

ORIGINAL ARTICLE

**EFFECTIVENESS OF GROUP POETRY THERAPY  
ON EMOTIONAL EXPRESSION IN PATIENTS  
WITH SCHIZOPHRENIA**

*F Rajaei, A Atadokht, N Hajloo, S Basharpour*

Department of Clinical Psychology, University of Mohaghegh Ardabili, Iran.

**Abstract**

**Objective:** Many people with schizophrenia or schizophrenia-like illnesses continue to experience symptoms in spite of medication. Creative therapies such as poem therapy may be helpful in these cases. Thus, an experiment has been conducted to evaluate the effectiveness of group poetry therapy on emotional expression in chronic schizophrenia spectrum patients. **Methods:** This research was an experimental study that used pre-test, post-test with control group design. The population was consisted of all schizophrenia patients who were kept in Daroshafa clinic in Ardabil. Twenty-two patients with chronic schizophrenia were randomly selected from a clinic. These patients were divided into two groups. Poetry therapy was carried on an experimental group for 11 weeks, and another group did not receive any therapy. Emotional expression was measured through Persian version of Berkeley Expressivity Questionnaire, and data were analyzed using analysis of covariance on SPSS-18. **Results:** It has been shown that negative expressivity (NE) and impulse strength (IS) were significantly diminished and positive expressivity (PE) was significantly enhanced in an intervention group, but these parameters did not change significantly in the control group at the end of trial. **Conclusion:** The use of poetry as an intervention technique played a significant role in reducing NE and IS, and enhancing PE. These findings confirm previous research. Results are discussed in terms of the viability of poetry as a possible therapeutic method in emotional dysfunction and related disorders. *ASEAN Journal of Psychiatry, Vol. 17 (2): July – December 2016: XX XX.*

**Keywords:** Poetry Therapy, Emotional Expression, Chronic Schizophrenia, Patients

**Introduction**

Schizophrenia is one of the most important psychological disorders in psychiatry research. This disorder begins early in life and becomes magnified in young adulthood. Those with schizophrenia become isolative and do not attain many of the milestones of adulthood, such as marriage, higher education, and employment [1]. Schizophrenia spectrum and other psychotic disorders include schizophrenia, other psychotic disorders, and schizotypal (personality) disorder. They are defined by abnormalities in one, or more of the

following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms [2]. According to the National Institute of Mental Health [3], approximately 1.1% of the US population suffers from schizophrenia in a given year. Patients with schizophrenia occupy one-half of all mental health hospital beds in the United States [4].

Negative symptoms account for a substantial portion of the morbidity associated with schizophrenia but are less prominent in other

psychotic disorders. Two negative symptoms are particularly prominent in schizophrenia: diminished emotional expression and volition [2].

Research on emotion in schizophrenia has revealed deficits in emotion perception and expression, as well as intact areas, including emotional experience and brain activation in the presence of emotionally evocative material. However, a closer look at emotional experience reveals that all is not well in the experience domain. People with schizophrenia have difficulty anticipating emotional events and maintaining or savoring their emotional experiences, as evidenced in behavioral, psychophysiological, and brain imaging studies. Furthermore, people with schizophrenia have difficulty integrating emotion perception with context and reporting on feelings that are differently valence than presented emotional stimuli [5].

Many people with schizophrenia or schizophrenia-like illnesses continue to experience symptoms in spite of medication. While the introduction of second-generation antipsychotics (SGAs) during the 1990s was accompanied by reports suggesting that these agents comprised a breakthrough for the treatment of negative symptoms [6], in current practice, recovery for the patient with negative symptoms has remained elusive. Currently available treatments for negative symptoms appear to have modest benefits, with the result that negative symptoms continue to disproportionately limit patient recovery. Treatment guidelines recommend that to optimize functional outcomes for patients with schizophrenia, psychosocial programs or psychiatric rehabilitation should be combined with pharmacological management [7]. Thus, in addition to medication, creative therapies, such as art therapy, may be helpful. Art therapy allows exploration of the patient's inner world in a non-threatening way through a therapeutic relationship and the use of art materials. It was mainly developed in adult psychiatric inpatient units and was designed for use with people for whom verbal psychotherapy would be impossible [8]. Different types of art forms such as poetry have begun to play a part in psychotherapy during recent decades. Leedy [9] has traced the use of poetry as a method of dealing with

emotional problems to preliterate times in history, when incantations and invocations were used.

As mentioned earlier, improvement of emotional expression in schizophrenia can relieve the negative syndromes and subsequently result in the relative enhancement of this disorder. It seems facilitation of emotional expression through non-pharmacological approaches deserves more consideration. As poetry therapy is along with utilization of words, can be an efficient way for treatment and training a correct method of emotional expression. Language impairments may also accelerate effective disorders such as a misjudgment of experience, delusions, and a distorted world view, because human cognitive ability is enhanced by the linguistic aspects of thought [10]. Expressive art therapy's world view, represent cognitive therapeutic starting points, but also emotional and action-oriented ones [11]. One must keep in mind that the term poetry therapy has largely come into usage in the last half of the twentieth century, from the 1950s on to the present.

Although poets have written about love, hate, greed, good and evil from earliest times, the phenomenon of combining poetry with formal therapy as part of a certificated or licensed professional group is of recent vintage [12]. Poetry has been a means of exploring the human condition for perhaps as long as human language has existed [13]. One of the earliest links between literature and therapy was made by Aristotle by introducing the concept of catharsis. An audience's ability to identify with the emotions of a character allowed the audience to experience the character in such a way that there was a release of emotions resulting in catharsis. This, it was believed, would release the energy storage and discharge of the individual's evil characters [14]. Poetry therapy is a recognized modality employing poetry and other forms of evocative literature to achieve therapeutic goals and personal growth [15]. Its emphasis is on the dynamic interaction between the triad of therapists, poem or work of literature, and the client [16]. Poetry therapy often evokes a reaction of optimistic expectation and seductive enticement that one is hearing about a field that can now handle the rational

(Apollonian), the emotional (Dionysian) and deal with creative aspects of one's psyche [12].

Poetry therapy enables people to express what they may be unable to say in any other way and is usually practiced in groups [17]. Poetry therapy is applicable for various disorders and has been used for patients with a history or diagnosis of dementia [18], schizophrenia [19], borderline personality disorder [20, 21], acute psychosis [22], depression [23], for prisoners [24], and suicide survivors [25]. Several studies have reported the positive effects of poetry therapy on a wide variety of mental and physical disorders including anxiety reduction in cancer patients [26], improved immune function [27], pain reduction [28], linguistic dysfunction in schizophrenic patients [19] and reduction of depression in bereaved patients [29]. Most of the articles in this field consist of descriptive rather than empirical studies on the use of poetry therapy, so there is a scarcity of empirical research on poetry therapy [30]. Thus, an experiment has been conducted to evaluate group poetry therapy on emotional expression in chronic schizophrenia spectrum patients.

## **Methods**

### ***Design and participants***

This research was an experimental study that used pre-test, post-test with control group. The population study consisted of all patients with schizophrenia that were kept in Daroshafa Institute of Ardabil. Twenty-two patients were randomly selected from 50 chronic schizophrenic men. These people were divided into 2 groups with 11 each. Poetry therapy was carried on eleven patients for 11 weeks (treated group), and other group did not receive any therapy. Ethical care committee of the University of Mohaghegh Ardabili has approved this research.

### ***Instruments***

Emotional expressivity was measured by using Persian version of the Berkeley Expressivity Scale, Berkeley Expressivity Questionnaire (BEQ)[31]. This scale is a 16 item self-report measurement and consists of three sub-scales;

positive expressivity, negative expressivity, and impulse strength. Each item was rated on a 7-point scale (1—strongly disagree, 7—strongly agree). Dobss et al. [32] reported that coefficient of Cronbach's  $\alpha$  for each of subscales impulse strength, negative and positive expressivity and total questionnaire were 0.78, 0.63, 0.63, and 0.83, respectively. Sub-scale of Persian version of questionnaire showed a high correlation with evaluated parameters recognitive and repression questionnaire evaluated expressivity. Coefficients Cronbach's  $\alpha$  subscale of impulse strength, negative and positive expressivity, and overall questionnaire were 0.76, 0.68, 0.74 and 0.75, respectively [33].

### ***Description of intervention***

Procedure was as follow; in the first session, rules of group such as respect were said to patients, then they have been asked to express their filling without any concerns. In the second part of session therapist to read a poem and the other patients should give feedback. In subsequent session from the interpretation of patients feeling through read poems, they were analyzed for understanding of their internal emotion expression.

Some contemporary Persian poems have been selected to evaluate on the patients. These poems were selected in order to discharge the affect in the first sessions. For example, some poems were told by therapist that contained concepts such as sadness, rage, aggression, hopelessness, family betrayal and pessimism feelings in the primary(1-6th) sessions.

*Najmeh Zare;*

*The news would be spread to the farthest point of the universe,*

*She did not want to reach to me, be mine,*

*Is there any torture worse than this,*

*Who was yours is devoted to the others,*

*What do you do if you liked her for a whole life?*

*A person suddenly comes to,*

*Free them to be like two birds together,*

*The news would be spread to the farthest point of the universe,*

*I wanna swear my darling, but I ask God to prevent it,*

*'Cause I never like to hurt my sweetheart,*

*I just like to free my heart from that love,*

*And I wish it happen as soon as possible.*

For instance, the above mentioned poem revived the memories of being betrayed, and subsequently paranoid feelings in schizophrenia.

*Did it happen for you to look for yourself?  
At a night like a mad be with yourself alone?  
Without a friend return from a tiring roaming?  
At the middle of road be alone with yourself  
with no belong to the others?  
Did you ask your identifications from the  
others?  
Did you was looking for yourself among the  
others?*

This poem motivated sad feelings as a result of oddness of thoughts of schizophrenia patients and not understanding by the others.

To the sixth session, very poems with concepts similar to these were read to discharge the affects of unpleasant feelings.

In the 7<sup>th</sup> and 8<sup>th</sup> sessions through reading of comic poems for the patients, it was tried to encourage them to look at the pains of the life from the view point of humor. For example,

*From the time that I have got married,  
It seems I have got sick,  
Everyone has a white wife like abloom,  
But I have got black similar to egg plant,*

In this regard some patients declared that they could laugh for the first time at their divorce.

*Darling hates me and I hate darling,  
I mean I hate the reason of annoyance,  
Of course I loved her at first,  
It is for a while that I hate darling,  
Oh my darling, the reason of empty pocket,  
With you I hate to go to bazaar,  
Being with you is stressful and without you is  
impossible,  
I hate you like the string of pajamas.  
Due to the effects of your baked foods,  
I hate breakfast, lunch, and dinner.*

This poem resulted in humorous perspective of the past marital issues of the patients.

In the last sessions (9, 10, and 11) of poetry therapy, it was tried that after discharge of

affects, and humorous view point, through reading Sepehri's poems (Foot's sound of water) to help the patients to like their lives in spite of all the problems such as loneliness, family avoidance, disease hardness. Also, they accept themselves as valuable people despite being known as ill.

*I am a native of Kashan  
Time is not so bad to me  
I own a loaf of bread, a bit of intelligence, a  
tiny amount of taste!  
I possess a mother better than the leaf  
Friends, better than the running brook*

*And a God who is nearby  
Within these gillyflowers, at the foot of yonder  
lofty oak,  
On the stream's awareness, on the plant's law*

*I am a Muslim  
The rose is my Qebleh  
The spring my prayer-carpet  
The light, my prayer stone  
The field my prostrate place  
I take ablution with the heartbeat of windows  
Moon flows into my prayer, gently it flows  
The rock is visible from behind my prayer  
All particles of my prayer are illuminated  
I pray when the wind calls for prayer  
From the cypress tree's minaret  
I practice my ritual when weeds say God is  
Greater  
When wave raises*

*My Ka'ba is beside the brook  
My Ka'ba is beneath the acacia  
My Ka'ba is lid the breeze, blowing from  
garden to garden from one town to another  
town*

*My Black Stone is light of the garden.*

*I am close to the beginning of earth  
I pick up the pulse of flowers  
I am familiar with the wet fate of water and  
the green habit of the tree*

*My soul flows towards the new direction of  
objects my soul is young  
My soul sometimes coughs from joy  
My soul is idle  
It counts raindrops, the holes in bricks,  
My soul is sometimes true as a rock on the  
road*

*I haven't seen two poplars to be enemies  
I haven't seen a willow selling its shade to the  
ground*

*The elm tree freely bestows its branch to the  
crow wherever there is a leaf my passion  
blossoms a poppy bush has bathed me in the  
flow of existence*

*I know the weight of the dawn like the wing of  
an insect*

*I listen to the music of growth like a flowerpot  
like a basketful of fruit I have high fever to  
ripen*

*Like a building at the edge of the sea I am  
anxious about the long eternal waves*

*Sun as much as you want, union as much as  
you wish, multiplication as much as you want*

*I am content with an apple  
And with smelling of chamomile plant  
I am content with a mirror, a pure relationship*

*I won't laugh if the balloon bursts  
I won't laugh if a philosophy halves the moon  
I know the flapping sound of quail's wings  
The color of bustard's belly, footprints of  
mountain goat*

*I well know where rhubarbs grow  
When starlings come, when partridges sing,  
When falcons die  
I know well the meaning of moon in a sleeping  
desert  
Death in the stalks of desire  
And raspberries of pleasure in the mouth of  
copulation*

*Life is a pleasant custom  
Life wears wings as wide as death  
It leaps to the dimensions of love  
Life is nothing that might from my mind and  
your mind in the tip of habit's shelf  
Life is the attraction of a hand that reaps  
Life is the first black fig in the acrid mouth of  
summer  
Life is the dimension of a tree in the eyes of an  
insect  
Life is the experience of bat in the darkness  
Life is a strange sense experienced by a  
migrating bird  
Life is the whistling of a train ringing in the  
sleep of a bridge  
Life is like looking at a garden through the  
closed window of an airplane  
Touching the solitude of moon*

*The thought of smelling the flower in other  
planets*

*Life is washing a plate*

*Life is finding a penny in the street gutter  
Life is the square of the mirror  
Life is the flower multiplied to eternity  
Life is the earth multiplied in our heartbeats  
Life is a simple and monotonous geometry of  
breaths  
Where I am, let it be so  
The sky is mine  
The window, thought, air, love, earth is mine  
What signifies?  
If mushrooms of nostalgia  
Sometimes grow?*

*I don't know  
Why some say that the horse is a noble animal,  
the pigeon is beautiful  
And why no vulture dwells in any person's  
cage  
I wonder why the clover is inferior to alfalfa  
One must wash eyes, look differently to things  
words must be washed  
The word must be wind itself, the word must  
be the rain itself*

*One must shut umbrellas  
One must walk in the rain  
One must carry the thought, the recollection in  
the rain  
One must go walk in the rain with all the  
townsfolk  
One must see friends in the rain  
One must search love in the rain*

*...  
One must play in the rain  
One must write, talk and plant lotus flowers in  
the rain  
Life is repeated wetting  
Life is swimming in the pond of present....  
.....*

*And let's not ask where are we  
Let's smell the fresh petunias in the hospital*

*Sometimes the wound beneath my foot  
Has taught the ups and downs of earth  
Sometimes in my sickbed the dimension of the  
rose has multiplied  
And the diameter of orange has increased, the  
radius of lantern too)  
And let's not fear death*

*(Death is not the end of pigeon  
 Death is not the cricket's inversion  
 Death flows in the mind of acacia  
 Death dwells in the pleasant climate of mind  
 Death speak of morning within the nature of  
 village night  
 Death comes into the mouth with the bunch of  
 grapes  
 Death sings in red larynx of throat  
 Death is responsible for the beauty of  
 butterfly's wing  
 Death sometimes picks up basis  
 Death sometimes sit in the shade, watching us  
 and we all know  
 The lungs of pleasures is full of oxygen of  
 death)...*

Main aim of reading this poem at the last sessions was induction of relaxation and emotional stability after a thunderstorm of emotions and affects. This poem was read to

encourage the patients to accept their life as existential approach.

**Statistical analysis**

Data obtained from the current study were analyzed using analysis of covariance procedure in SPSS version 22.

**Results**

The results of poetry therapy intervention are shown in Tables 1-3. Negative expressivity (NE) and impulse strength (IS) were significantly diminished through poetry therapy in intervention group at the end of trial (Tables 1 and 2). Positive expressivity (PE) was significantly enhanced in intervention group with poetry therapy at the end of trial (Table 3).

**Table 1. Effects of poem therapy on impulse strength of schizophrenia patients based on self-report measurements**

Source of changes	df	Mean square	Coefficient of variation	Means	Standard error	p-value
Model	2	401				0.003
Error	19	30				
Pretest	1	575			0.18	0.003
Treatment	1	227	22.52		1.67	0.013
No intervention group				27.72 <sup>a</sup>		
Intervention group				21.18 <sup>b</sup>		

<sup>a, b</sup> Means in each column with different superscripts are significantly different. df = degree of freedom

**Table 2. Effects of poem therapy on negative expressivity of schizophrenia patients based on self-report measurements**

Source of changes	df	Mean square	Coefficient of variation	Means	Standard error	p-value
Model	2	76				0.011
Error	19	13				
Pretest	1	15			0.019	0.296
Treatment	1	136	16.79		1.76	0.004
No intervention group				24.53 <sup>a</sup>		
Intervention group				18.74 <sup>b</sup>		

<sup>a, b</sup> Means in each column with different superscripts are significantly different. df = degree of freedom

**Table 3. Effects of poem therapy on positive expressivity of schizophrenia patients based on self-report measurements**

Source of changes	df	Mean square	Coefficient of variation	Means	Standard error	p-value
Model	2	53	18	18.78 <sup>b</sup> 23.14 <sup>a</sup>	0.209 1.245	0.051
Error	18	15				0.277
Pretest	1	18				0.027
Treatment	1	87				
No intervention group						
Intervention group						

<sup>a, b</sup> Means in each column with different superscripts are significantly different. df = degree of freedom

## Discussion

Results of the present research illustrated that poetry therapy can be effective to relieve signs of impulse strength and negative expressivity, but increase the positive expressivity. In agreement of these results, Asayesh [34] showed that poem reading in the group was effective on social behaviors of schizophrenia patients. Furthermore, Gillispie [35] mentioned that poem therapy was effective on training of adult schizophrenia patients. Furthermore, Stepakoff [25] indicated that poetry therapy significantly influenced on survivors of suicide. This result supports previous research findings confirming positive effects of poetry therapy as a possible tool to be used as part of therapeutic programs to alleviate mental disorders [19, 26, 27, 29]. Interestingly, the use of poetry has been shown to increase self-esteem, self-exploration and self-expression in clients [28, 30, 36, 37]. Mohammadian et al. [17] indicated that poetry therapy had profound impacts on reduction of depression, anxiety and stress of female Iranian students. Moreover, James et al [38] introduced specific social skills to patients through the use of poetry.

Most experience with poetry therapy has been collected in the fields of psychiatry, psychotherapy and psychology and their specific branches (adult psychiatry, child psychiatry, family therapy); it has also been applied to the treatment of various mental disorders such as anxiety disorders, depression and schizophrenia, as this research may suggest. Research into other areas such as the care of elderly and terminally ill patients as well as the application of poetry therapy in social and socio-cultural situation's points to poetry therapy becoming established in a growing number of contexts [11].

Poetry therapy enables people to express what they may be unable to say in any other way. Reiter [39] alludes to Freud's so-called "talking cure", suggesting that as the client spoke in the therapy session, repressed material from the subconscious would rise to the surface, and the individual would be liberated from emotional conflict. Until the words are expressed, the feelings are repressed, which may result in tension, frustration, or depression, or in psychosomatic illness. Thus, it has been hypothesized that discharge of affects in particular unpleasant repressed feelings can be necessary to reach steady states of emotions.

Impulse strength decreased through expression of repressed negative feelings during the poetry therapy process. Negative expressivity of feelings during sessions freely happened to allow the patients to tell all their repressed negative emotions such as aggression, hatred, regret, and feeling of avoidance as much as possible. Therefore, after expression of above-mentioned feelings, all individuals in the group, including intervener herself gave empathy and feedback. The annoyance of these repressed adverse feelings ameliorated through coming up to the surface. The therapist analyzed each patient's feelings from the 4th session to the end, so self-awareness of individuals in the group was boosted. In the 7<sup>th</sup> and 8<sup>th</sup> sessions through reading comic poems, the patients were helped to look at their problems from the humorous view point. In the last three sessions, the intervener aimed to increase the positive expressivity in the patients.

A poem from Sohrab Sepehri (Water's footprint) was chosen in order to reach that purpose. Eventually at the end of poetry therapy, the patients accepted themselves as

valuable people in spite of all the problems such as loneliness, family avoidance, and disease hardness. This kind of self-acceptance by the patients resulted in positive expressivity. All in all, poetry therapy process via decreasing impulse strength and negative expressivity increased the positive expressivity.

### **Limitations and suggestions**

Limitations of this research include: no control in schizophrenia severity and length of disease, lack of control during bedded treatment in psychiatric centers, control loss of drug effects, age heterogeneity in group therapy patients, and conducting research only on male patients. It is suggested that future trials should consider the above mentioned restrictions for conducting new studies. Furthermore, doing poetry therapy on other chronic psychiatric patients particularly in emotional and affective disorders is recommended.

From practical view of point, it is recommended to carry out poetry therapy workshops for psychologists and staff of psychiatric patients' centers. Moreover, it is suggested to do poem therapy for the patients in those centers.

### **Acknowledgements**

The authors acknowledged the assistance of Mr. Eisa Mohammadi and respectable worker sand patients of Daroshafa Institute of Ardabil who helped us in this study.

### **Conflict of interest**

The authors state that there are no conflicts of interest.

### **References**

1. Gunatilake S, Ananth J, Parameswaran S, Brown S, Silva W. Rehabilitation of schizophrenic patients. *Current Pharmaceutical Design*. 2004; 10:2277-2288.
2. American Psychiatric Association (APA). *Diagnostic and statistical manual of mental disorders Fifth*

- edition. DSM-5. Wilson Boulevard, Arlington, VA, USA.2014.
3. National Institute of Mental Health. *Schizophrenia*. Bethesda, MD: 2010.
4. Sadock BJ, Sadock VA. *Synopsis of psychiatry*. Philadelphia, PA: Lippincott Williams & Wilkins. 2008.
5. Kring AM, Elis O. Emotion deficits in people with schizophrenia. *Annual Rev Clinic Psychol*. 2013; 9: 409-433.
6. Fleischhacker WW. New drugs for the treatment of schizophrenic patients. *Acta Psychiatr Scand Suppl*. 1995; 388: 24–30.
7. Lauriello J, Lenroot R, Bustillo J. Maximizing the synergy between pharmacotherapy and psychosocial therapies for schizophrenia. *Psychiatr Clin North Am*. 2003; 26(1): 191–211.
8. Ruddy R, Milnes D. Art therapy for schizophrenia or schizophrenia-like illnesses. *Cochrane Database of Systematic Reviews* 2005: Issue 4. Art. No.: CD003728.
9. Leedy JJ. *Poetry the healer*. USA: Lippincott Publishing House. 1973.
10. Liberman RP, Wallace CJ, Falloon IR, Vaughn CE. Interpersonal problem solving therapy for schizophrenics and their families. *Comprehensive Psychiatry*. 1981; 22(6): 627–30.
11. Heimes S. State of poetry therapy research (review). *The Arts Psychother*. 2011; 38 : 1–8.
12. Lerner A. A look at poetry therapy, *The Arts Psychother*. 1997; 24:1, 81-89.
13. Collins SK, Furman R, Longer CL. Poetry therapy as a tool of cognitively based practice. *The Arts in Psychother*, 2006; 33:180–187.
14. Golden MK. The effect of collaborative writing on cohesion in



- poetry therapy groups. Doctoral Dissertation. University of Washington. Retrieved from www.proquest.com. 1994.
15. Jeffs S, Pepper S. Healing words: A meditation on poetry and recovery from mental illness. *The Arts in Psychother.* 2005; 23(2):87–94.
  16. Hynes A, Hynes-Berry M. *Bibliotherapy as an interactive process: A handbook.* New York: West View Press. 1986.
  17. Mohammadian Y, Shahidi Sh, Mahaki B, Mohammadi A, Baghban A, Zayeri F. Evaluating the use of poetry to reduce signs of depression, anxiety and stress in Iranian female students. *The Arts Psychother.* 2011;38 :59–63.
  18. Hagens C, Beaman A, Ryan EB. Reminiscing, poetry writing, and remembering boxes: Personhood-centered communication with cognitively impaired older adults. *Activities, Adaptation, Aging.* 2003; 27:97-112.
  19. Tamura H. Poetry therapy for schizophrenia: a linguistic psychotherapeutic model of renku (linked poetry). *The Arts Psychother.* 2001; 28:319-328.
  20. Pies R. Poetry therapy in the treatment of borderline personality disorder. *J Poetry Ther.* 1987; 1:88-94.
  21. Smith JM. Written emotional expression: effects sizes, outcome types and moderating variables. *J Consulting Clin Psychol.* 1998; 66 (1):175- 184.
  22. Atlas J, Smith P, Sessoms L. Art and poetry in brief therapy of hospitalized adolescents. *The Arts Psychother.* 1992; 19: 279-283.
  23. Furman R, Downey EP, Jackson RL, Bender K. Poetry therapy as a tool for strength based practice. *Advan Soci Work.* 2002; 3(2):146-157.
  24. Rhodes L. Poetry and a prison writing program: A mentor’s narrative report. *J Poetry Ther.* 2002; 15(3):163-168.
  25. Stepakoff Sh. From destruction to creation, from silence to speech: Poetry therapy principles and practices for working with suicide grief. *The Arts Psychother.* 2009; 36(2): 105-113.
  26. Tegner I, Fox J, Philipp R, Thorne P. Evaluating the use of poetry to improve well-being and emotional resilience in cancer patients. *J Poetry Ther.* 2009; 22(3):121–131.
  27. Pennebaker JW, Kiecolt-Glaser J, Glase R. Disclosure of traumas and immune function: Health implication for psychotherapy. *J Consulting Clinic Psychol.* 1998; 56:239–245.
  28. Akhtar S. Mental pain and the cultural ointment of poetry. *Inter J Psych.* 2006; 81: 229–243.
  29. O’Connor SM, Nikoletti LJ, Kristjanson R, Willcock B. Writing therapy for the bereaved: Evaluation of an intervention. *J Palliative Med.* 2003; 6(2):195–204.
  30. Mazza, N. *Poetry therapy: Theory and practice.* New York: Brunner-Rutledge. 2003.
  31. Gross JJ, John OP. Facets of emotional expressivity: three self-report factors and their correlates. *Person and Individ Differ.* 1995;19:555–568.
  32. Dobbs JL, Sloan DM, Karpinski A. A psychometric investigation of two self-report measures of emotional expressivity. *Person and Individ Differ.* 2007;43: 693-702.
  33. Basharpour S, Molavi P, Sheykhi S, Khanjani S, Rajabi M, Mosavi S. The relationship between emotion regulation and emotion expression styles with bullying behaviors in adolescent Students. *J Ardabil Uni*

- Med Sci 2013; 13(3): 264-75. [In Persian].
34. Asayesh H, Fallahi Khoshknab M, Fadaei F, Karimlou, M. Poem reading in group on social behaviors of schizophrenia patients. *Nursing Res.* 2012; 25:9-16.
35. Gillispie C. Poetry therapy techniques applied to a recreation/adult education group for the mentally ill. *J Poetry Ther.* 2003;1(2): 97-106.
36. Koppman M. On the edge of life: Poetry helps cancer patients cope. *Annal Long-Term Care.* 2001; 9(2):68-72.
37. Morrison MR. The use of poetry in the treatment of emotional dysfunction. *Art Psychother.* 1978; 5: 93-98.
38. James XB, Sharon Z, Tiffany B. Social skills training through poetry therapy: A group intervention with schizophrenic patients. *J Poetry Ther. The Interdisciplinary J Practice, Theory, Res Education.* 2013; 26:73-82.
39. Reiter S. Creative writing a poetry therapy guidebook for the helping professional. The Union Institute Graduate College Ph.D. Retrieved from [www.proquest.com](http://www.proquest.com). 2000.

**Corresponding author:** *F. Rajaei, Department of Clinical Psychology, University of Mohaghegh Ardabili, Iran.*

**Email:** [rf.psychology@gmail.com](mailto:rf.psychology@gmail.com)

Received: 2 January 2016

Accepted: 30 November 2016