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## BOOK REVIEW

*The Rise of Autobiographical Medical Poetry and the Medical Humanities.* Johanna Emeney. Stuttgart: Ibidem-Verlag, 2018. Pp. 263.

In *The Rise of Autobiographical Medical Poetry and the Medical Humanities*, Johanna Emeney guides the reader through a global network of medical poetry, drawing upon an extensive and authoritative knowledge of the field. Examining the use, function, and benefits of medical poetry, Emeney suggests that practitioners and diagnosticians can evolve into more compassionate and reflective professionals through exposure to texts that “complement pathography, autobiography, and fiction” (11). Emeney draws distinctions between the poetry of practitioners, relatives, and patients in the United Kingdom and the United States before turning attention to a corpus of New Zealand poets: doctor-poets Glenn Colquhoun, Angela Andrews, and Rae Varcoe; patient-poets C. K. Stead, Jenny Bornholdt, and Sarah Broom; and parent-poets Ingrid Horrocks, Anne Kennedy, and Jessica Le Bas.

While much of the current scholarship on illness poetry disparages its confessional mode as sentimental and self-indulgent, Emeney defends its accessibility and salutes those able to produce poetry in unpredictable circumstances affecting their physiological or psychological state. In order to dispel the damning reviews of illness poetry as nothing more than therapeutic, Emeney plumbs its depths, countering arguments that confessional poems are indistinguishable from memoir (27). Drawing attention to the critical divide, she examines how this award-winning poetry has been criticized with charges of solipsism or judged for a lack of technical and aesthetic qualities.

Dannie Abse and Rafael Campo, Emeney suggests, attempt to resolve their own identity conflicts and improve their medical practice: they view

writing medical poetry as a source of renewal and reconnection. Sharon Olds and Philip Gross, writing at the life-death borderlands (83–104), examine the dehumanizing language employed about the patient. Attempting to redress the imbalances of power, Emenev interrogates the poets' role of orbiting and sampling medical language in their work. Confronting the claims that these representational writings are merely curative, exploitative, or voyeuristic, Emenev draws attention to ethical questions surrounding agency, vulnerable subjects, and personhood. She generates insight into the complex boundaries of patient-doctor-relative and the poetic representations of those interactions. This is a thorny issue: relating intimate stories to a global audience may reframe or devalue patient experience. Emenev reflects on how Olds and Gross describe loved ones as inanimate and animate beings, oscillating between biological realities of medical machineries and the real-world suffering of the patient.

Emenev debunks Rita Lesser's assessment of Olds's poetry as "esoteric," defending Olds's ability to craft and suggesting that "Lesser's denial of the book's universality ignores Olds' ability to connect with the reader through a variety of techniques, not least her manipulation of narrative perspective and imagery" (87). Emenev focuses on the linguistic devices operating in Gross's work, paying attention to the development of tone and mood and how they shift through displaced points of view. Furthermore, she promotes play with the ambiguity of language, play that alludes to the precariousness of illness and complicates the uncertainty of the clinical experience. Despite the abundance of disconcerting imagery, there are also moments of great warmth and triumph underlining the complex and dissociative affect the end of life experience has on the observer (93–104).

Drawing upon Bakhtin's ideas of multivoiced discourse, Emenev considers how the notion of the doctor as a gatekeeper of discourse is "in keeping with Foucault's observations regarding the 'medical esotericism' of clinical language" (42). Doctor-poets, such as Colquhoun, Andrews, and Varcoe, present work that enables the reader to approach an understanding of the difficulties of the profession. Emenev notes that "there is far more to the medical poems of these doctors than the democratic and confessional sharing of personal medical experience. . . . [T]here is a polemical voice that calls into question the authority and impenetrability associated with the physician's role." The doctor-poets are accustomed to using an "impenetrable sociolect," but they attempt to demystify the medical practice by exploring "the tensions between medical and lay language and the internal conflicts inherent in the role of clinician, a vocation grounded in the objectivity of science." Emenev contends they do so by "undermining authority . . . [and] tempering scientific languages with more colloquial language" (106–7).

Conversely, patient-poets Stead, Bornholdt, and Broom negotiate the extremes of bearing witness to their biomedical experiences. This self-reflective poetry that garners empathy, Emeney reveals, leaves them open to accusations of reportage, descriptions of mundane anecdote, solipsism, and artlessness. Bakhtin's theory of heteroglossia is frequently employed to describe their word play and the appropriation of biomedical language. Emeney argues that exploring, acknowledging, and addressing the use of polyglottal language assists the poets in transcending the private experience of illness. She addresses issues of authority, revealing the purpose and intention behind appropriating impenetrable vocabularies, arguing, "The language of medicine used mimetically (when the speaker or author is relaying the speech of, or ventriloquising, the doctor), 'constitutes a special kind of double voiced discourse' (Bakhtin 1981, 324) and reflects the poet's polemical intent, as well as his or her attempts to universalise personal medical encounters authentically, using all of the voices needed to enact experience" (43). Plundering these technical medical registers dismantles the implicit power structures—structures that are incomplete and evolving—allowing for a mode of possible engagement where the technical and human boundaries are porous: a multivocal medical world that encompasses nonmedical voices.

Throughout Emeney's argument, we understand that autobiographical poetry is able to illuminate the realities of lived experience. It closes the gap between the life-world and biomedical-world, assisting in the negotiation of the clinical interaction by removing tacit borders and divisions. Calling for larger audiences in order to increase the access, appeal and value of the practice, Emeney suggests that with the emergence of global audiences will come an understanding of medical poetry as a valuable scholarship for medical and humanities practitioners.

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