annual data collection or longitudinal studies (Mazza, 2022). A majority of the studies were also smaller in sample size in comparison to studies of popular interventions like Cognitive Behavioural Therapy where sample populations can be in the hundreds (Alfrey et al., 2022). There were a few outliers that had large sample sizes, like Zhang et al.'s (2023) 470 participant sample and Destiny Apuke et al.'s (2023) 330 participants sample, who both studied poetry therapy's effects on PTSD. Still, a significant amount of research was conducted with smaller-scale studies, which will need to be adjusted moving forward in the future of poetry therapy efficacy. It would be interesting to see comparative studies assessing poetry therapy alongside established interventions, such as Cognitive

Behavioral Therapy, to examine how these art-based interventions compare to top-down approaches and perhaps even discover possible areas of integration. Poetry therapy studies having a larger sample group would also increase reliability and generalizability of results, lessen margins of error and minimize bias (Alfrey et al., 2022). Addressing these gaps will enhance poetry therapy's efficacy and credibility, securing its place as an ethical and effective therapeutic modality across disciplines.

Additionally, a critique of Nicholas Mazza's work (2022) over the years is that in all three editions of his *Poetry Therapy: Theory and Practice* he failed to address work with diverse populations of the LGBTQ2IA+ community. This is reflected in poetry therapy data as all of the studies found and reviewed for this capstone were conducted with cisgendered and heteronormative populations, which speaks to a massive gap in the research. The poetry therapy field needs to be inclusive of more diverse populations such as nonbinary, transgender, and genderfluid people as they were predominantly not included in the literature. Based on existing studies it may be appropriate to assume that poetry therapy versatile application can stretch across genders and sexualities but without empirical data, clinicians must rely on their own trauma-informed and anti-oppressive learning to ensure practices are inclusive and responsive to the LGBTQ2IA+ community. Including this population in future research is vital to ensure poetry therapy practices from an anti-oppressive, trauma-informed and decolonial lens, as it is crucial to acknowledge how multiple factors of client's identity such as race, culture, and socioeconomic status intersect with gender and sexuality to shape individuals' therapeutic experiences (Isobel, 2021; Peters & Luke, 2022). Developing a LGBTQ2IA+ inclusive framework within poetry therapy would not only enhance its efficacy but also further align with

society's movement toward decolonial and anti-oppressive practices and care (Mullan, 2023; Peters & Luke, 2022).

Application and Recommendations

For clinicians interested in learning more about poetry therapy integration or gaining formal certification, poetry therapy does have a professional body—the IFBPT: International Federation Board of Poetry Therapy—which offers training programs for both certified poetry therapists and registered poetry therapists, the difference being clinical education (Alfrey et al., 2021). As a range of professionals can deliver poetry therapy, not just registered clinical counsellors or psychologists, Alfrey et al. observed that it's an important reminder to clinicians to always practice ethically within scope as being provided a certification with or without a clinical background is not enough to use poetry therapy as an independent counselling tool responsibly. Ensuring competency is a necessary practice the ethical principle of nonmaleficence which is to mitigate any risk of harm and ensuring no intentional harm is done to clients as outlined the Canadian Counselling and Psychotherapy Association's (CCPA, 2020) *Code of Ethics*. The CCPA also highlighted the ethical responsibility of a clinical counsellor to recognize boundaries of competence and need for further training/education. The research reflected a level of literary competency and knowledge of poetry by the facilitator to deliver poetry therapy (Dubrasky et al., 2018). However, as Dubrasky et al.'s study showcased, there is opportunity to collaborate interdisciplinarily with poets and writers to combine psychotherapy and poetry. As Mazza's (2022) RES Model of Poetry Therapy highlighted, there are limitless ways poetry can be used therapeutically, whether it's through receiving, writing, or sharing literature. Each mode has therapeutic potential and when used together stands as a great example of treatment.

Integrating Poetry Models for Best Practice

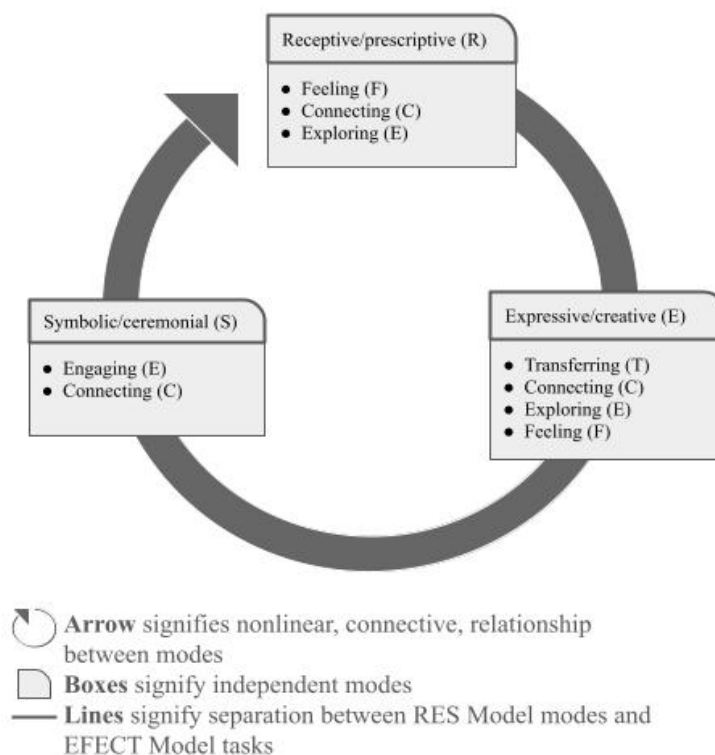
It is my recommendation that clinicians who are interested in poetry therapy use a combination of both Mazza's (2022) RES Model and Alfrey et al.'s (2021) EFECT Model. Thus far, this capstone has compared and contrasted the two models for clarification and comprehension. However, rather than determining which model is superior or most effective in treatment, the true value is in the equal integration of both models as their combined application can enhance clinical practice and therapeutic outcomes. The RES Model offers a clear framework for poetry therapy delivery, serving as the "how" of poetry therapy and addresses this capstone's research question of how poetry therapy is best delivered (Mazza, 2022). The EFECT Model effectively synthesizes the therapeutic benefits that emerge within each mode, functioning as the "why" of poetry therapy and answering the research question on what exactly makes poetry therapy an effective treatment (Alfrey et al., 2021). The benefit of being guided by both is that the EFECT Model assists in the identification of therapeutic markers and effects whilst the RES Model subsequently provides structure on how to target such goals in session.

Significantly, integration of the models is supported by EFECT model founder Alfrey et al.'s (2022) synthesization of poetry therapy studies, as they categorized studies based on their use of the three modes outlined in Mazza's (2022) RES Model and highlighted the corresponding EFECT task that occurred within each mode. Their findings showcased that all the selected studies used differing combinations of both models. The majority of the studies reviewed incorporated both the receptive/prescriptive mode (R), where clinicians selected poetry for clients to read or listen to, and the expressive/creative mode (E), in which clients engaged in writing their own poetry or literary pieces, and a minority of studies also included the symbolic/ceremonial mode (S) (Alfrey et al., 2022). Within those modes, they identified which

EFFECT task also simultaneously occurred. For example, they found that the Transferring component of the EFFECT model aligned with Mazza's (2022) expressive/creative mode, while the Engaging and Connecting tasks corresponded with the expressive and symbolic modes of poetry therapy. Figure 3 outlines the several other EFFECT tasks that occur within specific RES modes. This demonstrated that both models naturally emerge in poetry therapy sessions, with considerable overlap between their components. By combining the structured delivery of the RES model with the nuanced therapeutic mechanisms of the EFFECT model, practitioners can create a more comprehensive and effective poetry therapy practice (Alfrey et al., 2022).

Figure 3

Integration of RES Model and EFFECT Model



Note. This figure adapted from Alfrey et al. (2022) is a visual conceptualization of the nonlinear relationship and which EFFECT tasks occur at each RES mode.

To further illustrate practical application, a clinician can use the EFACT Model to understand targeted effects of poetry therapy and the RES Model to facilitate the corresponding mode of delivery. Clinicians should critically assess the client's therapeutic needs and determine which task within the EFACT framework would most effectively address those goals (Alfrey et al., 2021). For instance, if the client overthinks often there may be benefit from centering the Feeling (F) task in session by writing a poem (expressive/creative mode) or reading poetry (receptive/prescriptive mode). The combination of models can and should be used repetitively in treatment in a nonlinear fashion and can easily be adjusted for clients' changing needs and goals. There are unlimited combinations of how to use both models in treatment, which again, showcases the adaptability of poetry therapy (Alfrey et al., 2021; Mazza, 2022).

Personal Reflection

Throughout this capstone project, I felt myself become more aware of how poetry showed up naturally in the world and in therapeutic spaces. As I wrote my capstone, I also worked as mental health counsellor in the public high school, and noticed how my capstone research was presented in treatment with youth. Inspired by Freedman and Combs' (2020) anecdotal experiences of using poetics in narrative therapy to better reflect client's story, I found myself catching lines of poetry from the students' dialogue, even noticing the way I naturally used metaphors and symbols to communicate meaning. I was experiencing conversations similar to poetry, seen in the way we talked about stress, for example, being a "heavy burden on our shoulders" or feelings "lost in the waves" of school or life. The way we talked about "having baggage" to explain this ubiquitous experience of the past traumas we carry; it is so unique yet unifying in the same expressive metaphor. For me, this signaled how I was on the right track in investigating the therapeutic values of poetry. We are all poets. I believe that wholeheartedly.

The research showed that everyone has the capacity to engage in poetry therapy and that there are endless possibilities on how that can occur.

Although I had a bias towards poetry to begin with, I was still surprised with the number of positive outcomes across presenting issues. Specifically, the research on severe psychopathology such as schizophrenia pleasantly surprised me as my assumption coming into the research was that poetry therapy would be limited to those who have an active use of communicative language. Instead, what the research revealed is that poetry therapy works especially well with positive schizophrenia symptoms of disorganized speech and challenges with linguistic processing (Rojaei et al., 2022). Prior to conducting this research, I also worried about poetry therapy's application for trauma, as poetry can be intensely emotional and provoking, so I considered the possibility of re-traumatization. Again, I was proven wrong as various studies supported poetry therapy for highly traumatized populations who experienced kidnapping and natural disasters, for example (Destiny Apuke et al., 2023; Zhang et al., 2023). I learned that poetry therapy, like other art-based interventions, is among the most trauma-informed, accessible and adaptable for client needs and goals (McMahon et al., 2024). Truthfully, there was no study I came across that found no effect of poetry therapy on the population studied. This, to me, signifies the crest of the wave of moment advocating for alternative methods of healing.

I confidently advocate for poetry therapy as a versatile, empirically backed, and deeply person-centered therapeutic approach that facilitates meaning-making, emotional processing, and self-expression across diverse populations and settings (Alfrey et al., 2021, 2022; Mazza, 2022). The establishment of two models of poetry therapy, the RES and EFECT model, highlights the fluidity and bidirectional nature of poetry therapy tasks, reinforcing its adaptability to be both an

individual and group intervention (Alfrey et al., 2022; Mazza & Hayton, 2013). The future of poetry therapy research is reliant on the expansion of empirical data to include marginalized populations and longitudinal data. This will further validate poetry therapy as an essential intervention within trauma-informed, anti-oppressive, and culturally responsive frameworks. As the field evolves and as the world continues towards decolonization, clinicians, researchers, students, and faculty must continue to challenge traditional Western therapeutic norms, ensuring poetry therapy remains an accessible, inclusive, and transformative modality for anyone looking to heal through poetry and creative expression.

What My Capstone Taught Me

A poem by Patricia Mirth

I count hours of excavation
the pulling of literature until my hands blurred
shaking with citations and expectation
If I can't say it in APA
do I have anything worth to say?
Poetry screams yes!
The data is in my gut and my evidence is my palm
can you take my word for it?
A route to the heart
like no other
Maybe we have the tools to save ourselves all along?
Poetry says I am
your saviour and your struggle

let me be both
the way in
and the way out

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