



Volume 10
Issue 1
2014

Hypotheses about Unknowing: How Writing Poetry Can Aid Clinical Craft

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The language of the medical profession involves the nomenclature of the body and language to describe the undoing of the body. Medical terminology is equally steeped in presence and absence, and like poetry, it is a language that finds its own evidence in the “data of the moment.” Whether this “data” is information relayed by a patient in the examination room or by one’s imagination—turning complex physical and emotional-scapes into images and metaphors and, ultimately, poetry—it requires the same type of animal attention and the same comfort with unknowing.

As a poet and a teacher of poetry, I am interested in a particular subset of medical language: the maxims, metaphors, and aphorisms of learning to negotiate another body. Perhaps I am drawn to this language because it is most easily consumed by a layperson, but I have come to suspect it is because its components reward scrutiny. I am convinced that the interactions it describes are

creative in nature, and I find myself examining these pieces of language for what they reveal of clinical craft.

I am told that while learning the art of diagnosis, medical students are often advised that when “one hears hoof beats,” one should “think horses before zebras.” This seems a valuable clinical lesson for new doctors who might, in the desire to save every patient from a rare disease, begin with exotic (and highly unlikely) diagnoses. More often than not, a feverish woman from the Midwest and no international travel experience does not suffer from yellow fever, even if her symptoms dovetail, momentarily, with a new clinician’s hunch.

I am also told that most doctors encounter the “zebra” maxim early in their clinical training, and, reinforced by their attending-physicians’ remonstrations, they quickly incorporate it into their practice. What I have never been told (and have come to suspect that many clinicians miss) is that the power of this metaphor is more than instructive. As with all metaphors, its survival hinges on its ability to describe complex interactions between disparate things. In this case, the metaphor shows powerful truths about clinicians, their patients, and disease by comparing the act of describing a symptom and clinical diagnosis to the sound of an approaching herd. A herd of hooves may not seem ripe for nuanced analysis, but closer inspection reveals powerful insights into the relationship between patients and their doctors. Hoof beats impel timely action, and they can be harbingers of dire consequence. (There is a reason that the

maxim doesn't involve the sound of gently chiming bells.) The indeterminate origin of the hoof beats captures the clinicians' lot of entering each of their patients' rooms to encounter a totally new experience of disease, even if the disease itself is not new to them. Moreover, the power of this metaphor is its acknowledgement of how patients and doctors share the consequences of clinical interactions. This metaphor captures the moments of unknowing shared by patient and doctor and how they work together to create a diagnosis. The moments when the patient is still the sole teller of his or her narrative and the doctor allows the patient's narrative to assist him or her in forming an image of what might be the matter; this is how the hoof beat metaphor illustrates the clinical interaction as a creative process.

It is true that clinicians might not need to engage every nuance of this metaphor to understand it, but much is lost when the metaphor's layers go unexamined. Further examination of this metaphor reveals the unbridled nature of disease as well as concedes that a patient describing his or her symptoms is akin to something being unleashed. This metaphor makes it easier to imagine a new clinician glimpsing the hard truth that whatever happens during the diagnostic process will be briefly borne by both patient and doctor.

The potential to offer more lasting productive metaphors that describe clinical practice is another reason to pursue the intersection between poetry and medicine. Beyond increasing empathy and beyond creating spaces for moral ambiguity, clini-

cians would benefit from learning poetic devices. Learning the poetic techniques that lead to strong metaphors (like the understanding of scale, precision of image, and willingness to refine without reducing a metaphor) would allow clinicians to devise metaphors that better describe the art of their practice.

Indulge me by participating in a small exercise. First, recall what you had for dinner last night. Spend a full minute describing aloud how it tasted. Describe it in as much depth as possible, as though you had to help someone who had never eaten that particular meal to experience its flavour.

Now, let me offer some guesses about the content of your description. You probably named some spices or herbs present in the food, such as calling the scalloped potatoes salty or noting the basil in your bruschetta. It is likely that you noted your food's texture by recalling the *al dente* noodles or the crunch of beef tips. If you look closely at any of these responses to my exercise, you will see that you've described very little of your experience of tasting this food. Instead, you've likely put most of your descriptive efforts into naming a few of your food's components. Offering the experience of your food in language is more complex than reducing a meal to its ingredients. It requires you to capture something of the food's essence, to make choices about the experience, and to use metaphor and crisp imagery to transform those choices into language.

Describing a meal is an old psychoanalyst's exercise that I learned from a former poetry profes-

sor of mine, and it never fails to prove our common linguistic imprecision. It also never fails to help me convince aspiring poets how important precise imagery and metaphor is for creating experiences for their readers. Think about the countless times you've encountered a patient unable to describe his or her symptoms with precision. Think about the times you have offered images and metaphors to help illuminate the patient's condition and had seen your patient unable to settle on those you've offered. These are language problems that clinicians readily surmount with more exposure to the elements of poetry.

In his essay "What Literature Can Do for Medicine: A Starting Point," David Watts compellingly advocates a method of silence and listening that allows encounters between patients and doctors to develop "like a poem in the making." I wonder about the language that finally emerges from the clinician's mouth when the appropriate moment arises to respond to the patient. I assume that a clinician's concern, attention, and reflective listening skills are clearer to patients whose clinician can describe precisely what he or she ate for dinner. I assume that the shared space of the diagnostic encounter expands when intelligent metaphors and imagistic precision illuminate the bridge between a patient's suffering and a clinician's understanding. There is little reason to believe that this bridge can be built from ad hoc attempts at description, but there is every reason to believe that the development of linguistic skills will result in doctors who are able to recognize

and employ revealing metaphors in their clinical practice.

A few years ago, I wrote a poem about a family member's death. While writing the poem, I projected onto a fictitious subject (a woman covered in a white cloth) a death that was, in reality, preceded by long-term dementia and all of its indignities. The poem begins: "We laid her on the driftwood pack/and watched its uneven break/sawing against the horizon." Initially, the body on the driftwood pack held my attention. That was the locus of pain in the poem. With a few years distance, however, I am now able to see that the image compelled me with its driftwood pack "sawing" against the horizon. It is this part of the image where something close to the experience of pain, both psychological and physiological, is briefly elicited.

It is an externalization of the pain I imagined this family member suffered, demented and silent. The driftwood pack is a useful metaphor for the variation and randomness of pain. It acknowledges the role of perception in pain: the speaker describes a "sawing" motion, where another might perceive only a natural drift. It captures something of the omnipresent potential for pain, which is circumstantial and inevitable; the wind and waves must move in a certain way to set the driftwood sawing. Furthermore, the image confounds the speaker's sense of safety and distance: it leaves the speaker suffering the violent vision of the "sawing," while the woman's body is exposed to the physical violence of the shifting driftwood. It is at

this moment that I find some similarities between this image and the zebra/horse metaphor. They both highlight the shared vulnerability of the “other” (the woman, a clinician’s patients) and the person who helps shape the narratives (speaker of the poem, clinician). Both these examples offer a glimpse of shared consequence, while acknowledging that it is borne unequally, and in both, the physical toll of disease and the psychic toll of the witness become inextricably linked.

I am not advocating for poetry as a form of solace for doctors (though it may provide something akin to pleasure). I am encouraging doctors to examine the language you use to train yourselves and to interact with patients through a poetic lens. The language that works in a poem may not work in a clinical interaction, but immersing yourself in poetry’s elements will sharpen these skills for the moments when your trainees and your patients require them.

So, go write poems. Ground them in the concrete, and craft precise images. Make your metaphors complex and clear. Abandon tackling universal truths in favour of highlighting the particulars of the world. Ultimately, write poetry to arrive more frequently at a place of unknowing. It is a strange and tiresome journey, but the medium will feel alive to you, and it will make for good company along the way. When you find your patients present a chance to access a place of unknowing, writing poems should help you recognize that place, and keep you there longer. Over time, writing poetry should prove to you that this place

of unknowing is worth the vulnerability it requires: a place where you can access the data of the moment with more clarity and less authority.

Writing strong poems is not about solving a problem as much as it is about giving the problem a voice. This seems to mirror the many unsolvable conditions you encounter with your patients. In poetry there are also moments that might approximate what you feel when you make a decision that restores a patient's health, a decision that heals. The poem I quoted earlier ends with the lines, "I watched/needled trees mending the sky in the wind/using her hair as thread." You may notice that the "we" in the first lines has been replaced with an "I." The speaker, having experienced the processes of the poem, is now able to bear witness on his own; he has somehow grown stronger. His vigil is now more constructive, so that while the woman has lost hair to the wind, it is being used to "mend" the sky. The driftwood pack has been resurrected, remade into needled trees that are fully alive, mending the once-cleaved horizon.

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