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Narrative Medicine: Community Poetry Heals Young and Old

Allison S. Walker

This is a snapshot of a service learning course founded on narrative medicine, a clinical practice designed to replace impersonal care with empathic listening. By utilizing poetry therapy techniques among nursing home populations, a program called *HPU LifeLines* promotes a community literacy of illness and provides psychological and physical benefits to elders and students alike through intergenerational relationships sustained by a community writing infrastructure.

Keywords: community literacy, community writing, narrative medicine, poetry therapy, service learning



Image Courtesy of High Point University

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

—Hippocratic Oath: revised by Louis Lasagna, Dean, School of Medicine, Tufts University

We all speak a common language, and we speak it regardless of age, gender, race, income or education level. We may even speak it before we utter our first word. It's the language of illness. We are mortal creatures inhabiting imperfect bodies, and

at some point in our brief and exquisite lives we each play the part of the ill, the caregiver, the witness. It's a universal language of suffering and hope, self-doubt and transformation, and within it we are bound by the temporality of our shared human condition.

In *Community Literacy and the Rhetoric of Public Engagement*, Linda Flower argues that "it takes an active search for diversely situated knowledges and experimental meanings to understand not only one another but also the social problems we face together" (4). Illness is a problem both universal and uniquely singular in our experience of it, and it is through a community literacy of illness founded on the principles of narrative medicine that this author attempts to capture "a rhetorical space that can support transformative relationships" between students and community partners (2). This is a snapshot of that ongoing work.

To understand narrative medicine you must first acknowledge that there is something inherently broken in our current healthcare system today. I'm not talking politics or economics. I'm talking about the way it makes us feel. Not in every clinical encounter, certainly. Maybe not even in the majority of them, but at some point, each and every one of us has had a medical experience that left us feeling less than human. Narrative medicine is a response to that dehumanized feeling. To paraphrase Rita Charon, renowned physician, scholar and founder of the Narrative Medicine Program at Columbia University, narrative medicine is an empathy-based clinical technique that creates a "clearing," a safe space for open dialogue, where we can "meet each other and stand together in the glaring light of our own mortality," as equals, and listen (*TEDx Atlanta*). Steeped in the traditions of narrative theory, this growing movement provides tangible physiological, emotional and social benefits for patients and doctors alike. Practitioners of narrative medicine recognize that we are all actors in what Arthur Frank calls the "Five Dramas of Illness," and by developing the skills of close reading and careful listening we can all gain agency in the healthcare stories of our lives (379-394). You don't have to be a doctor to practice narrative medicine; you simply have to be willing to listen.

One application of narrative medicine related to community writing is creative arts therapy, an alternative route to holistic healing through creative expression. Here's a brief chronological sampling of the evidence. In 1988, Silvermarie (*Journal of Poetry Therapy*) found that oral poetry composition by nursing home residents helped increase friendship formation and reduced institutional isolation. In 1997, Pennebaker (*Opening Up: The Healing Power of Confiding in Others*) found that writing with deep feeling improved immune system function, decreased stress, lowered blood pressure, and increased positive short and long-term mood changes. In 1999, Smyth (*Journal of the American Medical Association*) found that writing with emotional content decreased symptoms of asthma and rheumatoid arthritis. In 2009, Verghese (*Journal of Geriatric Psychiatry and Neurology*) found that collective creativity offered some protection against dementia and built self-esteem and social learning among participants. In 2012, Rodriguez, Welch and Edwards (*Journal of Poetry Therapy*) discovered that poetry therapy reduces depression among medical

students, and in 2013, Parsa and Harati (*International Journal of Academic Research*) found the same result among patients.

Now I'm not a doctor or a therapist. My expertise in this emerging field isn't formally recognized or publicly funded, but it doesn't have to be. Anyone can start a narrative medicine initiative in his or her community, and my work proves it. Through a program I've named *HPU LifeLines*, my High Point University students become both speakers and receivers of a community language of illness: agents of a constructed affiliation that wouldn't otherwise exist between two disparate groups, the young and the old. They express this affiliation in another common language, one that transforms illness into healing, the creative language of poetry. As their instructor, my expertise comes not from any medical training, but from my work as a poet and scholar in writing studies. Through *HPU LifeLines* I have created a community writing program founded on an empathic infrastructure that answers Flower's question: "how do we create a place to talk deeply and productively about difference?" (30).

Narrative Medicine in Action is a service learning general education literature course for undergraduate students and the home of *HPU LifeLines*. It fulfills a general education requirement while incorporating 25 hours of service into the curriculum. The only prerequisite is first year writing, and any student, regardless of major, may enroll in it. You might think a course called Narrative Medicine in Action would draw in students with healthcare aspirations, and while some certainly do take the class because it has the word *medicine* in the title, most students are there simply because it fulfills a requirement. Once enrolled, however, they quickly recognize the universal relevance of narrative medicine. By reading illness stories from across literary genres and interpreting them through the lens of narrative theory, students gain the power of close reading and interpretation. By examining their own illness narratives through this theoretical lens, they gain self-empathy. They then take this knowledge out into the community, buoyed by their capacity to speak the universal language of illness, and there they listen.

As with most service learning programs on college campuses, this course partners with local community organizations to draw students out of the classroom as they apply course concepts and theories to real world service experiences. In Narrative Medicine in Action, students work in teams of three to five to facilitate poetry workshops among residents of local nursing homes. Since nursing homes are a feature of any community, this program is easily replicated. Most elder care facilities will have some sort of long-term population, whether Alzheimer's, physical therapy, or hospice patients, and these patients are generally eager for in-house activities to break up the monotony of the day. That's where my students come in. During workshops, students incorporate poetry recitation and creative expression into small group interactions. While this model was developed for elder populations, it could be used in any community where people are willing to unleash their inner poets. Healing occurs in any willing community circle, because all individuals in that circle act as "orchestrators and documenters of a more just, generative, and transformative public dialogue" about illness (Flower 6).

The goals of this course are what one would expect of any general literature course: an awareness of text and context, an appreciation for the aesthetic complexity of enduring works of literature, and a basic introduction to critical reading and interpretation. The service learning goals expand beyond those literary horizons to identify ethical issues in the illness narratives students read and hear in order to foster reflective practices. These practices enhance first-hand clinical service and ultimately replace illness isolation with affiliations of healing that cultivate enduring community alliances. These goals capture many of the key concepts we consider essential to community literacy - namely ethical reasoning, reflection, and sustained community engagement - while the production of community writing allows students to examine the role narrative medicine can play in an affordable and egalitarian healthcare system.

The method by which these goals become reality is the poetry workshop. *HPU LifeLines* poetry workshops occur every Saturday and Sunday throughout the semester. Weekends are often a time of solitude for nursing home residents. Regular activities aren't scheduled because that time is dedicated to family visitation. Imagine how those hours must drag on for residents whose families don't visit. *HPU LifeLines* fills those hours with laughter and creativity. In each *HPU LifeLines* poetry workshop, students choose a theme, such as a snowy walk or a trip to the beach, and then present poems and hands-on sensory objects related to that theme in a small group setting within the community. The students begin by gathering residents into a common space large enough to hold 5-10 participants seated in a circle. When the circle is complete, they lead them in a call and response performance of a few famous, preferably rhyming, poems. The call and response technique stimulates group engagement and focus, and it has physiological benefits that include the regulation of breathing and heart rates. For some of the participants, this recitation becomes an aerobic exercise when the students add movements that correspond with the poem's meaning, such as drumming one's thighs to simulate a horse's hooves in "Stopping By Woods on a Snowy Evening," by Robert Frost. Because the recitation of rhymed and metered poetry requires a degree of breath control that we don't typically use in regular conversation, this activity increases lung capacity and the oxygenation of blood to the brain. This, in turn, can stimulate memory, and since recitation only requires the brief four to six seconds of short-term echoic memory, even residents in the final stages of Alzheimer's who may have lost almost all long term memory can still recite the words "and miles to go before I sleep."

After a few recitations, students facilitate a collaborative creative writing process by asking open-ended questions of each participant in the poetry circle. The questions focus on sensory details related to the chosen theme. For example, if we continue with Frost's poem and the theme of a snowy walk, the students might ask: What might you hear on a snowy evening? What promises does he have to keep? The students also supply tangible objects, such as jingle bells to simulate the sound of harness bells, or a cold ice cube passed from hand to hand to simulate the snow. The questions and objects can spark memories in Alzheimer's patients that are often inaccessible when they are asked to recall them after the workshop is over.

For example, one participant was able to tell a story about how she and her younger brother built an igloo in their Massachusetts back yard and even slept there one “snowy evening.” This was a story her caregiver had never heard before, even though she had been her elder care companion for nearly a decade. To keep the creative process flowing, one student kneels before each participant in turn to ask a question, while another student writes the participant’s words on a flip chart at the head of the circle. Those at the end stages of Alzheimer’s may lack the capacity to contribute verbally; they are encouraged to share gestures instead, and the facilitator transcribes these gestures, facial expressions, or sound effects into the poem. One of my favorite *HPU LifeLines* poem titles came from such a participant, “Gesture Towards Sky/ Gesture Towards Floor,” and one of my favorite endings as well: “gurgle, gurgle, gurgle.” By the time the student facilitator makes it around the circle, “all of a sudden there’s a poem,” one enthusiastic participant exclaimed. Each workshop concludes with a call and response performance of their creative work.

To demonstrate this process and its products, here is a poem created during a workshop not about snowy walks, but summer days.

The ocean is faithful,
It goes out and always comes back in.
The sand, where does it come from?
It sticks to my toes and my clothes
Because of the affection it shows.
no good beach day without the sun.
I don’t ever want to say goodbye to summer.
In the winter, I dream about summer.
Summer is always on my mind.

This poem taps into Charon’s concept of “temporality,” a common theme in illness narratives that acknowledges the temporary nature of our existence as part of the larger cyclical life/death/rebirth pattern of time (*Narrative Medicine* 40-44). Through the metaphor of the ocean and the seasons, the poets express their own sense of mortality in imagery of light and warmth instead of the typical associations of darkness and cold. The poets remember sensory details, memories prompted by the tangible objects brought into the poetry circle, such as sand and a beach ball. By asking open-ended questions, like “what does the sand feel like?” the students were able to draw poetic lines from the participants, even a rhyme. Note how the sand, something we often find irritating when it “sticks to...toes...and clothes,” becomes a source of “affection.” When viewed through this narrative medicine lens, the last three lines resonate with a profound sense of longing, or what Arthur Frank calls the “drama of fear and loss,” a plotline of illness narratives related to our fear of death and what we might lose along the way to that final destination (388). Our poets express this simply in the statement, “I don’t ever want to say goodbye,” as even in the winter of their lives, these poets remain connected to the sunny days of youth.

The students collect poems such as this one through a series of workshops, and then they are asked to use those poems as the theoretical texts for their own narrative medicine analyses. Here are brief descriptions of three assignments that incorporate community writing into the academic development of the students as narrative medicine practitioners. In a *service reflection journal*, students write about their work in relation to larger ethical questions about the sociocultural effects of dehumanization and how we as a society might remove the stigma of illness. Reflections apply key narrative medicine terms to the collected *HPU LifeLines* poems and the students' own illness narratives to develop community and self-empathy. In *found poems*, students transform stories of illness into poems of healing. A found poem is a collection of words borrowed from another writer, speaker, or public text and then fashioned into a poetic form to create new meaning. The found poems in this course are drawn from community partner conversations and course literary texts. At the end of each semester, students celebrate the achievements of *HPU LifeLines* poets with a *public poetry reading*. This capstone project synthesizes the service experience through production of a poetry anthology that is given back to the community during the celebration.

As Flower notes, “the most important thing about community literacy is not that it convenes a preexisting community but that the community it creates is a deliberative one, a distinctive local public sphere that was unlikely to exist without it” (29). I believe *HPU LifeLines* has achieved that goal and continues to sustain it. Without continuity, this program would not be as medically impactful, so we strive to maintain a presence in the lives of our community partners year round, regardless of the University's calendar. Though the students' faces change, their smiles remain the same, and we try to always wear purple (our University color) so the residents recognize us. Between semesters, *HPU LifeLines* recruits research students to develop individual narrative medicine projects that can be implemented over the summer. Our continued presence maximizes the health benefits for our community partners and ensures an ongoing affiliation sustained by creative reciprocity.

Maybe some of the community members in attendance at our capstone poetry readings don't realize they've written these poems. Maybe they can't remember the names of the students who visited them all semester long, but their eyes always light up when the students speak about their service experiences. Here's how one student described her work:

Yes, narrative medicine has taught me how to approach my own healthcare choices differently, and the course readings have opened my eyes to ethical dilemmas I hadn't recognized before, but what I value most is what I've learned about myself through your eyes. I've learned to value my own mortality and the wisdom of my elders, to speak up when I witness the mistreatment of others, and to celebrate creativity. Thank you for sharing your stories with me. I will never forget you.

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Author Bio

A graduate of the University of Alaska Anchorage, **Allison S. Walker** received her M.F.A. in Creative Writing in 2004. Her poems have appeared in *word river*, *Cold Mountain Review*, *Apogee* and *Convergence Review*. A member of the High Point University Department of English since 2009, her scholarship has appeared in *EvoS: The Journal of the Evolutionary Studies Consortium*, the *EvoEd Digital Library*, and a forthcoming chapter in *Visual Imagery, Metadata, and Multimodal Literacies Across the Curriculum*.