

A Poetical Journey: The Evolution of a Research Question

Doris Leung and Jennifer Lapum

Doris Leung, RN, MN, PhD Student, Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada

Jennifer Lapum, RN, MN, PhD Student, Faculty of Nursing, University of Toronto, Toronto, Ontario, Canada

***Abstract:** Rarely does literature make explicit the lessons learned in the journey to a research question. In this article, the authors demonstrate how they have engaged poetry in the evolution of a research question. Poetry has taken them beyond the traditional limits of knowing and allowed them to conceptualize their research questions by situating and locating their selves within their research. By explicating this journey to a research question, the authors hope that others encounter and reflect on an understanding of what it means to make this process transparent and to support ways of enhancing rigor within their particular and locally conceived research phenomena. As well, they hope to inspire scholarly reflection and critique of poetry as a method in the research process.*

***Keywords:** qualitative research, research question, poetry, rigor, palliative nursing, conceptualization*

Authors' Note

We acknowledge our doctoral supervisors, Drs. Mary Jane Esplen and Jan Angus, who were not directly involved in the writing of this article but who enlighten our thinking and continually encourage us. We also acknowledge our doctoral fellowship funding. Doris received fellowship funding from the Canadian Cancer Society through an award from the National Cancer Institute of Canada, and Jennifer received fellowship funding through the Strategic Training Program for Cardiovascular Nurse Scientists, a partnership between the CIHR Institute of Circulatory and Respiratory Health and the Heart and Stroke Foundation, and through the Canadian Nurses Foundation.

This article is based on an oral presentation given at the Sixth Advances in Qualitative Methods Conference, International Institute for Qualitative Methodology, Edmonton, February 17-20th, 2005. Jennifer Lapum retains copyright of all poetry used in this manuscript.

Citation

Leung, D., & Lapum, J. (2005). A poetical journey: The evolution of a research questions. *International Journal of Qualitative Methods*, 4(3), Article 5. Retrieved [insert date] from http://www.ualberta.ca/~iiqm/backissues/4_3/pdf/leung.pdf

Introduction

We: Rarely does literature make explicit the lessons learned in the journey to a research question. As doctoral students, we began our first year with certain conceptualizations about our research areas of interest. Soon, we began to struggle with situating ourselves in a particular paradigm. This is an arduous journey, in which we make difficult choices through exploring our ontological (nature of being) and epistemological (nature of knowledge) assumptions. We engaged in several strategies, and in this article we focus on how reading and writing poetry has taken us beyond our limits of the traditional and objective knowing of biomedical research, and allowed us to recognize other truths. Poetry has allowed us to conceptualize our research questions and situate and locate our selves within our research. In this article, we show how Doris (the first author) engaged in Jen's (the second author) poetry to inspire her to pursue more rigorously her research question from an ontological and epistemological path. Doris's research question was initially situated within a quantitative perspective but now has unfolded into a qualitatively oriented question, specifically situated in the interpretive paradigm. The context of the article is Doris's substantive area of palliative nursing care. By explicating the beginnings of this journey to a research question, we hope that others can encounter and reflect on an understanding of what it means to make this process transparent and to support ways of enhancing rigor within their locally conceived and particular research phenomena. In reflecting on our methodological process in this early phase of our doctoral research, we hope the research skills we are developing will inspire scholarly reflection and critique of poetry as a method in the research process.

In this article, the rigor of using poetry as a method to conceptualize a research question will be framed by Seale's (2004) criteria for quality in qualitative research. We chose Seale's criteria because they tend not to dichotomize qualitative and quantitative ideas of rigor. Although we recognize that there are specific criteria pertinent to types of qualitative research, there are still common elements that are applicable to both qualitative and quantitative research. Therefore, rigor will be described according to Seale's understanding of research quality, which supports an inner dialogue that (a) articulates relevancy of the topic for a particular community, (b) explicates plausible claims given existing knowledge about the subject, and (c) situates self as credible to revealing claims supported by sufficient evidence in which the reader can enter into a productive external dialogue with others. Seale contended that these criteria need to be practised and shaped to the particular research project at hand.

A critical aspect of this journey has been the conscious use of a dialogical and dialectical approach in which we each have become coauthors, in a sense, of each other's thinking and writing. Thus, for the purposes of this article, we have decided to present this struggle toward a research question in the form of a dialogue. At times, it will be both of us speaking, and at times we will speak separately, as distinct selves. Furthermore, we have not written this article in a prescriptive and monological way; rather, in character with the dialogical aspects of poetry, the reader is invited to enter into the dialogue (Lapum, 2005) and engage in the journey.

Poetry: What we think, how we think, and why we think this way

We: Where to begin our journey? This is always a difficult question, because, as we all know, there are no clear demarcations. Therefore, we will start with the first poem that we shared, a poem that embraces the struggles that many doctoral students (and other researchers) might experience when engaging self in the research process and embodying a way of thinking different from the dominant mode of biomedical research.

Jen: The following poem, which I wrote and shared with Doris, reveals my struggle to engage self in my research. This struggle is characterized by my letting go of the traditional way of knowing that I was used to and allowing a new way of knowing to imbue, a way of knowing that is natural, but against the grain. Socialized in the traditions of biomedical research, we value an objective way of knowing in which there is rarely a place for self. As scientists in this tradition, self is to be contained and biases guarded against. This poem resonated strongly with Doris, because she was grappling with similar concerns about embracing an objective stance and how it positions her analytic gaze.

stand what I am crafting. In this fashion, writing becomes a way of knowing (Richardson, 2000). Poetry has allowed me access to a way of knowing beyond objective knowing and access to knowing that is implicit in my actions and behaviors.

Doris: Reading poetry, such as the poetry forthcoming, brings forth for me the emotional and aesthetic intensity of the particular phenomenon of being with another's dying experience. Poetry's emotional and intellectual resonance and consonance to blend form and substance has allowed me to reflect critically on my ontological and epistemological assumptions. Also, reading poetry has encouraged me to look inward and question why I have pursued in my doctoral studies the phenomenon of dying, and what my personal assumptions are concerning this phenomenon. I do not know if I would have ended up with the same understandings having not read poetry. It was through reading poetry that I began to articulate a tacit knowing that otherwise had escaped me. Poetry tempted me to look inward. In doing so, I was able to conceptualize my research question further; explicate my assumptions, theories, and experiences; and situate my self.

I did not set out purposively to use poetry to develop my research question. It was something that happened quite fortuitously. I began to read poetry to further my understanding of what it was like as a nurse to be in the presence of another in light of dying and death. In discussing this with Jen, she told me she wrote poetry, and this is where it all began. We began to talk more deeply about our research, and Jen began writing poetry on my research phenomenon as well. She had a foundational understanding of palliative nursing care, as she had previously cared for people who were dying in the home and in the hospital.

Jen: Although palliative nursing care is not my doctoral research area, dying has always piqued my interest and concern. My research interests concern peoples' experiences of the technological in heart surgery. However, in speaking with Doris, I became wrapped up in her substantive area and was compelled to write more.

Poetry has a tendency to draw you closer to the phenomenon and get you emotionally caught up in it. Richardson (2000) quoted Robert Frost as saying that poetry "is the shortest emotional distance between two points" (p. 933). Poetry has the capability to evoke a resonance in which the reader can come close to the poet's emotional imagery of the phenomenon (Macbeth, 2001) and compel the reader to reflect on her or his own story. Writing poetry allowed me a deeper access in knowing self, and through resonance, Doris, too, engaged further in this process.

Doris: Poetry helped me to explicate the assumptions that I held about dying and death. For instance, poetry opened me up to the ways in which I constructed and privileged ideas of life over death and revealed the ontological beliefs that underpin the intentionality that guides my thinking. Not only did I become aware of aspects held relevant, but my awareness challenged me to consider what values I held, and why. I felt a tension when thinking about the phrase a "fight for life." Questions about what it means to be human and mortal in light of dying began to surface. Some of these were What did it cost us to struggle against dying and death? How can modern medicine assume it can determine death? Should we struggle to relieve all suffering of others, or does suffering offer any opportunities? Is death still considered a mystery?

Jen: Poetry has been used previously by researchers to represent and disseminate research findings (e.g., Baff, 1997; Richardson, 2000), but we used poetry much earlier in the research process than these other researchers did. Poetry was found to be useful in the conceptualization stages of a research question, a process on which we will expand below.

It is important to shift slightly to a didactic lesson to familiarize you with some of the fundamentals of poetry, because poetry might be a craft to which many are not accustomed. Historically, poetry has required a rhythmic feel. I demonstrate this with a selection of stanzas from a few famous poems:

Do not go gentle into that good night.
Rage, rage against the dying light (Thomas, 1971, p. 128)

Once upon a midnight dreary, while I pondered weak and weary (Poe, 1910, p. 25)

So long as men can breathe, or eyes can see,
So long lives this, and this gives life to thee. (Shakespeare, 1965, p. 99)

However, the formats of poetry have evolved over time and no longer require the formal use of meter and the format of verse (Hunter, 2002; Silkin, 1997). Definitions of poetry have become less specific (Hunter, 2002), and although they remain elusive (Faulkner, 2005), we all tend to know poetry when we read it. Specifically, I craft poetry using a free verse style, which is commonly associated with poets of the 20th century (Kirby-Smith, 1999). One famous poet who used free verse and mixed free verse with the more traditional rhythmic format is Cummings (e.g., 1965). Free verse poetry is less structured and allows me to write without restraints, but also provides the benefit of a compressed showing, rather than a telling, of a phenomenon (Faulkner, 2005). Poetry as a method of conceptualizing one's research question is an innovative and unventured path that might enhance the rigor in the beginning phase of the research process and also enhance the relationship between the arts and the sciences.

We: The rigor of any research project needs to begin with a research question that positions the reader to apprehend the nature of the inquiry and understand findings from a particular reference point (Eakin & Mykhalovskiy, 2003). The nature of the inquiry needs to be relevant in ways that are particular to the participants and potentially transferable to others in similar situations or in political or philosophical ways (Seale, 2004). Thus, the research question becomes critical to the whole research process; making this process transparent can add to thick descriptions (Geertz, 1973) and, in turn, a greater understanding of the phenomena and trustworthiness in one's research claims.

Doris: So that I would be pointed in the direction of what I judged to be most relevant for my particular participants, that is, nurses working with people suffering distress about dying and death, I decided to consider knowledge beyond the empirics or science of nursing and also include personal knowing. Personal knowing is that knowledge in relation to actualized encounters of self with other (Carper, 1978).

Relevancy of "the personal" and "the professional"

We: We began the doctoral program with a preliminary sense of our respective research problems, and we were well aware that our problems evolved out of our personal and professional experiences. Yet, many of us are encouraged to separate the personal and the professional in ways that create disharmony and a division that is near impossible. The personal tends to be irrelevant in the dominant discourse of biomedical research, but for us (and many others), this is inconceivable, because the personal and the professional are inextricably bound.

Doris: I have long been concerned with why I know so little about caring for people who are dying. My questioning of death and dying began as a child, when I discovered, like many people, that death or talk about dying is a taboo topic. I witnessed several dying experiences in my first year as a nurse caring for people who were terminally ill. My discomfort grew when I became a mental health nurse and I witnessed the suffering of people who contemplated dying and sometimes carried out their own deaths.

We: During the final moments of someone's life, we are encouraged to be professional, to stay strong. "Do not cry. You are the nurse, don't get emotionally attached. This isn't personal. Be a professional." As nurses, we felt moral distress at not knowing how to reconcile our personal and professional being with the patient and with our selves.

Jen: In reflecting on traditions that contain the personal in my professional practice as a nurse and guarding emotions that tend to accompany death, I became aware of an emerging moral distress, and for this reason, I wrote the following poem:

Carrying the Burden of History

At the threshold of death
my voice is empty
my body rages at the soundlessness
the silence holds the wall strong
subdues my vulnerabilities
holds sway to my fragilities
casting out a false sense of indifference
as though death is mundane.
Struggling
to stay faithful to my senses
I feel the tensions grip my soul
with vitality so potent
the subtleties of a tradition overcome me
carrying the burden of history
bearing the sway of tradition
my sense of self *near* crushed
I carry on
suppressing any lucid thoughts I may have
stay silent
certain not to lower the mask.

©Je Lapum, 2005

Doris: This poem resonated with me, reminding me of stories of patients dying and how I have felt as a nurse. I question you (the reader) to consider what this poem evokes in you. Because of my own moral tensions, I resigned from my first nursing job on a general medical unit. I felt I could not provide, within the constraints of organizational and scientific traditions, “good” enough nursing care for people dying. While working, I was under time pressures to get my work done. I had to get beds made, people washed, and medications given out. I recall one patient who was admitted for a recurrence of her cancer. She revealed her emotional distress at sensing intuitively that she was going to die, and I felt unable to nurture her. I felt I did not have time truly to listen to her story, because my sense of being a competent nurse meant getting my work done in a timely manner. This is not the type of nurse I wanted to be. In retrospect, I realize that avoiding and distancing myself from another’s dying presence is a moral choice. It was a choice for me that contributed to my emotional distress at the end of every work shift; a burden I eventually could not carry. I could not reconcile the personal and professional, and herein emerged my moral distress.

Despite the emotive character of my experiences, I tried to resolve my moral distress with an instrumental and reasoned problem-solving approach in my doctoral studies. My research question began situated within the quantitative paradigm, perhaps so that I could continue avoiding emotional involvement and keep the personal separated from the professional (which tends to be congruent with the discourse of biomedical research and the quantitative paradigm). Past experience and professional nursing literature encourages that dilemmas of competence and practical matters in nursing often be ameliorated with developing a procedurally structured and rational approach (Georges, Grypdonck, & deCasterle, 2002). Thus, I decided to resolve my moral dilemma by planning my research on the substantive topic of an inability to communicate with patients and their families who approached issues of end of life. With a preliminary review of the literature, I discovered this was the focus of discourses in nursing palliative care.

We: Health care literature reports that education about death and dying can help clinicians feel better prepared to assist people in making sense of their diagnosis and understanding their prognosis (Kruijver, Kerkstra, Jozien, & van de Wiel, 2000; Wilkinson, Gambles, & Roberts, 2002;). Despite initial positive responses to communication training, some studies have shown limited long-term integration of skills in the work setting (Heaven & Maguire, 1996; Wilkinson, 1991). Furthermore, there is a lack of research

exploring patients' and their families' perspectives about the end of life in response to clinicians' having been trained in communication skills. Current empirical outcomes are based on measurement-orientated testing, demonstrating clinicians' facilitative or communicative behaviors, and do not consider the effect on patients and families (Kruijver et al., 2000). Death remains a difficult topic for nurses (and others) to discuss with people. Experience talking about death and telling our stories about death and dying will not make us comfortable talking about death, but Strauch (1994) has suggested that it might empower us in the future to talk about death with a sense of adequacy.

Plausibility of the analytic focus

Doris: I began my doctoral studies wondering, How do nurses and their patients/families respond to communication skills being taught surrounding death and dying? My primary dissertation question began as, Among patients with advanced cancer, what is the effect of enhancing palliative nursing communication on patients' and families' psychological distress? This research question reflects the positivistic paradigm. However, the particular methodological reflections that arose from it helped me to develop my inner dialogue.

Jen: When I first heard about Doris's substantive area, I assumed that she was approaching her research from a qualitative perspective. I felt that her interests in palliative nursing communication lent itself well to a purpose of wanting to understand the nature of experiences and possibly finding that sense of adequacy.

Doris: I had only briefly considered a qualitative perspective, but I felt more comfortable in situating my doctoral research within the quantitative paradigm, in which many of us are acculturated. Through reading poetry, I realized that my research question did not account for a philosophical understanding of the nurse-patient relationship or how it is contextual and positioned with others in being able to enact or constrain decisions to attend to the other's suffering. Poetry brought me closer to the moral and aesthetic part of the phenomenon, which, I discovered, was often neglected in literature—for example, how we struggle to give meaning to dying. I was compelled further to wonder, How do nurses connect with others, when at the next moment they might not exist in the same way that we understand ourselves or our existence?

Despite the claim that knowledge of communication skills is linked to encouraging competent compassionate behavior, other evidence reveals that caring attitudes are more often abandoned when rational and scientific task-oriented approaches are used in a clinical setting (Georges et al., 2002). This implies that a more conscious use of psychosocial skills and techniques does not imply encounters with dying patients in a way that values nurses' being really involved with patients (that is, where there is shared energy and understanding of the person and his or her family's unique situation). Rather, patients' dying processes are often managed as efficiently as possible in an organized and purposeful way (Georges et al., 2002).

This is not to say, however, that my initial quantitative approach to my research question was not helpful, but, moreover, to say that a claim of enhancing communication skills alone might not actualize better outcomes for patients. Perhaps the commitment to my claim was overdetermined to be common sense. In a way, critical reflection of a rational scientific approach to my problem through poetry helped me to return to fundamental ideas of a relational knowing.

A special interest group of nurses developed palliative care nursing standards for the Canadian Hospice Palliative Care Association (CHPCA, 2002). The CHPCA nursing standards emphasize a framework that values patients' inherent and individual worth, so that nurses' ability to be compassionate caregivers depends on their integrity to demonstrate a receptive attitude toward dying individuals. This led me to wonder, How do some nurses develop this attitude within the experience of being connected to another person's dying?

Jen: Salient ideas of what it means to be caught up in another's dying requires leaps of imagination of what it means to accept the possibility of dying and to consider our own mortality. The following repre-

sents my imagined experience of dying from the perspective of the person actually dying (who happens to be a nurse in this poem).

Ushering in My Death

A fog settles in
amputating my mind
constraining my thoughts.

I have slowed down
I have stopped.
They are rushing around me
asking so many questions
speaking a lot of rhetoric
that I am so familiar with—
I don't understand.

My heart isn't impelled
the contractions are still
unmoving

I can't comprehend the panic
their questions don't matter
they are poking
prodding
jabbing me with needles
trying to stabilize an unstable body
that doesn't want to be mended any further.

They're perplexed
by my seraphic gaze
my solitude
but I am not really alone
as the blood drips in me
I settle in
the fog lifts
the soundless motion fades away
tranquility encircles me
I drift to sleep
transfixed
on moving to the next phase.

©Je Lapum, 2005

Doris: The experience in the previous poem cannot be generalized to all people who are dying. Death is a common given of existence, but the process of dying for each person is unique and needs to be attended to from the perspective of the person dying. To do this, we need to approach mortality from a self-reflexive approach and consider our own mortality. We cannot look in the direction of the other until we gaze inward. This is when I began to question the purpose of palliative nursing care.

I began to gaze inward to prepare myself better to gaze outward. I also recognized that my research question (given other knowledge about the subject) would be explored better by my situating it in the qualitative research paradigm. I was beginning to accept that the subject (me as the researcher) and the object (my participants) could not be separated, because it was impossible to step out of self and gaze at the object of my phenomenon only (Conle, 2004). My self is so much a part of my inquiry that I needed

to assume this and account for it. Moving from the distant professional self toward an approach that embraced the embodied self required a commitment to co-constructed values through an iterative dialogue with others (i.e., the patient, his or her family and friends, and other allied health professionals). This way of knowing and way of being requires an understanding that is contingent, provisional, and local to the situation. In doing this, my research question evolved to a purpose of attending to self-worth and self-esteem: How might dignity guide quality palliative care for nurses?

Situating the self for credibility

We: As we continued on our journey to conceptualize and define our research questions, we were taught that situating self and being aware of your standpoint was crucial. Decisions about our ontological and epistemological assumptions could assist us in framing our questions and aligning our research methods.

Doris: Many philosophers and researchers support the view that facts are never neutral within their socially constructed quality, “being generated to an unknowable extent from the preconceived values and theories of the researcher” (Seale, 2004, p. 410). I began to realize that my ontological ideas of what it means to be mortal in a time when medical science and technology determines the meaning of our dying and death needed to be explored. According to Eakin and Mykhalovskiy (2003), a research question

orients readers to the kinds of knowledge that were sought in the research process. It would inform their appreciation of the interpretive stance taken to the data and would constitute a point of reference for comprehending the substantive analysis put forward. (p. 191)

In other words, the kinds of knowledge being sought in my study depend on my ontological assumptions in relation to my particular phenomenon and would be reflected in words used by my research question.

Reading poetry written by nurses who cared for persistently ill and dying people, as well as, for Jen, the act of writing poetry, was extremely helpful in triggering ideas that reflected on our beliefs. It was also within our dialogue that co-constituted ideas, which we used for analysis of our assumptions, came to light. This ultimately led us both to be informed by the interpretive paradigm of thinking.

We: Poetry evokes an emotional dialogue between the text and the reader, and between the poet and the text, a dialogue that insists that we look inward and explore our assumptions. As the reader, your interpretation is relative to your own context and also to your imagined understanding of the poet’s local and specific context.

Doris: My understanding of any one of Jen’s poems might be different from yours, and Jen’s, because of the different spaces and places we inhabit and the various experiences we encounter.

We: Our historical consciousness plays a key role in our interpretation and understandings. Furthermore, some of us assume that qualitative research involves an intersubjective dimension and an interpretive nature in knowledge construction (which can be applied to quantitative research, but this is not acknowledged as readily). For us, this calls for a process of self-reflexivity, one that embraces an inward gaze. Self-reflexivity is an awareness of the ways in which the researcher influences the research process (Mays & Pope, 1999). We support a belief that by developing self-reflexivity as a thoughtful, critical, and conscious self-awareness, we are better prepared to engage in identifying our personal suppositions and ideas about the phenomenon prior to (and during) our investigation, which lends to the substance of our research question and pragmatic decisions on our research design and conduct. “Self-reflexivity brings to consciousness some of the complex political/ideological agendas hidden in our writing” (Richardson, 2000, p. 936) and in our thinking and research. Poetry can open researchers to dwell and turn a critical gaze toward self, helping researchers to examine critically their subjectivities. Poetry can further this self-reflexive process by opening up our looking, so that we can see what is implicit in our thinking, which might otherwise be unknowable and elusive. In a way, poetry is able to reveal that which is sup-

barely aware
 merely breathing
he was no longer
 Death was certain
 it had inescapably caught his body
 it had been a determined entity for a while
 but he had dissuaded
 its fated capture
 I spoke to him
 touching his inert body
 with nurse-like hands,
 becoming astutely aware
 how cold he was
 his eyes hardly fluttered
 when I spoke his name
 his skin
 his body
 so depleted
 vitality
 no longer
 emitted from his eyes
 I wondered where he was
 this body I touched
 so tangible
 but his soul
 no longer encased.

©Je Lapum, 2005

Doris: Jen's poem helped me to encounter empathetically the moral understandings of nurses who care for people dying and allowed me insight into the lived experience of a nurse working in the home setting.

We: As is quite evident, understanding and interpretation become part of our dialogue because of our situatedness and historicity. It is important to consider one's stance to engage fully in the interpretive tradition. The concern for an interpretive tradition is to grasp the lived meanings and experiences of people being in their world (Heidegger, 1993). When defining our respective research problem, we found it helpful to negotiate our intellectual orientation with our moral, intuitive stance and with the traditions that shaped our practice and experiences. The way in which nurses experience their work environment is contextualized by dominating medical or business values (Peter, Macfarlane, & O'Brien-Pallas, 2004). Nurses are found to be in oppressive work environments, to have incoherent moral understandings of their role, to experience moral suffering due to compromised values, and to attempt to resist and influence their moral environment (Peter et al., 2004).

Doris: In trying to grasp the implicit meanings or tacit knowledge shaping the moral habitus of nursing care for dying people, I looked to poetry for aesthetic knowing, which Carper (1978) defined as an empathetic acquaintance. An empathetic acquaintance to another's experience prepares us to know what it might be like to be in a similar situation. Bauman (1993) proposed aesthetic knowing to be part of social space, which is created nonobjectively, because it is "plotted affectively, by the attention guided by curiosity and the search for experiential intensity" (p. 146). As a method, poetry uncovered an aesthetic awareness that brought me closer to what was odd or unusual in the phenomenon. By bringing me closer, that is, by intensifying the richness of my knowledge, it made me more acutely conscious of my moral accountability to attend to an ethical understanding when I considered nursing practice. Furthermore, I was better prepared to recognize moral tensions in palliative and end-of-life care literature. Jen's next poem helped me to understand how some nurses struggle with a moral responsibility to negotiate meaning for the purpose of caring in situations with others facing an end of life.

Jen: In the following poem, I reveal moral tensions that might exist for some nurses within the nursing care of dying people.

Moral Tensions

They know.
So why am I trying so hard
why can *I* not lift this veil of silence
this darkness
this silence
corrodes your spirit
forcing dissolution through your veins
it is so tiresome.

Some patients fight it
some ease into it with such grace I cannot describe
it

I haven't even named it
as though keeping it nameless
will avert it
make it not true.
But the incessant
indecent fate of death
is unstoppable
the body has already been inculcated
only time is undetermined.

Does it have to be indecent?
Making
death
transparent
is an art,
it may even free the soul
before a clinical death
so the person
the "self"
does not have to suffer
for they are gone
before their body dies.
Making death transparent
and leaving souls undisturbed
that
may be my purpose

©Je Lapum, 2005

Reconciling tensions

We: Health care literature about palliative and end-of-life care reveals a tension between morally competing ends. The majority of biomedical research is about the regulation and organized management of a clinical death, and standardizing approaches to facilitate palliative and end-of-life care decisions efficiently with patients and their families (Fallowfield & Jenkins, 1999; Frommelt, 2003; Jones, Hall, Schorder, Weaver, & Bouvette, 2001; Rutsohn & Ibrahim, 2003). However, psychosocial health care literature describes how clinicians' conversations with patients and families need to be attuned

empathetically to a shared mortality and honor patients' personhood and dignity (Byock, 1997; Chochinov, Hack, McClement, Kristjanson, & Harlos, 2002; Dunniece & Slevin, 2002; Kabel & Roberts, 2003), yet it remains ingrained in many health care professionals and in the traditions of medicine to resist death. Death can be associated with failure, and in the presence of people nearing death, many of us feel that there is no space to be emotional. Poetry can provide space for subjectivity to enter into the context of nursing and nursing care. This awareness of our emotional subjectivity helps us to integrate the personal and professional selves toward moral agency. Olthuis (1997) has suggested that modernist ethics (based on universal rationality and neutrality) brackets the personal and translates human being into depersonalized and anonymous selves rather than arousing compassion or concern about the other. However, we still recognize that some nurses attempt to keep the personal and professional selves separate, having no other options to protect themselves from the constant emotional toll of caring for dying people.

Doris: Poetry has been helpful in my gaining access to a tacit knowing of nurses' meanings and experiences in light of peoples' dying. Jen's following poem helped me to reflect on some of the emotional consequences of resistance to death, a resistance that can affect the patient (Chochinov, Hack, Hassard, et al., 2002; Street & Kissane, 2001).

Jen: The following poem expresses my ideas about how health care professionals, and people in general, avoid talking about death.

Traces of Me

Listening to the silences between the doctor's words
 I catch a glimpse of what he is really trying to say
 he alludes to it without saying it
 his deadened voice does not lighten my fall
 he has blue eyes—
 transfixed by some other object in the room
 occasionally locking with mine
 but anxiously darting away
 to something else
 to anything else
 a well-meaning heart I'm sure
 he fades away
 the curvature of his body is apologetic—
 gone
 as quickly as he dissolved my world
 his departure emits a stillness
 I hope he escapes my story unscathed—
 his soundless words
 desolated my being
 where did he go?
 where did
 "I" go
 I hope I left a trace

©Je Lapum, 2005

Doris: Unfortunately, Jen and I can give you only a brief glimpse of some of the poetry we have read and Jen has written since we began to use poetry as a way of conceptualizing, explicating, and situating self within our doctoral research. Recall that my last research question was, how might dignity guide quality palliative care for nurses? Having used poetry to enhance my understandings of dying, I have realized that dignity is strongly associated with a medical ethics model based on a subjective utilitarian experience of worth, autonomy, and self-determination (Chochinov, Hack, McClement, et al., 2002). Recur-

rent criticism of a medical ethics model manifests the lack of moral understanding embedded in making sense of a particular social setting and its characteristic relationships, problems, and practices (Walker, 2003). I have realized that a commitment to moral action displays congruence with a person's constructed moral identity or self-definition (Walker, 2003). Thus, my research question evolved toward using a tradition of interpretive phenomenology. Such an approach allows me to explore the nature of identities of nurses in a way that captures the context. From this, my primary research question evolved to, what are nurses' experiences of being with cancer patients and their families who are dying? This question reflects a wish to grasp a broader understanding of nursing experiences within conflicting loyalties and stays attuned to discerning ideas about quality of life, of which self-determination and self-esteem is part, in light of people's dying and end of life (Bowman, Martin, & Singer, 2000; Chochinov, 2002).

Conclusions

We: Although our journey is not over, it has come to a juncture. We have begun to make explicit the journey to a research question thus far, and in this journey, we have explicated and situated our selves in the conceptualization phase of the research process. Three lessons that we have learned are (a) poetry is a potential way of transcending the traditional limits of objective and scientific knowing of biomedical research; (b) poetry is a method of conceptualizing a rigorous research question based on relevancy of the substantive phenomenon for research, explicating plausibility for claims within evidence, and situating self for credibility within a reasonable analytic approach to a research question(s); and (c) poetry is a method of self-reflexivity to convey the way in which our situatedness mediates self and shifts knowledge creation of the other.

We recognize that our scholarly reflection is one early in our research career that, for us, encapsulates only part of our research skills learned with the aid of poetry. Furthermore, poetry as a method of conceptualizing one's research question is uncharted territory that requires further exploration, practice, and critique. Like other research methods, there are various limitations to the use of poetry. There is a skill to crafting poetry with which many researchers are unfamiliar. Furthermore, many researchers are not accustomed to poetry, which might create apprehension in engaging poetry as a research method. Moreover, poetry is associated with the arts, which are, ostensibly, antithetical to the world of science. For this reason, using poetry as a research method in the scientific traditions might be thought of as "soft" science or not rigorous. Thus, we encourage others to reflect on and critique poetry as a research method and test out this method with their research phenomena.

Nevertheless, poetry emerged for us as a method of enhancing the conceptualization of our research questions, explicating self, and exacting transparency in the early phase of the research process—thus furthering the methodological rigor to the conceptualization phase of research. We quote Westcott (1991) about the power of poetry:

It is not surprising that poetry can continue to work its magic even in the absence of the poet. For the psychic ripples set in motion by the poet's pebble have no predetermined limit: there is no end of selves to be created. (p. 168)

Poetry has become part of our way of being and our thinking. We feel it only appropriate to end with a poem. In the following poem, Jen addresses issues of self and how an other's dying changes self in ways unforeseen.

Jen:

Unforeseen

A day you hope will never come
a day no less
that is imminent.

You become so wrapped up in your own life
that it hits you like a brick
a Mack truck out of the dark
striking your life with a magnitude unfathomable
a ripple effect unimaginable
its imminence does not soften the blow.

Take me back a day
a second
make this day retreat
and I will mend all wrongs.

I'm so self absorbed,
but not vain
I am self reliant
independent
but so dependent
beyond what I am capable of recognizing—
the impending
inevitable
inescapable
fated
act of death
paralyses my soul.

I am no longer

©Je Lapum, 2005

References

- Baff, S. (1997). "Realism and naturalism and dead dudes": Talking about literature in 11th-grade English. *Qualitative Inquiry*, 3(4), 468-490.
- Bauman, Z. (1993). Social spaces: Cognitive, aesthetic, moral. In Z. Bauman (Ed.), *Postmodern ethics* (pp. 145-185). Oxford, UK: Blackwell.
- Brady, I. (2000). Anthropological poetics. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed, pp. 949-980). Thousand Oaks, CA: Sage.
- Bowman, K., Martin, D., & Singer, P. (2000). Quality end-of-life care. *Journal of Evaluation in Clinical Practice*, 6(1), 51-61.
- Byock, I. (1997). *Dying well: Peace and possibilities at the end of life*. New York: Riverhead.
- Carper, B. A. (1978). Fundamental patterns of knowing in nursing. *Advanced Nursing Science*, 1(1), 13-23.
- Chochinov, H. (2002). Dignity Conserving Care—A new model for palliative care: Helping the patient feel valued. *Journal of the American Medical Association*, 287(17), 2253-2260.
- Chochinov, H., Hack, T., Hassard, T., Kristjanson, L., McClement, S., & Harlos, M. (2002). Dignity in the terminally ill: A cross-sectional cohort study. *The Lancet*, 360, 2026-2030.
- Chochinov, H., Hack, T., McClement, S., Kristjanson, L., & Harlos, M. (2002). Dignity in the terminally ill: A developing empirical model. *Social Science & Medicine*, 54, 433-443.
- CHPCA Nursing Standards Committee. (2002). *Hospice palliative care nursing standards of practice*. Retrieved Oct. 4, 2003 from http://www.chpca.net/sigs/Hospice_palliative_care_nursing_standards_of_practice.pdf

- Conle, C. (1999). Why narrative? Which narrative?: Struggling with time and place in life and research. *Curriculum Inquiry*, 29(1), 1-32.
- Conle, C. (2004). Texts, tensions, subtexts, and implied agendas: My quest for cultural pluralism in a decade of writing. *Curriculum Inquiry*, 34(2), 139-167.
- Cummings, e. (1965). *e e Cummings a selection of poems*. New York: Harcourt, Brace & World.
- Dunniece, U., & Slevin, E. (2002). Giving voice to the less articulated knowledge or palliative nursing: An interpretative study. *International Journal of Palliative Nursing*, 8(1), 13-20.
- Eakin, J., & Mykhalovskiy, E. (2003). Reframing the evaluation of qualitative health research: Reflections on a review of appraisal guidelines in the health sciences. *Journal of Evaluation in Clinical Practice*, 9(2), 187-194.
- Fallowfield, L., & Jenkins, V. (1999). Effective communication skills are the key to good cancer care. *European Journal of Cancer*, 35(11), 1592-1597.
- Faulkner, S. (2005). *How do you know a good poem?: Poetic re-presentation and the case for criteria*. Paper presented at the First International Conference of Qualitative Inquiry. Retrieved June 26, 2005, from <http://www.qi2005.org/papers/faulkner.pdf>
- Frommelt, K. H. M. (2003). Attitudes toward care of the terminally ill: An educational intervention. *American Journal of Hospice & Palliative Care*, 20(1), 13-19.
- Geertz, C. (1973). Thick description: Toward an interpretive theory of culture. In C. Geertz, *The interpretation of cultures: Selected essays* (pp. 3-32). New York: Basic Books.
- Georges, J., Grypdonck, M., & deCasterle, B. (2002). Being a palliative care nurse in an academic hospital: A qualitative study about nurses' perceptions of palliative care nursing. *Journal of Clinical Nursing*, 11, 785-793.
- Heaven, C. M., & Maguire, P. (1996). Training hospice nurses to elicit patient concerns. *Journal of Advanced Nursing*, 23, 280-286.
- Heidegger, M. (1993). Being in time: The necessity, structure, and priority of the question of being. In D. F. Krell (Ed.), *Martin Heidegger, basic writings* (pp. 41-87). New York: HarperSanFrancisco.
- Hunter, L. (2002). Poetry as an aesthetic expression for nursing: A review. *Journal of Advanced Nursing*, 40(2), 141-148.
- Jones, J., Hall, P., Schorder, C., Weaver, L., & Bouvette, M. (2001). Discussing end-of-life issues with patients: Reflections on developing an interviewing template to assist first-year medical students. *Journal of Palliative Care*, 17(4), 254-259.
- Kabel, A., & Roberts, D. (2003). Professionals' perceptions of maintaining personhood in hospice care. *International Journal of Palliative Nursing*, 9(7), 283-289.
- Kirby-Smith, H. (1999). *The origins of free verse*. Ann Arbor: University of Michigan Press.
- Kruijver, T., Kerkstra, A., Jozien, M. B., & van de Wiel, H. B. M. (2000). Nurse-patient communication in cancer care—A review of the literature. *Cancer Nursing*, 23(1), 20-31.
- Lapum, J. (2005). Women's experiences of heart surgery recovery: A poetical dissemination. *Canadian Journal of Cardiovascular Nursing*, 15(3), 12-20.
- Macbeth, D. (2001). On "reflexivity" in qualitative research: Two readings, and a third. *Qualitative Inquiry*, 7(1), 35-68.
- Mays, N., & Pope, C. (1999). *Qualitative research in health care* (2nd ed.). London: BMJ.
- Olthuis, J. H. (1997). Face-to-face: Ethical asymmetry or the symmetry of mutuality? In J. H. Olthuis (Ed.), *Knowing other-wise: Philosophy at the threshold of spirituality* (pp. 131-158). New York: Fordham University Press.

- Peter, E., Macfarlane, A., & O'Brien-Pallas, L. (2004). Analysis of the moral habitability of the nursing work environment. *Journal of Advanced Nursing*, 47(4), 356-367.
- Poe, E. A. (1910). *The raven and other poems by Edgar Allan Poe*. Toronto, Canada: Copp, Clark.
- Prattis, J. (1985). Dialectics and experience in fieldwork: The poetic dimension. In J. Prattis (Ed.), *Reflections: The anthropological muse* (pp. 266-281). Washington, DC: American Anthropological Association.
- Richardson, L. (2000). Writing: A method of inquiry. In N. Denzin & Y. Lincoln (Eds.), *Handbook of qualitative research* (2nd ed., pp. 923-948). Thousand Oaks, CA: Sage.
- Rutsohn, P., & Ibrahim, N. (2003). An analysis of provider attitudes toward end-of-life decision-making. *American Journal of Hospice and Palliative Care*, 20(5), 371-381.
- Seale, C. (2004). Quality in qualitative research. In C. Seale, G. Gobo., J. Gubrium, & D. Silverman (Eds.), *Qualitative research practice* (pp. 409-419). London: Sage.
- Shakespeare, W. (1965). Shall I compare thee to a summer's day? In H. Felleman, *Poems that live forever* (p. 99). New York: Doubleday.
- Silkin, J. (1997). *The life of metrical and free verse in twentieth-century poetry*. London: Macmillan.
- Strauch, G. (1994). *Lifting a veil of silence: Teachers and doctors talk about death—A narrative approach to death education*. Unpublished doctoral dissertation, University of Toronto, Toronto, Canada.
- Street, A. & Kissane, D. (2001). Constructions of dignity in end-of-life care. *Journal of Palliative Care*, 17(2), 93-101.
- Thomas, D. (1971). *The collected poems of Dylan Thomas 1934-1952*. New York: New Directions.
- Walker, M. (2003). *Moral contexts*. Oxford, UK: Rowman & Littlefield.
- Wescott, R. (1991). Poetry as self-creation. In I. Brady (Ed.), *Anthropological poetics* (pp. 159-170). Lanham, MD: Rowman and Littlefield.
- Wilkinson, S. (1991). Factors which influence how nurses communicate with cancer patients. *Journal of Advanced Nursing*, 16, 677-688.
- Wilkinson, S., Gambles, M., & Roberts, A. (2002). The essence of cancer care: The impact of training on nurses' ability to communicate effectively. *Journal of Advanced Nursing*, 40(6), 731-738.