

## Robert Frost and the Medical Applications of Poetry

By Debbie McCulliss

Robert Frost, Poet Laureate of the United States from 1958-1959 and four-time Pulitzer Prize winner, is one of the most renowned and beloved poets of 20th-century America. Frost's poems are celebrated for their vivid imagery, grand metaphors, and compelling rhythms, as well as their universal appeal and intense moods. Frost himself wrote, "A poem begins as a lump in the throat, a sense of wrong, homesickness, a lovesickness... an emotion finds the thought and the thought finds the words" (personal communication, 1 January 1916). In addition, Frost's poems relay an intimate understanding of loss, suffering, and death—issues with which all people, but especially healthcare providers, deal with each and every day.

Today, as Frost's poetry continues to influence contemporary artists across the world, many healthcare providers and their patients are beginning to find solace and comfort in poetry. Due to their proximity to illness and loss, physicians and patients alike undergo periods of life-changing pain and sorrow. Beyond dealing with physical concerns like trauma, suffering, disease, and death, these individuals also face psychological and emotional harm—including a loss of personhood, disempowerment, and unrealized goals, especially if they fail to cure or heal. These issues are invariably accompanied by fear and feelings of tremendous grief, which can significantly intensify physical and emotional pain.

Rich with meaning, poetry offers a new and more expressive way forward, giving physicians the opportunity to further empathize with suffering and loss, while helping patients on their journey from health to illness to diagnosis, and hopefully back to healing. Furthermore, by attending to and hearing their own voices through poetry, patients and physicians can regain control, purpose, and empowerment.

In the sections below, the selected poems demonstrate how writing, reading, and analyzing poetry can be helpful in medical practice. By allowing patients and physicians to listen to poetry, relate their personal stories, record experiences with attention to detail, and reflect critically on the art form, healthcare settings can use creativity to provide a supportive atmosphere, giving patients and physicians the chance to bear witness to their own and others' traumatic experiences.

### **Poem #1:** *Stopping by Woods on a Snowy Evening*

*Whose woods these are I think I know.*

*His house is in the village though;*

*He will not see me stopping here*

*To watch his woods fill up with snow.*

*My little horse must think it queer*

*To stop without a farmhouse near*

*Between the woods and frozen lake*

*The darkest evening of the year.*

*He gives his harness bells a shake*

*To ask if there is some mistake.*

*The only other sound's the sweep*

*Of easy wind and downy flake.*

*The woods are lovely, dark and deep.*

*But I have promises to keep,*

*And miles to go before I sleep,*

*And miles to go before I sleep.* (Robert Frost, 1979)

### **Analysis**

The poem has a quiet, reflective tone that complements the scenic beauty of winter and suggests escape from the world of people and culture. The implied movement of the carriage—horse's hooves hitting the ground in an unbroken rhythm—lulls the reader into the snow-filled woods. Hesitation is conveyed to the reader in the k sounds, “shake,” “ask,” “mistake,” and in the almost inaudible sound of the woods, “the sweep / of easy wind and downy flake.” The refrain, “miles to go before I sleep,” suggests a distant future and reminds readers of time, change, and the responsibilities one must fulfill.

### **Application in Medicine**

The poem offers readers an opportunity to write and reflect on the following:

- · Spending time alone experiencing nature and the peacefulness of a snowy night
- · Pausing, contemplating, and being mindful of one's surroundings
- · Keeping promises, obligations, and commitments pledged to others, personally or professionally
- · Staying on the journey, no matter the storm
- · Asking what has been stopped, heard, filled, frozen, lovely, dark, or deep

“Stopping by Woods on a Snowy Evening” presents an opportunity to explore life, death, or nature as a potential healer. Any group can discuss beauty, sound, silence, growth and change—even those who are used to contemporary urban landscapes. Addicts, mental patients, and those with physical problems can write about their own journeys, including what was said, pushed, pelted, or wedged. Similarly, children suffering illness or trauma can draw, play-act, or vent to express their perception of, or feelings about, adults. Elderly patients and their spouses can also use the poem above as a springboard to write about aging, vulnerability, current relationships, finances, or sexuality.

### **Poem #2: *Lodged***

*The rain to the wind said,*

*'You push and I'll pelt.'*

*They so smote the garden bed*

*That the flowers actually knelt,*

*And lay lodged—though not dead.*

*I know how the flowers felt. (Frost, 1979)*

### **Analysis**

The poem embodies and animates human pain and loss in its careful observation of garden flowers bent by storm. The sharpness of the ‘in’ sounds in “rain” and “wind” is pressed flat with the ‘pah’ sounds in “push” and “pelt.” Muscular verbs like “smote” and “knelt” weigh down the poem, and the repeated ‘d’ sounds, evident in the words “lodged” and “dead,” suggest similarity and finality. The personified flowers provide an aperture for the reader’s own experience of hardship—and survival.

### **Application in Medicine**

The poem offers readers an opportunity to write and reflect on the following:

- Change
- Loss of hope or dreams
- Feelings of isolation
- Coping and support

Reading and reflecting on “Lodged” is suitable for a wide variety of populations in the medical practice. For example, the poem’s universal metaphor of a storm-blown flower offers space for physicians to explore their own losses. The poem can also prompt open-ended questions, such as “What is this experience like for you now?” and “What do you imagine for your future?” Hynes and Hynes-Berry, authors of *Biblio/Poetry Therapy: The Interactive Process: A Handbook*, propose that nature photographs, including images of rainfall and plants beaten down by wind, or a sound recording of a rainstorm should accompany the discussion or reading of “Lodged” (Hynes & Hynes-Berry, 1994).

**Poem #3: *The Road Not Taken***

*Two roads diverged in a yellow wood,  
and sorry I could not travel both  
and be one traveler, long I stood  
and looked down one as far as I could  
to where it bent in the undergrowth;*

*Then took the other, as just as fair,  
And having perhaps the better claim,  
Because it was grassy and wanted wear;  
Though as for that, the passing there  
Had worn them really about the same,*

*And both that morning equally lay  
In leaves no step had trodden black.  
Oh, I kept the first for another day!  
Yet knowing how way leads on to way,  
I doubted if I should ever come back.*

*I shall be telling this with a sigh  
Somewhere ages and ages hence:  
Two roads diverged in a wood, and I—  
I took the one less traveled by,  
And that has made all the difference. (Frost, 1979)*

## Analysis

“The Road Not Taken” allows the reader to imagine choosing between two equally appealing but unexplored paths. The poem doesn’t instruct the reader how to choose, but focuses on the outcome of choice. Because roads lead to an unknown, no correct decision exists.

## Application in Medicine

The poem offers readers an opportunity to write and reflect on the following:

- Past health-related decisions, including gratitude for choices that led to early intervention, or regret for staying on or leaving the medically advised path
- Current health-related decisions, including thoughts, feelings, options, risks, and benefits
- Compliance, support, patient-centered goals, and taking control

Decision-making in medicine is based on the physician’s knowledge, clinical experience, available quality research, as well as her/his patient’s values and preferences. Physicians ask questions, obtain information, and then weigh the risks and benefits based on the evidence they have available. Sometimes decisions are even made from trusting one’s “gut.” However, a range of factors—especially those related to health—may not be readily answerable or known. This means, while making the right decision may make all the difference in the world to patients and their families, if the decision is cloudy or made without a great deal of logic, many people involved, including physicians, may feel discomfort and worry beyond what is generally associated with diagnosis.

As a result, Frost’s “The Road Not Taken” can be used to examine a patient’s past decisions or to see how current behavior is an attempt to resolve earlier conflicts. Issues surrounding daily choices and seeking care, and in some cases end-of-life options, can also be explored. A patient’s or physician’s life story can be examined through past decisions or reframed through the road not taken. One can also discuss some possible decision outcomes with what-ifs around the issue of two or three choices, leading to decisions that can resonate with the patient’s beliefs better than if the patient had simply followed medical authority blindly. Additionally, adolescent and adult patients can write about self-advocacy and compliance.

## Poem #4: *The Armful*

*For every parcel I stoop down to seize  
I lose some other off my arms and knees,  
And the whole pile is slipping, bottles, buns,  
Extremes too hard to comprehend at once  
Yet nothing I should care to leave behind.  
With all I have to hold with hand and mind  
And heart, if need be, I will do my best.*

*To keep their building balanced at my breast.*

*I crouch down to prevent them as they fall;*

*Then sit down in the middle of them all.*

*I had to drop the armful in the road*

*And try to stack them in a better load.* (Frost, 1979)

## **Analysis**

The narrator of “The Armful” speaks in Frost’s characteristic conversational tone, indicated by the playful end rhymes of “seize” and “knees,” “buns” and “once,” and so on. The playful images of “bottles, buns” and the speaker’s resigned humor lighten the severity of the struggle and suggest that even when the load is unmanageable, one can still carry on. The tone and humor of this poem make it an accessible choice for readers to explore their past or present efforts to manage life’s complexities.

## **Application in Medicine**

The poem offers readers an opportunity to write and reflect on the following

- Approaching the complexities of life
- Facing suffering
- Adapting/juggling to maintain normalcy
- Tolerating or embracing uncertainty
- Reaching out for options/support/comfort
- Creating life-balance and relaxation

Taking on too much, holding in, holding back, or holding on too tightly can wreak havoc on anyone’s psyche. Through this poem, physicians and patients can examine their strengths, what burdens need to be let go, and how to regain confidence and embrace the present. Furthermore, “The Armful” gives readers the opportunity to explore commitments, family worries, job responsibilities, things said and unsaid, along with what what must be re-organized, simplified, or released in their lives. This can stimulate recollection of a time the patient was mired in conflict or confusion and chose something new. The poem can also facilitate exploration of what the body felt like when the patient had plenty of time and space. Elderly or single-parent patients will find the poem helpful in writing and reflecting on what they do and do not want to leave behind, as well as recording the ways in which they are doing their best in circumstances they do not control.

## **Conclusion**

For physicians and patients alike, poetry can be used to examine, describe, and represent an illness experience. Rhythm, alliteration, and rhyme can get beneath a reader's skin and provoke emotions, memories, and sensations—each of which can spur physical, psychological, and emotional healing. Physicians and patients are given the opportunity to ask questions of themselves and others, including “Where is my fear, what do I hope for?”, “What do I know now that I didn’t know before?”, “How can this knowledge inform my behavior and beliefs in the future?”, and so on.

At the same time, for patients especially, reading poetry can provide a springboard for reflection and give them the courage to confront current obstacles, helping them perceive and transform negative feelings. Active

listening by the physician can also encourage the patient to be wholly engaged in the process of healing and understand patients as more than a disease, age, gender, or ethnicity.

Likewise, in challenging medical practice situations where overextension and time pressures are commonplace, empathy does not always come easily to physicians. Reading poems can provide a way for physicians to quickly reconnect to their humanity by breaking down self-made barriers and preoccupation. In addition, poetry can train physicians to listen attentively and to observe patients carefully.

“When people listen to words, there is a chemical change in their bodies,” says Diane Kaufman, an assistant professor of psychiatry and pediatrics at University Hospital in Newark, New Jersey (Mascarenhas, 2010). As each of Robert Frost’s poems — “Stopping by Woods on a Snowy Evening,” “Lodged,” “The Road Not Taken,” and “The Armful” — show, exploring and analyzing poems is not only beneficial for patients in exploring the symptoms of illness, acknowledging contradictions, and changing perspective or focus, but can also benefit the physician by reconnecting him or her to humanity.

Overall, poetry can help a patients and physicians deal with every aspect of illness, including diagnoses, treatment, cure, remission, relapse, and the wide range of emotional responses that accompany each period. The effect of reading and writing poetry isn’t only cathartic; the process can have a physical effect on the body and positively influence healing. The power of words, rhythm, and metaphor was acknowledged by the first poets thousands of years ago, and is something we are still working to fully master.

#### *References*

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