

EXTENDING THE WRITING PARADIGM:
IS WRITING HAIKU POETRY HEALING?

A Thesis

by

KITTREDGE T. STEPHENSON

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

MASTER OF SCIENCE

December 2009

Major Subject: Psychology

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ABSTRACT

Extending the Writing Paradigm: Is Writing Haiku Poetry Healing? (December 2009)

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Haiku poetry was investigated in the context of the narrative writing paradigm to evaluate its healing potential. Participants, 98 introductory psychology students at a large southwestern university, wrote for 20 minutes a day on three consecutive days and completed self-report measures of happiness, satisfaction with life, spiritual meaning, creativity, physiological symptomatology, depression, anxiety, and health/illness orientation at baseline and 3-week follow-up.

A series of ANCOVA linear contrasts were used to examine differences between groups writing narrative about a neutral topic, haiku about a neutral topic, haiku about nature, or haiku about a negative life event. It was found that writing haiku demonstrated increased levels of creativity overall. In addition, the nature haiku group reported significantly lower levels of physiological symptomatology than the negative life event haiku group and had significantly lower illness orientation than the haiku control group.

These results provide a partial replication of a previous study. They also suggest that writing haiku poetry is a creative activity that leads one to be more sensitive to the writing topic, whatever it may be. Narrative writing, by contrast, appears to help

integrate one's experience. The difference between the heightened sensitivity of writing haiku and the integrative capacity of narrative are compared and recommendations made for future research.

For Gran and Rann
with love, respect,
and gratitude

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TABLE OF CONTENTS

	Page
ABSTRACT	iii
DEDICATION	v
ACKNOWLEDGEMENTS	vi
TABLE OF CONTENTS	vii
LIST OF FIGURES.....	viii
LIST OF TABLES	ix
INTRODUCTION.....	1
The Written Disclosure Paradigm	1
Creativity and Positive Psychology.....	2
Haiku Poetry.....	4
Present Study.....	6
METHOD	8
Participants	8
Measures.....	8
Procedure.....	10
RESULTS.....	12
CONCLUSION	17
REFERENCES	22
APPENDIX A	28
APPENDIX B	34
VITA	37

LIST OF FIGURES

	Page
Figure 1 Significant results from ANCOVA linear contrasts at follow-up	32

LIST OF TABLES

	Page
Table 1 Participant Writing Examples	12
Table 2 Correlations Between Measures	29
Table 3 Estimated Marginal Means.....	30

INTRODUCTION

Haiku poetry is one of the way-arts (*geido*) of Japan, where its ability to bring clarity, presence, and insight into the moment has been recognized for centuries. In connection with Zen Buddhism, haiku poetry can serve as a vehicle towards enlightenment (Loori, 2004; Suzuki, 1959), yet its emphasis on the simple and quotidian ensure its popularity and widespread use throughout Japan and around the world. This research involved examining the positive psychological benefits of writing haiku poetry—recognized within the Japanese tradition since the beginning—from a western empirical standpoint.

The Written Disclosure Paradigm

A significant literature documents the therapeutic effects of writing in narrative form across age, gender, culture, social class and personality type (Pennebaker & Seagal, 1999; Suzuki, 1959). The effects are manifested in reduced anxiety, depression, and trauma, as well as physiological markers such as fewer doctor visits and reductions in symptomatology. The mechanisms by which writing exerts these effects, however, remain in question (Sloan & Marx, 2004). Three main theories, each of which concerns how trauma or negative life events are dealt with, have guided research: emotional inhibition, cognitive adaptation, and exposure/emotional processing. However, the findings are not fully explained by any of these theories. Investigators have thus suggested that research continue along the theoretical lines already considered while also exploring new

possibilities (C. A. King, 2004). In an attempt to move past writing prompts that focus on traumatic events or feelings, researchers have explored various writing topics, including intensely positive experiences (Burton & King, 2004) and life goals (L. A. King, 2001). These studies have found similar beneficial effects of writing while causing less distress for participants in the short term, findings that invite further inquiry.

Creativity and Positive Psychology

Positive psychology has developed rapidly over the past few decades (Seligman, Steen, Park, & Peterson, 2005; Snyder & Lopez, 2009), demonstrating empirical evidence and providing a better understanding for the psychological value of positive emotions and behaviors. Mounting evidence suggests that creative activity, for example, can be beneficial to health (Runco, 2006). In one study modeled after the writing paradigm, it was found that drawing mandalas reduced post-traumatic stress symptomatology (Henderson, Rosen, & Mascaro, 2007). Another study found that, in some groups of musicians, lower stress levels were associated with increased creativity (Nicol & Long, 1996). And in general, creative arts therapies of all types and around the world are growing in popularity and are linked with positive outcomes (Brooke, 2006; Cropley, 1990; LeLievre, 1998; Mizushima, 1971/1972; Pizarro, 2004).

Another area of focus within positive psychology has been happiness and life satisfaction (Diener, Lucas, & Oishi, 2009). It has been found that happiness involves three components: positive affect, negative affect, and life satisfaction. Research suggests that the frequency with which positive emotions are experienced is more

important than their intensity. In addition, it is important how individuals compare themselves to others; whether they are always looking at those better off, for example, or comparing themselves to those less fortunate. Diener has noted that people need to be taught how to like what they have, rather than liking what they want, in order to improve their sense of life satisfaction (Diener, 2009). There has been a significant amount of attention on happiness recently (Dalai Lama XIV & Cutler, 1998), which would suggest that methods for increasing positive affect throughout the day would be both valued in society and would lead to greater happiness.

But, as Wallace Stevens said, “The purpose of poetry is to contribute to man’s happiness” (quoted in Gioia, 1992, p. 19). Thus far, there has been little psychological research considering the impact of creative writing such as poetry. This is due in part to prevailing theories in the writing paradigm, which consider the narrative element as essential for obtaining the benefits observed (Kaufman & Sexton, 2006; Pennebaker & Seagal, 1999). However, within the context of poetry therapy—now a recognized approach with two professional organizations, formal training, and certification¹—the value of poetry and bibliotherapy has a long history and is in the process of being empirically validated (Mazza, 2003). The resurgence of the humanities in medicine, including literature and poetry, would also suggest that there is potential benefit to be had in creative writing (Campo, 1997, 2003; Rosen, 1989; Rosen & Weishaus, 2004). There is as yet, however, little research exploring potential effects of writing poetry outside the context of therapy.

¹ The National Association for Poetry Therapy and The National Federation for Biblio/Poetry Therapy.

One element that is regularly and clearly associated with poetry is creativity (Runco, 2006). Runco also makes an interesting point about Zen Buddhism in the context of creativity. Given the emphasis in Zen on thinking and being present without classifying, it shares the same tendency towards overinclusive thought that has been found to support creativity.

Haiku Poetry

An art central to Japanese culture, haiku poetry has been associated with Zen throughout (Loori, 2004; Suzuki, 1959). Given Runco's association between Zen and creativity, studying haiku poetry would be a way of exploring the place of creativity within the writing paradigm. Haiku poetry also would be likely to contribute to happiness, both in terms of increasing positive affect due to its ability to connect one with nature and one's own experience, and in fostering contentment (Loori, 2004; Suzuki, 1959).

Recently, there has been an increased interest in studying haiku poetry from empirical and therapeutic standpoints. Blasko and Merski (1998) discussed the unique opportunity this poetic form provides for interdisciplinary study of creativity. They noted the worldwide popularity of the poetic form, its ease of use yet depth of meaning, and the unusual relationship it has with the use of metaphor. Therapeutically, haiku poetry has been incorporated into interventions and exercises within the context of Focusing and Focusing therapy (Rudnick, 2003; Tsuchie, 2009). Focusing attends to the "felt sense" of bodily awareness, which is considered as a point of access to a more grounded or deeper sense of knowing (Gendlin, 1978). Haiku, with its simplicity, depth

of meaning, and the resonant relationship it develops between the poet and nature all speak to the value of haiku in this respect.

Further, one study has examined the healing aspects of haiku poetry empirically (Stephenson, Rosen, & Henderson, 2008). Two groups wrote haiku about either a neutral topic or a nature topic for 20 minutes a day for 3 days consecutively. Questionnaires were filled out at baseline, immediately following the writing intervention on the third day, and at a 4-week follow-up. It was found that writing haiku poetry, regardless of topic, led to significant decreases in anxiety and physiological symptomatology. For those writing haiku poetry about the traditional topic of nature, there were significant differences in physiological symptomatology and spiritual meaning. While spiritual meaning increased for those writing about nature, physiological symptomatology remained constant instead of decreasing. Given the overall tendency for physiological symptomatology to decrease, this statistically significant finding might be informative. While this difference may have been due to individual differences (despite random assignment to groups), it is also possible that as spiritual meaning increases, so does acceptance of physiological symptoms; this latter possibility would be in keeping with eastern meditation traditions and the healing spirit of haiku. In summary, these findings suggest that creative writing such as haiku poetry can be beneficial, and that while there are certain results that accrue simply from writing haiku, others are topic dependent.

Thus, haiku poetry appears to hold promise as a healing intervention. Though it was not addressed in the previous study, creativity may be an important aspect of what is

therapeutic about writing haiku. From a western perspective, haiku poetry has been considered a form of active imagination (Rosen & Weishaus, 2004), C.G. Jung's method of working creatively and consciously with unconscious contents as part of the process of individuation (Chodorow, 1997). As such, creativity not only allows for self-expression, but can form a part of the process of ongoing psychic development. The way-arts of Japan seem ideally suited for this approach to creating art, where it is understood that the person develops—as with Jung's conception of individuation—in parallel with the art. It is in this way that the way-arts may serve as a vehicle towards enlightenment, as described in the eastern tradition (Suzuki, 1959). The present study was undertaken consider these possibilities empirically in an effort to continue examining the potential therapeutic benefits of writing haiku poetry.

Present Study

Four issues regarding the healing qualities of haiku poetry were addressed in this research. First, an attempt was made to replicate the findings from a previous study (Stephenson, et al., 2008), which demonstrated significant benefits of writing haiku poetry, some specific to the topic of nature and others generalizable to both nature and neutral topics. Second, the present study refined the control condition and asked directly whether writing haiku poetry about even a neutral topic would lead to significant positive change. Third, the study explored the relationship between increased spiritual meaning and physiological symptomatology in the haiku nature group. Finally, it introduced a comparison between writing haiku poetry about nature, the traditional topic associated with the form, and a negative life event (i.e. trauma), which represents the

most common topic in the writing paradigm literature, thus allowing for preliminary comparison with the latter body of work. In order to address these points, four groups were compared: Narrative-Control, Haiku-Control, Haiku-Nature, and Haiku-Negative Life Event (see Appendix).

Hypotheses. The first hypothesis was that the patterns observed in a previous study would be replicated here (see Stephenson, et al., 2008). Second, it was hypothesized that there would be a significant difference between the narrative and haiku control groups, with Haiku-Control showing, relative to Narrative-Control, decreases in anxiety, depression, and physiological symptomatology, and increases in happiness, life satisfaction, spiritual meaning, and creativity. Third, the following significant differences were hypothesized among the three haiku groups: Haiku-Nature and Haiku-Negative Life Event would demonstrate significantly greater improvements than Haiku-Control, and Haiku-Nature would demonstrate significantly greater improvements than Haiku-Negative Life Event. Finally, if in the Haiku-Nature or other groups both physiological symptomatology and spiritual meaning demonstrated significant results in a pattern similar to that found in a previous study (Stephenson, et al., 2008), it was hypothesized that this would be a result of spiritual meaning moderating a relationship between health/illness orientation and physiological symptomatology.

METHOD

Participants

Subjects for this study consisted of 98 undergraduate students who received course credit for participating. They were drawn from introductory psychology classes at a large southwestern university. As a non-clinical sample was desired, there was no prescreening and participants were randomly assigned to one of four writing groups. The participants, 40% male and 60% female, ranged in age from 17 to 27 with a median age of 18. Seventy-five percent were White/Caucasian, 10% Hispanic/Latino, 8% Asian, 3% Black or African American, 2% Native Hawaiian or other Pacific Islander, and 2% other.

Measures

A group of eight self-report measures were used. Anxiety and depression were measured using the respective subscales of the *Personality Assessment Inventory* (PAI; Morey, 1990). Each subscale includes 24 items; the anxiety subscale (PAIA) demonstrated a coefficient alpha of .83 and the depression subscale (PAID) was .74 in the present study. A sample item from the Anxiety subscale is, "It's often hard for me to enjoy myself because I am worrying about things." One question on the Depression subscale is, "Much of the time I'm sad for no real reason."

The *Pennebaker Inventory of Limbic Languidness* (PILL; Pennebaker, 1982) is a 54-item questionnaire that measures the frequency of self-reported physiological symptomatology. The items include common physical symptoms and sensations, such as watery eyes, chest pains, headaches, and swollen joints. The coefficient alpha was .93

in the present study and two-month test-retest reliability ranges from .79 to .83. Three additional items inquire into the number of days the respondent has been sick, the number of physician visits, and the number of restricted activity days due to illness since the beginning of the semester in order to assess changes in self-reported sick days.

The *Multidimensional Body-Self Relations Questionnaire* (MBSRQ; Brown, Cash, & Mikulka, 1990; Cash, 1994) is a 69-item self-report measure with 10 subscales providing attitudinal assessment of variables relating to one's body. Of interest to this research were the "Health Evaluation" (sample item: "I am a physically healthy person"), "Health Orientation" (sample item: "I know a lot about things that affect my physical health") and "Illness Orientation" (sample item: "If I am sick, I don't pay much attention to my symptoms") subscales, which provided an indication of how participants related to their own body with respect to health and illness. This relationship was hypothesized to influence the relationship between the SMS and PILL. The internal consistency for these three subscales ranged from .86 to .88 in the present study and has been found to have stable factor loadings for both genders.

The *Spiritual Meaning Scale* (SMS; Mascaro, Rosen, & Morey, 2004) is a single scale, 15-item self-report inventory that measures the extent to which a person believes that life, or some force of which life is a function, has a purpose, will, or way in which individuals participate, independent of religious orientation. A sample item is, "We are all participating in something larger and greater than any of us." Psychometric characteristics of the SMS show a one-month test-retest reliability of .84; the internal consistency was .94 in the present study.

The *Creative Personality Scale* (CPS; Gough, 1979) was developed from the Adjective Check List (Gough & Heilbrun, 1983) and constitutes a 30-item checklist of adjectives designating positive and negative personality characteristics that have been found to load onto factors associated with creativity. Adjectives that load positively for creativity include *confident*, *individualistic*, and *reflective*; adjectives that load negatively include *cautious*, *conventional*, and *sincere*. Coefficient alpha was .76 in the present study.

The *Satisfaction with Life Scale* (SWLS; Diener, Emmons, Larsen, & Griffin, 1985) consists of 5 statements that are rated via a 7-point Likert scale; it measures global life satisfaction. One item on the scale is, “In most ways my life is close to my ideal.” Coefficient alpha was .89 in the present study and 2-month rest-retest reliability is .82.

The *Subjective Happiness Scale* (SHS; Lyubomirsky & Lepper, 1999) is a 4-item questionnaire of global subjective happiness measured via a 7-point Likert scale. One of the items asks respondents to indicate where on the 7-point scale they consider themselves to be, from “not a very happy person” (1) to “a very happy person” (7). Another item asks the same question, but in comparison to one’s peers. Coefficient alpha was .89 in the present study and the test-retest reliability average is .72 for samples between 3 weeks to 1 year.

Procedure

The overall structure of the study was as follows: the writing intervention involved writing for 20 minutes a day on three consecutive days, with questionnaires filled out at baseline and three weeks after the writing intervention. On Day 1,

participants perused and signed the consent form, filled out all questionnaires (Time 1), and completed the first day of writing. Days 2 and 3 continued the writing intervention. Participant assignment to groups was randomized. Within 21-28 days after the last writing day, participants returned to complete all of the questionnaires again (Time 2).

Up to twenty participants were run at a time. After completing the consent form, each participant was given a folder that included all the materials for the study, with separate white envelopes for the questionnaires on Day 1 and Follow-up, as well as for the writing interventions on Days 1-3 (5 envelopes total). Each packet was numbered for confidentiality and randomized by experimental group (Narrative-Control, Haiku-Control, Haiku-Nature, or Haiku-Negative Life Event). Thus, multiple experimental groups were run through the study at the same time and the researchers were blind to participant condition. In order to do this, all instructions read by the researcher were generic and applied to all four experimental groups. The writing instructions specific to each group were included in the participant materials and were read individually by the participants (see Appendix). After being oriented to the study by the researcher and reading their specific writing instructions, the participants were led through a generic visualization exercise that guided them through each of the five senses. The participants then wrote for 20 minutes on each of the three writing days.

RESULTS

To help provide a sense for the different writing groups, two samples from each of the four writing groups are included in Table 1 below.

Table 1. *Participant Writing Examples*

Narrative-Control	Haiku-Control
The walls are blank white, occasionally dotted with fliers of psychology events. The air is slightly colder than is comfortable and the occasional occupant is always quiet and preoccupied...	Chair and trashcan, Around them you bend, Full room, you stand.
As I walk up the stairs and out to the hallway I see a water fountain directly in front of me. I also notice that there are men's and women's restrooms to my right and are across the hall from each other...	Entrance sign, Red and white, Suddenly, out goes its lights.
Haiku-Negative Life Event	Haiku-Nature
Childhood friend, I was so oblivious. How could you hang there?	Power of water Crashing on rocks-- Beauty of nature.
A packed car. A packed road. A pack of nightmares.	Cold ice, snow falling, Hot coco steam— Seasons of joy.

A series of one-way analyses of covariance (ANCOVA) with linear contrasts were used to compare groups, considering findings at 3-week follow-up (Time 2) controlling for baseline (Time 1). The following contrasts were made: 1) Narrative-Control versus Haiku-Control, 2) Haiku-Control versus Haiku-Nature & Haiku-Negative Life Event, 3) Haiku-Nature versus Haiku-Negative Life Event, 4) Haiku-Control versus Haiku-Nature, and 5) Narrative-Control versus Haiku-Nature & Haiku-Negative Life Event. ANCOVAs were used both because of precedent (Henderson, et al., 2007; L. A.

King, 2001) and in order to assess the effects of the treatment over time as accurately as possible, given the significant correlation of each measure with itself from Time 1 to Time 2 (see Table 2).

The estimated marginal means, which form the basis for the ANCOVA analyses, are presented in Table 3. As can be seen from the data, only a few measures show any notable differences between the covaried mean at Time 1 to the individual group means at Follow-up: illness and health orientation (MBSRQ.HO, MBSRQ.IO), physiological symptomatology (PILL), and creativity (CPS).

Among these measures displaying some change, three significant results were found (see Figure 1). First, in comparing Narrative-Control versus Haiku-Nature and Haiku-Negative Life Event, creativity was higher in the haiku groups than in the narrative group [$F(1, 89) = 4.497, p \leq .05$]. The finding that writing haiku poetry involves more creativity than writing narrative about a control topic also applies to the Haiku-Control group in the following way. There were no significant differences between the Narrative-Control and Haiku-Control groups; there were also no significant results in comparing Haiku-Control with the two haiku experimental groups (Nature and Negative Life Event). Thus, while there were no differences in comparing the narrative and haiku control groups directly, there was a difference in terms of creativity when comparing Narrative-Control on the one hand (significantly lower) and Haiku-Control (no significant difference) on the other against the two haiku experimental groups, Haiku-Nature and Haiku-Negative Life Event. These results suggest that there is a slight difference in creativity between the narrative and haiku control groups, which the

estimated marginal means corroborate (see Table 3). In this way, the results suggest that writing haiku poetry, regardless of topic, tends to involve more creativity than writing about a narrative control topic.

Second, physiological symptomatology (PILL) was significantly lower in the Haiku-Nature group than for the Haiku-Negative Life Event group [$F(1, 88) = 3.850, p \leq .05$]. Narrative-Control, Haiku-Control, and Haiku-Nature all decreased from Time 1 to Time 2, while Haiku-Negative Life Event increased (see Table 3). Finally, in comparing Haiku-Control versus Haiku-Nature, writing about nature was found to significantly decrease illness orientation (MBSRQ.IO; [$F(1, 49) = 5.102, p \leq .05$]. The Multidimensional Body-Self Relations Questionnaire was originally included in order to examine a potential moderating effect of spiritual meaning (SMS) between subjective health/illness orientation (MBSRQ) and physiological symptomatology (PILL). However, since no similar pattern of results was found that would suggest such moderation, the three subscales of the MBSRQ included in this study were analyzed using the same ANCOVA linear contrasts as were used to examine the other self-report measures.

These results provide partial support of the hypotheses. First, certain results from a previous study (Stephenson, et al., 2008) were replicated: physiological symptomatology decreased overall in the present study as it did in the previous study, with the exception of the Haiku-Negative Life Event group, which increased. None of the other measures used in the previous study (spiritual meaning, anxiety, depression)

showed the same results in the present study. Further, there was a significant decrease in illness orientation (MBSRQ.IO), a measure not included in the first study.

Second, it was hypothesized that there would be significant differences in writing narrative versus haiku. This hypothesis was tested in two ways; in each instance, a narrative group and a haiku group were compared against a similar reference group. For one of these tests, Narrative-Control and Haiku-Control were compared directly, which yielded no significant results, suggesting that there were no significant differences between these groups writing narrative or haiku about the same neutral topic. For the other test, each of the control groups was contrasted against the two haiku experimental groups: 1) Narrative-Control versus Haiku-Nature & Haiku-Negative Life Event, and 2) Haiku-Control versus Haiku-Nature & Haiku-Negative Life Event. In these tests, creativity (CPS) was found to be significantly higher in the haiku experimental groups relative to the Narrative-Control group. When the findings are considered altogether, they suggest that writing haiku tends to increase one's creativity relative to writing narrative.

Third, it was hypothesized that there would be significant differences between the three haiku groups. In comparing the two haiku experimental groups, Haiku-Nature was found to have significantly lower physiological symptomatology (PILL) than the Haiku-Negative Life Event Group, as hypothesized. The Haiku-Nature group also had lower illness orientation (MBSRQ.IO) than the Haiku-Control group. Fourth, it was hypothesized that, if a similar pattern of results were found for spiritual meaning (SMS) and physiological symptomatology (PILL) as in a previous study (Stephenson, et al.,

2008), this would be the result of spiritual meaning serving as a moderator between health/illness orientation (MBSRQ) and physiological symptomatology. This pattern of results was not found, so the health/illness orientation scales were analyzed in the same manner as the other measures, which yielded the significant result of decreased illness orientation in the Haiku-Nature group relative to the Haiku-Control group.

Finally, participants filled out a questionnaire at the 3-week follow-up (Time 2). In response to the question “Did you enjoy the writing as outlined in this study?” 35% of the Narrative-Control, Haiku-Control, and Haiku-Negative Life Event groups responded in the affirmative, as did 56% of the Haiku-Nature participants. Of those writing haiku (Haiku-Control, Haiku-Nature, and Haiku-Negative Life Event), 33% could correctly identify the poetic form by name or description on their own. Finally, 38% of those writing haiku indicated that they would have preferred to write a different kind of poetry; popular responses were blank verse and longer poems.

CONCLUSION

This research sought to examine the potentially salubrious effects of writing haiku poetry. It was found that, regardless of topic, writing haiku tended to increase creativity relative to writing narrative about a neutral topic. Illness orientation was found to decrease when writing haiku about a nature topic, and physiological symptomatology decreased in all groups except the one writing haiku about a negative life event. These results suggest, first, that writing in a poetic form tends to increase one's level of creativity. It is most likely the constraint on language that leads to increased creativity, in that finding appropriate expression within the limits of the poetic form pushes one towards novel language use (Loori, 2004; May, 1976)

Regarding physiological symptomatology, the decrease in the Haiku-Control and Haiku-Nature groups is generally in keeping with the results from a previous study (Stephenson, et al., 2008). While in that study there was a significant difference between the two groups from just after the writing intervention to the 4-week Follow-up, the overall decrease of physiological symptomatology was significant in both groups. This finding seems to have replicated here. However, it is also worth noting that the Narrative-Control group decreased most of all, though the difference was not significant, which may suggest that there is a general effect of writing involved. Still, the Haiku-Negative Life Event group increased in physiological symptomatology, which suggests that this topic, in combination with the haiku form, was distressing to participants without helping them integrate the negative life event psychologically or providing catharsis.

There were also differences with respect to illness orientation, with the Haiku-Nature group decreasing relative to the other groups. This finding helps differentiate the meaning of the physiological symptomatology results. While three groups decreased in physiological symptomatology, only the Haiku-Nature group demonstrated a decrease in illness orientation. The fact that Haiku-Nature is unique in this way and Haiku-Negative Life Event was the only group to increase in physiological symptomatology suggests that writing haiku involves a greater sensitivity than writing narrative, and that this sensitivity is influenced by topic. Thus, writing haiku about nature led participants to a sense of detachment from their bodies (lower physiological symptomatology and illness orientation), perhaps due to the topic of nature inviting them to identify with a whole larger than themselves. Such an interpretation would be in keeping with the finding from a previous study (Stephenson, et al., 2008), where spiritual meaning was found to increase in this group, though it is unclear why it did not in this study.

In contrast, writing haiku about a negative life event tended to make the participants more aware of themselves, as demonstrated by the increased physiological symptomatology, but without improving health. Pennebaker (1997, pp. 99-100) reported a study in which normal student participants expressed a traumatic experience via free-form solo dance; one group wrote about their dance experience afterwards for 10 minutes. It was found that the significant effects came in combining dance with narrative writing about the experience, but not with dance alone. The results from this study appear to be in line with these findings.

To summarize, writing in general may have some beneficial results, but because writing haiku involves a heightened sensitivity, the topic chosen is also important. However, it may also be that it would be better to consider haiku more carefully in the context of its own tradition in order to best understand its effects. Given the results with respect to bodily awareness in the Haiku-Negative Life Event group, it may be that haiku is best used in a different manner than narrative writing. The focus in the writing paradigm has been on trauma and its integration, which is framed as healing the past in order to improve one's experience of the present and future.

Haiku poetry, however, is about experiencing the present moment fully. Ross (2007) describes the "haiku moment," which involves a unique experience of unity between self and other that is not understood in the context of time, as are memory, trauma, and integration in the writing paradigm. It may be, then, that the lack of completeness and subtlety of the theoretical frameworks proposed for the writing paradigm (Sloan & Marx, 2004) will be inadequate in accounting for the healing effects of writing haiku poetry. A more nuanced approach to haiku poetry might be to consider it from a phenomenological perspective, since that philosophy provides the best western analog to the teachings of Zen, which are uniquely Japanese and are associated with the way-arts such as haiku (Suzuki, 1959). Considering these elements more carefully might lead to a different approach for investigating haiku poetry in a western context.

While this detailed consideration of haiku poetry itself is in progress, several points may still be made with respect to future studies. First, writing narrative about a neutral topic (Narrative-Control) provides a better control group than writing haiku

about the same neutral topic, since the results from this study suggested a slight difference between the two control groups in terms of creativity. Second, writing haiku about a negative life event may not be appropriate on its own. Thus, it may be valuable to consider the possibility of combining haiku with narrative writing. In the Japanese tradition, this is known as haibun (Rosen & Weishaus, 2004). Such a combination might link the heightened sensitivity or expressiveness of haiku with the integrative capacities of narrative. The finding that the expressiveness of dance in combination with narrative writing was beneficial would seem to support such an approach (Pennebaker, 1997).

Third, humorous haiku (*senryū*) might be explored, which form a distinct body within the haiku tradition. Empirically, humor has been linked with increased hope (Vilaythong, Arnau, Rosen, & Mascaro, 2003); spiritual meaning, which was found to increase in one group writing haiku poetry in a previous study (Stephenson, et al., 2008), has been found to buffer against depression and increase hope (Mascaro & Rosen, 2006); and hope, in turn, has been found to be a buffer against anxiety and depression (Arnau, Rosen, Finch, Rhudy, & Fortunato, 2007).

A fourth possibility for future research, which might better reflect the experience of haiku, would be to have participants write haiku in response to specific environments, rather than visualizing their own. That is, instead of having participants close their eyes and visualize a scene, they might be presented with a picture of a scene, such as nature, and asked to write haiku in response to the given image. Alternately, participants could write haiku directly in nature. Finally, in order to better understand the traditional

context of haiku poetry, as well as to determine whether results replicate cross-culturally, research might be conducted in both the United States and Japan.

This study was limited in two ways. First, while the sample size of 98 participants was sufficient to detect large effect sizes, upwards of 180 participants would have been required to test medium effect sizes (Erdfelder, Faul, & Buchner, 1996). Given the low number of significant results, it may be that a larger number of participants would be required to appropriately analyze the various comparisons detailed in this study. Second, this study relied exclusively on self-report measures. While self-report measures provide important information often unavailable via other means, measurement error is best addressed by employing a range of methods. Several options for objective measures for this research would be linguistic analysis of the writing itself (L. A. King & Miner, 2000; Pennebaker, Mehl, & Niederhoffer, 2003), the use of biological markers of stress, or collecting participant health records (L. A. King & Miner, 2000).

While there appear to be significant differences between writing narrative and haiku, further research will be required to distinguish their respective strengths and determine how haiku, known in the Japanese tradition to be healing (Rosen & Weishaus, 2004; Suzuki, 1959), might best be framed for use outside that tradition.

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APPENDIX A

Figures and Tables

Table 2. Correlations Between Measures

		Day 1										Follow-up									
		Subjective Happiness	Satisfaction with Life	Spiritual Meaning	Health Evaluation	Health Orientation	Illness Orientation	Anxiety	Depression	Creativity	Physiological Symptomatology	Subjective Happiness	Satisfaction with Life	Spiritual Meaning	Health Evaluation	Health Orientation	Illness Orientation	Anxiety	Depression	Creativity	Physiological Symptomatology
Day 1	Subjective Happiness	1	.570(**)	.426(**)	0.081	.377(**)	0.048	-0.158	0.022	.204(*)	-0.063	.810(**)	.556(**)	.474(**)	.261(**)	.326(**)	0.103	-0.101	-.217(*)	0.170	0.050
	Satisfaction with Life		1	.362(**)	-0.061	0.213	-0.117	-.210(*)	0.021	0.050	-0.035	.562(**)	.804(**)	.401(**)	0.046	.210(*)	-0.021	-0.132	-0.103	0.053	0.028
	Spiritual Meaning			1	-0.053	0.217	0.080	-0.081	0.064	-0.087	-0.064	.430(**)	.316(**)	.895(**)	0.176	.218(*)	0.092	-0.002	0.014	-0.008	-0.043
	Health Evaluation				1	0.062	-0.138	-.307(*)	-.330(*)	0.149	-.521(**)	0.097	-0.053	-0.121	.761(**)	0.011	-0.084	-.324(*)	-0.265	-0.014	-.464(**)
	Health Orientation					1	.329(*)	-0.079	0.148	-0.067	-0.117	.361(**)	0.190	0.184	0.103	.789(**)	0.182	-0.011	-0.001	0.193	-0.052
	Illness Orientation						1	0.039	0.141	-0.028	-0.062	0.111	-0.022	0.052	-0.225	0.220	.767(**)	0.111	0.093	0.035	-0.053
	Anxiety							1	.454(**)	-0.196	.339(**)	-.261(**)	-.334(**)	-0.117	-.244(*)	-0.060	-0.087	.710(**)	.452(**)	-0.193	.286(**)
	Depression								1	-0.121	0.097	-0.170	-0.132	0.045	-.209(*)	0.073	0.016	.455(**)	.597(**)	-0.074	.225(*)
	Creativity									1	-0.072	.216(*)	0.067	-0.070	0.128	-0.092	-0.047	-0.157	-0.052	.628(**)	0.030
	Physiological Symptomatology										1	-0.022	0.015	0.021	.506(**)	-0.116	-0.098	.321(**)	0.185	-0.125	.873(**)
Follow-up	Subjective Happiness											1	.662(**)	.547(**)	.212(*)	.289(**)	0.173	-.245(*)	-.342(**)	.202(*)	0.013
	Satisfaction with Life												1	.449(**)	0.036	0.196	0.104	-.242(*)	-0.175	0.131	0.051
	Spiritual Meaning													1	0.122	.277(**)	0.125	-0.031	-0.040	0.045	0.049
	Health Evaluation														1	.218(*)	-0.065	-.308(**)	-0.119	.203(*)	-.449(**)
	Health Orientation															1	.284(**)	-0.034	-0.064	-0.017	-0.125
	Illness Orientation																1	0.008	-0.022	0.010	-0.126
	Anxiety																	1	.523(**)	-.203(*)	.311(**)
	Depression																		1	-0.044	.226(*)
	Creativity																			1	-0.031
Physiological Symptomatology																					1

** . Correlation is significant at the 0.01 level (2-tailed).

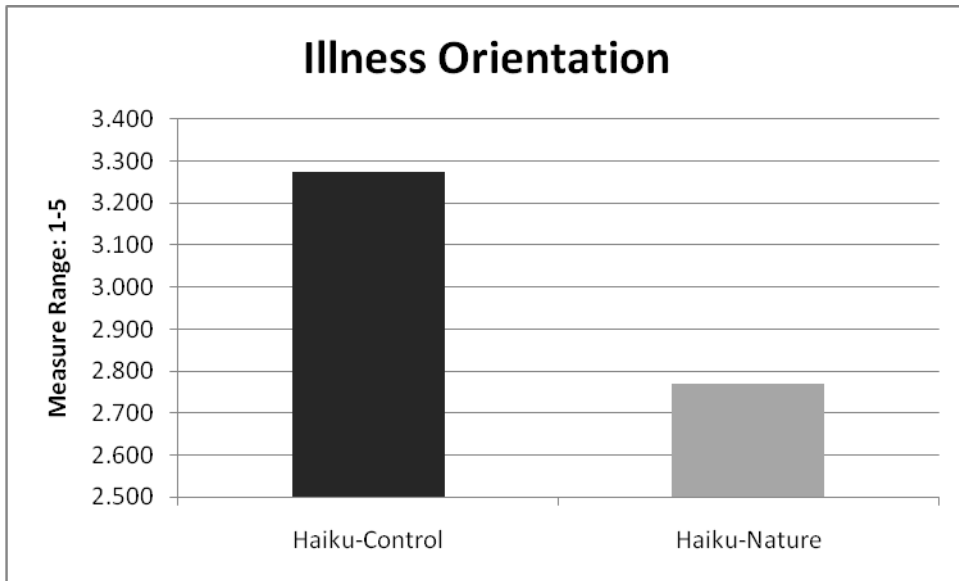
* . Correlation is significant at the 0.05 level (2-tailed).

Table 3. *Estimated Marginal Means*

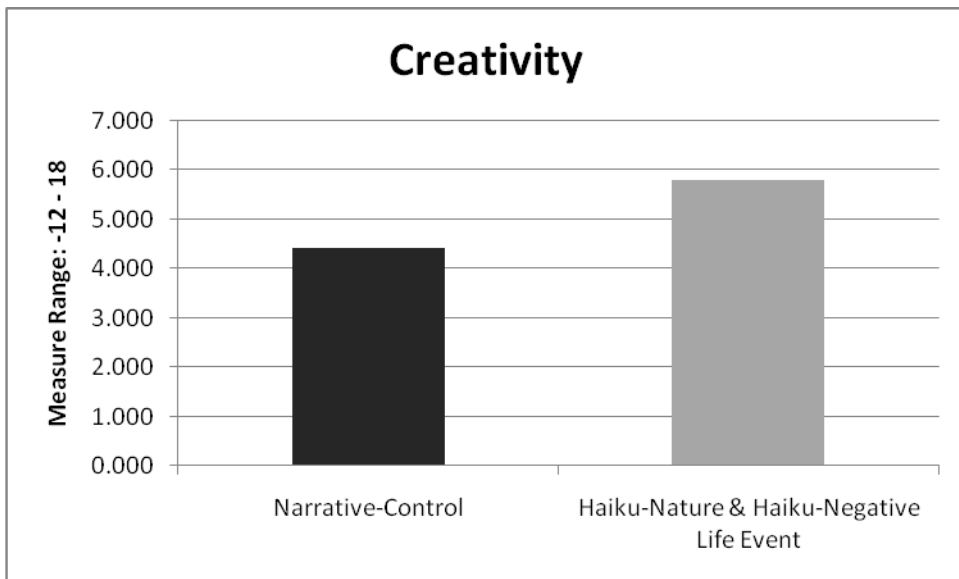
Measures	Covariate Mean	Group	Means at Follow-up	St. Error
SHS Subjective Happiness Scale	5.222	NC	5.256	0.145
		HC	5.022	0.159
		HN	5.211	0.145
		HNLE	5.264	0.143
SWLS Satisfaction with Life Scale	25.469	NC	26.330	0.734
		HC	25.599	0.816
		HN	25.456	0.751
		HNLE	25.325	0.732
SMS Spiritual Meaning Scale	64.34	NC	64.613	1.027
		HC	63.484	1.172
		HN	64.778	1.047
		HNLE	64.536	1.027
CPS Creative Personality Scale	4.787	NC	4.413	0.523
		HC	4.930	0.578
		HN	5.888	0.549
		HNLE	5.679	0.508
PILL Pennebaker Inventory of Limbic Languidness	118.436	NC	112.517	2.297
		HC	116.676	2.624
		HN	114.445	2.398
		HNLE	120.974	2.324

Table 3. *Continued*

Measures	Covariate Mean	Group	Means at Follow-up	St. Error
MBSRQ.HE	4.013	NC	4.037	0.129
Multidimensional Body-Self Relations Questionnaire--		HC	4.068	0.140
Health Evaluation		HN	3.983	0.120
		HNLE	4.026	0.124
MBSRQ.HO	3.326	NC	3.467	0.111
Multidimensional Body-Self Relations Questionnaire--		HC	3.533	0.125
Health Orientation		HN	3.234	0.107
		HNLE	3.274	0.111
MBSRQ.IO	3.2	NC	3.046	0.147
Multidimensional Body-Self Relations Questionnaire--		HC	3.275	0.168
Illness Orientation		HN	2.771	0.143
		HNLE	3.154	0.147
PAIA	45.667	NC	45.118	0.780
Personality Assessment Inventory--Anxiety		HC	44.340	0.868
		HN	44.912	0.814
		HNLE	45.756	0.797
PAID	47.906	NC	47.977	0.896
Personality Assessment Inventory--Depression		HC	49.415	0.983
		HN	48.536	0.909
		HNLE	49.059	0.900

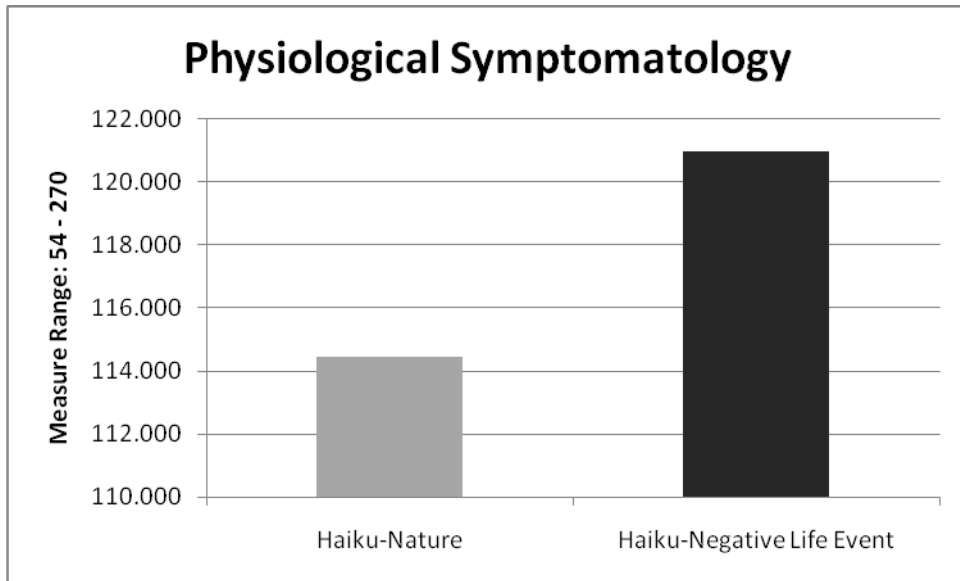


Illness Orientation significantly lower in Haiku-Nature versus Haiku-Control ($p < .05$)



Creativity significantly higher in Haiku experimental groups versus Narrative-Control ($p < .05$)

Figure 1. Significant results from ANCOVA linear contrasts at follow-up.



Physiological symptomatology significantly higher in Haiku-Negative Life Event versus Narrative-Control ($p < .05$)

Figure 1. Continued.

APPENDIX B

Participant Writing Instructions

Narrative Control Group

The purpose of this study is to get you writing. People can find the idea of writing daunting, so we are going to keep things simple. First, there are some rules we would like you to follow. The rules are very simple, but very important.

Rules

Rule 1: The writing topic will be assigned. It is essential that you stick to the assigned topic throughout the study.

Rule 2: Write continuously for the full 20 minutes. You do not need to worry about spelling or grammar.

Rule 3: Write in as detailed, concrete, and specific a way as possible about your topic.

There will be a visualization exercise to help you formulate your writing topic. You might find it helpful to focus on forming a specific image of the hallway during this visualization process, then draw from it during the writing period, essentially translating a visual image into words in a descriptive manner. After the visualization exercise, you will have 20 minutes to write.

If you run out of things to say:

- Switch to describing the topic through another one of the five senses (sight, hearing, touch, smell, and taste).
- Choose another image of the hallway (perhaps another part of it), visualize it, then write continuously about it.
- Just repeat what you have already written.

The Researcher will let you know when there are 5 minutes left. Once again, it is very important that you be engaged in the writing process for the full 20 minutes.

Topic

You will be writing about the **Psychology building hallway**. Please write about the hallway itself, using any/all of your five senses. Instead of writing about what happens there or around it—people you see, the classes you have in the building, etc.—focus on describing the physical aspects of the space itself. Be as specific and detailed as possible. Anything you experience concerning the hallway with your five senses is

appropriate. Please write about the hallway of the Psychology building specifically for the full 20 minutes. If you cannot picture it exactly, visualize a hallway similar to it.

Haiku Groups

The purpose of this study is to get you writing poetry. People can find the idea of writing poetry daunting, so we are going to keep the poems short and simple. First, there are some rules we would like you to follow. The rules are very simple, but very important.

Rules

Rule 1: The writing topic will be assigned. It is essential that you stick to the assigned topic throughout the study.

Rule 2: Write poems that are 3 lines long—no more, no less.

Rule 3: Keep the poems to 11 words or less for each poem. If you prefer thinking in syllables, use 12-17 syllables per poem.

If you feel comfortable and are ready to write poetry just by following the rules, feel free to do so. If you could use some more ideas on how to write poetry that will follow the 3 rules, some additional suggestions at the bottom of the page will help. The suggestions are completely optional.

Short poems naturally lend themselves to a visual approach. Instead of focusing on words, like creating rhymes, try to convey a visual image that is meaningful to you.

After the visualization exercise, you will have 20 minutes to write. Please write at least 1 poem. You can write more if you like, but first spend time reflecting on and refining your poem so it speaks as directly as possible to your experience. You might find it helpful to try writing the poem in different ways once you've settled on the image you want to convey. Please circle your final poem or poems.

Whether imagining and visualizing a scene, composing a poem, reflecting, or editing the poem, it is very important that you be engaged in the creative process for the full 20 minutes. If you feel complete with one poem, you might find another aspect of the topic to write about, but please remember to keep to the assigned topic. Keep visualizing and writing for the full 20 minutes. The Researcher will let you know when there are 5 minutes left. If you have not yet written a poem, be sure to start at that time. Once again, it is very important that you be engaged in the process of writing poetry for the full 20 minutes.

Topic

[Haiku-Control Group] You will be writing about the **Psychology building hallway**. Please write about the hallway itself, using any/all of your five senses. Instead of writing about what happens there or around it—people you see, the classes you have in the building, etc.—focus on describing the physical aspects of the space itself. Be as specific and detailed as possible. Anything you experience concerning the hallway with your five senses is appropriate. Please write about the hallway of the Psychology building specifically for the full 20 minutes. If you cannot picture it exactly, visualize a hallway similar to it.

[Haiku-Nature Group] You will be writing about an experience you have had in **nature that is calming to you**. It can be any nature experience you like, but focus on those aspects of nature that were calming to you in the experience. Please write about the same experience for the full 20 minutes.

[Haiku-Negative Life Event Group] You will be writing about an experience you have had **that bothered or upset you**. It can be a recent event or incident, or one from the past that continues to have a negative impact on you. The particular experience is yours to choose, but please write about just one experience for the full 20 minutes.

Suggestions (optional)

- Describe a scene or experience as simply and directly as possible; avoid figurative language (e.g., ‘love is like a rose’).
- Because the poems are so short, you can eliminate articles (a, an, the) and other ‘filler’ words; you can even drop verbs or verb endings, just as long as the poem conveys something meaningful to you.
- Construct the 3 lines in the following manner: 3 words first line – 5 words second line – 3 words last line. Again, you can use fewer words if you want.
- Create a visual setting in the poem. Describe ‘who,’ ‘what,’ and ‘where’—one for each line.
- Describe the topic in 2 lines, then do something dynamic in the 3rd line. You could: present a contrasting image, element, or viewpoint; create a paradox or emphasize opposites; describe or comment on the topic of the first 2 lines; etc.
- Don’t worry about rhyme or rhythm.

VITA

Kittredge T. Stephenson received a Bachelor of Arts in 2003 from St. John's College in Santa Fe. The liberal arts degree is based on a Great Books curriculum and surveys the western intellectual tradition. He received a Master of Arts, also from St. John's College, in eastern classics in 2005, which applied the same dialectical approach to the traditions of China, India, and Japan. He received a Master of Science in psychology from Texas A&M University in 2009, of which this thesis is a part. He has lived and studied abroad in Spain and Taiwan.

Mr. Stephenson is interested in researching the therapeutic benefits of writing, particularly creative writing and specifically haiku poetry. Surrounding and supporting this interest are questions concerning positive psychology, creativity, personality, Jungian studies, the intersection between eastern and western traditions, phenomenology, the history and philosophy of science, the dialectic, and linguistics.

Mr. Stephenson has presented research on the therapeutic benefits of writing haiku poetry, creating Japanese flower arrangements (*ikebana*), and drawing mandalas at state, national, and international conferences. He also conducts workshops on writing haiku poetry. He has received grants and awards for his research on haiku poetry.

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