



The art of medicine

Poetry for rewilding the medical and health humanities

Medical and health humanities (MHH) offer an antidote to the highly technical, mechanistic, medical specialties that students are expected to learn, often by rote. As Alan Bleakley, Emeritus Professor of Medical Education and Medical Humanities, has argued: “Modern medicine is traditionally patriarchal, individualistic, and resistant to encouraging democratic, collaborative habits as it socializes its young into hierarchical structures or eats them whole.” MHH courses typically challenge the separation of areas of knowledge that would benefit from cross-fertilisation by incorporating poetry, music, literature, visual art, dance, and other creative techniques into medical education, as well as by introducing the analysis of textual and visual representations of illness—the traditional reserve of biomedicine—into the curricula of the humanities. At their best, MHH can help build skills such as empathy, creativity, caring, and self-reflexivity. These humanistic traits are often attributes that optimistic young medical students arrive with at medical school, but such traits may decline over the course of clinical training.

Here, we propose poetry as one example of rewilding MHH into a more diverse territory. Research has shown the positive impacts of using poetry in medical education, particularly for developing skills in self-reflexivity and fostering empathy. Johanna Shapiro, a medical humanities educator at the University of California, Irvine School of Medicine, CA, USA, has found that writing poetry “appears to be one way students can make emotional sense of the different relational systems they encounter over the course of training”. We are both engaged with the MHH and involved with the Hippocrates Initiative for Poetry and Medicine (LMGA is its President, invited to step into the role after the death of Donald Singer, who was the co-founder of the successful Initiative with Michael Hulse, and KS was one of three judges for the 2024 Hippocrates Prize for Poetry and Medicine). Our conversations about experiences of health and illness in the 21st century led us to delve into our earlier understandings of MHH and reflect on the important role of medical poetry—that is, poetry dealing with medical issues written by health professionals, patients, and professional poets.

Looking at the field of MHH broadly, Anne Whitehead and Angela Woods referred to the first wave, or mainstream, of the field as mainly focused on the communication skills of doctors, and called for the second wave of “critical medical humanities”, or “the field’s current momentum”, consisting of “a series of intersections, exchanges and entanglements between the biomedical sciences, the arts and humanities, and the social sciences”. Following these ideas, we envisage an incipient wave, imagined in terms of territory as a borderland between traditionally separated

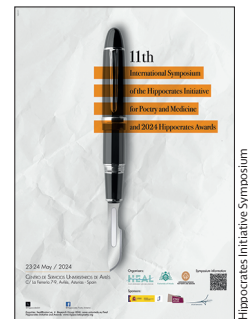
disciplines, where conversations are necessarily polyphonic and where collaborative methodologies are implemented to avoid an undesired instrumentalisation and a hierarchical organisation of knowledge.

In his oft-cited 1959 Rede Lecture at Cambridge University, UK, C P Snow presented the conceptual divide between the arts and sciences to his academic peers and noted that “Attempts to divide anything into two ought to be regarded with much suspicion.” Nonetheless, for the purposes of his argument, he used the example of a dualistic divide. Snow’s concept of “The Two Cultures” has had a lasting impact on the academy. Yet the language of building a bridge between two concepts, ideas, or fields seems out-of-date. What flows beneath the bridge? We propose a wild liminality: if we invite a “third wave”, it could be the space where the wave crashes onshore, an ever-changing intertidal zone.

Interdisciplinary practitioners are understandably excited by Gilles Deleuze and Félix Guattari’s concept of deterritorialisation. Arts practitioners are moved by their philosophical description of creating liminal, boundary-breaking “lines of flight”, because it is an apt description of the creative process. As a field, MHH may be considered in part an embodiment of territorialising and deterritorialising. MHH teachers need to vie for the time and attention of students, via highly structured and tightly packed curricula—particularly that of a medical student’s schedule. Practically speaking (with apologies to Deleuze and Guattari as we are referring to rather literal territories, in this instance), territory must be claimed in a way where one is always expected to prove value and worth. Yet the territories apply vastly different definitions of “value” and “worth” (one could glibly say quantitatively versus qualitatively). Consider, then, where a given MHH programme sits in the institutional structure, for therein lies much of its territory and thus power.

We are not suggesting MHH exist in a space without definition. Typically, MHH programmes, courses, and curricula sit within medical school training programmes—thus situating humanities as handmaiden to medicine—or as electives hosted by humanities departments that medical students are invited or required to take—thus making medical an adjectival attendant to humanities. Bleakley has described a programme he was integral to creating at the Peninsula Medical School in the UK as “the most innovative programme in medical humanities in any medical school internationally”. It was launched in 2002 with a thorough integration of medical humanities within the medical school. Such an approach is not widespread and when Bleakley wrote about it in 2015 he said that its future was uncertain.

In the more frequent, less integrated context for MHH programmes, access to students may be closely guarded. If



Hippocrates Initiative Symposium

Published Online

May 22, 2024

<https://doi.org/10.1016/>

S0140-6736(24)01077-8

Further reading

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- an MHH programme exists in the Arts Department but those educators are not given curricular space to teach the medical students, the MHH course has little power to impact upon students' thinking and learning, and thus is likely to reinforce the quantitative biases that such MHH programmes are of little "value". Yet by deterritorialising disciplines, new possibilities may emerge. Think again of that intertidal zone. How would it look in MHH education? What would it mean? We suggest calling such deterritorialising a rewilding.
- Could a metaphorical rewilding enrich the MHH? A requirement of interdisciplinary rewilding is dialogue: communication between, and among, disciplines. Communication between practitioners and what they make (eg, poetry, art, or music), and about processes as much as about final products. This could be communication with an archive, with objects, with practitioners, or with people. Dialogue does not have to be verbal: consider Bruno Latour's concept of "interobjectivity". In relation to museum studies, including poetry written from pathology museum encounters, Edward Juler and Alistair Robinson have highlighted how "In Latour's scheme, interobjectivity is where 'each actor's every action is interfered with by others' such that we need to 'take into account a large number of variables at the same time'. Objects' 'behaviours' are not determined solely by their own characteristics, in other words, but by their capacities or affordances, and their dependencies."
- We call for a space that must be intentionally spacious for the MHH. We need to relinquish the idea of control, to allow for integration beyond the biomedical, considering the bio-psycho-social-spiritual and all it entails. If that sounds messy, it is. Rewilding is often about allowing the unknown to emerge. Any of us teaching in MHH see the crammed schedules and rushed nature of how students are expected to learn. The creation of space: to think, to reflect, to allow for possible lines of flight, should be a key component of any MHH initiative. The concept of rewilding asks us to resist definition, to sit in a messy liminal hinterland of unanticipated growth, unidentified flora, and weeds that are not in fact weeds, but are actually plants native to this space, unfamiliar to and, crucially, not controlled by, course leaders.
- This brings us to poetry, and the possibilities it offers this third wave. Medical poetry, that is, poetry on medical issues, can offer invaluable information about the experience of illness to complement the biomedical literature about that same pathology. This is particularly interesting when the poem is written from the perspective of the patient, whose voice has been unauthorised, and hence silenced, in traditional clinical encounters. Poetry can also help to register the burn-out and challenges faced by doctors who are often expected to provide patients with definitive clinical, biomedical answers when much about health is varied and complex. Additionally, there is the therapeutic potential of poetry workshops in hospital or clinical settings, for both doctors and patients because, as Hulse
- and Singer suggested, the genre "may serve many ends and come in many forms". One of the most powerful things about poetry is its unpredictability: we cannot know, for certain, how a reader will interpret a poem, nor should we attempt to prescribe an interpretation.
- In his poem *Health*, physician-poet Raphael Campo dreams about a "health pandemic" that obliterates the traces of cancer and Alzheimer's. The poetic persona imagines a "carefree" existence where the "relics of saints", "twisted roots", our ancestor's advice, and the power of nature and love bring us back to the realisation that we should not desire for more. Campo's vision is of a "world / made painless by our incurable joy". In a classroom, *Health* seems to challenge a strict biomedical perspective. Hints of magic and myth speak to broad human experience, beliefs which many people continue to hold. Campo—who also writes about being gay, and about his Cuban heritage—decentralises the "white male God-doctor" trope, offering a voice for medical students to consider when being invited into unfamiliar territory.
- We urge a varied polyphony, and a decolonising mentality when even naming what might be "medical" poetry. For example, Joy Harjo, who is from the Muscogee (Creek) Nation and was the US Poet Laureate from 2019 to 2022, offers wisdom and medicine. In *When the World as we Knew it Ended* (2002), she writes of the collapse of modern civilisation and towards the end of the poem writes: "But then there were the seeds to plant and the babies / who needed milk and comforting" and someone "began to sing". Harjo has a deep way of seeing. Love, mothering, plants, and art will persist. The poem's timeliness and timelessness offer a great deal of healing.
- Neil Pickering has proposed that "In a genuine engagement with a poem, there is an interaction of the student with the poem. In this there is always an element of unpredictability." It is that interaction and unpredictability we invite more of. Creating space for educators and students to spend time with poetry is a small but powerful example of how we might begin to think in terms of rewilding MHH education. Let us stand at the shore, watch the waves come in, and see what might emerge.

Luz Mar González-Arias, *Kelley Swain

English Department, University of Oviedo, Asturias, Spain (LMGA); School of Creative Arts and Media, University of Tasmania, Hobart, TAS 7001, Australia (KS) kelley.swain@utas.edu.au

LMGA is the President of the Hippocrates Initiative for Poetry and Medicine, the Principal Researcher of the research group HEAL: Health, Environment, Arts and Literature, and was Principal Researcher of the project END: Illness in the Age of Extinction (funded by the Spanish National Research programme PID2019-109565RB-I00/AEI). KS is the author of *Darwin's Microscope*, *Atlantic*, *Opera di Cera*, *Double the Stars*, *The Naked Muse*, and *Ophelia Swam*; she taught Humanities in Global Health at Imperial College London (2012–14) and is currently undertaking a PhD in the subject at the University of Tasmania, working with poetry and medical students.