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Effectiveness of poetry therapy as an adjunct to self-psychology in clinical work with older adults: A single case study

Anjana Deshpande*

Older adults suffer from narcissistic injuries due to the multiple losses faced during later stages of life. A combination of poetry therapy and self-psychology can be an effective approach to address these losses. While self-psychology focuses on the fragmented self, and aids in the development of a more cohesive self, poetry therapy provides opportunities for expression, creativity, and life review that circumvent the limitations often faced by older adults. This paper is a single case study that explores how poetry therapy can be used to generate self-object experiences that provide structure to the older adult's ego.

Keywords *Older adults; poetry therapy; self-psychology*

Older adults (65+) are one of the fastest growing population segments in the USA. It is estimated that by 2010, this population will cross 40 million (Federal Intra Agency Forum on Aging Related Statistics, 2008). Nearly, 20% of older adults experience mental disorders that are not part of normal aging. The most common disorders, in order of prevalence, are: anxiety, severe cognitive impairment, and mood disorders (American Association for Geriatric Psychiatry, 2001).

This problem has been garnering more attention, and it is now widely accepted that psychological therapies with older adults “can successfully alleviate a wide range of mental health symptoms” (Bergin & Walsh, 2004, p. 7). Of all the available therapies, psychodynamic therapy has a unique place in the treatment for the older adult as it takes into account the “interaction among intrapsychic, personality and developmental factors” (Cronin, 2006, p. 773). This approach is essential for this population as it takes into account their extensive life experience and also addresses the losses accrued as a result of this developmental stage. Old age is characterized by a series of ongoing losses: family and friends, physical abilities, and wealth, to

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name a few. However, the biggest loss that an older adult faces is the “profound sense of a loss of possibility (Yalom, 1975) and a loss of self” (Grunes, 1987). Cronin (2006) stated that the loss of a sense of self can also be perceived as a process of denial of those aspects of the older person that she/he sees as deteriorated. This denial helps older adults maintain the “intactness of their personality in the face of decline” (Cronin, 2006, p. 774).

According to Cronin (2006), the focus of self-psychology on the rehabilitation of the fragmented self makes it effective in the treatment of older adults who are experiencing a loss of self-esteem and self-efficacy, as it concentrates on creating supports for the client’s diminished ego. The goals of poetry therapy are complementary to this approach. As Mazza (2003, p. 17) stated: “Poetry Therapy can be adapted to most psychological practice models . . . and has the potential to address the cognitive, affective and behavioral domains of the human experience.” It is not limited to the medium of poetry alone; rather, it involves the use of language through existing poems, metaphors, narratives, and journal writing (Mazza, 2003). Poetry therapy seeks to achieve the following goals: improve an individual’s capacity to respond, increase self-understanding, clarify personal relationships, and enlarge his/her reality orientation (Hynes & Hynes-Berry, 1994). In order to achieve the above goals, individuals have to develop confidence, and have to break out of their “narrow cycle” of worry and engage with the larger outside world. Very often, an older adult’s world shrinks to a single room, and here literature can help play a major role by bringing the outside world to them. Literature also acts as a catalyst and invites a “deeply personal response from the individual” (Hynes & Hynes-Berry, 1994, p. 44), thus, allowing the therapist access to the neglected aspects of the older adults self. Poetry therapy also aids in building self-esteem as “emphasis on strengths plays a fundamental role in the bibliotherapeutic process” (Hynes & Hynes-Berry, 1994, p. 58). Like self-psychology, poetry therapy also provides the client with an empathetic therapeutic atmosphere, and helps address the maladaptive ways he/she utilizes to maintain his/her self-esteem and sustenance.

While poetry therapy uses literature as a catalyst, self-psychology focuses on helping individuals resolve self-object transferences which hinder their healthy psycho-emotional development. In older adults, narcissistic losses often promote an idealizing or mirroring transference toward the therapist. This transference involves older adults compensating for perceived narcissistic assaults accompanying the aging process by imagining themselves worthy of the attention of a therapist who offers care, admiration, and approval to the adult (Cronin, 2006, p. 777). This tendency of the older adult to develop an idealized type of transference is helpful in getting them involved in the therapeutic process. Kohut (as cited in Young, 1994) identified three types of self-object experiences: mirroring, idealizing, and twinship. Over time, a series of each type of experience generates psychological structure.

In self-psychology, this structural support to the client’s ego is provided through the technique of empathy, and progress is dependent upon how the therapist uses this empathy (Kohut & Wolfe, 1978). This technique is also useful as a mode of

Experience	Process	Resulting structure
Mirroring	An immature, enfeebled, deflated, or discouraged self is affirmed by the recognition, appreciation, and enjoyment of the self-objects responses to his/her ambitions	Self-esteem: capacity to monitor fluctuations in self-esteem and to bolster ones flagging self-esteem in the wake of minor slights and criticisms
Idealizing	An immature depleted, frustrated, or injured self is uplifted by the strength, comfort, encouragement, and inspiration of the self-objects responses to his/her weakness, depletion, frustration, or injury	Self-control/self-regulation: capacity to calm, soothe, motivate, inspire one's self in the face of life's frustrations and disappointments
Twinship	Estranged alienated or inept self is reassured by the self-objects like minded and reassuring responses to his/her confusion and self-doubt	Self-efficacy: capacity to sort out one's self mentally, pursue the development of skills from ones talents and participate in self-sustaining relationships

(Young, 1994)

observation. Empathetic observation or “vicarious introspection” as defined by Kohut is essential in the treatment of the elderly, as some of the older adults hesitate in expressing their emotions due to a lack of supportive atmosphere. Some elderly have been abandoned by their natural networks of support or have found their remaining connections with their natural networks unhelpful, even hurtful (Young, 1994, p. 213). Young (1994) also stated that in addition to having their physical needs taken care of, these clients are often desperate for human understanding and association.

Poetry therapy addresses this need of being understood. It aids in the cohesion of self, as it helps the individual pick up narrative threads from his/her entire life and provides a structure to bind these threads together. With an empathetic therapist as witness to this creativity, the client's ego can derive structure through the world that he/she is creating along with the therapist. Poetry therapy also facilitates the process of mirroring, idealizing, and twinship, as poems and stories become the transitional objects that help a client negotiate a tricky emotional terrain.

Client description

Ms. D is a 93-year-old Caucasian female, who has been a nursing home resident for the past 10 years. She is visually impaired and ambulates with the help of a wheelchair. Her only family is her half sister and two nieces. Ms. D was sexually abused by her stepfather from the time she was 11 years old, till she was in her late 20s. This has left a lasting impact on Ms. D and she still struggles with shame and self-loathing. Ms. D believes that had she known her biological father, her life would have turned out differently and

that she would not have had to go through what she did. Ms. D describes her mother as cold and withdrawing and wishes that her mother had been more available to her. Ms. D had been married once, but the marriage was dysfunctional and she ended it after a few years. Ms. D does not have any children of her own.

Ms. D's strength is her intellect, and she takes great pride in being able to converse well. She put herself through college one course at a time, and took 30 years to receive her degree. However, Ms. D takes no pride in this achievement. In fact, Ms. D is afraid to experience any emotion because she feels she will have another nervous breakdown if she gives in to experiencing emotions fully. Ms. D has been diagnosed with bipolar disorder and has had a "nervous breakdown" in her 20s. Ms. D is also narcissistic and feels that she is "intellectually superior" to the other residents. Today, Ms. D desires to experience emotions in order to "live fully," but feels that she is too old, too set in her ways to allow herself to do that.

Ms. D had scored the highest possible score on the geriatric depression scale (GDS), did not socialize and ate her meals in isolation.

Client understanding from a psychodynamic and self-psychology perspective

Freud stated that the loss of one's father is the single greatest loss that a person can experience. While this is debatable today, it was a reality for Ms. D who was born 93 years ago. The loss or absence of father was also thought to have negative consequences for the child as early as the prenatal period and is associated with later behavioral problems (Huttunen & Niskanen, 1978). In fact, according to Jones (2007, p. 46), "the loss of father in the first year of life has the potential to impact the mother and her ability to be fully immersed with the infant, which may in turn disrupt the optimal need gratification/frustration rhythm." Father loss is also often associated with an intense desire to be close to the mother, along with increased fears of object loss and abandonment (Burgner, 1985). Ms. D had verbalized this wish to be close to her mother several times during our sessions. She also mentioned feeling hurt and thwarted by her mother's aloofness, which served to further weaken her internal structure. According to Seligman (1982, as cited in Jones, 2007, p. 46), several adult clients who have suffered from father loss describe themselves as "half alive". This too is consistent with what Ms. D reported, when she said that she never felt joy or completion at any time in her life. Seligman (as cited in Jones, 2007, p. 46) also believed that the father played an essential role in mediating the transition from the womb to the world. It is this transition that Ms. D has failed to make, and considers it her biggest failure.

Peters et al. (2008) state that this type of narcissistic deficit leads to poor self esteem, symptomatic suffering and disturbed object relations; all of which are evident in Ms. D. This has rendered her incapable of utilizing her strengths to succeed in areas of life that matter to her. These sources of distress left her unable to harness realistic internal resources (talents, compassion) that normally lead to achieving satisfaction and success in important areas of life. Ms. D has resorted to "regressive

self-protective measures such as ‘grandiosity’ that serves as an alternative method of achieving a sense of self cohesion and vitality, and helps Ms. D to feel ‘whole’” (Kohut, 1977; Silverstein, 1999, as cited in Peters et al., 2008).

Ms. D had been resistant to all efforts to get her involved with others, and to participate in nursing home activities. She seemed willing and eager to discuss what she called her “higher” and “lower” selves. As we talked it became apparent that Ms. D wished to have a more cohesive self, and was exhausted by having to wrestle with her fragmented inner self. A rapport was quickly established when the author went along with her desire not to attend any activities, and agreed to work with her on developing her “higher” self. At this point, the author mirrored her desire to understand herself better, and complimented her on her understanding of her situation. Ms. D was very forthcoming about her abuse, and the impact it had on her, and this gave the author an opportunity to normalize her feelings about incest, thus acting as the idealizing self-object.

Interventions

Aadlandsvik (2007) states that growing old has connotation of growth that is often ignored in our society. Therapeutic interventions such as poems, storytelling, dialoguing, and writing unsent letters help address the need for growth in older adults. Aadlandsvik (2007) supports this by stating that the “work” these interventions provide for older adults help sharpen their senses, keep their thinking alive, support self-esteem, and establish good social relationships (Aadlandsvik, 2007).

Poetry

Poetry therapy can transform raw emotion through the discipline and structure of psychotherapy (Adams & Rojcewicz, 2003). Therefore, choosing the “right” poem becomes crucial. Hynes and Hynes-Berry (1994) suggested that the poems chosen have to reflect a universal experience or emotion, and must be powerful, positive, and easy to understand. In addition to this, the poem’s emotional tone has to match the clinical situation or mood of the client (Adams & Rojcewicz, 2003). The advantage of using poems is that the imagery in the poems helps the client to assimilate understanding and move beyond “intellectualizing.” When the client offers his/her opinion about the poem, voices his/her genuine feelings even about simple things, it “indicates at least a minimal amount of self-confidence” (Hynes & Hynes-Berry, 1994, p. 28). At times, even poems without a direct connection to the client’s issues can also be chosen as a lack of specific mirroring frees up the client to express his/her emotions about things that they would have normally kept hidden (Hynes & Hynes-Berry, 1994, p. 52).

The poem that the author chose for Ms. D was “Swimming lesson” by Mary Oliver, as it mirrored her struggle to stay afloat in spite of the odds. In poetry therapy, the poem is used as a co-therapist, or a co-facilitator, as it provides insights to the

client as a therapist would. As the poem was read out to her, Ms. D was struck by how much it resembled the story of her life.

The swimming lesson

...

Somebody, I suppose,

...

Had tossed me in,

Had wanted me to learn to swim.

Not knowing that none of us, who ever came back

From that long lonely fall and frenzied rising,

Ever learned anything at all

About swimming . . .

How to survive in any place.—**Mary Oliver**

Ms. D used the poem to discuss how she had been “learning to swim all her life,” and how difficult it had been for her. Exploring the swimming metaphor further, the author asked Ms. D to imagine that she was this woman had seen land, and could swim to it, and was now sitting on the beach, staring at the water. Ms. D was asked what she would think about as she looked back. Ms. D replied “*Did I cover all that?*” This was a rare instant of Ms. D feeling pride in her achievements or even acknowledging them. Metaphor provides an alternative language that the therapist can use to communicate on a deep level without resistance from the client (Reiter, 1994). Using the metaphor of swimming, Ms. D was able to accept that her life had been a struggle, and she had overcome great odds by sheer perseverance and strength. Ms. D also gained insight into her lack of relationships. In her words, “*I was trying to swim for my life, how could I stop for a chat?*”

When the author saw Ms. D again for the next session, she reported that she had felt very positive for 3 days, and was in touch with her “higher” self, however, on the fourth day, her habitual depression descended, and she was back to square one. Also, by then, Ms. D had forgotten about the poem. It is important to note that even though Ms. D had no recollection of the poem itself, she could remember the emotions it generated in her. Here, poetry was instrumental in helping Ms. D gain a coherent narrative of her life, and helped her understand that she had been actually very motivated to change her life circumstances. Thus, the poem corrected her discrepancy that she had done “nothing” all her life. This increased her confidence and helped in creating the ego structure of self-control and self-regulation.

Storytelling

Bergman (1999, as cited in Jones, 2007) has illustrated the importance of using storytelling as a means of communication and teaching, and this is supported by

Breslin (1996) who stated that stories, poetry, and music can facilitate communication with patients with whom it is difficult to make contact. While stories that are normally used with older adults are their own life stories, this approach could not be used with Ms. D due to the paucity of positive experiences in her life. So instead of a “true life story” the author turned to fantasy, helping Ms. D create the story of a life that she would have liked to have. This intervention made use of Ms. D’s natural affinity for words. With some direction, Ms. D came up with the following two stories:

a. My Warm Mother

I am coming home from an award function. I don’t know what function it was, but people were applauding me. They were all saying how wonderful I was. I came home. A path full of flowers led up to my home. My mother was waiting for me. My house was filled with flowers and the smell of freshly cooked food. Only my mother and I lived in this house. My mother had prepared all my favorite foods, and she asked me about my day. As I told her, she clapped her hands, thrilled at my success. She hugged me and told me how proud she was of me.

b. My Husband and I

I would be a lawyer, educated at Harvard. I would have an office, and my clients would be like OJ Simpson—very high profile. It would be raining money in my house. My house would be big and wonderful. I would be at the dinner table with my husband and two grown children (I don’t like babies). We would have intellectual discussions. My son would be a doctor and my daughter would be a lawyer. My husband would love me and make decisions for me. He would be like Bill Clinton. He would be smarter and better than me at everything. He would take care of everything and I would not have to worry about anything.

Ms. D would get completely immersed in recounting these stories, and reported that she felt “*warm inside*,” after she finished telling these stories. Bergin and Walsh (2004) state that the older client suffering from chronic illnesses like bipolar disorder may present highly idealized fantasies of relationships, perfect childhoods, attendant and loving spouses, and children. In these situations, the client may struggle to identify times when hopes have been fulfilled, and therapy would offer too little too late. The authors state that “it is likely that the client would either be too fragile to withstand disillusionment, or enters therapy so highly defended that little positive therapeutic work is done” (Bergin & Walsh, 2004, p. 13).

While this was true of Ms. D, in her case, fantasy storytelling opened a new conduit for therapeutic progress. In the “Restoration of Self,” Kohut (1977) highlighted the compensatory function of fantasy, and wrote that fantasy games helped protect one of his client’s tenuous sense of self from disintegrating (Cohen-Kreisberger, 2005, p. 262). The concrete imagery of the fantasy serves the purpose of dramatizing and validating the client’s emotional experience. Stolorow, Atwood, and Miller (as cited in Cohen-Kreisberger, 2005, p. 263) stated that fantasy also plays

an important role in “helping a client maintain self-cohesion in the absence of sufficient emotional responsiveness”.

Thus, creating a fantasy story about her ideal life helped Ms. D develop ego cohesion, as she received an idealizing, mirroring, and twinship transference from the self-objects that she had created.

Unsent letters

Letter to my Father

“I would call him Dad. Dad sounds warm,” Ms. D said when it was suggested that she could write a letter to her father. Unsent letters are cathartic and aid in completion or closure of unfinished relationships (Adams, 1999). In this case, they also aided in the “expression of strong emotions,” something that Ms. D had asked help with. The rest of the letter was as follows:

Dear Dad,

What I have been meaning to tell you is, how much the very thought of you appeals to me. If only I had known you. I don't even know what you look like. I loved what I take to be you: a man who would love his daughter, who loved him so deeply. I really love you with all my heart and soul. I miss not having known you in the flesh. I know if I could see you, it would be a joy.

Lovingly,

D

Ms. D was drained after writing this letter. She experienced a flood of emotions, and was not able to sort them out. She mentioned that it was hard for her to do this, and she did not think she could manage to sustain this level of emotional experiencing. However, at the same time, she mentioned that she felt “complete” after writing the letter. Thus, to some extent, this intervention helped address, the “father loss” that Ms. D experiences.

Dialogs

One of Ms. D's constant complaints was that she would think of her father and feel depressed. Since she could not stop thinking about her father, it was decided to change the way Ms. D thought about him. Ms. E was given the scenario where she hears a knock on the door, opens it and finds her father waiting for her. Ms. D responded enthusiastically to the scenario and drew the following picture of her father:

He would be of medium build, more on the thinner side. He would be wearing a hat, and his skin would be a little dark. He would have luminous eyes and the kindest face. He would have a tenor voice filled with emotion and he would say:

Father: (*holding her tightly*) *Here I am! I can finally see you!*

D: *Oh how wonderful to finally see you. I want to talk to you so badly; I want to look at you.*

Ms. D talked about leading her father by his hand, to her sparse living room, asking him to sit so that she could just look at him. Ms. D mentioned that “he seems to like me.” Thus, through this make believe encounter, Ms. D was able to get a mirroring and idealizing transference from her absent father. She did not feel drained and hopeless every time she thought of her father; instead, he had now become a source of strength. Thus, with the help of this technique, Ms. D was able to change the perspective on a situation that could not be changed.

Results of the interventions

During our time together, Ms. D’s scores dropped on the GDS. While she remained depressed, she did not receive the highest score of 15 on the scale. The GDS scores were as follows:

Month	GDS score
October 2008	15
November 2008	12
December 2008	10
January 2009	12

Ms. D also showed a change in her behavior when she asked to be seated at a table with the others, and started taking her meals with everyone else. She also started attending the “tea and music program” held at the nursing home. Here, the residents were treated to a live music performance, and were served tea. Ms. D’s attendance to this program was significant as she would get annoyed by the people who talked during the program, and would prefer not to attend. The fact that she was attending the program in spite of the disturbances shows that she was developing self-control. Ms. D even went shopping at the nursing home gift shop and bought herself a shawl, thus demonstrating that she considered herself deserving of beautiful things. The recreation assistant’s recordings of one on one interactions documented how Ms. D’s conversations have changed from impersonal discussions about politics to more personal ones such as the music programs that she would enjoy.

Ms. D also took a trip to a nearby restaurant and had “spaghetti and meatballs,” something that she had been yearning to eat for a long time. This was extremely

significant as Ms. D had not been out of the nursing home in 3 years and had given up all hope of an outing.

Thus, these interventions helped Ms. D to:

- restore her self-esteem;
 - decrease isolation and increase interpersonal engagement;
 - achieve symptom reduction and mastery of late life issues;
 - acquire coping and interpersonal skills; and
 - acquire appropriate acceptance of dependence and use of available resources.
- (Bonhote, Cornwell, & Romano-Eagen, 1999, p. 607)

Current status

Ms. D's dementia has progressed and she has started having vivid hallucinations which she experiences as absolute reality. For example, she believes that she is on a barge, or that she has been imprisoned in slums. This has changed the goals of therapy, but not the nature of the therapeutic relationship. Through self-psychology, the author has been able to reach out to Ms. D through her hallucinations by using the technique of empathy. The author is able to connect to her, even during a psychotic episode and help her deal with the reality that she is facing.

Limitations and conclusions

Since this is a single case study, there are obvious limitations, and the findings cannot be generalized to the entire elderly population. Poetry therapy can act as powerful adjunct to self-psychology as they share the goals of empathy, ego cohesion, and confidence building. This is especially helpful when working with the elderly as the creative processes give them access to a larger world, and allows meaningful interactions through literature. While the exercises can be modified to suit the various physical limitations of the elderly, the client has to have a higher level of cognition and insight in order for the therapy to be effective.

As the older adult population rises, and awareness about their depression increases, it is realistic to assume that we will need to continue to find new ways to conquer the stigma of ageing and fight the cultural stereotypes associated with older adults (Bonhote, Cornwell, & Romano-Egan, 1999, p. 607). The combination of self-psychology and poetry therapy helps the therapist incorporate the losses as well as the richness of experience of an older adult's life that is often ignored by other therapies.

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