



**ROBERT GORDON
UNIVERSITY • ABERDEEN**

OpenAIR@RGU

The Open Access Institutional Repository at Robert Gordon University

<http://openair.rgu.ac.uk>

This is an author produced version of a paper published in

Creative Approaches to Health and Social Care Education. (ISBN
9780230574465)

This version may not include final proof corrections and does not include
published layout or pagination.

Citation Details

Citation for the version of the work held in 'OpenAIR@RGU':

GALLAGHER, A. and MCKIE, A., 2009. The potential of literature
and poetry. Available from *OpenAIR@RGU*. [online]. Available
from: <http://openair.rgu.ac.uk>

Citation for the publisher's version:

GALLAGHER, A. and MCKIE, A., 2009. The potential of literature
and poetry. In: T. WARNE and S. MCANDREW, eds. *Creative
approaches to health and social care education*. Basingstoke:
Palgrave MacMillan. Pp. 113-128.

Copyright

Items in 'OpenAIR@RGU', Robert Gordon University Open Access Institutional Repository,
are protected by copyright and intellectual property law. If you believe that any material
held in 'OpenAIR@RGU' infringes copyright, please contact openair-help@rgu.ac.uk with
details. The item will be removed from the repository while the claim is investigated.

CHAPTER 7: Anne Gallagher and Andrew McKie – The Potential of Literature and Poetry

Introduction

Literature and poetry are being increasingly used as learning resources in professional health care educational curricula (McKie & Gass 2001; Tschudin, 2003; McAteer & Murray, 2003; McKie et al 2008). Less attention has, however, been given to specific ways in which engagement with these resources might enhance health care professionals' understanding of the experience of service users, carers and of their own practice with a view to improving health and social care practice.

In this chapter, we argue that literature and poetry have the potential to deepen professional understanding by literary devices such as metaphor articulating, effectively, some of the most complex, elusive and subtle aspects of human experiences. Literature and poetry have the potential to enable professionals to develop ethical perception and imagination. The close attention that can be developed from reading poetry and literature is, arguably, transferable to practice contexts. Professionals can develop the ability to see more clearly the salient aspects of a practice situation. This is a precursor to ethical and professional practice. Poetry and literature are not the only resources that can be used to develop ethical perception or ethical practice. Insights from qualitative research and the visual arts are also valuable for enhancing ethical perception and ethical practice.

We begin with a general discussion of the relationship between the arts and health and social care offering some critique as well as a discussion of the benefits of the arts. We

then discuss, more specifically, the potential of poetry and literature and consider claims that they enhance ethical perception. Metaphor is a common literary device and we consider its potential in relation to the experience of illness, distress and caring. In later sections we provide examples of literature and poetry in relation to the experience of: service users, carers and professionals. We discuss practical ways in which the educationalist might adopt this approach in helping students and others to better understand and respond to the views and experiences of service users, carers and other professionals in different therapeutic and caring contexts.

Arts and humanities in health - the role of expression and criticality

The “arts” represent an important component of culture and incorporate literature (including poetry), drawing, painting, sculpture, architecture and performing arts such as theatre music and dance. The arts are considered “expressive” as they express, show or reveal something about the human condition. The humanities, on the other hand, as academic disciplines adopt a critical and analytical approach to the study of the human condition. Their broad scope is described as a “bundle of disciplines” which include theories of literature, music, art, history, theology and philosophy “at the core” (Edgar & Pattison 2006 p.93). Recent additions to the humanities include religious, cultural, visual, postcolonial and feminist studies and, perhaps, social sciences such as sociology, anthropology and social psychology (ibid). A concern with one main question unites these disciplines: “What is it to be human?” Edgar & Pattison (2006 p.93) put it this way:

Within the humanities, this question – the question of how human beings understand, experience, and practise their own humanity – is typically

addressed indirectly, by looking at the products of human existence, including language, beliefs, writings, paintings, and social institutions and organisations.

The relationship between the ‘arts’ and the health and social care professions can be characterised variously: as representing one component of professional practice (the ‘art’ as opposed to the ‘science’); as providing creative resources to enhance people’s understanding of the experience of receiving and giving care; and as activities that people can participate in creating their own visual, literary or performance work for recreational, therapeutic and educational purposes (Gallagher 2007). Can anything count as a work of art? Carey (2005: 29), for example, argues that:

“a work of art is anything that anyone has ever considered a work of art, though it may be a work of art only for that one person.”

In addition, Ziff’s (1997) question:

“what is worthy of aesthetic appreciation?”

is answered with the statement:

“anything that can be viewed”.

It is of little consequence whether the extracts we draw on would receive the approval of an arts’ critic. What matters is what the arts (particularly literature and poetry) express, how people engage with them and whether, and how, they make a difference to health and social care practice. Should we engage with the arts for their own sake or for some instrumental end? Are the arts useful or useless? Might they even be detrimental to health and social care practice, supporting a relativistic or subjective “anything goes” stance? What might keep the arts on the ethical rails, so to speak?

THE ROLE OF POETRY AND LITERATURE

In this chapter we are discussing the potential of poetry and literature in relation to health and social care. Understanding what we mean by these genres also determines our selection of material for later sections. Some definitions are more inclusive than others and, perhaps predictably, there is no consensus as to what can and should be included.

Poetry is derived from the Greek *poiesis* which means “making” or “creating” and involves the use of language for aesthetic and expressive effect. It assumes many forms, ranging from concise Japanese haiku to epic poems, such as *The Odyssey* and *Kubla Khan*. Flanagan's view of poetry is as follows:

the chiselled marble of language. It's a paint-spattered canvas – but the poet uses words instead of paint and the canvas is you

(<http://contemporarylit.about.com/od/poetry/a/poetry.htm>
20/11/07))

Accessed

Flanagan further points out that one of the key features of poetry is its economy of language. He cites Wordsworth who defined poetry as “the spontaneous overflow of powerful feeling” and Dylan Thomas as saying “poetry is what makes me laugh or cry or yawn, what makes my toenails twinkle, what makes me want to do this or that or nothing”. Poetry uses many literary devices such as assonance, alliteration, rhythm, simile and metaphor. Conciseness of expression is a feature of some poetry and it has the potential to express, evoke and excite emotions. Poetry has the potential to convey meanings, feelings and perspectives.

Literature means literally “acquaintance with letters” and is derived from the Latin *littera* meaning letter. In its broadest sense, literature could include everything and anything that can be read: novels, plays, service user and professional narratives, professional case studies and reports. In a narrower sense, literature includes poetry, drama, essays, novels and short stories and often features plot, characters, storyline and, usually, has a clear beginning, middle and end. Literature might also be considered as material created by those acknowledged as authors or writers. We did not wish to restrict the scope of our definition of literature for our purposes. Some of the extracts of literature and poetry referred to in later sections were created by well-known authors and poets. Other extracts came from those with lived experience of health and social care.

The role of literature in illuminating a non-objective, constructed world of sensory, human experience cannot be over-stated (Eagleton, 1983). Poetry, too, in its use of images, symbols and objects, can include, within its own multiple functions, an exploration of the diversity of human experience. It is the capacity of literature and poetry to translate these powers of description and imagination into ‘mere words’ that gives literature and poetry their potential to influence and transform human realities (Walker, 1997). According to Solzhenitsyn (1972), literature has the capacity to transcend human experience by distilling and offering that experience in new and accessible modes of human knowledge and understanding.

One of the claims made about literature is that it enhances the professional’s ability to see or perceive. Pellegrino (1982), for example, writes of the relationship between medicine and literature:

To look and to look feelingly is the summit of artistry for both medicine and literature; to take part in the struggle is the morality they share. Medicine and literature are linked, too, because both tell the story of what they see. The physician's history is really a tale, the narrative of a patient's odyssey in the dismal realms of disease, distress, disability and death. The writer, too, must contemplate the same perplexities of being human and being afflicted. Illness ever intrudes itself because it is inextricably woven and the tapestry of every human life.

It seems plausible that attention to stories or narratives may develop student professionals' ability to better perceive, or appreciate, the patient's perspective. This is also suggested by Montgomery Hunter *et al* (1995):

More specifically, literature has been included in the medical curriculum to develop students' narrative competencies, for example, the capacity to adopt others' perspectives, to follow the narrative thread of complex and chaotic stories, to tolerate ambiguity, and to recognise the multiple, often contradictory, meanings of events that befall human beings.

Downie (1991) suggests three ways in which the study of literature can be helpful. Firstly, literature can 'extend and give cognitive shaping to the sympathetic imagination'. Imaginative literature can develop empathy and enable doctors and nurses to perceive real need. Secondly, literature can help professionals come to terms with the emotions and conflicts which relate to those who are ill in a way philosophy or social sciences cannot. Thirdly, literature gives rise to moral questions which may challenge the self-perception of professionals.

There is, therefore, considerable optimism about what literature and, by association, poetry can achieve in relation to the professions. Assuming a sceptical stance is, however, important. Pickering (2000: 31) asks: "when we do such-and-such, what are we doing? When we give health students a poem to read, what are we doing?" The

arguments above suggest a range of benefits from engagement with literature, e.g. the enhancement of perceptual and narrative capabilities, the ability to appreciate complexity and to tolerate ambiguity. But should we engage with the arts for their own sake or for such instrumental ends?

Pickering (2000: 31) argues that poetry has “no instrumental use for purposes other than of trying to understand the poem in question”. Poetry should, therefore, be engaged with for its own sake, with a view to understanding and enjoying the poem rather than for the achievement of other ends:

“to read a poem as a resource is not to read it as a poem”.

Reading a poem for “external ends” is flawed because a poem is “an event with necessarily unpredictable results”. Reading it for its own sake therefore acknowledges the significance of the poem-reader interaction and admits unpredictability of readers’ responses. Any number of responses to, and interpretations of, a poem exist. Presenting a poem to students “as a site where certain things have been found” precludes an invitation to students to read and engage with the poem for themselves (Pickering, 2000).

Responding to Pickering’s claim that poetry is of no instrumental use, Ahlzen and Stolt (2001) argue that this unpredictability in terms of outcome and the possibility of multiple meanings is exactly what makes poetry valuable. Acknowledging the assumption within literary theory that meaning in a text is relational (residing “neither in the text nor in the reader”), it is argued that engagement with poetry (reading, interpretation and discussion) *can* serve external or secondary ends. The usefulness of poetry and other literary texts in relation to medicine can be made:

because the clinical meeting is an encounter where the interpretation of words is crucial. Scientific explanations intersect with historical narrative in the clinical encounter. The clinical challenge par excellence is, in our opinion, to be open to the patient's radical subjectivity, her ambiguity and complexity, and at the same time to apply the generalised, impersonal knowledge of scientific medicine. The clinician needs a language, and a mode of interpretation appropriate to both these aspects. Poetry reading can be a small but significant part of meeting this clinical challenge (Ahlen & Stolt, 2001: 48)

We are sympathetic to Pickering's argument that poetry should be read for its own sake. However, such reading necessarily gives rise to individual student interpretations that can be shared with others. The skills in sharing, comparing and contrasting interpretations could, arguably, be transferable to health and social care practice. Situations within health and social care give rise to many, sometimes conflicting, interpretations. We agree that the outcome of reading literature and poetry cannot, and should not, be predetermined and is unpredictable. The possibility that a student could interpret a text in a way that supports unethical practice should, at least, be considered. It seems possible to read Gunn's poem, *As Expected*, as supporting more exciting career possibilities than working with people with learning disabilities (Gunn, 1982). Readers have the opportunity to read Gunn's poem for themselves in a later section.

Could literature and poetry be detrimental to health and social care practice, supporting relativistic or subjective stances of "anything goes"? It is certainly possible. The arts are expressive and encourage a range of different interpretations. It is the humanities that enable analysis and a critically reflective approach (Edgar & Pattison 2006): engagement with philosophy (particularly moral philosophy) provides professionals with the means to describe and prescribe different ethical approaches to

professional practice. The social sciences can provide evidence of the implications of practices that promote and thwart human flourishing (Waller, 1996). Exploring with students the *raison d'être* and values of their particular profession in relation to their reading of literature and poetry helps also to avoid relativism and subjectivism. By this, the arts can be kept on the ethical rails.

The meaning and significance of metaphor

Language has the potential to transform our understanding of the world via associative ways of comparison and contrast. The use of figural (pictorial) language, in contrast to literalness, points towards language's referential use ('what it is 'about') rather than to its grammatical construction (what it 'says'). The associative power of language can be seen when we consider the use of simile and metaphor. Describing an experience can often best be achieved by comparing it to something else. Walker (1997) describes this as an association by analogy. Rush (2006) uses simile to describe the experience of loss following the death of his wife: 'I felt like a Pharaoh, the shell of a dead man'. Using the same device, Hicok (1988) describes a woman suffering from dementia:

She's like a fish in deep ocean, its body made of light.

The association between language and the ideas referred to in relation to metaphor is more complex. An example from Sontag (1991 edition) is illuminating:

Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport,

sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place.

Moving from one kingdom to another can be distressing, baffling, frightening or, perhaps, reassuring. Coming to terms with new contexts, conditions and expectations can be challenging and also rewarding for those who have travelled across kingdoms and for those who greet them, those who will travel with them until discharge or, in some instances, death.

Sontag's metaphor of dual citizenship is instructive and enlightening. Her discussion in relation to illnesses such as TB, cancer, insanity and AIDS detail the range of perspectives conveyed by metaphor. Sontag's argument that illness is not metaphor and that it is unhelpful to engage in "metaphoric thinking" paradoxically, however, demonstrates its power and versatility to express societal values, political discourse and perspectives on the individual. Meaning in metaphor can change over time. Hanne and Hawken (2007), in a survey of illness metaphors in contemporary American media, note a 'softening' of the metaphors used to depict cancer and HIV/AIDS, alongside the use of more 'biomilitary' metaphors to describe other conditions: avian flu ('bioterrorist attack') and diabetes ('outwit the disease').

Metaphor can help, as does great art, to "express the inexpressible" (Barker 2000: 98). Considering illness as metaphor may have its limitations, but the power of metaphor to illuminate the experiences of illness remains persuasive. The term *metaphor* is derived from the Greek meaning "transfer" or "carry something across". It has been described variously. Aristotle, for example, defined metaphor as "the act of giving a thing a name that belongs to something else" (Aristotle 1996 ed.: 34-35). More

recently, Lakoff and Johnson (1980) demonstrate the pervasiveness of metaphor in everyday life by describing it as a means of ‘understanding and experiencing one kind of thing in terms of another’. Several everyday metaphors could be used by service users: “being at the end of my tether”, “unable to see the light at the end of tunnel”, “a shadow of their former selves” and “so sharp you’ll cut yourself” (Barker, 2000). Such commonplace use of metaphor can, however, be understood in deeper terms. By viewing hearing as a sensory experience prior to reading, metaphor can be understood as a device that moves away from literalness by seeking to draw the person *into* the reality of the issues under consideration (Paterson, 2004).

Hawkes (1972) writes of metaphor as involving a comparison or association between two objects or ideas with a view to bringing more clarity to bear:

The effect of metaphor ‘properly’ used is that by combining the familiar with the unfamiliar, it adds charm and distinction, to clarify. Clarity comes from ‘everyday words’, the ‘proper or regular class’ of terms used by everybody in conversation. Charm comes from the intellectual pleasure afforded by the new resemblances noted in the metaphor, distinction from the surprising nature of some of the resemblances discerned (Hawkes 1972 p.9).

The use of everyday words and ideas to illuminate or clarify is evident in the metaphors within the extracts that follow. In the first, Elie Wiesel’s (1960) account of his boyhood experiences in the Buchenwald concentration camp during the Second World War richly uses metaphor for descriptive and meaning-creating purposes. The following excerpt captures something of this influence:

Not far from us there were some prisoners at work. Some were digging holes, others carrying sand. None of them so much as glanced at us. We were so many dried-up trees in the heart of a desert. Behind me, some people were talking. I had not the slightest desire to listen to what they were saying, to know who was talking or what they were talking about. No one dared to raise his voice, though there was no supervisor near us. Perhaps it was because of the thick smoke which poisoned the air and took one by the throat [...].

Wiesel's description of the camp experience in terms of 'so many dried-up trees in the heart of a desert' is one metaphorical way of conveying something of the prisoners' collective experience. In literal terms, human beings are not trees. However, the use of the image of 'dried-up trees', suggestive of experience marked by parchedness, thirst, heat, exhaustion and dispiritedness, enhances the potential for the reader to understand the terrible conditions experienced by the author. Moreover, the influence of this particular metaphor is further sharpened by locating it within the narrative preceding it. Here, the account of other prisoners labouring (digging holes and moving sand) adds to the power of Wiesel's metaphor. Similarly, use of the metaphor 'poisoned' to describe the smoke in the camp suggests a wider and deeper atmosphere whose all-pervasive effect is to choke and stifle communication amongst the prisoners, even when their guards are not physically present.

A second example comes from a poem entitled 'Old Woman', written by Kenneth Steven (Steven, 2000).

**[...] Once she was beautiful, and knew it;
Once her blood's fire burned in a man's veins
Night after night, and her colours
Enflamed the coals of his heart.**

**Who may see that now,
When the nurses bring her things and swear
Behind her back because she cannot hold
A spoon, or manage all the stairs?**

**Inside her yet, beneath the autumn-wrinkled face
She lies, the girl she was: the dreams, the dance, the light,
Not dead, but sleeping, still alive and clear
To those who know to look beneath the skin.**

Steven uses metaphor to illustrate several dimensions of the human experience of ageing. By using the metaphors of 'threads', 'fire' and 'coals', to describe the woman's present state and how she once affected others, the poem challenges readers to consider the woman and, perhaps, older people they work with, in ways characterised by depth of understanding and recognition of personhood and the narrative and dignity of a life.

Engagement with literature and poetry in relation to practitioners' personal and professional practice requires careful and sensitive facilitation on the part of educators. The discussion of Stevens' poem took place within the context of a poetry workshop organised by one of the co-authors (A.McK.). Stevens, a Scottish poet, led this workshop where nursing students were requested to read in advance a poetry sourcebook containing five of Stevens' own published poems. Meeting the author in such settings can potentially help practitioners overcome deeply rooted obstacles to engaging with literary sources. Careful facilitation of such sessions e.g. sketching in the background to a particular poem or excerpt (Stevens was for a time employed as a cleaner in a nursing home) can do much to enhance practitioners' learning experience.

Two further points deserve consideration. Firstly, although the act of reading may often appear in individualised and 'privatised' terms, innovative forms of learning within communal settings (e.g. reading 'aloud' or in triads) can counter charges of 'ethical relativism' and subjectivism (Slagter, 2007). Secondly, by encouraging

practitioners to identify their own choices of literature and poetry and to bring these into discussion of ethical practice alongside current professional approaches to ethics, notions of a pre-determined and 'acceptable' canon of sources chosen by educationalists can be disavowed (Begley, 2003).

In summary, the impact of metaphor as used in literature and poetry lies in its ability to draw the reader into a wider framework of reference. Metaphor creates new understanding through difference and can be seen as microscopic representations of a larger body of work (Ricoeur, 1991). Metaphor, in its ability to nurture insight via difference or even ambiguity, is presented as a powerful way of understanding. It is also an engaging way to assist understanding. In addition to reading poetry, professionals and service users may write their own poetry. For service users, the power of writing as a therapeutic tool to promote self- understanding and healing has for some time been recognised (Bolton, 1999; McAndle & Bynt, 2001). In different, but related ways also, it can help professionals understand better the experience of service users and their own experience as professionals.

In the next section we include a poem and extracts from literature. Given the wealth of material, this selection was challenging. Our selection rationale was threefold: the extracts illustrate the role of metaphor and simile; they have the potential to facilitate rich and diverse interpretations; and they reveal service user, carer and professionals experiences and perspectives.

The potential of poetry and literature

A wide range and variety of poetry is worthy of exploration and might have been included in this section. One of us (AMcK) co-facilitates an Expressive Arts module which has collated four poetry source books. Mindful of Pickering's critique we invite you, as readers, to consider different interpretations and how these might contribute to, or detract from, professional practice. We invite you to read the poem and extracts aloud, to consider what they make you feel and think and, if possible, to compare your reading and interpretation with others.

The poem is Gunn's (1982) *As Expected*. We include it here, in its entirety.

As Expected

**Most of his friends, as expected,
went into service. Two
became pilots, swooping over
lush Vietnamese lowland in their bombers,
high on the orgasmic shriek
of Led Zeppelin over the intercom.**

Larry chose a slower route.

**He was assigned a grubby
roomful of young men sitting around
idle, or idle on their cots.
One who has been high-spirited
earlier, lay in deep sleep
knocked out by thorazine all day.
Their hair was cropped. Some
Would have to be hosed down.
Burdens-on-society.**

**They looked like ninepins.
But he found that none had head-lice
and let them grow their hair.
They started to look as if they had different names.**

**A whole night he watched them
till they forgot he was there.
They paid neighbourly visits
bed to bed. One of them
had composed a little tune
made up of three sounds.
One had invented a game
for the fingers of both hands.
Larry watched:
 if the unteachable
can teach themselves, it follows
they can be taught by others.**

**One learned to eat without help.
One learned toilet training
for the first time in his nineteen years.**

**When he came on his shift
they shambled up, poorly co-ordinated,
wild-eyed, and with faces uncomposed.
'Larry! Larry' they cried out,
they giggled and embraced him,
stumbling like kittens, inarticulate
like tulips bending in a west wind,
and learning as they went, like humans.**

**When the testing time was over,
Larry and the pilots went to college.
The young men in the other institution
were given to other keepers: and they were
retarded, unteachable, as expected.**

(Gunn 1982)

We recognise that many practitioners may find discussion of this poem challenging. It may be possible, however, to facilitate such discussion via several approaches. Here are a few:

- *The use of simile and metaphor in fostering new understanding via difference, for example:*

What images of the young men are conveyed by describing them as 'like ninepins'?

In what ways can learning be compared to stumbling 'like kittens' and 'inarticulate like tulips'?

What understanding might be gained about Larry as a person in his choice of a 'slower route' for a possible career?

- *Discussion of relevant themes*, for example:

In what ways can you identify with Gunn's account in the first three stanzas of the issues involved in deciding upon a career devoted to helping others?

Is it possible to see every person as unique?

What might be understood by the young men having 'different names'?

- *Moments of insight*, for example:

What moments of insight for Larry can you identify?

In what ways can you relate these to your own learning experiences in practice?

The next three extracts of literature are in prose rather than poetic form. Two are from Padfield's book 'Perceptions of Pain' (2003). The book focuses on the experience of pain and on photographic representations of pain. Although the focus of the book is on visualisation, the written accounts from those who experience pain, are very graphic and utilise a range of metaphors:

I describe it as a cement mixer because of the density of wet cement. It feels like cement being poured down my throat and filling up my body and I can't stop it. For other people with breathing difficulties, they might see it as water filling them up, but for me it is something heavy weighing down on my chest so that I cannot move (Dwoskin, 2003: 108).

and

I see a huge rubbish tip that has mounds of rubbish in it. It feels to me that there comes a point in my pain where I feel that things are under control and running along fairly smoothly, when suddenly another load of rubbish is poured onto the site and I am back to square one. It can be other people's rubbish, it can be change of medication, it can be anything. I can never be truly in control or get the rubbish level and smooth, because always something comes along and makes it mountainous again. It is absolute chaos and the feeling that people come along once a day or a week and just dump more rubbish on the tip (Brooks, 2003: 86).

The final extract is from a mother's perspective. She describes her experience of waiting for her fourteen year old daughter to undergo surgery:

Lindsay in the side-ward lay greenly gowned with her hair drawn up in a complex plait from crown to nape. I waded to her against the drag of a fierce ebb-tide, walking against time to where she would soon not be. In the crook of one slender bare arm, rosy with eczema, lay her toy cat disinterred from the childhood she had sought to put behind her.

'The nurse did the plait for me. I've got to have my bowels done'

'I know.'

'Don't cry.'

'I'm not.'

The child in me was weeping scalding storms; but my daughter and I remained dry-eyed. She neither clung nor offered a token of fear. Her bravery stabbed me with pangs of an obscure remorse.

(Davies, 2002: 36)

These extracts reveal a range of perspectives on institutionalisation, pain and remorse. *As Expected* invites rich and diverse interpretations and reveals something of the experience of a young man working in an institution. The poem was the focus of Pickering's discussion regarding the uselessness of poetry. It is important to note also the historical context of the poem. Readers have the benefit, perhaps ironically, of consulting and comparing their interpretation of the poem with his (Pickering 2000).

The extracts from Dvoskin and Brooks, utilising metaphor and simile, graphically illustrate the burden of breathing difficulties and pain in terms of 'wet cement' filling up a body, unstoppable and as 'more rubbish on the tip'. The Davies example expresses the challenges experienced by a parent when her teenage daughter undergoes surgery and her difficulty in getting close ('against the drag of a fierce ebb-tide') and of regression and sadness perhaps ('the child in me was weeping scalding storms'). Readers may well focus on different aspects of these extracts and have different interpretations as to what is expressed.

Practical hints and challenges

Some of these have already been discussed in considering Stevens' poem, 'Old Woman' (Stevens, 2000) and Gunn's *As Expected* (Gunn 1982). Other features, may, however, be helpful for educationalists considering the use of literature and poetry in professional health and social care settings.

- to make the link between reading and practice clearer, requesting practitioners to write a short (400-500 words) essay by way of their response to a particular poem or literary extract. This can be discussed in workshop format, but it can also be used formatively to help practitioners make connections between reading literary sources and their own personal and professional experience (Sakalys, 2002).
- employing a range of reading sources (e.g. ‘classics’, ‘popular’ titles, users’ and carers’ work) to suit the possible range of practitioners’ reading habits, professional experience and personal interests
- run workshops or discussion forums in structured, but informal and friendly, ways, for example, incorporate refreshment breaks
- careful consideration of timing within the curricula in introducing practitioners to literary sources (Macnaughton, 2000; Smith *et al*, 2006)
- on the part of educationalists, fostering patience and sensitivity to where practitioners are, but being prepared for the unexpected and the surprising

To promote reflection using metaphors, in relation to specific poems, literature and practice experiences, educationalists might invite students to:

- Consider a poem or novel that you have read recently. Try to link your responses to it with aspects of your own current practice;
- Think of three metaphors that could be used to describe your own recent practice; and
- Note ways in which these metaphors might help in understanding your practice better.

Concluding comments

The experiences of people who avail themselves of, and deliver, health and social care services are unique, unusual, common and applicable to all. Scott (2000: 5) cites from Gordon Allport as follows:

each person is like every other person, like some other people, like no other person. Each of us contains within us both general patterns and the particular, that which is peculiar to me and my context.

This chapter has sought to show how literature and poetry can be used in the educational preparation of professional health carers. By identifying the expressive and critical role of the arts and humanities in health care, these sources can serve as relevant means of helping health care professionals to better understand the world of patients, clients, practice and care settings. The power of metaphor is offered as one means of facilitating this learning by ways of understanding experience by highlighting and exploring difference and similarity. This potential to transform understanding of clients' experience is demonstrated through consideration of several prose and poetry examples. No guarantee can be given that practice change will occur as a result of such engagement. Nevertheless, we invite educational programme leaders to consider the spirit of Allport's observation in relation to the rich potential that engagement with literature and poetry can offer to professional health care education today.

Acknowledgements

We would like to thank Professor Paul Wainwright, Dr. Colin Macduff and the editors who read and commented upon earlier drafts of this paper.

References

- Ahlzen R. and Stolt C-M. (2001) Poetry, interpretation and unpredictability: a reply to Neil Pickering *Journal of Medical Ethics: Medical Humanities* 27: 47-49
- Aristotle (1996; Heath, M. trans.) *Poetics* Penguin, London
- Barker P. (2000) Working with the metaphor of life and death *Journal of Medical Ethics: Medical Humanities* 26: 97-102
- Begley, A-M. (2003) Creative approaches to ethics: poetry, prose and dialogue in: Tschudin, V. ed. *Approaches to Ethics – Nursing Beyond Boundaries* Butterworth-Heinemann, London
- Bolton, G. (1999) *The Therapeutic Potential of Creative Writing. Writing Myself* Jessica Kingsley Publishers Ltd., London
- Brooks, R. 'I have been asked to describe my pain...' in Padfield D. (2003) *perceptions of Pain* Dewi Lewis Publishing, Stockport 86
- Carey, J. (2005) *What Good Are the Arts?* Faber & Faber, London
- Darbyshire, P. (1995) Lessons from literature: Caring, interpretation and dialogue *Journal of Nursing Education* 34 5 211-216
- Davies, S. 'Inside Out' in Morley D. (Ed.) (2002) *The Gift: New Writing for the NHS* Stride Publications, Devon
- Downie, R. (1991) Literature and Medicine *Journal of Medical Ethics* 17 93-98
- Dwoskin S. 'I describe it as a cement mixer...' in Padfield D. (2003) *Perceptions of Pain* Dewi Lewis Publishing, Stockport 86
- Eagleton, T. (1983) *Literary Theory – An Introduction* Blackwell Pub. Ltd., Oxford
- Edgar, A. & Pattison, S. (2006) Need the humanities be so useless? Justifying the place and role of the humanities as a critical resource for performance and practice *Journal of Medical Ethics: Medical Humanities* 32 2 92-98
- Gallagher, A. (2007) 'The Role of the Arts in Mental Health Nursing: Emperor's New Suit or Magic Pill?' *Journal of Psychiatric and Mental Health Nursing* 14 424-429
- Gunn G. (1982) *The Passages of Joy* Faber and Faber, London
- Hanne, M. & Hawken, S.J. (2007) Metaphors for illness in contemporary media *Journal of Medical Ethics: Medical Humanities* 33 2 93-99
- Hawkes E. (1972) *Metaphor* Methuen Co. Ltd
- Hicok, R. (1988) 'Alzheimer's' in: Astley, N. (ed. (2004) *Being Alive* Bloodaxe Books, Northumberland
- Lakoff, G. & Johnson, M. (1980) *Metaphors We Live By* University of Chicago Press, Chicago/London
- Macnaughton, J. (2000) The humanities in medical education: Context, outcomes and structures *Journal of Medical Ethics: Medical Humanities* 26 23-30

- McAndle, S. & Bynt, R. (2001) Fiction, poetry and mental health: Expressive and therapeutic uses of literature *Journal of Psychiatric and Mental Health Nursing* 8 517-524
- McAteer, M. & Murray, R. (2003) The humanities in a course on loss and grief *Physiotherapy* 89 2 97-103
- McKie, A. & Gass, J.P. (2001) Understanding mental health through reading selected literature sources: An evaluation *Nurse Education Today* 21 3 201-208
- McKie, A., Adams, V., Gass, J.P., Macduff, C. (2008) Windows and mirrors: Reflections of a module team teaching the arts in nurse education *Nurse Education in Practice* 8, 156-164
- Montgomery Hunter K., Charon R. and Coulehan J.L. (1995) The study of literature in medical education *Academic Medicine* 70 9 787-791
- Morley D. (ed.) (2002) *The Gift: New Writing for the NHS* Stride Publications, Exeter
- Padfield D. (2003) *Perceptions of Pain* Devi Lewis Publishing, Stockport
- Paterson, E. (2006) *Eat this Book – The Art of Spiritual Reading* Hodder & Stoughton, London
- Pellegrino E.D. (1982) 'To look feelingly – the affinities of medicine and literature' *Literature and Medicine* 1, pp.18-22
- Pickering N. (2000) The use of poetry in health care ethics education *Journal of Medical Ethics: Medical Humanities* 26: 31-36
- Ricouer, P. (1991) Metaphor and the main problem of hermeneutics. In: Valdes M. J. (ed.) *A Ricoeur Reader - Reflection and Imagination* Hertfordshire, Harvester Wheatsheaf
- Rush, C. (2006) *To Travel Hopefully – Journal of a Death not Foretold* Profile Books, London
- Sakalys, J.A. (2002) Literary pedagogy in nursing: A theory-based perspective *Journal of Nursing Education* 41 9 386-392
- Scott P.A. (2000) The relationship between the arts and medicine *Journal of Medical Ethics: Medical Humanities* 26 1 3-8
- Slagter, C.G. (2007) Approaching interpretive virtues through reading aloud in: Smith, D.I., Shortt, J., Sullivan, J. (eds.) *Teaching Spiritually Engaged Reading* The Stapleford Centre, Nottingham
- Smith, S., Molineux, M., Rowe, N., Larkinson, L. (2006) Integrating medical humanities in physiotherapy and occupational therapy education *International Journal of Therapy and Rehabilitation* 13 9 421-427
- Solzhenitsyn, A. (1972) *The Nobel Prize Lecture* Stenvalley Press, London
- Sontag, S. (1991) *Illness as Metaphor* Penguin Books, UK
- Stevens, K. (2000) 'Old Woman' from: *Iona* St. Andrews Press, Edinburgh
- Tschudin, V. (2003) (ed.) *Approaches to Ethics – Nursing Beyond Boundaries* Butterworth-Heinemann, London
- Walker, C.A. (1997) Imagination, metaphor and nursing theory *Journal of Theory Construction and Testing* 1 1 22-27
- Waller, J.E. (1996) Perpetrators of the Holocaust: Divided and unitary self conceptions of evil-doing *Holocaust and Genocide Studies* 10 1 11-33
- Wiesel, E. (1960) *Night* Avon Books, New York
- Ziff P. 'Anything viewed' in Feagin S. & Maynard P. (eds) (1997) *Aesthetics* Oxford University Press 23-30

