



'But it makes me uncomfortable': the challenges and opportunities of research poetry

Paul M. Camic

To cite this article: Paul M. Camic (02 Apr 2024): 'But it makes me uncomfortable': the challenges and opportunities of research poetry, Arts & Health, DOI: [10.1080/17533015.2024.2328120](https://doi.org/10.1080/17533015.2024.2328120)

To link to this article: <https://doi.org/10.1080/17533015.2024.2328120>



Published online: 02 Apr 2024.



Submit your article to this journal [↗](#)



View related articles [↗](#)



View Crossmark data [↗](#)



'But it makes me uncomfortable': the challenges and opportunities of research poetry

Paul M. Camic 

UCL Institute of Neurology, Dementia Research Centre, University College London, UK

ARTICLE HISTORY Received 6 February 2024; Accepted 4 March 2024

Along with all the arts, poetry offers creative and expressive possibilities to writers and to audience members. But perhaps poetry, more than any art form, also triggers more uncomfortableness in how to “read” it, more uncertainty about what a poem “means”, and stirs up long-ago unpleasant memories of school experiences writing, memorising, reciting and analysing classroom creations. Poetry suffers, claims Roach (2016), from not being taught well, but also suffers from overly detailed analysis that can reward complex and arcane interpretation, leading to a sense of alienation among those trying to understand what a poem means. When the terms “poetic inquiry” or “research poetry” are added, eyes might gloss over and (many) researchers might run to “safer” art forms and methodologies. And for those who want a definitive interpretation of a poem (e.g. Ferber, 2019), or a stanza or even a line, poetry will cause you problems. The argument being that for some a poem can only be interpreted knowing what the writer intended and as readers “we do our best to imagine . . . what the writer intended” (Ferber, 2019, p. 142). For others, however, poetry “contains a multiplicity of meanings” and there is no, singularly correct, unambiguous interpretation (Lotter, n.d.). Bringing our own subjective experiences to reading and listening to poetry, I would argue, is part of the strength *and* challenge of poetry for arts and health researchers.

Yet, aside from these challenges, poetry has been involved in healthcare in the United Kingdom for over 50 years, first beginning with the previous Arts in Hospitals programme (now Lime Arts <https://www.limeart.org/what-we-do/>) in Manchester. In November 1995 two “Poets in Hospitals” placements began at the Leeds General Infirmary, organised by The Poetry Society and funded by the Wellcome Trust (Combes, 1996). This has been followed by multiple poetry exhibitions, readings and poets-in-residence that continue to expand in many NHS hospitals across the United Kingdom. Initially seen as an activity solely for patients, poetry has also been used to research new doctors’ transition to practice (Brown et al., 2021). More recently Kwok et al. (2022) writing from the United States, have proposed an organizational structure for poetic medicine that involves “poetry reading as community ritual, facilitated poetry writing workshops, and poetry in healthcare education” (p.e95) in individual, sessional and group formats of various combinations of patients, caregivers, clinicians and healthcare professionals-in-training. They cite several examples of how poetry is being used in healthcare settings at leading

CONTACT Paul M. Camic  p.camic@ucl.ac.uk  UCL Institute of Neurology, Dementia Research Centre, University College London, UK

© 2024 Informa UK Limited, trading as Taylor & Francis Group

U.S. institutions. For clinicians, “Poetry-making is a way to access this important voice and allow expression of elements of our clinical practice that we often ignore, fear, or simply do not have time to honor” (Kwok et al., 2022, p. e92) and for patients, “it allows them to create a new narratives for themselves” (p. e98) during life changing circumstances. Yet, poetry in healthcare education is not without its detractors. Pickering (2000), a New Zealand academic, argues that poetry has “no instrumental use for purposes other than that of trying to understand the poem in question” (p.31), in part, because of the array of interpretive possibilities involved in any poem. Although later admitting to being overly blunt, he raises important points about why and how specific poems are used, and how they are read and interpreted in healthcare ethics education.

Expressive forms of writing that promote health and wellbeing have received increased research attention over the last 25 years (Lepore & Smyth, 2002; Pennebaker, 1997).

Within both community and clinical research contexts, poetry offers different experiential opportunities related to who is involved (e.g. patients, caregivers, staff, students, family, community members) and what is to be conveyed *and* studied (e.g. emotions, wellbeing, quality of life, communication, affect, creativity, lived experience). Methodologically, research involving poetry depends, like all research, on specific research questions and can draw from qualitative (Prendergast, 2009) and quantitative (Boyd et al., 2020; Stirman & Pennebaker, 2001) approaches that involve people with diverse health conditions and circumstances across the lifespan (e.g. Camic et al., 2022; Clancy & Jack, 2016; Laccetti, 2007; Rabow et al., 2021; Segar et al., 2021; Stirman & Pennebaker, 2001).

There is quite a range of available poetry forms and genres used across many cultures and one of the best introductions to writing poetry that I have found is by the late American poet, Mary Oliver (Oliver, 1995). Yet, before reading her book, read two of her most famous poems, *The Summer Day* and *When Death Comes*, freely available online. Her work has inspired my own research with poetry for its haunting simplicity and honesty. “Research poetry” and “poetic inquiry” are terms sometimes used interchangeably but sometimes not (Vincent, 2022). There are a myriad of positions taken on these terms, including who “should” and should not be allowed to undertake research poetry (e.g. only poet-researchers; anyone with research training and knowledge of poetry; in collaboration with researchers and poets). My personal experience is that non-poets can be effective researchers who use poetry in their research but some knowledge of poetry as an art form is essential and ideally, non-poet researchers would co-collaborate with poets (e.g. Camic et al., 2024; Gould & Wilson, 2022; Wilson & Camic, *in press*). Collaboration between poets and researchers can lead to new ways of understanding experiences and “data” through examining phenomena from different perspectives, and can result in innovations in science (Januchowski-Hartley et al., 2018) and in research methodology (Camic et al., 2022).

Research poetry manuscripts can also experience challenges from journal editors and reviewers who may question poetry as a “legitimate” healthcare or public health methodology or area of study. A public health journal editor recently informed me in his rejection letter, “Poetry has a low priority for public health and for our readers.” I wonder how he knew this considering the journal had never published any work involving poetry? Most people would agree that the Covid pandemic was an international public health crisis, as the AIDS epidemic was and still is for many nations. The AIDS quilts and AIDS

poetry were important visual and literary public responses to this crisis. These art forms have had significant impact in raising awareness and promoting the public's health during times when so many people were becoming ill and dying. Poetry, like many of the arts, can help us to make sense of overwhelming issues that confront us. Not a panacea or a social cure, but it might just open up a different way to understand, experience, and reflect upon phenomena around us, such as what poet Lawrence Wilson has done about his experiences living through a pandemic (Wilson, 2023).

The special issue on research poetry and practice

The contributions to the special issue involve researchers and poets from Australia, Columbia, England, Scotland and the United States. They each bring different perspectives to how poetry is used in research. It is this pluralistic use of poetry within research that is a strength of this art form but also possess challenges to "traditional" health, social science and public health research paradigms. It has been a privilege be guest editor of this special issue and I wish there was more room to have been able to include several other excellent articles that were received.

Pyracanthas, a poem written by Ruth Chalkley (2023), candidly delves into her doctor's appointment as a patient with a former GP. I suggest that her poem is read first, let it sink in, and then return to the explanation she provides in the abstract. As a clinician for many years I was dismayed and dispirited, not with her writing, but with her former GP's approach to "care". Ruth conveys in short order what should never happen to patients; this is the power and precision of poetry at its finest. A photo of a pyracanthas plant also graces the cover of this issue. Their berries can be found in vibrant shades of red, yellow and orange but close contact with the pyracanthas always produces piercingly painful encounters.

In 2009 an Australian bushfire killed dozens of people and Evonne Miller (2024) uses arts-based knowledge translation of found poetry to convey the horrific experiences of those who lived through this disaster. She goes on to discuss the research processes of found poetry and how this can be employed in arts-based knowledge translation. Professor Miller demonstrates how using poetry to translate the empirical language of research brings us closer to lived experience and to the humanity of people and a deadly situation. Her work is particularly relevant to disaster risk and climate change communication and goes far beyond government statistics and predictions by developing a language that connects us emotionally, as readers, to lived events that are impacting much of the globe. If we, as citizens of this planet, are to deal effectively with our rapid and more unpredictable physical environment, poetry can help to translate factual, and sometimes difficult-to-comprehend information, into an emotional and empathic narrative that might help nudge the world closer to taking action.

Felipe Agudelo-Hernández and Marcela Guapacha Montoya (2023) report on an impressive, statistically significant large-scale quasi-experimental study in Columbia to reduce suicidal behaviour in children and adolescents through participation in mutual aid groups (MAG) for mental health recovery. Interestingly, although multiple arts components were offered as options, they report most participants chose poetry. The sessions were structured to involve reading poems by different authors, followed by individual writing in response to the poems and discussing

what thoughts, emotions or sensations were generated by the poem. These written responses came together in the creation of a group (collective) poem. Researchers also encouraged those participants who reported not being able to write to be helped by other participants. Suicidal behaviour among adolescents is a rising problem across many countries and this study offers substantial support that a literary-focused MAG can be impactful.

In a study from the United States, Daniel Kaplan and Garry Glazner (2023) provide an in-depth analysis of Dementia Arts Mapping, an observational and ethnographic approach that they used in a large-scale and unique participatory poetry-based multiple-site intervention designed for people with cognitive impairments, including dementia, where people become co-creators and performers. Beginning with a call and response technique, and continuing with a step-by-step description of the intervention, their use of vocal repetition in residential group settings allowed people to feel less isolated and connect with and/or make memories within a supportive and enjoyable experience. Of particular note was the poetry intervention sessions' strength in fostering and welcoming self-expression, something that is not always encouraged or allowed in dementia care settings.

Katherine Slade and colleagues (2023) reporting from England, set out to explore caregiving experiences of parents of young people who live with profound and multiple learning disabilities (PMLD) and complex healthcare needs. Young people with these problems have had their ability to communicate significantly curtailed, which limits their independence and can also considerably impact physical health. The study, using a mixed-method design, synthesised primary qualitative research of the lived care-giving experiences of parents of young people living with PMLDS by first undertaking a thematic analysis, followed by a poetic synthesis of the identified studies. The poetic synthesis allowed different voices to be heard by using verbatim quotations to form emotionally powerful poems that engage the reader in very different ways than a standard literature review.

Writing from Scotland, researchers and educators Kirsten Jack and Sam Illingworth (2023) explore the critical construct of empathy in regards to the learning experience of health and social care students. They begin by first presenting a concise overview of multiple empathy definitions. This provides a solid foundation to help understand the complexity of what is meant by empathy, the empathiser and directionality. Poetry is then discussed as a way to nurture empathy in health and social care education accompanied by specific strategies for learners and educators to engage with poetry. They make an effective case about why poetry needs to be incorporated into health and social care training, whilst also offering a structure about how to carry this out.

A special thank you to the many anonymous reviewers who have helped make this issue possible. And to the readers, current and future, thank you for exploring the first special issue, produced by any journal, on research poetry. Let's continue to develop and create the possibilities of this ancient art.

Disclosure statement

No potential conflict of interest was reported by the author(s).

Funding

The author disclosed receipt of the following financial support for the research, authorship and/or publication of this article: This work is part of the Dementia Support Impact Project (The impact of multicomponent support groups for those living with rare dementias, (ES/S010467/1)) and is funded jointly by the Economic and Social Research Council (ESRC), part of UK Research and Innovation (UKRI), and the National Institute for Health Research (NIHR). The views expressed are those of the authors and not necessarily those of the ESRC, UKRI, the NIHR or the Department of Health and Social Care.

ORCID

Paul M. Camic  <http://orcid.org/0000-0002-4444-6544>

References

- Agudelo-Hernández, H., & Guapacha Montoya, M. (2023). Poetry in youth mutual aid groups for recovery in rural and semi-urban environments. *Arts & Health*, 1–18. <https://doi.org/10.1080/17533015.2023.2273490>
- Boyd, R. L., Blackburn, K. G., & Pennebaker, J. W. (2020). The narrative arc: Revealing core narrative structures through text analysis. *Science Advances*, 6(32), eaba2196. <https://doi.org/10.1126/sciadv.aba2196>
- Brown, M. E. L., Proudfoot, A., Mayat, N. Y., & Finn, G. M. (2021). A phenomenological study of new doctors' transition to practice, utilising participant-voiced poetry. *Advances in Health Sciences Education: Theory and Practice*, 26(4), 1229–1253. <https://doi.org/10.1007/s10459-021-10046-x>
- Camic, P. M., Harding, E., Sullivan, M. P., Grillo, A., McKee-Jackson, R., Wilson, L., Zimmerman, N., Brotherhood, E. V., & Crutch, S. J. (2022). The use of poetry as a research methodology with rarer forms of dementia: Four research protocols. *International Journal of Qualitative Methods*, 21, 1–9. <https://doi.org/10.1177/16094069221081377>
- Camic, P. M., Sullivan, M. P., Harding, E., Grillo, A., Gould, M., Wilson, L., Rossi-Harries, S., McKee-Jackson, R., Cox, S. M., Stott, J., Brotherhood, E. V., Windle, G., & Crutch, S. J. (2024). 'Misdiagnosed and misunderstood': Insights into Rarer Forms of Dementia through a stepwise approach to Co-constructed research poetry. *Healthcare*, 12(4), 485. <https://doi.org/10.3390/healthcare12040485>
- Chalkley, R. (2023). Pyracanthas. *Arts & Health*. <https://doi.org/10.1080/17533015.2023.2220718>
- Clancy, M. A., & Jack, K. (2016). Using poetry to explore difficult issues in children's nursing. *Nurse Education Today*, 44, 127–129. <https://doi.org/10.1016/j.nedt.2016.05.028>
- Combes, A. (1996). Poetry is good for you-It's official. *Artery: The Journal of Arts for Health*, 13, 5.
- Ferber, M. (2019). The meaning of a poem. In *Poetry and language: The linguistics of verse* (pp. 142–194). Cambridge University Press.
- Gould, M., & Wilson, L. (Eds.). (2022). *There is so much I could say: Poems from the rare dementia support research project*. National Brain Appeal.
- Jack, K., & Illingworth, S. (2023). Rehearsing empathy: Exploring the role of poetry in supporting learning. *Arts & Health*. <https://doi.org/10.1080/17533015.2023.2256361>
- Januchowski-Hartley, S. R., Sopinka, N., Merkle, B. G., Lux, C., Zivian, A., Goff, P., & Oester, S. (2018). Poetry as a creative practice to enhance engagement and learning in conservation science. *BioScience*, 68(11), 905–911. <https://doi.org/10.1093/biosci/biy105>
- Kaplan, D. B., & Glazner, G. (2023). Dementia arts mapping: Observational methods for documenting impacts of poetry and recreation in care settings. *Arts & Health*. <https://doi.org/10.1080/17533015.2023.2283530>
- Kwok, I., Redwing Keyssar, J., Spitzer, L., Kojimoto, G., Hauser, J., Seel Ritchie, C., & Rabow, M. (2022). Poetry as a healing modality in medicine: Current state and common structures for

- implementation and research. *Journal of Pain and Symptom Management*, 64(2), e91–e100. <https://doi.org/10.1016/j.jpainsymman.2022.04.170>
- Laccetti, M. (2007). Expressive writing in women with advanced breast cancer. *Oncology Nursing Forum*, 34(5), 1019–1024. <https://doi.org/10.1188/07.ONF.1019-1024>
- Lepore, S. J., & Smyth, J. M. (2002). *The writing cure: How expressive writing promotes health and emotional well-being*. American Psychological Association.
- Lotter, K. (n.d.). How to interpret a poem. *Pick Me Up Poetry* https://pickmeuppoetry.org/how-to-interpret-a-poem-a-few-great-tips/?expand_article=1
- Miller, E. (2024). The black Saturday bushfire disaster: Found poetry for arts-based knowledge translation in disaster risk and climate change communication. *Arts & Health*, 1–16. <https://doi.org/10.1080/17533015.2024.2310861>
- Oliver, M. (1995). *A poetry handbook: A prose guide to understanding and writing poetry*. Houghton Mifflin.
- Pennebaker, J. W. (1997). Writing about emotional experiences as a therapeutic process. *Psychological Science*, 8(3), 162–166. <https://doi.org/10.1111/j.1467-9280.1997.tb00403.x>
- Pickering, N. (2000). The use of poetry in health care ethics education. *Medical Humanities*, 26(1), 31–36. <https://doi.org/10.1136/mh.26.1.31>
- Prendergast, M. (2009). The phenomenon of poetry in research. “Poem is what?” Poetic inquiry in qualitative social science. In M. Prendergast, C. Leggo, & P. Sameshima (Eds.), *Poetic inquiry: Vibrant voices in the social sciences* (pp. 19–21). Brill Sense.
- Rabow, M. W., Huang, C. S., White-Hammond, G. E., & Tucker, R. O. (2021). Witnesses and victims both: Healthcare workers and grief in the time of COVID-19. *Journal of Pain and Symptom Management*, 62(3), 647–656. <https://doi.org/10.1016/j.jpainsymman.2021.01.139>
- Roach, R. (2016 November, 2). Six reasons why people hate poetry and what to do about it. *Trubaour*. <https://medium.com/trubadour-for-poems/6-reasons-why-people-hate-poetry-6155a24be599>
- Segar, N., Sullivan, J., Litwin, K., & Hauser, J. (2021). Poetry for veterans: Using poetry to help care for patients in palliative care—A case series. *Journal of Palliative Medicine*, 24(3), 464–467. <https://doi.org/10.1089/jpm.2020.0078>
- Slade, K., Shaw, R. L., Larkin, M., & Heath, G. (2023). Care-giving experiences of parents of young people with PMLD and complex healthcare needs in the transition to adulthood years: A qualitative poetic synthesis. *Arts & Health*. <https://doi.org/10.1080/17533015.2023.2288058>
- Stirman, S. W., & Pennebaker, J. W. (2001). Word use in the poetry of suicidal and non-suicidal poets. *Psychosomatic Medicine*, 63(4), 517–522. <https://doi.org/10.1097/00006842-200107000-00001>
- Vincent, A. (2022). *Poetic inquiry: Unearthing the rhizomatic array between art and research*. Vernon Press.
- Wilson, L. (2023). *Brick: Poems from the first year of a pandemic* [ISBN]. Coeurdevert Press.
- Wilson, L., & Camic, P. M. (in press). Dancing the labyrinth: Researching rarer health conditions through collaborative poetry. In A. Vincent (Ed.), *Poetic inquiry atlas* (Vol. 1). A survey of rigorous poetries. Vernon Press.