

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

I. Introduction

- A. /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, Howard is a well-respected 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 Howard has also pioneered a unique approach to knowing by using personal poetry to discover meaning in clinical medicine, medical education, and healthcare organizations; /and it is this particular type of border-crossing that I will discuss.
- B. /"Conversion" poem
In this poem, Howard describes a patient with an unclear diagnosis, on multiple medications, none of which he takes with any regularity. His physician is frustrated and helpless. Transformation occurs unexpectedly when the 15 consulting physicians start seeing the patient as a man much like them who, in this rural Oklahoma community, "lives to fish." With this conversion, his physician is able to craft the beginning of a treatment plan that might just "hook" his patient, and 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 has cried out for help.
- C. /What does it mean to create poetry for scholarly and research purposes, as well as for aesthetic ones? At some point Howard started writing poetry about his work life and his observations about the work lives – and the lived lives – of others around him – doctors, nurses, residents, patients, healthcare institution administrators. This in itself is not that unusual. The radical step came when he started offering these poems back to the people who inspired them.
- D. When he did so, something interesting happened. Patients, physicians, medical residents, nurses, healthcare administrators saw themselves reflected in Howard's words; and then they also saw themselves through Howard's eyes. Insight and shifts in understanding emerged. And Howard too was changed as a result of these experiences, as he began to understand his work milieu differently. Everyone's traditional ways of knowing transformed, deepened, and became more nuanced.

II. Conceptual framework: poetry not only as art but as science

- A. /Howard's approach is unique, but it is not unprecedented. It falls squarely within a tradition of scholarship known as arts-based health research. In this approach, research participants provide researchers with raw data about their illness or healthcare experiences; then artists in conjunction with researchers then 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). The work Howard creates, in the form of poetry, is returned not only to the academic community through scholarly publications and to the public at large through chapbooks and other outlets; but also, and perhaps even more importantly, these artistic creations are returned to the original subjects, the individuals with whom he consulted or taught or simply encountered.

B. /“Downsizing” poem

This is a particularly apropos poem to consider in terms of knowledge discovery, as it probes circumstances that many of the people involved do their best to ignore. How do you produce 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.

C. /Underlying this work of poetry making is the assumption that there are multiple ways of knowing in this world; and that different ways of knowing require both 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 Howard’s, and of course many others in the social sciences and humanities, conviction that quantitative, empirical, and even standard qualitative methodologies cannot capture the full spectrum of human experience. /

D. /Of particular concern to Howard is the “remoteness” of traditional research, our attachment to 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. Howard asks the intriguing question, “What do we, as scholars, lose by distance?” 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 love. And Howard is not afraid to love, to be moved by, the people he encounters in his work.

E. /In particular, Howard is preoccupied with how we use words, how we use language. He writes “Words do not fail us, we fail words” by employing them in ways that are inaccurately precise, inappropriately categorical, fallaciously objective, and as Stephen Colbert might say, truthy rather than truthful. In poetry, Howard finds the freedom to use words to unearth different kinds of ambiguous, evolving, and uncertain truths. Like all great poets, he seeks to avoid reification of the mediated account, in which for example in medicine the well-documented, well-organized, carefully notated electronic medical record matters more than the patient’s broken utterances. Like William Carlos Williams, Howard hopes to find truth not in abstractions, but in the thing itself. He has taken Anais Nin’s famous dictum, “We do not see things as they are, we see things as we are” and turned it on its head: by relishing and revelling 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.

F. An old folk saying asks, “What is truer than the truth?” The answer offered is, “A good story.” Howard, through his poetry, seeks the truest truths. He fearlessly uses “words to conjure

worlds,” (in one of his particularly felicitous phrases) and he is not afraid to explore them. After all, he is an anthropologist as well as a poet and that is what anthropologists do. Howard 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, humbling.

III. Poetry analysis

- A. /Stein’s persistent preoccupations 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.
- B. /“Portrait of a Father”
Many of these themes are evident in this poem. 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, Howard unequivocally conveys his solidarity with this vulnerable yet proud person.
- C. It is precisely in the subjectivity and particularity of his poetic work that otherwise unobtainable knowing emerges. Howard brings a crystalline clear-sightedness to life’s inevitable decline, dissolution, and confusion, yet he relishes the “small triumphs” (the title of one of his poems) that we achieve. This kind of knowing, as another poem title suggests, leads to “More Questions than Answers.” It is a knowing of connectedness and empathy for the human condition. The knowing that emerges from his poetry finds the patterns that connect the life of the person with their dying; connects the busy high status physician with the humble hospital janitor and clinic receptionist; connects the voice of the vulnerable patient to the professionals who are supposed to succor her; and connects the bosses to the workers.

IV. Building Bridges

- A. /Stein’s poetic ways of knowing serve to build bridges between otherwise alienated groups in medicine, and offer us a more humane and compassionate vision for healthcare in the future. /His “sharing” of his poetry with the people about whom he writes is at once generous and confrontational. /Here is a mirror, he says, now look. Having a poem written about you is both an elevating and a leveling experience. In this holiday season, we might say Howard, though a stalwart Jew, nonetheless functions through his process as the Ghost of Christmas Past showing

his audience what is, but also what is Yet To Come, that better world we all still have a chance to create.

- B. Poetry is indirect, elusive, allusive. /Emily Dickinson, to return to that slippery concept “truth,” called it “Truth at a slant.” 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. It is not inconceivable that poetry, in conjunction with other traditional methods of medical assessment, can advance clinical goals of diagnosis, treatment, and outcome. Or that it can trigger processes of both appreciative inquiry and rigorous self-reflection among stakeholders of healthcare organizations.
- C. /Using the work of the psychoanalyst Donald Winnicott, Howard conceives of poetry as a kind of “play,” a liminal space between knowing and not-knowing filled with potentiality and discoverable meanings. Because it does not mean any one thing, poetry removes right and wrong from the discussion. Because it 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. 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.
- D. /“Morbidity and Mortality Conference”
In one last poem, Howard reframes a classic medical ritual – the M & M conference, in which traditionally physicians probe a colleague’s failure, sometimes in ways that are shaming, sometimes in ways that are exculpatory, and always in ways that are distant and removed from the loss of life or suffering that has occurred as a result of medical error or unforeseen developments or simply the limits of medicine. Howard ignores the facts that physicians cling to, and preserves only the linguistic conventions. The regret, the helplessness, the sorrow are confined to a parenthetical observation that further distances the participants from the loss and suffering being discussed.
- E. Such a poem embodies Howard’s awareness that words have great power. Its mirror is both harsh and (in a non-ironic interpretation of that parenthesis) hopeful, in that it introduces the 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.
- F. Howard’s poems have lifted up his colleagues and patients. They have indeed elevated our entire specialty of family medicine. If you know them, savor them. If you don’t, read them, and you will tap into new and astonishing ways of knowing.