

Teaching and Using Poetry in Healthcare

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This chapter first provides an overview of how poetry has been used in healthcare settings before describing the role of the facilitator and showing its use as a teaching process for professional development with nurses. Several exercises will be offered that can be used in the classroom to create different types of poems such as haiku, list poems, and group poems. Using examples from my own poetry and teaching practice, I will focus on the power of experience reflected through language, image and metaphor for practice-based professions. I argue using poems for reflecting on my nursing experiences unleashed embodied practice knowing. The multi-layered nature and complexity held in poems can encourage reflexive insight in the writer and reader which can inform a reflective conversation or enquiry in the classroom. In my experience professionals in using poetry to reflect critically on their practice, gain an emotional distance that encourages empathy and may lead to an appreciation or understanding of the emotional exposure, contradictions and dilemmas faced in their day to day work. In turn this knowledge offers the potential to create emotional resilience. Consequently, poetry may provide a space to reflect upon and re-connect practitioners to their underlying practice values which sometimes are forgotten during the 'hurly-burly' of practice.

Introduction

Poetry is one of the oldest ways of transferring knowledge but definitions of it are contentious and difficult to pin down (Grisoni, 2008). The word 'Poetry' is derived from Greek and 'means to compose, to pull things together, to shape, to create' (Harthill, 1998, p.47). Poems are written for the page and thus for the eye or for the ear – to be heard; so that how the poem sounds connects the audience making it memorable. Poetry comes from human experience and through the use of

language, form, rhythm, rhyme, metre, metaphors, images, themes, an evocation of the senses and feelings it 'reveals' the experience in new ways rather than describing it explicitly. As Culler (1997) suggested;

'The meaning of a work is not what the writer had in mind at some moment during composition of the work, or what the writer thinks the work means after it is finished, but, rather, what he or she succeeded in embodying in the work.' (Culler, 1997, p.66)

But of course this is for published poems; poetry for personal and professional development may use published poems to discuss aspects of practice, for example, poems written by the practitioner's client group, or the purpose could be for practitioners to write their own poems. Published poems can give insight into the patient's and carer's journey in a synthesized format, bringing that experience to life and producing an emotional response in the listener or reader of the poem. In facilitating practitioners to write about their professional practice the learning focuses on the reflexive insights gained and not the actual 'product' or quality of the poem. Yorke (1997) writing about the work of the poet Adrienne Rich described writing poetry as:

'Writing poetry above all involves a willingness to let the unconscious speak – a willingness to listen within for the whispers that tell of what we know, even though what we know may be unacceptable to us and sometimes, because we may not want to hear, the whispers may be virtually inaudible. But to write poetry is to listen and watch for significant images, to make audible the inner whisperings, to reach deeper inward for those subtle intuitions, sensings, images, which can be released from the unconscious mind through the creativity of writing. In this way a writer may come to know her deeper self, below the surface of the words.'

(Yorke, 1997, p.22-23).

Consequently, how a person sees the imagery and metaphor in a poem depends on their unique experience which will be different from the writer's. This ensures the audience or reader will make their own interpretations and connections (or none at all) so that in sharing these ideas in the classroom

meaningful group discussions can be created. Writing can be a process of discovery; it can be revisited or re-drafted potentially providing different insights and connections over time. Writing may bring a focus and clarity to an experience that wasn't present before. Nevertheless, poetry is not a dominant discourse in the healthcare literature although it is becoming more prevalent in the social sciences and action research fields (Barrett, 2011, Grisoni, 2008, Richardson, 2003).

Poetry in Healthcare Practice and Education

Several themes emerge from the poetry healthcare literature. Firstly, the claim that poetry is a spiritual, educative or healing process, secondly poetry as a process for 'personal insight', liberation or empowerment, thirdly as a process for developing empathy and connection with others, and finally poetry as a form of knowing that is described variously as aesthetic, imaginative or artistic ways of knowing practice. All of these ways of knowing can be regarded as embodied knowing.

In the limited healthcare literature much of it describes poetry's use for aiding the well-being, improving the mood and reducing stress in clients, rather than for use with hospital staff in a deliberate reflective or inquiry process. Poetry has been used in a variety of clinical settings with clients in areas such as: learning disabilities (Logan 2002), psychiatry (Tischler 2010; Olson, 2002; Harthill, 1998), cancer and palliative care (Jarrett, 2007; Robinson, 2004; Roy, 1999), midwifery and parent education (Davies, 2008), elderly home care (Rice 1999), and with dementia clients (Hayes, 2006; Killick, 2004). Finally, hospital poetry projects have used poems in the environment to improve the general well-being of patients (Harthill et al, 2004; Macduff & West 2002) and in 'waiting room' settings (Philipp & Robertson, 1996).

Poetry's prolonged use in psycho-therapeutic practice and counselling is well documented where it is seen as a therapy in its own right (Chavis, 2007; Hedges 2005; Shapiro & Rucker, 2003). Furman (2003) a psycho-therapist, used his own poetry as personal therapy, extolling the healing and

curative power of poems. He argued poetry enables people to come to terms with the reality of their existence thus connecting them to the emotional impact of experiences which he found empowering.

There are some examples of using poetry during professional education: in humanities and ethics courses for medical students (Shapiro & Rucker, 2003; Pickering, 2000; Wellbery, 1999), with general practitioners (Bolton, 2005), in nursing and midwifery education (see for example Tischler, 2010; Davies, 2008; Searle & Sheehan, 2008; Hurlock, 2003; Olson, 2002; Anthony, 1998), and specifically for assessing, synthesizing and evaluating learning (Olson, 2002; Peck, 1993). For the most part, nurses were encouraged to read and write poetry with the aim of gaining greater understanding of their nursing experience and promoting empathy with their clients (Bolton, 2005; Olson, 2002; Hunter, 2002; Holmes & Gregory, 1998). Hurlock (2003) proposed poetry helped student nurses to remember why they wanted to nurse and this re-connection facilitated nurses to value the complexity of their role. These authors all promote the importance of personal insight gained through poetry suggesting it has a reflexive quality.

Less overt was the suggestion that poetry could enable nurses to cope with the challenging experiences, contradictions and tensions in their work. Hurlock (2003 p.7) proposed poetry could be seen as a 'poetic pedagogy' arguing the 'surprise' from poetry and the multiple meanings about nursing practice provides a useful medium for exploring nursing experiences. Through poetry nurses can appreciate the 'art' of practice or aesthetic knowledge of nursing deepening their practice understanding (Hunter 2002, Olson 2002). Holmes and Gregory (1998) suggested poetry encourages the art and meaning of nursing to be made visible through rich, symbolic and metaphorical language which deconstructs and reconstructs images of nursing experience. Finally, Macduff (1998) proposed poetry could convey the spiritual dimension of nursing care while Gadow (2000) claimed it is an imaginative narrative that encourages nurses' emancipation.

It is clear from this literature that poetry can be a powerful and creative teaching strategy for deconstructing and reconstructing professional practice. Consequently, I have used it as a medium to stimulate reflective conversations and enquiry in the classroom as a catalyst for examining difficult

aspects of practice whilst at the same time providing some psychological distance. Nevertheless, as Paley (2004) counters poetry is not a panacea for transformative learning, liberation or emancipation because it can also be used to oppress. Indeed, I have found many students are reluctant to engage initially in sharing their views about poems or to write their own because they have had difficult past school experiences. Pickering (2000) further warns that because poetry is a vehicle for holding paradox, paradoxically using it with a specific purpose in mind, may actually inhibit its usefulness in healthcare education. I have found introducing poetry as a way of learning for professional practice requires careful facilitation as students working with poetry can encounter unpredictable and emotional responses.

Using Poetry in the Classroom

First Dalliances with Poetry

I have used poetry in the classroom for nearly twenty years with nurses. In the beginning this was as a fun exercise to evaluate modules or students' programmes in order to facilitate their memories of their time as student nurses. In small groups, students were asked to take a familiar rhythm such as the '12 days of Christmas' to produce a poem or a 'rap' to be shared later with the larger group. Fenton proposes (2003 p.22) 'the handling of rhythm and form is instinctive' as we learn this from nursery rhymes at an early age but we usually find it difficult to articulate what we know about a poem's form. This light-hearted, creative and collaborative group exercise gave students an artefact as a remembrance of their programme or module and the performance and process often produced much hilarity, a sense of achievement and closure for the group.

My own poetry writing began accidentally. It took me by surprise when I started to write poems in my diary during my PhD. Up to that point I had only written poems at school; a long time before. I had no training in poetry reading or writing nor studied English beyond school years so my knowledge about crafting a poem was intuitive. As a facilitator of reflective practice for over fifteen years, I kept a

professional reflective diary about my teaching practice at the university but these had not included poems. The poems were inspired by a mixture of events. On reflection I think the discipline of writing for ten minutes nearly every day encouraged me to become more creative. Some poems arose from my observations of returning to work as a hospital nurse where I was engaged in an action research inquiry that focused on nurses' reflecting in the ward (Hopkinson, 2009). Some were from student stories of practice re-processed as poems. Some were based on my past and personal experiences that were re-stimulated by working in a hospital ward and later others were inspired by creative writing workshops where the exercises and the space to reflect on my practice enabled the early drafts of poems and ideas.

Ageism

Old lady 80 years or more
Alone and still with this open sore
She shifts about just a tiny bit
Tired skin rub sheets that don't quite fit

The nurses' say she's not in pain
The student says look how she's lain
Who makes the time to sit and listen?
Or notice the beads of sweat that glisten

Look at the doctor, a tired man
Ask him what's the care plan?
Just a bed blocker left to die
Frustration makes the student cry

Old lady in the hard ward bed
Her life story now left unsaid
Her leg wound open to the air

Hospital staff, do you really care?

Clare Hopkinson

The poem 'Ageism' above and 'All in a Day's Work' below came from two powerful student stories shared during two emotionally intense reflective practice sessions at the university. Both students had voiced their frustrations, anger and tears during the sessions about their challenging ward experiences. At the next session, a fortnight later, I gave each student a copy of the poem based on their story. Surprisingly, I was asked to read them to the group. This was the first time I had shared any poetry with anyone, not even my family. Thus, sharing my own poems and using them in the classroom as a deliberate learning process paradoxically happened accidentally. After the reading the quality of the classroom discussion changed. Both groups talked about the conflict they experienced in the ward from patients and staff. They discussed the difficulty of not liking patients, and having to sometimes put up with bad behaviour whilst outwardly still respecting the patient. They focused on wanting to give time to patients to talk but how this was challenged by staff asking them to do other tasks. Further stories were told about the challenging nature of nursing work. I could see a shift during these sessions which I put down to sharing the poems; the students were not justifying their practice but were starting to raise powerful questions about it and the values underpinning it. On subsequent sessions where I have shared my own poems, the quality of the conversation has always changed like this.

The 'Ageism' poem has many layers; it was also about my experience years earlier when my mother was hospitalised and subsequently died. It highlights the emotional labour of nursing and questions the politics and language of elderly care. I have learnt that when the poems are inspired by others' stories there is usually a resonance with my own experience, emotions or values. Therefore, the poems are both my personal experience and the experience of the student nurse; they represent first (personal) and second person (relational) reflexive inquiry and may even represent wider cultural

aspects of nursing that can be regarded as third person or organisational reflexive inquiry (Hopkinson, 2010, 2009).

All in a Day's Work

He touches her breast

Chirpy, swallow, she isn't sure

His black eyes undress her

She becomes a dead bird

He grabs her bum

Easy prey swooped upon.

Now she's sure, imagine

How can she nurse him as before?

It's only a bit of fun. Fair game

Part of the job

Shower, scrub, soap away confidence

Down the drain

Clare Hopkinson with thanks to Elaine

I felt very vulnerable reading my poems, just as Elaine had in telling her story of sexual assault by a patient, in 'All in a Day's Work'. Later, I discovered an important part of the process was being honest about how I felt in the moment and telling the students this. Now looking back, I can see this helped to make the relationship between myself as facilitator and the students more equitable; it helped reduce the power differentials whilst also creating an atmosphere of trust. I suggest these are key aspects of facilitating any creative process.

On reflection, I am still surprised by the powerful effect the poems have in sparking a meaningful reflective conversation. Mostly they show my nursing values and interests that I was not

aware of at the time of writing. For example, in 'Ageism' I express the assumptions of the dominant discourse by referring to the doctor as a man but of course she could just as easily be a woman. This is not an easy observation to make when I consider myself a feminist! So we learn who we are by noticing our responses to what we have written or read. It is interesting to also notice what we choose to omit or not say as another way of finding out more about ourselves.

Before Starting Writing: The role of the facilitator and group agreements

In academic writing we are often 'schooled out' of writing from all our five senses of taste, smell, touch, sight and sound. There is arguably a sixth sense of context and memory which sometimes lies just outside our awareness and may need stimulating. However, encouraging students to return to these senses helps release the imagination and are the building blocks for creating poems. The first problem to overcome when engaging students in any form of creative writing is that of the 'internal critic' or voice which invariably surfaces; and this may be so for the facilitator as well as the students. The internal critic does not like uncertainty, undervalues what we do and tells us that 'we won't be good enough to write'. This requires the facilitator to consider the safety of the group; too safe and the students' creativity and imagination may not be inspired to reflect on their practice – too unsafe and the students will not enjoy the process and will refuse, subvert or resist taking part.

Professional practice groups can be more challenging to facilitate than 'creative writing groups' where participants have chosen the course. In the later case, there is usually a commitment to the process but this cannot be assumed with professional practice groups. Established group dynamics may surface in creative writing sessions that require addressing because trust among group members is essential in this kind of work. The facilitator may need to be aware of unconscious processes such as group dynamics, transference and counter-transference that can be played out. Distressing experiences may be triggered by writing, therefore facilitators need to be comfortable with emotions, know when to refer students for counselling or other appropriate services and may require supervision after sessions.

Students sometimes perceive poetry as turgid, as an academic exercise, or something which is serious whereas it can be a pleasurable and enjoyable activity. Consequently, encouraging 'playfulness' and establishing there is no 'right answer' or 'perfect writing' are key facilitation processes. Moreover, establishing group agreements, or 'boundaries', or 'ground rules' formally or informally, are usually helpful, to clarify the purpose and expectations of the session or sessions. Group agreements usually include:

- 'no put downs'
- silence when someone is reading their work
- listen and respond with respect to each other
- it is not compulsory to read out your work or receive feedback from others
- maintain confidentiality
- it's ok to get emotional
- one person speaks at a time – no interrupting or over-talking each other
- the process and not the quality of the writing is the focus
- starting and finishing on time

Students do not always appreciate 'group agreements' but they help to create safety and trust in groups. However, this is only the case if the facilitator reminds the group of the agreement if they are transgressed.

Writing Exercises

Creative writing is it seems to me, a mixture of invention or imagination alongside recollection or autobiographical experiences. This mixture can allow students some emotional distance and re-framing of their experience and thus, make the writing more interesting by freeing up their thinking in a way that reflective models may not do. It is often helpful if the facilitator also joins in the writing exercises. 'Warm – up' exercises can be useful in getting students in the mindset for writing.

Exercise 1: Free- fall Writing

As Flint (2007 p.31) noted writing fast can 'assist us to sidestep the restrictions our minds place around our creativity'. Free-fall writing involves a stream of unconscious writing. The pen is not removed from the page and no attention is paid to grammar, spelling etc. Stopping to think or re-read the writing is not permitted; the key is to keep writing continuously, repeating words on the page if necessary.

Sometimes it is useful to provide a trigger, such as: 'The journey here', 'Today I will', 'I remember when', 'I feel' or 'write to the internal policeman in your head'. An alternative can be to read a poem or passage and then engage the students in free-fall writing. This can stimulate free associations which might provide some personal and professional insights. The time spent on this activity can be flexible but I usually spend at least 10 minutes on writing. Processing the activity can also take many forms. Students can read out a section they were pleased with, or more general comments can be invited by asking them 'what surprised you?' or 'what did you notice?'

Exercise 2: Word-storming Feelings

Write down a word you are feeling right now. Repeat this three times. Each person contributes a word on to the 'word board' or flipchart. Choose an emotion to write from.

Or as above, and write down something you might find in a drawer at work or at home. Repeat three times. Then select a creature or place or part of nature. Repeat three times. Select three words

from your list of nine. Write from these three ideas. Or alternatively, pass the 3 words on to your partner and write from their list of words.

Exercise 3: Memory and Imagination (Manjusvara, 2005 p.2)

Describe a recent journey/experience include all the sights, sounds smells and your thoughts and feelings. Invent one small detail which did not happen. Then share your story with a partner. Can your partner detect what is untrue?

This exercise is useful for showing different perceptions and how people notice different things. It can be applied to clinical practice and adapted to encourage students to write from the perspective of a patient or colleague. Inventing a detail can help provide some emotional distance and acceptance of a difficult experience.

Exercise 3: List poems

These are poems that begin with the same words for each line, such as 'Nursing is...' , 'I used tobut now....' , 'I am....', 'Because...', 'If only....'.

List poems are really useful for collaborative or group poems. Students can write a line each before passing on the poem with the line turned over so the next person does not know what has been written before. This often produces some powerful work and the connections can be the focus for the plenary discussion.

Exercise 4: Writing from an Object or Photograph

Household objects or objects from nature, pictures or photographs can stimulate memories and recollections and are often used to encourage students to write from the five senses or create a fresh image. An alternative can be to produce an object when students have their eyes closed so they only feel or smell it. Writing begins when the object has been removed so that the writing focuses on what

the object evoked (Bolton et al, 2006 p.91). Students can be asked to imagine they are the object and write from that perspective. For example, what is it like to be the curtains in a hospital ward?

Exercise 5: Writing as a Place or Animal

If you were a place or animal what would you be? Using all your senses write from that perspective. Asking questions to evoke the senses may encourage writing.

Exercise 6: Haiku, less is more

Haiku is a poem with a specific form containing seventeen syllables set out in three lines of 5, 7, 5 respectively. It captures an experience succinctly attempting to establish the essence of something. It usually involves nature and the closeness of the self to that experience. For example;

‘up from the valley

gold larch needles edge the lane

stitching back my heart (Bolton 1999 p.41).

Grisoni (2008) used haiku for gaining insight about what really happens in organisations. However, I have found it difficult to engage students with this kind of poetry writing as some students get distracted with the form and structure to the point where it interferes with their creativity.

Conclusion

This chapter has addressed poetry’s versatility as a teaching process for professional practice development. Poems may stimulate and paradoxically encourage emotional distance thereby allowing for the emotional nature of practice, the values and contradictions in practice to be safely examined. Poetry may capture the complexity of practice through its multi-layered nature, developing empathy and providing new insights over time. It incorporates conscious and unconscious experience to reveal a different way of knowing that is embodied and reflexive. The interactive nature of poetry, as an

individual and social process, can produce powerful reflexive conversations and purposeful inquiry to further reveal embodied practice wisdom.

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