

Poetry Workshop in the Acute Inpatient Psychiatric Setting: Feasible, Acceptable, and Significantly Beneficial

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ABSTRACT

Objective: We investigated the feasibility and acceptability of establishing a therapeutic poetry writing workshop in an acute inpatient psychiatric setting, as well as the impact of participation on measures of mood, hope, and recovery orientation. **Methods:** Participants were recruited from the inpatient psychiatric units of an academic medical center. As a pre/post measure of effect of the poetry intervention, participants completed the Herth Hope Index (HHI) and the Mental Health Confidence Scale (MHCS) at baseline and follow-up, as well as a Brief Mood Survey (BMS) immediately before and after each instance of participation in the poetry workshop. Student's t-tests were used to assess for changes on HHI, MHCS, and BMS, as well as to compare the before vs after in these metrics for individuals who attended only one workshop session versus those who attended two or more sessions to assess for dose-dependent effect of the intervention. Workshop participants also optionally completed a satisfaction survey of their qualitative experience of the group. The protocol for leading a workshop is described in detail. **Results:** There was a statistically significant improvement in multiple subscales of mood according to the pre- and post-measures on the BMS. Results of the HHI indicated a trend toward increased hopefulness. Results of the MHCS showed statistically significant improvement in participants' confidence in managing day-to-day life with a mental illness. Results of satisfaction surveys indicate that participants had an overwhelmingly positive experience of the group. **Conclusions and Implications for Practice:** Workshops designed to foster writing and sharing poetry in a group format are likely to be clinically helpful to improve mood for patients in an acute inpatient psychiatric setting. Future research

may examine the adaptability of this intervention for outpatient and virtual settings. Impact and Implications: We conducted a poetry workshop for patients in an acute inpatient psychiatric unit. Participation in the workshop even just once provided a statistically significant and clinically meaningful improvement in multiple subscales of mood and confidence in managing day-to-day life with a mental illness. Our study describes in detail the protocol for a mental health clinician to recreate a similar poetry workshop in their own clinic or hospital.

INTRODUCTION

Compared to the general population, patients with psychiatric illness are more likely to suffer from alexithymia, the inability to identify and express emotions with language in conjunction with interpersonal dysfunction and difficulties forming attachments (Bach et al., 1994). Furthermore, individuals with alexithymia have more interpersonal problems than those without this difficulty of self-expression (Spitzer et al., 2005). Although postulated to be a relatively stable personality trait, alexithymia does decrease in response to inpatient group psychotherapy, as modulated by reductions in psychological stress and depression (Stingl et al., 2008). We expected that participation in a poetry-writing and sharing workshop would alleviate some of the distress associated with acute psychiatric illness by providing a venue to explore self-expression through a novel medium and language. According to Hasson-Ohayon et al. (2009) for people with schizophrenia, hope is a key factor mediating the relationship between insight into illness and quality of life. Secondary to assessing feasibility, this study also aims to obtain an initial measurement of the utility of this poetry group intervention on hopefulness, self-efficacy in facing the challenges of day-to-day life, and mood.

The Present Study: Poetry Writing and Sharing in a Group

The purpose of this study was to explore the feasibility, acceptability, and impact of participation in a poetry-writing group in an acute inpatient psychiatric setting. The intervention consisted of following prompts to write lists of words for use in a poem, free-writing a poem during a short, timed bout, and optional sharing.

This intervention fits into the landscape of medical humanities, creative bibliotherapy, and art therapy (Stickley et al., 2018). Creative bibliotherapy consists of reading novels, memoirs, and the like rather than self-help books or handbooks (Eisen et al., 2018; Mårtensson & Andersson, 2015). These types of interventions have demonstrated helpfulness for patients facing a variety of challenges and types of mental and physical suffering, including chronic pain (Hovey et al., 2018), trauma (Glass et al., 2019), intimate partner violence (McGarry & Bowden 2017), and mental illness (Jensen & Bonde 2018). They have also demonstrated efficacy in the acute psychiatric inpatient setting (Eisen et al., 2018). Much of the recent literature around arts interventions has been driven by governments in Nordic countries, which are demanding cost-effective strategies to improve the mental health of citizens both within and outside medical settings, according to a review article by Jensen and Bonde (2018), who conclude that so far, the results are optimistic as to the usefulness of participatory arts interventions for benefiting health.

In the acute inpatient psychiatric unit at the major academic medical center where the present study was conducted, most diagnoses fall within the categories of mood disorders, psychotic disorders, and severe anxiety disorders including PTSD. Across these various diagnoses is

frequently a common thread of alexithymia, a trait characterized by difficulty finding words to describe emotional experiences (Bach et al., 1994; Spitzer et al., 2005). Such difficulty is marked with inability to connect with others as well as attachment issues. Poetry, meanwhile, is the art of searching the lexicon for just the right word or set of words to convey an emotional, sensory, or cognitive experience. In fact, a series of studies using a variety of methods of inquiry such as fMRI and autonomic function assessed via cardiovascular markers or electrical conduction on the skin, have together shown that listening to poetry engages a broad set of neural circuits and, similar to listening to music, can arouse physiological markers of emotion, such as goosebumps and sweating (Wassiliwizky et al., 2017). Beyond even the effects of music, poetry further engages the nucleus accumbens, a component of the limbic system, which is a key neural circuit involved in motivation through dopamine reward pathways, as well as the experience of emotion (Newsome, 2019). For this reason, we expect that facilitating engagement with writing and listening to poetry may provide an antidote to the alexithymic cage—or sense of separation and inability to connect with others—resulting from a sense of not knowing how to express one’s self and not feeling heard, and furthermore that this transformation in expressive ability and connection may result in improvement in clinical markers of mental illness.

A team of researchers at the Mayo Clinic conducted a study investigating the effect of creative writing on mood for adolescents hospitalized in an acute inpatient setting (Rouleau et al., 2018). This study demonstrated feasibility of this type of intervention and some indication of utility, but was very limited in the quality of measurements used, particularly because they only looked at aggregate data and used a very simple one-word pre/post-assessment of mood. The current project builds on this foundation by utilizing the more robust Brief Mood Survey (Burns, 2004), as well as the HHI and MHCS.

Poetry has a robust track record of helping individuals in a medical setting—patients and providers alike—to view the world from a novel perspective (Mayer, 2018; de Leeuw, 2017; Ohlen, 2003; Hovey et al., 2018; Lim & Galletly, 2019; McGarry & Bowden, 2017; Coleman & Willis, 2015). Rouleau et al. (2018) used intentionally “strange” writing prompts to attempt to force participants to observe and experience the world in a new way, e.g. “If you could describe your favorite color to someone who is blind, how would you describe it? (What does the color feel like, look like, sound like, or taste like?) and “You wake up one day to discover your greatest weakness is now your superpower. Who are you?” We expect that a poetry-writing intervention may, like the intentionally “strange” prompts in the project conducted by Rouleau et al. (2018), have the beneficial effect of encouraging novelty in thought-patterns, a distinctly helpful aim in the case of patients hospitalized for conditions characterized by dysfunctional patterns and habits of thought and behavior.

METHODS

Participants

Participants were recruited from an acute inpatient psychiatric unit at an academic medical center. Approval for this project was received from the institution’s internal review board and all requirements of the IRB were met when conducting this study, including obtaining informed consent from all participants prior to participation.

Participants were selected based on their ability to engage in a poetry group at a basic level. Therefore, participants were excluded if the treatment team or patient felt that the patient’s

though process or behavior was too disorganized to engaged in writing for 5-10 minutes at a time and sit through a 45-minute group without disrupting the group activities excessively. For participants with clinical concern for dementia, a Montreal Cognitive Assessment score of 20 or higher was required. Lastly, the ability to understand and follow directions given in English was required. That being said, multi-lingual patients were encouraged to write poetry in any language that was most comfortable to them and then share in English about the topics of the poetry and experience of writing with other group participants.

Participants were allowed to leave the group at any time, although this typically happened only at the very beginning during the time when participants were filling out the initial Brief Mood Survey before the group activities commenced. Only participants who completed pre and post measures were included in the analyses, and only measures for which there were a paired pre-and post-survey were included. Fifty-three (53) patients enrolled in the study. These patients had symptoms spanning several clusters and were assigned to non-mutually exclusive categories based on the symptoms they were experiencing at the time of hospitalization and participation in the poetry workshop: depression (n=31), psychosis (n=17), substance use disorder (n=6), mania (n=8), anxiety (n=6), and other (n=6). The “other” category included feeding/eating disorders and personality disorders.

There were 28 cis-female, 23 cis-male, and 2 gender non-binary/transgender participants enrolled in the study. Patients ranged in age from 18 to 84 with a mean of 32.78 years, median of 29 years, and mode of 24 years.

Surveys

Twenty-five (25) participants completed the Herth Hope Index (HHI) and twenty-four (24) participants completed the Mental Health Confidence Scale (MHCS) both at baseline shortly after intake but prior to participation in the poetry group and at follow-up, after participation in the poetry group but prior to discharge from the hospital. In between, these participants attended the poetry group at least one or more times. Fewer individuals filled out the follow-up surveys compared to the baseline surveys for a number of reasons. Some individuals failed to attend a group. Others attended the group but discharged from the hospital unexpectedly early without completing the post-surveys.

Designed to assess hopefulness, the HHI is commonly used with individuals with serious mental illness, has good psychometric qualities, and high criterion-related validity. It contains 12 items on a 4-point agreement scale (Herth, 1992). The Mental Health Confidence Scale (MHCS) is designed to measure the self-efficacy of individuals with mental illness in facing day-to-day challenges. This MHCS was developed for use with a population similar to the participants of this study in terms of diagnoses. It is comprised of 16 items on a 6-point Likert scale, and contains three factors: Optimism, Coping, and Advocacy (Carpinello, Knight, Markowitz, & Pease, 2000).

Participants also completed a satisfaction survey assessing subjective experience of the poetry group across several dimensions on a 5-point agreement scale, as well as space to free-write answers to the questions: “What did you like most about the group?” and “What did you like least about the group?” Freely written answers were useful and elucidating.

Lastly, participants completed a Brief Mood Survey (Burns, 2004) immediately before and after each instance of participation in the poetry group. The Brief Mood Survey consists of a mood section, a 17-item, 4-point Likert scale assessing depression, suicidality, anxiety, and anger, as well as a Relationship Satisfaction section that is a 5-item, 6-point Likert scale. The 5-item depression subscale has a maximum of 20 (most depressed) and minimum of 0 (not depressed at all). The 2-item suicidality subscale has a maximum of 8 (most suicidal) and minimal of 0 (not suicidal at all). The 5-item anxiety subscale has a maximum of 20 (most anxious) and minimum of 0 (not anxious at all). The 5-item anger subscale has a maximum of 20 (most angry) and minimum of 0 (not angry at all). For the 5-item relationship satisfaction section, the participant picks any close personal relationship to assess (e.g., with a partner, close friend, parent, or child). They then rate the same relationship both before and after the poetry group. This section has a maximum of 30 (very satisfied with the relationship) and a minimum of 0 (very dissatisfied with the relationship). The Brief Mood Survey (both before and after) was completed by 37 unique participants a total of 62 times.

Procedure

Participants completed the initial measures upon meeting inclusion criteria for the study, and follow-up measures after participating in the poetry group but before discharge from the hospital. Participants were allowed to attend the poetry group as many times as they desired during the interim. The group met 1-3 times per week. At the time of attending the poetry group, participants completed the Brief Mood Survey immediately before and after participating in the group, and were given the option to fill out a subjective evaluation of the group at the end. The writing and discussion group lasted 45 minutes. In the first fifteen minutes, participants brainstormed lists of words that can be used to write a poem in response to prompts from the facilitator, e.g., name eight colors, eight foods, eight smells, or eight childhood toys. In the next fifteen minutes, participants engaged in 5-6 minutes of timed free writing utilizing suggestions to minimize editing and maximize creative flow. These suggestions were: (1) no crossing out or erasing words, (2) keep moving your pen and writing even if you repeat the same word or phrase again and again, and (3) if you can't think of the word you're looking for, just write a big X or question mark and keep going. Immediately after writing, participants had the option to share what they had written. In the next ten minutes participants had the option to either write more or edit what they had already written, then share again. Participants were also prompted to share on the topics about which they had written or their experience of writing, in addition to directly sharing what they had written. Many patients chose to share their writing and the rest of the group was consistently encouraging and kind in their reception of the work. The final five minutes were devoted to completion of follow-up measure surveys. Group size ranged from 2 to 6 participants, with a mean of 3.61 participants, mode and median of 3 participants. The group was conducted a total of 19 times between June and October 2019.

Analysis

All statistical analysis was done with Microsoft Excel. Differences between before and after scores were calculated as a total for both MHCS and HHI and as totals for each category for BMS. Significance was found using one sample Student's t-test. Due to the repeated participation by several individuals in the BMS survey, significance was calculated twice: once counting each pair of before and after as a single entry so an individual could have more than one entry, and

a second calculation with the average difference between before and after for each individual counted so every individual is counted only once.

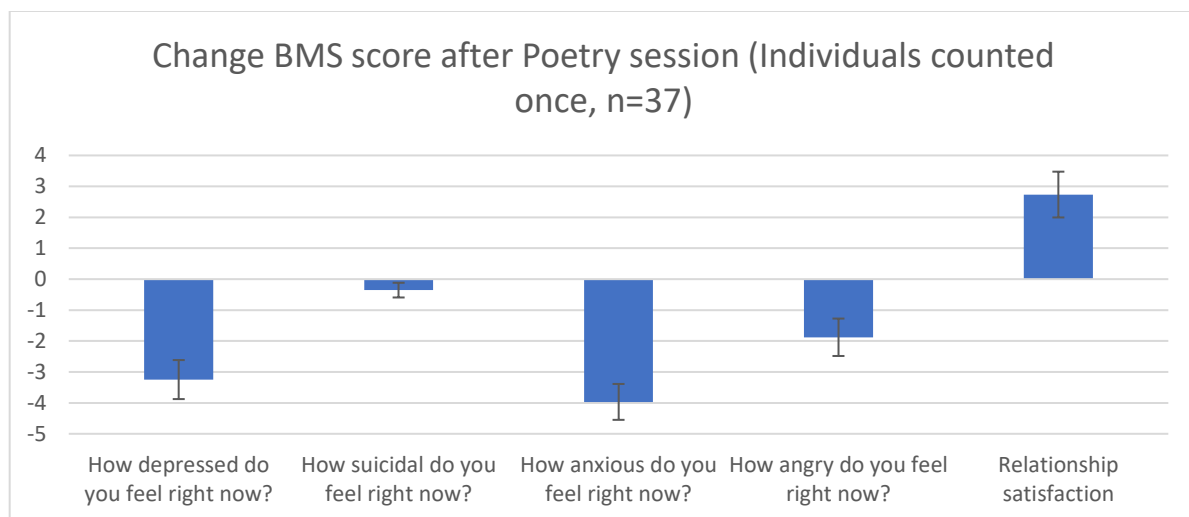
Additionally, we compared the changes in BMS between patients who only attended one session of the poetry workshop (n=23) versus those who attended multiple sessions (n=23) in order to assess for possible dose dependent effect. Calculations for this comparison were done with Welch's T test for unequal variance/sample sizes.

Descriptive statistics were used to examine responses on the satisfaction survey.

RESULTS

The Brief Mood Survey showed statistically significant improvements in subscales measuring depression ($D = -3.32$, $p < 0.001$), anxiety ($D = -3.95$, $p < 0.001$), anger ($D = -1.74$, $p < 0.001$), and relationship satisfaction ($D = +2.67$, $p < 0.001$). Suicidality showed a nonsignificant trend toward improvement ($D = -0.21$, $p = 0.099$), as seen in Figure 1. Improvement is indicated by a score reduction for all BMS subscales except relationship satisfaction, where improvement would be indicated by an increase in score.

Figure 1: Change in BMS Score After Poetry Session: This chart shows the average change in each subscale of the BMS from the post-measure (survey filled out immediately after the poetry workshop) compared to the BMS pre-measure (survey filled out immediately before the poetry workshop) across all participants. In cases where the same individual attended the group more than once, we used the average change across all instances of their attendance as input to avoid having any given individual drive the reported change per instance of group attendance due to multiple attendance. The average change and standard error of the change in mood subscales are plotted.

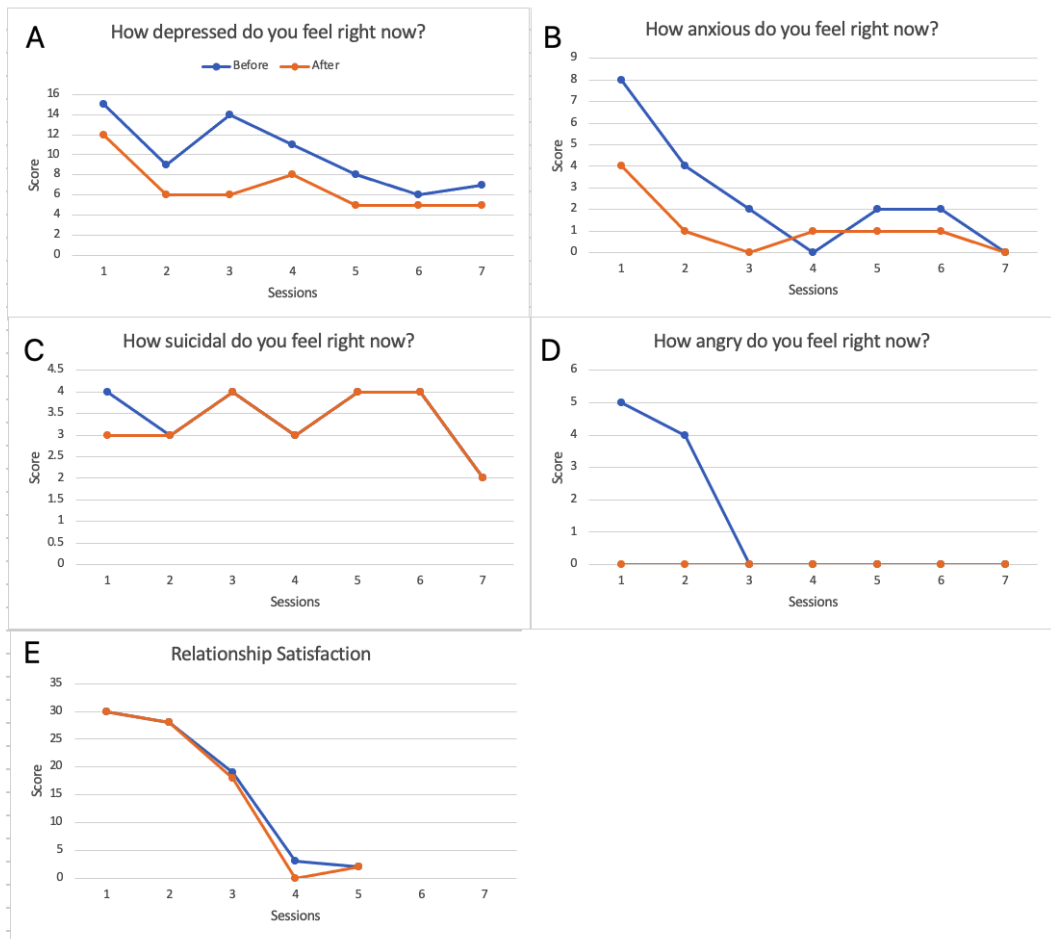


Of the total participants, 23 individuals attended one poetry session where they filled out both before and after BMS surveys, and 14 individuals attended multiple sessions where they did the same. Of those who attended multiple sessions, the range of session attendance was 2 to 7 sessions with an average of 2.79 sessions per person.

Of the five subscales on the BMS, the only one with a significantly greater improvement for multiple attendees over one-time attendees was in the reduction in anxiety subscale, with an average decrease of -3.39 for single session versus -14.86 for multiple session ($p=0.0003$). Although the other subscales did not demonstrate significance, there was a trend toward greater improvement in depression and anger subscales for those who attended multiple sessions over those who attended only one. Changes in suicidality and relationship satisfaction did not demonstrate dose dependence. This data is summarized in Table 1.

Table 1: Comparison of Differences in Mood for Single-Session Attendees versus Multiple-Session Attendees: Table showing the change in each BMS subscale for individuals who attended a single poetry workshop session (left column) versus individuals who attended multiple poetry workshop sessions and the p-values for each comparison.

	Single Session	Multiple Sessions	p-value
How depressed do you feel right now?	-3.260869565	-5.428571429	0.12817332
How suicidal do you feel right now?	-0.608695652	0	0.18404142
How anxious do you feel right now?	-3.391304348	-14.85714286	0.00030972
How angry do you feel right now?	-1.826086957	-3.357142857	0.22848532
Relationship Satisfaction	1.869565217	1.5	0.45581825

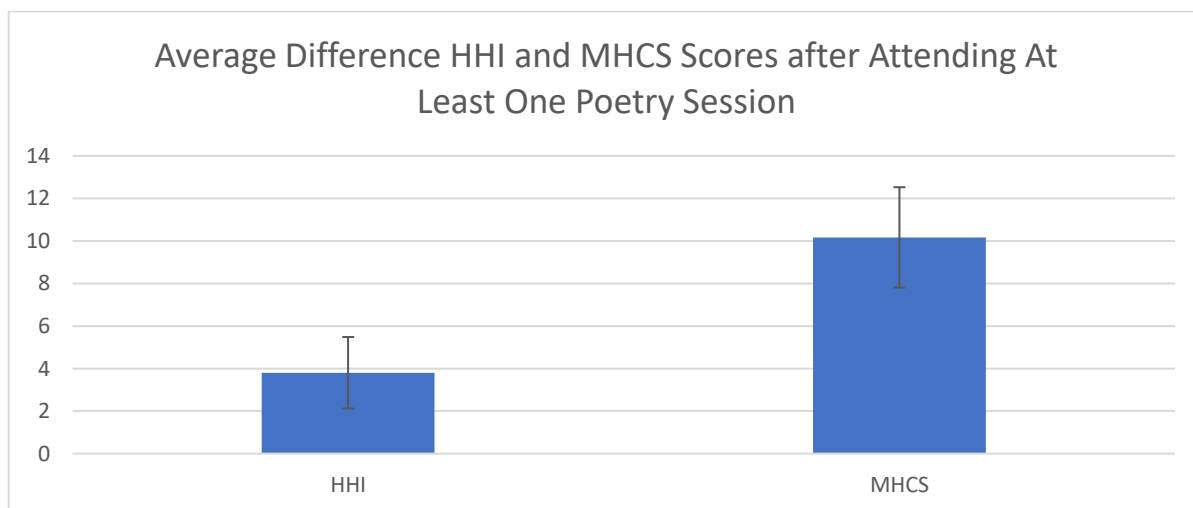


We include graphs (Figure 2) of the BMS scores for subject A as an example demonstrating the incremental changes in mood subscales over time with attendance at multiple sessions. Overall, both before-session and after-session BMS scores trend toward improvement over the course of the hospitalization, and we can see a tendency for depression and anxiety subscales to be improved after a poetry session compared to before the session in almost all instances.

Figure 2 BMS Scores for Subject a Across All Subscales: Subject A's pre-measures are shown in blue and post-measures in red for the BMS across all subscales and showing all instances of attendance during the hospitalization. Improvement is indicated by a score reduction for all subscales except relationship satisfaction, where improvement would be indicated by an increase in score. (A) Pre- and post-measures of BMS depression subscale (B) Pre and post-measures of BMS anxiety subscale (C) Pre and post-measures of BMS suicidality subscale (D) Pre and post-measures of BMS anger subscale (E) Pre and post-measures of BMS relationship satisfaction subscale. Relationship satisfaction for this patient deteriorates over the course of the hospitalization.

Results of the HHI (Figure 3) indicated a non-significant trend toward increased sense of hopefulness of 3.8 points out of a possible maximum of 48 ($p = 0.0167$). Results of the MHCS (Figure 3) showed statistically significant improvement in participants' confidence in managing day-to-day life with a mental illness of 10.17 points out of possible maximum of 96 ($p < 0.001$).

Figure 3 Average Difference in HHI and MHCS Scores After Attending At Least One Poetry Session: This graph shows the average improvement in HHI and MHCS scores for all participants who attended one or more sessions and who completed both the pre-survey and post-survey for that particular metric. Standard error bars included.



Participants' responses on the optional satisfaction survey ($n=30$) were largely positive: 96.7% of respondents at least somewhat agreed with the statement, "The techniques we used were helpful," while 73.3% said that statement was very (40%) or completely true (33.3%). One concern during the development of the project was that the broad inclusion criteria (such as permitting participants with some degree of active psychosis or dementia) would result in great confusion about the group leader's instructions and chaos. This proved not to be true.

Qualitatively, participants were able to follow instructions appropriately the vast majority of the time. Additionally, 100% said it was at least somewhat true that, "The approach we used made sense," while 80% said this was very (26.7%) or completely (53.3%) true. We were also concerned that allowing participants with active, acute mental illness to share their off-the-cuff writing and reflect on one another's writing could result in patients triggering each other or feeling embarrassed or criticized, but in fact 100% of respondents felt that it was at least somewhat true that, "The group members were warm, supportive, and concerned," and 60% felt this was very (23.3%) or completely (36.7%) true. Furthermore, 100% of respondents felt the statement, "Overall, I was satisfied with today's group" was at least somewhat true and 80% said it was very (26.7%) or completely (53.3%) true. Additionally, although we cannot make assertions about the longevity of the beneficial effect observed on group members, it is encouraging to note that 89.7% of respondents at least somewhat intend to use what they learned in the group between sessions, with 44.8% saying they intend very much (41.4%) or completely (3.4%) to use the techniques on their own.

DISCUSSION

This study demonstrates that writing poetry and sharing this work in a group setting is both feasible and acceptable to participants in an acute inpatient setting. Most participants reported that they enjoyed the intervention; one specifically noted that this exercise helped him to break a cycle of thought rumination, while another noted that it helped her face negative memories that she had been avoiding in therapy. This intervention is also inexpensive and relatively simple to implement, which means that there is potential to use similar interventions in community-based settings. The greatest limitation to this study was the lack of a control group, as patients would have been expected to improve during hospitalization. This is particularly relevant in the case of the MHCS and HHI administered at the beginning and end of the hospitalization. By contrast, the BMS was administered immediately before and after the group, so it isolates the effect of the poetry workshop intervention as opposed to other aspects of the hospitalization, but lacks the capacity to isolate the poetry aspect itself as opposed to other beneficial effects of meeting in a group. Additionally, the BMS lacks the capacity to determine the longevity of improvement in mood and relationship satisfaction after the immediate end of the workshop.

Additionally, although there was some trend toward greater improvement with repeated attendance at the group, this was only significant for the anxiety subscale. This indicates that the group has benefit to patients even if they only have the opportunity to attend once, and that the beneficial effect that we see was not driven by excess improvement in the subset of attendees who had the opportunity to participate multiple times. This makes implementing the group in a clinically meaningful manner even more feasible, as it is not necessary to achieve repeat attendance to see significant improvements in mood for patients.

Future additional studies using a control wing, such as a group that meets informally for socialization and mutual encouragement but does not specifically foster poetry writing and sharing, would be useful for isolating the effect of the poetry group intervention. It would also be interesting to specifically look at the impact of participation in the poetry group on measures of alexithymia, as well as to break down the effect by diagnostic or symptom categories. An additional area for future research would be to explore the impact of poetry workshops in outpatient settings or even virtually over the internet. Another possible future direction would

be to assess the utility of guided poetry writing using audio recordings for impacting mood without the social component of gathering to share the writing as a group.

It is difficult to assess which specific aspects of the experimental condition were linked to subjective ratings of benefit, as there are a number of distinct aspects to participation: generating lists of words based on prompts, free writing incorporating those words, embracing vulnerability by sharing writing in a group setting, listening to others' writing, and receiving warm encouragement about their writing from other participants. Nevertheless, overall, this study demonstrates that poetry workshops on acute inpatient psychiatric units are an intervention with little risk for harm and statistically significant benefit.

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