
Johanna Emeney. *The Rise of Autobiographical Medical Poetry and the Medical Humanities*. ibidem, 2018. Pp. 241. CAD \$40.00 (paper).

In the preface to *The Rise of Autobiographical Medical Poetry and the Medical Humanities*, Johanna Emeney quotes E. E. Reinke, a physician at the Vanderbilt School of Medicine, who wrote in 1937 that medical education should focus on more than science: “[T]o conceive of the mind as a cold, calculating machine and nothing more leaves us far short of its full capacities. What of the imagination, of insight, of sympathetic understanding? To catch the vision of past generations, the wisdom of the poet and the seer, we must turn to literature” (qtd. in Emeney 48). Emeney harnesses the wisdom of the poet to argue for a more humane medical practice driven by compassion and respect. Her book is a call to action that advocates for key tenets of the medical humanities: a medical education that includes arts-based curriculum; a medical practice that is empathetic and reflective; and a more equitable relationship between doctors and patients. Emeney builds a convincing case for a healthcare system that sees patients not as passive objects but as individuals with rich, complex backstories who should actively participate in their health journeys.

Emeney is a poet from New Zealand with a Ph.D. in English who specializes in medical poetry. She offers a refreshing look at the value of poetry in terms of its capacity to effect change, enable epiphanies, and foster connection. Emeney takes her country’s literature as a case in point: New Zealand’s significant oeuvre of medical poetry reflects a burgeoning global interest in the medical humanities. She focuses her analysis on autobiographical, socially polemic collections and series.

The first chapter of the text gives a brief history of the medical humanities and explores the medical poetry of four poets from the United States and

the United Kingdom, the two countries leading the adoption of medical humanities strategies. I had to move slowly through this chapter, taking copious notes on writers, physicians, and sociologists who investigate connections between literature and medicine. I heartily wished this book had been available while I was the writer in residence at the University of Calgary's Cumming School of Medicine; it is rich with useful resources.

This opening chapter establishes one of the book's key points: poets writing about medical experiences tend to espouse the principles of the medical humanities. Emeney writes: "These poems are in sympathy with current sociolinguistic scholarship in the context of medical practice which champions the personal over the clinical and values the co-construction of a doctor-patient narrative over a doctor-dominated one" (45). She begins her analysis by focusing on poems by two doctor-poets, Rafael Campo and Dannie Abse, and two caregiver-poets, Philip Gross and Sharon Olds.

The second chapter focuses on doctor-poets from New Zealand, including Glenn Colquhoun, whose 2002 collection *Playing God* is one of the country's bestselling books of poetry. In her analysis of Colquhoun's work, Emeney shows a keen understanding of the physician's complex role, a deep sensitivity to patients, and a sharp awareness of the gap between doctor and patient. This section highlights another of the book's key ideas: medical poetry finds creative ways to critique—and perhaps narrow—the gap between patient and doctor. Emeney highlights the common medical poetry technique of juxtaposing two linguistic realms, which are defined by sociologist Elliot Mishler as the "biomedical voice" and the "voice of the lifeworld" (qtd. in Emeney 107). The "lifeworld" represents the patient's personal, psychological, and social context (qtd. in Emeney 107). The gap between these two voices underscores the impenetrability of medical discourse that privileges physician over patient, scientific over personal (107). In contrasting these two vocal perspectives, Emeney suggests that the road toward a more empathetic and humane healthcare system is bound to be bumpy at best.

In his poem "A mini mental status examination," Colquhoun's doctor-speaker examines a patient with dementia who struggles with short-term memory. She can remember "[t]he correct way for casting on a row of stitches" but tells the speaker that his "pen was a dagger" (qtd. in Emeney 113). The speaker tries to pull his patient into the objective world of calendars and clocks, telling her "what day it was and the name of the place where we had talked" (qtd. in Emeney 113). This example of the tension between biomedical and lifeworld voices is nuanced—the doctor is not bombarding the patient with medical mumbo-jumbo. But Emeney offers insightful analysis, noting that the speaker aims to "impose a cognizance of reality, sanity,

a time and place no longer [the patient's] own" (113). Scientific truth in this context is not appropriate, Emeney argues. She illustrates the speaker's discomfort with his comments and quotes the penitent doctor, who recalls, "I said her name like a cold flannel wiping away the food from / someone's mouth" (qtd. in Emeney 114). This analysis functions on several levels: it links medical poetry to the sociological concept of unintentional medical social control (113), which suggests that clinicians' power tends to be implicit rather than overt. In addition, Emeney's analysis shows how medical poems level medical hierarchies.

The third chapter explores the work of patients who have published poetry collections about their medical experiences. These are usually lyric poems written in the first person that focus on the loss of identity experienced by patients in medical environments such as hospitals. Emeney notes that these poems universalize individual experiences and draw readers into a world that is not difficult to understand, particularly for anyone who has donned a back-opening hospital gown. The I-speaker emphasizes the profoundly subjective nature of the patient story, even as it plays out against a clinical backdrop.

In the fourth and final chapter, Emeney investigates published medical poetry written from a parent perspective, emphasizing another of the book's key ideas: criticism of autobiographical medical poetry often portrays it as solipsistic blogging, or as blatant exploitation of personal illness stories. Critic Hugh Roberts, for example, sees the New Zealand trend toward autobiographical medical poetry collections as "exercises in Higher Blogging: free-verse ruminations on Stuff That Has Happened To Me Lately" (qtd. in Emeney 194). Reviewing Ingrid Horrocks' poems about attempting to conceive, Roberts warns that they have "little to compel the reader's interest in them as poems beyond the human interest of the story they tell," despite the fact that they contain "extra emotional oomph from a Big Life Event" (qtd. in Emeney 200). I think that these pieces of criticism merit a firmly feminist response, in addition to Emeney's discussion on narrative voice and perspective. However, she does provide strong critiques of patriarchal medical structures later in the chapter, pointing to the gendered hierarchies of hospitals and the repression of traditionally female medical workers such as midwives.

In addition to its feminist analysis, the last chapter includes provocative postcolonial analysis of poems about Māori-Pākehā (settler) relations. I found these two critical lenses to be a refreshing complement to the Bakhtinian and Foucauldian approaches Emeney often takes in the book. These approaches are certainly appropriate, since Emeney explores the linguistic gaps between medical and personal discourses and medicine's phallogocentric power structures. But a wider variety of critical tools would make the book

even more relevant to diverse scholarly strategies. It would be interesting to look at some of the poems in terms of affect theory, for example. How do the politics of empathy play out in Campo's poems? When the doctor-speaker commiserates with a patient, how accurately does he understand his patient's perspective?

Critical lenses aside, the book's value lies in the multi-layered nature of Emeney's analysis and her ability to relate poetry to real-world issues. From between the lines of this book arise fundamental questions like: How can doctors best help their patients? How can poetry elevate patients' voices in a hierarchy that privileges physician voices? How can poetry be used as a professional development tool in industries such as medicine? And how should we define excellence in poetry? With scholarly aplomb and great generosity, Emeney illuminates the humanization of medicine—a project that is vital to the health of healthcare systems, particularly in today's pandemic-riddled world. This volume should be on the desk of every physician, every medical school dean, and every English studies scholar. *The Rise of Autobiographical Medical Poetry and the Medical Humanities* poses urgent questions about humanizing the medical practice at a time when the wisdom of poets is desperately needed.

Jane Chamberlin