Poetry as Space in Medicine

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Experiences are shaped by life's canonical lens. The lens captures what is transformed, refracted, and emulated by the reality of humanistic experience and the epistemological state of being. The inability to communicate ideas is what destitutes personhood. Thus, communicating science and medicine as well as poetry and prose permits the foundational premise of human duplicity. This duplicity consists of a double-sidedness; a complexity that can be captured by a lens one that is canonical and multifaceted. This lens is writing techniques such as reflective writing and poetry. The canonical lens takes precedent in the mechanical and nuanced practice of pin-pointing issues within the human experience and providing qualitative reasoning and more so, an explanation. Writing methods that liberate intrinsic attitudes, ideologies, and behavioral patterns help prosthetically place damaged or undiscovered patient experiences and histories.

The reasons that support this claim are:

1. The role of cognitive bibliotherapy in medicine has critical implications on how medical practitioners encourage writing poetry as therapeutic invention and expression.

2. There are positive functions of poetry and medicine within a clinical setting.

3. Medicine captures the canonical values of intrinsic knowledge possessed by patient-experience.

When aiming to define what a poem is, one can define it as a form of outward expression or response to internal or intrinsic stimuli. When considering the formation of what a poem is, it is important to differentiate a poem from another form of writing that is made of words. A poem has a particular tone, shape, and verbal dexterity to it that other forms of writing may not have. Literary scholar Terry Eagleton (2008), in *How to Read a Poem* expresses how a poem is a "fictional, verbally invented statement . . . having the shape of which on the page in the screen or on the air.". Likewise, MacLeish defines poetry's function as able to "call our numbed emotions to life" (p. Shiryon, 1977, p. 77). Further, MacLeish expresses how poems create images in our minds and allow us to "feel a knowledge which

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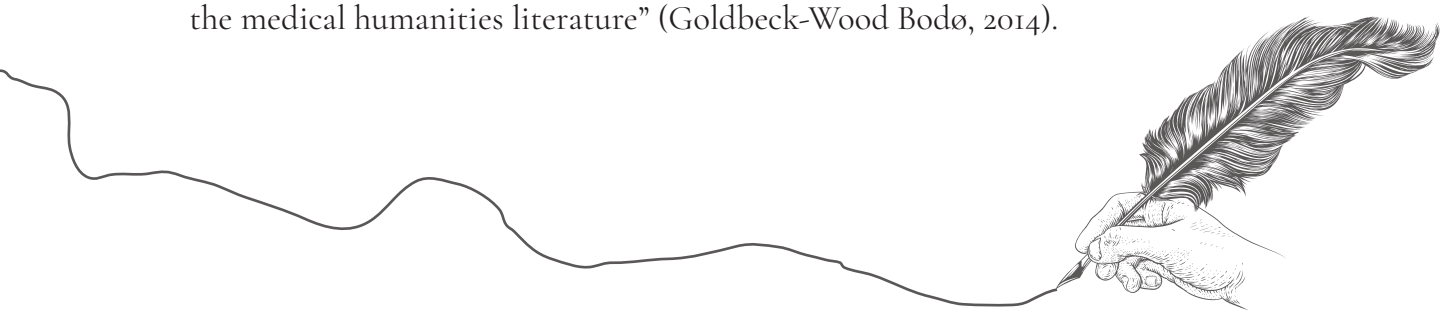
we cannot think about (MacLeish, p. 75)" (Shiryon, 1977, p. 77). The understanding of poetry develops the foundation of how it can be used in relation to medicine.

Poetry in Medicine

During the early 1900s, poetry was introduced into healthcare. Scholars saw a need to mitigate the fragmented state of medicine. The center of medicine is engulfed in the doctor-–patient relationship and includes listening, looking, watching, and feeling. Being perceptive is important to both classic medicine and poetry. An argument can be formulated to express how medicine and the arts can be expanded past the realm of merely clinician insight and begin to include the patients' perception of their experiences. Abse argues how that "poetry should not be an escape from reality but rather an immersion into reality" (Goldbeck-Wood Bodø, 2014). Further, Bolton expresses how critical inquiry is at the heart of Medical Humanities and "creative artistic processes can enable expressive exploration of areas to which logical or analytic thinking has limited access" (Bolton, 2008, p. 135). This is important because the canonical lens encompasses patient voices and experiences that may not be communicated orally and can benefit from written exposition. Scholarship in medicine and poetry includes several scholars, general practitioners, clinicians, medical poets, and medical professionals. Medical poets are professionals who work with psychotherapists; the psychotherapist and experts are expected to read the poems to gain insight into patient experiences. For example, Glenn Colquhoun (2002) in *Playing God*, expressed his experiences of doctoring all in poetry. Goldbeck-Wood Bodø expressed that poetry in Abse's medical efforts included "attentive listening on empathy and reflection—effects well explored within the medical humanities literature" (Goldbeck-Wood Bodø, 2014).



Goldbeck-Wood Bodø in *Dannie Abse: Last Act in the Theatre of Disease* explored how medical poets like Dannie Abse's "effect of medicine, or rather of the sheer uncontainable corporeality of experience … stretch the seams of language everywhere" (Goldbeck-Wood Bodø, 2014). There is a need for medically trained professionals who can help to bridge the gap between medicine and communicating the patient experience through written means. Moreover, Poet and surgeon Jack Coulehan expressed that "empathy, metaphor and imagination are really at the root of the art of medicine (Coulehan, 1997)" (Bolton, 2008, p. 134). The therapeutic implications demonstrated through the patient-facing contextual lens such as bibliotherapy and poetry can affect medical writing practices. Shiryon in

Poetry Therapy and the Theoretical and Practical Framework of Literatherapy expresses how "the metaphor, for instance, is found even in ordinary conversation" because it is "a major agent in poetry" (Shiryon, 1977, p. 96). There are several benefits of bibliotherapy in medicine. Specifically, areas in cognitive bibliotherapy may serve as therapeutic for patients in a clinical setting. Karen Horney expresses how "life itself remains a very effective therapy" and further, literature, including poetry, is the mirror of life and as such a major means for therapy. (Shiryon, 1977, p. 78), thus, bridging the gap between medical practitioners and clinical assessors who will be facilitating the translation of medical documentation.

"…medical practitioners encourage writing poetry as therapeutic invention and expression."

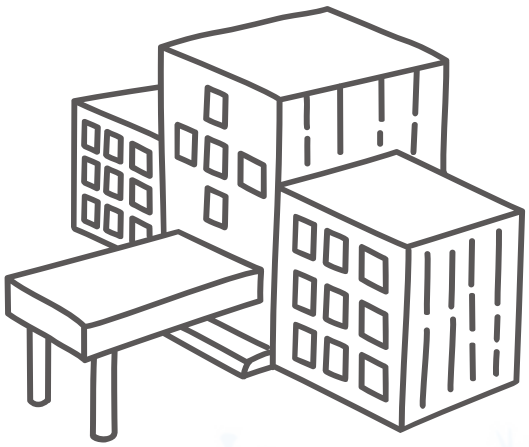
The role and implications of cognitive bibliotherapy in medicine are important when examining how medical practitioners encourage writing poetry as therapeutic invention and expression. Bibliotherapy is used as a cognitive treatment situating poetry or storytelling as a healing facilitator. In the academic journal article "The Healing Power Of Writing: Applying The Expressive/Creative Component Of Poetry Therapy," Baker and Mazza (2004) express that writing has been used to help with stressful situations as well as typically draw upon traumatic experiences to create. In the article, the authors explore evidence of poetry therapy and its uses on patients specifically; however, the authors express the absence of medicine grasping the need for creative intervention. Baker and Mazza express how "although the medicinal effects of expressive writing have been mentioned for centuries, it is only in recent decades that the applied sciences of medicine and psychology have begun to take notice" (Baker & Mazza, 2004, p. 141). This is critical because writing serves as an important aspect of human expression and experience. Moreover, the need for medical practitioners to engage in patient-centered communication with the patient themselves helps to co-create an open-dialogue between GP and patient. Thus, the relationship that the patient forms with medical professionals can didactically allow medical professionals access to patient-insight without infringing upon unstated issues.

Professionals in medicine have a role in helping patients situate their inpatient and outpatient experiences and engagement with medical professionals. Bibliotherapy, poetry specifically, can help patients foster a communicative channel through literary exhibition. The expression of internal emotional states or reactions can be exemplified by written utterance. The overarching purpose of Baker and Mazza's argument was to highlight the importance of different types of writing and their therapeutic uses. Exploring bibliotherapy, allows patients to gain autonomy over specific challenges and engage in strategic self-awareness

techniques as well as communicate newly developed information to professionals who can provide medical guidance. Their argument situates medical writers and general practitioners, and "helping professionals acceptance of the expressive arts, including writing, continues to grow with the recognition of the benefits of utilizing these techniques as adjuncts to traditional psychotherapeutic methods" (Baker & Mazza, 2004, p. 142). Thus, medical professionals can engage with patients by helping them to communicate their ideas about their condition through bibliotherapy, expressive art, or poetry.

Encouraging professionals to examine the written expression of patients helps to emancipate self-reported patient histories and uses writing poetry to deliver these experiences. Medically, doctors are the authorities on communicating patient narratives after their consultation as case histories. However, an argument for communicating self-reported patient histories or physician-reported history as poetry is not recorded. Professionals in medicine can use the various forms of therapeutic writing such as "journal writing, autobiography, bibliotherapy, song lyrics, drama, poetry therapy and the use of narrative" as an "expressive art that has become integrated within the therapeutic process" (Baker & Mazza, 2004, p. 142). Further, Ornstein poses an argument that "a poem with its formal aspects—title and form—delivers a more powerful message than could the same content expressed in a simple, descriptive language" (Ornstein, 2006, p. 387). Poetry has a place in expressing the patient- narrative, and its formal aspects, if not doggerel poetry, captures vital and unarticulated aspects of the patient's experiences. From this analysis, an argument can be made regarding how emerging trends in the field of medicine include both integrative medicine as well as "the combination of conventional medicine with alternative medicine" (Baker & Mazza, 2004, p. 142). Exploring the role of medical professionals within the scope of poetry and medicine promotes further scholarship of the functionality of the topic in clinical medicine.

There are positive functions of poetry and medicine within a clinical setting that can help showcase the reflective attitudes, ideologies, and behavioral patterns that patients have. Poetry, as a form of creative writing, has medical implications because it helps others to "examine their relationship and communication patterns," and, specifically, "the collaborative poem has been used in clinical, artistic, academic and community-building capacities" (Mazza, 2004, p. 151).



This helps to highlight the importance of capturing a patient's communication patterns and ideological state of mind. By capturing the patient's state of mind, the patient will feel liberated to share their experiences with their doctor. Creating an environment where patients are comfortable aids a positive communication channel between doctors and patients. Further, Ogden (2000) expounded on how "the dynamic psychological effects of artistic experience seem to always to lie in a shared experiential space between the subjective psychological reality of the viewer at a given time and the artistic personality of the work's creator, as enacted in that particular painting (p. 195)" (Ornstein, 2006, p. 388). The shared experiences between doctor and patient promote positive functionality of an insightful co-created environment. Rose (1987) situates how writing poetry allots the practitioner to have re-integrative engagement with the "various domains of the psyche," and they then have "the capacity to facilitate the re-integration of thought, emotions, and perceptions" that were once ridden by trauma from diagnosis or residual side- effects of the condition (Ornstein, 2006, p. 388). Thus, creating a space for doctors to engage with patients helps not only the affinity between communicating patient-histories, but also maximizing poetry's influence on medical practice.

Instead of pragmatic nihilism, medical practitioners can use positive communication techniques to foster social cohesion and patient-–physician trust. Patients misinterpret medical terminology and practice due to linguistic codification. Thus, the clinical patient community's behavior subverts the patient's connatural experience. Thus, it is important to find ways to capture the way that patients express themselves. In the academic journal article, "Art Therapy and the Brain: An Attempt to Understand the Underlying Processes of Art Expression in Therapy," Lusebrink expresses how art therapy can be an attempt to examine the brain in order to understand the neural processes of the expression of art in a clinical setting. The text addresses how brain imaging has been utilized to explore "structures of the brain involved in information processing" and how "functions activated in emotional states, the formation of memories, and the processing of motor, visual, and somatosensory information" relate to therapeutic inventions (Lusebrink, 2004, p. 125). Lusebrink uses the expressive therapies continuum (ETC) model to explore how creative functionality can be applied to art therapy. The reflectivity of exploring functions of the brain can help to provide valuable information for practitioners and medical professionals to utilize.

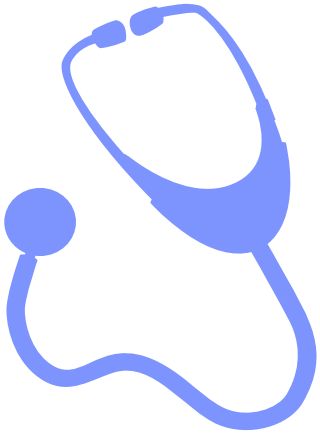
Brain-imaging helps to provide medical professionals with visual documentation that showcases the patient's internal functionality. Lusebrink expressed how "art therapists have pointed out the need for art therapists to become familiar with the basic brain structures and functions that support art therapy expressions and interventions" (Lusebrink, 2004, p. 125). Understanding how the brain works in regards to patient-communication and expression is critical in the role of medicine. Further, Lusebrink expressed the importance of fMRI and brain imaging technologies in the role of medicine because neuroimaging methods help to express the different structures and internal functioning of the brain that is involved in information processing" (Lusebrink, 2004, p. 125). For art therapists, the main areas of the brain are both the right and left hemispheres. The left hemisphere is "involved in analytical and sequential processes whereas the right hemisphere deals predominantly with intuitive and syncretistic processes in a parallel manner" (Lusebrink, 2004, p. 125). Identifying the parts of the brain that are responsible for art therapy is critical to determining how writing can help with patient communication and storytelling.

Lusebrink studies how brain regions process information and emotions. When writing, patients may express many emotions, thoughts, and reservations. Lusebrink believes affective neuroscience places emotions in the brain. According to Lusebrink, "emotions involve patterns of autonomic activity and hormonal and cortical responses" (Lusebrink, 2004, p. 128). This is important because the brain helps to conceptualize both positive and negative emotions that arise and thus, activate different parts of the brain. Lusebrink expresses how "the affective component of the ETC deals with the expression and channeling of emotions through art media and the effect of emotions on information processing" (Lusebrink, 2008, p. 130). Thus, brain imaging technologies are important in regards to medicine and writing because emotions can have influence over the cognitive aspects of the brain, thus affecting the extrinsic processes of the writing. By using observations of the brain, art media and writing will help to express the mood states that reflect the differences in brain areas that are activated when experiencing intense emotions or lack thereof. Thus, when writing poetry, the patients are able to recall emotions which are "important in forming memories" and a "possible resolution of traumatic memories could be directed through a paced approach with art media without emotionally overwhelming the individual" (Lusebrink, 2008, p. 130). Moreover, there are implications that the brain showcases areas of opportunity where patients can express themselves. By understanding brain functionality, medical professionals gain awareness of how to aid patients and facilitate helpful processes.

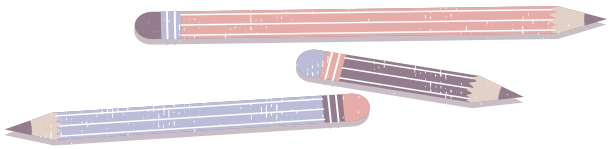
Understanding brain functions can be helpful for therapists and medical professionals. Possessing technical knowledge of a discourse community helps them "to become aware of different aspects of these processes and their implications" (Lusebrink, 2008, p. 130). Likewise, scholars like Dr. James Pennebaker conducted studies that "showed significant changes in the physiological and psychological health of subjects as measured by brain wave activity, visits to health care providers and the reports of volunteer subjects" (Baker and & Mazza,

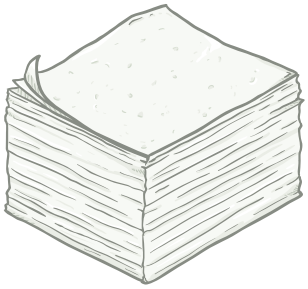
2004, p. 141). This implies that the role of poetry in medicine affects multidisciplinary facets of medicine. These observations showcase how "art therapy is uniquely equipped to take advantage of these alternate paths and activate them through the use of various art media in therapy" (Lusebrink, 2008) Thus, the relationship between the brain's functions and art can help further exploration of emotions and writing. Medicine captures the canonical values of intrinsic knowledge possessed by patient- experience. The role of medicine in novel writing practices is critical to the development of the patients' narrative lens. By taking into context the patients' personal histories and narrative, the general practitioners are able to co-create the patient narrative by providing a developmental foundation of alternative medicine. This is important because "alternative therapies encourage less emphasis on general categories of diseases and a broader consideration of the individual patient who carries the diagnosis" (Mazza, 2004, p. 142). Moreover, narrative theory and storytelling help to support the patient's personal ideologies and language. The practical implications of therapeutic writing can be further investigated through the canonical lens. Because poetry can be used as a means of therapy for particular demographic groups, "the therapeutic benefits of expressive writing offers another method for empowering individuals in overcoming life challenges by reframing the meaning of events and integrating the past with the present" (Mazza, 2004, p. 152). Integrating the past with the present provides contextual evidence that the canonical lens is made -up of time, space, and the experiences that the writer has experienced.

The canonical lens situates the paradoxical duplicity of patient -knowledge and lived experiences with subject-matter expertise and techne. Writing, "when experiences are put into words," makes experiences "more manageable" for the person experiencing the pain (Mazza, 2004, p. 142). Thus, writing implies the person engaging in writing will have a "greater self-understanding, clarification, resolution and closure" (Mazza, 2004, p. 145). This is important because it gives the patients an augmented voice as opposed to one-sided cases presented by general practitioners. By focusing on patient -input and experiences, it prioritizes individualized voices that make-up the systemic range of health care. The voices of the patients are transformative entities that bring the concerns of the individual person into a close, translucent view to both the doctor and the patient. In the the academic journal article, "Boundaries of Humanities: Writing Medical Humanities" Bolton expresses how "medical and healthcare practice, education and research primarily concern individual people, each of whom, made up of inextricably linked psychological, emotional, spiritual and physical elements, is also inevitably impinged upon by cultural and social forces" (Bolton, 2008, p. 132). That is, the role of health



care professionals is to foster the relationship that the patient has not only with them, but also with themselves and their experiences. Bolton further expands on how "writing and discussing literature are elements of Medical Humanities that challenge medicine to become interdisciplinary, with aesthetic and humanities-based enquiry alongside the scientific: "to reassess the value and values of its higher education, and the various pedagogic modes that deliver it" (Chambers et al., 2006)" (Bolton, 2008, p. 132). Thus, actualizing the role of textual artifacts and novel writings can benefit both the patient community and medical doctors.





Medical practice can benefit from poetry and narrative writing because the canonical lens allows space for exploration. Bolton provides evidence showcasing how "narrative and poetic writing can also be a straightforward, enjoyable enquiry into practice and its underpinning values (Bolton, 2008, p. 132). This helps to situate how medicine works with narrative and further how "medicine is wrapped in written words (Hutt, 2006)" (Bolton, 2008, p. 132). The rhetorical situation for this claim is the placement of medicine as a literary art and how it "requires of the practitioner the ability to listen in a particular way, to empathize and also to imagine – to try to feel what it must be like to be that other person lying in the sickbed, or sitting across the desk from you; to understand the storyteller, as well as the story (Helman, 2006)" (Bolton, 2008, p. 132). From this analysis, the scholars Bolton, Helman, and Chambers have expressed the role of writing that helps to initiate canonical transformation within the author and also encourages engagement of medical and healthcare practitioners to "bring them face to face with themselves, patients and colleagues'' (Bolton, 2008, p. 133). Including poetry writing into practice reinstates patient narratives and allows for a pragmatic review of engagement methods.

When examining the canonical use of poetry applied to areas of medicine, research explored what is sought for when poetry is being written. Professionals have expressed how pragmatic poetry has been in medicine because they could not make it do what they wanted it to do and further how "things come out because the story lets them out" and thus writing helped them to find what was never "'lost'" (Bolton, 2008, p. 133). The writing of doctors was explored to gain insight on the doctors' experiences with reflective writing. Bolton further expresses how "clinician-writers use artistic methods to question from outside their everyday walls" whereas, "reflective writers experiment with different voices and genres, for different audiences, paying attention to the identities of both narrator and reader" (Bolton, 2008, p. 133).

Thus, Bolton situates writing as an exploratory art where practitioners can expand past their habitual boundaries and challenge their own perceptions and understanding. Prioritizing patient experiences is critical when seeking information. Writing allows practitioners access into the experiences of the patient. Bolton explores how "writers have unparalleled privileges of entry into the lives of others…and entering (virtually) another's feelings, thinking, perceptions and memories can offer insight" to patient- experiences. (Bolton, 2008, p. 133). Writing poetry challenges the ability for the patient's experience to be distorted because "the writing's purpose is critically to explore and express clinicians' understanding and perception" (Bolton, 2008, p. 133), thus leaving the clinician or doctor to be investigative of the work as opposed to inventive. Bolton ponders on the importance of reflection as a "process of enquiry into what we think, feel, believe, dream, remember" and describes it as:

> —an occasion, how we saw it and how we thought others perceived it, and can open us up to critical scrutiny by others through our actively seeking wider social and cultural perspectives. Reflexivity, a response to critical reflective engagement with situations, events or relationships, is a dialogue with the self: an enquiry into our own thought processes, values, prejudices and habitual activity, and how they influence our actions. (p. 136).

Thus, reflection is needed in medicine and practice because it refracts the patient-histories and experiences so that they are able to attribute to what is causing the pain. Next, the patient is able to communicate their experiences via writing as a conventional tool and their experiences as narrative.

Narrative is a part of the canonical lens because meaning and translation is interpolated by the patient voice. The author expounds on how "human narrative-making can be self-affirming and uncritical; it can be an attempt to create order and security out of a chaotic world" (Bolton, 2008, p. 136). This is critical when the patient is arranging their thoughts and engaging in intrinsic determinism to dictate the importance of particular experiences and deciding which internal experience takes precedence to be expressed. The developmental process of writing is critical for knowledge creation. Thus, patients may not write or discuss particular issues, however, when engaging in the developmental process, they are able to add altruistic value to their own perceptions of co-created experiences. Engagement and story-telling are ways to capture the patient's view as a part of the whole literary canon formulated by both patient and medical professionals. Bolton expresses that the "story-making processes are examined critically: creating and recreating fresh accounts from different perspectives, and in different modes, and eliciting and listening to the responses of peers" (Bolton, 2008, p. 136). This provides context to the story-making process and how writing poetry is facilitated. Further, writing poetry is a part of the canonical lens that the patient engages with. The patient's "stories and poems are slices, metonymically revealing the whole of life . . . a narrative or a poem can be seen as a fractal" (Bolton, 2008, p. 136). Bolton expresses how "medical students write patients' illness stories in the voice and vernacular of

the patient, imaginatively and vicariously entering patients' contexts. They "become the other'' (Engel et al., 2002, p. 32) through creative writing, just as the student who wrote about the child's destructive anger in order to learn how to communicate with him" (Bolton, 2008, p. 144). This is important because the GP or medical practitioner is able to engage with the patient's experience indirectly and find ways to enter into their perspective experiences.

In conclusion, writing practices can be effectively emancipated to reveal details about patient experiences and intrinsic histories. McCloskey expressed that "for effective thinking and grasp across the spectrum of experience we need to use 'the full tetrad of fact, logic, metaphor and story' (McCloskey, 1992)" (Bolton, 2008, p. 135). Thus, metaphor and expression is needed to medically capture the patient's reflective reasoning and provides opportunities to express agonistic vicissitudes. Utilizing writing to capture patient experiences has implications on future research, which includes exploring narratology and testing the therapeutic function of poetry and medicine within a clinical setting.

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