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Biomedical Discourse and the Discourse of the Lifeworld
in Contemporary New Zealand Poetry on a Medical Theme

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Abstract

The critical component of this thesis investigates autobiographical medical poetry written from the perspective of doctor, patient and parent in the context of a growing global interest in the relationship between medicine and poetry, and in the medical humanities. Its focus is the poets' use of medical discourse and the discourse of the personal, social world, and the ways in which their poems often echo the work of sociologists, revealing an inequity in doctor-patient relationships. The research also reveals a bias among some reviewers towards the poetry of doctors, and a contrasting tendency to accuse the patient-poets of solipsism, or the inability to go beyond self-referential anecdote. In response to such reviews, the critical component analyses the ways in which the poems have been carefully crafted, with attention to the blending or juxtaposition of biomedical and lifeworld discourses to a polemical end, moving the personal to the universal, and calling for more individualised patient care. In this way, the poetry of all three groups is found to be reflective of the contemporary socio-cultural backdrop of narrative medicine and medical humanities programmes around the world. The creative component, a book-length manuscript of poems called "Family History," explores the relationship between biomedical and lifeworld discourses in the light of the study undertaken in the critical component and also in response to the personal medical experience of the author and her family.

Preface

In order to explore the discourse of the biomedical world and the discourse of the lifeworld¹ in contemporary New Zealand poetry on a medical theme, two methods of investigation are employed in this thesis. The critical component is an essay on autobiographical medical poetry published between 2003 and 2010. The creative component is a manuscript of poems about my mother's illness, medical treatment and death, titled "Family History."

This thesis responds to the large number of medically-based poetry collections published in this country since the beginning of the new millennium. Texts by nine representative poets are studied in the critical portion.

Two main research avenues are pursued in the critical component. Firstly, I note that the recent proliferation of autobiographical medical poetry runs parallel to the increase in tertiary medical humanities programmes worldwide. I investigate the extent to which the poetry echoes the sociological and sociolinguistic research underpinning such courses.

Secondly, I observe that, regardless of whether they are writing as doctor, patient or parent of an ill child, these poets all appear to be using language in a multi-voiced way, and with a degree of polemical intent, employing a mixture of clinical and personal discourse in what can be argued to be a heteroglossic² mode.

Narrative position also appears to be associated with authorial intention, aiding the poet in communicating ideas about the objective and the subjective, the clinical and the personal. Therefore, in three chapters demarcated by narrative position ("The Doctor-poets," "The Patient-poets" and "The Parent-poets"), I consider not only narrative perspective, but also the interplay of biomedical and lifeworld discourses in order to examine the ways in which the poets draw attention

¹ "[T]he 'voice of medicine' and the 'voice of the lifeworld,' representing, respectively, the technical-scientific assumptions of medicine and the natural attitude of daily life" (Mishler 14).

² Put at its simplest, "a diversity of voices, styles of discourse, or points of view in a literary work" ("Heteroglossia").

to the dehumanising effects of clinical language, and to the need for lifeworld language and imagery to communicate personal medical experience.

To accomplish this, I employ the lenses of current sociological and sociolinguistic study, as well as those of Foucauldian and Bakhtinian criticism, in an effort to prove that these poems are often the sites of conflict between the authoritarian biomedical world and its intrinsically clinical language, and the marginalised lifeworld and its essentially personal, vernacular language. I analyse the ways in which a heteroglossic mode is used by the poets, combining not only the languages of biomedicine and the lifeworld, but also, often, the language of religion, in order, it seems, to bring notice to the spiritual aspect of holistic patient care.

The creative component, “Family History,” has been informed by the critical essay. This series of poems is divided into three sections. The first introduces the mother: her status as an adoptee, her diagnosis of and treatment for breast cancer, the daughter’s (and father’s) reactions; the second section describes the family’s dread of the disease’s recurrence and the cancer’s return; the last section deals with the daughter’s grief following the mother’s unexpected death in a car accident.

The “voice of medicine” (Mishler 14) and the “voice of the lifeworld” (Mishler 14) are frequently employed by different characters in the same poem (a physician and the mother’s daughter, for example), both voices refracted through the medium of the speaker. Just as frequently, the speaker, as the only ‘voice’ in the poem, uses both discourses exploiting the layers of meaning created by the blending of medical and personal languages. The amalgam of biomedical and lifeworld discourses often evokes a sense of disharmony in these poems, the Latinate formality of the former clashing with the relaxed, innocuous vernacular of the latter in a way that highlights the formidable otherness typical of the medicalisation process. It is at this juncture that spiritual diction is sometimes called upon by a poem’s troubled speaker. The language of religion represents a secondary lifeworld language whose esotericism offers an alternative (or missing) hope in a time of crisis.

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