



When Poetry Meets Medicine: Voicing a 'Silent World'

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Abstract

This essay looks at medical students' poetry on a curated website and design of a course for medical undergraduates called *Poetry of Medicine*. A close reading of poetry and commentaries on the website outofourheads.net informed aims and design of the course, which had three strands: 1) study of poetics and analysis of poems; 2) practical exploration of applications of poetry within medicine; 3) writing poems and reflecting on them, and reading work by a range of poets. This essay focuses on the third of these. Recurring themes in students' writing and reflections suggested that writing poetry can offer an outlet for expression and a way of processing personal and professional experiences that may be helpful as a supportive resource for students.

Keywords: poetry, medicine, medical education, health, poetic inquiry, reflexivity, reflective practice writing, creative writing for therapeutic purposes

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Introduction

A tension exists between highly technologised contemporary western medical practice and the vulnerability many medical students feel in their daily encounters with human lives and fragility. Poetry study and writing

might seem at odds with medical curricula that require rapid absorption of large amounts of information and arguably a degree of emotional distance from the immediacy of challenges experienced by patients. Emerging practitioners are encouraged to see themselves as resilient providers of care, while they too need support, as reports of mental distress in this population indicate. Can poetry help these students survive and shine? Looking at poetry writing on a website and in an undergraduate course, this essay considers questions about definitions and identities that have significance for anyone concerned with matters of health and wellbeing.

Medical Language and a ‘Silent World’

In *The Birth of the Clinic* Michel Foucault (1926–1984), whose ideas have influenced understandings in medical education, talked of ‘the body, with its tensions and its burnings, the silent world of the entrails, the whole dark underside of the body lined with endless unseeing dreams’ (Foucault, 2003, p. xi).

He suggested that ‘the reductive discourse of the doctor’ could not articulate this interior ‘silent world.’ His ideas illuminate how practices, systems, and available language promote or preclude acts, expressions, and understandings. Pedagogy in medical education demands substantial knowledge acquisition and detailed thinking but does not offer many opportunities for reflexive consideration of narratives about medicine and how these do—or do not—align with lived experiences of health and illness, including those of students themselves. Coulehan (1995) discusses the idea that doctors need to adopt ‘clinical distance’ or ‘detached concern’ to cope with the demands of their work and medical language that reinforces this. This language and its registers tend to be time-specific and chronological, technological, and specialised (Marthouret, 2016), using terms that allow generalisability and categorisation, and that promote an impersonal voice that obscures the identity of the speaker (Poirier, 2002). Shapiro (2016, p. 1), commenting on Howard Stein’s poetry, notes that such language can be used to mislead and avoid hard truths, while poetry can seek truth by crossing boundaries, becoming a form of research as well as affording ‘educational/therapeutic interventions’.

Discourses around doctors’ own vulnerabilities and the power relations that exist in medical institutions and wider society are often obscured, and this can set up dissonances for students. It is here that the arts can offer a place for discussion, reflection, and possible

transformation. Wellbery (2010, p. 1) contrasts the apparent certainties of medicine, identified as physical body, palpable outcomes, diagnosis, therapy, and prognosis, a 'logically desirable goal', with the arts 'moving the perceiver beyond the obvious into a realm where values, meanings, and priorities are weighed and adjudicated.' Poetry invites readers to 'move beyond the obvious,' to be curious about different forms of experience and to embrace uncertainty.

The COVID-19 pandemic has highlighted interconnected individual, social, political, and global factors in how health and disease are experienced and treated. It has revealed starkly contrasting perceptions about health and treatment, and made more obvious disparities of healthcare provision, resource allocation, and exposure to the virus. When an individual or group feels unheard, the 'silent world' becomes a 'silencing world' and wellbeing is undermined, not least because of the potential for conflict and misunderstanding. While poetry per se is not likely to become a primary mode of communication about health matters, the opportunity to pause and reflect via a writing process that has therapeutic hopes may offer benefits for all involved with issues of health—that is, everyone. This project concerned one population in a complex network: those who are in early stages of training to deliver medical care to others.

It is with this complexity in mind that the course for medical students was set up. As Percer (2002) says, poetic language brings texture, insight and complexity to making sense of the world. For any 'illness experience' to be articulated and shared, language of mind, emotions, body and spirit, and forms of expression that allow contradictions and nuance, are necessary. Arguing for poetry as a research method in *Poetic Inquiry* (Prendergast, Leggo, & Sameshima, 2009) Brady says 'our lives and thoughts are shot through with poetic character. And so is science in thought and deed' (p. xii) and 'poetic processes can be used both as tools of discovery and a unique mode of reporting research...there are activities and domains of participation in life that can only be accounted for realistically with qualitative methods, with poetic-mindedness' (p. xiii). Situating a poetry course within the medical curriculum is based on the recognition that 'poetic-mindedness' and its inherent reflexivity may be cultivated to benefit emerging practitioners, not least by enabling them to identify their own needs.

Purposes of Literary Studies Within Medicine

Medical humanities, a field that has grown in recent years within medical education, offers the study of medicine in relation to philosophy, history, literature, and other arts. Bleakley (Bates, Bleakley, & Goodman, 2014, pp. 17–26) outlines their development since the 1970s, noting the sub-sets including arts-in-health. There follows a brief outline of some often-cited aims of medical humanities educators, to which this essay hopes to add a further element.

The Deepening of Empathy

Aims for literary studies within medical curricula often emphasise the development of empathy. A literature search of 401 abstracts found links between poetry and increased empathy in healthcare workers (Schoonover, Hall-Flavin, & Whitford, 2020). Collett and McLachlan (2006, p. 64) say that ‘poetry can provide a means of attending to voices other than those presented in habitual social settings. This in turn raises consciousness and promotes skills related to good communication and empathy’ and influences ‘the understanding and ability of students to see things from the point of view of others.’ Shapiro, Morrison, & Boker (2004, p. 82) say ‘a literature-based intervention can exert a significant and meaningful influence on certain aspects of students’ self-reported empathy and positively affect their attitudes toward the humanities as a useful tool in professional development.’

Developing Communication and Observation Skills

In addition to empathy, communication and observation skills are aims described by Wellbery (2006), Muszkat et al. (2010), Stammers (2015), and Marthouret (2016). Students may learn ‘how to express themselves more precisely’ (Kiser, 2014) and how to write medical narratives better (Kerr, 2010). Charon (2006) says the ability to ‘go deeper’ helps future practitioners avoid superficial assessments by honing their critical thinking, attention to detail, and ‘narrative competence.’

Appreciating and Expressing Complexity

Ho et al. (2009, p. 93) designed an activity to enable students to experience more direct and personal involvement in ‘life-changing and emotional topics.’ Students read published poems on health topics, then interviewed a friend or family member on an experience of illness and transcribed the

interview. From this they made found poems and performed them in a group. All poems were then reflected on by participants. The authors say, 'Students have reported that the activity helped them to see the complex nature of healthcare encounters for both patients and practitioners. By taking on the identity of a patient, students can experience vicariously the emotions associated with either healing or injurious interactions with healthcare providers.'

Enhancing Relationships with Patients and Colleagues

Wolters and Wijnen-Meijer (2012, p. 47) describe poetry as 'being able to contribute to the relationships relevant to medical students, i.e., those with patients, patients' families, and future colleagues.

Promoting Self-Awareness and Self-Supervision

Wolters and Wijnen-Meijer (2012) talk of poetry as 'a means of reflection throughout further life and career' and Bromberg (2008) suggests it can improve self-awareness. Educator and professor of emergency medicine Jay Baruch (Cambra, 2012, p. 34) suggests that reflexive awareness can forestall practice errors: 'the goal is to help the students become doctors who think creatively, who approach problems with an understanding of their own beliefs and biases, and who will avoid making assumptions that can lead to medical errors.' Aull (2012) introducing the NYU-based online resource the Literature, Arts and Medicine Database (established in 1993) echoes this, mentioning the value of emotional and intellectual engagement, reflexive awareness of personal biases and preconceptions, understanding of contexts in which health and illness are perceived, and the meanings (and ambiguities) of illness to the person experiencing it as well as the observer.

Tolerating Uncertainty, Asking New Questions

Poems can encompass apparently contradictory phenomena that point to the inexplicable and the unsaid. Enabling students to go 'deeper' and 'expand beyond simply studying medicine' are purposes suggested by Rodriguez, Welch, and Edwards (2012, p. 202) and Zack, a pulmonologist and poet, is quoted by Gee (2015) saying that poetry is 'a tool physicians may use' to find alternative ways of knowing and understanding, and ways of tolerating not knowing.

McCulliss (2013, p. 83) says that poems can allow for 'a more in-depth and holistic understanding of the ethnography and perceptions of a particular group or population' and 'uncover contradictions, missing information, and problems with internal validity.' Medical language generally does not point to these, yet students notice and want at times to provide alternative viewpoints. Bolton, who has done extensive work with medical practitioners, defines reflexivity as

finding strategies to question our own attitudes, theories-in-use, values, assumptions, prejudices and habitual actions; to understand our complex roles in relation to others. It develops responsible and ethical action, such as becoming aware of how much our ways of being are culturally determined. (Bolton & Delderfield, 2018, p. 10)

Questioning Definitions of Medicine

The bringing together of poetry and medicine inevitably highlights differences in expectations that emerge from differing pedagogies. This feeds into reflexive discussions about what poetry is 'for.' Collett and McLachlan (2006, p. 64) say 'doing poetry for poetry's sake will achieve a form of learning that is not necessarily measurable or one that cannot be preconceived,' which sits uneasily with measuring and assessment in most medical curricula. Discussions will also inevitably turn to, 'What is medicine?' Is medicine the educational curriculum followed by its practice in institutional settings? Is it the daily experience of humans going about their lives encountering physical and mental challenges? Does it include the health of societies, environments, the more-than-human world?

The above purposes of reading and writing poetry during medical studies are primarily conceived and described by educators, and their focus tends to be on students developing professional skills within an established pedagogy where identities of doctor and patient are differentiated, and personae of 'resilient doctor' and 'vulnerable patient' are present to varying degrees. Yet students' lived experience does not bear out this narrative. Students' vulnerabilities and stresses during their medical studies are well documented (Hill, Goicochea, & Merlo, 2018). The conclusion of Pokhrel, Khadayat, & Tulachan (2020) in their study is that 'A strong correlation between teaching and learning-related stressors with depression and anxiety may be a call for an efficient and more student-friendly curriculum.' Students are also sometimes patients. They are often personally involved in the illness experiences of family members and friends, as well as their own. Mental distress may not be visible or attract a

diagnosis. Students' own health and self-resourcing are crucial in their efforts to give care to others. Yet these are not commonly cited as aims of the medical curriculum.

In the survey described below, the voices of students were given precedence. They indicate additional, more personal, effects of engagement with poetry that relate to the 'silent, inner world' mentioned at the start of this essay.

Reading Poems and Commentaries by Medical Students

I conducted a close reading of 89 poems and commentaries on 74 of these poems by their authors from outofourheads.net, a curated open access website, as a way of learning more about medical students' preoccupations and their experience of processes involved in writing poetry and reflecting on it. I learned of the website when facilitating creative writing sessions at a general practice surgery where the website curator Catherine Lamont-Robinson was facilitating art sessions. The context for the creation of the website is described by Lamont-Robinson thus:

Bristol School of Medicine's endorsement of creative enquiry began over twenty years ago. In 2009 University of Bristol clinician and academic Trevor Thompson invited artist and medical educator Catherine Lamont-Robinson to co-develop an interactive website sharing the archive of medical arts. From the outset, student input has sat at the core of this educational initiative – the website designer Danny van der Klee, then a mature student, and Will Duffin, also a medical student, contributed to all aspects of the development, curation and wider participation. (C. Lamont-Robinson, personal communication, January 18, 2022)

I discussed ethical issues with Lamont-Robinson while preparing this survey. Authors who publish work on the website are informed that it is open access. They are given options to withdraw their work or be anonymised, and they give their permission for use or re-use of works in further educational initiatives. Lamont-Robinson agreed to contact alumni if this seemed appropriate beyond the initial permissions given at point of publication.

By reading poems and commentaries side by side it was possible to identify recurring themes and perspectives which gave indicators of authors' preoccupations and of how they chose to employ poetic forms to express these. My reading informed the design of the poetry-writing strand of the *Poetry of Medicine* course. Below is a brief survey of some of the themes in their poems and commentaries.

Resilience Versus Vulnerability

The demands of medical studies while encountering patients experiencing illness are challenging. During the pandemic additional stresses were foisted on students, who were frequently isolated in their rooms attending lectures online with fewer opportunities to meet others. Maintaining a resilient persona can mean blocks to expressing personal feelings. One way that poetry can enable expression is through indirect exploration of challenging or stigmatised states via metaphor, personification, and the adoption of personae or voices. In Stebbings' poem 'Attention this Building is Unsafe and Likely to Collapse' (2013), she adopts the voice of a building to explore her mother's lung cancer:

I'm all
Crumbling bricks and crooked girders
Speckled lungs, speckled tissues when I cough
A six stone mound
Half of what I used to be

The author comments on the relief of being able to articulate some of her feelings: 'I was waiting for the perfect excuse to uncover a lot of the emotions I had buried for so long' and says that she 'really enjoyed the writing process and hope to write in future to alleviate my own stress from the demands of my course' (Stebbing, 2013).

It was striking how frequently authors used metaphors to convey difficult states and emotions. The power of feelings is often strong in the poems while the prose commentaries allow a more distanced 'rational' tone. The combination affords opportunities to articulate what may typically be hidden or silent in other areas of the medical environment. If it is too difficult to voice feelings in a direct way, poetry offers opportunities to 'tell it slant' as Emily Dickinson (1998) put it. Another example from the website is Gomez's (2012) poem that conveys the experience of depression by reworking a metaphor of dogs:

Skulking round your ankles
And pawing at your back.
Hot sticky breath
Clouding up the windows
The morning light turns cold.

Writing poetry offers ways for students to 'question the language of medicine and look out for the metaphors implicit within it' (Hartill, 2014, p. 47) and at the same time to find ways of engaging with distressing topics

that make them palatable and bearable. The anonymous author of 'Bubble' (2016) writes 'It was difficult at first to try and put what I saw and felt about a friend with anorexia into words. After a while it seemed easier, and I think I could have written more,' adding 'for a long time it has been a subject not spoken about':

Retreating to your bubble,
You don't see me
Gently reaching,
Then clutching, grabbing.
A fruitless effort
You slip through my fingers.

Many students explore health/illness states, mental, physical and social, in an emotive way via poems in the first person, imagining another's experience, then use the prose commentaries to talk about the writing process. The commentaries convey a need to feel protected from divulging too much personal detail and from potential overwhelm in the face of distressing and intractable suffering. At the same time, they indicate a need to express such states and to bring a subversive, emotionally raw, and heartfelt voice to their experience. Sansom's poem 'The Corridors of Death' (2018) shows the empathy shortfalls in the hospital's physical environment while communicating great empathy from the writer. A mother walks with her daughter through a hospital where 'Windows of bad art and distant landscapes/Sneer at us' and 'Life-savers saunter past us, laughing with each other,/Barely noticing our condition.' In the poem the writer identifies emotionally with the mother of a child, and the commentary indicates how the writing helped the student to process feelings that arose when talking with a mother about her experience of this situation.

Sometimes creative writing enables the boundary between self and other to be blurred and for an alternative, de-pathologising narrative to emerge. A medical lexicon coined to identify diseases and 'disorders' was seen by some writers to have useful purposes while also interfering with closer understanding of patients by pathologising and labelling them. Sometimes shorthand terminology is placed alongside non-medical language to expand the frame of reference and depict a whole person more fully. In 'Sun-Spun' (2012), Williams describes the movements and sensory perceptions of an autistic girl she worked with:

...she hears
A symphony in the tones
Of the ice-cream van.
Feels sparks of prismic colour
In the feel of the breeze on her face.

Williams says that writing 'let me think about what I really felt at that time' about the moving experience of being with the girl: 'The point at which she invited me into her world was therefore, for me, a very moving experience and one I will never forget.' The sounds, colours, and sensations depicted have an evanescent beauty that allows the girl's diagnosed condition to melt away like ice cream as a personal connection is made. The small details of the experience that are picked up in the poem (sights, sounds, sensations) are presented as the girl's own way of viewing the world which the author is coming to understand better.

Alternatives to a Pathology Narrative

Several writers reflect on how writing a poem brought a felt sense, rather than intellectual observation, that an illness was not only about deprivation or suffering. Saunders says of her Nana going blind in 'A Vision Gained' (2011): it 'made me reflect on how much of my life my Nana did 'see' through her remaining senses...for the first time, honouring my Nana's abilities instead of focusing on her disability.' The emerging appreciation of an alternative to a pathology narrative provided hope and a sense of fresh meaning.

In 'Contact' (2009), Brennan uses stanzas to alternate voices of patient and doctor while blurring strict distinctions between the two. The inner thoughts of each are juxtaposed, and as the poem progresses the distance between them closes. As empathic listening begins the pronouns change:

'I' is a word I use too often,
It is with 'Us' and 'We' that walls will soften.

A more social, collective, view of healthcare emerges. The importance of networks of care are seen in the anonymous poem 'Rescue' (2012) and its commentary:

Illness can be very isolating...I have tried to portray the overwhelming relief felt – the revelation, that comes when someone who previously felt that they were suffering alone realizes that there are others who feel, or have felt the same. It is a huge relief and I think a very therapeutic experience. I think that it highlights the value of peer support in therapy

and holistic care – in all types of chronic illness. For me it also emphasizes the importance of empathy in practitioners.

The writer adds ‘this poem is more a raw collection of thoughts – I enjoyed the creative process and found the writing therapeutic in itself.’

Subversive Stances

Registers of medical and colloquial language are juxtaposed in several students’ writings, and dissonances are sometimes portrayed with anger, or a tone of satire or protest. In ‘The Caring Doctor’ (2009), Pasvol contrasts a doctor’s spoken caring words with the patient’s inner thoughts in a rapid-fire exchange with a satirical, irreverent edge that evokes the hasty pace of the consultation:

‘Come in.’
Business prick,
Wallet’s thick,
Think’s he’s slick.

‘What can I help you with today?’
Market’s rough,
Heard enough,
Life is tough.

In ‘Human to Human’ by Ella Fisher (2020), the ‘stock phrases’ and ‘open body language’ that the medical student has been trained to adopt are satirised as the writer reaches towards a more genuine way of talking with a patient. In the process of writing, she finds her own more authentic form of expression. On the course, we looked at different registers of language employed in medicine such as inter-professional clinical language, spoken words used by patient to health professional and by health professional to patient (a mixture of clinical and non-clinical language), language in popular media, and the patient’s or professional’s description to themselves of the experience of illness and recovery (Hamilton, 2012). Paying close attention to uses of language was part of the reflexive process that opened up new voices and perspectives and allowed some deconstruction of familiar narratives and identities.

Expressing Vulnerability

In a climate where the trainee doctor is encouraged to become a ‘team player, professional and scientist’ (Bates et al., 2014, 17–26), opportunities to consider ‘the human purpose of medicine’ (Stammers, 2015, p. 132) and

'medicine as an art' (Campo, 2004) can be rare, yet these are likely to be where vulnerability can be articulated and processed.

Several students wrote about personal anxiety at having to deliver medical care as an inexperienced student. Maguire (2010) writes:

I am a canvas
As blank as can be
Inexperienced in suffering

and

...I feel ashamed
Ashamed of my youth,
My energy and smile...

She comments on how the poem arose out of meeting a middle-aged woman with cancer. 'The blank canvas symbolises my lack of experience, youth and naivety in terms of pain and suffering. It also symbolises my wish to learn.' In 'The Appearance of Disease' Cain (2012) depicts a parade of diseases personified in a caricature style. They are what she imagines will come into the consulting room, but the reality of meeting actual people is always different: 'Every time they were completely unrelated to what I had imagined them to be like. This highlighted to me how easy it is to make assumptions about somebody.'

Poetry of Medicine Course

Design

The *Poetry of Medicine* course drew on observations from the survey above. It was a three-week optional course for second-year medical students at the University of Bristol designed by Dr Trevor Thompson, Professor of Primary Care Education and Dr John Lee, Senior Lecturer in the Department of English, both at Bristol, and myself from Metanoia Institute London. The course was structured around three contact sessions per week, one for each of three strands that ran concurrently: 1) poetics and poetry analysis; 2) exploring applications of poetry in medicine; 3) poetry reading, writing, and reflection—this essay focuses on the third of these, the one that I taught. The aims were:

1. To develop students' skills of criticism in poetics through close reading of poems and consideration of cultural context.

2. To understand the applications of poetry in medicine including how poetry writing can be used therapeutically, how general practitioners and other healthcare practitioners can prescribe poetry in different contexts to aid reflection, and what other poetic resources might play a part in different health situations and settings.
3. To develop students' poetry writing, to introduce them to a range of poems, to develop their understanding of poetic forms, and to enable them to engage with themes and develop depth of reflection and discussion.

MacClure (2003) suggests that postmodernist methodologies 'unsettle the still core of habit and order in the uncertain hope of shaking things, asking new questions, estranging the familiar' (p. 224). She argues for the need for a 'transgressive jolt that comes from...suddenly glimpsing the demented in the all too familiar' (p. 229). On this course students could drop their clinical masks, lower their medical gaze, put down their stethoscope, pick up a pen, and feel their way into new discoveries, making the familiar strange.

Structure

The structure meant that each week students analysed poems, visited a general practice or learned about applications of poetry in another setting, read a range of poems, wrote their own, and discussed all of these. The compact anthology *Tools of the Trade* (Fraser et al., 2016) was chosen as a key book. It is organised in sections titled 'Looking After Yourself', 'Looking After Others', 'Beginnings', 'Being with Illness' and 'Endings'. Having noted the themes from the website, it felt important to give space for students to explore freely and respond to poems they found either in the anthology or elsewhere, and to enable them to articulate first-person experiences, uncertainty, and vulnerability; alternatives to dominant narratives; and the interplay between physical and mental phenomena. To do this, they would need a safe enough environment. Bolton's model of reflective practice writing informed the teaching methods. She says: 'the discipline of reflective and reflexive writing allows freedom of exploration and expression...[and] a carefully boundaried space providing sufficient security to allow surrender to the process' (Bolton & Delderfield, 2018, p. 140) and emphasises that 'a supportive, confidential, carefully facilitated environment' is essential (p. 27).

As a specialist in creative writing and its therapeutic dimensions, an experienced facilitator of groups in diverse settings, and leader of master's level and practitioner certificate courses, I have developed with colleagues methods for establishing groups that have enough safety to enable creative explorations while holding emotions that may arise. Medical students have good reason to be cautious about engaging with activities that may reveal their vulnerabilities, as discussed above. Safety in such groups is composed of many elements, some overt, such as agreeing to a working alliance, and others more subtle, such as choice of language and the tone of voice used by the tutor. Our working alliance included references to confidentiality within the group, listening to each other, and paying attention to self-care. The latter would include students noticing if strong feelings were being evoked and pausing if necessary. Other contributions to a holding environment were options to communicate with tutors between sessions, a poetry reading at the end of the course, and a concluding essay that enabled students to process their discoveries, for which they received substantial feedback. There was also a reminder during the sessions of the importance of conscious breathing and how this can alleviate anxiety, reconnect mind and body, and mitigate over-intellectualised thinking. Details of groupwork are described in *Words and Thresholds* (Hamilton, 2014), a text that students read to gain information about the approach.

Here is a summary of course content:

Week 1

- **Prior reading** – Poems from *Tools of the Trade* anthology including '28 Weeks' by Lesley Glaister and 'Waiting Room' by U A Fanthorpe; An Interview with George Szirtes (2012)
- **Introduction to range of poetry:** page, spoken, YouTube, [The Poetry Archive](#), multiple forms
- **Warm-up writing activities including**
one place you've written in
one place you might find a poem
one thing you like/dislike about poetry
- **Discussion – What is poetry?**
- **Words you like writing activity, writing them into lines, sharing with a peer**
- **Discussion of pre-read poems including aspects of form**

- **Writing exercise** starting with prompts to write down a medical specialism (for example cardiology or paediatrics), a condition you have personally experienced (such as depression or psoriasis), a tool or resource used in medicine, a place where healing can happen. Exploring what things are and also what they are not by writing a list with stems, for example 'stress is/stress is not' and using lateral thinking, and breadth of language and references

Week 2

- **Prior reading** – Chapter 1 in *Illness* by Havi Carel and Chapter 1 'When Bodies Need Voices' in *The Wounded Storyteller* by Arthur W. Frank; poems from *Tools of the Trade*. Students were asked to pick out two poems of their choice.
- **Introduction** to ideas around *body*: the physical body and the body of a poem, its constituent parts: skeleton – structure, basic bare bones of the form; flesh – the words that clothe this with their sounds and vibrations in the ear and brain and body; animation – the way the words interplay with each other and how the reader/listener responds and 'reads into' the poem, the words and the spaces. How does a poem reach us bodily?
- **Reading 'Heart Transplant' by Miroslav Holub**
- **Writing on theme of Body.** Exercises included: 1) Start by choosing a part of the body and write notes, then write from that part to yourself, then reply to it. 2) Choose a part of the body and write notes on many aspects of it including personal, symbolic and linguistic/metaphorical associations. Use these notes to write a piece encapsulating and 're-narrating' that part of the body. 3) A facilitated writing and moving/breathing exercise involved writing a word on paper and then in the air, enlarging and exaggerating it, then making larger movements, then working with a partner and connecting with each other's movements. 4) Finally writing about the experience with particular attention to the body and sensation.
- **Choosing a poem** that could be read with a patient – what criteria?
Look at poems in *Tools of the Trade*

Week 3

- **Prior reading** – poems from *Tools of the Trade* and article 'Words and Thresholds' about therapeutic aspects of writing process.
- **Writing and discussion** of students' work and what *therapeutic* mean for them. Discussion of examples of research such as that by

Baikie and Wilhelm (2005) of outcomes of writing for people with health conditions, which include fewer stress-related visits to the doctor, reduced blood pressure, greater psychological well-being, and reduced absenteeism from work.

- **Making connections** between poem writing and medical practice, drawing out students' own discoveries.

Facilitation

The approach I used, described in Chapter Nine of *Medicine, Health and the Arts* (Bates et al., 2014, pp. 145–162), aims to hold writing groups safely enough to enable sharing, vulnerability, and trust in what can be a moving, exciting, and sometimes unsettling reflexive process of inquiry and discovery. Aspects of a bibliotherapeutic framework as described by Hynes and Hynes-Berry (1986) also influenced the approach. Studies such as Jack's (2015) on nurse education and Lago's (2004) supported the aspiration for therapeutic outcomes for students. Jack's article discusses benefits of approaches including poetry therapy, bibliotherapy, and therapeutic writing described by Bolton (2005), Hunt and Sampson (2005), and Hedges (2013). Lago surveys accounts of international students at a British university on their personal writing activities and identifies therapeutic effects of writing emerging from its being a psychological 'container,' a source of enhancing personal understanding, and having interpersonal value.

Findings

Students read poems about birth, dying, falling in love, the natural world, and the practice of medicine. They were able to articulate the first-person voice of 'patient' as well as dimensions of ethnicity and sexuality, with awareness of the cultural contexts in which medical practice is situated. Their stresses as medical students were aired. They acknowledged that they had a number of identities in addition to student doctor: those of friend, brother, sister, parent, partner and more. They shared experiences—bereavement, relationship difficulties, feeling lost in a packed lecture hall, feeling inexperienced and naïve with older patients and professionals, anxiety and overwhelm, relationships with the more-than-human world. A slower reflective pace than the medical curriculum usually allowed was found to be supportive, allowing vulnerabilities to be aired without students feeling overwhelmed or disempowered. Students

expressed relief and sometimes appreciation of small fleeting moments and interactions. They enjoyed experimenting with forms and styles that enabled playfulness and humour. Looking at metaphors and language closely prompted them to think about language used in medical contexts, and thereby to reflect on meanings, assumptions, and values, and they took opportunities to critique as well as appreciate aspects of their profession. Psychosocial dimensions of illness and health and collective visions of caring were explored as well as individual experiences. By returning to look at what they had written and sharing writing in a group, they gained illuminations that were highlighted in their discussions and in the questionnaire feedback.

In reflecting on the course with my colleagues after students had sent their feedback, we were able to consider how it might be developed in future and what could be improved. So far the course has been delivered three times. Scheduling was dictated by the overall structure of the medical degree within a particular institution. It was carried out in a three-week period allocated for student choice courses, so students had reduced demands from other studies and work. If resources allowed, it would be desirable to have more teaching sessions and one-to-one tutorials, a follow-up course, and opportunities for shared reflection on how poetry studies influenced later medical practice. The interweaving of three course strands—and teaching by three tutors who communicated with each other throughout—provided rich opportunities to connect active medical practice with literary work. There are many potential developments that could spring from this combination.

Below is a found poem composed from students' feedback that distils their discoveries:

Experiencing differently

Each patient does not fit neatly into a diagnosis

With poems there are multiple readings and interpretations
A medical narrative would be inadequate on its own

Various possible interpretations can provoke anxiety
and also be refreshing, more truthful

A stimulating contrast to my science A levels
where there was only ever one answer to every question

I wanted to give a voice to the patient
I wanted to voice things myself

We heard from a person who was suffering from an illness
and had written a poetic letter to her heart

A patient might want 'distant magic' of strangeness and authority from
the doctor
They might want transparency and communicative clarity

Poetry opened up opportunities for our own responses
reflections and experiences

The personal experience was in the teaching space
Poems allowed something to be felt within the room

Students talked about their struggles
for the first time

In a small group environment
we could really listen to each other

Conclusion

Preoccupations that found expression in students' poetry included imaginatively entering patients' worlds, noticing the iceberg of submerged or unrevealed experience, social dimensions of illness and health, limitations of doctors' agency, and poetry as a contribution to students' self-support.

In the process of writing and reflection, students' empathy emerged not only for other people (their imagined or actual patients), but for themselves. This process revised dominant discourses that usually left scant room for critical, playful, subversive, vulnerable, or alternatively positioned narratives. The process of becoming absorbed in reflexive poetic activity brought benefits and transformations that were apparent to the students and to tutors in the here-and-now. The Harvard physician and poet Rafael Campo (2004, p. 83) says this in his response to 'Apology to the Doctor' by Tory Dent:

what she asks of us...is simply our mindful presence, joining with her in the act of thinking and feeling, of struggling to be, unencumbered by clichés and pretexts and qualms. I know of no better definition of empathy

This mindful presence through engagements with poetry offered openings and expansion of students' perceptions about the field of

healthcare and their roles within it, and empathy for themselves in that context. Health, not conceptually confined to education or professional practice, needs a capacious space to be explored in its diversity, complexity and variety. Students embraced the poetic opportunities with zest, finding enjoyment while expressing fresh perspectives in their own words, and this work suggests ways that curricula could be developed in future to support the wellbeing of emerging practitioners.

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