

Narrative and poetry writing for professional development

Narrative, metaphor and image are habitual forms of making sense of the world and can be powerfully harnessed for professional development. Writing is a particular form of expression and communication that allows practitioners to speedily identify and engage with their most sensitively critical aspects of practice, and forms the basis for critical, confidential, trusted discussion. This article gives underlying theories and dominant practices of reflective writing as a professional development activity. A version of this article was keynote to the inaugural ANZ Association for Medical Humanities Conference, 'Taking heart' in July 2006 in Byron Bay, New South Wales.

PROFESSIONAL PRACTICE Development



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Significant personal professional narratives, stories,

and vital metaphors of practice can be explored through expressive writing and discussion. These enable critical, positive reflection, understanding of the perspective nature of experience, and deep questioning of values, ethics, professional identity, and personal responsibilities. General practitioners work under pressure with people at their most vulnerable. They work with stories every day: patients bring broken ones, GPs offer healing ones.

Humans naturally reflect, think and order their lives in terms of story and make sense of experience through metaphor. Critical questioning of habitual narratives and metaphors is needed, but cannot be done within walls of normal thinking. Artistic creation strategies are required, as art observes and relates from novel unconventional angles.

People know, understand, intuit, remember, feel and think far more than they think they do. Creative artistic processes can enable expressive exploration of areas to which logical or analytic thinking has limited access. For effective thinking and grasp across the spectrum of experience we need to use 'the full tetrad of fact, logic, metaphor and story'. Metaphor, story and narrative, when associated with critical discussion, supply rigour to the intuitive system. The fundamental importance of narrative and story to medicine is well documented.2-5

Writing stories and poems gives dynamic, enjoyable and straightforward routes into areas most needing reflection, discussion, understanding, and therefore development of practice. Each professional undertakes critical coherent reflection appropriate to him or herself to a depth impossible when working from lists of preset questions and tick boxes. Confidential, carefully facilitated groups of professionals can be supported through written narrative and poetry. Implicit ethics and values can be perceived and enquired into, and professional identity and boundaries unthreateningly questioned and challenged. Practitioners can gain greater observational powers, a sense of authority over their work and more of a grasp of its inherently complex political, social and cultural impact.

Reflective writing courses

Professional development aims to support people to have authority over their own learning, and the integration of that learning into practice. Reflective practitioners recognise responsibility for their own life stories, the structures around them and their actions within those structures. Each individual learner has to take responsibility for their own education and development, with the help of the outside perspectives of peers and the expert support of tutors. It is a maieutic (Socratic) approach because the learner has latent concepts and understanding that can be rendered explicit. The tutor or facilitator simply acts as a midwife (in Greek, 'maia'.)

Issues raised within an account can be deeply and effectively reflected upon when quality time has been spent recapturing a vital practice event in writing. General practitioners also write related accounts from other points of view, such as the patient or their relative. These writings are shared in a carefully facilitated, trusting, confidential forum of colleagues, enabling deep insights to be engendered, and strategies for change and development considered. A very well attended workshop at the inaugural ANZ Association of Medical Humanities Conference, as well as the response to the response to the keynote address, demonstrated the thirst for this type of critical enquiring learning.

An awareness of the complex interrelatedness of stories within practice facilitates an awareness of roles in relation to patients, students, colleagues and peers, and an effective working grasp of ethics and values. It can also develop responsible empathetic attitudes. The acquisition of skills and experience in relating to, and handling of, the every day narratives of professional life develop this comprehension of complexity.

The evaluation of a writing course from the United States concluded: 'Doctors felt the process of writing and talking about the stories was both profound and helpful. The process stimulated clarification of personal values and priorities, created a context for peer support (which doctors often seem to resist), and fostered recognition of opportunities to make constructive changes in their professional lives... Amid so much discussion of what is wrong with medicine, the workshops seemed to help them remember what is right'.6

Conclusion

Perennial problems in professional development or education are how to gain access to and articulate the great well in each professional of what they know, think, believe, remember; and the experience and response of patients and colleagues to practitioners' actions and communications.

Small group dialogue with narrative and metaphoric explorative and expressive writing can develop understanding, the ability to listen, willingness for practitioners own stories to mesh with those of patients, and practical wisdom from experience. It enables practitioners to engage critically with their habitual narratives and metaphors, and redraft them constructively for the deep development of practice.

Resources

- Association for Medical Humanities (ANZ). Available at www.usyd.edu.au/medicalhumanities/contact/
- Bolton G. Reflective practice writing and professional development. London: Sage, 2005.

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References

1. McCloskey D. If you're so smart: the narrative of economic experience. Chicago: University of Chicago Press, 1992

- Charon R, Montello M. Stories matter: the role of narrative in medical ethics. New York: Routledge, 2002.
- DasGupta S. Reading bodies, writing bodies: self reflection and cultural criticism in a narrative medicine curriculum. Lit Med 2003;22:241-56.
- DasGupta S. Charon R. Personal illness narratives: using reflective writing to teach empathy. Acad Med 2004;79:351-6.
- Montgomery HK. Doctors' stories: the narrative structure of medical knowledge. Princeton, New Jersey: Princeton University Press, 1991.
- Horowitz CR, Suchman AL, Branch WT, Frankel RM, What do doctors find meaningful about their work? Ann Int Med 2003;138:772-6.

