

**Effects of Cognitive Self-Compassion with an
Emphasis on Poetry Therapy on the
Psychological Well-Being and
Symptoms of Post-Traumatic Stress
Disorder in Women**

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Mahboobeh Biranvand, MA

Department of Psychology,
Faculty of literature and
humanistic sciences, Lorestan
University, Khoramabad, Iran

Fatemeh Rezaei, PhD*

Department of Psychology,
Faculty of literature and
humanistic sciences, Lorestan
University, Khoramabad, Iran
Rezaei.f@lu.ac.ir

Ghasem Sahraei, PhD

Department of literature, Faculty
of literature and humanistic
sciences, Lorestan University,
Khoramabad, Iran.

Fatemeh Sepahvand, MA

Department of Psychology,
Faculty of literature and
humanistic sciences, Lorestan
University, Khoramabad, Iran

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Post-traumatic stress disorder (PTSD) is a common, chronic, and debilitating mental disorder. The present study investigated the effects of cognitive self-compassion training with emphasis on poetry therapy on the psychological well-being and symptoms of PTSD in women. This is a quasi-experimental study of the pre-test/post-test type using a control group. The statistical population comprised a total of 32 women suffering from PTSD in Khorramabad city, selected through

convenience sampling and randomly assigned to the experimental and control groups. The experimental group received cognitive self-compassion training with an emphasis on poetry therapy in ten 90-minute sessions based on the cognitive self-compassion intervention of Neff (2011) and related poems. The study scales included the Ryff Scale of Psychological Well-Being (1989) and (1998). Statistical analysis was performed using analysis of covariance by SPSS-23 software. The scores of the psychological well-being and PTSD in women with this disorder before and after the intervention were significantly different. The experimental group showed a significant increase ($F=3.70, p<.05$) in the psychological well-being score and a significant decrease ($F=9.26, p<.05$) in the PTSD score compared to the control group. Considering the positive effect of this treatment, therefore, mental health professionals are recommended to use this treatment for PTSD patients.

Keywords: poetry therapy, cognitive self-compassion, post-traumatic stress disorder, psychological well-being

Psychological trauma can result from witnessing an event that is perceived to be life-threatening or has the potential of serious bodily injury to self or others. Such experiences, which are often accompanied by intense fear and helplessness, can lead to the development of, and are required for the diagnosis of, post-traumatic stress disorder (PTSD) (APA, 2020). PTSD is common (8.3% lifetime prevalence) (Kilpatrick et al., 2013) and associated with multiple negative results, including functional deficiency (Sareen, 2007), suicidality (Krysinska, Lester, 2010), co-occurring psychological disorders (Anderson et al., 2018; Bartlett, Iverson, Mitchell, 2017), and physical illness (Šagud et al., 2017; Coppens et al., 2017). In Iran, the prevalence rate of

PTSD is estimated to be between 1% and 9% and between 6% and 45% in the affected population (Abdolpour, Khanjani, Mahmoodalilou, & Fakhari et al., 2016).

PTSD affects the psychological and social functioning of individuals by causing negative changes in the individual's cognition and mood, and it ultimately reduces psychological well-being (Herold et al, 2016). Psychological well-being is defined as positive feelings and general satisfaction with life (Masourmparast, 2020). People with high well-being have a positive evaluation of events and experience, while people with low well-being evaluate life events negatively (Dhir, Yossatorn, Kaur, & Chen, 2018).

Studies have examined the effects of different therapeutic interventions on PTSD (Bisson & Olf, 2021; Howard, Berry & Haddock, 2022; Niemeyer et al, 2022; Naghdi & Anasori, 2018). Studies showed psychological therapy leads to reduction in stress symptoms by affecting the cognitive beliefs (Abdulpour, Khanjani, Aliloo, & Fakhari, 2019).

An effective treatment is cognitive self-compassion which includes self-care in coping with incompatibilities and perceived difficulties. Self-compassion refers to healthy ways of relating to oneself in times of grief, whether the suffering is caused by failure, perceived inadequacy, or general life problems. Self-compassion allows individuals to accept themselves as they are, including the limitations and inadequacies that make them human. Self-compassion helps people better tolerate painful emotions such as grief, hopelessness, anxiety, anger, and shame (Braehler & Neff, 2020).

A high level of self-compassion is associated with psychological well-being and protects the individual against stress (Braehler & Neff, 2020; Winders, Murphy, Looney, & O'Reilly, 2020; Hoge et al., 2013). Cognitive self-compassion has

three main components: being kind to oneself instead of judging oneself harshly, accepting life's problems as part of shared experiences among human beings, and understanding distressing thoughts and emotions rather than being fully absorbed in them (Neff, 2003).

Scoglio et al. (2018) reported that self-compassion was negatively related to PTSD symptoms among women seeking therapy after experiencing interpersonal violence. Karatzias et al. (2017) studied the link between self-compassion and complex PTSD referred to as “disturbances in self-organization” which summarize the pervasive dysregulating effects of chronic victimization on affect, the sense of self, and relational functioning (Maercker et al., 2013). Interestingly, self-compassion was found to be negatively related with the “disturbance in self-organization” factor (Karatzias et al., 2017).

Another therapeutic approach is poetry therapy, a branch of art therapy which plays a significant role in the treatment of stress disorders by stimulating emotions and increasing concentration in patients (Lawrence & Lee, 2014; Craig, Hiskey, & Spector, 2020). In recent years, many therapists have tried using poetry as a powerful tool for treating mental disorders. The history of poetry therapy goes back to the first poems and songs of primitive tribes performed by the fire, and even before the history of calligraphy, it was used for healing. Officially, poetry therapy was introduced in 1969; before that, limited research had been done in this field (Au et al., 2017). Poetry therapy is a creative art therapy method that uses poetry or other texts to achieve therapeutic goals and personal growth (Nourianfar, 2019). Its effect has been reported by many studies. Mirzaei, Hajivandi, & Jahanpour (2016) showed that poetry therapy reduced the

symptoms of PTSD. Gozashti, Daboui & Moradi (2017) also showed that poetry therapy improved life expectancy and quality of life in women with breast cancer as well as aspects of physical symptoms. Other researchers have also investigated the effect of poetry therapy on mental health and mental disorders (Jabaruti, Shariat & Shariat, 2014; Mohammadian et al., 2011; Tegner, Fox, Philipp & Thorne, 2009; Sepahvand, Rezaei, Sahraei & Beiranvand, 2023).

Some researchers have suggested eclectic treatments to be more effective (Sepahvand, Rezaei, Sahraei & Beiranvand, 2023; Stanislaw, Howard & Martin, 2020). Considering that some poems have a spirit of hope, cause self-encouragement and relief to continue a better life and try to build a new world, and invite people to relax and enjoy the present as well, it is possible to emphasize the use of poetry therapy during therapeutic interventions.

Moreover, the components of cognitive self-compassion, such as being kind to yourself and accepting problems, and the history of poetry therapy on the development of self-understanding and others, increasing self-confidence, and improving self-care should also be considered. The current study investigated the effect of cognitive self-compassion based on poetry therapy as a new topic in the treatment of PTSD, with particular consideration given to its effect on psychological well-being and PTSD symptoms.

Methods

The current research was a quasi-experimental study with a pretest-posttest control group design. The statistical population comprised women suffering from PTSD who referred to psychiatric offices in Khorramabad city; 32 PTSD patients were selected by convenience sampling, four of whom were excluded, because they received other psychological treatment. Thus, a total

of 28 patients were randomly assigned to the experimental and control groups. Inclusion criteria of the study were: female subjects, minimum literacy level enabling them to complete the questionnaire, diagnosis of PTSD made by a psychiatrist, giving informed consent, and being willing to participate in the study. Anyone with experience in attending training and psychotherapy courses was excluded.

Table 1 presents the demographic data of the subjects. In this research, the experimental group and the control group each had 14 participants with an average age of 29.91 ± 6.25 and 31.33 ± 5.06 years, respectively. The results of the chi-square test showed that there was no statistically significant difference between the two groups in terms of marital status ($p < .05$), and there was no statistically significant difference between the two groups with regard to age, level of education, or the time passed from the trauma ($p > .05$).

Table 1
Demographic Characteristics of the Study Participants
(n=28)

Variables	Mean \pm SD		P
	Control (n=14)	experim ental (n=14)	
Age	31.33 \pm 5.06	29.91 \pm 6.25	.67
level of education	15 \pm 2.61	13.33 \pm 4.27	.72
time spent from the trauma	3.91 \pm 1.68	3.83 \pm 2.86	.59

Training sessions were held twice a week for 90 minutes. The treatment courses for the experimental group included 10 sessions that lasted 5 weeks and was held individually. The control group did not receive any intervention. The treatment package of the present study, which was designed by the current researchers, was based on the cognitive self-compassion intervention of Neff (2011) and related poems. The poems were prepared based on the opinion of a literature expert (the third author in this article). After the treatment package was prepared, five psychological experts checked and confirmed its content validity. The cognitive self-compassion based on poetry therapy is summarized in Table 2.

Table 2
Summary of the Cognitive Self-Compassion, with the
Emphasis on Poetry Training Sessions

	Summary of cognitive self-compassion	Summary of poem
1	Introducing the instructor, expressing mutual expectations of the group and members from each other, explaining the rules and the training program, conducting the pre-test, briefly acquainting participants with the general concepts of self-compassion and empathy, doing exercises	Human beings are members of a whole; In the creation of one essence and soul. If one member is afflicted with pain, Other members uneasy will remain.
2	Providing scientific and vernacular explanation of the concept of self-criticism and describing its causes and consequences, determining the members' attitudes toward themselves (compassionate or critical style), doing exercises, and assigning homework	Never I complain about strangers; 'Coz whatever hurt me was due to acquaintances. Wrong was seeking help from the king; and heartless was the beloved I thought was loyal
3	Reviewing previous session, training in forgiveness and its benefits, training to accept and forgive oneself for mistakes in order to make changes	Why should we taste this grave poison prestigiously? Every day and make our loved ones taste it too?
4	Reviewing the previous session, learning to accept life's problems and accepting the changes ahead, discussing the ability to endure difficult situations, doing the exercise	I would cure this pain with further endeavor and make everything easy with patience
5	Educating participants on how to find valuable feelings and self-appreciation in themselves, doing self-appreciation exercise	You are the cue of God's mysteries; you are the reflection of the King's

		beauties; everything in the worlds is inside you.
6	Creating peace of mind and pleasant feelings through mental imagery (color image, location, and compassionate features).	There is a city beyond all seas, where the sun is as majestic as the early risers' eyes.
7	Creating familiarity with self-compassionate behavior and thoughts and self-compassion training, practicing skills, assigning homework	Finally, our spring of joy will arrive; so let's survive the weeping season with love.
8	Identifying conflicting feelings through dialogue between the critical self, the criticized self, and the compassionate self	We fill our mind with grief, trying to "sell" our humane values
9	Teaching oneself to understand and accept oneself through compassionate correspondence	Hafiz, grieve not for the cruel autumn wind that bloweth in the sward of the world; exercise reasonable thought, where is the rose without the thorn?
10	Reviewing and practicing the general topics of cognitive self-compassion and the skills presented in previous sessions; eliciting a commitment to use these skills in the future; running the post-test	What is wrong with drinking a few shots of wine? It is made from grapes, not your blood. This (drinking) does not cause harm to anybody and there's nothing wrong with it; and even if there is something wrong, can you find anyone who is perfect?

Instruments

Ryff Psychological Well-being Questionnaire

Designed by Ryff (1989), the 18-item form was derived from a 120-item questionnaire, which measured six factors: environmental mastery, independence of action, personal growth, purposeful living, positive relationships with others, and self-

acceptance. Respondents answered using a 6-point Lickert scale from strongly disagree (1) to strongly agree (6). The maximum score in this test is 42, which means approaching self-actualization, and the closer a person's score is to 30, the more worrying it is. Ryff and Singer reported a correlation of .79 to .89 for the 84-item scale. In Iran, the internal consistency of the whole test and its subscales ranges from .65 to .75 (Sefidi & Farzad, 2012). In this study, the reliability was found to be .72.

Mississippi Questionnaire

This scale was designed by Keany (1998) and modified by Reed and Norris (2010). It contains 35 items, and a score of 107 serves as a benchmark for diagnosing PTSD (Lyons et al., 2005). Questions are answered based on a 5-point Lickert scale from false (1) to completely true (5). The results of different studies have shown that this scale has good psychometric properties. Cronbach's alpha for this scale was .94 (Lyons et al., 2005). In Iran, Goodarzi (2003) found its internal correlation to be .92.

Data analysis

In the present study, statistical analysis was done in SPSS v. 23 (SPSS Inc., Chicago, IL, USA). In addition to descriptive statistics including mean and standard deviation, after confirming the normal distribution of variables and verification presuppositions of homogeneity of variances and the existence of a linear relationship between variables were confirmed by the multivariate covariance analysis test.

Results

The distribution of the mean and standard deviation of wellbeing and PTSD symptoms in the experimental and control groups in the pre-test and post-test phases is presented in Table 3. As can be seen, the studied groups did not differ significantly from each other in the research variables in the pre-test stage, but in the post-test stage, the mean and standard deviation of the groups had changed.

Table 3
Mean±Standard Deviation of Psychological Well-Being and Post-Traumatic Stress Variables in Experimental and Control Groups

Dependent variables	Experimental group		Control group	
	Pre-test	Post-test	Pre-test	Post-test
Mental well-being	46.00±5.04	63.58±11.63	40.50±12.85	39.08±7.89
PTSD	102.25±8.67	82.33±11.66	112.50±17.44	109.91±15.76

Multivariate analysis of covariance (MANCOVA) was used to evaluate the effect of cognitive self-compassion with an emphasis on poetry therapy. The use of this test requires compliance with a few basic assumptions, the first being that the distribution of grades should be normal. This assumption was tested using the Kolmogorov-Smirnov test, which revealed that because of the non-significance of this test for PTSD symptoms, psychological well-being, and their components in the pre- and post-test stages, the assumption of normality of data distribution was confirmed ($p>.05$). Secondly, the homogeneity of variances is assumed. The results of Levine's test confirmed this assumption with the non-significance of the test for the variables of PTSD ($p=.231$,

F=2.14) and psychological well-being ($p=.342$, $F=2.69$). The third assumption was that of the homogeneity of the regression slope. Because of the non-significance of the pre-test group interaction for the two variables of PTSD and psychological well-being, the homogeneity of the regression slope of dependent variables were confirmed for the levels of independent variables ($p>.05$). The fourth and final assumption was the M box, and it was confirmed ($F=.803$, $p=.49$).

Table 4
Multiple Statistics of Covariance Analysis of Variables of Psychological Well-Being and PTSD

Test	Value	F	df	Sig	Eta ²	Obsrved Power
Pillai's Trace	.648	45.05	2	.001	.64	1
Wilks' Lambda	.352	45.05	2	.001	.64	1
Hotelling's Trace	1.839	45.05	2	.001	.64	1
Roy's Largest Root	1.839	45.05	2	.001	.64	1

The findings shown in Table 4 indicate that after the pre-test effect is removed, the difference in all indicators is significant. Then, to evaluate the role of cognitive self-compassion training based on poetry therapy on improving psychological well-being and symptoms of PTSD, a univariate analysis of covariance was used, the results of which are presented in Table 5.

Table 5

Univariate Analysis of Covariance to Compare the Mean of Variables of Psychological Well-Being and PTSD

Variable	Source of changes	Sum of squares	D.F.	Mean root square	F	Sig	Eta-square
Psychological well-being	Pretest	3342.192	1	3342.192	85.750	.001	.632
	Group	2787.187	1	2787.187	71.511	.001	.589
	Error	1948.793	50	38.97			
	Total	135787.000	54				
PTSD	Pretest	87.995	1	87.995	88.024	.001	.638
	Group	1779.597	1	1779.597	36.926	.001	.425
	Error	2409.671	50	48.193			
	Total	599308.000	54				

As can be seen in Table 5, after controlling for the effects of the pretest, poetry-based cognitive self-compassion education improved the subscales of psychological well-being and reduced the symptoms of PTSD severity in the experimental group.

Discussion

The present study investigated the effect of cognitive self-compassion with an emphasis on poetry therapy in women suffering from PTSD. The results showed that this new treatment method is effective in improving the general symptoms of PTSD and psychological well-being. Thus, the intervention of cognitive self-compassion focused on poetry will ultimately reduce the general symptoms of post-traumatic stress and improve the psychological well-being of the individual therapy by reducing the symptoms of depression and improving one's control over emotions in critical situations.

The results of this research are similar to the results of Braehler & Neff (2020), Farrokhi, Rezaei & Gholamrezaei (2018), and Naghdi & Anasori (2018). These studies have shown that cognitive self-compassion education leads to a reduction in experiential avoidance and improve mental health.

In explaining the effect of cognitive self-compassion on mental well-being, it can be said that self-compassion has the potential to buffer against the impact of traumatic stress through the process of cognitive appraisal and emotion regulation (Barlow, Goldsmith, Turow & Gerhart, 2017) and by helping individuals make better use of social care (Maheux & Price, 2015). Improvements in self-kindness, self-judgment, isolation, and over identification each had significant effects on the risk of subsequent PTSD symptoms across therapies. Cognitive self-

compassion (self-compassion) includes self-care in the face of perceived inconsistencies and difficulties. There is a sense that the greater the amount of cognitive self-compassion in a person is, the less the person will experience stressful, negative, and repetitive memories in social situations and be satisfied with different areas of life. In fact, high self-compassion is associated with psychological well-being and supports the individual against stress.

To explain the results of the effect of cognitive self-compassion on PTSD symptoms, it is argued that cognitive self-compassion has three main components: being kind to oneself instead of judging oneself harshly, accepting life's challenges as part of shared experiences among human beings, and understanding distressing thoughts and emotions rather than being fully absorbed in them (Hoge et al., 2013).

Winders, Murphy, Looney & O'Reilly (2020) showed that growing self-compassion among individuals with PTSD is hypothesized to help them improve their affect regulation, self-concept, and relational functioning by decreasing their feelings of guilt, shame, failure, and defeat. Taylor (2015) also showed that self-compassion may be an efficacious antidote to the shame experienced by those with PTSD, where feelings of kindness, mindfulness, and common humanity can switch to feelings of self-blame, isolation, and emotional avoidance.

Therefore, people with higher self-compassion are more secure in dealing with challenging and negative events and can control their negative emotions when recounting their experiences. The intervention of cognitive self-compassion reduces one's vulnerability to an accident, and improves their symptoms.

Poetry therapy was another therapeutic dimension in the present study. The researchers trained the self-compassion

techniques in the frame of poems. In this process, emphasis was placed on issues such as relieving stress and suffering, expressing emotions through playing with words, developing creativity and ability, increasing self-esteem and self-identification, and expressing desires in a symbolic form (Mohammedian et al., 2011; Sepahvand, Rezaei, Sahraei & Beiranvand, 2023; Tegner, Fox, Philipp & Thorne, 2009; Mirzaei, Hajivandi & Jahanpour, 2016).

By focusing on the process of poetry therapy during cognitive self-compassion intervention, it can be argued that one's ability to understand disturbing thoughts and feelings increased, and instead of being fully absorbed in those thoughts, they could accept life problems as part of a shared experience between all people and be kind to themselves. This change in behavior can enhance self-esteem, control negative emotions and express positive emotions during traumatic events. Furthermore, it may improve the overall quality of life of women with PTSD and significantly reduce PTSD symptoms. It can also be said that the higher the cognitive self-compassion is in an individual, the less they experience anxiety, depression, and haunting by negative memories in stressful social situations, and the more satisfied one is with different life situations. Thus, people with higher self-compassion are safer in the face of challenges and misfortune, and they control their negative emotions when recounting their experiences. Therefore, cognitive self-compassion intervention reduces people's vulnerability to accidents and improves their symptoms.

The present study has some limitations that should be considered. It was performed on adult women; therefore, to generalize the results to younger ages or men, some caution

should be observed. Secondly, the present study used self-reporting tools. Finally, due to executive restrictions, there was no opportunity for follow-up.

The current results showed that focusing on poetry therapy by satisfying the components of self-compassion increased psychological well-being and reduced the symptoms of PTSD. It is suggested that because of the effect of cognitive self-compassion focused on poetry therapy, this method should be studied along with other interventions to determine the greater effect of the process. It is also suggested that therapists use cognitive self-compassion intervention focused on poetry therapy as an effective and low-cost treatment in health centers.

Ethical Considerations

This study was approved by the Ethics Committee of the Lorestan University of Medical Science (IR.LUMS.REC.1399.337).

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