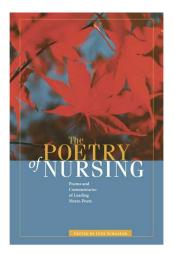
BOOK REVIEW: "THE POETRY OF NURSING"

Mary Wood-Gauthier*, BSN, MSc, RN Adjunct Professor, Division of Nursing, Rivier College



The Poetry of Nursing

Poems and Commentaries of Leading Nurse-Poets

Edited by Judy Schaefer

Literature and Medicine Series, #7 The Kent State University Press, Kent, OH 2006, 206 pp

ISBN-10: 0-87338-848-8 ISBN-13: 978-0-87338-848-1

WEB: http://upress.kent.edu/books/Schaefer.htm

"There is too much damage, but still she nurses..."

Professional nursing is described by Florence Nightingale as both a science and an art. We must understand the science of human biology and pathology in order to balance the art of caring for the human spirit. In my experience, nurses are amazing individuals who are much better at caring for others than for themselves. Most nurses work long hours, skip meals, delay trips to the bathroom, spend weekends and holidays away from their families and work odd hours of the night trying to balance caring for their families with caring for patients. They attempt to meet all the needs of their patients in a timely and compassionate manner. They are frequently frustrated in that effort due to the volume of patients in their care and the shortage of staff. In her introduction of the book *The Poetry of Nursing*, editor Judy Schaefer describes these women and men as "her heroes":

They hold your hand and stroke your brow when visiting hours are done. They help you die in peace, holding you until you are gone and keeping you in the pockets of their hearts forever.

I often wonder where the art of nursing and the art of poetry have become disconnected for most nurses. I was confronted by this question in an Introduction to Poetry Class I took to complete the elective requirements to finally earn my Bachelor of Science in nursing a few years ago. I have been practicing as a Registered Nurse for more than 30 years, and was unfamiliar with any poetry written by nurses.

When the class was challenged to find poetry that related to our professions, I was stunned to find it a difficult task. Poetry has intrigued and even intimidated me. It seems the only art form that can connect language to the human spirit. With the intense level of caring for individuals who are suffering with

injury, disease, or even childbirth, I wondered why so many nurses are so silent with the pen. I figured that if nurses wrote more, perhaps those who are not nurses would have a better understanding of the reality of the nurse's perspective; perhaps nursing would be judged more realistically and less by images portrayed in the media.

In fact, nurses are being called upon to write their stories more often. The April/May 2008 edition of *Nursing for Women's Health* featured a cover story called "Nurses Stories ...Getting Them Published" that offers encouragement and tips for nurses to start writing their stories and publishing them. Hospitals seeking "Magnet Status" and offering clinical ladder programs require that the nurses write an exemplar of their nursing practice. In the article, Bernice Buresh and Suzanne Gordon state that much of the undervaluing of nursing arises from the fact that nurses "don't take credit for the important role that they play." Schaefer offers the idea that the nurse-poets represented in *The Poetry of Nursing* "give linguistic reference to pain and thereby a new discourse ... The written word and the writing of words can have a healing influence for both the writer and the reader ... I think that it has , in the past, and now, made me a better nurse." What is lacking for most of us as nurses is the ability – or free time – to connect our art with language.

The Poetry of Nursing features poetry and supplementary commentary by 14 nurse-poets. The commentary adds a significant layer of context throughout, and the combination of poetry and prose provides significant insight into both arts. Many nurses are not educated in the art of poetry, and are encouraged toward less abstract writing having to do with research or documentation that promotes continuity of care and protection from lawyers. It is unfortunate that most of us are unskilled in what could be a healing outlet for the healer; nurses too must find ways to cope with mortality. Poetry can help us put our power and limitations into perspective and gain balance. But first, we must enter it. Reading the poems of some familiar circumstances, as well as the commentary that follows, can easily draw the curious nurse into the art of poetry; it might also serve to help any reader understand the art of nursing, and gain further insight into the art of human suffering.

Many of the poems in this book are about death. This of course is reasonable, since it is one of the most profound experiences in nursing. Cortney Davis's "How I'm Able to Love" is accompanied by commentary describing a young nurse's first encounter with death. In the first line, she states, "I'm stunned by death's absence, / by the flesh that remains, changed and yet hardly so." In her commentary, Davis describes the image of the man she knew as Mr. Tonelli. She is beginning her routine for her shift and notices first the silence after her casual greeting. She writes, "flat on his back, gaze fixed on the overhead light, the old man died with his mouth open, a dark "O" underneath the overhang of his boney nose."

At 18, I started a shift much in the same way. I was a nursing student and my first assignment of the morning I was to provide the postmortem care for an elderly man who had died just prior to the shift change. Davis describes at first seeing the body as a "pod" or "insect shell" or something that the person "left behind"; I too marveled at seeing the body "with all its attributions for the first time, totally honest." In her commentary, she tells us that she had "never met Mr. Tonelli before," as I had never met my patient, and recognized the sense of awe she had in that moment: "I was the first one to see him like this. It seemed an honor beyond words." This is the kind of peculiar reality that nursing provides, and that the poetry in this book is capable of transmitting.

The death of a stranger and the death of a loved one present two very different realities. Davis moves me further into a memory of a much older, more seasoned nurse that I had become:

When my mother died I was the one part nurse, one part daughter. I caught her last heartbeat

with my fingertips, knowing the lungs fail a few beats later, then breath empties them.

I am taken back to an empty recovery room with my mother, who had died during an attempt to place an arterial stint that was to buy her more time. She is being brought in for the family's viewing. I knew she was probably not going to survive that attempt. The nurse I was had seen the results of the arteriogram. This was a desperate attempt to avoid the impending heart attack that would surely end her life. The nurse I am heard the words "ruptured the artery, but we are still attempting to repair the damage" being uttered by the spokes-resident sent to prepare us for the inevitable. The daughter's knees buckled as I knew my mother's life had left her body.

The body brought in to us lifeless but still beautiful was not a shell of a person; she was, as Davis describes her own mother, "At the moment life breaks free, / out the open eyes. The hands respond, / as if the body wasn't robbed but had been clinging and let go." The daughter I am held her familiar hand, while my left hand closed her eyelids as if to promote a peaceful relaxed sleep. My siblings and children grieved. The nurse present with us was choking back tears, and she gently reassured us as we left the room that she would take good care of her. She had never met my mother before that moment. Did she feel the sense of awe and privilege of being the nurse "attending the body after death" the way that Courtney Davis had felt, and that I had felt? I believe that she did, and that brought me comfort.

Sharing or reframing stories that leave imprints on our souls is the one thing we nurses may not always do well as a collective profession. Those that do, however, offer a great gift to each of us by reminding us of what we are capable of doing, and energizing us to continue into the next shift, the next day, the next patient. *The Poetry of Nursing* is significant because it contains a multitude of these transmissions. All of the poems are written by nurses, and while not all of the poems are explicitly about nursing — if they were, the book might be too one-dimensional — all demonstrate an understanding of human suffering and the importance of caring for the suffering. The book is about viewing the whole person in every circumstance: the whole person who is the patient, the brother, the sister, the infant, the troubled teen, the mother, the father, the homeless man, the rich woman, the nurse who has made her livelihood by caring for them all.

Some of the mysteries of nursing occur in those moments where a unique connection is made between a patient and the nurse. Nursing theorist Jean Watson PhD, RN describes these moments as *Transpersonal Caring*. According to her theory, transpersonal caring is a deeper relationship that develops between the patient and the nurse that transcends objective assessment and physical treatments, and offers a caring consciousness that honors the human spirit and provides a trust and communication that can defy language. Leanne Elizabeth Mercer describes such a relationship in her poem "Benedición." As I read her description in the opening lines — "In room 28 the old woman perches on her bed / stiff with fear. She licks crooked, gold-filled teeth, / spews Spanish words of sorrow that fall like tears" — I feel the sense of helplessness of the nurse as she attempts to understand how she can help her patient in spite of their linguistic boundary. In her deep desire to help, she describes, "I hold out my hands like sieves dripping syllables, say / *No comprendo*." The connection begins as the poem reveals an image: "Ah, she makes the sign of the cross. / Her long fingers reach for mine." The caring that is communicated through touch is an essential element of nursing. The narrator is able to bring comfort to this woman without medicine, treatments or words. In turn she herself is touched and transformed in the moment, and is receiving as well as giving:

I breathe in this gift of recognition from a bent over woman whose heart bursts ith words needing no voice, spilling from her eyes into mine, dancing now beneath our fingers, affirming that we are kin, breath of feathers on my arm, whispers in my soul.

Mercer's poem provides qualitative evidence for Jean Watson's Caring Theory, of the healing that can take place with a deeper connection with our patients and in the mutuality we share in the human spirit. Most nurses have experienced these moments many times, but few of us have the capability to translate those moments into language the way a poem such as "Benedición" does. In her commentary, Mercer writes of how this moment stayed with her and how she wrote the poem to remember the special feelings she had when she thought about this patient. She also wrote that the poem affirmed what she believed, which is that we are all connected. When words cannot communicate, the touch, the eyes, and the smile provide the mysterious connection that we share as human beings.

I felt connected with her poem in a similar way. As I read her lines, I reflected on the many moments in all my years of nursing when I have shared a touch, an expression, or eye contact that suggested reciprocal communication. Moments where eye contact or a touch promoted feelings of relief, confidence, safety and deep sense of caring. I have felt a sense of privilege as I connected with another in those moments. They have nourished me and helped me develop into a better nurse. Mercer writes that there is a healing power in poetry in its ability to "access feelings, memories, and events on a deeper level." Her poems offer an opportunity to reflect and provide a different perspective of every day events. The struggles and challenges we face in our daily work often deplete our energy. Mercer suggests that healing occurs when we are able to take the time to process our perception of events in our lives that challenge our resources. Poetry and writing help us use language that helps to promote that processing and energize our spirit.

Again, the book is not only for those who can identify with specific experiences of nursing. In Kathleen Walsh Spencer's poem "Army Nurses, Vietnam 1966," I am transported to a nursing perspective that I can only imagine. I have always held great admiration for the nurses who are courageous enough to practice their art in the most dreadful of circumstances. Providing comfort and caring for lives torn apart by explosives or gunfire seem unimaginable for most of us. But nurses have always been there. Modern nursing was born with Florence Nightingale's efforts caring for the soldiers in the Crimean War. We hear so little of these heroes:

Among the bamboo trees of Phu Nhon, Vietnam, one of the nurses holds the flyer, stretches her arm, reaches her hand across his chest: a pieta of nurse and soldier, her limbs wound around him to contain this awkward package.

The sense I feel is that of the helplessness of the nurses in the poem who are providing what comfort they can: this nurse protects the soldier from the hot "Vietnam / sun, cools his forehead, covers

his wounded / eyes ... There is too much damage, but still she nurses, / grieving the loss of yet another handsome / face." I am deeply moved by this image. I think of all the nurses who ministered to the injured and dying soldiers of that war and all the others. The Vietnam War took so many from my generation. I might have been there if circumstances were different. I wonder how well I would have coped with seeing such destruction of once healthy bodies, how I would have managed the wounded soldiers' physical and emotional pain, or even the fear of a threat to my own life. They were nurses, like me, who learned as I did how to care for the sick or injured. I wonder how they could have been prepared for such circumstances.

In her commentary, Spencer reveals she was only in the fifth grade in 1966. She was moved to write the poem after a visit to the Vietnam Women's Memorial in Washington D.C. Spencer describes how the memorial was paid for by nurses raising money to honor the nurses who cared for the soldiers and to those who died while ministering to them — a rare time when nurses strongly advocated for the profession by writing letters making phone calls, and speaking before congress. Through their own efforts, the memorial became a reality. Spencer did not serve in Vietnam herself, but the effect that being at the memorial had on her was to further honor these nurses and their efforts by creating a poem that promotes a deep and abiding respect for their work. The poem creates beautiful images of the role the nurse played in caring for, or just being there for, the wounded and dying.

There is an image of a nurse finding the picture of a girlfriend in the soldier's pocket, heightening awareness of the reality of a life beyond the dreadful place she and the young man are sharing; there are images of the faces of all the young men she cared for and the "rows of body bags / that carried them from Vietnam — / the last words spoken, spoken to their nurse." I wonder about the comfort it might have brought a soldier's families to know that the nurse was there to receive those last words. I think once again about the honor of being that person in that place: the randomness of the two lives coming together for a brief time in such a profound moment. This poem provoked thoughts of how nurses become part of these special circumstances. The answer that comes to me is that we put ourselves there. We offer whatever that is within us to become nurses, sometimes to our own surprise, and find ourselves intimately involved all the circumstances of human life and death.

The Poetry of Nursing provides a glimpse of the positive effect that poetry can have on the individuals practicing nursing, and also provides non-nurses significant insight into the regenerative cycle of human suffering and what it means when people care about each other, even if they don't know each other at all. These talented writers provide insight, a language that supports the caring of nurses that is not obvious, the vulnerability of the person who is the nurse, and the connection we have with each other. It reminds us of the stories we are part of that honor the lives of the ordinary person. Their stories may be meaningful to the reader in ways that we don't expect. I am humbled to be among the many who have dedicated their lives to nursing, and grateful to those who have the courage to open themselves and share their stories.

^{*} MARY WOOD-GAUTHIER, BSN, MSc, RN, is currently employed as the Childbirth Education Coordinator for The Catholic Medical Center in Manchester, NH. She has also served as an Adjunct Faculty for the Rivier College Division of Nursing. Mary's nursing career expands almost forty years. After becoming a Registered Nurse, Mary performed in most areas of the acute care setting, community, and education with the majority of her career in Maternal Child Nursing. She is currently pursuing her Masters Degree in Nursing Education at Rivier College with expected graduation in spring 2011. Mary is the enormously proud mother of three children, is married and lives in Nashua, NH.