Effectiveness of Group Poetry Therapy of Mazza's Multidimensional Model (Based on the Romantic Debates of Ferdowsi's Shahnameh) on Response to Intrusion Memories, Automatic Thoughts and Affect Balance in Female Students with Premenstrual Dysphoric Disorder

Laleh. Senobar Limakeshi[1] , Seyed Ali. Sharifi Fard[2*] , Arefeh. Bagher Pour[3]

[1] PhD, Psychology, Faculty of Educational Sciences and Psychology, University of Mohaghegh Ardabili, Ardabil, Iran
[2] MSc, Clinical Psychology, Faculty of Educational Sciences and Psychology, University of Mohaghegh Ardabili, Ardabil, Iran
[3] MSc, General Psychology, Faculty of Literature, Humanities and Social Sciences, Tehran Science and Research Branch, Islamic Azad University, Tehran, Iran

* Corresponding author email address: sharififard68@gmail.com

Article Info	ABSTRACT
Article type: *Original Research* **How to cite this article:** Senobar Limakeshi, L., Sharifi Fard, S. A., & Bagher Pour, A. (2023). Effectiveness of Group Poetry Therapy of Mazza's Multidimensional Model (Based on the Romantic Debates of Ferdowsi's Shahnameh) on Response to Intrusion Memories, Automatic Thoughts and Affect Balance in Female Students with Premenstrual Dysphoric Disorder. *Psychology of Woman Journal, 4*(2), 99-106. http://dx.doi.org/10.61838/kman.pwj.4.1.11	**Objective:** Iranian culture has always been mixed with Persian poetry and literature. Poetry therapy is also considered one of the complementary methods of psychotherapy. The present study aims to investigate the effectiveness of group poetry therapy of Mazza's multidimensional model (based on Shahnameh Ferdowsi's romantic debates) on Response to Intrusions, automatic thoughts, and affect balance in female students with premenstrual dysphoric disorder. **Method:** The research method was quasi-experimental. The statistical population included all students living in the dormitory of Farhangian University of Ardabil, and from this population, during three stages, 20 participants with premenstrual dysphoric disorder were selected as samples in two experimental and control groups. Measures including the Response to Intrusions Questionnaire, Automatic Thoughts Questionnaire, and Affect Balance Scale were performed on both groups, and the poetry therapy protocol based on Shahnameh Ferdowsi's romantic debates was performed on the experimental group. **Results:** The findings showed that after controlling the effects of the pre-test, the experimental group had a significant improvement in each of the factors of negative interpretation (F= 40.990, p<0.01), rumination (F=23.367, p<0.01), suppression (F=13.753, p<0.01), distress (F=16.924, p<0.01), automatic thoughts (F=28.874, p<0.01), positive affect balance (F=13.892, p<0.01) and negative affect balance (F=55.887, p<0.01). **Conclusion:** Based on findings, Ferdowsi's romantic debates in the context of group therapy can lead to a reduction of PMDD symptoms by launching positive therapeutic components such as catharsis and empathy. *Keywords: Poetry therapy, Romantic debates, Shahnameh Ferdowsi, Response to intrusive memories, Automatic thoughts, Affect balance, Premenstrual dysphoric disorder.*

1   Introduction

Premenstrual dysphoric disorder (PMDD) is a psychosomatic disorder caused by variable levels of sex steroids associated with monthly ovulatory cycles (Sadock, 2015). Also, Premenstrual dysphoric disorder is a severe mood disorder identified by emotional-cognitive and physical symptoms in the week before menstruation (Dennerstein, Lehert, & Heinemann, 2012; Epperson et al., 2012). This disorder is recognized as a separate disorder in DSM-5 and is a more severe form of premenstrual syndrome (PMS) (American Psychiatric Association, 2013). The main characteristics of Premenstrual dysphoric disorder include irritability, emotional fluctuation, headache, anxiety, and depression (American Psychiatric Association, 2013; Haoran, Ning, & Boddu, 2018).

Based on the DSM-5 report, the 12-month prevalence rate of premenstrual dysphoric disorder has been reported between 1.8% and 5.8% (American Psychiatric Association, 2013). Also, studies report that PMDD affects 3% to 8% of women in the Western population, while studies in Africa show its prevalence as 26.8% to 36.1%, and its prevalence in Asian women reported as 1.2% to 6.4% (Hasim & Khaiyom, 2019).

Depression is the main symptom of premenstrual dysphoric disorder (American Psychiatric Association, 2013). Studies have also emphasized the role of intrusive memories as a cognitive feature related to depression (Sadock, 2015). Intrusive memories are involuntary memories of certain events from the past that are difficult to control (Sadock, 2015). Experiencing intrusive memories during depression happens repeatedly, and reviewing these memories are very vivid; they evoke high levels of emotions and interfere with daily activities (Valitabar & Hossein Sabet, 2017). Automatic thoughts are also another feature of depression and low mood (Pedro et al., 2019). Automatic thoughts are cognitions that quickly flow in our minds when we are dealing with situations (or remembering events), although we may have a sub-threshold attitude towards these thoughts. These thoughts are not logically analyzable (Rana, Sthapit, & Sharma, 2017). Also, one of the other problems associated with depressed mood in premenstrual dysphoric disorder is a weakness in Affect Balance (Mikaeili & Senobar, 2021), which causes emotional problems and the expression of negative emotions such as anger (Santostefano & Rieder, 1984). Watson and Tellegen (1985) divide emotions into two parts: on the one hand, negative emotion is a general aspect of inner despair and lack of engagement in pleasurable work, followed by avoidant mood states such as anger, sadness, Hatred, humiliation, guilt, fear and anger arise. On the other hand, positive emotion is a state of active energy, high concentration, and engaging in enjoyable work (Watson & Tellegen, 1985).

Several related studies have been conducted in this field. For example, Chalbianloo et al. (2016) showed in their research that negative emotions such as anxiety, depression, worry, mental rumination of memories and behavioral inhibition have a significant relationship with the symptoms of premenstrual dysphoric disorder (Chalbianloo et al., 2018). Vali Tabar and Hossein Sabet (2016) also showed that negative automatic thoughts, negative attitudes and Intrusive memories play a role in depression (Valitabar & Hossein Sabet, 2017). Therefore, studies show that although PMDD symptoms appear due to hormonal problems such as serotonergic dysfunction, they can be exacerbated in interaction with the environment and behavioral and personality characteristics (Sadock, 2015).

In this context, proper eating habits, stress management and relief of mood depression can help improve symptoms (Takeda et al., 2015). There are different treatment methods to improve the symptoms of patients with premenstrual dysphoric disorder (Sadock, 2015), in this regard, one of the complementary methods of psychotherapy is art-based treatments such as poetry therapy. Earlier and in general, studies have confirmed the positive effectiveness of poetry therapy on psychological disturbance (Mazza, 2016).

On the other hand, although the study was not found exactly in line with the previous study, close studies show the effectiveness of poetry therapy in improving depression symptoms in different clinical groups in women (Hatampour & Pourhasan, 2018; Mohammadian et al., 2011). A close study also shows that the average scores of patients with premenstrual dysphoric disorder in negative interpretation, rumination, suppression, distress, negative automatic thoughts, negative affect balance are higher than normal people and in positive affect balance, they are lower than normal people (Mikaeili & Senobar, 2021).

Therefore, on the one hand, considering the debilitating symptoms of premenstrual dysphoric disorder, whose main feature is depression (American Psychiatric Association, 2013; Sadock, 2015) and considering the important role of women in the family system (Mirhosseini, Ebrahimi, & Pakdel, 2022) and their gender-based characteristics; and on the other hand, Iran's rich literary and poetry-based culture (Chalbianloo et al., 2018), as well as in order to treat this disorder and introduce a Persian poetry therapy protocol, in

the upcoming research on the effectiveness of group poetry therapy of Mazza's multidimensional model (based on the debates of The romance of Shahnameh Ferdowsi) will be discussed on the response to Intrusive memories, automatic thoughts and affect balance in female students with premenstrual dysphoric disorder.

2   Methods

2.1   Study design and Participant

The method of this research was quasi-experimental. The statistical population included all students living in the dormitory of the Farhangian University of Ardabil (Female dormitory), and the sample was selected from this population in three stages: In the first stage, those who had premenstrual syndrome, in general, were selected (68 participants). In the second phase, participants with PMS completed the PMDD chart for two consecutive months. This chart is based on DSM-5 diagnostic symptoms, with participants filling in a chart to record symptoms daily, from the first to the thirtieth day of each month, for two consecutive months, on items ranging from 0 (not at all) to 3 (severe) answers. After collecting the charts completed by the students, 23 participants with symptoms of PMDD were identified, and in the third stage, three of them were randomly excluded. Finally, the study sample included 20 patients with premenstrual dysphoric disorder who were randomly divided into two groups of 10 people, test and control. The dynamics of group or group therapy sessions consist of groups of 8 to 12 people, and in this study, groups with 10 participants were formed. Therefore, before the beginning of the sessions, the objectives and nature of the study were explained to all the participants, and a pre-test was conducted on them. Of course, after the completion of the study, intensive meetings were also held for the control group so that ethical and professional considerations were also observed.

2.2   Measurements

The data were collected using *Response to Intrusions Questionnaire (RIQ-14), Automatic Thoughts Questionnaire (ATQ-30)* and *Affect balance scale (ABS-10)*.

2.2.1   Response to Intrusions

This questionnaire was created by Clohessy and Ehlers (1999) and contains 14 items that measure the characteristics of Intrusive memories and the response to them. This tool has four components, including negative interpretation, mental rumination, suppression and distress, and is scored based on a five-point Likert scale from 0 (*never*) to 4 (*always*). Cronbach's alpha for the components in the original version was reported as 0.84, 0.59, 0.79 and 0.66 respectively (Clohessy & Ehlers, 1999). Also, Cronbach's alpha reliability was obtained in this study in the mentioned dimensions, respectively, 0.86, 0.68, 0.76 and 0.69.

2.2.2   Automatic Thoughts

This questionnaire was created by Hollon and Kendall (1980) and contains 30 items that are used to measure the frequency of automatic negative statements about oneself. This questionnaire is scored based on a five-point Likert scale from 1 (*never*) to 5 (*always*). The original version of the instrument has good internal consistency with Cronbach's alpha coefficient of 0.97 (Hollon & Kendall, 1980). Cronbach's alpha was also reported as 0.91 in the Persian version (Kimiaye et al., 2006). Cronbach's alpha was 0.88 in this study.

2.2.3   Affect Balance

The affect balance scale was created by Bradburn (1969) as an index of life satisfaction and psychological well-being and to measure positive and negative emotions. This scale has 10 items and two components including positive affect and negative affect, which are answered as 1 (*yes*) or 0 (*no*). This scale is sometimes used as a general indicator of happiness. Bradburn (1969) reported the reliability scores of this scale for emotional balance, positive emotion, and negative emotion as 0.76, 0.83, and 0.81, respectively (Bradburn, 1969). Cronbach's alpha in this study was 0.79 and 0.75 respectively.

2.3   Intervention

In this study, the poetry therapy model of Mazza (2021) was used. This treatment method has three components: receptive/prescriptive, expressive/creative and symbolic/ceremonial and is considered as a complementary method of psychotherapy based on expressive arts therapies. In the receptive/prescriptive component, the accurate reading of poetry with transferable emotions and feelings is examined. In the expressive/creative component, the participant or subject is asked to sing and read a poem if he can, and also express what he feels or has in mind. In the symbolic and ceremonial component, poems that have a

symbolic aspect and ceremonial are discussed (Mazza, 2016).

2.3.1 Group Poetry Therapy

In this study, an innovative protocol based on the structure of Mazza theory and the romantic debates of Ferdowsi's Shahnameh was designed in eight sessions. These eight sessions were held by the researcher for two months, one session every week for two hours. In this case, the poems related to four types of debates that had romantic and moral content were selected by the researchers: Bijan and Manijeh debates; Khosrow and Shirin debate; Sudabeh and Siavash debate; and Sudabeh's self-talk. The researchers

(the first and second authors) had enough familiarity with Persian literature and reading the Shahnameh. Also, the researcher (the first author) started and ended each session according to the content of the session (Mazza, 2016). The content of the debates, in which two-way or multi-sided conversations and expressions were formed, included romantic emotions, expressing feelings, parting, unkindness of the world, loyalty, empathy and sympathy. Also, before the beginning of the first session and after the completion of the eighth session (the final session), the psychological measures of the study were performed on the participants in both experimental and control groups. In the Table 1, the explanation of the eight innovative sessions based on the romantic debates of Ferdowsi's Shahnameh is presented.

Table 1

ACT sessions

Session	Content
1	*Reading and listening to the selected poems of Bijan and Manijeh debate:* the participants discuss the verses that they think are suitable for them or have a desire. However, at the beginning of the first meeting, the members got to know each other under the management of the group leader.
2	*Reading and listening to selected poems of Soudabeh's conversations with herself:* the participants in this meeting expressed their personal feelings and emotions, expressed psycho-emotional conditions related to PMDD, physical pains, and problems, and finally vented their emotions. This work was done based on the complaints and expressions of sudabeh and based on these verses.
3	*Reading and listening to selected poems of Khosrow and Shirin debate:* based on verses, the participants expressed related pains, worries, feelings, and emotions about memories. They talked about their fulfilled and unfulfilled desires and wishes.
4	*Selective and voluntary selection of a piece from the four poetic axes and writing it by the participants in the group therapy session:* the participants choose the pieces which they find a better emotional connection or which they consider suitable for their mood at home (homework) and in the group meeting they read it, comment on it and share their feelings and issues related to it from their personal life and feelings with the group members. In this section, other members give feedback to the participant and sympathize with her.
5	This session is exactly the repetition of the fourth session, with the difference that in this session, the group leader (therapist) gives feedback, empathizes, and provides cognitive behavioral guidelines to each participant according to her psychosocial condition (psychological training).
6	*Reading and listening to the selected poems of Sudabeh and Siavash debate:* repeating the process of the third session in the field of selected poems of Sudabeh and Siavash.
7	*Creative and emotional expressions:* In this session, participants are asked to write poems or texts about their feelings, personal problems, and concerns and then read them to the group. Naturally, empathetic feedback is made in this meeting following the participants' expressions.
8	*Reading and listening to the poems related to Siavash passing through the fire:* In the last session, in addition to reading the poems of Siavash passing through the fire, summing up and concluding, and reviewing the main guidelines of the group leader are discussed. Each participant discusses the helpful aspects of the sessions to improve symptoms (if improved). Finally, the group leader sums up the contents, gives general and final feedback to each member, and expresses the final highlights of the group.

2.4 Data Analysis

In the descriptive statistics section, statistical indices such as mean and standard deviation were used for the inferential statistics section, the multivariate analysis of variance and multivariate covariance tests were used. SPSS-22 software was used to analyze the data of this research.

3 Findings and Results

20 participants with symptoms of premenstrual dysphoric disorder in two experimental and control groups (10 participants in each group) participated in this study. The mean and standard deviation of the age of the participants in

the control group was 21.13 and 1.66 and the experimental group was 21.20 and 1.58. In terms of education, two groups were at bachelor's level, and in terms of marital status, 12 participants were married (60%) and 8 participants were single (40%).

Table 2

Descriptive findings and normality test

Group membership test		Experimental		Control	
		M	SD	M	SD
Pre-test	Negative Interpretation	19.87	2.28	19.07	3.76
	Rumination	14.33	1.90	14.27	2.27
	Suppression	3.27	3.49	3.67	2.29
	Distress	3.53	1.00	3.67	4.85
	Automatic Thoughts	99.60	23.30	93.53	29.91
	Affect Balance (Total)	15.27	1.28	15.67	1.77
	Negative Affect Balance	6.53	1.00	7.07	1.85
	Positive Affect Balance	8.73	0.95	8.60	1
	Negative Interpretation	12.60	4.43	19.07	3.21
Post-test	Rumination	9.80	3.03	13.93	2.12
	Suppression	5.87	2.34	3.20	1.65
	Distress	21.33	1.31	3.67	0.487
	Automatic Thoughts	60.40	20.13	88.67	27.72
	Affect balance (Total)	14.40	1.05	15.80	1.48
	negative affect balance	8.40	1.12	6.93	1.31
	positive affect balance	6	1.30	8.87	0.743

The results of Table 2 show that the mean of the experimental group changed after the intervention. To perform the covariance analysis, the presumption of homogeneity of group variance was used (Levene's test). The results of Levene's test showed that the studied groups have homogenous variances.

Table 3

The results of multivariate covariance tests to compare the mean scores of two groups of participants in automatic thoughts, affect balance and response to intrusive memories

Sources	Value	F	DF hypothesis	DF error	Sig	Eta coefficient
Pillai's Trace	0.78	7.670	7	15	0.001	0.782
Wilks' Lambda	0.22	7.670	7	15	0.001	0.782
Hotelling's Trace	3.58	7.670	7	15	0.001	0.782
Roy's largest Root	3.58	7.670	7	15	0.001	0.782

As Table 3 also shows, the significance levels of all tests allow the use of multivariate analysis of variance. These results show that there is a significant difference between the two studied groups at least in terms of one of the dependent variables (F=7.670, p<0.01). The eta square also shows that the difference between the groups with regard to the dependent variables is significant in total, and the amount of this difference is 0.22 based on Wilks's lambda test, that is, 22% of the variance related to the difference between the groups is due to the mutual influence of the dependent variables.

Table 4

Multivariate analysis of variance test results on automatic thoughts, affect balance and response to intrusive memories

Source	Dependent variable	SS	df	MS	F	p	Eta
Pre-test effect	Negative Interpretation	1.435	1	1.435	0.147	0.705	0.007
	Rumination	10.171	1	10.171	1.497	0.235	0.067
	Suppression	11.867	1	11.867	2.682	0.116	0.113
	Distress	0.521	1	0.521	0.432	0.518	0.020
	Automatic Thoughts	840.393	1	840.393	1.530	0.230	0.068
	Positive Affect Balance	22.726	1	22.726	18.055	0.425	0.005
	Negative Affect Balance	0.021	1	0.021	0.021	0.886	0.001
Group membership effect	Negative Interpretation	365.647	1	365.647	37.523	0.001	0.64
	Rumination	141.391	1	141.391	20.811	0.001	0.50
	Suppression	52.997	1	52.997	11.978	0.002	0.36
	Distress	17.710	1	17.710	14.691	0.001	0.41
	Automatic Thoughts	7432.027	1	7432.027	28.874	0.001	0.58
	Positive Affect Balance	17.487	1	17.487	13.892	0.001	0.40
	Negative Affect Balance	56.038	1	56.038	55.887	0.001	0.73

The results of Table 4 show that after controlling the pre-test effects, there is a significant difference between the post-test scores of the two groups in each of the factors of negative interpretation (F=40.990, p<0.01), rumination (F=23.367, p<0.01), suppression (F=13.753, p<0.01) and distress (F=16.924, p<0.01), automatic thoughts (F=28.874,

$p<0.01$), positive affect balance (F=13.892, $p<0.01$,) and negative affect balance (F=55.887, $p<0.01$).

4   Discussion and Conclusion

The results of the study showed that group poetry therapy of Mazza's multidimensional model (based on Shahnameh Ferdowsi's romantic debates) has a significant effect on the response to intrusive memories, automatic thoughts, and affect balance in students with premenstrual dysphoric disorder. Although no study was found in line with this study, considering that the main indicator of this disorder is depression (American Psychiatric Association, 2013; Haoran, Ning, & Boddu, 2018), in recent studies, the effectiveness of poetry therapy in depression symptoms in different groups focusing on adult women has been confirmed (Daboui et al., 2022; Hatampour & Pourhasan, 2018; Mazza, 2016; Mohammadian et al., 2011).

It seems that the axis of the dimensions that led to the relief of symptoms in patients with premenstrual dysphoric disorder include catharsis, empathy, and sympathy based on group discussion and mutual understanding. Although, the emotional aspect of romantic debates provides a very good platform for the stated dimensions. The members of the group express their feelings and emotions in the context of the love stories of the Shahnameh, which is in the form of poetry mixed with epics; then, by talking and expressing their feelings and points of view about the verses that they consider close to them, they project their emotions and feelings, and finally, the catharsis takes place.

Catharsis, in addition to releasing internal forces that consume a lot of mental energy and then lead to the relaxation of the person, also stimulates the feelings and emotions of other members of the group. This process leads to the expression of empathy (thinking of oneself somewhere else) and sympathy (touching another's pain) by other group members toward the target person. Therefore, in addition to the therapeutic aspect of direct catharsis, feeling understood and sharing pain as a therapeutic agent can improve one's symptoms. (Yfantopoulos, 2021).

Although, it seems that the romantic and emotional aspects of Shahnameh's love debates in the form of emotional language or poetry that is mixed with rhythm and song are itself a factor in softening and soothing the symptoms of mental disorders, including PMDD (Hedges, 2017). After calming down and being in an emotional atmosphere without tension, the patient has gained more control over herself, which can ultimately lead to better management of behaviors and emotions. Continuation of this process, as done in group sessions, is considered a therapeutic factor (Mazza, 2016).

5   Limitations

The present study had limitations. The sample was only from one city and dormitory students. Therefore, further studies can be done on the samples of native students, non-students, and also in other cities.

6   Suggestions and Applications

Based on the results, the localized and Persian innovative protocol suitable for Iranian culture can be used in the context of poetry therapy to reduce the psychological symptoms of women and girls with premenstrual dysphoric disorder and even premenstrual symptoms.

Acknowledgments

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics principles

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

References

American Psychiatric Association, A. (2013). Highlights of changes from dsm-iv to dsm-5: Somatic symptom and related disorders. *Focus*, *11*(4), 525-527. https://doi.org/10.1176/appi.focus.11.4.525

Bradburn, N. M. (1969). *The structure of psychological well-being*. Aldine. https://psycnet.apa.org/record/1970-19058-000

Chalbianloo, G., Abdi, R., Haghighi, F., & Pak, R. (2018). The Role of Negative Emotions, Mental Rumination, And Behavioral Inhibition System In prediction Of the Symptoms of Premenstrual dysphoric Disorder among Female Students of Azarbaijan Shahid Madani University in 2015. *Community Health Journal*, *11*(2), 10-19. https://doi.org/10.22123/chj.2018.88787.1000

Clohessy, S., & Ehlers, A. (1999). PTSD symptoms, response to intrusive memories and coping in ambulance service workers. *British journal of clinical psychology*, *38*(3), 251-265. https://doi.org/10.1348/014466599162836

Daboui, P., Janbabai, G., Akbari, M. E., & Nouri, M. (2022). Effect of masnavi-based poetry therapy on anxiety, depression and stress of women with breast cancer. *Iranian Journal of Psychiatry and Behavioral Sciences*, *16*(4). https://doi.org/10.5812/ijpbs-116651

Dennerstein, L., Lehert, P., & Heinemann, K. (2012). Epidemiology of premenstrual symptoms and disorders. *Menopause international*, *18*(2), 48-51. https://doi.org/10.1258/mi.2012.012013

Epperson, C. N., Steiner, M., Hartlage, S. A., Eriksson, E., Schmidt, P. J., Jones, I., & Yonkers, K. A. (2012). Premenstrual dysphoric disorder: evidence for a new category for DSM-5. *American Journal of Psychiatry*, *169*(5), 465-475. https://doi.org/10.1176/appi.ajp.2012.11081302

Haoran, Z., Ning, L., & Boddu, S. (2018). Effects of Premenstrual Syndrome Related Psychiatric Disorder on Physical and Mental Health Status of Adolescents-A Short Review. *International Journal of Women's Health and Wellness*, *4*(083), 2474-1353. https://doi.org/10.23937/2474-1353/1510083

Hasim, S. I., & Khaiyom, J. H. A. (2019). Premenstrual Dysphoric Disorder: Reviews of Studies in Malaysia, Measures Used, and Validation of the Daily Record of Severity of Problems. *Mal J Med Health Sci*, *15*(2), 130-136. "http://portal.revistas.bvs.br/transf.php?xsl=xsl/titles.xsl&xml=http://catserver.bireme.br/cgi-bin/wxis1660.exe/?IsisScript=../cgi-bin/catrevistas/catrevistas.xis|database_name=TITLES|list_type=title|cat_name=ALL|from=1|count=50&lang=pt&comefrom=home&home=false&task=show_magazines&request_made_adv_search=false&la

Hatampour, S., & Pourhasan, K. (2018). Analyzing the effect of poetry on decreasing depression and increasing optimism. *Half-Yearly Persian Language and Literature*, *26*(84), 53-71. https://doi.org/10.29252/jpll.26.84.53

Hedges, D. (2017). *Poetry, therapy and emotional life*. CRC Press. https://doi.org/10.1201/9780203743041

Hollon, S. D., & Kendall, P. C. (1980). Cognitive self-statements in depression: Development of an automatic thoughts questionnaire. *Cognitive therapy and research*, *4*, 383-395. https://doi.org/10.1007/BF01178214

Kimiaye, A., Shafi Abadi, A., Delavar, A., & Sahebi, A. (2006). The comparision of effectiveness of Beck and Teasedale cognitive therapy and yoga exersise in the treatment of major depression. *Foundations of Education*, *7*(2). https://doi.org/10.22067/ijap.v7i2.6734

Mazza, N. (2016). *Poetry therapy: Theory and practice*. Routledge. https://doi.org/https://doi.org/10.4324/9781003022640

Mikaeili, N., & Senobar, L. (2021). Comparison of Review of Annoying Memories, Negative Automatic Thoughts, and Emotional Balance in Girls with and without Premenstrual Dysphoric Disorder (PMDD). *Journal of Applied Psychological Research*, *12*(2), 159-171. https://doi.org/10.22059/japr.2021.303216.643529

Mirhosseini, Z., Ebrahimi, M., & Pakdel, P. (2022). Investigating the Factors Affecting Women's Power within the family the family. *Journal of Family Research*, *17*(4), 523-539. https://doi.org/10.52547/JFR.17.4.523

Mohammadian, Y., Shahidi, S., Mahaki, B., Mohammadi, A. Z., Baghban, A. A., & Zayeri, F. (2011). Evaluating the use of poetry to reduce signs of depression, anxiety and stress in Iranian female students. *The arts in psychotherapy*, *38*(1), 59-63. http://sjimu.medilam.ac.ir/article-1-288-fa.html

Pedro, L., Branquinho, M., Canavarro, M. C., & Fonseca, A. (2019). Self-criticism, negative automatic thoughts and postpartum depressive symptoms: the buffering effect of self-compassion. *Journal of reproductive and infant psychology*, *37*(5), 539-553. https://doi.org/https://doi.org/10.1080/02646838.2019.1597969

Rana, M., Sthapit, S., & Sharma, V. D. (2017). Assessment of automatic thoughts in patients with depressive illness at a tertiary hospital in Nepal. *Journal of the Nepal Medical Association*, *56*(206), 248-255. https://doi.org/10.31729/jnma.3101

Sadock, B. J. (2015). *Kaplan & Sadock's synopsis of psychiatry: behavioral sciences/clinical psychiatry* (Vol. 2015). Wolters Kluwer Philadelphia, PA. https://www.psychiatrist.com/read-pdf/11671/

Santostefano, S., & Rieder, C. (1984). Cognitive controls and aggression in children: The concept of cognitive–affective balance. *Journal of consulting and clinical psychology*, *52*(1), 46. https://doi.org/https://doi.org/10.1037/0022-006X.52.1.46

Takeda, T., Imoto, Y., Nagasawa, H., Muroya, M., & Shiina, M. (2015). Premenstrual syndrome and premenstrual dysphoric disorder in Japanese collegiate athletes. *Journal of pediatric and adolescent gynecology*, *28*(4), 215-218. https://doi.org/10.1016/j.jpag.2014.07.006

Valitabar, Z., & Hossein Sabet, F. (2017). THE ROLE OF NEGATIVE AUTOMATIC THOUGHTS, NEGATIVE ATTITUDES AND INTRUSIVE MEMORIES AT DEPRESSION.

https://scholar.google.com/scholar?hl=fa&as_sdt=0%2C5&q=%29.+The+Role+of+Negative+Automatic+Thoughts%2C+Negative+Attitudes+and+Intrusive+Memories+at+Depression&btnG=

Watson, D., & Tellegen, A. (1985). Toward a consensual structure of mood. *Psychol Bull*, *98*(2), 219-235. https://doi.org/10.1037//0033-2909.98.2.219

Yfantopoulos, J. (2021). Awaiting the "catharsis". *The European Journal of Health Economics*, *22*(4), 499-504. https://doi.org/10.1007/s10198-020-01193-w