



Effectiveness of Poetry Therapy on the clients of Post-Traumatic Stress Disorder

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ABSTRACT

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The purpose of the study is to explore the effectiveness of Poetry Therapy for the clients of Post-Traumatic Stress Disorder. Quasi experimental design (pre and post design) along with purposive sampling technique was employed on the sample size of 05 participants (females) to find the effectiveness of therapy. Participant was selected only from Punjab province. Therapy was applied in one to one session. There was four therapeutic sessions applied for the management of PTSD. Each session was last for 45- 1 hour approximately. It was a 1-week program alternative days (Monday, Wednesday, Friday). PTSD Scale-Self Report for DSM-5 was employed to access the client's symptoms of post-traumatic stress. Statistical package SPSS 26 was used to figure-out the outcome of the research. Reliability analysis, Wilcoxon signed ranked analysis was used to check the effectiveness of poetry therapy. The findings showed that the reliability of PTSD scale has demonstrated a moderate level of reliability ($\alpha = .87$). Additionally, the poetry therapy was found to be significantly effective in managing post-traumatic stress. The results showed a clear and significant difference between pre-assessment and post-assessment scores on the PTSD scale. In conclusion, Poetry Therapy, which utilizes poems, stories, and other spoken or written materials, is a form of expressive arts therapy that aids in emotional healing and well-being. Understanding the effectiveness of poetry therapy enhances our ability to manage various disorders and promotes mental health in a highly effective manner.

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1. Introduction

The objective of this paper is to investigate the effectiveness of Poetry therapy on clients with Post-traumatic stress disorder (PTSD). Contributions from the humanities, social sciences, and natural sciences have shaped various expressive art therapy approaches. Throughout cultural history, from past to present, music, dance, rituals, and the artistic use of words and images have provided orientation and guidance for individuals and organizations. Over the past few decades, the use of expressive art therapies, including music therapy, fine arts therapy, dance movement therapy, theatre, language, poetry, and bibliotherapy, has become increasingly important in medical treatment options (Aldridge, 2002). In the United States, poetry therapy and other expressive art treatments such as dance, music, gestalt, and theatre therapy have gained extensive acceptance. Since the early 19th century, poetry and other historical disciplines have been employed in both formal and informal therapeutic contexts (Mazza, 1993). Despite being formally recognized in 1969, poetry therapy's various applications and therapeutic efficacy have received relatively little systematic study to date (Heimes, 2011). It is essential to explore

the scope, specific approaches, benefits, and drawbacks of poetry therapy applications in accordance with ethical and therapeutic standards. According to Heimes (2011), the majority of studies on poetry therapy are found in psychiatry, psychotherapy, and psychology, although poetry therapy is acknowledged in diverse contexts such as cancer treatment, addiction, and geriatrics. Poetry and visual arts may be effective for facilitating non-threatening interaction with individuals affected by PTSD. Imagery and symbols that do not directly depict the traumatic experience can be used to represent thoughts and feelings, mitigating the harmful effects of the trauma. Post-traumatic stress disorder (PTSD) is a severe condition where individuals often struggle to communicate their thoughts and mental state. PTSD, classified as a serious anxiety disorder, arises from significant psychological trauma involving exposure to situations that threaten death, serious injury, or the physical integrity of oneself or others. The capacity to cope with intense stress varies among individuals. Consequently, PTSD can develop in those exposed to extremely stressful events or in individuals who encounter pressures that seem less overwhelming, depending on their personality and resilience.

2. Theories related to PTSD

2.1. Conditioning Theory

This method attempted to treat PTSD by applying conditioning techniques for anxiety disorders. According to Mowrer's (1960) two-factor learning theory, neutral stimuli initially associated with the unconditioned stimulus in the traumatic situation eventually provoke fear through classical conditioning. This means that specific aspects of the traumatic event become triggers for fear. Keane, Zimering, and Caddell (1985) suggested that stimulus generalization and higher-order conditioning allow a wide range of related stimuli to develop the ability to elicit fear. Although repeated exposure to spontaneous recollections of the trauma would typically suffice to extinguish these associations, extinction does not occur if the individual avoids or filters these recollections, rendering the experience ineffective. A reduction in fear reinforces the avoidance of conditioned stimuli through diversion, memory blocking, or other actions, leading to the persistence of PTSD.

2.2. Information-processing Theories

Cognitive theories, known as information-processing theories, have focused more on the traumatic incident itself rather than its broader social and psychological context (Chemtob, Roitblat, Hamada, Carlson, & Twentyman, 1988). The basic premise is that the way a traumatic incident is remembered is unique, and if it is not processed appropriately, psychopathology will develop. This approach emphasizes the necessity of integrating event-related information into the larger memory system, similar to social-cognitive theories. However, the difficulty in doing so is more related to the characteristics of the trauma memory than to a conflict with established beliefs and ideas.

2.3. Emotional Processing Theory

E. Foa, Riggs, Dancu, and Rothbaum (1993) and E. B. Foa, Cashman, Jaycox, and Perry (1997) expanded on (E. B. Foa, Steketee, & Rothbaum, 1989) network theory in various ways to account for emerging information, particularly regarding attack and rape victims. One advancement was the clarification of the relationship between PTSD and information present before, during, and after the incident. They hypothesized that individuals with more rigid pre-existing beliefs were more prone to PTSD. These inflexible views might include beliefs that the self is exceptionally capable and the world is extraordinarily safe, which the traumatic event would disprove, or beliefs that the self is exceptionally incapable and the world is extraordinarily dangerous, which the event would confirm.

2.4. Hypotheses

- It is hypothesized that Poetry Therapy will effectively reduce the symptoms of Post-Traumatic Stress Disorder.

2.5. Justification for Small Sample Size

The current study utilised a limited sample size of 5 participants due to practical constraints. Conducted as a preliminary investigation, the study attempted to comprehensively evaluate the efficacy of poetry therapy for individuals with post-traumatic stress disorder (PTSD). The demanding one-on-one therapy sessions necessitated substantial time and money investment, hence restricting the number of participants. In addition, the use of purposive

sampling ensured that the sample was representative, while the limitations of resources and the investigative character of the study supported the decision to have a small sample size.

3. Literature Review

Mehwish 2021 described that Domestic violence against women is a major issue that affects everyone and has negative economic, physical, and psychological effects. However, in many nations and cultures, victims frequently lack access to psychiatric assistance. We looked explored how an imagery-based therapy for post- traumatic stress disorder (PTSD) in women who had experienced spousal domestic abuse affected them using a pre-post design. Eidetic Treatment, an imagery-based therapy that avoids a significant dependence on verbal skills and narratives, was used to treat individual trauma for 10 to 12 weeks with forty women who were referred from outpatient clinics in Pakistan and met the inclusion criteria. By the end of treatment, the PTSD symptoms in the women had significantly decreased. The kind of abuse, the degree of PTSD at the beginning of therapy, and the length of the relationship were all predictors of treatment success. The degree of improvement was not predicted by abuser or victim traits, economic resources, literacy, or abuser characteristics. Conclusion: Regardless of participants' reading levels, counseling was linked to a decrease in PTSD symptoms. This decrease in PTSD was remarkable since, unlike many cases of marital violence, these women were typically unable to leave their relationships, thereby exposing themselves to more assault. These findings' contextual and cultural-based explanations are provided and explored.

Juliana, Weny, Chandra, Yuliana, and Hutabarat (2021) reported that single or a string of dangerous or stressful events can cause post-traumatic stress disorder (PTSD), a relatively widespread psychopathological condition. Without treatment, its chronic course can cause serious distress. In this way, psychotherapy therapies would enable symptom alleviation while enhancing cognitive and behavioral functioning. The purpose of the current study was to determine, through a review of clinical reports, the tactics chosen by psychologists and/or other health professionals for the psychotherapeutic treatment of PTSD. Following a set of criteria, an evaluation of clinical reports published in journals indexed in the Online Library of Knowledge (B-on) was conducted. There were found to be 22 publications that matched the requirements for inclusion. And the findings suggested the existence of techniques that adhered to the analytical psychology or cognitive-behavioral learning model's guiding principles. The current narrative evaluation of the literature paints a clear picture of the decisions being made in the area of psychological clinical practise with regard to particular approaches and derived tactics.

4. Data and Methodology

4.1. Research Design

The research design of the current study was Quasi.

4.2. Participants

Five Participants were selected through purposive sampling technique.

4.3. Measures

4.3.1. Demographic Questionnaire

The demographic questionnaire enabled the researcher to gather background information about the participants. It included questions on gender, job designation, job experience, socio-economic status, age, education level, and religion, city of permanent residence, relationship status, and family system (nuclear/joint).

4.3.2. PTSD Scale-Self Report for DSM-5

The DSM-5 PTSD Scale-Self Report, 5 (PS-SR5; Foa et al., 2015), is a 24-item self-report questionnaire designed to identify prior exposure to specific traumatic events (such as severe life-threatening illness, physical or sexual assault, military combat, childhood abuse, accidents, natural disasters, and others) and assess the severity of DSM-5 PTSD symptoms related to the worst event experienced. The PS-SR5 includes:

1. Two questions to measure distress and interference.
2. Two questions to measure symptom onset and duration.
3. Twenty questions to measure symptom intensity.

The 20 symptom severity items are summed to determine overall symptom severity, with higher total scores indicating greater severity. Responses for distress, interference, and symptom severity items are given on a 5-point Likert scale (0 = not at all, 1 = once a week or less/a little, 2 = two to three times a week/somewhat, 3 = four to five times a week/very much, 4 = six or more times a week/severe). The symptom onset and duration questions have two options (onset: less than six months, more than six months; duration: less than one month, more than one month). Only individuals who reported DSM-5 trauma exposure and associated symptoms for at least one month were included in this study's use of the PS-SR5 for continuous assessment of PTSD severity.

4.3.3. Research Instruments

- Demographic Sheet
- PTSD Scale-Self Report for DSM-5

4.3.4. Procedure

Before starting this research, permission was obtained from the Research Cell and, after approval, from the Lahore School of Professional Studies (LSPS) at the University of Lahore. Authorization to use the original PTSD Scale-Self Report for DSM-5 was secured by contacting the authors via email. Signed permission from the department was also obtained before conducting the experiment. Participants with PTSD were then selected using a purposive sampling technique. The PTSD Scale-Self Report for DSM-5 was administered to these participants, and those who scored high were qualified for therapeutic sessions. The qualified clients completed a demographics questionnaire. They were given psycho-education about PTSD and informed about the total number and duration of the therapeutic sessions. Four therapeutic sessions were conducted over one week, on alternate days (Monday, Wednesday, Friday), with each session lasting approximately 45 minutes to one hour. The therapeutic sessions comprised three main components: therapeutic interventions, counseling, and strategies. A significant portion of each session focused on therapeutic interventions, where clients underwent specific therapeutic techniques. Strategies were discussed to help clients manage feelings of stress in particular situations. Counseling aimed to improve clients' mental health and included exercises, meditation techniques, and general decision-making.

4.3.5. The Poetry Therapy Process

Poetry therapy involves three major stages that patients experience when engaging with fiction or nonfiction texts. The foundational model for poetry therapy, based on identification, catharsis, and insight, was developed by C. Shrodes, an English professor with a background in psychology, in a seminal book published in 1950. Since then, numerous authors have built upon the core principles of Shrodes' thesis (Pehrsson & McMillen, 2010).

4.3.6. Catharsis

This stage primarily focuses on the release of tension or the purification of emotion. Catharsis occurs as feelings and experiences reconnect during the identification phase (Shechtman, 1999). Readers often express an "aha moment" or say, "I get it," signifying a moment of insight (Stanley, 1999). Even when reading nonfiction, emotions may be less intense, but it's important to be aware of the lessons that the subject's life can impart.

4.3.7. Insight

In the final phase, the main character or the one with whom the reader closely identified is prompted to compile a list of solutions they employed to overcome their challenges. This list can then form the basis of a practical problem-solving approach. For instance, if a reader relates to a character grappling with financial concerns, they may decide to reduce their spending as a solution. The effectiveness of these strategies often hinges on their practicality and concreteness.

4.3.8. Steps in the Poetry Therapy process

Learning about self and others (identification)

- 1- To develop a person's sense of self.
- 2- To deepen one's comprehension of human motivations or actions.
- 3- To encourage one's genuine self-evaluation.
- 4- To find a method for a person to develop interests those are not personal.

- 5- To alleviate pressure on the mind or the emotions.
- 6- To demonstrate to someone that they are neither the first nor the only one to experience a given issue.
- 7- To demonstrate to someone that there are other ways to solve a problem.
- 8- To encourage more open discussion of a subject.
- 9- To aid someone in making a thoughtful plan of action to resolve a problem

5. Results and Discussion

Table 1: Frequency and percentage of Participants(N = 5)

Variable	K	a	
PTSD scale	24	.87	
Variables	M(SD)	f	%
Education	1.6(.54)		
Graduate		2	40
Undergraduate		3	60
Occupation	1.6(.54)		
Employed		2	40
Unemployed		3	60
Maritalstatus	3.8(.44)		
Married		0	0
Engaged		1	20
Committed		4	80
Familysystem	1.6(.54)		
Joint		2	40
Nuclear		3	60
Age	23.8(2.38)		
21-25		4	80
25-30		1	20

Note: f=Frequency, %=Percentage, M=Mean, S.D =Standard Deviation

Clients	pre-assessment	post-assessment
client1	50%	20%
client2	71%	30%
client3	73%	40%
client4	47%	10%
client5	40%	15%

Table 2

Note: k = number of items, M = Mean, a = Cronbach's alpha

The table displays the descriptive statistics and internal consistency reliability coefficients (Cronbach's alpha) for the main variables assessed in the study. The PTSD scale consists of 24 items, and the scale's overall reliability is high, with a Cronbach's alpha coefficient of .87.

Table 3: Wilcoxon signed Rank Test for the comparison of pre & post assessment of poetry therapy under Hypothesis on post-traumatic stress disorder (N=05)

Domain	Ranks	Mean rank	Sum of ranks	Z	p	ES
Pre-post	Negative Rank	5a	15.00	-2.023b	.043	.64
	Positive rank	0b	.00			

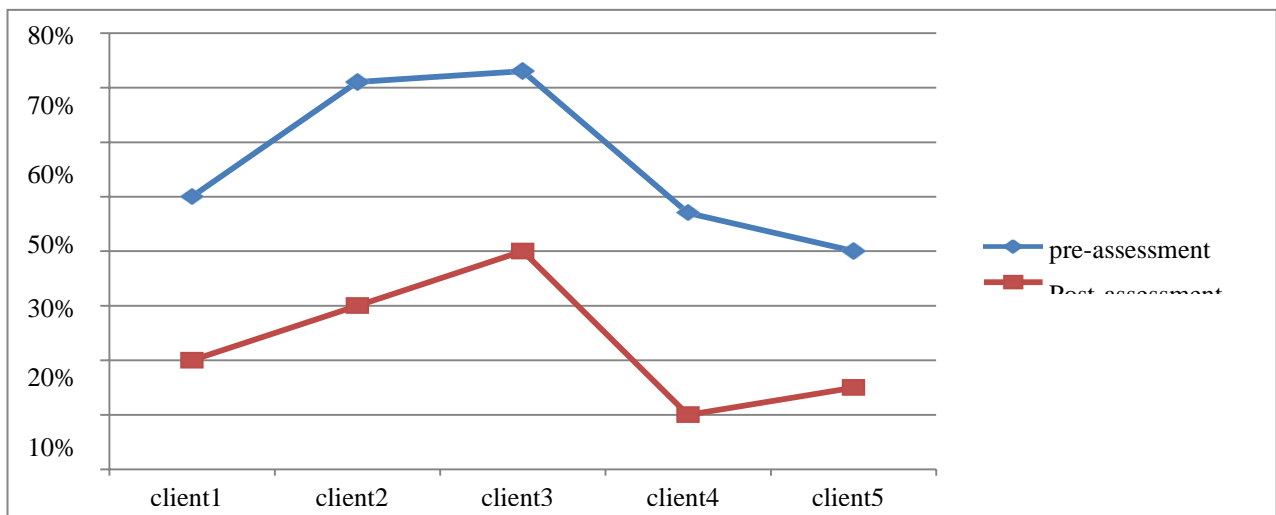
Note: p<.05*, p<.01**, p<.001***

A Wilcoxon signed Rank t-test analysis was run to compare the pre and post assessment of PTSD after conducting poetry therapy. In order to evaluate if there were any changes in effectiveness of poetry therapy Wilcoxon revealed a statistically significantly positive change in Post-Traumatic stress disorder among clients participated in therapy, $z = -2.023$, $p = .043$, with a large effect size($r = .64$).

5.1. Rating scale of pre and post Assessment

A line chart visually organizes a set of data points according to user-defined ranges. Resembling a bar graph in appearance, a line chart simplifies a data series by aggregating numerous data points into logical ranges or bins for easy interpretation. In this instance, a line chart was employed to analyze the percentage change between pre and post assessments. The results clearly indicate a significant difference in client ratings before and after the intervention.

Figure 1: Graphical Representation



6. Discussion

Poetry therapy is a developing field within arts-based therapies, still in the process of establishing models, professional standards, and universally accepted definitions and procedures. Mcardle and Byrt (2001) proposes further investigation to evaluate the efficacy and clinical outcomes of specific methodologies and interventions. This aligns with the need for more comprehensive research on the effectiveness of poetry therapy for those with PTSD. To fully evaluate the efficacy of poetry therapy as a feasible treatment for PTSD, it is crucial to analyse its clinical outcomes, optimal delivery methods, and therapeutic mechanisms. To investigate the effectiveness of poetry therapy and its ability to improve clinical outcomes for patients with PTSD, researchers can analyse McCardle's focus on the use of poetry for expression and therapy in PTSD treatment. This study has the capacity to assist in the development of evidence-based recommendations for utilising poetry therapy in the management of PTSD. This will help guarantee that clients receive the utmost efficient and tailored assistance for their recuperation. Jeroen's (2021) study on the reception of "corona poetry" by readers holds importance for assessing the effectiveness of poetry therapy in treating PTSD. The debate surrounding the primary purpose of poetry, whether it is regarded as a type of literature or as a tool for social, ideological, or therapeutic purposes, is pertinent to the utilisation of poetry therapy in the treatment of PTSD. While Jeroen's research revealed a negative perspective on the poems, with readers focusing on their literary value rather than their ability to promote healing, poetry therapy for PTSD often employs the therapeutic elements of poetry. This discrepancy underscores the need for further research on how persons with PTSD perceive and respond to poetry therapy, and whether their experiences align with the autonomous (literature-focused) or heteronomous (therapy-focused) perspectives. By examining client perceptions and outcomes, researchers can gain a more profound comprehension of the effectiveness of poetry therapy in treating PTSD. This knowledge can then be utilised to develop poetry-centered therapies that are customized to fit the individual needs of clients.

Pettersson (2022) investigates the potential benefits of creative interactive biblio-therapy (poetry therapy) for women experiencing postpartum mental illness. Conducted under the supervision of a certified psychologist, the study involved four postpartum women engaging in ten weeks of fiction reading and discussion. Results indicated positive impacts on participants' social, mental, and intellectual well-being, reducing feelings of isolation and stimulating emotions and ideas. Participants reported enhanced self-awareness and a more active engagement with life, suggesting further exploration of poetry therapy for this population. Pohl, Punzi, and Berwald (2018) examined the process and benefits of writing poetry through interviews with seven Swedish poets. Thematic analysis revealed three key themes: self-awareness, interpersonal awareness, and creative joy. Poets described using poetry to explore memories, experiences, and emotions, with the creative process evolving from initial intimacy to a more detached editing phase. The study underscores parallels between the creative process in poetry writing and clinical treatment procedures, highlighting implications for clinical practice.

7. Conclusion

Poetry therapy, a form of expressive arts therapy, utilizes poems, stories, and other forms of spoken or written media to promote wellbeing and facilitate healing. The therapeutic benefits of words have been recognized since ancient times; dating back to 4000 BCE, the ancient Egyptians used words written on papyrus, dissolved in liquid, as medicine for the sick. In more recent history, reading and writing have been employed as complementary therapies for individuals experiencing mental or emotional distress. At Pennsylvania Hospital, the first hospital in the United States, this technique was reportedly utilized as early as the mid-17th century. Dr. Benjamin Rush introduced poetry as a form of rehabilitation in the early 19th century, and in 1928, poet and pharmacist Eli Grierer began distributing poems to patients filling prescriptions. Psychiatrists Dr. Sam Spector and Dr. Jack L. Leedy later collaborated with Grierer to establish "poem-therapy" groups in hospitals. Following Grierer's passing, Leedy and others continued using poetry in therapeutic group sessions, culminating in the establishment of the Association for Poetry Therapy (APT) in 1969. Poetry therapy has been integrated into therapeutic approaches for various conditions including borderline personality disorder, suicidal ideation, identity issues, perfectionism, and grief. Research supports poetry therapy as an effective method in therapy, particularly in treating depression by reducing symptoms, enhancing self-esteem and self-awareness, and facilitating emotional expression. Moreover, studies indicate that poetry therapy can help patients coping with terminal illnesses to experience less distress and anxiety. Furthermore, poetry therapy has shown promise in supporting individuals with posttraumatic stress disorder (PTSD) in maintaining their mental and emotional wellbeing. For trauma survivors who may struggle to process their experiences cognitively and emotionally, poetry therapy aids in integrating feelings, reframing traumatic memories, and fostering a more positive outlook on the future.

7.1. Limitations

This study has some drawbacks. The study's limited sample size, comprising only 5 female participants from Punjab province, may not offer a sufficient representative of the broader society, thereby restricting the generalizability of the findings. Evaluating and examining the long-term consequences is challenging due to the absence of a control group and limited monitoring of immediate impacts. Moreover, depending just on a single therapist can result in possible prejudice, and the restricted measurements employed may fail to encompass the complete spectrum of results. Due to its status as a pilot study, the findings lack definitive evidence and necessitate additional research to validate the results. These limitations emphasize the necessity for future research to incorporate larger and more diverse cohorts of participants, control groups, and extended observation periods in order to thoroughly investigate the efficacy of poetry therapy for PTSD.

7.2. Future Suggestions

In order to overcome the constraints of the present study, future research on poetry therapy for PTSD should focus on augmenting the sample size and diversity, incorporating a control group, doing long-term monitoring, engaging several therapists, and employing thorough metrics. By combining a randomized controlled trial (RCT) with a mixed-methods strategy, researchers can get more reliable results and gain deeper insights. Conducting replication studies and analysing different demographics helps to validate research findings and enhance their credibility. Furthermore, doing an analysis of the underlying mechanisms and processes via which poetry therapy impacts PTSD symptoms could deepen our comprehension. By focussing on these specific areas, future study can offer a more conclusive comprehension of the effectiveness and possibilities of poetry therapy as a treatment method for PTSD.

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