

COMMENTARY

Ways of Knowing: Howard Stein's Border-Crossing Use of Poetry to Interrogate Clinical Medicine, Medical Education, and Health Care Organizations

Johanna Shapiro, PhD
UC Irvine School of Medicine

This article explores how medical anthropologist Howard Stein's poetry and his unique practice of sharing this poetry with the patients, physicians, and administrators who inspired it create ways of knowing that are at once revelatory and emancipatory. Stein's writing shows readers that poetry can be considered as a form of data and as a method of investigation into the processes of the human soul. Furthermore, it represents a kind of intervention that invites health professional readers toward connection, bridge building, and solidarity with their patients and with one another.

Keywords: poetry, medical humanities, ways of knowing, medical anthropology

Anthropologists are supposed to study cultures; poets are supposed to write poetry. Howard Stein has figured out how to be both and do both. In addition to his distinguished career in medical anthropology, Stein is a nationally recognized poet as judged by conventional criteria of aesthetics, craft, and powerful emotional resonance. In his adopted medical specialty of family medicine, he is considered by many to be our unofficial poet laureate. But Stein has also pioneered a unique approach to "knowing" by using personal poetry to discover meaning in clinical medicine, medical education, and health care organizations. By sharing these poems with those who inspired them, as well as the larger academic community and public at large, he encourages all of us to consider the "evidence" of a poem and its implications for more humane, empathic patient care and workplace treatment in the health care system.

Conceptual Framework: Ways of Knowing

The phrase ways of knowing refers to the different ways in which we apprehend the world

and how we "know what we know," or make sense of what we know. There are many different models; for example, knowing through senses, language, emotions, and reason (Kim, 2009). In the nursing literature, a classic article talks about personal, aesthetic, legal-ethical, and empirical knowing (Carper, 1978). More recently, we have added "emancipatory" knowing (Chinn & Kramer, 2010), an awareness that liberates through its challenging of conventional assumptions and understanding.

Poetry of course has long been understood as commenting on the human condition in ways that advance human "knowing." Poetry engages the senses through the imaginative use of language, resulting in both affective and cognitive responses in readers and listeners. Its purpose may be to create beauty, speak truth, offer an evocative image, tell stories, provoke thought, and express emotion, all ways of knowing that are variously personal, aesthetic, and emancipatory. Stein's poetic works are "boundary-crossing" in the sense that while they function as conventional poems, he also uses them in unconventional ways that resemble both research (in an aesthetic permutation of the classic $N = 1$ model) and educational/therapeutic interventions at both personal and institutional levels.

What does it mean to create poetry for scholarly, research, and therapeutic purposes, as well

Correspondence concerning this article should be addressed to Johanna Shapiro, PhD, Department of Family Medicine, UC Irvine School of Medicine, Route 81, Building 200, Suite 835, 101 City Drive South, Orange, CA 92868. E-mail: jfshapir@uci.edu

as for aesthetic ones? At some point Stein started writing poetry about his work life and his observations about the work lives—and lived lives—of others around him, doctors, nurses, residents, patients, health care institution administrators. This in itself is not that unusual (Charon, 2012; Morgan, 2010; Wolters & Wijnen-Meijer, 2012). The radical step came when he started “returning” these poems to the people who inspired them (Stein, 2003a). When he did so, something interesting happened. The “subjects” of these poems saw themselves reflected in Stein’s words, and then they also were able to see themselves through his and others’ eyes. Insight and shifts in understanding emerged. And Stein too was changed as a result of these experiences (Stein, 1994), as he began to understand his work milieu differently. Through this process of shared poetry, everyone’s traditional ways of “knowing” patients, each other and themselves, became transformed, deepened, and more nuanced. As a result, not only did insight develop, but often healing occurred.

Stein’s passing out his poetry to the people about whom he writes is at once generous and confrontational (Stein, 1988). Here is a mirror, he says, now look. Having a poem written about you is both an elevating and a leveling experience. It is an honoring in the sense that someone has noticed a small moment in your life and has memorialized it. It is also a moment of honesty because that poem may encourage an awareness of self and others that it might be more convenient to avoid. Suddenly you see yourself through the eyes of your patient, a nurse, an employee, and the image is not always a comfortable one.

An example of this process is found in the wittily titled “Conversion.” (Stein, 1996). This poem describes a patient with an unclear diagnosis on multiple medications, none of which he takes with any regularity. His physician is frustrated and helpless, as are the 15 colleagues with whom he consults: “Doctors hate patients like him.” Transformation occurs unexpectedly when the 15 consulting physicians start seeing the patient as a person rather than a conglomeration of diagnoses. They ask each other: “Does he live to take his medications or does he live to fish?” Much like themselves, and most inhabitants of this rural Oklahoma community, they realize that the patient “lives to fish.”

With this “conversion,” his physician is able to craft the beginning of a treatment plan that might just “hook” his patient. The doctors move from loathing to liking. Imagine the possible effects of sharing this poem with the real patient, his real doctor, and the real colleagues to whom the doctor cried out for help.

Knowledge Production and Knowledge Dissemination: Poetry as Research

Stein’s approach is unique, but it is not unprecedented. It falls squarely within a tradition of scholarship known as arts-based health research (Leavy, 2015; O’Donoghue, 2014). In this approach, research participants provide researchers with raw data about their illness or health care experiences, then artists in conjunction with researchers shape this material to create poetry, a photography exhibit, or a theatrical performance that serves either as knowledge production (an analysis and interpretation of raw data to produce new information and insights) or knowledge dissemination (reaching a wider audience, e.g., a particular community or the public at large; Boydell, Gladstone, Volpe, Allemang, & Stasiulis, 2012). The work Stein creates, in the form of poetry, is disseminated to the academic community through scholarly publications and to the public at large through published collections. As well, and perhaps even more importantly, these artistic creations are returned to the original “subjects,” the individuals with whom he consulted or whom he taught or simply encountered. Stein contends that, just like any research endeavor, it also creates new knowledge, perceptions, and understanding that were not otherwise attainable.

Stein’s poem “Downsizing” (Stein, 2011a) is a particularly apropos work to consider in terms of knowledge production or discovery (the primary goal of research), because it probes a disturbing aspect of institutional life that many of the people involved do their best to ignore. Here, Stein confronts the ugly phenomenon of reducing a health care institution’s workforce hidden behind the euphemism of downsizing. Again, he is boundary-crossing by forcing our attention toward something we are supposed to regret but docilely accept. The “knowing” this work stimulates speaks truth to power and may create an emancipatory awareness in both ad-

ministrators and employees about the human implications of such decisions.

People I worked with yesterday,
 Today are suddenly whisked away;
 No one asks where they go—
 Or even really wants to know.

How do you generate knowledge when no one wants that knowledge produced or acknowledged? A poem such as this might be a powerful trigger in stimulating awareness of an uncomfortable and shameful reality among administrators and employees.

Underlying this work of poetry-making is the assumption that because there are multiple ways of knowing (Carnago & Mast, 2015; Candib, 1988), they require multiple forms of “data” and multiple methods for “interpreting” such data. These assumptions enlarge traditional definitions of terms such as knowledge, data, and analysis and arise from Stein’s conviction that quantitative, empirical, and even standard qualitative methodologies cannot capture the full spectrum of human experience. Thus, while it is customary to share the results of a double-blind randomized controlled clinical trial with colleagues and patients, Stein contends that sharing a poem about themselves or people in similar situations may open doors of personal and institutional insight and possibilities for action that otherwise will remain closed. It is not inconceivable that poetry, in conjunction with other traditional methods of medical assessment, can advance clinical goals of diagnosis, treatment, and outcome (Shapiro, 2004). As well, it may trigger processes of both appreciative inquiry and rigorous self-reflection among stakeholders of health care organizations.

Of particular concern to Stein is the “remoteness” of traditional research that results from our narrow view of scientific objectivity and distance. While these constructs have inarguable utility in scientific investigation, especially in basic research, we have come to realize that they can also be constraining and even somewhat misleading. Stein asks the intriguing question: What do we, as scholars, *lose* by distance? (Stein, 2003b) In this poetic aspect of his work, he instead chooses to embrace and learn from subjectivity and connection. There are lessons that come from distance, to be sure, but there

are also lessons that come from the *agape/caritas* love of selfless connection to all people. In this sense, Stein is not afraid to love, to be moved by, the people he reflects on in his work.

Working With Words to Discover “Truths”

Science’s goal is to discover and disseminate knowledge determining what is true about our world. But poetry has its own truths that are discovered through language. Stein often crafts words to expose how others, especially physicians and administrators, use language to mislead and avoid hard truths. We saw this in the poem “Downsizing,” whose title itself whitewashes human suffering. By creating and “returning” poems that compel the reader to face up to his or her own words, once again Stein offers boundary-crossing, uncomfortable ways of knowing. He writes, “Words do not fail us, we fail words” (Stein, 2000a) by employing them in ways that are inaccurately precise, inappropriately categorical, fallaciously objective, and as Stephen Colbert might have said, truthy rather than truthful (Narvaez, 2010). In poetry, Stein finds the freedom to use words to unearth different kinds of ambiguous, evolving, and uncertain truths. Like all great poets, he seeks to avoid the substitution of the official narrative for the person’s lived experience. An example of this phenomenon in medicine is when the well-documented, well-organized, carefully notated electronic medical record matters more than the patient’s broken utterances. Like William Carlos Williams, Stein hopes to find truth not in abstractions, but in “the thing itself” (Williams, 1995; Wickliffe, 2009). He has taken Anais Nin’s famous dictum, “We do not see things as they are, we see things as *we* are” (Nin, 1961) and turned it on its head: by relishing and reveling in the subjectivity inherent in seeing he is in fact able to better see how they are, and to help us see better as well.

An old folk saying asks, “What is truer than the truth?” The answer offered is, “A good story.” Stein, through his poetry, seeks the truest truths, and by giving his poetry back to those who inspired it, he asks them to consider these truths as well. He fearlessly uses “words to conjure worlds” (Stein, 2000b). He is not afraid to explore these worlds, and he encourages those most intimately involved in their creation to explore them as well. After all, he is an

anthropologist as well as a poet and that is what anthropologists do. Poetry is indirect, elusive, and allusive. Emily Dickinson, to return to that slippery concept “truth,” called it “truth at a slant” (Ellingson, 2014). Sometimes an analytic report is dutifully accepted by those who requisitioned it, only to be shoved in a drawer or left in a computer folder, its recommendations too stark, too remote for implementation. Sometimes a poem that offers no solutions but only explores a possible truth can spur individual and institutional recognition, mourning, celebration, and change.

Stein would never argue that art is more trustworthy than science. He would argue, I believe, that art at its most honest and authentic deserves to be listened to for what it can teach us. He recognizes that good art requires courage to confront what is uncomfortable, frightening, and humbling. This is true for anonymous readers; and it is especially true for readers who recognize themselves as the seed from which the poem sprouted. In the poem “Conversion” for example, physician-readers must think about the ways in which they blamed their patient for his nonadherence. “Downsizing” forces hospital administrators to take responsibility for the human consequences of their decisions; while it may free the terminated employees from feelings of guilt and inadequacy.

Transcending Duality: Solidarity With Suffering

Stein’s persistent themes include the complexity of human suffering; an unswerving groundedness in place, whether that be the hospital, the clinic or the prairie; the search for moral clarity in the face of impermanence, loss, mortality and death; a continual striving to reconcile apparent dualities in the world of medicine, such as doctor–patient, health–illness, life–death, power–vulnerability, distance–closeness; and ultimately and always, as the sustaining context of his work, compassionate solidarity and connection with vulnerable populations and people. These are the kinds of “knowing” that he seeks to illuminate for his readers in ways that touch their daily lives. If he has a metaagenda, it might be to transcend the dualities of health care by expressing solidarity with all who are suffering, and especially those marginalized at the edge of the health care sys-

tem. By presenting his poetry to those directly implicated in the specific clinical encounters described, he makes this not only his personal project of understanding and empathy, but a collective endeavor as well that puts all participants on the same side of caring.

This invitation to collective solidarity is much in evidence in the poem “Portrait of a Father” (Stein, 2010a). An indigent father with limited English is judged by his child’s doctors:

We almost gave into contempt—
Until the receptionist told us
That he had carried his febrile daughter
Two miles by foot to our clinic;
And then—if only for a moment—
We felt shame and even admiration

The father and his child personify the undeserved suffering in the world. The poem defines the moral equation—does this poor, immigrant man merit contempt or admiration? How should the physician and medical team position themselves in relation to this person? Distance and scorn define the opening gambit—but by the end of the poem, the tellers of the tale, confessionally, have moved closer to their patient. Throughout this poem, Stein unequivocally conveys his staunch allegiance with this vulnerable yet proud father. It is easy to picture what might happen if this poem were to be read in a residents’ room filled with stressed, overworked young doctors who vacillate between memories of idealistic belief in the goodness and people and the lure of cynical disillusionment. They might see themselves in both the judgment and the admiration this poem reflects; and contemplate who they would want to be in similar situations.

Building Bridges, Making Connection

It is precisely in the subjectivity and particularity of his poetic work that otherwise unobtainable knowing emerges. Stein brings a crystalline clear-sightedness to life’s inevitable decline, dissolution, and confusion, yet he relishes the “small triumph[s]” (the title of one of his poems; Stein, 2011b) that we occasionally achieve through our connections with others. This kind of knowing, as another poem title suggests, leads to “More Questions than An-

swers" (Stein, 2010b). It is a knowing of connectedness and empathy for the human condition. The knowing that emerges from Stein's poetry finds the patterns that connect the life of the person with their dying; the busy high-status physician with the humble hospital janitor and clinic receptionist; the voice of the vulnerable patient to the professionals who are supposed to succor her; and the bosses to the workers. Stein's poetic ways of knowing serve to build bridges between otherwise alienated groups in medicine, and offers his readers a more humane and compassionate vision for health care. We might say that Stein, though a stalwart Jew, nonetheless functions through his poetic process as Dickens' Ghost of Christmas, showing his audience what was and is, but also what is Yet to Come (Dickens, 2015), that better world we all still have a chance to create.

Drawing on the work of the psychoanalyst Donald Winnicott (Marks-Tarlow, 2015), Stein conceives of poetry as a kind of "play," a liminal space between knowing and not-knowing filled with potentiality and discoverable meanings. In sharing his poetry with various stakeholders, he invites them to play together. Because it does not mean any one thing, poetry removes right and wrong from the discussion, thus creating horizontality in organizational structures, such as medicine, still organized around hierarchy. Because a poem represents only possibilities, new insights and third alternatives can be revealed through contemplating and discussing poems. Thus, the shared poem becomes an opportunity to create links between physicians and patients, nurses and physicians, teachers and students, and self to the inner reaches of the self. Precisely because of its indefiniteness, poetry provides a safe space that encourages creativity and reflection (Slochower, 2013). In medicine, and medical education, very few such spaces exist. Within this space, participants can explore unfamiliar ways of encountering the familiar—patients, illness, suffering, death. Closing the loop involves integrating these new understandings and insights back into the clinical encounter or the organizational processes.

In "Moribidity and Mortality Conference," (Stein, 2002) Stein reframes a medical ritual—the morbidity and mortality conference or incident investigation—in which traditionally physicians probe colleagues' failure, sometimes in ways that

are shaming, sometimes in ways that are exculpatory, and always in ways that are distant and removed from the anxiety, guilt, and suffering that results from medical error or unforeseen developments (Wu & Steckelberg, 2012). In this poem, Stein ignores the facts that physicians cling to, and preserves only the linguistic conventions ("We threw everything at something;" "we did everything we could think of"). The regret, the helplessness, the sorrow are confined to a parenthetical observation almost at an afterthought at the conclusion of the poem ("Sad, isn't it?") that further distances the participants from the loss and suffering being discussed.

Such a poem embodies Stein's awareness that words have great power. Its mirror is both harsh (in an ironic interpretation of that parenthesis) and (in a nonironic interpretation) hopeful, in that it introduces a single word of feeling into the poem. The poem builds a bridge from the analytic physicians back to the suffering patients who are the source of their inquiry. In doing so, it cajoles these physicians—and by extension, all of us—to be more, do more, try harder, and risk caring.

Stein's poems have lifted up colleagues and patients. They have indeed elevated our entire specialty of family medicine. If you know them, savor them. If you do not, read them, and you will discover different ways of knowing that may lead to new ways of healing for your patients, your institutions, and yourselves.

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