

Parkinson's Toolbox:

The Case for Haiku

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ABSTRACT: Parkinson's Disease (PD)—the fastest growing neurodegenerative condition worldwide — affects a wide range of motor and non-motor functions. At present, there is no cure. Only symptomatic treatment is available, aiming to improve quality of life and slow progression. The aim of this paper is to recommend haiku as a therapeutic tool helping with symptoms and, potentially, rate of progression. To this end, following a brief description of PD, and its symptoms grouped under two areas of loss resulting in life diminishment, I touch upon the general role of art and literature in augmenting pharmacological treatment of the disease, before focusing on some of the qualities of haiku (in the process of writing as well as the created poem) that collectively make haiku a containing vessel that can hold and transform the distress associated with the disease into a more bearable experience.

PARKINSON'S DISEASE

Parkinson's Disease (PD), named after James Parkinson, the London doctor who first reported the symptoms in 1817, occurs when nerve cells in an area of the brain that controls movement become impaired and/or atrophy. These cells produce dopamine, a neurotransmitter that enables multiple areas of the brain to communicate. Over time, the functioning of these cells declines, they produce less and less dopamine, and eventually die. Since dopamine is important for organizing the brain's commands for movement, its loss gives rise to the movement symptoms seen in people with Parkinson's disease: shaking, stiffness, and difficulties with swallowing, walking, balance, and coordination.

Dopamine also has other functions. It is used by the body to produce adrenaline, the hormone helping us to deal with stress. Given the loss of dopamine, people with PD are faced with additional challenges to cope with all facets — physical, mental, emotional — of stress. Other important systems, too, are affected by the condition. For instance, serotonergic dysfunction is implicated in the so-called 'non-motor' symptoms of PD, which include anxiety, depression, fatigue, apathy, and visual hallucinations. Norepinephrine, needed for proper functioning of the sympathetic nervous system, is also compromised, affecting several of the body's autonomic functions, such as heart rate, blood pressure, temperature, breathing, and digestion.

Thus, far from being a pure movement disorder, PD is now increasingly recognized as resulting in a whole range — of some 40 plus — diverse symptoms (see *Parkinson's UK*), from extreme stiffness and slowness through loss of smell and taste to anxiety and depression. As a result of this recognition, the long-standing emphasis on the dopaminergic identity of PD and, thus, dopamine replacement therapy has been waning, and interest has been extending to the behavioral, cognitive, mood, and autonomic

impairments that are associated with the deficiencies in a whole range of neurotransmitter systems (Barone 364–376). This extension has been echoed in the increasing number of physio- (or neuro-) therapeutic and arts-based approaches that are being developed to ameliorate the impact of PD.

Interventions that target a wider range of PD symptoms involve stimulating the production of ‘feel-good’ chemicals. Intensive physical exercise, in particular, has been elevated to the gold non-pharmacological standard, complementing medication, for helping people with PD: they are encouraged to dance, walk, run, play table tennis, box, swim . . . to the astonishment of those who associate the affliction with tremor, weakness, and paralysis, or only with its advanced stages (*Parkinson’s Life*, for example). Based on a better understanding of ‘neuroplasticity,’ novel approaches aim to promote the learning of new physical abilities and skills (involving mental coordination), as well as the maintenance/recovery of old functions, by fostering the re-formation of synaptic connections (Doidge 33–100).

THE ARTS AND LITERATURE IN PD

In parallel, arts-centered approaches have been developing, based on the realization that art and literature, too, are important in fostering neural connectivity, as well as improving mood and anxiety, and lessening isolation: In an interview with *Parkinson’s Life* (by Sinclair), Trevor Woollard stated that “a lot of the major charities in the sector focus — rightly so — on exercise. But there are huge numbers of people who are less mobile or not sport-orientated . . . And they’re often forgotten . . . Exercise is important — but so is exercising the mind and soul.” Thus, supported by local, national, and international organizations, a variety of projects are now running that encourage participation in artistic activities for the challenges of PD. The aim is not to create masterpieces (though, of course,

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masterpieces may be created), and people don't have to be trained artists to give it a go and realize the benefits.

In fact, an interesting phenomenon that, according to the European Parkinson's Disease Association (EPDA), is "well-known within the Parkinson's community and quite unknown to many others, is a potential link between this neurodegenerative disease and the unlocking of tremendous creative potential". For instance, people with PD who never painted before started painting; those who did, started painting more and producing work of better quality. The reasons behind this surge in creativity are unclear, though there are various explanations that are being investigated (Pelowski et al. 240–243).

Creativity as a manifestation of PD with dopamine supplementation introduces a surprising as well as exciting piece to the puzzle of PD. Whatever its cause, the potential rehabilitative effects of artistic activity are increasingly confirmed by scientists. For instance, testing a group of 18 PD people before and after 20 sessions of art therapy, Cucca et al. (148–154) concluded that the process of art making relies "on sophisticated neurological functions that may be trained to improve visuospatial symptoms" in people with PD whose quality of life may be affected by cumulative disability due to impaired visuospatial skills.

Beyond practice-related benefits of people with PD engaging in artistic activity, a significant proportion of the effort aims to express, or 'show,' what it is like to have Parkinson's using painting and the other arts. Nigel Smith, in the About section of his *YouTube* channel *PARKINSONIA — Poetry on living with Parkinson's*, describes the immensity of the challenge:

Parkinsonia is a strange land that to outward appearances is indistinguishable from any other land here on earth. But look closely and you'll see it is very different indeed. Parkinson's . . . is a dreadful disease the horror of which only its victims truly

know. We hope the words written here may help others to at least understand.

The interest in ‘showing’ is an attempt at communicating, sharing and thereby relieving isolation — as well as creating interest and increasing awareness in the public and fundraising for research to find a cure. In a 2022 video collaboration, “Stand up for Parkinsons,” Martin Pickard and Nigel Smith combine increasing the public’s awareness of what this disease is like with encouraging people with Parkinson’s to exercise.

There are, of course, other benefits. As stated by Trevor Woollard (in the interview by Sinclair): “. . . being creative has many health benefits — it allows us to focus on something positive and escape temporarily. Art also lowers stress and activates our brain’s reward centre.” Escaping the symptoms of PD, however temporarily, is of momentous importance to those in the grip of a relentless affliction. But it is increasingly becoming clear that there is even more that can be attained through engaging in artistic activity.

In addition to the visual arts, the literary arts have become increasingly recognized as helpful to people with PD. Describing the development of the concepts behind the — *Parkinson’s Art* — organization that he founded, Woollard (in the interview by Sinclair) explains:

I realized that being creative and expressing yourself through the visual arts was great, but it could also be done through poetry, for example. And poetry then became a really important and popular section on the website. Reading poetry aloud is really beneficial to your breathing and protecting your voice — working with the words and having that mental stimulation.

And, in the About section of his *YouTube* channel *The Shaken Word*, Martin Pickard introduces his poetry as follows: “Diagnosed with Parkinson’s Disease in 2020 the degeneration of my brain seems to

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have sparked a surge of creativity which I am expressing in poetry and art for my own pleasure . . .”

Or, as expressed by Nigel Smith (in the About of his *YouTube* channel): “Poetry conveys thought and emotion in a way that everyday language cannot. It stimulates intellect and imagination and should both roar and whisper at once. It has given me a sense of worth, of value, it has enabled me to find my ‘Hidden Self’ which cannot be hurt by Parkinson’s.”

Frank Ormsby, in his *Parkinson’s Poems*, shares his experience of living with hallucinations — ghost presences — in his poems, which he finds amusing rather than horrifying. In a *Belfast Telegraph* feature, he writes about taking them with him on his daily walk. He says: “It is hard to beat humor as an instrument against disease or unhappiness. I suppose as a writer I have always had a strong sense of the absurd.” Although Ormsby does not mean his writing about his PD symptoms to be a form of art therapy — he feels his work would lose spontaneity were he to set out to write poems as therapy — he brings in the importance of ‘working’ with his symptoms rather than evading them.

Given the diversity and severity of symptoms, and immensity of the experience, perhaps it is not surprising that only a small number of (poetically minded) people with PD have taken up writing haiku. Of course, predominant symptoms of PD may impose limits on the practice of reading and writing of haiku or diminish its healing benefits. In addition, being seen as too exotic or obscure, or too short, may account for the lack of familiarity with the special qualities of haiku. However, as I will argue below, it is these qualities that together make haiku particularly apt for capturing, and to some extent “containing,” the immensity of this disease.

HAIKU AS A HEALING VESSEL

Haiku, the briefest of poems, fewer than 17 syllables long, are set in the present, rendering the experience of a moment in unadorned language in the attempt to share it. The practice of writing haiku involves a number of steps and processes, starting from the inspiration and ending with the poem — though later editing and reworking usually extend the period of involvement. The poet may observe a moment in nature, or at home, may write about a deeply felt moment of connectedness with another person or the world, or a moment of overwhelming sorrow and pain. She may try to convey it in her notebook in words, or with her camera, then later shape it into a draft. . . . There is a whole process involved before the poem reaches its final shape. Given the brevity of the form, composing a haiku, or a good draft version at least, is more achievable than writing other forms of poetry. The process of writing it, too, is more likely to feel satisfying as there is a product at the end.

However, when writing about the experience of pain and distress, the satisfaction of producing a haiku falls far short of explaining what the poem does achieve and how it does it. One answer, I argue, is that it may function as a “containing vessel.”

Visualizing the process as a vessel — echoing, in a sense, Bion’s container/contained concept — might be a way of beginning to explore how writing haiku can be such a therapeutic activity. The concepts of “container” and “the contained” are central to the work of Wilfred Bion — a major figure in psychoanalytic theory, who (in his *Learning from Experience* and later writings) described the development of thinking from the earliest stages of life in terms of an important function of mothering as receiving, temporarily holding, transforming, and returning the transformed distress to the child. For our purposes, in this relational model, containment may be viewed as the relationship between a vessel or space, such

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as the haiku form, and the poet. The haiku form(at) is available to absorb an experience, transform it through the poet's drafting, crafting, and editing process, and give it back transformed, in the final edit, as a resonant poem. Understood in this way, the containing function entails neither passively holding unwanted and dangerous contents without processing them (i.e., acting like a dustbin, with the potential of becoming a pressure cooker) nor pouring them out with the expectation that others will deal with them or that they will be magically altered—but rather actively receiving and translating them into a more bearable form. I plan to explore this concept in depth in another essay.

Before considering the ways in which haiku might be “containing,” a word about “healing.” Healing encapsulates two related but separable concepts: on the one hand, repairing (mainly physical) damage or curing, eliminating symptoms, that is, making healthy again; and, on the other, comforting or soothing, ameliorating. Instances of the first are when a wound heals or we heal from an operation, that is, when we are on the mend and make a complete recovery. The second sense of healing is seen when we recover from a psychological or spiritual wounding, such as a trauma, loss, or grief. There are no visible, physical signs, but we achieve a stage of living comfortably with our respective problem or attaining a degree of spiritual equilibrium. Whenever the concept of healing is used without clarity as to the type of healing, we risk mistaking one for the other. There is no cure for PD at present. So, any promise of a healing practice, medicine, or operation relating to this affliction as curing would be misleading!

With this in mind, in this essay, “healing” is used to refer to qualities of haiku that enable the afflicted to deal with their symptoms and cope in a better way. By enabling transit through stages of loss, grief, anger, resolution, and eventual acceptance, haiku may offer a containing function involving transformation of experience.

It is not entirely new that haiku may have healing properties in this sense. As early as 1978, George Swede observed that while therapists used all kinds of poetry, they rarely employed haiku, perhaps in the mistaken belief that the form was too short to be of any use (39-40). Swede argued for the greater use of haiku in poetry therapy, with haiku not only increasing its effectiveness, but also giving the patient a sense of wonder and hope (41).

One of the most widely mentioned instances of people turning to haiku for solace is the Japan earthquake and tsunami on March 11, 2011. Tsunami survivor Isao Sato, a resident of Iwate Prefecture that was devastated by the wave, wrote:

Bereft of belongings
 Yet blessed by the touch of the
 Early summer breeze.

(qtd. in Murphy-Shigematsu)

Stephen Murphy-Shigematsu points out how Sato, in expressing loss and discovering how loss can still be followed by gratitude for what is left, is able to both acknowledge and overcome loss.

Another example refers to the ancient custom in Japan of writing a haiku about one's own impending death. These poems, rooted in Buddhism and its notion of the transience and impermanence of life, were natural, graceful, unemotional—in a few words conveying the person's distilled thoughts about death as well as a reflection on their life. Bashō's last poem, though not expressly written as a death poem, is considered such an exemplar.

Sick on a journey,
 Yet over withered fields
 Dreams wander on.

(qtd. in Epstein)

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It is important to notice the distinction between the activity(ies) of writing or reading haiku, and the created, composed or, in the case of reading, re-created poem. In the West, a number of authors have reflected on their use of the haiku process to understand and share experiences of grief and loss.

For instance, to quote Epstein:

. . . haiku (in conjunction with journal writing) has been the primary source for mourning profound losses in my life, especially my parents, and I have found a measure of peace and solace in using haiku as a way of coming to terms with my own mortality, writing what I call death awareness haiku. On a more mundane level, I rely on haiku — or a hybrid mix of haiku and senryu — as a way to give voice to the stresses and strains of everyday life, including chronic illness and pain as well as the vicissitudes of winter. (128)

Of note, Epstein writes about his haiku writing, rather than the quality or publishability of the poems he created, emphasizing the process more than the result: “the act of writing haiku when sick or grieving that has a therapeutic or medicinal effect, which is why I say it is an essential balm for me” (129).

Similarly, Owen Bullock considers the practice of haiku to be a recovery practice—which he put into effect in an immersive teaching program he developed whilst acting as a creative writing mentor for the Australian Defence Force (Arts for Recovery, Resilience, Teamwork and Skills program at the University of Canberra, a partnership with the Australian Defence Force), dealing with afflictions such as Post-Traumatic Stress Disorder (PTSD) (1–26). In this instance, the course participants were taught haiku and how to edit the poems. Later, Bullock published selections of the poems.

Accordingly, haiku as a healing, transforming container is an available tool to be used, but by no means a magic wand!

HAIKU IN PARKINSON'S DISEASE

One of the major consequences of Parkinson's progression is that it shrinks the world for those afflicted. Daily tasks, such as dressing or eating, become ever more difficult and require a longer time to accomplish (until they can no longer be performed). Beyond such obvious movement-related problems, which eventually lead to the person requiring 24-hour care, other symptoms of the 40 plus involved in PD gradually emerge. Many of these are clearly perceptible to others and socially embarrassing—for instance, drooling, acid reflux, slurred speech due to deteriorating muscle control—and lead to the wish to stay at home and disconnect from the social world, to avoid the discomfort and shame of the loss of control in public. Similarly, reduced control of facial muscles, resulting in what is called “mask” or “poker face,” looking perpetually angry or sad; tremor or stiffness resulting in dropping things; unsteady gait; apathy, often interpreted as uncaring, selfishness, lead to disconnection from society, friends and family, and eventually from oneself. Many others—such as anosmia, fatigue, anxiety, and depression—are often invisible.

Currently symptoms are grouped under motor and non-motor groups. For the purposes of the present discussion, it may be helpful to group them under two areas of loss or diminishment: an area of (loss of) energy/control, such as loss of balance, loss of muscle/motor control, insomnia; and an area (of loss) of connection, such as anxiety and withdrawal. There is, of course, cross-over, as illustrated above. Speech impediments due to loss of muscle control would be grouped under both areas, too, as they also involve loss of connection to the social world, when the person's ability to speak and communicate is compromised.

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It is in this context of Parkinson's progression that haiku can help expand the world and support the person to live with the disease more comfortably. As I will illustrate below, the comforting effect of haiku derives from specific qualities of the form—which collectively can facilitate “containment” through enhancing the capacity to internally manage the troubling thoughts, feelings, and behavior that arise as a consequence of PD. In a sense, these qualities engage psychological strengths through the haiku process and help transform trauma, arising from the disease as well as stigma of the disease (Eccles et al. 1–9), into mental strengths, thus empowering the person with PD to cope with it.

These qualities of haiku—which have been recognized and described by several writers/theorists—include: its brevity, condensation of meaning, focus on the present moment, sensory images (facilitating embodiment), juxtaposition, resonance, and connectivity. I will go briefly through some of them and illustrate how their coming together in a poem may be especially helpful for people with PD.

Brevity—perhaps the most obvious characteristic of the form (17 syllables or usually fewer)—makes it easy to both read/memorize and write haiku. One doesn't have to worry about putting together myriads of words to convey an experience, just a few. Accordingly, writing or reading a few words in a book, tablet, or phone require a lot less energy.

While, as many have discovered, writing a good haiku requires effort, perseverance, and practice, benefiting from the brevity of the form becomes possible. Thus, while the time it takes to write a good haiku is usually considerable, for a first draft of a poem minutes may suffice. This might make it attractive to those who may lack the energy, like people living with PD.

Related to the form's brevity is the high degree of meaning condensation (through the various techniques) in haiku, which

contributes to the form's advantageous features. For instance, season words, or *kigo*, encapsulate and compress a range of meanings, as well as refer to other poems and poets.

In addition, reading haiku (described as a “one breath poem”) aloud may be within the (often) diminishing capacity of vocalization affecting many people with PD, as well as a good exercise to improve speaking voice. And the sense of achievement in completing a poem, or more, in one seating (whether in writing or reading) adds to the form's attraction. The same could not be said if one were writing or reading a novel.

In this sense, writing or reading haiku does not overload the affected person, who is already suffering from loss of energy. At the same time, being able to write a poem, or a promising draft that can be mulled over in the coming days, does offer a sense of achievement. For those capable of movement, Tim Roberts, having developed a haiku practice which includes *ginko*, walking in nature for the purpose of collecting experiences for his haiku, points to a related advantage (in his essay *Haiku & Parkinson's Disease: A Practice*): “Haiku is rewarding and this satisfaction may be giving our brain extra doses of dopamine.” Increasing dopamine production during the process of haiku practice / writing a poem in itself recommends haiku for the Parkinson's toolbox.

Further, haiku, by definition, is poetry of the moment: it aims to convey the experience of a moment with the intention of sharing it with others. This quality may be particularly helpful to people with PD, for whom the environment — more generally, life — is being progressively reduced (e.g., where they can physically go, what they can do). For people with PD (especially in later stages), “Parkinson's moments” — for example, when attempting to button a blouse or when trying to still the unwanted movements of dyskinesia — are feats of closing-in concentration and awareness, as well as painful spaces of helplessness and isolation. In this situation,

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haiku — through the associations, references, allusions evoked, and the connection afforded between writer and reader — becomes a vehicle for expanding the world. This connecting with the able self, as well as with others, is of considerable benefit. Even when bed-bound, the person is being offered the opportunity to cherish the worlds outside their room and be part of the social and cultural world.

Philomene Kocher—writing about the gap in haiku, created by the juxtaposition of two images, and referring to Antonio Damasio’s theory of embodied awareness — highlighted the result of experiencing the moment of full epiphany: “It is important to remember that human nature has an integrity, and that the sensory, emotional, and spiritual ways of connecting to an experience are not separate, but occur together.” (Inviting Connection through the Gap in Haiku 13) It is this quality of all-encompassing experience that provides invaluable support to people—like people with PD — affected in ways that force them to separate muscle action from brain commands or prevent the senses from providing the feedback to the brain they are meant to convey. For instance, people with PD whose sense of smell is compromised may nevertheless recover a sensory experience from memory upon reading about the smell of, say, coffee, in a haiku, allowing them to experience the “full epiphany.”

Connectedness, as a special haiku quality, derives from the conveying of the experience of a moment from writer to reader. In fact, as expressed by Scott Mason (personal communication July 30, 2021):

Connection is in the very DNA of haiku because most quality haiku enlist the reader in the process of reconciling their two internal parts. Reading (and to an extent, writing) haiku is thereby a holistic practice. As such, it’s also a healing practice. Haiku condition us to recognize and appreciate the interrelated

nature of our world and thereby foster a greater sense of belonging and a commensurately reduced sense of alienation, isolation and loneliness.

And (in *The Wonder Code*):

. . . haiku practice rewards and vivifies the reader. Spending time with haiku cannot help but activate a greater sense of participation and ultimately a greater actual engagement, in the world around us. (215)

Understanding fully another person's experience, or conveying it to another—whether face to face, in print, or on social media—promotes the feeling of connection to and integration in the world, when the temptation is to isolate and cut off. This quality would be particularly important for people with PD, whose world—and connectedness—tends to shrink over the course of the disease and who feel increasingly misunderstood, alienated, and isolated.

The connectedness that haiku affords is also important when seen in the context of the disconnection enforced on people affected by PD. There is a relentless 'encouragement' to join dedicated PD activities, groups, communities of similarly affected individuals. While undoubtedly helpful, these segregations, by limiting exposure to the whole world, may also inhibit the psychological processing necessary for strengthening mental resilience and resources. Instead, they may often serve to spare the discomfort of anyone 'unaffected' watching those with PD, leading to a circle of diminishment, with people with PD further hiding their own discomfort, at great psychological cost. As numbers of cases rise exponentially, making PD the fastest growing neurological disease, and with younger people increasingly being diagnosed, the costs of such segregation and isolation are also increasing.

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In this context, haiku may be helpful in increasing awareness in those indirectly affected by or ignorant of the disease. Poet Ce Rosenow and philosopher Maurice Hamington have highlighted haiku's potential to support the development of caring capacities through engaging a caring imagination, and thus helping develop caring knowledge, and potentially caring behavior. They illustrate this haiku quality by discussing a number of poems, such as the one here by George Swede:

at the height
of the argument the old couple
pour each other tea

In this poem, readers who are not yet part of an “old couple” are provided with the opportunity to understand the quiet intimacy created over the many years of a relationship. Reading haiku moves us to respect and learn from the experience of others; and exercising the caring imagination can help us understand experiences we have not encountered ourselves, thereby increasing our knowledge repertoire and encouraging cultivation of caring habits.

Parkinson's
the slowly advancing
desert

— Stella Pierides

The practice of writing a death poem is an instance of the caring imagination being engaged fruitfully by those directly affected. “Haiku can lead to greater knowledge of the uncertainty experienced by a person facing death. This shared understanding can paradoxically increase the potential for a caring relationship when uncertainty itself might have initially created a barrier to a shared understanding” (Rosenow and Hamington 63). The same would apply to people facing the uncertainty associated with a progressive, incurable disease — like people with PD.

Of course, such an attitude of openness to our own experience and that of the others requires openness and commitment to truth and authenticity. “When we compose haiku, if we write with *truth and authenticity*, our practice becomes . . . powerful medicine” (Tim Roberts).

Dreaming of birdsong
I wake to a wolf shaking me —
Tremors again!
— Tim Roberts

The openness to our experience and trust in the power of this brief form is shown in the above poem about tremors by Tim Roberts. It moves us beyond the private horror of night tremors (what is happening to me? why me?) to a wider context, an environmental setting that is wider than the self: human and animal nature, mythological and literary associations (wolves in literature), folklore and fairy tales (werewolves, red riding hood), dream and reality, and life. It successfully connects us with the experience and opens windows enlarging the moment it describes.

The following is a poem about the experience of acid reflux, a common symptom of PD, and the worry of being seen and heard by others even when attending online meetings. Although a symptom belonging to the group of symptoms under bodily control, reduction of stress helps to deal with it.

muting
my microphone —
acid reflux
— Stella Pierides

The sense of control in the ability to mute the microphone and thus avoid embarrassment, supported me in this situation. The

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lightness in the humor counteracting the heaviness of mood involved rendered this experience manageable.

Similarly, the poem below about dyskinesia, the involuntary swaying movements experienced after long-term use of Levodopa (*the drug used in dopamine replacement therapy*), helped me distance myself from the embarrassment and worry about the stigma that unfortunately accompanies these movements:

dyskinesia . . .
how tall grass
sways

— Stella Pierides

Instead of dyskinesia (i.e., being moved by the hand of the disease), the magnetic, lyrical, and relaxing swaying grasses in the wind! Not just a narcissistic image, it reflects an acknowledgement and acceptance that we are all moved by forces beyond our control. This realization helped reduce the embarrassment (a connection-related reaction), which, in turn, brought about a reduction of the dyskinesic movements (a control-related problem).

Both poems helped me bear and cope with socially awkward experiences associated with PD. While this is not meant as an illustration of a once and for all solution—after all, PD is a progressive disease and over time accumulates problems that may not be so readily containable—transforming the experience provided considerable relief along the way and made it easier to stay connected.

Epstein attributes the healing qualities of haiku to returning us to our position within the wider context of nature, including human nature, from which we arose and to which we belong. Writing and reading haiku restores our connection to the world and thus it becomes a healing force.

It may be possible now to recognize poems that gave rise to this kind of resonance, that spoke to us and our friends, as writers or even readers: they have worked as containing vessels for the experience. Unlike other poems we may draft daily, the transforming-vessel poems neither deny or obscure the true meaning and impact of the moment, nor do they broadcast distress in the hope that someone else will pick it up and deal with it.

As pointed out by Robert Epstein: psychologically, the act of writing haiku while ill, or alone and lonely, offers instantaneous company to oneself (129). Writing about being sick, in the process, I bear witness in the act of writing about being sick!

chemo chair
 outside the window
 another

—Gregory Longenecker

This, one might say, “objective” way of watching oneself may be seen as an act of self-compassion, a non-judgmental acknowledgment of one’s own suffering and a self-directed response based upon “the same kindness, concern and support you would show to a good friend” (Neff and Dahm 121). Self-compassion is considered an important element of emotional regulation linked to how we relate to external threats, experience emotions, and deal with them. One might say that watching oneself engaging with the process of haiku — crafting in words the swaying movements, the reflux, tremors, or other manifestations of the disease — fosters such an attitude.

The qualities of haiku are important in offering relief in themselves. However, by their coming-together in the unique structure of the form, haiku can become a powerful force of transformation of the experience conveyed. Watching oneself relate a difficult experience through writing or reading a haiku and the transformative

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impact of release and relief that accompany it, is experiencing the transformative power of haiku. In one sense, it is what is often called an “aha experience,” but more than that it is an embodied coming-together of our emotional, intellectual, as well as social worlds. As such, haiku acts as a transforming vessel, helping us connect what feels uniquely hopeless and unfair, humiliatingly personal, to the wider multi-layered social context and humanity we all share and are part of.

CONCLUSION

By briefly considering some of the key qualities inherent in haiku—such as brevity, condensation of meaning, focus on the present moment, sensory images, resonance, and connectivity and the power that accrues from their coming together—I hope to have offered a glimpse of haiku’s potential to help face, come to terms with, and help mute the “pain” in general and the distress of PD in particular—to paraphrase Epstein, to “express [and so contain] the inexpressible” (126). For me, the worth of haiku lies in its capacity to become such a containing transforming vessel. This briefest of poems has the potential to encapsulate all kinds of experience—the beauty of sunsets and cherry blossoms, the exhilaration of climbing personal ‘mountains,’ but also the depth of loneliness, the pangs of pain, the embarrassment of acid reflux—and transform them, in a few words, into a manageable, livable experience. Whether symptoms of diminishing energy/control, or diminishing connection, as a transforming vessel, available to absorb and translate distress—tremor to a wolf symbol; dyskinesia to swaying grass—haiku offers a powerful tool, helping people with PD stand their ground against the forces of the disease. While these qualities are not unique to haiku, in their totality they contribute to weave a form that, in its transformative power, may be added to the developing arsenal of tools available to people with Parkinson’s to support them navigating their affliction.

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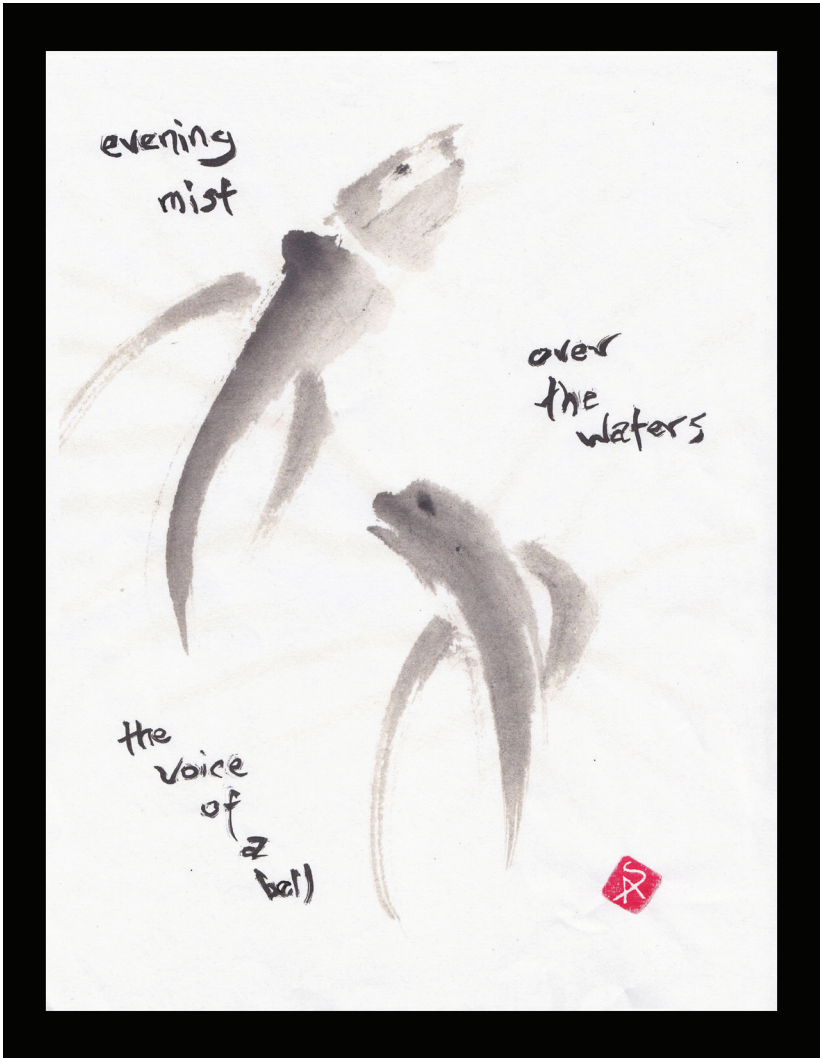
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