

Listening to the voices of medical students in poetry: Self, patients, role-models and beyond

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The author argues that medical educators need to learn about the emotional reactions and concerns of medical students in response to their educational experience. She then makes the case that one useful way of doing so is through studying students' reflective writing in general and poetry in particular. Major thematic findings from a content analysis of 220 medical student poems are discussed. These include the perceived threat to self that occurs as a result of the medical school socialization process; the struggle to position oneself in a humane, compassionate relationship toward patients, through adopting the patient's point-of-view, and establishing solidarity with the patient; the expectation for wise guides and mentors, and the encounter with anti-role-models; and, finally, the desire for transcendent wisdom, often expressed in religious or spiritual language. The author concludes that, although more research is required to establish the benefits of writing for students, there is much that educators can gain by paying attention to this rich source of qualitative information and insight.

Keywords *Doctor–patient relationship; humanities; medical education; poetry; spirituality*

Just as a physician benefits by understanding how the patient's life and values intersect with her disease, so too medical educators need to know something about the reactions of medical students to the experience of their own education. Yet where can we discover students' deepest thoughts and feelings about medicine? Students talk among themselves; if we are lucky, we may sometimes overhear these conversations, but often they rely on humor or a certain macho toughness to mask serious emotion and they are usually too truncated for serious insight. Faculty members are not always perceived as safe recipients for students' doubts and disclosures, because of their evaluative functions, so that in fact, we know very little about the confusion and ambivalence, or the joys, they encounter during the course of training.

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One of the few opportunities for deliberate contemplation offered to medical students are the various forms of reflective writing that have emerged with increasing popularity in medical school curricula. Branch and colleagues (Brady, Corbie-Smith, & Branch, 2003; Branch, Pels, Lawrence, & Arky, 1993; Hupert, Pels, & Branch, 1995) have spent over a decade encouraging learners to interrogate their experience through narrative accounts. Their analyses of these critical incident reports identify core themes, such as balancing empathy and acculturation into medicine, the search for identity and values, disillusionment, and despair, hope and reconciliation. Reflective writing has also been used to help medical students probe the perspectives of patients (Charon, 2001), as well as to understand their own physicality and personal experiences of illness (DasGupta & Charon, 2004; Goldstein, 1997). Other educators have called attention to the value of student journal-writing in encouraging self-awareness and self-examination, as well as breaking down barriers between faculty and students (Ashbury, Fletcher, & Birtwhistle, 1993). Students have used creative writing to address themes of role confusion, professional identity, medicine as a calling, physician privilege and power, the limits of medicine, and identification with the patient (Hatem & Ferrara, 2001). Similar themes derived from medical students' storytelling were identified earlier by Anderson (1998), who also emphasized the capacity of this process to heal student confusion and suffering.

Fewer analyses of student poetry exist in the medical literature. Yet within certain constraints, medically-related poetry can be considered as a legitimate source of qualitative data (Shapiro, 2004), and scholars adopting this approach have scrutinized poetry by medical students to explore and understand aspects of professional development, the illness experience, and the doctor-patient relationship. One analysis of student poetry framed this writing as a way to reflect on and come to terms with the socialization process into medicine (Poirier, Ahrens, & Brauner, 1998). These authors concluded that the poems they reviewed were tools by which students continued the "struggle to sustain their idealism." A more recent content analysis of medical student creative projects that included about 50% poetry concluded that their work tended to explore issues such as the relationship of medical students to patients, coming to terms with death and dying, understanding the patient's experience of illness, and coping with professional and personal stress (Rucker & Shapiro, 2003). Student poetry has also been examined to understand evolving views of death and dying. Henderson (2002) points out that students are concerned about the dehumanization of the dying process in medical settings and their poetry attempts to demonstrate their capacity to maintain compassion toward dying patients.

Reflective writing in any form is a useful vehicle for deepening understanding of students, in part because it counterbalances the limitations of standard methods of medical communication, such as the case report and the chart note, which emphasize formulaic, uniform presentation through an impersonal, passive voice that obscures the identity of the teller (Poirier, 2002). While scientific communication styles privilege objectivity, generalizability, categorization, and elimination of the particular, the subjective, the emotional, and the personal, all forms of reflective, creative writing give permission to reinstate these elements. Five unique aspects of reflective and

creative writing have been identified that may provide catharsis and understanding for students, as well as increased insight for medical educators. These five dimensions, voice, particularity, alternative perspective, emotion, and healing, are discussed elsewhere in detail (Shapiro & Stein, 2005), but are summarized briefly below.

Voice in this context refers to the expression of personal, subjective observations, feelings, and values (Henderson, 2002). Voice in student writing provides medical educators with the opportunity to focus on unique aspects of learners' personality, life experience, and perception, one student at a time. Particularity is the aspect of these forms of writing that encourages focus on subjective details of importance to the teller, whether or not they signify on a broader scale or are pertinent in formulating a differential diagnosis (Downie, 2002). Through the particularity of reflective writing, we can learn about the details that matter to students, the small things that mean a lot. Alternative viewpoints (Charon, 2000), the capacity to recognize that multiple perspectives and stories exist in any given illness encounter, are useful to encounter because they give us an appreciation for the ways in which students apprehend patients and their families. Reflective writing makes space for the expression of the whole gamut of subjective emotions evoked by the complex clinical situations to which students are exposed (Campo, 2003; Stein, 1996). In the emotional tone of their writing, we can detect how students really feel about their experiences, what distresses them and what brings them joy. Finally, because of the potential for writing to promote psychological, and perhaps even physical, well-being (Pennebaker & Seagal, 1999) through the restoration of a sense of control and the act of witnessing (Frank, 1995) difficult events, we can begin to understand more deeply what helps to heal our students' traumas and wounds.

It is unclear to what extent medical student poetry writing is distinct from medical student journaling, storytelling, narrative point-of-view writing, or critical incident reports. Poetry may offer certain dimensions of insight and expression to students less evident in more analytic, logical forms of written communication that conform to requirements of chronology, and are located in space and time. Its tendency toward compactness (at least in the hands of medical students!), its attention to aesthetic as well as functional dimensions, and its preference for allusion and insinuation through image and metaphor all suggest medical student poetry as a potentially rich source of insight and understanding for medical educators interested in the well-being of their learners.

Methods

I reviewed 220 poems written by medical students at a single public medical school written over a 4-year period. The poems were written as part of first-year required creative projects in anatomy, second-year clinical experiences, and third-year Medicine clerkships. I used a qualitative content analysis approach to identify issues and themes that most preoccupied these students. Below I present four themes and nine sub-themes about which students appeared to have many concerns. These have to do with:

- the self and personal identity;
- their relationships with patients, those whom they seek to help and heal;
- their relationships with the attending physicians and residents whom they aspire to become, or are afraid they will become;
- the need of at least some students to find a spiritual dimension in their training.

The themes themselves are not surprising, but the voice, particularity, multiple perspectives, and emotion expressed in these poems can perhaps help us hear and understand them in new ways. All students provided written permission to quote from their poems and to be acknowledged either anonymously by year of training when the poem was written, or by name.

Education and socialization: The changing self

The medical education process tells students that they will learn a specialized body of knowledge, so they are prepared to absorb facts, information, and knowledge. They are not prepared to be completely expropriated and, in a sense, colonized by the system responsible for educating them. Thus, one of their biggest concerns is what is happening to them personally in the process of learning to become physicians.

An all-consuming lifestyle

In their poetry, students describe medical education as overpowering and engulfing. Their poems complain about lack of sleep, constant testing, and non-stop tasks. Medicine becomes an invasion of all aspects of their existence: "... this devouring life," in the words of one distraught student. Students also see medical education as degrading and humiliating:

A deer in the headlights, I startle to fright
Can't think, I'm stunned, did I get that right?
Oh great one! Oh leader! Is this how we learn?
Humiliated, I stumble, ruminating after my turn. (3rd year student)

* * *

I remember being asked questions that were all pretty hard
And after I got all of them wrong, thinking to myself, I really am a retard
I remember some of the doctors thinking, "This student's a fool"
While residents would think, "How the hell did he get into med school?"
(3rd year student)

Metaphors of change

Students' poetry abounds with metaphors, but most are negative when they consider the educational process. They compare medical education to corporate malfeasance ("... a hostile takeover of my life"); slavery ("I'm a slave, a scut-monkey slave"); the army:

"Go get his x-rays!" our attending shouts,
"Yes sir!" we reply, promptly running out,
"Go get his chart!" our resident demands
"Yes sir!" we oblige, following his command.
(3rd year student)

and war:

What am I doing here?
like a f—ing battle,
I fight to console myself each day
(3rd year student)

These metaphors, which share in common intimations of exploitation, abuse, mistreatment, and violence, underscore students' anger and helplessness.

Loss of personal values

Above all, students are concerned about the effects of medical education on whom they are becoming as people ("It [medical training] teaches us harshness/ so we would be stiffer" [3rd year student]). In particular, they worry about the loss of compassion and humanity they fear they are sustaining. In the following poem, a medical student proudly recites as a chorus the line "And I do not flinch," at the end of each stanza elaborating on the horror and suffering to which she is exposed. Yet by the end of the poem she discovers that, in becoming toughened, she has sacrificed her ability to cry:

And I do not flinch
And I silently weep
For the tears that do not come
(3rd year student)

Patients and student-doctors

Understandably, students are preoccupied with their relationships with patients, the alpha and omega of the difficult and demanding training they undergo. Students in this sample wrote more poems about their patients and their interactions with

patients, than on any other topic. They make a great effort to know their patients, to see them clearly and compassionately. Sometimes they love their patients; sometimes they see them as beloved relatives; sometimes they are repulsed by them; sometimes they are resentful and angry toward them; and sometimes they feel guilt toward them and ask for forgiveness. Three major relational positions emerged regarding patients. In addition, across relational possibilities, students struggled to find a balance between emotional connection and detachment.

Imagining the lives of patients

Students work hard to overcome and to lessen the distance they perceive between themselves and their patients. Many poems are written from the perspective of the patient, trying to imagine the experience of that patient in the hospital, with illness, and in his or her life. These poems explore patient suffering: (“... these days of grief” [Steven Lin]) and recount the patient’s fears: “Very scared, scared, I am” (Michelle Harako). Students often write these point-of-view poems about difficult patients, alcoholic, drug-abusing, comatose patients, patients with mental disorders, and patients who are medically complex or dying, where the expectation of shared humanity, understanding, and empathy, proves elusive:

Beyond my understanding
 Your reason
 Beyond my warmth
 Your crying soul
 Beyond my light
 Your shrouded heart
 Beyond my reach to dry
 Your unshed tears
 (3rd year student)

Solidarity with patients

On the whole, students identify strongly with patients. Students see both themselves and patients as suffering, victimized, and taken advantage of by those more powerful in the medical hierarchy (“We cry inside” [3rd year student]). In several poems, patients and students speak with one voice:

Don’t you see what I go through?
 I’m tired, I can’t move
 Believe me, what I say is true
 Our dignity, we both lose
 I never imagined this day (Michael Liu)

In the first excerpt below, a patient addresses the student directly, demanding that his humanity be acknowledged. The second poem emphasizes the shared origin of patients and students:

Normal describes me
Human describes me
'Like you' describes me
(Jon Kea)

* * *

We're the same
but in different
circumstances
from the same earth
but worn differently
by the body of time
(Andrew Sledd)

Some students sense a cosmic intertwining of their lives and the lives of their patients:

For we are all doctors and patients and no matter where we are
Our lives are forever entwined and we must love each other
We will live our lives together . . .
(Co Truong)

* * *

Patients and students are embarked on a life-long journey together:
Perhaps it is enough that
You are my patient
The discovery that I am as
Human as you . . .
Perhaps it should not be
My fate to walk this
Future alone, in hand with
Just another case . . .
Let us take flight
And for even a visit
Maybe a lifetime
Face this world, foreboding and
Hopeful, you and me
Together
(Michael Doo)

One of the potential outcomes of this relationship is the possibility of mutual healing:

As he turned to leave, determined to come back again,
To speak with her, to lend a listening ear,
A soothing touch to ease her pain, he heard her voice softly call “son.”
Frozen in time that word would ever echo through his soul
A mother’s voice that’s gently turned the tide.
Both patient and physician had shifted gears
To reveal a tender, vulnerable side
That would make whole the healer and the healed.
(3rd year student)

Patients as the enemy

However, students discover that the relationship with patients is often more complex and nuanced than they would like. Occasionally, in an attempt to cope with emotions of frustration, confusion, and resentment, students turn patients into the other, the enemy. They begin to see patients as non-compliant or demanding:

Why should I care if you don’t?
Why should I care to watch over your health
if you don’t do the same for yourself? . . .
Will my capacity to care survive the constant onslaught
of delinquent reciprocity? . . .
Why do you not respond?
Why should I care if you won’t even enter the dialogue?
Do you not realize the struggle you force within me?
(3rd year student)

Emotional connection and professional detachment

Students know patients want doctors who care. In an example of patient point-of-view writing, the patient pleads: “Find me a doctor who suffers with me” (3rd year student). In another patient point-of-view poem, the patient reminds the student:

I hope that you take the time to share
To open your heart though at times it’s a scare
You will need to have strength because at times it’s unfair
And will feel like more than you can bear
But keep in mind how precious and rare
It is to have this opportunity to care.
(2nd year student)

Students desire to be kind and caring physicians, but they are fearful that having an emotional connection with a patient will overwhelm them and make them unable to take care of patients in a professional manner. In their poetry, they struggle with

this simultaneous attraction and repulsion toward connection. In a poem that starts with the line “Failing to distance myself emotionally from a patient’s suffering,” a student writes:

Drip, drip, drip
Drip, drip, drip
Like rain seeping through the roof that houses my soul
Your essence is seeping through . . .
I am drowning from the inside out
Your pain is now my pain
because we are now one and the same . . .
an epiphany for the humane
(Heidi Chen)

In a poem entitled “Bleeding,” the student writes:

If I have compassion running in my blood
Then I must have cut my wrist . . .
Should I attempt to heal this puncture?
If I do I will be consumed by grief
If I don’t I will end up an empty shell.
(Sayeh Beheshti)

In a different poem, similar imagery occurs to convey the loss of caring:

Would I have done this profession if I knew I would care so much I would bleed
I don’t know, but now I must strive to be indifferent . . .
I am a healer yet I am harming myself
with each patient that I worry for
more than they worry for themselves
They don’t teach me in medical school how not to care too much
I’m searching for a way to heal my patients as well as myself.
(Colette Cove Barczys)

Role-models and anti-role models

Negative role models

Becoming a physician is clearly a daunting enterprise. Students are consumed, demeaned, broken down, and reconstituted, often leaving their most cherished values behind. They bravely try to move emotionally closer to patients, but are fearful that their caring will destroy them. Students look to their clinical teachers for positive role-models, who will embody all the desirable attributes of professionalism and guide them wisely. Often what students find are anti-role models who only anger and confuse them further. We know that residents are responsible for much of medical

teaching (Morrison & Hafler, 2000), yet in these poems residents are almost never represented in a positive light:

The residents have seen this many times before
But it's all new to me
They joke about him and what brought him here
But I can not see the humor in this pain.
(Hazem Hosein)

Attending physicians are also perceived as:

- lacking compassion;
- not empathetic, not listening to what the patient says or wants;
- insensitive to economic constraints and cultural differences;
- indifferent to the patient's pain.

Student poetry describes them as judgmental, as illustrated in this poem written from the point-of-view of an obese patient with diabetes:

What makes you think you can waltz in here
With your long, clean white coat
A stethoscope draped elegantly around your neck
Chart and pen in hand
And tell me what kind of person I am?
(Rebecca Smith)

In another patient point-of-view poem, doctors are portrayed as hurried:

Hi doctor. The pain is here
Why are you getting up?
Why are you leaving so soon?
I know you are busy and
have other people in the rooms
but don't let me be
this pain is too much to bear ...
(Daniel Chun)

Doctors also are portrayed to be insensitive and callous providers. In this poem by a first year student, a physician teacher is described during a lecture slide show showing:

... a woman who went into cardiac arrest during labor ...
"Unfortunately she woke up without a brain"
I hear the doctor say.
(Sayeh Beheshti)

Here is a similar perspective on another physician-teacher talking about a patient:

Half serious he [the surgeon] said, "Most people who get head and neck cancer
sort of get what they deserve" . . .
His bravado implied: this unfortunate head hadn't led the clean life of a surgeon
(Jena Berg)

Perhaps the most serious accusation leveled against physicians is that they often appear unmoved by patient suffering. In the following poem, residents and attending deliver a negative diagnosis and prognosis to a patient with heart disease:

While they prodded and measured and recorded
The spasms that invaded her heart
No time was taken to hear and listen
To empathize and understand
That the waves that battered her heart
Were but the ebb and flow of some silent storm deep within
A listening ear, a soothing voice, a friendly touch
Would have done so much.
(3rd year student)

Positive role models

To be fair, students do find and commemorate positive role models. The kinds of physicians students admire listen well, don't rush, take the patient seriously, are gentle, thorough, and caring toward patients, and ready to take responsibility under difficult circumstances. An attending physician is described in this haiku:

Eyes list'ning closely
Words of experience speak
I am inspired (3rd year student)

Residents and attendings are represented below as courageous guides:

They throw open bed covers
Revealing every wound, sore, scar
Touching each one without fear or shame
Gazes steady and strong, they ask
The hard questions and make
The hard decisions . . .
They don't believe in magic, but
They talk openly of God
And in the hospital room's dim light

I know they see much more than I.
(3rd year student)

Here, the metaphor of seeing refers not only to literal observation, but also to understanding and insight. In obscure and ambiguous circumstances (“dim light”), the student sees his role models acting with humility and hope.

Spirituality and rationality

Challenged at their core values, seeking yet fearful of solidarity with the most vulnerable within the healthcare system, sick and suffering patients, and frequently disappointed and bitter at their putative role-models, students sometimes find they need the spirit, as well as the intellect in facing their own experiences as physicians-in-training. They turn to the faiths in which they were raised, or to a more diffuse spirituality, to help them make sense of the world surrounding them. Students write about praying with patients and family members, and they write about their own prayers. Three examples follow of supplications for the guidance and wisdom they are often unable to locate in their teachers:

Thank you Lord . . .
for bringing me here
for giving me strength
for direction,
for perseverance
for peace, for peace
I could never do this alone . . .

Guide me Lord
in my purpose
in Your purpose
stay with me as I make
my decisions
in weakness
Here I am
(Gabriel Herscu)
* * *

May I love
May I care
May I give
May I provide succor
May I live in peace
May I heal
May I be meek
May I forgive

May I be tolerant
May I work, but not seek
May I share, but not be proud
May I serve, but not be known
May I speak words full of compassion
May my eyes see the good
May I live and die
Burnt fully leaving no trace.
(Sanjay K. Shah)

* * *

You have given me an awesome responsibility
Grant me the humility to know that I am not the cause
nor am I the cure
I am only the vessel, the tool, the machine by which You work
Grant me the power to fix what I can,
and the serenity to know that which I can not
For in my life, may I always remember the true healer is You.
(Ben Rogoway)

Conclusions

The above analysis suggests that there is much to be learned—and much to be moved by—in medical student poetry. The exhaustion, panic, sense of exploitation and degradation are real. The expressions of solidarity with even the most difficult and distressing of patients, despite their fears of connection and caring, are touching and inspiring. The disillusionment with those entrusted with their training is also palpable. The yearning for deeper meaning and purpose is poignant.

Of course, poetry and other forms of reflective writing are not the only windows into the hearts and minds of medical students, and may not always be the clearest ones. A recent empirical study (Baernstein & Fryer-Edwards, 2003) comparing critical incident reports to debriefing interviews with faculty found the latter significantly *more* effective in number and depth of comments related to professionalism. This study did not use poetry, but personal essays, and on the basis of one report, it is far too soon to call into question the value of reflective writing *per se*. However, at the least this study does suggest that students are willing to talk to faculty about serious issues, if faculty are willing to listen, and, like acquiring any other skill, students may need training to learn how to make best use of reflective writing, regardless of form.

In medical students' poetry, we can hear authentic voices in all their variety, expressing fear, anger, doubt, connection, love, hope, and faith. It is our responsibility as medical educators to seek out these voices and listen to them. In the concluding couplet of one student-poet:

In the end, medicine is not an exact science, it's an art
 It's not only what's in your brain, it's what's in your heart.
 (Sabin Motwani)

References

- Anderson, C. M. (1998). "Forty acres of cotton waiting to be picked": medical students, storytelling, and the rhetoric of healing. *Literature and Medicine* 17, 280–297.
- Ashbury, J. E., Fletcher, B. M., & Birtwhistle, R. V. (1993). Personal journal writing in a communication skills course for first-year medical students. *Medical Education* 27, 196–204.
- Baernstein, A., & Fryer-Edwards, K. (2003). Promoting reflection on professionalism: a comparison trial of educational interventions for medical students. *Academic Medicine* 78, 742–747.
- Brady, D. W., Corbie-Smith, G., & Branch, W. T. (2002). "What's Important to You?" The use of narratives to promote self-reflection and to understand the experiences of medical residents. *Annals of Internal Medicine* 137, 220–223.
- Branch, W., Pels, R. J., Lawrence, R. S., & Arky, R. (1993). Becoming a doctor—critical-incident reports from third-year medical students. *New England Journal of Medicine* 329, 1130–1132.
- Campo, R. (2003). *The healing art: A physician's black bag of poetry*. New York: W.W. Norton & Co.
- Charon, R. (2000). Reading, writing, and doctoring: literature and medicine. *American Journal of the Medical Sciences* 319, 285–291.
- Charon, R. (2001). The patient-physician relationship. Narrative medicine: A model for empathy, reflection, profession, and trust. *JAMA* 286, 1897–1902.
- DasGupta, S., & Charon, R. (2004). Personal illness narratives: using reflective writing to teach empathy. *Academic Medicine* 79, 351–356.
- Downie, G. (2002). Telling: detail and diagnosis in medical poetry. *Medical Humanities Review* 16, 9–17.
- Frank, A. W. (1995). *The wounded storyteller: Body, illness, and ethics*. Chicago: University of Chicago Press.
- Goldstein, M. (1997). Medicine and poetry: pathway of communication. *The Pharos* 60, 12–14.
- Hatem, D., & Ferrara, E. (2001). Becoming a doctor: fostering humane caregivers through creative writing. *Patient Education and Counseling* 45, 13–22.
- Henderson, S. W. (2002). Medical student elegies: the poetics of caring. *Journal of Medical Humanities* 23, 119–132.
- Hupert, N., Pels, R. J., & Branch, W. T. (1995). Learning the art of doctoring: use of critical incident reports. *Harvard Student British Medical Journal* 3, 99–100.
- Morrison, E. H., & Hafler, J. P. (2000). Yesterday a learner, today a teacher too: residents as teachers in 2000. *Pediatrics* 105, 238–241.
- Pennebaker, J. W., & Seagal, J. D. (1999). Forming a story: The health benefits of narrative. *Journal of Clinical Psychology* 55, 1243–1254.
- Poirier, S. (2002). Voice in the medical narrative. In R. Charon, & M. Montello (Eds.), *Stories matter: The role of narrative in medical ethics* (pp. 48–58). New York: Routledge.
- Poirier, S., Ahrens, W. R., & Brauner, D. J. (1998). Songs of innocence and experience: students' poems about their medical education. *Academic Medicine* 73, 473–478.
- Rucker, L., & Shapiro, J. (2003). Becoming a physician: Students' creative projects in a third-year IM clerkship. *Academic Medicine* 78, 391–397.
- Shapiro, J. (2004). Can poetry be data? Potential relationships between poetry and research. *Families, Systems, Health* 22, 171–177.
- Shapiro, J. & Stein, H. F. (2005). Poetic license: writing poetry as a way medical students examine their professional relationship systems. *Families, Systems, & Health*, 23, 278–292.
- Stein, H. F. (1996). *Prairie voices: process anthropology in family medicine*. Westport: Bergin & Garvey.