Oral Medicine: A Role for Spoken Word Poetry in Medical Education

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<th>Huang, Kai. 2015. Oral Medicine: A Role for Spoken Word Poetry in Medical Education. Doctoral dissertation, Harvard Medical School.</th>
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INTRODUCTION
During my time at Harvard Medical School (HMS), I have been fortunate enough to be able to continue pursuing a unique passion of mine. Spoken word poetry is a passion that falls far from the traditional medical school curriculum. In this paper, however, I will argue that this need not be the case. I will argue that spoken word poetry has an important role to play in the education and professional development of physicians and other health care providers.

First, I will present a brief history of spoken word poetry. My intent here is to orient my audience, composed mostly of academic physicians, to this rich and fascinating genre of performance art. Next, I will provide an overview of how poetry and other forms of creative writing are already being used to help train more well-rounded, humanistic physicians. I will describe how the inclusion of spoken word poetry in particular has the potential to enhance these initiatives in unique and powerful ways. Finally, I will present an original curriculum made up of four contiguous spoken word poetry workshops specifically geared towards medical students and physicians. This course will be designed in the spirit of month-long electives at my home institution and at many other medical schools.

It is my hope that through this project, I might help academic physicians gain a greater appreciation for the unconventional art form that is spoken word poetry and for the role it might play in advancing our profession, our relationships to patients, and ultimately our patients’ outcomes.
A BRIEF HISTORY OF SPOKEN WORD POETRY

Spoken word poetry is poetry that is written on the page but meant to be performed in front of an audience. This allows the poet to breathe life into his or her words by incorporating elements of theater such as cadence and intonation, facial expression, and physical movement.

Although many view spoken word as a fairly new and “edgy” art form, humans have been composing poetry that is meant to be performed in front of audiences for at least several millennia. I say “composing” here instead of “writing” because spoken word poetry in its purest sense is almost certainly older than the written word. Consider the two ancient Greek epic poems attributed to Homer, the Iliad and the Odyssey, thought to be among the oldest existing works of Western literature. Early scholars of classical antiquity treated these works as written poetry, but in 1928, an American scholar named Milman Parry published a series of groundbreaking dissertations on the topic of the Homeric epics while pursuing a Ph.D. under the tutelage of the French linguist Antoine Meillet at the Sorbonne (University of Paris). Scholars had always noticed certain odd features about Homer’s style, including the verbatim repetition of whole lines of poetry (often when describing “generic scenes such as the preparation of a feast, the fitting out of a ship, or a warrior arming for battle” [1]) and the use of epithets, or adjectival phrases used again and again when speaking of heroes (e.g. “swift-footed Achilles; lord of men, Agamemnon; resourceful Odysseus; Hector of the shining helm” [1]). Milman Parry’s seminal work argued that:

“...all of these quirks of Homer’s style are typical of poetry composed and performed orally, without the aid of writing. Homer was not a poet sitting all alone, pen in hand, in a musty garret, but an oral bard performing before a live audience. Rather than reciting a text that he had memorized in advance, he created his poems afresh at each performance.” [1]

Since then, scholars and lay people alike have regarded Homer as the paragon of the ancient Greek bards, and yet to think of him as a spoken word poet might still seem odd to some. In contrast, I would
argue that contemporary spoken word poetry is actually a direct descendant of Homer and his epics. Indeed, the fact that Homer improvised new lyrics on well-established themes before live audiences makes him, in some sense, one of the first documented freestyle rappers in Western civilization.

Although spoken word poetry in one form or another has been around for thousands of years, contemporary spoken word poets rightfully trace their lineage more proximally, to the 1960s and 70s, a time of great political and social unrest in the United States. Spoken word poetry and music provided a creative outlet for the social movements of that decade, including the African American civil rights movement, the anti-war movement, the second wave of feminism, and the gay rights movement. Artists like The Last Poets personified the politically charged lyricism of this era and set the stage for the hip hop generation and its ongoing critique of racism and other forms of social injustice. The Last Poets were a collective of poets and musicians formed on May 19, 1968, “as legend has it, at a celebration of Malcolm X’s birthday” [2] at Mount Morris Park in East Harlem, New York. Describing the group’s formation and early years, Russell A. Potter, Professor of English and Media Studies at Rhode Island College (RIC), writes:

“It was a time of potent Black nationalism, and the Black Arts were a major part of that scene; the Poets took their inspiration from poets like Imamu Amiri Baraka, musicians like ‘Trane [John Coltrane] and Sun Ra, and political organizations like the [Black] Panthers and the NOI [Nation of Islam]. They chose African-flavored jazz rhythms as their backup, rather than R&B, consciously rejecting (at least at first) mass-media ‘Black’ culture. Theirs was performance art, done on the spot at late-night jazz sessions, improvising individually and collectively, trading words just as jazz musicians traded melodic ideas, repeating them with variations, coming together with multiple voices for the climax.” [2]

The picture painted is one not too far removed from that of the lone bard Homer singing of the wrath of Achilles, except here were poets of color speaking with conviction about systems of oppression, their
words inspired by the ideologies and aesthetics of the black community in late 1960s New York. Perhaps the most enduring recording from that era comes from an associate of The Last Poets named Gil Scott-Heron, who in 1971 released the protest poem “The Revolution Will Not Be Televised.” [3] Ben Sisario of The New York Times writes:

“'Revolution' established Mr. Scott-Heron as a rising star of the black cultural left, and its cool, biting ridicule of a nation anesthetized by mass media has resonated with the socially disaffected of various stripes – campus activists, media theorists, coffeehouse poets – for four decades. With sharp, sardonic wit and a barrage of pop-culture references, he derided society’s dominating forces as well as the gullibly dominated.” [4]

And:

“Mr. Scott-Heron established much of the attitude and the stylistic vocabulary that would characterize the socially conscious work of early rap groups like Public Enemy and Boogie Down Productions. And he has remained part of the DNA of hip-hop by being sampled by stars like Kanye West.” [4]

It’s important to emphasize here that this close synergistic relationship between the spoken word poetry and the social movements of the late 60s and early 70s is not coincidental or without consequence. Indeed, performance art and progressive politics have a long and storied marriage. In 1907, the Irish republican (lowercase ‘r’ republican here referring to the political contingent advocating and fighting for Irish independence from England, as opposed to capital ‘R’ Republican as it is understood in American politics) and socialist leader James Connolly wrote:

“No revolutionary movement is complete without its poetical expression. If such a movement has caught hold of the imagination of the masses, they will seek a vent in song for the aspirations, the fears and the hopes, the loves and the hatreds engendered by the struggle. Until the movement is marked by the joyous, defiant singing of revolutionary songs, it lacks one of the
most distinctive marks of a popular revolutionary movement; it is the dogma of the few and not the faith of the multitude.” [5]

Connolly’s quote is now proudly displayed on a wall next to the stage at the Starry Plough, an Irish pub in Berkeley, CA and home of the Berkeley Poetry Slam, a weekly spoken word poetry competition and open mic event. [6]

It seems appropriate at this point to transition to a discussion of spoken word poetry as it is performed today – in coffee shops and in bars, in schools and on street corners all across America. Much of the lay public’s familiarity with contemporary spoken word poetry comes from attending a poetry slam, a competition in which poets read or recite original work. This work is evaluated on a scale of zero to ten by five randomly selected audience members. The idea here is to democratize poetry: to bring it out of the ivory tower and into communities; to reclaim it from dry, reactionary academics and give it back to everyday people, to the beer and coffee drinkers of America. It is generally accepted in the poetry slam community that former construction worker Marc Smith started the poetry slam in 1986 at the Green Mill Jazz Club in Chicago, IL. In his seminal anthology Poetry Slam: The Competitive Art of Performance Poetry, published in 2000, Gary Mex Glazner writes of the slam:

“In 1986, Marc Smith started the Poetry Slam in Chicago with the idea of giving the audience a voice, letting the audience say if they liked a poem. By cultivating their participation, poetry slams build an audience for poetry, bringing everyday workers, bus drivers, waitresses, and cops to a poetry reading and letting them cut loose.” [7]

Since that time, poetry slams have been held in hundreds of venues across the country, culminating in the National Poetry Slam (NPS), hosted by a different American city each August. Glazner himself helped organize the first NPS in San Francisco in 1990. Reminiscing about the experience in 2000, he writes:

“Shifting the city where the National Poetry Slam is held each year and more importantly giving each city ownership of the slam has led to tremendous growth. The first National Poetry Slam
which I produced in San Francisco in 1990 with teams from Chicago, New York, and San Francisco has exploded to more than 50 cities represented recently in Chicago for the Slam’s tenth anniversary. In addition to the growth in the United States, the slam has gone global with championships taking place in England, Germany, Israel, and Sweden.” [7]

The most recent NPS in 2014 was hosted by the city of Oakland, CA and attracted seventy-two teams of four to five poets from all over the United States and Canada. [8] One of the most historically significant venues represented at NPS each year is the Nuyorican Poets Café in New York’s Lower East Side. The word “Nuyorican” is a portmanteau of “New York” and “Puerto Rican” and refers to members of the Puerto Rican diaspora living in and New York State, especially in the New York City metropolitan area. Nuyo, as the venue is affectionately known, is held up by contemporary slam poets as something of a Mecca for the poetry slam movement. In 1996, Paul Devlin directed a documentary entitled SlamNation: The Sport of Spoken Word, which followed the Nuyorican Poetry Slam team as they competed at NPS that year. [9] Today, almost thirty years after the poetry slam began, the movement is in a unique and beautiful place. Although it is occasionally evident at poetry slams that the competitive nature (i.e. sport) of the slam has somewhat sullied the art of spoken word poetry, I would argue that the form has largely retained its social and political conscience. Many poets and critics continue to marvel at how transformative and politically meaningful the movement has been. Bob Holman, a poetry activist and former slammaster (i.e. host and chief organizer) of Nuyorican was quoted as saying:

“The spoken word revolution is led a lot by women and by poets of color. It gives a depth to the nation’s dialogue that you don’t hear on the floor of Congress. I want a floor of Congress to look more like a National Poetry Slam. That would make me happy.” [10]

Finally, it’s important to note that much like earlier forms of oral poetry, contemporary spoken word draws upon the musical and cultural aesthetics of its time. Speaking about the connection between hip
hop and spoken word, renowned slam poet and member of the 1996 Nuyorican team Saul Williams once said:

“Hip hop filled a tremendous void for me and my friends growing up... The only thing that prevented all the young boys in the black community from turning into Michael Jackson, from all of us bleaching our skin, from all of us losing it, just losing it, was hip hop. That was the only counter-existence in the mainstream media. That was essential, and in that same way I think poetry fills a very huge void today among youth. And I guess I count myself among the youth.”

Much like Homer and the ancient Greek bards drew from mythology and much like The Last Poets and Gil Scott-Heron drew from black nationalism and jazz, contemporary spoken word poets like Saul Williams and many of my friends draw from hip hop and from a shared experience of marginalization in American society.

In summary, spoken word poetry is a unique and powerful art form that has inspired many people over the years. I’ve argued this by invoking examples from classical antiquity, from the American counterculture of the 1960s and 70s, and from the present day poetry slam scene. If I had to identify the main themes or threads that run through the spoken word poetry of all these eras, tying them together, I would point to (1) identity, (2) creativity and (3) progressivism. Identity refers to the importance of personal experience and storytelling in almost all spoken word poetry. Creativity here refers to spoken word poets’ healthy fear of cliché, continuously striving to explore new ground and shed new light on even the most familiar topics, all in a language that is fresh and unabashedly innovative for its time. Progressivism refers both to the content of the work (as spoken word has often been linked with leftist social and political movements in the United States) as well as the context in which the work is delivered – not in academic journals and esoteric texts, but in public places where lay people gather after a long day’s work to relax and feel alive. Spoken word poetry is the democratization of free verse. It assaults
the hierarchy of traditional page poetry and imposes a truly remarkable (although at times, uneasy) horizontal relationship between poets and the public. It says that if you are a human being who feels things, then you are as much of an expert on poetry as anyone else on Earth. To me, that progressivism is a tremendous part of what makes spoken word poetry so accessible and so popular. Next, I’ll discuss how we might tap into this art form as medical professionals.
SPOKEN WORD POETRY AS NARRATIVE MEDICINE

After reading about the history of spoken word poetry, the astute academic physician might be inclined to ask, “What does all this have to do with medical education?” To be sure, the marriage of spoken word poetry and medical education may seem like a strange one at first glance. As I’ve attempted to demonstrate above, however, spoken word poetry at its heart is all about storytelling, whether the poet is singing about returning to Ithaca or resisting police brutality in New York. When viewed through this lens, the role of spoken word poetry in medicine and medical education becomes a bit clearer. In fact, there already exists a rich if relatively nascent literature about the importance of stories and storytelling in our profession. I’d like to present a brief overview of this body of work and make the case that spoken word poetry can thrive alongside existing approaches to physician training within the field of narrative medicine.

In a 2001 article in JAMA, physician and literary scholar Rita Charon reinforces the fairly intuitive but oft-neglected idea that personal stories are important to medicine:

“The effective practice of medicine requires narrative competence, that is, the ability to acknowledge, absorb, interpret, and act on the stories and plights of others. Medicine practiced with narrative competence, called narrative medicine, is proposed as a model for humane and effective medical practice. Adopting methods such as close reading of literature and reflective writing allows narrative medicine to examine and illuminate four of medicine’s central narrative situations: physician and patient, physician and self, physician and colleagues, and physician and society.” [11]

This framework of these four central narratives is useful for considering how any literary activity, and spoken word poetry in particular, can fit into a narrative medicine curriculum. I’ll explore each of these four narratives in turn.
The physician-patient interaction is, of course, at the heart of clinical medicine. It is the central unit around which medical care is delivered. Medical students are taught that the patient interview has two purposes: (1) to gather information and (2) to establish rapport. Both of these tasks can be viewed at least to some extent as tests of literary proficiency. As Charon argues:

“Not unlike acts of reading literature, acts of diagnostic listening enlist the listener’s interior resources — memories, associations, curiosities, creativity, interpretive powers, allusions to other stories told by this teller and others — to identify meaning. Only then can the physician hear — and then attempt to face, if not to answer fully – the patient’s narrative questions: ‘What is wrong with me?’ ‘Why did this happen to me?’ and ‘What will become of me?’” [11]

This makes sense on an intuitive and on an empirical level. Once, when I mentioned to a supervising physician that I lived in a community arts space and occasionally performed spoken word poetry, he replied with a refreshing and insightful observation; he said that many patient histories seem to be more poetry than prose. The answers we seek are there, but they often come at us out of order, or in cryptic language, or with an unfamiliar and disarming affect. Charon’s suggestion that history taking is not unlike close reading of literature resonates with my experience and clearly with that of the supervising physician who shared this observation with me. With this in mind, it’s not difficult to see how spoken word poetry fits into the physician-patient interaction. Patients don’t write their histories of present illness down for you. They speak them to you. The task at hand, then, is to decode your patient’s poetry, while simultaneously establishing a therapeutic alliance with your patient/poet by being an attentive and respectful physician/audience member. I believe that these are skills that can be learned and sharpened through methods currently outside the purview of the traditional medical school curriculum.

Next, the physician-self relationship is of critical importance. Narrative medicine encourages physicians to develop this relationship through the practice of reflection. This is in stark contrast to the modus operandi of “detached concern” [12] aspired to by physicians in decades past. Today’s physicians
and medical institutions recognize (at least in theory) that self-awareness is necessary for effective interactions with other professionals and that self-love and self-care are necessary to avoid collapsing under the significant stressors that come with being a health care provider. I would argue that the sea change in the emotional valence of medical practice over the past few decades, from detached concern to reflective engagement, is at least a partially gendered phenomenon. According to data from the Association of American Medical Colleges (AAMC), “In 1975, females represented only 22.7 percent of applicants to medical school. By 2003, females reached 50.8 percent of the applicant pool.” [13] Clearly then, medicine was a male-dominated profession prior to the women’s rights movements of the 1960s and 70s. Given this context, it would not be unreasonable to view the ethic of detached concern as something of a performance of masculinity among physicians of old. Thankfully, as the literal “old boys’ club” began to break down, so did the rigid, oppressive ways of thinking and acting associated with this earlier era in medicine. Spoken word poetry again has a role to play in this process. The field of spoken word poetry is almost diametrically opposed to (traditional) medicine with respect to its valuation of reflection, self-awareness, and self-care. As I’ve argued in the previous section, spoken word poets place tremendous value on emotion and personal experience as legitimate ways of knowing about the world. I would argue that a healthy balance between the somewhat cold, scientific, conventionally masculine way of being espoused by older generations of physicians and the reflective, emotionally attuned, less specifically gendered approach championed by scholars of narrative medicine would be optimal. By engaging with the arts, and in particular spoken word poetry, a form steeped in the celebration of identity and vulnerability, younger generations of physicians can help tip the scales.

In terms of the physician-colleague relationship, we can view narrative medicine as a tool to help physicians develop more effective inter-professional communication skills. Physicians and other health care providers communicate with each other all the time about patient care – when admitting patients to a medical or surgical ward, when consulting subspecialists, when planning for discharge and
placement, when signing off responsibility to a covering provider, etc. These correspondences take the form of written notes as well as oral presentations, face-to-face or by phone. In a frequently cited article entitled “The 3-Minute Emergency Medicine Medical Student Presentation: A Variation on a Theme,” Chip Davenport of the University of Colorado School of Medicine writes:

“As Dr. William Donnelly stated in his article, ‘The Language of Medical Case Histories,’ ‘[oral presentations] are the way in which physicians at every level of training communicate to each other their understanding of particular patients and their medical problems, what has been done about the problems, and what is being done about them.’ [14] The expectations for these presentations vary depending on the expertise of the medical student and on the clinical service where the student is learning.” [15]

In some sense, then, we can view the oral presentation as a performance of sorts; the speaker must present information clearly, succinctly, and, perhaps most importantly, in a format familiar to his or her audience. Admittedly, oral presentations and spoken word poems are two very different forms of public speaking. The former tends to be much more formulaic, aiming to distill complex narratives into easily digestible pieces that can help guide patient management, while the latter generally frowns upon adherence to established formulas and aims to provoke thought and emotion rather than to provide definitive, actionable answers. The two ways of speaking can be thought of as anti-parallel in a sense – running on parallel tracks, but in opposite directions. As British theoretical physicist and founder of the field of quantum physics Paul Dirac once remarked:

“In science, you want to say something that nobody knew before, in words in which everyone can understand. In poetry, you are bound to say something that everybody knows already in words that nobody can understand.” [16]

To extend the railroad metaphor, I’d like to posit that physicians who have experience conducting trains along the other track will naturally have a stronger, more nuanced understanding of our own track.
Finally, narrative medicine is a useful lens through which to examine the physician’s relationship with society at large. Physicians tend to be very visible, respected members of the community and have often been identified as stewards of society’s limited resources [17]. Yet the profession and many of its leaders seem to be somewhat out of touch with the communities they serve. This excerpt from the article “The Disadvantages of an Elite Education” by William Deresiewicz, which appeared in The American Scholar in summer 2008, summarizes the irony of our position nicely:

“It didn’t dawn on me that there might be a few holes in my education until I was about 35. I’d just bought a house, the pipes needed fixing, and the plumber was standing in my kitchen. There he was, a short, beefy guy with a goatee and a Red Sox cap and a thick Boston accent, and I suddenly learned that I didn’t have the slightest idea what to say to someone like him. So alien was his experience to me, so unguessable his values, so mysterious his very language, that I couldn’t succeed in engaging him in a few minutes of small talk before he got down to work... I could carry on conversations with people from other countries, in other languages, but I couldn’t talk to the man who was standing in my own house.” [18]

In part, I see the role of narrative medicine as combatting this type of hyper-educated niche existence and I would argue that spoken word poetry, with its unique focus on democratizing language, is especially well suited to helping students resist the pitfalls of social elitism as they move forward in their careers, gain insider knowledge, and become experts in very specialized fields of study. Relatively few of our patients and fellow community members will ever pick up a copy of JAMA or attend an academic medical conference. If only to avoid losing the ability to have meaningful conversations with anyone who doesn’t hold a graduate degree, it’s important to exercise this ability. Open mics and other spoken word poetry events provide great opportunities to do this. These events offer the additional benefit of helping physicians gain insight into the social issues affecting the communities in which we practice, all in a relaxed and creative environment.
A number of medical schools have already incorporated some narrative medicine elements into their curricula. I’d like to focus on the activities of just one such school, Columbia University College of Physicians and Surgeons (P&S), as its narrative medicine program is currently the most robust and well studied in the country. Dr. Rita Charon founded the Program in Narrative Medicine at P&S in 2000 and launched the Master of Science in Narrative Medicine in 2009. [19] Students pursuing an M.D. are now required to fulfill a narrative medicine requirement. According to the program website:

“All first-year medical students at Columbia are required to complete an intensive ½ semester seminar in humanities. Each year, the medical students select among the 12-14 concurrent humanities seminars offered. Typically, the catalogue includes seminars in literary studies, narrative writing, history of medicine, ethics, visual arts, religious studies, and alternative medicine.” [20]

Specifically, some of this semester’s course offerings include: Fiction Workshop, The Philosophy of Death, Attending to Movies: Affect and Insight, Dance for Parkinson’s Disease, Comic-book Storytelling Workshop, Life Drawing (“the practice of drawing the nude figure”), and Mindfulness Meditation. [20] Students are also permitted to fulfill the requirement by taking a humanities course at the Columbia main campus. Note the wide variety of art forms represented in the selection above. Note also the absence of spoken word poetry or other oral performance art. There is tremendous value added here, as well as a unique opportunity for further development to include spoken word poetry, given the right faculty and resources.

The effects of the narrative medicine requirement on medical student education at P&S were published in Academic Medicine in 2014. After completing the required seminars as first-years, 130 second-year medical students (or 89% of the class) participated in focus group discussions of their experience, which were transcribed and analyzed for overarching themes. The results were as follows:
“Students’ comments articulated the known features of narrative medicine – attention, representation, and affiliation – and endorsed all three as being valuable to professional identity development. They spoke of the salience of their work in narrative medicine to medicine and medical education and its dividends of critical thinking, reflection, and pleasure. Critiques constituted a small percentage of the statements in each category.” [21]

In summary, what Dr. Charon and others have suspected for some time – that fostering an appreciation of and facility with stories and storytelling could add value to medical education – was ultimately supported by the data. I should note here that “value” in medical education is a difficult thing to measure, and Dr. Charon’s data may be limited in the sense that students’ self-reported perceptions of value might not translate to some more real or objective measure. Nonetheless, I would argue that there is potential here for meaningful growth and professional development.

How, then, can we translate these exciting findings into more effective, student-centered medical education here at our own institution of HMS? Although our preclinical curriculum currently features strong social science offerings such as Social Medicine and Clinical Epidemiology, a very well taught and well facilitated Medical Ethics course (directed by recently appointed Dean of Education Dr. Edward M. Hundert), and elective opportunities for humanistic reflection such as our own chapter of Dr. Rachel Naomi Remen’s Healer’s Art course (directed by Dean of Students Dr. Nancy Oriol) [22], I believe that a course in creative writing and performance could advance our cause even further and provide our student-writers a much-needed outlet for expression and self-care. A preliminary syllabus for such a course is presented in the following pages.
SPOKEN WORD POETRY FOR MEDICAL STUDENTS

Welcome to Spoken Word Poetry for Medical Students. This is a four week introductory seminar on creative writing and performance for medical students and other students in the health professions.

Course Objectives:

1. Gain a greater understanding of and appreciation for spoken word poetry.
2. Write and perform original spoken word poems.
3. Reflect on and discuss how spoken word poetry is relevant to the practice of medicine.
4. Foster a community of young physician-poets.

Course Outline:

We will meet once a week on Thursday evening from 7-9 PM in TMEC 106. Each of the four sessions will focus on a different narrative situation: physician-patient, physician-self, physician-colleague, and physician-society. This framework was inspired by a 2001 paper in JAMA by Dr. Rita Charon called “Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust.”

Thu Jan 7, 2016: Physician-Patient
Thu Jan 14, 2016: Physician-Self
Thu Jan 21, 2016: Physician-Colleague
Thu Jan 28, 2016: Physician-Society

Session Format:

7:00 - 7:15 Check in
Each session will begin with a check in. We will go around in a circle and each poet will speak to the group about how things have been going recently in his or her life. The idea is to hear everyone’s voice, to celebrate small victories, and to provide communal support around personal challenges.

7:15 - 7:45 Sharing
We will then devote up to 30 minutes to sharing new work, either in response to a previous writing workshop or from your own free writing. You are free to request feedback on writing or performance, or just share.

7:45 - 8:15 Seed content
During each session, we will read and watch a spoken word poem related to the narrative theme of that session. This piece will serve as “seed content” for the subsequent writing workshop. We will spend up to 30 minutes discussing the seed content and how it relates to the practice of medicine.

8:15 - 9:00 Writing workshop
We will write for at least 30 minutes each session, responding to the seed content or to writing prompts provided by the course facilitator. The last 15 minutes of each session will be reserved for sharing work that was just produced in this writing workshop.
SESSION ONE: PHYSICIAN-PATIENT

This first session will focus on the human experiences of loss and grieving. Our intent is to use this as an exercise in empathy and as a window into the lives of the suffering. Here is our agenda:

7:00 - 7:45 Course introduction, personal introductions

Since today is the first session, we will take a bit of extra time to do personal introductions. Please introduce yourself in any way you like. You can tell us your name, your day job, why you’re taking this course, who your favorite artists, musicians, poets, or historical figures are, and anything else you’d like.

7:45 - 8:15 Seed content

Today’s poem is “Notes on the Existence of Ghosts,” performed by Franny Choi at New York City’s Intangible Slam in 2012. [23, 24] Franny is a writer, performer, and teaching artist who lives in Providence, RI. She is the author of Floating, Brilliant, Gone (Write Bloody, 2014). She has been a finalist for the Ruth Lilly Poetry Fellowship and multiple national poetry slams.

Discussion questions:

1. What were your initial reactions to Franny’s poem? What did you like/not like about her writing? What did you like/not like about her performance? How did the poem make you feel and why?

2. Regarding her deceased boyfriend, Franny says, “For a long time, I could only write about him in metaphor.” Are there things you find it easier to speak about in the abstract? What do you think it is about art and music that makes the loss of a loved one easier to process?

8:15 - 9:00 Writing workshop

Prompt:

Think about someone or something you miss greatly. It could be someone who has died or someone living very far away. It could be a childhood friend or a childhood toy or a childhood memory. It could be a concept or idea that you once believed in strongly, but have since drifted away from. Write an ode of longing to that person or thing.

For example, you could write a poem from Penelope addressed to Odysseus during the tenth year of his absence.

Note that for any prompt in this course, you are free to follow it or alternatively to write about anything else you feel inspired by after hearing this week’s poem.
NOTES ON THE EXISTENCE OF GHOSTS
Franny Choi

0

When my boyfriend’s mother called to tell me he was dead,
I was standing in a CVS,
holding a bag of Halloween candy.

For a long time, I could only write about him in metaphor.
Lucky for me, the world is full of ghosts.

1

Leaves stained onto the sidewalk from yesterday’s storm create gray-green watermarks on the pavement, like the negatives of pressed flowers – like the ghost of a letterpress still whispering up from the page. A sidewalk is a deeply haunted thing.

2

I understand the gravity of a train from the empty space and warm afterbirth air of recent loss which I encounter when I run down to the platform thirty seconds too late. It is the same with all things of such weight, to know them best when you have just missed them.

3

Snow angels, being beautiful because of the power of an outline to name an absence holy. Being a finger pointing to the inherent fiction of angels and therefore haunting.

4

If the stars have, as they say, been dead for millions of years by the time their light reaches us, then it follows that my retinas are a truer thing to call sky.

5

Dove collides into window, leaving behind a white dandery imprint of its body – a crime scene outline saying he was here.

Take this, the dust of me,
and remember the way my body was round
and would not move through glass.

If nothing else, please remember
the ghosts I leave behind.
SESSION TWO: PHYSICIAN-SELF

This session will focus on identity and on the physician/artist’s relationship to his or her own body. Here is our agenda:

7:00 - 7:15 Check in

7:15 - 7:45 Sharing

7:45 - 8:15 Seed content

Today’s poem is “A Period Piece,” performed by Jamila Woods at Louder Than a Bomb (LTAB) youth poetry festival in Chicago, IL in 2013. [25, 26] Jamila is a poet, playwright, and soul singer who lives in Chicago, IL. Her first chapbook, The Truth About Dolls, was released in 2012 by New School Petics Press. She currently serves as Associate Artistic Director of Young Chicago Authors (YCA), an organization committed to youth poetry and writing.

Discussion questions:

1. What were your initial reactions to Jamila’s poem? What did you like/not like about her writing? What did you like/not like about her performance? How did the poem make you feel and why?

2. In her poem, Jamila reclaims female menstruation as something to be celebrated. Can you think of other poems or other works of art that have reclaimed things that people have traditionally been told to be ashamed of or to keep hidden?

8:15 - 9:00 Writing workshop

Prompt:

Pick a part of yourself that reflects some aspect of your identity. It should be a part of yourself that you feel strongly about — either something you are proud of or something you have struggled with. It could be a part of your body or something about who you are as a person or some material item you own. It could reflect your race, gender, class, sexuality, or anything else. It could reflect your identity as a Skittles lover. Then, write a letter to yourself from the perspective from that thing.

For example, if I have a beard and I feel that my beard has something to say about my identity as a man, I could write a poem to myself from the perspective of my beard.

Note that for any prompt in this course, you are free to follow it or alternatively to write about anything else you feel inspired by after hearing this week’s poem.
A PERIOD PIECE
Jamila Woods

Someone has painted the Sistine Chapel red.

The ceiling is dripping, dripping down the walls my thighs the walls my thighs. Wet paint. Do not touch. Wet paint here. Do not put your hands there unless you’re fond of finger painting. Sacred. Flowers and stick figures all look alive when drawn with this hue.

Why do you make that face when I tell you about the masterpieces I release from my skin like sweat or tears? It’s not everyday you shed a Van Gogh or Money from your gut.

Today, a young girl found a palette in her panties and feared for her life. Tomorrow, she will learn to waddle with the polyethylene coated cotton between her legs. Her mother will smile bleary eyed and show her the cabin beneath the bathroom sink with pretty yellow green pink purple plastic. She’ll tell her to choose a canvas to catch the leakings of the mural on her ceiling. Don’t ever let it be called mess. Always look the sales clerk in the eye.

There was a time when women were required to place their money in a box to avoid speaking to drug store salesmen and quietly take the bag of sanitary napkins from the counter themselves. Don’t ever let it feel like a secret. Remember that it is not a curse. Next month, she will learn to let the cloth bubble toil trouble for 30 seconds before rinsing with hot water. She will learn to let the corners of her eyes burn but not bubble over when the boy points and laughs at the cherry circle blooming at the back of her pants at lunch time.

Grass. Rabbit skin. Sponges. Knit fabric. Wet soil. So many buckets set out to catch this peculiar rain we make. These waste bins filled with bushels of molten ruby wrapped in tissue. Could have been a multitude of angels in my womb. Could have been a freshly painted apartment for some new tenant not yet come. Don’t ever let it feel like a burden, even when you are sprawled sweaty across the bedspread doped up on Motrin clutching your abdomen asking where did this strange thundering appendage come from? Who took my organs out and left this churning chunk of matter in its place?

It may never make you feel pretty.
It will make you feel alive.

Tonight, mother will find wet splotched garments hung up on the shower rod, her daughter cowering near the bathroom sink, trying to remember when where how she could have possibly made this big of a mistake. Mother will find towels in brown bottles, give them to her daughter, tell her:

“You are a museum unto yourself.
Priceless exhibits stream down your legs.
Clean them up, but do not ever feel sorry.”
SESSION THREE: PHYSICIAN-COLLEAGUE

This session will focus on group solidarity and the nature of work, which of course applies to both physicianhood and creative writing. Here is our agenda:

7:00 - 7:15 Check in

7:15 - 7:45 Sharing

7:45 - 8:15 Seed content

Today’s poem is “Bean Meditation,” performed by Laura Lamb Brown-Lavoie at the 2013 Women of the World Poetry Slam (WoWPS) in Minneapolis, MN. [27] Laura is a writer, performer, and urban farmer living in Providence, RI. She is the current slammaster at AS220 in downtown Providence and she started the Sidewalk Ends Farm, also in Providence.

Discussion questions:

1. What were your initial reactions to Laura’s poem? What did you like/not like about her writing? What did you like/not like about her performance? How did the poem make you feel and why?

2. One of the main rhetorical devices Laura employs in her poem is the repetition of the word “bean.” What do you think this symbolizes? What examples of repetitive activity can you think of in your own day to day life?

8:15 - 9:00 Writing workshop

Prompt:

Think about an activity that you are usually not excited about. It could be something at work or at school. It could be practicing a sport or an instrument. It could be Thanksgiving dinner with your distant relatives who hold ultra-conservative views on every social issue in American politics. Then, turn that activity into a form of worship.

For example, you could write about morning rounds in the hospital, a generally dry and uninspired activity. Sing praises about the beauty of rounding.

Note that for any prompt in this course, you are free to follow it or alternatively to write about anything else you feel inspired by after hearing this week’s poem.
BEAN MEDIATION
Laura Lamb Brown-Lavoie

okay.
we're picking beans.
bean. bean. bean. bean.
come on bean
i need your help bean
it's a huge bucket bean. bean. bean.
there you go. bean.
train your eyes [] to see [] in it's natural [] habitat [] a different green [] than the leaves [] bean. bean.
teach your hand [] to chant [] the mantra [] of green []
green [] green []
eat one [] while you pick [] the sweetest [] you'll ever eat []
did you taste [] all the water [] in that bite? [] all the sun [] sun []
feel the sun [] on your neck [] and the ache [] in your knee []
red neck [] amen [] rough hands [] hallelujah []
between each [] hear the birds [] the cars [] the beats [] of your heart []
the trail [] of your thoughts [] your lover [] last night [] in the yellow [] light []
the bills [] you have to [] but don't want [] to write []
and later [] a cold beer [] a hot meal [] hallelujah
oh green [] green [] bean bean [] bean bean bean []
bean bean bean bean bean bean bean bean

hey we did it.
the bucket's full, it's overflowing
red neck, amen
rough hands, hallelujah
it's so fitting to find ourselves kneeling in the field
for these moments when work feels like prayer
picking beans, a genuflection
the crisp green eucharist.
this gratitude has a gravity to it
the core of the earth pulling me to my knees
oh earthworm mecca
jerusalem artichoke
palms full of soil, ahhh
noah must have held the dove this way
thank you thank you thank you
thank you thank you thank you
i bury one bean
and pick me a handful
i sew a handful and you give forth buckets buckets buckets
SESSION FOUR: PHYSICIAN-SOCIETY

This session will focus on structural and institutional systems of oppression. These are systems that artists are uniquely empowered to describe and physicians are uniquely positioned to challenge.

7:00 - 7:15 Check in

7:15 - 7:45 Sharing

7:45 - 8:15 Seed content

Today’s poem is “Suburbia,” performed by Phil Kaye at the United Nations International School in 2010. [28, 29] Phil is a poet and educator who lives in New York City. He has toured and performed in ten different countries, in venues from sold out theaters to maximum security prisons. His first collection of poetry, A Light Bulb Symphony, was published in 2011.

Discussion questions:

1. What were your initial reactions to Phil’s poem? What did you like/not like about his writing? What did you like/not like about his performance? How did the poem make you feel and why?

2. One of the main themes in “Suburbia” is the role of the individual vs. the institution. Phil’s narrator struggles with the bland conformity of his environment and asks, “We’re not all the same, are we?” To what extent do you think conformity and normative expectations influence our behavior in medicine?

8:15 - 9:00 Writing workshop

Prompt:

Start by create a new category on the Census. It could be medical students. It could be shy people. It could be black nerds raised in the South. It could be 5’2” tattooed Asian females, a la Kelly Zen-Yie Tsai’s poem “Self Centered.” [30] It could be anything. Then, imagine what the world would look like if that group of people staged a revolution. Write the manifesto of that revolution. What would society look like? What would government and politics look like? What would the economy look like? What would love look like? What would movies and music and other entertainment look like?

For example, you could write the manifesto for all the kids picked last in kickball in North American elementary schools.

Note that for any prompt in this course, you are free to follow it or alternatively to write about anything else you feel inspired by after hearing this week’s poem.
SUBURBIA
Phil Kaye

I love this place.

The community, the people, and the sense of stability.
And this place is amazing.
This place is amazing, this place is a maze, is a maze, is a maze.

Scientific fact, law of conservation: Energy cannot be created nor destroyed, only transferred from one state to another. 1945. Albert Einstein, scientist, creates the atomic bomb. A hundred thousand houses implode and American suburbia explodes.

Read the paper, we're choking, city's been smoking. There is her body, wrinkled, cracking, loose. Out there on the fringe there is plenty, space so empty you can stretch your arms out inside her. Thick, overgrown, that's how you know she is virgin.

1970. By this time the number of people living in suburbia had exploded 300 percent. This is the 20th century, we knew we'd reach the pacific eventually, this is only new manifest destiny. Locusts, hocus, pocus, poof. Smoke makes you choke, but at least it is air.

City. City wakes up mid surgery, the suitcase of her chest ripped open, her highway innards scattered around the room. There are a thousand kidneys in the corner. They all look like mine. What are their names?


“The thing about weeds, Mr. Kennedy, is their penchant for multiplying. You let just one move into your community and sooner or later, you'll have one growing in your very own back yard. Well then, there goes the neighborhood. There goes, the neighborhood.”

Go, go, farther, farther. City on a sill, oops had a little spill, looks like an accident, wouldn't quite call it kill. I'm choking, city's been smoking, give me throat drops or is it Winthrops, city on a pill, farther, farther, are little mazes, mouse-traps, cul-de-sacs. This house is amazing, this house is amazing, this house is amazing, this house is amazing. Farther, farther, Father, raise me, graze me, open flame me, we are not all the same, are we, are we?

Run eat water food fence. Run eat fence. Run fence. Run eat water food fence. Breathe, breathe. Everyone is happy. You are only making this more difficult for yourself.
CONCLUSION

In this paper, I have argued that spoken word poetry may add value to the humanistic training of medical professionals. I have presented a history of this unique art form, which is strongly rooted in storytelling and social justice, and then framed it as a potential instrument of narrative medicine. I have designed a month-long spoken word poetry curriculum composed of four writing workshops, each structured to provoke discussion, creativity, and innovation among medical students. While HMS may not currently have faculty with expertise in spoken word poetry, I believe that these workshops do not require facilitation by an M.D. or Ph.D. who is an expert in spoken word poetry. Rather, poetry educators or even student poets among our peers, with proper faculty development ahead of time, will likely have the necessary skills to lead this course effectively. I envision it as an important elective available to all students in the New Curriculum’s single preclinical year. I am hopeful that over time, spoken word poetry will gain traction as a legitimate art form, recognized by medical academia, while still retaining its original spirit as the democratic poetry of the masses.
REFERENCES


EPILOGUE

The following is an email exchange between me and Dr. Mark S. Bauer, a psychiatrist, published poet, and nominal mentor of mine for this project.

From: Kai Huang [mailto:khuang429@gmail.com]
Sent: Wednesday, February 18, 2015 11:40 PM
To: Lehmann, Lisa S.,M.D.,Ph.D.; Bauer, Mark S. (BOS); Shields, Helen M.
Cc: Jeff Semaan
Subject: [EXTERNAL] Scholarly Project

Hello everyone,

Attached please find my revised proposal, taking into account suggestions from Dr. Bauer and Dr. Shields, as well as a 30 page draft of my final report. Any feedback would be appreciated. I plan to upload this to SPOTT in ten days to meet the March 1 deadline.

Thanks!
Kai

From: Bauer, Mark S. (BOS) <Mark.Bauer@va.gov>
Date: Mon, Feb 23, 2015 at 9:16 AM
Subject: FW: [EXTERNAL] Scholarly Project
To: Kai Huang <khuang429@gmail.com>
Cc: "Lehmann, Lisa S.,M.D.,Ph.D." <LEHMANN1@partners.org>

Hi Kai,

You’re a quick study and the curriculum has come a long way, and the essay is well argued. I’ve made comments throughout, and these are more tweaks to suggest—or challenges to you—than uncovering any “fatal flaws.” There are a couple places where you could beef up the references, but having read this I feel like I have a much better understanding of what spoken word poetry is, where it came from, and its potential impact on medical education. It won’t be for everyone, but hey then again neither will molecular genetics.

The part I don’t understand is the relationship of the two files—I read the “proposal” first and then found the curriculum in the “oral medicine” document. It seems like they could be merged, though I don’t understand the structure that the product has to have.

I’m happy to have consulted on this for you, and am happy to chat further before or after you turn this in.

Regards,
Mark

Mark S. Bauer, M.D.
Professor of Psychiatry, Harvard Medical School
Associate Director, Center for Healthcare
Hi Dr. Bauer,

Thanks for reading my proposal and report and for your comments! Very helpful.

In response to your question, I think the SMO wanted a proposal first (so they could approve it) and then the report much later on after the project is completed. The report is what counts, I think. I found my proposal easier to write after I had completed my project and report, so I went ahead and just put everything together.

In any case, I'll make some revisions per your suggestions and submit later this week.

Thanks again!
Kai

OK.
Love to see the final version.
Good luck,

Mark S. Bauer, M.D.
Professor of Psychiatry, Harvard Medical School
Associate Director, Center for Healthcare Organization and Implementation Research (CHOIR)
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Hi Kai,

Have been thinking about this project and the request for expansion. You could always do some of the older oral poetry for contrast/comparison. I think for instance of *The Iliad*, which is one of the most powerful books I've read. Everyone focuses on Achilles et al. My take is that Hector is the focus, and there is a strong anti-war (and counter-cultural) component to his portrayal. Clearly he didn't want to fight but felt duty-bound—see the sections of his discussions with his wife.

To make a “counter-cultural” case for the Elizabethans is harder, and that was poetry that was written and polished and then recited. So different than spoken word—but relevant contrast? Ghazals in the Urdu (Pakistani/Indian) and Farsi (Persian) tradition again provide contrasts and continuities. You would enjoy Hafez, the “fool-poet.”

Mark

**Mark S. Bauer, M.D.**  
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Hi Dr. Bauer,

Thanks for your email and additional suggestions. The notion of the *Iliad* and Hector's character in particular as an anti-war social commentary is especially cool; I hadn't heard that one before.

But hey, I think I'm just gonna go ahead and submit the report as is. Please understand that this project is not a labor of love for me. The poems that I had written and the performance I did at EMW in January... that's where my heart actually was. I put everything I had into that project, writing meaningful poetry over the years and working hard to perfect my stage presence, cadence, and delivery. This here, though? This project is an agonizing, pass/fail graduation requirement imposed on me by HMS, Dr. Lisa Lehmann, and the rest of the suits over at Gordon Hall. I don't actually believe in anything I wrote in this paper. In fact, it would really kind of break my heart to see spoken word poetry integrated into medical academia. I don't
think it would be a good idea for either party. I'm just doing this to graduate, so if you think my paper meets the minimum requirements, I'm happy with that and I'm going to submit. Then, I'll go back to doing things I'm actually passionate about, like learning medicine, writing and performing at open mics, and going on dates with nerdy, ethnically ambiguous, left-wing young women.

That said, I do really appreciate how seriously you're taking your role as mentor in this project, and I'm grateful that we've had the opportunity to share some thoughts on poetry and medicine through our recent series of emails. Please don't take this as a slight against you. My animus is reserved for the admins over at HMS who, in my view, took something beautiful and meaningful and valuable and turned it into a stale and soulless academic product. I intend to submit it and move on with my life. Please understand.

Sincerely,
Kai

On Wed, Feb 25, 2015 at 3:58 PM, Frank Conyers <frankconyers@gmail.com> wrote:

....instant cannon. Dawg, I can't even front, I don't have those type of balls.

Sent from my iPhone. Please excuse any errors.

On Wed, Feb 25, 2015 at 4:01 PM, Kai Huang <khuang429@gmail.com> wrote:

Lol yo canon like classics, Hall of Fame? Or cannon like BOOM? Or Cannon like Strewler?

On Wed, Feb 25, 2015 at 4:22 PM, Frank Conyers <frankconyers@gmail.com> wrote:

All of the above. Lol