LIRIC
The Lapidus International Research and Innovation Community Journal

Article

Poetry Therapy, Journaling, and Mindfulness: An Integrative Approach to Treating Anxiety Disorders

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Abstract

This retrospective case study presents the course of a 16-month treatment of an adult female client diagnosed with severe anxiety. The treatment protocol incorporated poetry therapy, journal therapy, training in mindfulness meditation techniques, and cognitive therapy. Using the Beck Anxiety Inventory for scaling, the client reduced her subjective experience of anxiety symptoms from the baseline score of 34 to 9 after 15 months and to a score of 4 at the end of treatment. The author's university Institutional Review Board approved the study and the client released the content of her journals for use in this article. Excerpts from her journal entries highlight the course of her movement from severe anxiety to remission.

Keywords: anxiety, mindfulness, poetry therapy, journal therapy

APA citation: Alschuler, M. (2022). Poetry therapy, journaling, and mindfulness: An integrative approach to treating anxiety disorders. *LIRIC Journal*, *2*(2), 97–118.

Introduction

The current retrospective case study discusses an integrated approach used successfully with a 26-year-old client (Pam) who was diagnosed with severe generalised anxiety disorder (GAD) (American Psychiatric Association, 2022). I have been a licensed clinical social worker since 1992 and have taught diagnostic classes at the master's level since 2013. Additionally, I am a credentialed poetry therapist and mentor/supervisor, as well as a student in teacher training for mindfulness-based stress reduction through Brown University. I have meditated on and off for over 40 years.

My approach to working with Pam is based on the literature review which follows, along with my experience as a psychotherapist working with clients with anxiety disorders. For Pam, I integrated cognitive therapy, mindfulness meditation (MM), poetry therapy (PT), and journal therapy (JT). A discussion of my rationale for this integrated approach follows.

Informed Consent and Methodology

Pam signed an informed consent for treatment at the start of therapy. My university's Institutional Review Board approved this retrospective case study using a narrative case study approach within a phenomenological stance (Etherington & Bridges, 2011). At the end of treatment, Pam consented in writing to share her personal journal entries for inclusion in this publication. The content of her journals provided the data for this report. Pam's journal contents and responses to poetry provide rich details of her lived experience. Identifying details were withheld to protect her identity. Excerpts of Pam's journals are noted in *italics* below.

Diagnostic Assessment

After completion of a biopsychosocial and diagnostic assessment and treatment planning, Pam was introduced to various MM techniques to assist with her acute anxiety. Poems were strategically used as well as writing prompts (poetry therapy), suggestions to journal following meditation experiences (journal therapy), and use of ABC cognitive therapy sheets (*adversity/activating event, beliefs about event,*

consequences—a basic cognitive behavioural therapy technique) to address critical self-talk that interfered with Pam's self-esteem and body image, as well as her relationships with her fiancé, 'Ben' and her sister, 'Audrey.' Pam was diagnosed with multiple sclerosis in her late teens. Some of the illnesses cited as being ameliorated by MBIs include anxiety, depression, cardiovascular disease, cancer, chronic medical diseases including multiple sclerosis, and trauma (Bohlmeijer et al., 2010; Hofmann et al., 2010).

Pam presented with acute anxiety symptoms which she said interfered with her social and occupational functioning and caused clinically significant distress (American Psychiatric Association, 2022). Pam tended to ruminate, falling into what she termed an 'anxiety spiral' or 'spiraling out of control' due to anxious thoughts and sensations; poor body image; and low self-esteem (Kircanski et al., 2015).

Pam's symptoms of anxiety, based on her assessed score at intake of 34 (severe) on the Beck Anxiety Inventory [BAI] included an inability to relax; fear of the worst happening, fear of dying, feeling nervous; heart racing, face flushing, sweating, hands shaking, hyperventilating; feeling worthless; irritability; and difficulty concentrating (Beck et al., 1988).

Pam also reported frequent catastrophic, nihilistic thinking and dreams, most often about her parents, sister, friends, or cats dying. Adams (1994) sees dreams, poetic language, metaphor, and imagery as having similar roots and expressions in both dream and in waking life: 'Dreams offer us glimpses into the inner workings of our own minds and hearts…Journal work and dream work are natural allies' (n. p.).

Pam was raised by her parents who remain married and live nearby. Her younger sister, Audrey, lives in another state. She dated Jason for several years before meeting Ben, whom she has dated for eight years. She has several close friends with whom she socialises. Pam recently completed graduate school and is employed full time in a professional capacity. Pam lives with multiple sclerosis.

Literature Review

Progoff (1975) is considered the 'founder' of contemporary journal therapy, beginning in 1966. This writer attended the Intensive Journal Workshop ™ in the early 1980s at Progoff's center in New York City and marks that as the beginning of her journaling process. Adams (1990) describes 'journal therapy as "the use of the journal, or diary, to facilitate

holistic mental health and self-reliance" and that one "can trace its roots back" to feudal Japanese women's "pillow books"' (p. xiii).

Poetry therapy can be defined as the use of written language to elicit emotional reactions for the purposes of healing, personal growth, catharsis, and self-expression (Alschuler, 2006). This writer discovered PT in 1991 and began attending annual conferences held by the National (now International) Association of Poetry Therapy [NAPT] (https://poetrytherapy.org/), later pursuing both the Certified and the Registered levels of PT credentialing through NAPT's credentialing arm, the International Federation of Biblio/Poetry Therapy. The researcher also became a Certified Mentor through the IFBPT. In more recent years, the author has become credentialed through the newer International Academy for Poetry Therapy (https://iapoetry.org/). Both PT and JT have been used as an adjunct to psychotherapy since the 1970s. Both include writing about clinical or mental health issues, trauma histories, physical illnesses, and lifespan issues to provoke self-reflection.

Kabat-Zinn (1989/2013) defines mindfulness 'operationally as *the awareness that arises by paying attention on purpose, in the present moment, and non-judgmentally*' (p. xxxv, italics his). Kabat-Zinn found, after reviewing multiple studies, that 'our physical health is intimately connected with our patterns of thinking and feeling about ourselves and also with the quality of our relationships with other(s)' (p. 266). Mindfulness meditation has also been used to develop empathy, self-reflection, and lovingkindness toward others and oneself (Birnie et al., 2010; Brown et al., 2013).

Other evidence-based mindfulness-based interventions, or MBIs, came to the forefront of adjunctive therapeutic approaches. However, the first MBI developed at a hospital for patients with medical conditions such as cardiovascular illnesses. Kabat-Zinn (1989/2013) created an eight-week mindfulness-based stress reduction (MBSR) program. Since then, other evidence-based MBIs have emerged; the first being mindfulness-based cognitive therapy (MBCT) (Orsillo & Roemer, 2011) have been linked to psychological and physiological health and wellbeing (Bergen-Cico et al., 2013). Mindful self-compassion has emerged in the late 20th and early 21st centuries (Neff & Germer, 2013).

Sherrill and Harris (2014) summarize that 'all of the definitions of bibliotherapy assume some form of treatment through reading' but admitted that it is 'difficult to define.' They refer to the textbook by Hynes

and Hynes-Berry (2012), who divided bibliotherapy 'into two distinct categories: reading bibliotherapy and interactive bibliotherapy,' the latter of which occurs within a trained facilitator and a client. As in PT, interactive bibliotherapy hinges on the careful selection of reading material for unique clients (p. 93). The incorporation of reading during and in between sessions of carefully selected poems became central to the way I chose to work with Pam.

Pennebaker and Smyth (2016) posit that the 'inability to translate traumatic experiences into language' or to 'translate powerful emotions into language appears to be psychologically unhealthy, linking our emotional memories to language is often beneficial.' Further, the authors discuss using imagery and metaphor as part of helping someone heal from traumatic memories or experiences: 'When we convert an image in our minds into words, it fundamentally alters the way the image is stored' (p. 145).

Pam said she had been journaling for many years. Adams (1990) calls the journal 'a friend at the end of your pen' (p. 13). Wright and Bolton (2012) view journaling as having 'the power to help people understand themselves, each other, their relationships with each other and their world better. It draws on the imagination and deep memory…This can affect self- and world-views because it works through experience, exploration, creative expression and other non-cognitive processes' (p. 45).

Pam and I discussed how journal writing and PT would be used in her therapy for healing purposes. Some of the reasons for incorporating the writing therapies include links that Williamson (2020) makes that moving 'between the "rational perspective" (e. g., literal, empirical, linear, etc.) and the "imaginal perspective" (e. g., symbolic, non-linear, emotional, intuitive)' can be used as 'a healing modality' (p. 4). Williamson found that 'embodied responses to the imaginal perspective are acknowledged and backed up by recent cognitive behaviour therapy… with mental imagery supporting access to non-conscious processes' (p. 131). This finding supported my incorporation of cognitive therapy into Pam's therapy.

DeSalvo (1999) discusses being in the 'flow' or absorbed by the act of writing, and how 'writing regularly fosters resilience…As we write we become observers—an important component of developing resilience. We regard our lives with a certain detachment and distance when we view it as a subject to describe and interpret' (p. 73). DeSalvo states that 'as we write,

we see ourselves as part of a larger story rather than continuing to see the story through our singular perspective' (p. 149).

Another reason for incorporating journaling in Pam's therapy plan was that she was dealing with a remitting form of multiple sclerosis, and part of her anxiety related to the uncertainty and fear she felt, and feels, daily. DeSalvo (1999) suggests that 'writing gives us back the voices we seem to lose when our bodies become ill or disabled' (p. 183). Wright and Bolton (2012) discuss expressive writing research which found that 'the very act of writing has been shown to improve communication and relationship with others…Communicating with yourself, using expressive and reflective writing, can offer physiological as well as psychological benefits' (p. 10).

Sultan (2018) suggests that 'emotional self-disclosure nurtures positive self-perception because it improves self-regulation, self-empathy, and a sense of control…Personal growth [occurs] through understanding that change is a fundamental part of healthy living. This meaning-making process can take place within a mindfulness-oriented expressive writing self-disclosure paradigm' (p. 78). For these reasons, I chose to incorporate MM techniques into Pam's treatment plan. Mindfulness training is an approach I use with most of my clients with anxiety disorders. I have practiced forms of meditation for over 40 years and have taught MM regularly to my social work students and clients for many years. Further, Sultan states that 'mindfulness has been significantly negatively correlated with rumination, depression, and anxiety' (p. 81). As Pam's primary presenting problems were rumination and anxiety, mindfulness training was suggested, and she was open to learning about MM.

Pam's issues with body image, jealousy, and past traumas had led her away from having self-compassion. Focusing on self-compassion includes recognizing one's common humanity with others, which also stems social isolation (Neff & Germer, 2013). Pennebaker and Smyth (2016) cited studies on the benefits of mindfulness on health: 'Helping clients become more self-compassionate through expressive writing about aspects of themselves they do not accept leads to self-kindness and acceptance'. Self-compassion has been found to be 'related to positive emotional, cognitive, and social processes' (p. 91).

Beginning Phase of Treatment

I took baseline measures of Pam's level of anxiety using the Beck Anxiety Inventory (34) and then repeated those measures quarterly or semi-

annually and at termination in order to collect some quantitative data about Pam's self-reports of anxiety symptoms related to her GAD (Beck et al., 1988). As Pam embarked on weekly therapy sessions, the goal was to reduce Pam's extreme anxiety symptoms.

Developing a therapeutic alliance is the primary reason for positive outcomes in psychotherapy (Wright & Bolton, 2012): 'The greater part of therapeutic effectiveness can be accounted for independently of the counsellor's theoretical orientation and technique, but the therapeutic relationship is key' (p. 19). My relationship with Pam began with responsible self-disclosure about myself, my own poetry and journal writing, and my experiences with meditation. This allowed Pam to see me as a real person who would be open and honest with her, which led to trust and a solid working relationship.

I began by teaching Pam about MM and its two main constructs: awareness and acceptance (Cardaciotto et al., 2008). The first two techniques Pam learned were to physically ground herself and to notice when she was shallowly breathing (chest) or breathing more deeply (diaphragm/belly) (Orsillo & Roemer, 2011, p. 86). Pam was instructed that when she noticed that she was breathing shallowly or hyperventilating, felt panicked, or began ruminating, to bring her awareness to the present moment, ground herself, and breathe diaphragmatically through the technique of *awareness of breath*.

At the start of each session we grounded and breathed deeply together for a few minutes. Pam learned about anchors (breath, body parts touching the chair, or sounds in the environment) and experimented during sessions and at home with the practice and anchor of *mindfulness of sounds*. Kabat-Zinn (2005) describes this process as 'just hearing what is here to be heard in this moment' (p. 281) without judging or labeling. Pam described using sound as an anchor as 'freeing.'

Pam found a singing bowls app and wrote: *Singing bowls: Felt very at peace when doing this. I've been feeling too aware of my behavior and mannerisms when talking to people at work or talking to clients. Haven't been kind to myself initially, but I try to focus on my breath and let go of tension in my stomach*.

Body awareness was addressed several times during therapy. Pam experienced physiological symptoms of anxiety and also had a history of body image issues and using food to escape. Pennebaker and Smyth (2016) write that 'most therapists agree that talking about an upsetting

experience is psychologically beneficial' and differentiated between talking for cathartic reasons (venting) versus learning 'to recognize and identify their emotional reactions to events' (pp. 28–29). For example, Pam described trying on bridesmaid dresses. She felt jealous and insecure around other women and related these feelings to having been bullied because of her weight and height in grammar and high school and by her ex-boyfriend, Jason. She was also dealing with multiple sclerosis, and at times worried about the future of her body functioning.

As we explored Pam's issues with body image and eating, Pam learned how to eat mindfully (Kabat-Zinn, 2005). Mindful eating, Kabat-Zinn writes, means 'becoming conscious of how we eat, and whether we are truly tasting anything at all, is one of the most difficult of all mindfulness practices' (p. 232).

Pam began to express feelings of anger and jealousy related to her fiancé, Ben. When they were in a social setting with women, her negative body image and self-esteem issues were provoked. Pennebaker and Smyth (2016) describe the impact of expressive writing on the right prefrontal cortex which is 'involved in effortful control over emotional states.' The authors state that 'putting our deeply emotional experiences into language and words facilitates our brain's capacity to help us manage our emotional states' (p. 39). Pennebaker and Smyth cite Brené Brown's argument that 'embracing these feelings, broadly subsumed under a willingness to accept and be open to our own vulnerability, is at the core of overcoming shame and fear' (p 40). Pennebaker and Smyth's research has shown that expressive writing about traumatic events ('confession') leads to 'improvements in immune function' (p. 41), something that I felt was important due to Pam's multiple sclerosis.

During one of these occasions, Pam recognised she was breathing shallowly and consciously deepened her breathing. Over time, Pam became better able to 'get in touch with and draw upon [her] deep interior resources for physiological relaxation and calmness' (Kabat-Zinn, 2005, p. 442). She

> *[d]ecided to…focus on breath…Thinking about how I don't feel like I'm being rational and how I'm probably making things worse in my head. Ben said he looks at people and judges if they are attractive…I feel an immediate physical response and muddy emotions. I think it's almost a trained response. I'm thinking a lot about how I want to break this habit.*

Pam learned to do walking meditation and body scan (Kabat-Zinn,1989/2013). She was introduced to the 'clouds in the sky' technique,

in which one takes what arises during meditation such as thoughts or feelings and places them imaginally on a cloud and watches the clouds drift away (Orsillo & Roemer, 2011, pp. 176–177). Pam began to develop emotional distance between her thoughts and her experiences. She reported having interpersonal difficulties with her supervisor, whom she claimed was sexist and made her feel judged. Pam reported using 'clouds in the sky' at work to lower her anxiety and manage her anger:

> *Clouds in the Sky: Definitely my 'happy place.' Dealing with feelings of anger about my boss and way he treats me. [Practiced] 'muddy emotions.' Felt anger and mad at myself, jealous, unappreciated. Fast heartbeat, flushing face, holding back tears.*

After three months of therapy, Pam's BAI score decreased by 50%, from 34 to 18. In the next phase of treatment, I taught Pam tools from cognitive therapy to use with her anxious thoughts and continued to use poems and journaling as well as mindfulness techniques.

The Next Six Months

Pam continued to have dreams, fantasies, and waking fears about loved ones or pets dying. We began to address Pam's nihilistic thought patterns which included catastrophizing, through journaling, personification, and cognitive therapy. Pennebaker and Smyth (2016) described how people who 'suffer from intrusive and unwanted thoughts' lead to them becoming 'prisoners of their own thoughts' (p. 82). Interestingly, a prison became a leading metaphor in Pam's journals.

I reviewed how to complete an ABC sheet when Pam observed herself having negative self-talk, ruminating, or catastrophizing. Pennebaker and Smyth (2016) labeled rumination as a 'key symptom of anxiety' and that 'the more work people put into suppressing these thoughts, the more they return to consciousness' (p. 83).

Pam was anxious about her work performance especially her fear of job-related public speaking: *If I stumble over my words, people will think I am dumb*. She began to accept that *'your anxiety and fears are not you and they do not have to rule your life*' (Kabat-Zinn, 2005, p. 441, italics his). At times Pam experienced episodes of feeling anxious 'for no reason':

> *My first [anxious] thoughts were 'This may be the last time I ever wake up' or I would see my cats and think 'they will be dead one day.' I tried to…think of clouds in the sky and remind myself they are just thoughts. While I still had the physical response, I didn't cry like I would have a few months ago. I*

> *would have dwelled on it but I'm finding I immediately think of the tools I've learned and I'm aware I'm catastrophizing.*

Pam shared that journaling felt 'so accurate I was able to see how my thoughts were extreme.' Wright and Bolton (2012) posit that there are 'many reasons why externalizing is a good idea, including both the therapeutic benefits of 'getting it out' and the fact that you can re-read what you've written…Writing down your thoughts and feelings about a particular experience may help make more sense of it' (p. 20).

As a seasoned poetry therapist, I felt sure that I would be able to select poems that would help Pam with her symptoms and began introducing her to poetry during the first few months of treatment. She was receptive to them by reading and talking about them during sessions and later by writing responses to poems in her journals. Wright and Bolton (2012) state that the 'record of progress a reflective journal provides means that you have some evidence of your learning' (p. 18).

The first poem I selected related to the theme of catastrophizing, 'Christmas' by Lan Se (1994). Pam and I each read the poem aloud. This was followed by Pam completing an ABC sheet. I suggested that she journal a response to the poem at home. Pam wrote and shared the following in her next session:

> *When I think about losing a loved one I immediately feel like I'm trying to hold in my fears/When I feel let down, I think no one is dependable/When one thing is wrong, everything is wrong/When I stumble on my words I feel like others think I'm stupid/If I make a mistake I feel like I shouldn't ever be forgiven/When I feel envious of another person I become angry at myself for being the way I am.*

I selected Rumi's poem 'The Guest House' (2004) for Pam. Gorelick and Heller (2003) discuss how this poem often moves its readers to 'make room within the house of self for unbidden emotions or seemingly uncharacteristic response to life challenges' (p. 268). The authors point out how we tend to divide emotions into good and bad. Rumi 'entreats us to invite them in, all of them, honouring and entertaining each with hospitality…[which] affords us new opportunities to grow in awareness and acceptance' (p. 268).

Pam was open to using poetry, metaphor, and imagery. I introduced her to personification of emotions such as Fear, Envy, and Passion (Gendler, 1984). Pam read the Rumi poem in session and later journaled in response, having created a unique metaphor of a prison—with herself as its warden:

> *I've been treating my mind as a prison instead of a guest house, locking 'bad' emotions away. The angry, hurt prisoners are not welcome. They… constantly shout insults. I have tried to forget about all of these prisoners. I never realized that I am the warden…Instead of releasing them, I've kept them hidden away. Instead of getting to know and accept them, I've been angry that they even exist. Maybe one day this prison will be converted into a guest house.*

Pam read this entry at the next session. She described how startled she had become by the realization that as the warden she could be in control of her feelings. Her first entry described Suspicion:

> *Suspicion sits in her jail cell, calculating. She is quick to bully Happiness and Peacefulness. Suspicion is easily provoked. She has had interactions with all the other inmates, but they don't like to be around her. The warden especially does not know how to deal with her. The warden often wishes she could control, or even learn to accept, her noisy presence.*

Pam continued to struggle with self-acceptance, poor body image, and difficulty feeling compassion for herself. I provided education and training on lovingkindness and self-compassion meditation techniques with a goal of helping Pam increase her ability to love herself as she was.

Pam was planning her wedding to Ben and felt anxious about how she would look in a wedding dress. She used personification in describing two new inmates in her metaphoric jail:

> *Self-Compassion and Compassion for Others are twins. They are the epitome of opposites…Compassion for Others spends her day being a friend to the fellow inmates. She happily greets everyone upon their booking into the prison. Compassion for Others can be found passing notes and drawing pictures for even the most violent offenders and making inmates feel at home by sneaking snacks to them. Compassion for Others is the first to stand up for the weaker inmates and the first to forgive the angry inmates. Self-Compassion is the sole inmate in isolation at the jail. The warden has almost forgotten her existence. Self-Compassion spends her days plotting against the warden for keeping her in isolation for so long. Her friends Guilt and Anger are the only inmates who check on her. These three often conspire to hurt the warden.*
>
> *The warden has grown to fear Self-Compassion's existence. This is mostly because she doesn't remember why she locked Self-Compassion away in isolation for so many years. The warden is afraid to face Self-Compassion because she knows she will be forgiven for treating her badly. The warden feels undeserving…Self-Compassion, while angry and hateful on the surface, has the potential to go back to her true nature, which is identical to her twin, Compassion for Others.*

Pam found she was able to face the repression of self-love and acceptance of herself and her body more through journaling. After this, she actively tried to have more compassion toward herself and her body.

I asked Pam to attempt standing before a full-length mirror naked and to select one body part that she could say positive things about. At first, she only felt positive about her teeth—she was able to admire her teeth and how much they did for her, but she was never able to take in the image of her naked body as a whole. She remained self-conscious of her size.

Several months later Pam traveled to see her sister and stayed at a hotel with a full-length mirror She reported that she was able to take in her whole body and used deep breathing to stay calm. Pam said doing this helped her appreciate some body parts, but that she was still unable to appreciate her body-as-a-whole. Through cognitive therapy, Pam was asked to create neutral sentences such as 'I'm pretty and unique in my own way,' or 'I'm uniquely beautiful.'

As the couple continued wedding planning, Pam discussed her suspiciousness and jealousy toward Ben. Ben worked primarily with women and enjoyed watching porn, which disgusted her. She shared that once they were at a restaurant where the female servers wore revealing blouses; she felt overwhelmed by anger and jealousy, and then guilty for feeling this way. Feminist issues about the objectification of women and women's bodies were addressed.

Final Four Months of Therapy

As therapy progressed, sessions were reduced to alternate weeks. Pam's score on the BAI (Beck et al., 1988) had reduced from 18 to 9 (mild anxiety). Pam was better able to discuss and journal about being bullied in grammar and high school; having an eating disorder; experiencing suicidal ideation and self-injurious behavior. She had never revealed the latter to me during her first year of therapy. Pam acknowledged the impact of these on her body image and self-esteem.

I introduced Pam to letter writing and journal dialogues (Adams, 1990; Progoff, 1975). She chose to dialogue between herself at her current age (26) and at ages 11 to 17. She wrote these in rapid succession and said these techniques helped her gain perspective on her issues with self-doubt, wanting to escape through drinking or eating, reasons for her fearing loved ones dying, and her distrust of men. Pam began with a letter from her current self to her younger self:

> *To the Younger Me: I'm sorry for treating you so poorly… you feel like you were worthless. You're smart, beautiful, unique. You're loved. I know you feel alone right now but…you're not…You'll achieve more than you even think. You'll actually feel proud of your hard work and achievements…As you cut little bits of your skin with scissors trying to harm yourself, know that you are loved. I'm sorry for being so cruel to you, for making you think you needed to bleed to feel alive. I'm sorry for making you feel bad about your body. You'll soon find someone that loves you. I have sympathy and compassion for you. You'll get into the bad habit of blaming yourself for everything other people do to you…I need you to stop criticizing my body. I'm beautiful. I'm healthy. My body does so much for me and I love it. I have compassion for what you're dealing with [but] I need you to stop telling me what I need to look like.*

Pam then journaled a response to her current self from her younger self:

> *To the Older Me: Despite your accomplishments, my nagging voice persuades you that you're worthless. I am the creator of the negativity. If only you weren't trapped in this body. You still feel the pressure to look a certain way…I'm proud you can look back and see you did have worth.*

As Pam read these entries aloud to me, she said writing them gave her some emotional distance from past hurts. She shared that these issues emerged during the time when her mother was mourning the death of both of her parents. Pam revealed that she had used cutting and suicidal ideation to cope.

Pam revealed more compassion toward her younger self through this dialogue sequence. She saw that when she was a teen she did not have the language to express what she had been feeling and had acted it out through cutting, bingeing, and suicidal thoughts to numb her feelings. Pam recognized how her anxiety, occasional binge drinking, and suspicion of men were forms of escape that interfered with her functioning at work and happiness with her fiancé.

Her jealousy and suspicion toward Ben decreased as she started trusting him more per self-report. She practiced receiving compliments from him, such as positive comments he made about her body when they were intimate. One day they attended a wedding for which she was a bridesmaid. Pam reported it was the first time she did not compare herself to how other women looked. She focused on being aware and accepting of herself and others, and told me that she felt being more fully present in her life.

This marked a period of Pam's personal growth, healing, and insight, which told me that Pam might soon be ready for termination. Etherington and Bridges (2011) describe using narrative case studies that focused on the client's perspective of termination:

> The ending of counselling and psychotherapy represents a highly significant stage in the therapy process. One of the strategies that some counsellors and psychotherapists employ in order to ensure that the ending of therapy occurs at a time that is meaningful for the client, and that the decision to end is agreed collaboratively with the client, is to initiate regular reviews. Typically, in a review the client and counsellor might discuss their views around progress of therapy to that point, re-visit their agreement or shared understanding around the goals of therapy, and decide how best to proceed in future sessions. (p. 11)

We reviewed Pam's progress from both our perspectives. Pam did not feel ready to stop treatment, but we agreed to decrease the frequency of sessions moving forward. After this review, treatment lasted another four months, during which time we focused on problem solving, role-playing, and rehearsal. Pam felt she deserved a raise, so we role-played asking for one. We rehearsed to decrease her anxiety about public speaking; worked to resolve old issues related to Jason and current ones related to Ben; and worked on decreasing critical self-talk.

Pam continued to use MM and journaling, read and responded to poems, and used metaphor and personification. Pam saw how she was still struggling to let go of her chronic anxiety, but also expressed positive feelings about her progress in therapy:

> *Every time my anxiety gets out of control I react in a certain way. It's a learned behavior and I know I can change it. Clouds in the sky helps me realize that every bad feeling is temporary. Journaling helps me a lot…I have to embrace the parts I don't like as much. I have it in me to be kind to myself. Instead of pushing that part away, I want to love it. It makes me feel better to put my thoughts down on paper. Counseling has helped a lot with many problems in my life. I'm afraid it will be harder without it but I'm also proud of myself for going this long. The thoughts have actually quieted down. I think I can help myself using the tactics I've learned. It's been an amazing experience. I have no excuse for not helping myself.*

Pam worked more intently on her low self-esteem and poor body image. She mourned for the young, bullied girl she had been. She recalled an episode when her paternal grandfather made a hurtful comment about her size when she and her thinner sister came over for dinner. Pam now sees that he did not know he was hurting her feelings. She felt telling him

now would not help their relationship, and she was able to let his comment go.

At times, Pam still had difficulty accepting her body or having self-compassion. I introduced an exercise about looking at one's reflection in a pond. Pam was asked to create some gesture of acceptance to her reflection and to imagine that gesture reflected back to her. Body awareness was explored as she identified a reddish tightening at her throat related to being flushed with anxiety. She said that this was a 'shield that protects me from the darkness inside, like quicksand or a tar pit.' She felt vulnerable and wanted to protect herself from her own thoughts and feelings. In response to the writing prompt of a reflecting pond, Pam wrote:

> *I don't know if I ever really look at myself. When I see my reflection in the pond I see a person who wants to live at peace. I see an outsider and feel compassion. The black liquid inside me misses a beat and its flow is slowed by the sight of me, almost as if it's caught off guard. It doesn't see me as a person. ~~It must have a mind of its own because it is hypercritical and negative~~* [sic]. *The interruption in its stream over me feels foreign. I'm uncomfortable when it releases its grasp. I'm afraid to let go. It's uncomfortable to imagine life without it but it also sounds pleasant.*

Pam was concerned about her upcoming performance review and misogyny at her office. She compared her boss's sexism to the objectification of women in pornography. She used the image of dogs running wild in the forest each time she thought about Ben cheating on her, viewing porn, or looking at women; the same image helped her when she had all-or-nothing thinking, catastrophic thoughts, or acute anxiety, she reported.

Pam reported having occasional anxious thoughts about Ben or public speaking, and some existential anxiety about mortality. She had occasional waking thoughts of dying or of people she loves dying. When these catastrophic thoughts woke her, she described them as 'spiraling out of control' for up to three hours. Over time, she learned to stop the spiral by using mindfulness techniques, metaphor, and imagery.

> *I tried to get in touch with my body by listening to my breath, feeling myself inhale and exhale. The 'clouds in the sky' reminds me that this feeling is temporary. I'm starting to feel that more now than ever. I still need to practice sitting with myself when I experience anxiety.*

Pam started to recognize how her experiences with Jason had seeped into her relationship with Ben. Pam responded to the therapist's suggestion to put Jason behind a metaphorical door. Pam created a unique

door metaphor, adding padlocks to keep Jason in the past. The next day she journaled:

> *I've been keeping Jason behind a locked door. When the thoughts creep in—Jason breaking my heart by cheating, all the degrading things he said about my body, [that] 'No one will ever love you'—this is when I put him behind an old wooden door. It has claw marks on the side I'm behind. I was the only one fighting for the relationship. I was the one clawing at the door to get him to unlock the door from his side. But not anymore. I've hastily painted over the claw marks with a lighter brown paint on an old, dingy door. The light paint means the hope of moving forward from him…Splinters in the wood evince that the lock was easily broken. The wood flares out around that first, original lock from the countless times it was busted. We both tried to break down the door between us for years. From my side, I tried to make him love me. From his side, he tried to control me; he would break the lock and push down the door [when] he felt me slipping from his control. I added padlocks and a steel bar [and] five heavy duty bolts for reinforcement. I've installed chains [so] the door cannot be compromised…I can hear him knocking on the door [at times], but it's less frequent each year. I stand in silence and reflect on [why] I've had to build this door up to military, fort-like durability…If I got a chance to open the door I'd see nothing but blackness. There are no stairs, just an immediate drop into a black pit. Maybe he lives down in the pit—not my concern. Just like turning away from descending the stairs into a dark, stuffy, damp, unfamiliar basement, I turn and check the integrity of my locks.*

Pam developed many such idiosyncratic metaphors. Toward the end of treatment, I provided Pam with the poem, 'Three Foxes by the Edge of the Field at Twilight' (Hirshfeld, 1997/2005, p. 24). Pam responded:

> *The three foxes in the poem are very similar to the wild dogs that live in my forest. One dog lingers in sadness, never sets a paw past the tree line, too afraid to emerge from the familiarity of shadows. This dog takes comfort in the dangers of the forest; it feels at home in solitude. It cowers from the light of the sun peeking through the gaps in the trees. One dog is restless [and] can't make up its mind. This dog explores both the depths of the forest and the open spaces on the sunlight-filled field. Neither setting is sufficient. This dog [has] a wandering sense of purpose; perhaps it is best it lives according to its free will. The last dog is paralyzed by fear and [is] seen in a stiff pose as if it was shocked by electricity. There is never a moment of peace for the third dog when it is in the forest: on alert for predators. Often it is startled by nothing: the sound of a cracking twig instantly invokes the fear of a rabid coyote hunting [it]…I can sit and meditate in the field, hear the sounds of nature, and can focus on flowers. I always notice the three dogs whether these are in the field with me, on the edge of the tree line, or deep in the woods. They try to remain undetected, but I always know the dogs exist. I…must keep them in the wild where they belong…*

Pam continued therapy until just prior to her marriage to Ben. By the end of 16 months, Pam's score on the BAI had fallen from her baseline of 34 to 4 (Beck et al., 1988), which denoted 'normal' anxiety levels. We held a planned last session and spent that time reviewing her presenting issues, progress toward ameliorating her symptoms and concerns, and her plans to continue using meditation and journaling moving forward.

It should be noted that three years later Pam requested to see me again for an unrelated family issue. This three-session period did not include the above integrated approach and was rather problem-solving and decision-making oriented. It did provide me with an opportunity to request feedback from Pam about her prior treatment. In their own narrative case study, Etherington and Bridges (2011) describe their participants' pleasure when asked for feedback: 'feedback from ex-clients about their involvement emphasised their pleasure in having their views taken seriously, and being treated as "experts" on their own experiences' (p. 21). Pam described how she was able to use grounding, breathing, clouds in the sky, and journaling to address sporadic bouts of anxiety or rumination. Her gratitude and appreciation were reciprocated by me, as I thanked her again for sharing her journals with me in an ultimate act of trust.

Discussion

I used an integrative approach in treating a client with acute anxiety through the combined use of mindfulness meditation training, journal therapy, poetry therapy, and cognitive therapy. Pam had begun therapy with a BAI (Beck Anxiety Inventory) of 34 (Beck et al., 1988). She reported clinically significant distress, and social, occupational, and interpersonal impairments. Due to her severe anxiety symptoms, I diagnosed her with generalised anxiety disorder (American Psychiatric Association, 2022).

Through the course of 16 months of integrative therapy, Pam was able to reduce her subjective reports of anxiety symptoms alongside more objective scales of anxiety (BAI) as she improved her level of functioning. I feel it is important to check clients' self-reports with an objective measure of their primary diagnosis, and my experience with Pam showed me that this paired approach in terms of methodology helped to check my own process with her. The BAI scores over time yielded data to me confirming that how I was working with Pam was successful.

Pam reported increasing her use of mindfulness techniques and regular journaling throughout her treatment. Pam evidenced a significant decrease in her subjective experience of anxiety, and at the end, her BAI score was 4 (30 points lower than at baseline). Pam learned to depend on herself—rather than on the therapist—by learning and then implementing mindfulness, journaling, poetry, cognitive, and other coping strategies. Thus, she no longer met criteria for GAD, and we agreed that Pam was ready for termination.

The benefits of working in this integrated way rests on the skillset of the therapist and the willingness of the client. In this situation, the particular match between therapist and client made this case study possible. I am an experienced poetry therapist and skilled mindfulness meditation instructor. Not many therapists are aware of PT but may be using JT as part of therapy. My client was exceptional in that she had journaled for decades and enjoyed reading poetry. Many clients journal, and some write or read poems.

Limitations

This paper presented a retrospective case study of one American adult female client diagnosed with severe GAD who benefited from an integrative approach to treatment using mindfulness meditation training, journal therapy, poetry therapy, and cognitive techniques. For clients to respond well to such an integrative approach to treatment for anxiety disorders, they would need to be screened for anxiety. It is recommended that therapists use a baseline measure of anxiety and use the same instrument throughout treatment. This therapist conducted the BAI on a quarterly basis, with a pre- and post-measure on the first and last days of treatment.

Clients further need to be assessed for literacy level (10th grade or high school); willingness to journal and to respond to poems; willingness to practise mindfulness and cognitive techniques; and willingness to share their written responses or journal entries during sessions.

This integrative approach worked well for this one client. The results cannot be generalised to other people who are in treatment for anxiety disorders.

Therapists having the knowledge and skills to teach MM and to incorporate expressive writing, journaling, and poetry might be able to reproduce a similar integrative approach. To this end, therapists would benefit from continuing education on how to teach both cognitive and mindfulness techniques, how to develop journaling prompts relevant to each

client's presenting problems, and how to select and use poems therapeutically. Training in PT and/or JT from a certified mentor/supervisor is available through the International Academy of Poetry Therapy and the International Federation of Biblio/Poetry Therapy, as well as training by Lapidus and the Irish Poetry Therapy Network in the UK.

Recommendations for Future Research

Future research might be conducted with a therapy group for clients who meet criteria for GAD. Extending the concepts explored in this article to people who meet criteria for depressive, trauma- or stressor-related, substance use, or other disorders would certainly be in order. By teaching a group the various techniques described above and gathering data from a standardised anxiety measure, the therapist can assess improvement of symptoms over time. This would inform the therapist of readiness for termination as well.

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Additional Resources

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