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In his poem “A partial history of my stupidity,” Edward Hirsh looks back on his life and laments missed opportunities. 1) “I walked on—distracted, lost in thought--/and forgot to attend to those who suffered/far away, nearby.” His poem begins with a wrong turn in traffic and escalates to other distractions, many of which express a failure to seize the moment. All his further examples are laden with regret, except for the very last. His ending declaration is: “I did not believe in God,/who eluded me.” He mentions an important absence, but stops short of elaborating. We are left to wonder whether his lack of religious faith is the culmination of his many failings, or whether it is an unapologetic explanation of them. In reading this poem, the reader recognizes his or her own ‘partial stupidity,’ and how more could be made of life, but remains unsure as to whether the poet offers a cure.

This poem, which I recently introduced to the new interns starting their Family Medicine residency, illustrates both the enormous power of poetry as a teaching tool as well as its challenges. Among the benefits, poetry crystallizes essences, and thus lends itself to portable, focused discussions. (2) Take a poem like David Gewanter’s “My father’s autopsy.” (3) In this poem, a 13-year-old boy is taken down to the morgue, where his father, a pathologist, introduces him to manhood by showing him how to dissect a corpse. The son, on his part, does not share his father’s passion for scientific discovery. He has a more artistic temperament, and is interested in relationships. The poet/son, now grown, thinks back on how his father, so precise and involved in his work, was at best an imperfect presence within his family. In a few dozen lines, Gewanter identifies the

complexity of a father-son relationship as it evolves over time, stakes out scientific and artistic ways of knowing, and comments on the bereavements that attend an unready old age.

Gewanter's poem communicates a great deal using only a few precisely chosen words. A poem's economy is such that what is left unsaid is often as important a part of the poem as what is explicitly mentioned. It is this elliptical silence, after all, from which the metaphoric representation derives its power. Thus, when the speaker in "My father's autopsy" remarks that his father is as "inward as a microscope," we are shown the contrast between the father's vocation as a scientist and his effectiveness as a human being. On the one hand, the microscope is a scientific instrument that gives access to the unseen universe: it makes the invisible visible. The father is very good at this sort of investigation. On the other hand, the human being who uses it is hard to fathom. When the father is likened, with delicate irony, to his microscope, we experience him as a hunched-over, inscrutable figure, devoted to his scientific pursuits. The scientific world, in other words, is transparent, but the world of human personalities is opaque. All of this is captured by a single image and played out in various dimensions in the poem.

This density of expression can also be the downside of using poetry in medical education. In medicine, language is a portal, which offers an opening towards objective, verifiable content. The path to the object is linear. (4) In poetry, language itself is the object. The reader stumbles over it, rights himself, starts up again, retraces his or her steps, is forced back to retrieve new

meanings or revise an earlier interpretation. The language of poetry moves in every direction, rendering its meanings more or less simultaneously. Compare, for example, the medical trope, a ‘honey-crusted lesion’ with its effect as a poetic image. In medicine, these words *mean* impetigo. In poetry, the juxtaposition of smooth and rough--‘honey’ and ‘crust’, or ‘honey-crusted’ with ‘lesion’--implies a contrast, even a midstream change in diction. The reader has to think about what is achieved by combining words that grate against each other. The language of science strives for transparency. The language of poetry creates texture. For the untrained student, these distinguishing features of poetry can make it difficult to access.

Another characteristic of poetry that can put off the medically-trained reader is its ambiguity. Although clear, unambiguous answers are not always available, in medicine they are generally always desirable. A low hemoglobin suggests anemia, and detailed studies narrow the findings even further until the exact diagnosis is reached. Medicine aims for the single satisfying result—this is what David Gewanter in his poem “My father’s autopsy” identifies as the scientist’s joyful reward. Poetry, on the other hand, thrives on allusion, open-endedness, and layered meanings. Often, the multiple meanings are themselves a theme of the poem, reflecting the recognition that life is complex and uncertain. Thus, in Gewanter’s poem, the poet/son ultimately realizes that even though his father can dissect a corpse and find the desired ‘answer,’ he cannot dissect his father and make him knowable. Similarly, Hirsh’s ending to “A partial history of my stupidity,” leaves the reader uncertain as to whether the poet’s lack of

religious faith is his final, greatest failing, or merely an observation made without regret.

When using poetry to teach students and residents, the teacher should bear in mind these strengths and limitations. Poetry is powerful, succinct and portable. At the same time it can be hard to understand and its lessons tend to provoke reflection rather than resolution. A skilled teacher can turn this latter limitation into an advantage. He or she can incorporate the allusiveness and ambiguity of poetry into the teaching agenda by emphasizing that medicine, like life, does not always lend itself to straightforward answers.

An initial question for those interested in incorporating poetry into their teaching is which poems to use. A variety of 'medical poetry' collections have been published. (5,6) These often feature poets who are themselves physicians or nurses. However, many useful poems are written by those whose primary vocation is poetry, rather than medicine. After all, poetry is well-suited to express universal or particular experiences of suffering. Often good poems are discovered merely by reading lots of poetry. In short, many poems useful for teaching in medical settings are written by physician-poets or patient-poets, but teachers will find it rewarding to expand their range well beyond those produced by 'qualified medical personnel'. Which poems are used is in the final analysis an arbitrary choice.

Pedagogical approaches using poetry range from general, philosophical analyses to specific clinical explorations. Most teaching agendas include one of the following applications (See TABLE):

1. In-depth reflection to ponder questions relevant to the profession
(2, 7, 8, 9)
2. In-depth reflection geared toward understanding a clinical topic
(10,11,12)
3. Brief clinical teaching points (13)

Examples of poetry that lend themselves to in-depth exploration of professional values and meanings abound. David Gewanter's poem, as previously mentioned, raises questions about the exclusive focus on scientific discovery to the detriment of interpersonal relationships.

Edward Hirsh's poem on missed opportunities can be used to encourage medical students and residents to remember to live as much as possible in the moment and to realize that 'living in the moment' means not only finding time to enjoy life outside of medicine (such as appreciation of nature) but is to some extent integral to physicianship. One personal failure the poet lists, as mentioned at the beginning of this essay, is that he "forgot to attend to those who suffered far away, nearby." We can use Hirsh's poem to admonish trainees to avoid "rush[ing] out into the evening/without paying attention to the trees." Unlike the poet, who writes "I cared too much what other people thought/and made remarks I shouldn't have made," they should be confident of themselves and considerate of others. But in addition, they should remember that their professional purpose in "attend[ing] to those who suffered far away, nearby," brings them closer to the center of a meaningful life, and that their choice of a profession may give them the advantage of a certain kind of faith, the absence of which the poet laments.

Franz Wright's poem, "The Only Animal," is an example of a poem which can be adapted to multiple teaching settings.¹⁴ It can be used to launch a clinical discussion of suicide, but I include it as well in the category of 'in-depth general reflection' because it contains as succinct a definition of spirituality as I've seen. He writes, addressing God, "You gave me/in secret one thing/to perceive, the/tall blue starry/strangeness of being/here at all." This haunting formulation captures the dynamic tension between utter estrangement and deep connectedness that constitutes spirituality. It conveys the feeling of being lost in the universe, a feeling that is transformed into awe through the connection with a meaning-giving force (in this case, God).

Insofar as it addresses suicide, Franz Wright's poem can be used to explore the loneliness and depression that leads to suicidality, and in particular, to a discussion of suicide prevention. Other poems are even more suited to teach clinical topics. Using poems helps develop a patient-centered understanding of the illness experience.⁽²⁾ In-depth interpretations work best with medical students, where there is more time and greater need to embed science within an understanding of the whole person. A brief clinical summary works well with residents, who are short on time but who are open to novel teaching approaches as long as they convey practical information.

Poems with 'clinical potential' abound. Jane Kenyon's poem, "Having it out with melancholy," gives an excellent overview of the life-long struggle with depression, its remissions and recurrences.⁽¹⁵⁾ It also provides insight into the specific vegetative symptoms of depression, mentions its pharmacology and

even concomitant side effects. A useful clinical teaching point to derive from the poem is that in spite of feelings of guilt, hopelessness and anhedonia, depression is a biological entity, with unpredictable response to therapy, and often requiring treatment by trial and error, as well as careful monitoring. The patient's experience of depression as a biological enemy contrasts with the "suggestion from a friend," who is quoted as saying "You wouldn't be so depressed/if you really believed in God." This provides a good starting point for discussing the misunderstandings surrounding the causes of depression, and the reasons for its underdiagnosis in primary care.

Another poem that combines clinical and psychological elements is Denise Duhamel's powerful poem, "Bulimia," which describes the complex interactions of desire for nurture, confusion about sexuality, and binge eating. (16) The poem describes the cycle of eating and surfeit and also evokes the feelings of self-loathing and shame that accompany this eating disorder. The description of the actual induction of vomiting vies with the most objective clinical description:

She's learned it's best to wait ten minutes
to make herself throw up. Digestion begins at this point,
but the food hasn't gotten very far...
She takes off her sweatshirt and drapes it over a towel rack.
Then she pokes a Q-Tip on her soft palate. Keeping in mind
the diagram in her voice class, the cross section
of the mouth showing each part's different function,

the palate....

It's a fast prayer – she kneels in front of the toilet.

Her back jerks and arches the way it might

if she were moving her body to meet a man's during intercourse.

She wipes what has sprayed back to her chest,

her throat as raw as a rape that's happened to someone else.

She cleans the seat of the bowl with a rag, and cleans

her teeth with a second toothbrush she keeps for this purpose.

Poems like these lend themselves well to a combined discussion of clinical and psychosocial, disease-oriented and patient-oriented issues. One rationale for using these poems as a starting point is that they link clinical information to patient experience(8,10). The learner's memory is dually activated—on the emotional, empathic level and the clinical, factual level. This can happen even when highlighting a single clinical point. One approach is to refer to the series InfoPoems, a project that summarizes clinical evidence to make specific practice recommendations. (17) The series' title refers to the acronym, POEMS (Patient-Oriented Evidence that Matters) and allows teachers to introduce literary poems in the context of a reflection on the different ways in which poetry and clinical evidence are both 'patient-oriented.' A good example of a poem that lends itself to brief teaching moments is James McManus' "Spike Logic," about insulin-requiring diabetes.(18) First, it provides a compelling argument for diabetes self-management. Residents are assigned the poem along with references to the efficacy of glucose self-monitoring and other studies

demonstrating diabetes self-care. On a more elementary level, the poem can serve as a review of physical exam findings related to end-organ complications of diabetes. Finally, the poem can be used to discuss different modes of insulin delivery and insulin dosing. All of these clinical inquiries, which I sometimes like to juxtapose with relevant InfoPoem studies should not obscure the poem's wry, even cynical humor and the patient's careening trajectory from rebellion to capitulation.

If an important rationale for using poems is injecting human emotions and insights into clinical knowledge, we should also realize that there are deep parallels between poetry and clinical work. (8,9,20,21) One of the poems that most compellingly shows the connection between poetry and medicine is Donald Hall's "Last Days." (22) As the poem's title suggests, the poem describes the final days of his wife, Jane Kenyon (also a poet, and author of "Having it out with melancholy"), who died at the age of 47 of leukemia. The clinical accuracy with which the husband describes her last hours suggest that poets are at least as keen in their observations as the best clinicians.

At eight that night,
her eyes open as they stayed
until she died, brain-stem breathing
started, he bent to kiss
her pale cool lips again, and felt them
one last time gather
and purse and peck to kiss him back.

In the last hours, she kept
her forearms raised with pale fingers clenched
at cheek level, like
the goddess figurine over the bathroom sink.
Sometimes her right fist flicked
or spasmed toward her face.

If this were all the poem offered as a means of teaching ‘the last 12 hours,’ one might perhaps as well reach for a clinical text. But the poem’s added value is that the clinical description blends into it the husband’s deep, loving connection with his wife, though he is powerless to alter the course of events. The poem ends with the lines:

He watched her chest go still.

With his thumb he closed her round brown eyes.

We encounter similar clinical precision in Denise Duhamel’s bulimia poem, and in James McManus’ poem about his diabetes. In these cases as well, we learn about the disease, and the inextricable feelings of struggle the illness promotes.

The presence of complex human emotions intertwined with the succinct observations and textual images suggests another potent link between poetry and medicine. Just as we read poems many times, connecting form with content, understanding beginnings in the light of the end, and images forming a mosaic of related meanings, we make our diagnoses by interpreting a patient’s symptoms and history in the context in which he or she presents. We move back and forth

from different aspects of what overtly is said, applying our knowledge of the institutional setting, the patient's socioeconomic background and human psychology to the patient's story. This inductive movement in many ways mirrors how we approach a poem. Because interpretation is an important part of clinical practice, medicine is ultimately an 'art' as well as a 'science.'

How can we persuade students of the vitality inherent in this teaching approach? Ultimately, the most powerful support for curricular elements comes from the institution. The more the institutional culture normalizes humanities as part of medical education, the more students will accept its integration into the curriculum. However, an individual teacher's passions and convictions will go far in promoting student acceptance.

A recent study of a required small group humanities intervention in the UK showed that students responded positively to a small-group based humanities program because the course gave them a break from the curricular routine, aided in growth and self-development, and helped organize their thinking (22). What may show even greater promise in obtaining student buy-in is seamless integration of humanities elements into the regular curriculum (10). With a steady focus on clinically-oriented patient care, students will be more likely to value the multiplicity of perspectives, without having to resent additional demands of their time (20).

Connections such as those I have just described should, at the very least, remind students that taking care of patients involves a great deal more than the blunt acquisition of facts and their unmediated application. Taking care of

patients requires experience, insight, self-knowledge, clinical precision and human connection. Reading poetry hones all of these.

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