

COMMENTARY

Healing Words: My Journey With Poetry and Medicine

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In this essay, I reflect on the origins of my relationship to writing, as well as my journey with poetry and medicine as a health psychologist, medical educator, medical/health humanities scholar, and poet. I explore how these two seemingly disparate disciplines became entwined in my life and how I came to understand poetry as a kind of healing art. The essay concludes with gratitude for the opportunity to have mentored other writers, poets, and students on their paths to more deeply comprehend and honor our shared humanity.


I wrote my first poem when I was 7 years old. My parents, who were themselves novelists, were thrilled, and from that day forward, I was supposed to be a writer. I dutifully went on to write a novel (about five pages long, pretty much an imitation of my parents' first novel, which I had read to the best of my childish ability). At the time, my family was living abroad and I was homeschooled. Because we moved about and I did not share a language with the children I met, I was a pretty lonely, odd kid. Periodically I continued to write poetry until I was 10 years old when we returned to the United States, at which point I stopped writing immediately, desperately wanting to be a normal American preteen. My strategy did not work in that I remained odd, steeped in the 19th century novels my parents had lugged around Europe in one of our four suitcases, but the writerly seeds were irrevocably sown.

As a college student in the 1960s, surrounded by other rebellious youth, I felt brave enough to write the occasional angst-filled poem of existential despair. And when I married, and my husband and I spent a year wandering about Asia, I wrote poetry influenced by Japanese

haiku and Chinese linked verse. Outside the constraints of American normalcy, I seemed able to envision myself once again a writer.

Those brief dabblings again ceased upon our return to the United States, when I “put away childish things” and was accepted to graduate school which, given my academically oriented family, struck me as the epitome of normalcy. Graduate school led to degrees, which led to work at a medical school, and then there were children to love and care for and houses, cars, and the incredibly heavy detritus of modern life to manage. I thought I was, at last, a normal American, living a normal life, being a serious adult. This seriousness was underlined by my having chosen a profession, psychology, with a lot of respect for data, quantification, and categorization. The only writing I did for 25 years was academic and cerebral, fit for publication solely in ponderous professional journals. My particular focus, which took me years of therapy to unpack, was how families were affected by illness, which I approached in a sober, data-driven, and scholarly manner.

Then I began to contend with my own health issues. When I suffered a serious retinal detachment, I discovered that research could take me only so far. The more I read in PubMed about my condition, the more depressed I became. When a friend gave me a volume of Emily Dickinson's poetry (Dickinson, 1976), even though this 19th century poet had never experienced what afflicted me, as soon as I began to

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read, I somehow felt better. It seemed to me that Dickinson understood my suffering. I continued reading other poetry and first-person narratives about illness and was awestruck by the way they opened up whole dimensions of understanding that had previously been unavailable to me. It occurred to me that the medical students whom I taught could learn a lot from this sort of writing.

When I suggested a course on literature and medicine, my department first mistakenly thought I wanted to offer a research seminar on interpreting medical literature, about which they were considerably more enthusiastic than about my actual proposal. After a clarifying discussion, I won my chair's somewhat bemused support to put together an elective Patient Stories/Doctor Stories. In its first year, the elective enrolled three preclinical students. I do not know about the students, but for me, learning right alongside this valiant trio, the experience of immersing myself in pathographies was revelatory. Over a 20-year period, I had the good fortune to be able to grow this seedling class into a full-fledged Program in Medical Humanities and Arts, with required and elective curricula in all 4 years of medical school as well as humanities and arts-based student research, a journal of creative arts and literature, and various health humanities events and symposia.

Susan Sontag famously differentiated the kingdom of the sick from the kingdom of the well, insightfully noting that the former was a foreign land, frightening and isolating to all unlucky enough to enter it (Sontag, 1988). Perhaps because taking up residence in this kingdom reminded me of the sense of dislocation I experienced in my earlier travels overseas, where I also often felt displaced and out of place, I began to write my own poetry again. I wrote almost exclusively about illness—in my family of origin, in my kids, and in myself. I discovered that, although writing did not change a thing, in a way it changed everything.

Illness in my family and myself made me feel helpless and hopeless. Writing about illness for me restored a sense of control. Although illness and its aftermath at times overpowered me or my loved ones, paradoxically I felt by writing about it that I had triumphed—I had improbably

pulled something good, even beautiful, out of the ugliness and despair of illness. As others have noted (Cavanaugh & Drewery, 2008), writing the words had a healing effect. The poet Susan King captures this phenomenon well. She writes, “I found that, as a poet, writing about what I was experiencing came naturally as a way to quell the rising tide of terror that rose up in me. It was a way too to feel that I was doing something in relation to my illness. . . . Just the making itself reduced my anxiety and provided a kind of solace” (King, 2007; p. 9).

Once I started my own writing, I wanted to do something to encourage writing in the physician and behavioral science colleagues I so admired because I hoped it could empower them with the same insight and healing I had found. Fortunately, in 2005, Susan McDaniels and Tom Campbell, then editors-in-chief of *Families, Systems & Health*, invited me to join the journal as poetry editor. What an incredible opportunity! The physician-poet Jack Coulehan once told me that even doctors and scientists who liked to read literature were afraid of poetry. Now I had the chance to help select beautiful poems and to describe what I saw in them and what they meant to me.

I wrote commentaries about the poetry we published in *Families, Systems & Health* for about 5 years. My goal was to illuminate the many nuances I saw in these creative pieces and to help readers see them for the gifts they were. I also encouraged authors to provide a brief prose commentary exploring what led up to the writing of the poem, the personal meanings attached to the poem, and the ramifications and ripples, if any, of having written the poem. In this way, readers were privy not only to the poems themselves but also to the contexts from which they emerged and the intent and consequences for the author in creating the work, juxtaposed with my own responses and interpretations. It was a kind of Talmudic commentary on commentary to plumb the rich depths of each poetic work.

After a few years break, I returned to the journal under the leadership of Colleen Fogarty and Larry Mauksch, in the role of a more traditional poetry editor, managing submissions, sending them out for review, and plunging intensely into the editorial role with a red pen of my own. I dove in enthusiastically

cally to close reading and close editing of submissions, enjoying the luxury that poetry provides of savoring and weighing each word, image, and metaphor. My purpose remained the same—to identify skillfully crafted pieces that would provoke both critical reflection and emotional engagement in readers and to work closely with writers to ensure that they were wordsmithing the best possible poem from their original idea.

In addition to her many other talents, Colleen emerged as an expert in the literary genre of 55-word stories (Fogarty, 2010), and we embraced the prospect of bringing this form, so well suited to the busy physician, to the attention of our readers. A few years later, I had the good fortune to be joined by Jo Marie Reilly, another physician authority on 55-word stories, as poetry coeditor. Collaborating with a colleague who shared my passion for poetry was a rare and precious experience. I discovered that the challenge of fairly yet honestly assessing a poem is immeasurably enhanced by being able to share it with another editor and then to respectfully and enthusiastically debate its merits and limitations.

Reading and writing poetry have played a very special role in my life, as has the privilege of shepherding and sometimes having a hand in shaping the poetry of others—physician, patients, and behavioral health specialists alike. For 20 years poetry about illness has exerted a great influence on my personal and professional beliefs and has shaped who I am as a teacher, researcher, and human being.

After all these years, I am still not sure why poetry has such a pull on me. It has something to do with its compactness and density. There are layers and layers embedded in a good poem. I remember a medical student telling me she thought it would be boring to read a poem more than once. I asked her, “Is it boring to see a patient more than once?” On the contrary, with each visit the physician’s understanding of the patient deepens and shifts. A poem is like that (Shapiro, 2002). Each return visit reveals things that were missed earlier, bringing forth shifts in meaning.

Then of course there is the language. Poetry is often particularly rich in imagery, metaphor, tropes, and literary devices. It uses language in ways that are refreshingly different from the precision and literality of medical language.

Unexpected words, arranged in unexpected ways, help me see something I thought I knew perfectly with fresh eyes. In a similar vein, I relish the ambiguity of poetry. A good poem can often be interpreted in different ways, each one insightful and valid. A poem offers us different perspectives on illness and suffering, different ways of thinking about our lives and deaths from those found in biomedicine.

This is perhaps the element of greatest importance to me. In ways I do not completely understand, poetry can be transformative. Even a dark poem can be a refreshment, a benediction. For a moment, sometimes across time and space, or as near as a workshop or classroom, reader and writer are connected in a profound, almost mystical manner. An ineffable yet powerful bond exists, something inescapably human. Facing the difficulties and pain that illness inevitably brings, we grasp that we are not alone. And that collective sense of walking each other home can help us continue onward (Dass & Bush, 2018).

As Robert Frost knew, “A poem begins in delight and ends in wisdom” (Frost, 1939). The experience of joy resolving into insight, accompanied by a shared witnessing and solidarity with other readers and writers is what I have hoped to impart through the poems I have written and the poems I have been honored to guide to fruition in the form of publication. This path has given me great delight and immeasurably strengthened my understanding of the human condition. I have had the very good fortune in my work to see that both medicine and writing, with a little luck and a little grace, can save and can heal. Poetry is one way of reminding us of this truth.

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