## Literature and the Arts in Medical Education.

### Johanna Shapiro, PhD Feature Editor

*Editor's Note:* In this column, teachers who are currently using literary and artistic materials as part of their curricula will briefly summarize specific works, delineate their purposes and goals in using these media, describe their audience and teaching strategies, discuss their methods of evaluation, and speculate about the impact of these teaching tools on learners (and teachers).

Submissions should be three to five double-spaced pages with a minimum of references. Send your submissions to me at University of California, Irvine, Department of Family Medicine, 101 City Drive South, Building 200, Room 512, Route 81, Orange, CA 92868-3298. 949-824-3748. Fax: 714-456-7984. jfshapir@uci.edu.

# Poetry in the Borderlands of Medicine

## Felice Aull, PhD, MA

Numerous important borderland situations exist in medical training and practice, but they are infrequently articulated or explored. I use the borderlands metaphor as the focus of an elective seminar designed for fourth-year medical students; we consider ambiguity and uncertainty, the constructed nature of boundaries, and the experience and effects of illness (exile) and marginalization.

The rationale for the course derives from the work of scholar Edward Said, who identified a discourse, "Orientalism," in which unfamiliar people or places are profoundly alien or "other."<sup>1</sup> To counter the deindividualizing and dehumanizing effects of such thinking, Said suggests that readers should situate themselves conceptually as geographic and cultural

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boundary crossers; they should read and think from dual perspectives "contrapuntally."<sup>2</sup>

Students taking this elective are stimulated to take on the point of view of the lay person, the sick, the disabled, the marginalized; to question their assumptions about normality, disability, objectivity; to migrate and allow themselves to be intellectually and emotionally displaced.

Borderland situations that we explore include the transition from trainee to medical professional, the interplay of personal and professional life, the tension between physician detachment and engagement with patients, ambiguous distinctions between health and sickness, illness as a crossing into unfamiliar country, and socioeconomic marginalization. These themes are introduced with theoretical and other nonfiction texts and fleshed out with poetry, fiction, film, and art.

The ambiguity of poetry—"verbal nuance" that makes room "for alternative reactions to the same piece of language"—prepares the mind for migratory excursions that characterize border crossing and contrapuntal thinking.<sup>3</sup> Poetry encourages readers to entertain several possible interpretations without necessarily finding a "correct answer." This is frequently liberating for medical trainees, whose education favors objectivity and concrete fact over subjectivity and imaginative conceptualization. An example of how a poem's ambiguity can help readers to think contrapuntally is psychiatrist Richard Berlin's poem "Open You Up."4 This poem reveals a borderland of meaning that may not be perceived until group discussion occurs. The first line forces the reader to consider perspective: "The smile was fear," begins the physician-narrator, introducing us to a heavy smoker with a recent history of cough and an X ray that shows a lesion. Is it the patient who smiles in fear? Subsequent lines provide counterpoint, provoking a reevaluation of perspective: "I wanted to tell him," says the physician, but "I swaggered . . . We've got to open you up." Was it the physician who smiled in fear? Discussants cross borders to

From the Department of Physiology and Neuroscience, New York University School of Medicine.

entertain dual perspectives—of a fearful patient and of a doctor afraid to deliver bad news.

Poetry's use of metaphor and imagery provide tools to help explore medical borderlands. "Imagery, more than anything else, can take us out of our own existence and let us stand in the condition of another instance, or another life," says poet Mary Oliver.<sup>5</sup>

Linda Pastan uses striking metaphors in her poem "Routine Mammogram," to convey a borderland where normality bleeds into lifechanging disease.6 "The doctor shows me/ . . . moonscapes/ of craters and lakes,/ faults in the surface/ I might fall through one day . . ." The mammogram is perceived as threatening landscape. While the medical preoccupation is to interpret the anatomic features in an X ray, the poem elicits the emotional content of those features for someone undergoing testing. The poem's doctor believes he is reassuring the patient—the test is "just a baseline," but Pastan shows us the patient's projection and fear by using the metaphor of a mountain climbers' base camp where people must be alert to dangerous avalanches.

Lisel Mueller's brilliant poem "Monet Refuses the Operation" shows us a murky and constructed borderland between ability and disability.<sup>7</sup> Monet explains to his doctor why he cannot undergo cataract surgery. What the doctor understands as an "affliction" of old age, Monet (as Mueller imagines it) values the experience that age renders and the halos that he sees, which have allowed his artistic vision to "soften and blur and finally banish/ the edges you regret I don't see ... light becomes what it touches,/ becomes water, lilies on water, above and below water ...." Compelling word pictures force us to entertain an understanding of aging and disability that is different from the Western valorization of youth and health. Young, healthy medical trainees, motivated and educated to restore "normality," are obliged to think contrapuntally when they encounter this poem.

Blurred boundaries between personal and professional life are well developed in "Monday" by oncologist-poet Marc J. Straus.8 The poem is constructed as a series of 11 incomplete couplets that run on in a continuous reflection by the physician-speaker, who is displaced from his normal environment (New York) to Miami Beach, where he is attending a conference. Walking on the boardwalk, he is distracted by the elderly men who remind him of his father, a Miami retiree. "... The last time I was here I spent three days/ in the ICU, my father on a cardiac monitor . . ." Then he thinks about his patient, Mr Vallone, who has cancer, then again about his sick father and his father's sister "who said// I was criminal to treat him" and finally, "I'm trying to think of a treatment for Mr Vallone." Why, I ask the students, does the speaker, in the middle of the poem, invoke the Holocaust Museum, referring to a conference paper he has just heard?: "... A curator talks about/ the controversy surrounding the installation of the cattle car// in the Holocaust Museum, how a survivor on the board/ refused to step into the building if she was required/ to walk through . . ." This poem, masterful in its construction, encourages students to think about the implications of embarking on a life in medicine. Can they "refuse to step into the building" when it is personally difficult? How will they deal with sick family members?

Poems that express cultural ambiguity resonate with younger medical professionals, who often come from cultures that are not "typically American" and who have struggled to negotiate boundaries. Chicano writers are especially conscious of cultural ambiguity and marginalization; the geographic proximity of Mexico and the United States and the fraught history of that proximity make the US-Mexican boundary ambiguous, porous, and dangerous.

Chicano poet Gary Soto writes of the alienation and despair of socioeconomic marginalization. Images of decay and death pervade "The Levee:" "blown tires," "filthy current," "dust and hamburger wrappers," "the faint stink of dead birds."<sup>9</sup> Readers are perceptively uncomfortable as they cross over the border of their own lives to experience the hopelessness in this writing.

Sandra Cisneros expresses a state of indeterminacy in the poem "Original Sin," as she describes an airplane trip from San Antonio to visit relatives in Mexico.<sup>10</sup> "The stewardess handing out declaration/ forms has given me the wrong/ one assuming I'm Mexican but I am!" The airplane is a space of cultural confusion, and the poem's breathless unpunctuated lines perform confusion. In this space of invisible boundaries, society insists on constructing a bounded identity. Similarly, the MD degree conferred at graduation will bestow an official professional identity on fourth-year students, but they know that their status is indeterminate, somewhere between trainee and doctor.

Student evaluations indicate that the goals of the elective are being met: "I found class discussions on the poems to be especially insightful and interesting as poems are more open to different interpretations." "The disability [material] was eye-opening." "This elective .... made me consider for the first time the patient perspective in detail. I have been much more introspective throughout the course with regards to my reactions to illness and my own role in patient care."

Discussing poetry allows medical trainees to acknowledge the passion, trepidation, and intellectual curiosity with which they entered medical school. Much of their training since then has been factual and rational. Poetry restores the balance of emotion and reason they had envisioned. *Correspondence:* Address correspondence to Dr Aull, New York University School of Medicine, Department of Physiology and Neuroscience, 550 First Avenue, New York, NY 10016. 212-263-5401. Fax: 212-689-9060. Felice. Aull@med.nyu.edu.

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