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Thoughts, Feelings, Actions; the Brevity of Being: A Haiku Method

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Thoughts, Feelings, Actions; the Brevity of Being: A Haiku Method

Capstone Thesis

Lesley University

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Expressive Arts Therapy

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Abstract

The difficulties of delivering clinical services during the pandemic showed that there was a need for interventions that were able to be adapted to virtual sessions. In addition, lack of training and expertise regarding specialized therapies require modern day clinicians to be able to synergize current theory with the reality of the mental health landscape. In this study, 19 individuals participated in a psychoeducation group that taught a therapeutic thought mapping technique that was then adapted towards the creation of a haiku. It was noticed that participants were able to learn a psychological concept, apply it towards their life, create an artwork reflecting the content of the thought map, and share the artwork with each other in the course of 45 minutes. This study provides support for the usage of haiku regarding anxiety and depression based treatment programs. The applications of utilizing haiku as a therapeutic aid are wide, and the accessibility of the art form is high. The training required to create haiku is minimal is cost effective to use in group settings. Possible research for haiku, such as usage as an adjunct with other highly structured therapeutic models and as a healing agent overall are recommended for the future. In addition, research with the utilization of additional art forms as a supplement to structured therapy should be considered.

Keywords: Anxiety, Depression, Haiku, Poetry, Psychoeducation

Thoughts, Feelings, Actions; the Brevity of Being: A Haiku Method

Introduction

The effect of writing one's feelings and thoughts has been known to improve physical functioning and reduce stress (Alfifi et al., 2017 p. 77). One common way this is done is with the practice of keeping a journal as a way to self-reflect. Unfortunately, daily journaling is not within the realm of feasibility for some individuals. I feel that the structure of haiku can be used as a way to write that is concise, takes minimal time, and is easy to follow in a manner similar to journaling.

In this thesis, I review the literature involving poetry therapy, namely haiku, and its utilization in clinical practice. Also of interest is research on anxiety and the impact of writing on decreasing symptomology. I introduce a method of facilitating writing haiku with the usage of aspects of cognitive-behavioral therapy (CBT). I then report on my experiences with facilitating a group haiku writing intervention with an adapted CBT triangle model of thought mapping. I record statements from group members, as well as record daily mood by way of group check-ins and check-outs at the beginning and end of the day. In addition, I make recommendations for further avenues of research and suggestions for possible clinical applications of haiku and CBT in groups. Lastly, I share haiku that I created during the process of this study and upon reflection.

Haiku is a form of poetry derived from feudal Japan, and was used as a party game (Stryk, 1994, p. 17). There are considered to be four main influential Japanese poets who are attributed to building the foundation of haiku: Basho, Shiki, Buson, and Issa (Kern, 2018, p. XXIV). Haiku has since been used as a form of poetry in many countries, such as India and America (Stryk, 1994; Tosha, 2019).

For the purpose of the study, a haiku would consist of three lines with a syllable count of five, seven, and five. Poetically, haiku consists additionally of a seasonal reference and an "ah-ha" moment, or epiphany of sorts. This was not required for participants to follow; however, participants were given the knowledge of traditional haiku as an art form in addition to its therapeutic use. Arguably, writing

about one's own nature can be considered to fulfil the nature based requirement that many haiku contain. To this, I refer to the words of poet Shiki "Get your ideas not from past 'classical' haiku, but from the everyday world," as well as their other advice of "write down your feelings, and only for yourself. If you feel strongly, so will your reader" (Stryk, 1994, p. 19).

CBT, a common and effective treatment for anxiety, utilizes a framework involving the recognition of thoughts, feelings, and behaviors (Feldhaus et al., 2020, p. 1983). Participants often are provided a worksheet to fill out containing space for thoughts, feelings, and actions. However, the worksheet format may be perceived as dry, utilitarian, and unnatural. I believe that writing a haiku involving thoughts, feelings, and/or actions in response to a stressor can lead to a deeper understanding of the connection between the mind and body and its relationship to anxiety. In addition, I was curious to see the positive effect writing haiku could possibly have in regard to mood. The intervention was administered with a group of individuals seeking treatment for anxiety and depression at a partial hospitalization program (PHP in the Boston area in which I was interning).

In this intervention participants created haiku that could then be used to discuss thoughts, feelings, and behaviors in an arts-based way while also honoring aspects of CBT. The framework of thought mapping was utilized as the main aspect of CBT. Thought mapping is a general term used in CBT that involves individuals mapping the overall experience of thoughts, feelings, and behaviors in relation to a stressor (Sokol & Fox, 2019).

It is anticipated that themes of pain will be noticed within the haiku. It is hoped that instead of emotions being viewed as painful, they could be reframed as ways to avoid greater pain via avoidance or psychosomatic shutdown of aspects of the body. For example, a participant could recognize that a painful feeling then leads to a painful emotion and then to a painful behavior. That painful behavior could be a result of avoiding perceived greater pain. This leads to possible clinical work in regard to emotional identification and awareness, as well as thought restructuring.

Literature Review

Zhang et al. (2018) state that “anxiety and depression disorders are among the most prevalent mental health problems globally” (p. 1117). They go on to state that “both depressive and anxiety disorders are among the top 10 causes of disease burden worldwide, with depression being the second and anxiety being the fifth highest cause of years lost due to disability” (Zhang et al., 2018, p. 1117). Most importantly, “over half of those who live with depression and anxiety don’t receive any treatment” (p. 1117). It is clear that standard therapies are not enough, and the field would be benefitted from additional strategies that tackle symptoms of anxiety and depression.

Feldhaus et al. (2020) report that “common mechanisms across both depression and anxiety disorders include thinking styles that are negative, passive, repetitive, perseverative, and avoidant, including both worry and rumination” (p. 1983). The authors then state “worry and rumination maintain psychophysiological arousal and appear to worsen negative emotional states” (Feldhaus et al., 2020, p. 1983). Treatment for anxiety and depression commonly consists of strategies to address thoughts and aspects of rumination (Sokol & Fox, 2019).

CBT is an amalgam of behavioral and cognitive therapy based interventions and concepts that is attributed to Aaron Beck (Collins et al., 2006, p. 181). As quoted by Sokol and Fox (2019), Beck states the general concept of CBT is that “people’s emotions, body responses, and behaviors are influenced by their perception of events” (p. 1). Sokol and Fox (2019) refine the thought, stating that “situations do not inherently determine what people feel or how they behave. Rather, it is how people perceive these situations that determine how they act and respond” (p. 1). The perception (thought) regarding the event guides behaviors, feelings and actions.

CBT focuses on correcting negative thoughts and beliefs involving events. Thoughts are viewed as automatic, fueled by negative core beliefs at the center (Collins et al., 2006; Sokol & Fox, 2019). A CBT trained therapist spends time with a client, discussing events and situations with the client that have

brought about distress. Together, the client and therapist work to uncover the individual negative thoughts and beliefs that affect the client's functioning. It is common for clinicians to utilize skills derived from CBT and adapt them into their own practice as well.

Much research exists in regards to the efficacy of CBT (Johnsen & Friborg, 2015). There have been multiple meta-analyses published multiple times concluding "high treatment efficacy" (Johnsen & Friborg, 2015, p. 747). Zhang et al. (2018) report "to date, several hundred meta-analysis of CBT report its effectiveness for both depressive and anxiety disorders" (p. 1118). The researchers state further that CBT is strongly supported by research to be effective across multiple populations and model of treatment. The adaptable nature of CBT makes it an accessible therapy for clinicians to use.

There is some contention as to the continued efficacy of CBT across time. One meta-analysis by Johnsen and Friborg (2015) indicated that the "treatment effect of CBT showed a declining trend across time and across both measures of depression. Contemporary clinical treatment trials therefore, seem to be less effective than the therapies conducted decades ago" (p. 758). One possible reason listed in the study was that clinicians may not have been properly trained (Johnsen & Friborg, 2015, p. 762). In a paper responding to this meta-analysis, Waltman et al. (2016), suggest the same (p. 118).

In addition, Johnsen and Friborg (2015) discuss the decline being possibly attributed to the "placebo effect" (p. 762). They theorize that "the placebo effect is typically stronger for new treatments, and as time passes and experience with therapy is gained, the strong initial expectations wane (Johnsen & Friborg, 2015, p. 762). Furthermore, "an increasing amount of studies... have not found this method to be superior to other techniques" (Johnsen & Friborg, 2015, p. 762).

Another limitation overall that I noticed during the research was a lack of recognition that feelings can precede thoughts. This could be an outdated view, and has often times been counterintuitive to trauma-based perspectives which often consider feelings and sensations as primary to treat (van der Kolk, 2014).

Creative writing has been used within counseling to enhance therapy in multiple ways. Expressive writing can be considered to be “an intervention that promotes cognitive processing of adverse events” (Gortner, et al., 2006, p. 293). In another article, Pennebaker (2000) writes “my colleagues and I discovered that when people put their emotional upheavals into words, their physical and mental health improved markedly” (p. 3). Such improvement was noted when expressive writing was used, that individuals were noticed to have fewer doctors’ visits according to one study (Pennebaker, 2000). In addition, lowered pain, increased immune response, and lower levels of depression have also been noticed (Gortner et al., 2006; Pennebaker, 2000).

Expressive writing has been indicated to be helpful in the management of rumination, or repeated intrusive thoughts. One study compared the effects of writing about one’s emotional upheavals (an expressive writing group) with a group that wrote about whatever they choose (Gortner et al., 2006). The researchers found that individuals who participated in the expressive writing group overall showed a reduction in depressive symptoms (Gortner et al., 2006). In addition, it was noted that “the impact of expressive writing on depressive symptoms is consistent with the notion that negative judgements of emotional experiences are the active ingredient in the depression effects of rumination” (Gortner et al., 2006, p. 300).

Poetry therapy is an arts-based therapeutic intervention that involves using poetry and literature in therapy as a healing agent. According to K. S. Collins et al. (2006) Mazza writes that there are three main aspects of poetry therapy: (a) using literature in therapy; (b) using client writings in therapy; and/or, (c) use of metaphors, rituals, and storytelling in therapy (p. 182).

Poetry therapy complements CBT in a few different ways. Collins et al. (2006) noted that Reiter stated a few themes in particular, such as “to encourage realistic thinking and problem solving, to develop creativity, self-expression and greater self-esteem, to strengthen communication, particularly listening and speaking skills, and to find new meaning through new ideas, insights, and/or information”

(Reiter, 1997, as cited in Collins et al., 2006, p. 182). One major response in regards to CBT is that it is often mechanical (Collins et al., 2006; Waltman et al. 2016). It is thought that poetry therapy can solve this problem (Collins et al, 2006, p. 186).

Haiku is a specific type of poetry that was developed in Japan (Kern, 2018; Stryk, 1994). It is modern, adapted from various forms of linked verse syllable-based forms of poetry, such as *tanka* and *hokku*. In essence, it is the remnant of a split between short styles of Japanese poetry. Haiku were intended to be more playful and humorous as opposed to *renga*. Although many “styles” still exist, they are usually considered under the umbrella of haiku (Kern, 2018).

A haiku is traditionally a short poem in which content is written on three lines, consisting of five, seven, and five syllables. There is often a seasonal reference. This can be, for example, a direct reference to the seasons or a reference to an aspect of the season (the temperature, a reference to a plant that grows during a particular timeframe, etc.). There is also often a “cutting word” or element that divided the haiku into two concepts that relate (Kern, 2018, p. XXXVIII). In keeping with history, haiku as also often witty in style (Kerns, 2018).

Haiku has a number of benefits that have been noticed with its therapeutic use. It has been noticed in previous research that anxiety and depression share thinking styles that are negative, passive, repetitive, perseverating, and avoidant, including both worry and rumination” (Feldhaus et al., 2020, p. 1983). An intervention that could target both populations would be cost-effective and time saving. The availability and accessibility of poetry in general lends itself to groups of all topics. Haiku seems to fill this gap in treatment.

Allowing assessment of a stressor can help to educate individuals how their thoughts, feelings, and behaviors interact with each other. Furthermore, issues with either thought, feelings, or behaviors could possibly be noticed within the haiku, leading to its potential as a diagnostic tool. One area in

particular could later be strengthened by a clinician with targeted interventions. This could possibly save additional time and effort.

The self-reflective qualities of assessing thoughts, feelings and/or behaviors is constructive to building resilience. Crane et al. (2019) states that “self-reflection is a meta-cognitive approach to the analysis of life experiences” (p. 126). The authors go on to state “coping and emotional regulatory self-reflection is characterized by targeted examination of one’s coping and emotion regulatory strategies and approaches to stressor events (p. 127). By reviewing one’s own thoughts, feelings and behaviors, one can also assess strategies that have worked and others that have not. This adds to the clients own ability to find meaning as well as recognizing the effective strategies the client has used in the past. Crane et al. stated “meaning and perceived benefit can be derived from traumatic events in different life domains resulting from a process of reflective thinking that leads to future resilience” (p. 127).

During a study that utilized art as a way to document the experience of anxiety, researchers noticed a theme of “anxiety is very much about pain” and noticed four subthemes (Woodgate et al., 2020, p. 9). Their study indicated that anxiety is effected on multiple levels by pain, such as mental and emotional (Woodgate, et al., 2020, p. 15). It was noted that pain was not viewed as a central feature to anxiety in the literature (Woodgate et al., 2020, p. 14). The writer notes the value of the article supporting the impact of the arts in the expression of individuals’ unique symptomology.

The aspect of writing haiku in a therapeutic sense was an area of research that was lacking. I utilized the Lesley University article database, Google Scholar, and textbooks on haiku and CBT. The subject of haiku was broadened to contain information on creative writing and poetry therapy. It seems that the short nature of haiku could complement the brief treatment style of CBT. It allows space to refine thoughts, feelings, and actions to be recorded and manipulated. It also allows greater opportunity to share during group formats, where time is limited. In addition, creating haiku could serve as a way to reinforce the CBT aspect of having the client do homework. It is also thought that the easier structure of

haiku will lend itself to an existing structure of thoughts, feelings, and actions in a way that clients will be able to utilize in a very short time. Other poetic forms, such as limerick or songwriting, may be too difficult for the average client. It is hoped that the short structure of haiku will enhance the client's participation in the session.

McPherson and Mazza (2014) studied the use of poetry therapy as a way to deepen reflections in response to participating in arts-based activism. The poems made during the study were reviewed, and researchers came to the conclusion that "group poetry writing may help students to reflect on the meaning of their coursework" (McPherson & Mazza, 2014, p. 955). It is thought that the aspect of sharing created haiku can add additional therapeutic value in the same manner.

Roberts et al. (2014) explored the experience of using poetic inquiry as data used to inform research, stating "the economy of words and the compactness of emotion" is already present in poetry; the data is already in a more usable form than typical qualitative data (p. 179). In addition, the creative nature of poetry allows the data to reflect more closely the "lived experience" of the participants (Roberts et al., 2014, p. 179).

Methods

The intervention took place at a Boston area partial hospitalization program where I interned. The program consists of four daily groups with breaks in between sessions. Sessions consisted of one process oriented group session and three psychoeducational sessions. During the intervention, the program was virtual, comprised of a daily Microsoft Teams meeting. Clients typically stay for 2 weeks, with the option to stay for longer depending on need and insurance authorization. The first intervention consisted of 10 clients and the second intervention consisted of nine clients. Both interventions took place as the last group of the day. This was done in order to easily gather data via end of day check outs.

The population consisted of 19 individuals who met the criteria for partial hospitalization regarding anxiety and depression. Each client has a diagnosis of anxiety and or depression. The age

group was 21 years to 55 years of age. Gender was close to balanced in both groups, 10 females to nine males. The intervention was carried out twice, and took place 3 weeks apart. Each group was a new group of individuals. The group took place from 1:15pm until 2pm. The group consisted of 45 minutes in total.

Clients were asked to participate in a 20 minute PowerPoint presentation on basic CBT and information on writing a haiku. The slides were derived from three existing PowerPoints that the facility uses for other sessions. The PowerPoint consisted of information on interaction of thoughts, feelings, and behaviors, and a discussion on how to map the content on a page. Clients were asked in between slides to think of a situation to apply the thought record structure to. Then, clients were asked to record thoughts, feelings, and behaviors relating to the situation. After the presentation clients were then tasked with creating a haiku based off of the thought record for 10 minutes. Clients were offered other poetic options as well if the haiku was too challenging. Clients then shared their haiku and the experience of creating them with the group for 10 minutes. Check out took place during the remaining 5 minutes.

Data was recorded though the morning and afternoon check in/out. Data consisted of current mood. Clients typically described their mood as one neutral word, such as "ok" or "alright." During the sharing of haiku, I wrote details in regards to themes noticed, and the level of participation. In addition, it was recorded if the client was able to write a haiku or other written form of expression relating to the thoughts, feelings, and behaviors of the situation. I wrote haiku of my own during the process of researching, writing, implementing, and reviewing the intervention.

I engaged in writing haiku as reflective practice during the course of the study. A study by Naidu (2014) involved using ethnography and poetic reflection to respond to their identity as a researcher during their research on home-based volunteers. The study addressed the question of "Would their experiences include elements of self-doubt similar to my experience...?" (Naidu, 2014, p. 7), among

other questions generated as the study progressed. Poetry was used as a reflective practice in regard to data analysis and identity formation of the researcher (Naidu, 2014, p. 14). In response to data analysis, Naidu uses poetry as a “reflective medium that allowed me to assimilate and process swatches of “emotion-infused” data (p. 1).

In addition, Naidu (2014) noticed that “poetic reflection offered a means to drift in and out of the data without completely losing touch with the content of the study” (p. 1). The study discussed examples of the researcher’s poetry that reflects shared themes of the volunteers (Naidu, 2014, p. 13). Keeping a haiku-based research journal allowed deeper reflection on the generated themes of both the participant’s haiku, as well as the experience of creating the study, witnessing the participants, and processing the results. The haiku were often spontaneously created and recorded. I wrote a haiku as a daily creative practice, and often found that they were influenced by the study as well. Ways in which haiku can be further complemented by other art forms should be explored in the future, for example, creating artwork alongside the haiku.

Results

Nineteen individuals from the Boston area participated in the intervention. Nine individuals shared haiku, and one individual shared a short poem. Each individual appeared to be actively engaged during the groups, and was noticed to be actively writing or listening during responses. During the group, it was noticed that individuals were able to write a haiku in a short amount of time. Additionally, participation and level of engagement was relatively high in comparison to previous virtual groups at the PHP.

During the sharing of haiku, it was noticed that individuals were able to discuss their feelings in multiple ways. For example, one client discussed a feeling of being broken, referring to their “fall” from being a man. This type of mental or existential pain is able to be discussed within the usage of the arts. This is discussed in a study by Woodgate et al. (2020) who states that individuals “spoke about the

complexity of pain and its impacts on both the mind and the body, breaking down the traditional dichotomy between the two.” (p. 10). It was noticed that many of the haiku featured elements of pain as the “feeling” component. This is reflected in the above study, where the authors state “anxiety is much about pain” (Woodgate et al., 2020, p. 15).

As the haiku were shared in group, it was noticed that some individuals discussed having feelings before the thoughts. With the framework of haiku and the psychoeducation delivered, it was possible for an individual to consider the role of which affects which. Standard CBT often considers the thoughts as primary, and often occurring first. Allowing individuals to consider which affects which allows for greater understanding, and also meets the client where they are at. It was reported that clients felt many bodily sensations that affected their thoughts. Although there could be a deeper thought at the root of the problem, it is helpful to understand, from the client’s perspective, what comes first. If an individual is incapable of processing their physical sensations, it is unlikely that they will work within the cognitive sector first.

It was also noticed that individuals responded more to the haiku aspect as opposed to the psychoeducation. Although individuals were able to complete a cognitive triangle style haiku, the benefit as stated by individuals seemed to be sharing their pain in a productive way. Sharing pain as an artistic statement may be a more palatable option for individuals. One study noted that individuals often fixate on their pain in discussions with loved ones, turning them off from conversation or dismissing their pain altogether (Woodgate et al., 2020, p. 7). It is thought that perhaps translating the pain into an artistic product may provide a new way for the client to vent in a more productive and fulfilling way. Furthermore, the client can be encouraged to participate in open mic nights as well as a way to vent their thoughts, emotions and actions.

During the intervention, I created haiku in response to the study, listed in Appendix A. Nineteen haiku were created. It should be noted that other haiku may have been generated in response and

recorded as a daily haiku. The 19 haiku represent the known and relevant haiku to this study. Themes that were generated include the title of this thesis, responses to participant haiku, responses to synthesizing/documenting the study, as well as haiku that qualify as thought, feeling, and action –based.

In the process of synthesizing the experience of the intervention, I created a way to log a client’s entry point in regards to thoughts, feelings, behaviors, and which one occurs first. This chart visual is listed in Appendix B. If this intervention was to be carried out again, I would like to utilize the newly created framework as a way to record the flow of thoughts, feelings, and actions.

It was seen that haiku can form a gateway into cognitive reappraisal in regards to feelings and thoughts. During the internship it was noticed that during groups, clients discuss feeling detached from their senses at points, or felt afraid to feel. Cognitive reappraisal is the concept of reviewing a stressor and assigning a more positive meaning to it (Afifi et al., 2017, p. 80). Afifi et al. (2017) states that “positively reappraising a stressor may allow for meaning making to occur, as well as enable people to stop the cycle of negative affect by replacing negative emotions with positive ones” (p. 81).

Discussion

Nineteen individuals participated in a psychoeducation consisting of the creation of a thought map, how to create a haiku, and a shared space and time to share. The participants were able to create a thought map, and half of the participants were able to share their haiku during the 10 minute “Haiku Slam” portion of the intervention. The format of the group was virtual.

The purpose of the study was to gauge the experience of writing a haiku utilizing an existing therapeutic framework (thought mapping). It was noticed that writing a haiku involving thoughts, feelings, and/or actions in response to a stressor lead to a deeper understanding of the connection between the mind, body, and spirit and its relationship to anxiety. This was discovered during the “Haiku Slam” portion of the intervention as individuals shared their haiku, as well as participant feedback.

Additionally, the study was interested in witnessing the sharing of artwork that contained thoughts, feelings, and actions in a group setting.

This study investigated the potential for synergy with the introduction of haiku to a standardized type of therapy. The results of the study suggested that writing haiku in relation to the cognitive triangle can be useful to explore stressors, the connection of the mind and body, and for exploring aspects of pain. In relation to a shift in mood, there was no noticeable change in relation to the data. Due to the nature of the thesis, I am limited in my use of data. If this was a larger study, data would have recorded more and utilized more fully. Participant feedback as well as general participation in the group encourages the use of haiku in therapy.

As reflected in the literature by Woodgate et al. (2020), anxiety is comprised of different levels and types of pain that have traditionally been difficult to witness or describe. Participants were able to discuss the multidimensional aspects of pain that related to their unique experience. For example, an individual discussed aspects of feeling like a broken man. During the sharing and discussion of the haiku, the aspect of brokenness referred to not only physical pain, but pain as a result of discord between culture and self, masculinity and self, and spirituality and self. Each type of pain would theoretically be treated with vastly different methods that would never be considered with the use of typical pain measurement scales.

Woodgate et al. (2020) discusses the aspects of pain further, stating in regards to youth disclosing pain to adults “parent participants in the study stated that they struggled to discern to what extent physical symptoms, such as headaches and stomachaches were related to their mental health or to what extent they stood alone” (p. 13). There are a few different reasons offered as to the discrepancy between “physical pain” and other dimensions. For example, as seen with this study, perhaps the participant does not have the vocabulary to identify their particular type of pain. Another possible reason, as noted by Woodgate et al. (2020), is that individuals respond to information about

pain differently. The authors state “despite articulating a subjective experience of pain that was complex and holistic, they often relied on physical descriptions of pain in order to create some sense of shared meaning with others” (p. 13). In addition, “youth spoke of having to portray their pain in specific ways dependent on the audience” (p. 13). It may not be that the pain is changing, or that the patient is getting closer to describing the exact nuance of the pain; it is that in the attempts to have one’s pain heard and validated, certain types of pain are seen as more impactful than others and as a result, the individuals description of the pain changes to fit the listener.

The group discussion of created haiku generated themes that can be explored further. Participant mood was compared overall with the use of the daily check-ins, and were used as supplement due to the generalized nature of checking mood. A change in mood was noted to be difficult to attribute to solely writing haiku due to the length of the day and other factors that could not be controlled during the intervention. The participant’s ability to write thought-feeling-action haiku was used as a way to track progress as well.

Metaphor and meaning making was noticed to be a salient theme with the created haiku. One participant shared their haiku and an image was apparent. The individual and group discussed the haiku and images brought up. At first, the individual seemed unsure and somewhat taken back by what they created. The group and individual were able to discuss the haiku as an external work, and offer new insight related to the piece. It was noticed that the metaphor that the individual began with changed in quality. One aspect, a heart that was being dropped into a pool, began to shift from a “discarded heart” to a “heart that was being cleansed.” The aspect of the individual’s hands changed as well, from dropping to holding the heart. Afifi et al. (2017) discussed the skill of cognitive reappraisal, stating “in order to diminish brooding, the person who is brooding might need to perceive the stressor in a new, more positive way” (p. 80). The individual was able to reappraise their metaphor for their thoughts, feelings, and actions, altering the metaphor to reflect a more positive, protective and caring tone.

Instead of a heart that was tired and “down for the count,” it was a heart that needed to heal and be held. This aspect of perception affecting emotions, behaviors and events was discussed in the literature by Sokol and Fox (2019). An interesting avenue of research would entail comparing haiku that was created utilizing the cognitive triangle, applying corrective strategies based on perception of the events, and then to have the client create a haiku that reflected the newly discovered perception. For example, the individual discussed above could create a haiku that reflected the newly discovered “cleansing the heart” theme as opposed to the “dropping the heart” theme.

Feldhaus et al. (2020) discussed aspects of anxiety and depression, stating that both disorders share patterns of thinking, as well as aspects of worry and rumination. It was noticed that many participants shared aspects of worry and rumination mentioned by Feldhaus, such as avoidant actions as a result of a thought or feeling, or the results of rumination of feelings overall. The ability of haiku to encapsulate unique expressions of worry and rumination would be fruitful research moving forward.

McPherson and Mazza (2014) studied the use of poetry therapy and self-reflection. Although participants did not share their original thought map, during participant feedback it was stated that the process of taking the map and using it to create a haiku seemed to deepen self-reflection.

Unfortunately, due to the nature of the study, I was not able to record the thought maps and haiku. In future studies involving the translation of “clinical skills” to artwork, it would be helpful to factor in the original maps and compare them to the created haiku.

One major concern with the usage of CBT in the lack of flexibility to offer to a group format. CBT is designed to be a highly structured format with multiple aspects that are often left to the wayside. For example, CBT utilizes a review of past learned skills as well as “homework” to be done on the client’s own (Sokol & Fox, 2019). Offering haiku, or another artform, enhances understanding of the clinical skill, offers a way for individuals to share (and the clinician to assess for skill acquisition), as well as providing a personal creative opportunity to discuss their thoughts, feelings, and actions. Furthermore, alternative

lessons can be taught utilizing haiku. For example, individuals mentioned “I am not a poet” yet they were able to create haiku which were then shared. Discussions occurred regarding negative thoughts, which are a key component of CBT. The group were able to discuss what a negative thought was, how it could be changed, and how one could change the negative thought and it was done in a natural and human way.

In the process of synthesizing the experience of the intervention, I created a way to log a client’s priority in regards to thoughts, feelings, behaviors, and which one occurs first. If this intervention was to be carried out again, I would like to utilize the newly created framework as a way to record the map of thoughts, feelings, and behaviors. It would be interesting to note the differences between the thought and the feeling acting as the “primary” or “first” piece of the cognitive triangle.

Another limitation with this study is that it was performed virtually. This intervention could be performed with an in-person group with minimal adaptations (for example providing pen and paper or using a notes application on a phone). One benefit is individuals were able to type their haiku into the chats, offering another way for their artwork to be honored. Individuals could also respond to the haiku while also maintaining participation in the group overall. Some individuals may have found it easier to write their haiku as opposed to recite them. Additionally, being in a virtual space is vastly different from the experience of sharing artwork in a live in-person group, and it would be interesting to see how the in-person dynamic affects the degree of self-disclosure involving thoughts, feelings, and actions.

In conclusion, the study focused on witnessing the experience of writing haiku utilizing the cognitive triangle consisting of thoughts, feelings, and actions. Individuals were able to participate in creating a thought map as well as a haiku. Participants were able to then share their unique types of experiences and have them witnessed by group members. As demonstrated by the ability of group members to take their original thought map and create a haiku utilizing the structure, it was noticed that individuals can create a haiku utilizing a cognitive triangle. This adds to the potential usage of the

arts (namely, haiku) in existing structured therapeutic frameworks. It can be used to assess for understanding of clinical skills, as a way to describe specific and unique types of pain, and have participants a healthy and proactive venue to have their experience witnessed and heard. Future avenues of research could consist of alternate forms of art being used with the cognitive triangle. Additionally, studies that focused on the weaving of the arts with structured therapy to assess for greater healing impact would be helpful.

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Appendix A
Generated Haiku

Response to Thesis

Thoughts, Feelings, Actions;

The Brevity of Being:

A Haiku Method

Response to Participant Artwork

Vessel

Things that fill you

Things that drain you

Things that repair you

-

Mend

Those broken bones

Repair with greater strength

To match the spirit

-

Thought-Feeling-Action Based

Bad gaming

Shamed in the struggle

Of work and play

-

Planted feet

Settle the stirring mind

Back to the body

-

Swirling data

Unable to be caught

Causing bellyaches

General

Stomach subsides

Once in the comfy chair

Seeing shining faces

-

Pressed and buried

The mountain of work

Creates such gems

-

A chunk carved

From this very being

Lightning strikes

-

Riding waves

Stirred by winds of action

Onto sturdy shores

Balanced haiku:

Inwards to reach meaning

Expressed outwards

-

Running with plans

Stumbling over details

Falling on words

-

Sun kissed canopy

Eons away from halfway

Such goes the sloth

-

Scratched bark

Telling pithy stories

From honed points

-

Inward messages

Written and verbalized

Shared over wires

-

Mended stronger

By the broken bone

The body builds

-

Pains and strains

Reminding busy bodies

Stretch and pause

-

Such deep statements

Excavated in moments

Readied for planting

-

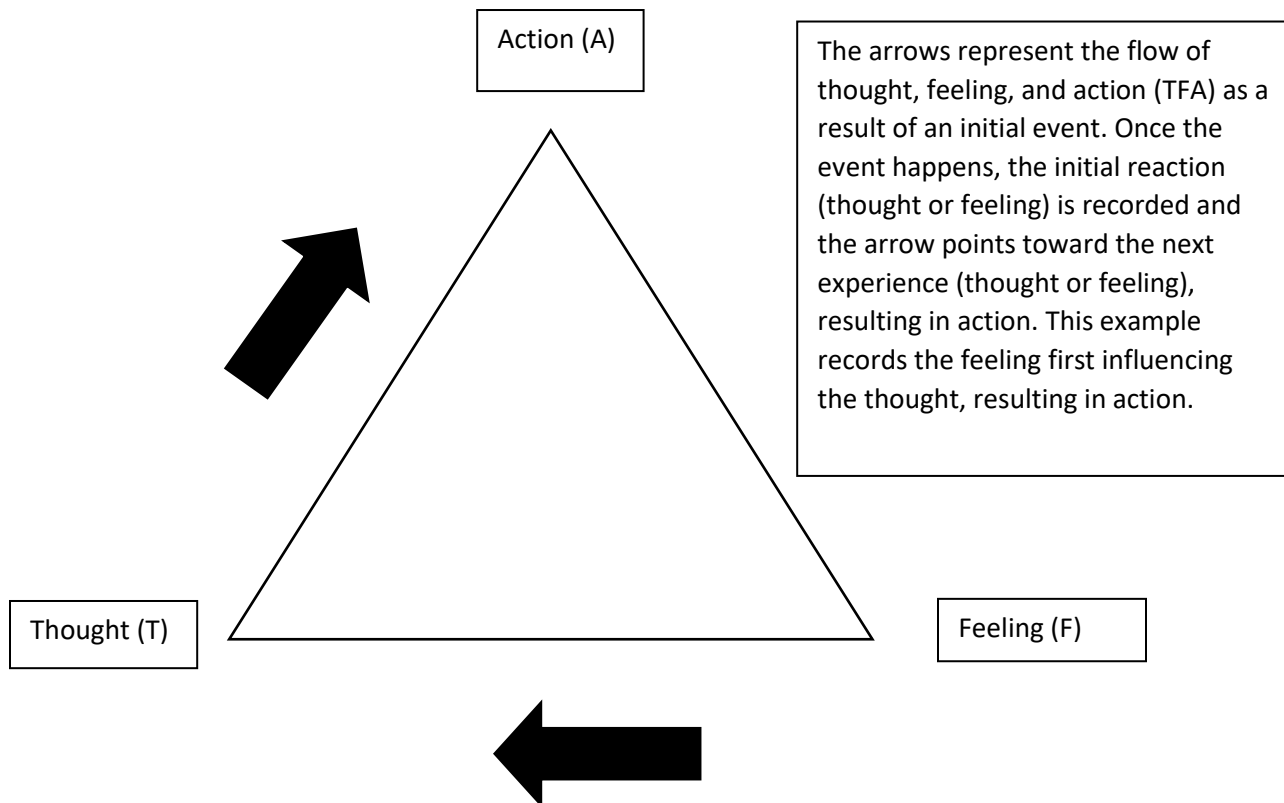
Writing a novel

Using bits and pieces

Of perfection

Appendix B

TFA Flow Chart



THESIS APPROVAL FORM

**Lesley University
Graduate School of Arts & Social Sciences
Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Expressive Arts Therapy**

Student's Name: Scott Medeiros

Type of Project: Thesis

Title: Thoughts, Feelings, Actions; the Brevity of Being: A Haiku Method

Date of Graduation: May 21, 2022

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Donna C. Owens, PhD