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Healing the Healer: Poetry in Palliative Care

JACK COULEHAN, M.D., M.P.H. and PATRICK CLARY, M.D.

ABSTRACT

***Background*: Poetry plays an age-old role in the art of healing. Although medicine today seems distant from the world of poetic expression, there are surprising commonalities between the two.**

***Objectives*: In this essay we reflect on three aspects of healing that are fostered by poetry.**

***Observations*: Practicing medicine with too many facts and not enough poetry leads to dissatisfaction, disappointment, and impaired healing, especially in the care of the terminally ill. Likewise, poetry deficiency cuts off an important avenue for physician self-awareness and reflectivity. Alternatively, three aspects of healing are fostered by poetry: the power of the word to heal (and also harm); the skill of "negative capability" that enhances physician effectiveness; and empathic connection, or compassionate presence, a relationship that heals without words.**

***Conclusion*: Reading and writing poetry can help physicians, especially those who care for dying patients, become more reflective, creative, and compassionate practitioners.**

NEAR THE END of his wonderful late poem, "Asphodel, That Greeny Flower," the physician–poet William Carlos Williams writes,

It is difficult
to get the news from poems
yet men die miserably every day
for lack
of what is found there.[1]

These lines capture a paradox important to the experience of clinicians in general and, especially, to those who care for seriously ill and dying patients. Everyone would agree that the first statement—"It is difficult / to get the news from poems"—is self-evident. Poetry provides us with very little hard data; it tells us nothing about the latest diagnostic and therapeutic developments. However, the second statement delivers the paradox—"Yet men die miserably every day/for lack/of what is found there." This suggests that poetry, despite its lack of newsworthiness, contains an essential nutrient, the absence of which is ultimately fatal. We might, for example, imagine this condition to be pellagra of the personality, or scurvy of the soul. But does this claim make sense? If poetry is neither practical nor current, what essential nutrient could it contain?

In "Asphodel," which is actually a love poem to the poet's long-suffering wife, Williams uses the word "poetry" in a very broad sense. Poetry represents the world of creativity and imagination; in other words, the fruit of our human desire to discover meaning in the world and in our lives. We do this in many ways: through music, painting, drama, and the other arts, as well as through the gifts of spirituality and reflective living. In this context poetry in the narrow sense—words arranged on paper—is only one of many forms of poetry. In this essay we will take the

Department of Preventive Medicine, State University of New York at Stony Brook, Stony Brook, New York.

broader perspective and interpret Williams' lines to mean, "Yet clinicians experience estrangement and burnout every day because they clutter their lives with news, while being inattentive to the inner world and suppressing their imagination."

THE MIRROR AND THE FACE IN THE MIRROR

Jane Kenyon's *Otherwise* is a collection of her poems published after she died in 1995 of acute leukemia.[2] Many of these poems have great spiritual depth and seem to have arisen from her confrontation with terminal illness. How beautifully elegiac she became while facing her own virulent leukemia! Yet, her widower Donald Hall explains that the poems we admire so much were actually written before her own diagnosis, while she was caring for him and anticipating his death from advanced colon cancer. Who would have thought that Hall, who had undergone a lobectomy for liver metastases, would outlive his much younger and presumably healthy wife? But as Rumi wrote, "The same wind that uproots trees/makes the grasses shine . . . "[3] Donald Hall says of his caregiving at the end of his wife's life, "I don't know how anyone can do this work that doesn't write poetry."

How can any clinician care for the dying without access to his or her own inner life? Poetry for us seems, "the mirror as well as the face in it," as Rumi says, in Coleman Bark's translation, "We are tasting the taste this minute of eternity."[3]

Curative medicine is more apt to use the metaphor of war than of mirror and reflection. We tend to see ourselves as warriors, disease as an enemy, and the patient as a battleground. We fight rearguard actions in the intensive care unit (ICU) against overwhelming odds, blitzing infections with "killacillin." We cultivate the thousand-yard stare of the infantry veteran. Thus, it is difficult to see ourselves in the mirrors of dying patients' faces until we can find a way to cross this self-protective distance. We can empathize with them only by understanding that we are all on the same journey. Our bridge can be the simple recognition that while not all of us can be cured, all of us can contribute to healing.

But often the needed connection is missing. Consider the case of a man in his late 40s dying of the complications of diabetes. He has been on dialysis for several years after a failed kidney transplant and has had an above-the-knee amputation of his right leg. He is divorced, but has a devoted college-aged daughter who takes care of him. He also has numerous brothers and sisters who seem always to be yelling at one another. He has been admitted to the hospital for a myocardial infarction, which leads to bypass surgery, followed by pneumonia, septicemia, and virulent gangrene of his toes, and later his penis and fingertips.

The patient is dying alone, although surrounded both by a demanding family and a top-notch surgical team trailing clouds of consultants. Similar to Tolstoy's character Ivan Ilych, he finds himself embedded in the Lie. His surgeons explain that none of his medical conditions is "in itself" terminal; that in fact, his parameters are improving. His family blames the medical team for not doing enough to save him and they offer angry but conflicting proposals about what to do. His pain is extraordinary, especially during the frequent dressing changes, but he accepts his siblings' protestations, supported by the heroic surgeon, that he should tough it out like a man. When he dies, the death seems a surprise to all concerned, as if each family and team member were awakened from a dream that bore little relationship to the poor, suffering human being who had smelled like death for weeks.

This case is full of facts, some true and some false, but what it lacks is poetry. More specifically, it lacks a glimmer of light, a sense of connectedness, an authentic voice. In our experience many deaths are like his—denial, distance, disappointment. The Holocaust survivor Victor Frankl wrote, "Man is not destroyed by suffering, he is destroyed by suffering without meaning."[4] In this case the patient appears to have died without meaning, in part because none of the caregivers was able to make the needed connection, or become close enough to serve as the, "mirror as well as the face in it."[3]

We have all seen amazing things in the care of the dying. Our patients teach us about the presence of both loss and gain as they learn to accept the inevitable. Ira Byock writes that growth at the end of life is normative, an expected phenomenon that we can use to measure the quality of care.[5] Somehow the despair we expect with the approach of death merges with the joy of celebrating truths about our lives that we discover in the process of dying; as Rumi again suggests, "The way of love is not /a subtle argument. /The door there /is devastation."[3]

In this essay we reflect on the value of poetry in promoting reflective practice among palliative care clinicians. In particular, we suggest that poetry: enhances our understanding that words are powerful instruments that can heal (and also harm); helps us to develop the skill of "negative capability;" and fosters empathic connection, or compassionate presence, a relationship that is in itself healing. We base our discussion here on the value to practitioners of reading, discussing, and internalizing poetry, although taking the next step—writing poems—may stimulate additional insight and understanding.

THE WORD IS AN INSTRUMENT

In 1910 William Osler published an essay entitled, "The Faith That Heals."[6] Osler noted that while his colleagues viewed the practices and paraphernalia that filled Johns Hopkins Hospital as objective and scientific, patients inevitably experienced the same items as a vast network of symbols that promote healing. Consider our contemporary hospitals—the white coats, stethoscopes, and beepers. The ritual of daily rounds. The ceremony of physical examination. Consider the magnetic resonance imaging (MRI) scanner as a coffin-like oracle that reveals the soul and one's emergence from it a type of resurrection. Or consider the treadmill, a Sisyphean task that pits the human heart against its fate. Every one of these procedures, whatever its intended scientific effect, is also a symbol that bestows meaning. As Osler wrote, "Nothing in life is more wonderful than faith—the one great moving force which we can neither weigh in the balance nor test in the crucible. Intangible as the ether . . . "[6] He went on to explain that the symbolic network of modern medicine generates, "an atmosphere of optimism . . . that work(s) just the same sort of cures as did Asklepios."[6]

While medically spoken words can reverberate with human meaning, the words of poetry can provide palliative care clinicians with a more humane way of understanding and responding to their work. Using poetry we can reframe the negative war mentality and "death as failure" metaphor that pervade so much of medical practice. Robert Bly's translation of Rilke suggests that people grow, "by being defeated, decisively, /by constantly greater beings."[7] In our confrontations with the Angel of Death, as with any unconquerable force, the quality of the struggle becomes central, as the outcomes are never in doubt.

The unpoetic or nonimaginative approach to dying patients ("just looking for the news") may harm them through the use of negative words and metaphors. The cardiologist who exhorts his patient to think of his heart as "a ticking time bomb" may think he is motivating compliance when in fact he is putting an explosive metaphor between the patient and his life. A family physician who predicts to her emphysema patient that death will be "like drowning" may never see the strangling effect of her prognosis. The oncologist who says "there is no other choice" but aggressive chemotherapy has little empathy or imagination.

NEGATIVE CAPABILITY

John Keats, himself a physician–poet, used the term negative capability" to describe the ability to hold and cherish opposites in one's mind at the same time.[8] Keats went on to characterize this attribute as the ability to live, "in uncertainties, mysteries, doubts, without any irritable reaching after fact and reason."[8] Negative capability is an essential skill for poets, but we believe it is also important in medical practice. "Reaching after fact and reason" is, of course, a defining feature of scientific medicine, but only so far as it serves the goal of patient care. The word "irritable" is the key to understanding negative capability in medicine. Clinicians confront human reality that remains opaque even after all the machines and laboratory tests have yielded their results. When dealing with individual patients, we rarely have all the information we might be able to use. Yet, if we postpone (or ignore) care in order to "irritably" search for additional data, or avoid the patient if we experience "uncertainties, mysteries, doubts," then we are unlikely to practice effective medicine. The good clinician learns to function in the face of uncertainty and ambiguity—nowhere is this clearer than in palliative medicine, where the healer encounters an almost inexpressible alloy of hope and despair.

How can poetry be used to teach and to sustain negative capability? Because poetry comes close to being able to express the inexpressible, it may provide a voice for levels of experience and meaning that cannot be captured by reasoning or

ordinary discussion. It is true that poetry can be opaque as well as a shimmering window or mirror. Reading a poem can sometimes be difficult, like struggling with Rilke's Dark Angel. One way to grow within this struggle is to learn the poem by heart. Memory rejects the unintelligible. In working to remember a poem (as in working with a patient) you deepen your understanding of its sense. You also find pleasure in the poem's sound, especially if you say it out loud. Assonance, rhythm, and repetition lead you through the poem to its center. This does not happen with every poem, but when it does happen, you may develop a sense of how the poet sees into the heart of the world; in a small sense, gaining access to the unsayable.

COMPASSIONATE PRESENCE

In his photographic essay, *A Fortunate Man*, John Berger describes the life of John Sassall, a general practitioner in rural England. For Sassall the doctor's central task is "individual and closely intimate recognition" of the patient, "If the man can begin to feel recognized—and such recognition may well include aspects of his character which he has not yet recognized himself—the hopeless nature of his unhappiness will have been changed . . . "[9] Sassall is a good doctor, "Because he meets the deep but unformulated expectation of the sick for a sense of fraternity. He *recognizes* them."[9] Sassall "does not believe in maintaining his imaginative distance: he must come close enough to recognize the patient fully."[9] This recognition of the patient's subjectivity is a function of empathy, which creates the connection that the narrative dimension of medicine requires.

This description seems out of place in contemporary medical schools and hospitals, where the orthodoxy holds that physicians should value detachment and approach their patients with detached concern, rather than "intimate recognition." Today's orthodoxy is based on the belief that empathic connection with the patient—or compassionate presence—hinders objectivity. In her essay "Metaphor and Memory," Cynthia Ozick observed that physicians cultivate detachment from their patients because they are afraid of finding themselves "too frail . . . to enter into psychological twinship with the even frailer souls of the sick."[10] This fear of being overwhelmed by suffering is one pillar upon which the concept of clinical detachment rests. A second pillar is the belief that clear-headed decision making—the ability to weigh probabilities accurately and to correct for biases—requires a neutral mental environment because emotions impair reasoning.

We acknowledge the tension between objectivity and subjectivity in clinical practice but, far from being a threat, we believe the art of medicine lies in the ability ("negative capability") to function effectively in this environment—in fact, to use mystery and ambiguity to the patient's benefit.[11] Medical practice requires us to make leaps of meaning each day. The physician might be talking to a patient or thinking about a case, and suddenly he or she *sees* the problem in a different way. The diagnosis becomes clear. Or after fruitless mucking around in the ambiguity of illness, the physician suddenly discovers the word that heals. We sometimes call these leaps of meaning "intuition" or "clinical judgment." This is not to deny that they can (and should) be carefully dissected and studied. Yet, the immediate "Eureka!" of *seeing* something in a new way is much like the experience of a poem.

Consider the first two poems in Appendix A as examples of the "Eureka!" experience. In the first the poet–physician describes a quiet early morning encounter with a patient who has had part of his face removed because of cancer. Here, as in the following example, the intuition has nothing to do with the medical diagnosis as such, but rather it creates an imaginative space that confers new meaning to the situation. "This man is the man in the moon."[12] What does this metaphor mean? Logic and reason are not very helpful in answering this question. The metaphor arises from the arctic landscape in the preceding stanzas, but clearly goes beyond them—in an epiphany whose emotional tone is nocturnal, cool, and mysterious. In contrast, in the second poem the doctor caring for "The Six Hundred Pound Man" experiences a more frenzied and physical epiphany, closer to the healing ecstasy of the traditional shamans he invokes.[13]

REFLECTIVE PRACTICE

Some think that poetry and medical practice make strange—or perhaps even illicit—bedfellows. For example, Susan Sontag argues in *Illness as Metaphor* that we should attempt to eliminate

metaphor from our thinking about illness.[14] Just the facts, ma'am. No frills. No cultural baggage. No connection with art or literature. Ideally, she argues, we should reduce illness and suffering to their biologic components and avoid attributing meaning. To Sontag, cancer is simply and precisely a malignant transformation of tissue and not "the enemy within." Whatever cancer or dying might mean to the patient, that meaning should be of no concern to the physician.

If this were true, physicians would have less need as professionals to understand themselves and their emotional reactions to seriously ill patients, or to explore the feelings and beliefs of these patients. However, Sontag created a needless furor by overgeneralizing a narrow point—perhaps negative cultural metaphors *do* in some cases prevent ill persons from seeking help. For example, if human immunodeficiency virus (HIV) is considered to be a shameful punishment from God, a patient may well wish to keep his condition secret and acquiesce to the illness. Yet, no seriously ill person can experience his or her condition without attributing personal significance to it, which generally does not inhibit care. Likewise, clinicians who care for such patients have a need to integrate and reflect on their experience.

Modern commentators have stressed the need for physicians to understand their own beliefs, feelings, attitudes, and response patterns. One of this view's earliest proponents was Michael Balint, a British psychiatrist who focused attention on the therapeutic power of the physician–patient interaction with his aphorism, "The doctor is the drug."[15] Balint encouraged physicians to meet regularly in small groups to discuss their difficulties with and personal reactions to patients. We believe that reading, writing, discussing, and internalizing selected poems can serve as another avenue to self-knowledge, preferably when used as an adjunct to group process.

We will end with two examples of self-consciously reflective poems. "The Azalea Poem" (see Appendix A) processes the writer's feelings about lying to a patient dying of acquired immune deficiency syndrome (AIDS). In this case the lie—that Alfred will live through the long winter—comes across as a weak, reflexive response to the patient's question, rather than a principled response based on a perceived need for "hope." The narrator contrasts his own linear approach to time with Alfred's ability to live in the moment, and perhaps to find hope in the immediacy of his everyday experience. However, the narrator seems unable to "go with the flow" on this. Rather, he tries to deceive Alfred and experiences feelings of guilt that are not assuaged by music or exercise.

In the final example, the poet presents several standard lessons taught by hospice nurses in the form of a series of messages to the poet's dead brother. The imperative statements he illustrates (e.g., "Express gratitude") are abstract and cold; however, the poem elucidates these sentiments as miniature narratives that are vibrant and far deeper than the statements themselves. In poetry the unsayable may arise from love, hope, yearning, loss, anger, or, in this case, even from didactic instruction.

CONCLUSION

In this essay we have suggested that palliative care clinicians need poetry in their lives. While such poetry can be understood in the broad sense as spontaneity, creativity and imagination, we focus on poetry in the strict sense—words on paper—and contend that reading, discussing, internalizing, and writing it can help us to become more reflective practitioners in various ways. For one, poetry teaches us the power of words, symbols, and metaphor to influence our patients. Having learned this, we are better able to modulate our interactions with them to promote healing. Moreover, we may go a step further and utilize selected poems as therapy to capture or transform a patient's experience.

Poetry also encourages the development of negative capability. A poem may have multiple, and sometimes conflicting, meanings. "Listening" to a poem often requires patience and respect. Perhaps the best example of such respect is in learning the poem by heart and internalizing its rhythm and voice. Finally, poetry fosters our ability to make the leap of empathy and, therefore, fully recognize our patients. Such recognition helps us to stand beside them in compassionate presence.

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Address reprint requests to:
Jack Coulehan, M.D., M.P.H.
Department of Preventive Medicine
HSC L3-086
State University of New York at Stony Brook
Stony Brook, NY 11794-8036

E-mail: jcoulehan@notes.cc.sunysb.edu

Appendix A

The Man with a Hole in His Face

He has the lower part,
a crescent of face
on the right, and an eye

that sits precipitously
beside the moist hole
where the rest of his face was.

The hole is stuffed
with curls of gauze.

His nurse comes before dawn,
at the moment
the eye fears for its balance,

and fills the wound,
sculpting a tortured landscape
of pack ice.

The man's eye does not close
because any blink
is death,

nor does the eye rest
in mine
when I ask the questions
he is weary of answering.

While I wait here quietly
in arctic waste,
the pack ice cracks
with terrifying songs

and over the moist hole
where the rest of his face was,
he rises.

This man is the man in the moon.

Coulehan[12]

The Six Hundred Pound Man

Of the six hundred pound man on two beds,
nothing remains,
not the bleariness with which he moved his eyes
nor the warm oil curling in his beard.

Though the sheets and plastic bags are gone,
his grunts, his kind acceptance gone,
I see him now, rising in the distance,
an island, mountainous
and hooded with impenetrable vine.

When I awaken to the death
of the six hundred pound man
and cannot sleep again,
I paddle to his shore

in search of those flamboyant trees
that flame his flanks,
in search of bougainvillea
blossoming his thighs,
of women who rise to touch him
tenderly with ointment,
in search of healers, singers
who wrestle souls of old bodies
back to bones, back to dirt, and back back
to their beginnings.

As I enter for the first time
this medicine circle,
bearing chickens in honor of the god,
words dancing from my lips,

spirit like the plume of a child's volcano
rises

and then the medicine, the medicine is good
and the tongues, the tongues are dancing
and the fathers, oh! the fathers are dancing

and this worthless and alien body,
this six hundred pound man,
I discover him beautiful.

Coulehan[13]

The Azalea Poem

The hope I handed Alfred
when he asked about his skin
seems so cheaply false
since I came home,
so quick, so colored by my need.

And my work-out
on the weight machine
to Mahler's Third was not
what I had hoped for. My form,
which has always had the urge
to be a pear, is sour
and inelastic. How nylon-light
my youth would be
if I were living it today!

Alfred's young.
Last month a vivid growth
between his toes
spoke line and verse. This month
his legs
are smoldering with death.

I used to wish whole clots of time
would disappear.
In another month, my madness told me,
I'd make my next goal
and be happier. Between the points—
tedious fiber.

Today is a taste of heaven,
Alfred said.
Cooking supper for Steve, he said.
The breath of woods behind our house
is the best in life, he told me
and asked if he would live to see
azaleas bloom. And I said, yes.

Coulehan[16]

Five Tasks Taught by Hospice Nurses

for my brother

1. Say Goodbye

You called me at work to ask for a loan
And said goodbye as sweetly as if I'd said yes.
I was unhappy, & probably rude.
It was the last time we talked.

2. Express Forgiveness

I forgive you for stepping over the edge,
Wearing a roofer's safety harness
Clipped stylishly to nothing,
Momentary angel over Arizona.

When you were seven
You flew the swing set outside
Our Chilean house through an earthquake
As walls and ceilings collapsed into themselves.
"More, make it do that again!"

Your life was not as short as I feared
Nor as long as I hoped.

3. Request Forgiveness

Forgive me for not lending you the money
To buy that motorcycle,
For not admiring your poetry,
For never taking a photograph of you with my sons.
Forgive me for not wrestling with you into more
Sunsets the summer before I was drafted.
Forgive me for being your imitation angel,
For leaving you with that elephant in the living room.
Forgive me for living.

4. Affirm Affection

I love you
For being obvious about loving me
When I was fifteen and
Thought I couldn't bear to be loved.
You were too young to know better.
You were so alive,
Your death seemed impossible—
If you could die everyone would.

5. Express Gratitude

Thank you for giving me back
My lost family and Montana,
Where we scattered your ashes
According to your instructions:
Up Big Creek Canyon and
On the hundred-year
Flood plain of the Bitterroot River.
West Yellowstone burned all the week
Of your death, frosting windshields white in July.

Now, when I visit—and I visit often—I do work I love,
While I stay in a lodge built ten years ago
Of first-growth timber
Salvaged from that fire.

Now I see: living is a kind of slow burning,
And love is what we salvage from the fire.

Clary[17]