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Poetry therapy: An investigation of a multidimensional clinical model²

Abstract

The tripartite practice model for poetry therapy developed by Mazza (2003) is composed of receptive/prescriptive, expressive/creative, and symbolic/ceremonial modes (RES). The structure of this model was investigated by means of an online survey of therapists across disciplines. Analysis of the data collected supported the components of the RES as a suitable framework for describing the range of language arts-based methods used therapeutically, and for classification of therapists in relation to this application.

Keywords

arts, clinical, language, poetry therapy, RES model, therapists

Poetry and other literary genres have been used both formally and informally in healing capacities in the United States since the early 19th century (Mazza, 1999). Although poetry therapy was formally recognized in 1969, to date there has been little systematic investigation of its differential use and treatment effectiveness (Heimes, 2011; Mazza, 2003; McCulliss, 2011a). In keeping with ethical and clinical standards it is imperative to investigate the extent, specific methods, strengths, and limitations of the differential use of poetry therapy. Heimes (2011), in an extensive review of poetry therapy research, found that most studies appeared in the fields of psychiatry, psychotherapy, and psychology; however, it was also noted that poetry therapy was present in a wide range of contexts (e.g., cancer treatment, addictions, and geriatrics).

The use of poetry and a variety of poetic methods (e.g., metaphors, journal writing, letter writing, and ceremonies) in health and mental health disciplines has been widely reported in the professional literature (Chavis, 2011; Mazza, 2008; McCulliss, 2011a). The gap in the literature, however, is a systematic investigation of the use of poetry therapy methods with respect to professional discipline, theoretical orientation, client char-

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acteristics, problem/disorder, treatment modality (i.e., individual, couple, family, and group treatment), and stage of treatment.

Based on the best available evidence, Mazza (1999, 2003) developed a three-component, multidimensional poetry therapy practice model. The first component, receptive/prescriptive (R/P), involves the introduction of already existing poetry (or other forms of literature) in a therapeutic context. The purpose could include validating a feeling, promoting self-disclosure, and advancing group discussion. Of course, the timing and selection of poetic material must always be considered (Chavis, 2011; Hitchcock & Bowden-Schaible, 2007; Rolfs & Super, 1988). The second component, expressive/creative (E/C), encourages client expression through a number of writing methods (e.g., poetry, letters, journals, and stories). Various individual and group exercises can be used for clinical/health purposes. They might act as a safety valve to express feelings, provide a sense of order and control, or promote group process variables such as cohesion. There is existing research by James Pennebaker et al. on the positive effects of expressive writing on physical and emotional health (Lepore & Smyth, 2002; Pennebaker, 1993). L'Abate and Sweeney (2011), and the contributors to their edited text, offer an extensive review of the research basis for the therapeutic aspects of writing as it relates to mental health. The third, the symbolic/ceremonial (S/C) component, uses metaphors, rituals, symbols, storytelling, and performance (for example, dance or movement) as a means to deal with life transitions; for example, a ritual to deal with death and loss (Mazza, 2003). Mazza's integrative model of poetry therapy, consisting of these three components (receptive/prescriptive, expressive/creative, and symbolic/ceremonial) will henceforth in this article be referred to as the RES model. The model offers a structure for the study and understanding of this realm of clinical practice.

Purpose of the study

The conceptual base of the RES model of poetry therapy encompasses not only poetry therapy in the traditional sense, but also other related disciplines and methods that utilize language arts in some form or another (Chavis, 2011; Gladding, 2010; Mazza, 2009). Thus bibliotherapy, journal therapy, narrative therapy, expressive arts therapy generally, and even music, dance, art, and drama therapies fall within the boundary of the RES multidimensional model. Because of this diversification within the broad field of poetry therapy, it would be reasonable to expect that these different disciplines might exhibit a focus on one component of the practice model such that empirical support for the distinction between one discipline and another can be derived from an exploration of practitioner usage of the components. For the purpose of further refinement of the RES model, the current study examines data collected via an online survey of clinical practitioners.

To date, little exists in terms of empirical support for the use of poetry therapy in clinical practice, yet its use in its various forms is relatively widespread, as evidenced by the existence of organizations providing forums for practitioner association, dissemination of ideas and evidentiary support, and the training and licensing of practitioners. In the current climate of eclecticism and the integration of approaches, it would also be reasonable to expect general practitioners to incorporate one or more versions of poetry therapy or its related disciplines into their practice. Collecting practice data is, however, a complex undertaking, and a subsidiary purpose of the current study was to test the feasibility or practicality of protocols suggested for web-based surveys, for which response rates in excess of 50% have been reported, with higher percentages found when e-mail requests were combined with traditional mail (Couper, Traugott, & Lamais, 2001; Dillman, 2000; Dillman, Smyth, & Christian, 2009; Groves et al., 2004).

Specific aims

Therefore, this current study will begin the process of accumulating socially significant interdisciplinary research that seeks to bridge the divide between “art” and “science” in the interests of health and healing.

Mazza’s (1999, 2003) multidimensional poetry therapy practice model was developed on the best available evidence that supported each dimension. Much of this evidence was from anecdotal reports, case studies, and qualitative research. The strongest empirical support was drawn from related studies on the health benefits of expressive writing (e.g., Pennebaker, 1993; Pennebaker and Chung, 2007; Tegner, Fox, Phillip, & Thorne, 2009) and bibliotherapy (Hebert and Furner, 1997; Hynes & Hynes-Berry, 2012; McCulliss, 2011b; Olsen, 2007; Rossiter & Brown, 1988). The current study seeks to clarify terminology that has remained a problem in examining the research and practice base of poetry therapy. For example, bibliotherapy with a primary emphasis on the receptive/prescriptive component, has in some instances been considered synonymous with poetry therapy. It was hypothesized that there would be identifiable differences in the components of the tripartite model utilized by different categories of therapists employing some form of language arts in a therapeutic context. This and future studies will also explore the use of the model by practicing therapists.

Method

In an ideal research world, equal access to all practicing licensed clinical social workers would be assured. The reality in this regard, as this study discovered, is far from desirable. With the limited budget available, one of two concurrent preliminary tasks

was to compile a database of practitioners to whom invitations to participate in an online survey could be e-mailed.

Procedure for acquiring e-mail addresses

No single source exists which records and makes available contact information for all practicing licensed clinical social workers and related practitioners in the United States or the other countries included in this study. Furthermore, the sources of such information that do exist are not equally accessible to researchers. Some organizations will allow various levels of access to their member contact lists, but often at a price which ruled out their use for the present study. The consequence was that the size of the total population of practitioners was unknown, which in combination with an inability to achieve equal access to them all, made probability sampling impossible. The study was, therefore, always going to rely on some kind of convenience sample, based on however many practitioners the team could acquire e-mail addresses for. The steps taken to compile a mailing list were as follows:

1. A Google search was initiated using, separately, the search terms “poetry therapy,” “bibliotherapy,” “expressive arts,” and “expressive writing.”
2. For each search, links were followed to the websites of organizations and individual practitioners or practices that fell under the umbrella of therapy using one or more of the three different approaches to the use of the written or spoken word (the RES practice model). Only included were organizations and practices in the following English-speaking countries: USA; UK (England, Scotland, Wales, and Northern Ireland); Republic of Ireland; Canada; Australia; New Zealand; and South Africa.
3. Links to relevant sites were bookmarked, and contact information recorded and listed (mailing address, uniform resource locator (URL), phone number, and e-mail address).
4. Links given on each website were followed, repeating steps 2, 3, and 4.
5. When the process ceased to yield a significant number of new relevant websites, the search was terminated.
6. Each organization or practice listed was contacted to establish the number of professional members or practitioners.
7. Member lists were requested for the purpose of e-mailing invitations to take part in the online survey about poetry and related therapies.

The organizations thus identified fell into five broad categories of usefulness to the study:

- a. Non-responders.
- b. Those for whom membership in the organization allowed the member to access the e-mail addresses of the members for purposes that included research, or whose member contact information was freely available on the organization website.
- c. Those for whom contact with members was available for purchase. The organization would distribute the invitation to participate in the survey to whatever quantity of the membership we paid for. This avenue could have provided rapid and extensive access to large populations of practitioners, but the cost would have run to tens of thousands of dollars and hence was prohibitive in this exploratory study.
- d. Those who expressed an inability to assist us in the way we requested, due to stringent data protection laws or anti-SPAM rules. Some of these groups, however, offered to help by distributing the invitation to participate via electronic newsletters, listserves, or online groups, or by e-mailing their membership on our behalf.
- e. Those for whom e-mail contact information was not available under any circumstances.

In addition to the steps taken above, a further Internet search was conducted in an attempt to locate directories of licensed clinical social workers or therapists within the United States, for which e-mail addresses were included in the contact information. Keywords used for this search were ‘therapist’ and ‘directory’. The final potential database arrived at by all methods consisted of individuals who could be contacted directly by e-mail by the research team; individuals who could be contacted indirectly by e-mail via secretaries of the organization to which they belonged (the e-mail addresses were unknown to the research team); and individuals who could be contacted indirectly via announcements in electronic organization newsletters; listserves; or online forums (again; the e-mail addresses of such individuals were unknown). Due to time and funding constraints only those practitioners who could be contacted directly by the team were included in the final database. Thus the experience of the team was that, in the absence of very substantial funding, anything even remotely approximating a ‘textbook’ sampling scenario was not achievable.

Development of the survey instrument

Concurrently with the compilation of the practitioner e-mail database, the development of the survey instrument was carried out as an iterative process of expert and peer review, which included trial deployments of paper and electronic draft versions of the questionnaire. The end product was an attractive and easy-to-follow Internet-based questionnaire design, that included a balanced arrangement of the questions on each web

page, easy-to-read font style and size, consistently marked instructions, sequential ordering of response options, and clean-looking formatting with ample blank space on each page (Dillman, 2000; Murphy, 1993).

In addition to questions requesting basic demographic information, the beginning of the questionnaire sought to establish the respondent's theoretical orientation, the extent to which they had received training in this field, and their feelings toward the use of poetry in therapy. An example of the type of question used for these purposes is provided in Appendix A. The bulk of the questionnaire was composed of six sections, each of which addressed the use of a particular mode of poetry therapy in the RES model, using both poetry and other forms of written expression (see Appendix B for an example). The end of the questionnaire sought further demographic information related to respondent work setting, professional memberships, highest degree, and field of practice.

Survey implementation

Guidance on web survey implementation was derived from Chapter 7 of *Internet, mail, and mixed-mode surveys: The tailored design method* (Dillman et al., 2009). Of the 9082 e-mail addresses amassed for the initial mail-out, 13 were bad, leaving 9069 to which the request for participation was successfully sent. Addresses from which responses were received were filtered from the address database for the second and third e-mail reminders. Despite the assertion of Dillman et al. (2009) that individually sent e-mails tend to result in better response rates, bulk e-mailing was the only option available because of the number of addresses involved.

Response

There were 676 responses, representing a response rate of 7.5%. Of those 676 respondents, 384 answered the question asking if they considered themselves a practitioner of any form of poetry or related type of therapy, 240 indicating a positive identification with one of these therapy forms. This article focuses on these 240 respondents, hereafter referred to as the sample.

Composition of the responding poetry therapy practitioners

Within the sample of 240 users of some form of poetry or related therapy, 80.4% were female and 19.6% male. 90% were white. Only 1.3% identified any Hispanic ethnicity. Age ranged from 21 to 99 years, with a mean age of approximately 46. Number of years in professional practice ranged from 0 to 57, with a mean of about 15 years. Mean annual income was in the \$40,000-49,000 range, and 22.1% reported that they worked exclusively in private practice.

Table 1

Percentage of sample belonging to specific professional organizations (N = 240).

| Organization | Percentage of members |
|--|-----------------------|
| National Association for Poetry Therapy (NAPT) | 31.8 |
| American Music Therapy Association (AMTA) | 52.1 |
| Center for Journal Therapy | 7.1 |
| National Association of Social Workers (NASW) | 16 |
| American Family Therapy Association (AFTA) | 5 |
| American Association for Marriage and Family Therapy (AAMFT) | 11 |
| American Psychological Association (APA) | 12 |
| American Counseling Association (ACA) | 15 |
| California Association for Marriage and Family Therapy (CAMFT) | 5 |

25% of the poetry or related therapy users held a bachelor's as their highest degree earned, 49.2% a master's, 23.3% a doctorate, and 2.5% some other type of degree. The percentage of this sample of 240 respondents belonging to various professional organizations is summarized in Table 1. Noteworthy is the high percentage of this group of respondents who were members of the American Music Therapy Association (AMTA) (see above).

27.5% of this sample (N = 240) identified their primary approach as being eclectic/integrational, and 27.5% as humanistic. 16.3% identified primarily with the use of a cognitive behavioral approach, 9.2% behavioral, 5% narrative, and 4.2% psychoanalytic. When asked to identify their primary field or discipline, 52.1% stated music therapy (again, see above), 12.1% general counseling, 9.6% psychology, 7.9% marriage and family therapy, and 7.5% social work. Table 2 summarizes the type of poetry or related therapy those in the sample of 240 identified themselves as practitioner users. As can be seen from Table 2, over 50% of these practitioners identified as primarily users of music therapy, a consequence of a large portion (approximately 1500) of the 9000 or so e-mail addresses in the database being for members of the AMTA. Overall, the attempt in this study was to learn more about the use of poetic methods within the RES model with respect to discipline and theoretical orientation. It should be noted, however, that the eclectic/integrational classification may incorporate one or more of the well established theoretical approach used in this study.

Results of statistical analysis

Table 2 lists the percentage of respondents identifying primarily with one of eight categories of therapists (poetry therapists, bibliotherapists, expressive arts therapists, journal therapists, narrative therapists, music therapists, art therapists, and drama or dance therapists). This categorization was the independent variable in the statistical

analysis used to determine whether distinct differences could be identified between them in terms of the components of the RES practice model.

Table 2

Percentage of sample (N = 240) identifying with specific forms of poetry or related therapies.

| Type of poetry or related therapy | Percentage identifying primarily with this type |
|--|---|
| Poetrytherapy | 7.9 |
| Bibliotherapy | 6.7 |
| Expressive arts therapy | 5.8 |
| Journal therapy | 8.3 |
| Narrative therapy | 9.2 |
| Music therapy | 53.8 |
| Art therapy | 3.3 |
| Dance therapy, dramatherapy, psychodrama, sociodrama, etc. | 5.0 |

Table 3

Mean^a usage values for non-poetry forms of written expression in E/C mode.

| | Therapist group | | | | | | | |
|-------------------------------------|------------------|-------------------|--------------------|-------------------|---------------------|-----------------|--------------|----------------|
| | Poetry (N=18) | Biblio- (N=14) | Ex. arts (N=14) | Journal (N=17) | Narrative (N=17) | Music (N=91) | Art (N=7) | Drama (N=9) |
| Letters | 3.50 | 3.64 | 3.44 | 3.51 | 3.36 | 2.04 | 3.14 | 3.93 |
| Songs, lyrics | 2.50 | 2.79 | 3.14 | 2.53 | 2.35 | 4.52 | 1.86 | 2.89 |
| Journals, diaries or logs | 3.89 | 4.29 | 4.14 | 4.53 | 3.65 | 2.30 | 4.00 | 4.56 |
| Poem or sentence stems ^b | 3.83 | 3.29 | 2.93 | 3.12 | 2.71 | 3.00 | 3.14 | 3.67 |
| Weblogs | 1.33 | 2.00 | 1.43 | 2.18 | 1.82 | 1.12 | 1.29 | 1.56 |
| Other | 2.67 | 2.29 | 2.71 | 2.82 | 2.06 | 1.58 | 1.71 | 2.44 |

^a Scale responses on original items were 1 = never, 2 = infrequently, 3 = sometimes, 4 = frequently, 5 = very frequently, 6 = always

^b These devices may result in client-written poetry but are included here because they represent a distinct technique for prompting written responses

Use of the three main model components

The questionnaire asked participants to state whether or not they used each of the three components of the RES model in their practice. Both the receptive/prescriptive and expressive/creative components were subdivided into the use of actual poetry and the use of other written material. To determine, first of all, if significant differences in model component existed between each therapist category and the aggregated other groups, PASW Statistics 18 software was used to compare each separate group with the rest of the 240 respondents treated as a single other group. Cross-tabulations were run, and the continuity-corrected Chi-squared values in the output used, as each test was composed of a 2 x 2 table. Where one or more cell in the table contained a value of less than

5, thereby invalidating the use of χ^2 , the p values from the Fisher's Exact Test were used to determine if there was a significant difference in likelihood of component usage.

At this broad level, poetry therapists were found to be significantly more likely to use existing poetry in R/P mode ($p = .001$) and the client's own written poetry in E/C mode ($p = .001$) in their professional practice than the rest of the therapists combined. Expressive arts therapists (expressive arts therapy includes the use of poetry) were significantly more likely than the rest of the therapists combined to utilize forms of written expression other than poetry in E/C mode ($p = .044$). Music therapists, on the other hand, were significantly *less* likely than the other groups combined, to use poetry in R/C mode ($\chi^2 = 13.493, p < .001$), poetry in E/C mode ($\chi^2 = 13.997, p < .001$), other (non-poetry) forms of written expression in E/C mode ($\chi^2 = 7.912, p = .005$), and the S/C mode ($\chi^2 = 13.087, p < .001$).

The limitations of these results derive especially from the nonrandom nature of this convenience sample, the small size of the sample, and the unequal groups (music therapists constituted more than 50% of $N = 240$).

By conducting Chi-square tests between each therapist group and every other group individually, a slightly more detailed picture emerged when likelihood to use different components of the RES model was again considered (note that a p value only is given, referring to Fisher's Exact Test, since all significant comparisons violated the rule of no cells in the cross-tabulation containing less than 5 cases).

R/P mode

Poetry therapists were significantly more likely to use existing poetry in R/P mode than were bibliotherapists ($p = .032$), narrative therapists ($p = .011$), and music therapists ($p < .001$). Expressive arts therapists were also significantly more likely to use poetry in this mode than were music therapists ($p = .01$). There were no significant differences in the reported tendency to use other forms of written expression in R/P mode.

E/C mode

Poetry therapists reported a significantly greater tendency to use the client's own written poetry in E/C mode than were bibliotherapists ($p = .013$), expressive arts therapists ($p = .008$), journal therapists ($p = .008$), narrative therapists ($p = .023$), musictherapists ($p < .001$), and art therapists ($p = .019$). Drama therapists were significantly more likely than music therapists to use client poetry in E/C mode. Music therapists were similarly significantly less likely than poetry therapists ($p = .026$) and expressive arts therapists ($p = .021$) to use other forms of client writing in E/C mode.

S/C mode

Bibliotherapists ($p = .031$) and expressive arts therapists ($p = .021$) were significantly more likely to use the S/C mode generally than were music therapists.

Use of specific forms of E/C mode

Data were collected describing the use by respondents of various forms of expressive or creative language arts (client-written letters, song lyrics, journals, blogs, and other forms of written expression) and the use of poem or sentence stems in therapeutic contexts, employing a 6 point scale with an underlying continuity. Table 3 summarizes the mean frequency of usage values for six categories of other written material in E/C mode by each of the eight groups of therapists. These mean responses were compared using independent samples t -tests, with $p = .05$ as the threshold of significance. Limitations were presented by violations of the assumptions for independent samples t -tests: the sample was not random, and in some group comparisons the variances were not equal. Additionally, the distribution of frequency of use data for three categories was not normal: for journal use the distribution was not uni-modal, and kurtosis was fairly high (-1.007); 73% of respondents reported that they never used weblogs therapeutically, resulting in the distribution being skewed (2.462) with high kurtosis (6.328); 61% of respondents reported never using other forms of written expression in a therapeutic context (skewness 1.085). Analysis was undertaken on the understanding that these violations were unlikely to have a major effect on the results (Smith, Gratz, & Bousquet, 2009).

Results of the t -tests comparing mean frequency of usage of each category of non-poetry written expression in E/C are presented in Table 4. The principal patterns that emerged show music therapists reporting significantly more frequent use of client written songs and lyrics than did each of all other types of therapists in the study.

At the same time, music therapists were less likely to use letter writing, journal or diary writing, weblogs, and other forms of written expression, or to utilize poetic or sentence stems as a technique (see Table 4). Journal therapists were distinguished from poetry therapists by reporting significantly more frequent usage of journals and weblogs therapeutically, and they also more frequently used journal writing than did narrative therapists. Expressive arts therapists, whose broad approach encompasses creative components of poetry therapy, journal therapy, and music therapy, reported significantly more frequent usage of song writing than did narrative therapists and art therapists.

Table 4

Between-group t-test comparisons for non-poetry forms of written expression in E/C mode.

| | Poetry (N = 18) | Biblio- (N = 14) | Ex. Arts (N = 14) | Journal (N = 17) | Narrative (N = 17) | Music (N = 91) | Art (N = 7) | Drama (N = 9) |
|-----------------------|--|---------------------|----------------------|---------------------|-----------------------|--|--------------------|--------------------|
| Poetry (N = 18) | | | | | d. 2.558, .008 | a. 5.277, <.001 c. 5.166, <.001 d. 2.530, .007 e. 2.027, .023 f. 3.239, .001 | | |
| Biblio- (N = 14) | | | | | | a. 5.063, <.001 c. 5.562, <.001 e. 5.204, <.001 | | |
| Ex. arts (N = 14) | | | | | b. 2.167, .020 | a. 4.612, <.001 c. 5.181, <.001 e. 2.090, .020 f. 2.958, .002 | b. 2.265, .018 | |
| Journal (N = 17) | c. 2.220, .017 e. 2.594, .007 | | | | c. 2.744, .005 | a. 5.061, <.001 c. 7.028, <.001 e. 6.842, <.001 f. 3.415, <.001 | | |
| Narrative (N = 17) | | | | | | a. 4.955, <.001 c. 4.201, <.001 e. 4.829, <.001 | | |
| Music (N = 91) | b. 7.344, <.001 | b. 5.385, <.001 | b. 4.285, <.001 | b. 6.872, <.001 | b. 7.741, <.001 | | b. 6.216, <.001 | b. 4.216, <.001 |
| Art (N = 7) | | | | | | a. 2.655, .005 c. 3.486, <.001 | | |
| Drama (N = 9) | | | | | c. 2.199, .019 | a. 5.097, <.001 c. 5.239, <.001 e. 3.304, <.001 | | |

Values for t and p are only listed where mean differences are significant; figures are arranged such that therapist type on vertical axis uses E/C form more frequently; p values given are half the two-tailed p values in the PASW Statistics output, as tests were one-tailed; a, letters; b, songs/lyrics; c, journals, diaries, logs; d, use of poem/sentence stems; e, weblogs; and f, other forms of written expression.

Table 5

Meana usage values for forms of S/C mode.

| | Therapist group | | | | | | | |
|-----------------------|--------------------|---------------------|----------------------|---------------------|-----------------------|-------------------|----------------|------------------|
| | Poetry (N = 18) | Biblio- (N = 14) | Ex. Arts (N = 14) | Journal (N = 17) | Narrative (N = 17) | Music (N = 91) | Art (N = 7) | Drama (N = 9) |
| Metaphors | 4.54 | 4.50 | 4.36 | 4.18 | 4.07 | 2.91 | 4.20 | 4.11 |
| Movement dance | 2.00 | 1.83 | 3.27 | 2.09 | 1.79 | 3.43 | 3.00 | 3.67 |
| Performance | 3.62 | 2.75 | 3.55 | 3.09 | 2.57 | 3.20 | 2.20 | 4.22 |
| Rituals ceremonies | 3.00 | 3.08 | 3.73 | 3.45 | 3.29 | 2.68 | 3.20 | 4.11 |
| Storytelling | 3.69 | 3.42 | 3.27 | 2.91 | 3.93 | 2.75 | 3.40 | 3.67 |
| other S/C | 1.23 | 1.67 | 2.18 | 1.73 | 1.50 | 1.91 | 2.00 | 2.67 |

a Scale responses on original items were 1 = never, 2 = infrequently, 3 = sometimes, 4 = frequently, 5 = very frequently, 6 = always.

Use of specific forms of S/C mode

In similar fashion to the components of the E/C mode referred to in the previous section, data on frequency of usage of six subdivisions of the S/C mode by each of the eight groups of therapists was obtained from the responses to the questionnaire. The mean frequency of usage reported by each group is summarized in Table 5. The frequency of usage data for five of the six categories was distributed within normal parameters, but for the ‘other’ category, 67.2% of respondents indicated that they never used other forms of the E/C mode (skewness 1.583, kurtosis 1.40) and these data were not normally distributed. Other limitations, in terms of using independent samples *t*-tests, were the same as for the E/C data.

Results of the *t*-tests comparing mean frequency of usage of each category of the S/C mode are presented in Table 6. Patterns emerging from this data again featured music therapists prominently. Both music therapists and drama therapists reported significantly more frequent use of movement than did therapists whose work is based primarily on the written word (poetry therapists, bibliotherapists, journal therapists, and narrative therapists) but not expressive arts therapists, whose scope would be expected to include expressive components of the S/C mode. Indeed, expressive arts therapists reported significantly more frequent use of movement than did poetry therapists, bibliotherapists, and narrative therapists (see Table 6). Drama therapists also more frequently used performance than did bibliotherapists, narrative therapists, music therapists, and art therapists, and more frequently used ritual than bibliotherapists and music therapists. Conversely, music therapists reported significantly less frequent use of metaphor than all other groups, less frequent use of storytelling than poetry therapists, bibliotherapists, and drama therapists, less frequent use of ritual than expressive arts therapists and drama therapists, and less frequent use of performance than poetry therapists and drama therapists.

Table 6
Between-group *t*-test comparisons for forms S/C mode.

| | Poetry (N = 13) | Biblio- (N = 12) | Ex. Arts (N = 11) | Journal (N = 11) | Narrative (N = 14) | Music (N = 56) | Art (N = 5) | Drama (N = 9) |
|----------------------|--------------------|---------------------|----------------------|---------------------|-----------------------|--|----------------|------------------|
| Poetry (N = 13) | | | | | c. 2.857, .004 | a. 4.290, <.001 c. 2.545, .011 e. 3.010, .002 | | |
| Biblio- (N = 12) | | | | | | a. 4.242, <.001 e. 2.015, .024 | | |
| Ex. arts (N = 11) | b. 2.569, .009 | b. 2.569, .009 | | | b. 3.203, .002 | a. 3.568, <.001 d. 2.533, .007 | | |
| Journal (N = 11) | | | | | | a. 3.428, <.001 | | |

| | Poetry (N = 13) | Biblio- (N = 12) | Ex. Arts (N = 11) | Journal (N = 11) | Narrative (N = 14) | Music (N = 56) | Art (N = 5) | Drama (N = 9) |
|-----------------------|--|----------------------------------|----------------------|---------------------|---|--|----------------------|------------------|
| Narrative (N = 14) | | | | f. 2.222, .018 | | a. 3.313, <.001 f. 4.084, <.001 | | |
| Music (N = 56) | b. 4.254, <.001 | b. 4.409, <.001 | | b. 3.513, <.001 | b. 5.131, <.001 | | | |
| Art (N = 5) | | | | | b. 2.376, .015 | a. 2.352, .011 | | |
| Drama (N = 9) | b. 3.039, .003 d. 2.297, .017 f. 3.004, .004 | b. 2.953, .004 c. 2.666, .008 | | b. 2.385, .014 | b. 3.662, <.001 c. 4.064, <.001 f. 2.304, .016 | a. 2.870, .003 c. 2.498, .008 d. 3.118, .002 e. 2.523, .007 | c. 3.315, .003 | |

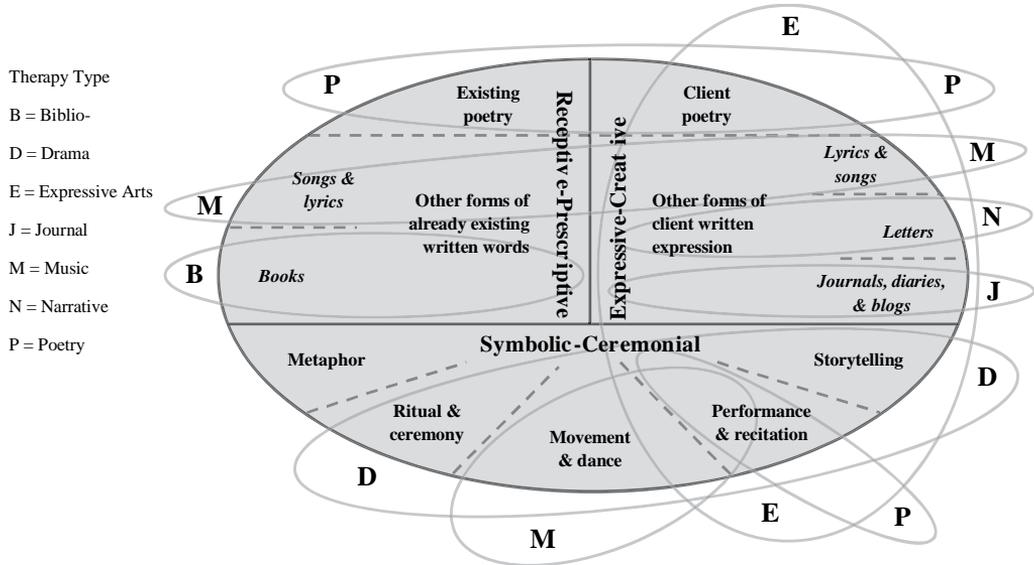
Values for *t* and *p* are only listed where mean differences are significant; figures are arranged such that therapist type on vertical axis uses S/C form more frequently; *p* values given are half the 2-tailed *p* values in the PASW Statistics output, as tests were one-tailed; a, metaphors; b, movement, dance; c, performance; d, rituals, ceremonies; e, storytelling; and f, other forms of symbolic/ceremonial.

Discussion

The above results allow some classification of therapist types based on the components of the RES model, although understandably the picture obtained is imperfect, as would be expected bearing in mind the eclectic nature of modern practice and the uneven representation of different therapist groups in the sample. The results present nothing illogical, however, supporting the validity of the dataset despite the convenience sampling. Music therapists naturally focus on the use of music, which is not included as a language form specifically mentioned in the survey, so unsurprisingly they were less likely than the other therapists as a whole to use most of the components of the model. They do employ song lyrics, which would come under the use of other forms of written expression in the R/P mode, hence it makes sense that they were as likely as the rest of the therapists as a group, to use this mode. Music and drama therapists were both significantly more likely to use components of the model expected to support important methods in their practice, such as song writing or movement and performance, respectively. Poetry therapists were distinguished by their use of poetry, journal therapists by journal writing, and expressive arts therapists displayed commonality with more narrowly defined groups whose techniques fall within the range of those used by this overarching group. The use of metaphor, to a lesser or larger extent, was common among all therapist groups.

The results also suggest directions for the refinement of the RES model, based on the categories of language arts-based therapeutic methods described in connection with the components of the RES model (Mazza, 2003). Fig. 1 summarizes the main subdivisions of the

model components and their relationships with the language arts-based therapies examined in this study, based on the analysis of the questionnaire results. In subsequent studies, the data from the poetry therapy questionnaire will examine therapist opinions as to the usefulness of poetry and related therapies (for example, in assessment), their helpfulness in treating client problems, and the relationship between their use and positive outcomes.



In this diagram the domains of the RES model primarily occupied by poetry therapy, music therapy, journal therapy, and drama/dance therapy are supported by the data from the survey discussed in the current study. Bibliotherapy is shown focused on the use of books in R/P mode, based on the definition of this type of therapy, and letters in E/C mode are used in narrative therapy, hence its inclusion here. Practitioners of these latter two types of therapy were not shown by the questionnaire results to be significantly more likely to use these methods, however. In the S/C mode, metaphor is shown to be used by all groups. Note also that expressive arts therapy would be expected to encompass all expressive/creative and some symbolic/ceremonial components.

Fig. 1. The RES model of poetry and related language arts-based therapies. In this diagram the domains of the RES model primarily occupied by poetry therapy, music therapy, journal therapy, and drama/dance therapy are supported by the data from the survey discussed in the current study. Bibliotherapy is shown focused on the use of books in R/P mode, based on the definition of this type of therapy, and letters in E/C mode are used in narrative therapy, hence its inclusion here. Practitioners of these latter two types of therapy were not shown by the questionnaire results to be significantly more likely to use these methods, however. In the S/C mode, metaphor is shown to be used by all groups. Note also that expressive arts therapy would be expected to encompass all expressive/creative and some symbolic/ceremonial components.

Summary

This preliminary study of the data from the poetry therapy questionnaire supports the structure of the RES model and suggests links between specific components of the model and particular groups of therapists using language arts-based methods. While the questionnaire results were derived from a convenience sample, the data examined statistically so far have yielded results which fit logically with the established RES model, suggesting that the data offer meaningful insight into the use of poetry therapy and related disciplines.

Appendix A

Example of question from the questionnaire poetry therapy: an investigation of language, symbol, and story in clinical practice.

Question 7: How important are the following theories to your practice?

| | Not important | Slightly important | Somewhat important | Important | Very important | Most important |
|-------------------------|---------------|--------------------|--------------------|-----------|----------------|----------------|
| 1. Behavioral | 1 | 2 | 3 | 4 | 5 | 6 |
| 2. Cognitive behavioral | 1 | 2 | 3 | 4 | 5 | 6 |
| 3. Humanistic | 1 | 2 | 3 | 4 | 5 | 6 |
| 4. Narrative | 1 | 2 | 3 | 4 | 5 | 6 |
| 5. Psychoanalytic | 1 | 2 | 3 | 4 | 5 | 6 |
| 6. Eclectic/integrative | 1 | 2 | 3 | 4 | 5 | 6 |
| 7. Other | 1 | 2 | 3 | 4 | 5 | 6 |
| 8. None | 1 | 2 | 3 | 4 | 5 | 6 |

Appendix B

Example of section from the questionnaire poetry therapy: an investigation of language, symbol, and story in clinical practice.

The following questions are based on Mazza's Multidimensional Model of Poetry Therapy. Please carefully read the description at the beginning of each section and provide the answers that are closest to your experience.

Receptive/prescriptive

The *Receptive/prescriptive* mode of poetry therapy involves the introduction of existing poetry in a therapeutic capacity (e.g. validate a feeling, promote self-expression, to advance group process).

Question 11: Doyou use the receptive/prescriptive mode of using existing poetry inatherapeutic capacity?

Yes

No (this automatically skips respondent to question 23)

| These questions referto utilizing existing poetry: | Never | Infrequently | Someti- mes | Frequently | Very frequently | Always |
|---|----------------------|--------------|----------------------|-------------------|--------------------|-------------------|
| 12. How frequently doyou use this mode in your professional practice? | 1 | 2 | 3 | 4 | 5 | 6 |
| 13. For the times you use this mode of poetry therapy, how often do you use it in the beginning of the session? | 1 | 2 | 3 | 4 | 5 | 6 |
| 14. Forthe times you use this mode of poetrytherapy, how often do you use it in the middle of the session? | 1 | 2 | 3 | 4 | 5 | 6 |
| 15. Forthe times you use this mode of poetrytherapy, how often do you use it at the end of the session? | 1 | 2 | 3 | 4 | 5 | 6 |
| These questions refer to utilizing existing poetry: | Strongly disagree | Disagree | Slightly disagree | Slightly agree | Agree | Strongly agree |
| 16. Using this mode of poetrytherapy is helpful in the assessment of clients. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17. Using this mode of poetrytherapy is helpful in the treatment of clients. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18. Using this mode of poetrytherapy is directly related to a positive outcome. | 1 | 2 | 3 | 4 | 5 | 6 |
| 19. The clients with whom you use this mode of poetrytherapy find it helpful. | 1 | 2 | 3 | 4 | 5 | 6 |

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