

POEMS IN THE WAITING ROOM

Research Notes One to Six

In addition to our core charitable objective, the supply of poetry cards to NHS waiting rooms, Poems in the Waiting Room (PitWR) is committed to an independent research programme to explore the broad socio-economic aspects of poetry in the community and the related topic of poetry and therapy. Abstracts are presented here, with the full text of the Research Notes in the following sections.

The wide distribution of PitWR poetry pamphlets makes it also an exceptional vehicle for research into a variety of topics extending far beyond issues related to poetry. PitWR is willing to collaborate with suitable research organisations that may wish to use PitWR resources as a medium for specific research.

These Research Notes used the skills and expertise of the founding editor, the late Michael Lee BSC Econ of Lee Donaldson Associates, a professional economic consultancy.. His clients included the Secretary of State for Health in 1984 (on future funding of the NHS), the Department of Health, various research bodies such as the Policy Studies Institute, the Centre for Policy Studies and the National Institute for Economic and Social Research. Private sector clients included major national companies, including Tesco, Sainsbury, Marks & Spencer and major property companies.

Abstracts

Research Note One Socio-economic Classification of Neighbourhoods (April 2003)

Served assessed the socio-economic characters of the some 290 neighbourhoods then served by General Practices then taking PitWR. It found that the scheme had established strong appeal throughout the whole range of social groupings, including strong representation in hard pressed neighbourhoods.. The survey was subsequently updated for the substantially larger mailing list by Research Note Three.

Research Note Two Studies in Poetry Therapy (February 2004)

Reviews a range of studies by practitioners of poetry therapy, mainly in the USA. The Note describes features of poetry that may prove especially beneficial, and concludes that the poems may act as an adjuvant to a conventional medical consultation.

Research Note Three Socio-economic Classification of Neighbourhoods Served: Update General Practice Waiting Rooms Autumn 2004 (November 2004)

Updates Note One on the socio-economic character of PitWR neighbourhoods. The circulation list had then expanded to some 975 general practices surgeries. It found that the greatly expanded PitWR had retained its appeal across a wide spectrum of social and economic diversity The general picture suggests that the wide diversity of socio-economic structures in the community, reflecting in turn greatly different economic, cultural and educational backgrounds, plays little part in decisions by general practitioners to provide PitWR poetry pamphlets for their patients. Further, the use of the NHS as a vehicle has resulted in widespread diffusion of poetry pamphlets, reaching into areas and neighbourhood types which suffer hardship and which may well be generally lacking in cultural resources.

Research Note Four Survey of General Practice with PitWR (March 2005)

Summarises the findings of a postal survey of GP Practices that receive PitWR. It presents findings from some 231 GP practices plus 26 from other related waiting rooms. It looks at the uptake of poetry pamphlets; their content and their potential value to patients. The findings confirm that the scheme has captured the interest of both staff and clients. The willingness of patients and clients to take the pamphlets away indicates that the project has attained its prime objective of promoting poetry and making the patient's wait a little more pleasant. The replies confirm the letters of appreciation written by patients. The current mixing works from the canon with contemporary works is heavily supported. The great majority of respondents were strongly of the opinion that the poetry pamphlets enhanced the value of the patient's visit to the waiting room.

Research Note Five Cost Benefit Poems in the Waiting Room (April 2006)

Presents a formal cost benefit analysis of PitWR. It reviews first related policies issues , bearing on assessment of benefit, in art and culture and the health services. It adopts patient satisfaction as the measure of benefit. It finds that if PitWR were funded to serve some two thousand GP Practices, the estimated saturation level, the quarterly distribution would reach some 60,000 poetry cards; the budget cost is estimated at £25,000 a year. From the estimates of enhanced values for each card, using survey findings, the total sum of benefits would range from some £168,000 to £201,600 annually. The benefits far outweigh the scheme's costs, yielding annually some £143,000 to some £176,600 net.

Research Note Six Poetry in Health (March 2010)

Reviews a survey of projects. It identifies a variety of issues, especially the failure to establish these projects as programmes which provide continuity. Being a poet is not sufficient. Poets need to be therapists or therapists poets. An enduring problem concerns evaluation. Lacking nay formal system that works, the Note suggests that the growing body of appreciative comments by patients should be taken as substantiating the value of Poetry in Health.

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Poems in the Waiting Room Research Note 1

Socio-economic Classification of Neighbourhoods Served

1. A neighbourhood's social character served by Poems in the Waiting Room (PitWR) is important regarding the extent to which the scheme promotes poetry to the population at large, and to various public sector considerations regarding social inclusion and cultural diversity.

2. PitWR Research Note One (published April 2003) presents a character analysis of the residential neighbourhoods served by the primary care health service practices that receive Poems in the Waiting Room. The analysis is based on the mailing list as existing in Spring 2003.

Method

3. The analysis is derived from the post codes of the member practices. The mailing list for Spring 2003 included 330 addresses. Of this total, 289 were of general practice surgeries or primary care health centres; the remaining 41 addresses were of hospitals, specialist clinics, occupational health centres, hospices and various operations, such as the Prison and Probation Service, not related to the health service. The analysis is based only on the 289 primary care addresses, as these serve mainly their surrounding residential walk-in neighbourhoods; hospitals and the like serve far wider hinterlands.

4. The classification of neighbourhoods from their post code were derived from ACORN data (A Classification of Residential Neighbourhoods), provided by CACI Ltd, the geographic marketing data firm used by the majority of major commercial and similar enterprises where location of activity is paramount.

5. Each postcode covers streets of broadly similar character. The classification covers a galaxy of features. The classification is not determined by strictly stipulated quantitative boundaries, but through combinations of more general quantified features. The descriptions of types and groups is more evocative than quantitative, but is immediately recognisable given any familiarity with urban and rural morphology.

Findings

6. The findings confirm the general surmise that poetry engages interest across the broad range of social classes and conditions.

7. Virtually all the wide variety of residential types are represented in the PitWR neighbourhoods. PitWR therefore serves neighbourhoods across a broad spectrum of social and economic conditions. Few neighbourhood types are unrepresented.

8. The broad appeal across the range of neighbourhood types is emphasised when compared to the expected totals that would flow from even representation according to national population. The highly affluent areas might be expected to be well represented in the PitWR neighbourhood population. The Group accounts for 12.8% of the PitWR population, but the Group also accounts for 15.0% of the total national population. The representation is in fact eight tenths of what might be expected if the appeal of PitWR were confined strictly to population in the leafy suburbs.

9. The pattern does not simply mirror the affluence of different neighbourhood types. If any pattern exists, it appears to relate to the typical age structure of different neighbourhood types. The strongest appeals are to the young adult area or neighbourhoods with more elderly populations.

10. The less well represented areas tend to be characterised by populations in the middle years of adult life with younger families and mortgages, such as 'Affluent executive family areas' or 'Well-off workers' family areas.'

11. Two Groups stress multi-ethnic character. With 'White collar better-off multi-ethnic areas', PitWR is almost twice as heavily represented than in the population at large, while with 'People in ethnic low income areas' representation is not far short of the national figure. In both areas, PitWR is either over or well represented.

Conclusion

12. These data indicate that PitWR has established strong appeal across a wide spectrum of social and economic diversity. PitWR touches parts other arts cannot reach.

Note: Research Note One has been updated by Research Note Three (November 2004) which analysed the far larger number of GP waiting rooms then on the mailing list. The original findings were confirmed.

Poems in the Waiting Room Research Note 2

Studies in Poetry Therapy - Summary

1. A patient in Preston, expressing her appreciation at finding Poems in the Waiting Room in her local surgery wrote *"I find verse wonderfully therapeutic - so much meaning is contained so beautifully in so few words, expressing for me thoughts and feelings which I would never be able to put into words. What a lovely idea to place your leaflets in doctors' waiting rooms... If there are any with a special message for me, I type them out for myself; this.. is therapeutic..."*

2. Poems in the Waiting Room (PitWR) makes no formal therapeutic claim for its poetry pamphlets. Strictly, such would be entirely unethical without a rigorous double blind clinical trial. Further, therapy involves the patient and a therapist in personal and intimate contact. With national distribution there is little personal content.

3. Nevertheless, the poetry pamphlets exist and act in an explicit therapeutic context. The readers are waiting patients, who inevitably experience the process of reading the poems as an integral part of their visit to the doctor. PitWR has a specific place therefore in the wider field of Art in Health.

Method

4. Finding a satisfactory method for appraising the health or therapeutic aspects of PitWR poses a formidable challenge. Research Note Two (published February 2004) seeks to provide a starting point. There is no established body of work that explores systematically the impact on health of poetry either in a development or in a morbid personality. The closest discipline may be found in the newly emerging body of work generated by the techniques of poetry therapy. The exercise of poetry therapy is well developed in the United States of America where there exists a professional body with standards and academic training procedures.

5. Research Note Two presents a schedule of studies in poetry therapy that have been downloaded from the World Wide Web (www.poetrytherapy.org with its links). A systematic review of these studies may provide a key to methods for appraising the health value of PitWR.

Therapeutic Effect of Poetry

6. There is nothing in the studies that presents specific clinical trials demonstrating firm quantitative evidence of the therapeutic effects of poetry. The closest example of a specific clinical trial is reference to an April 1999 article in the Journal American Medical Association (JAMA). The article described a study on the health benefits of written expression for patients: 112 patients with asthma or rheumatoid arthritis who wrote about traumatic life experiences found a greater reduction in symptoms at four months than for those in a control group (47% compared with 24%). These gains were beyond those attributable to the standard medical care that all participants were receiving.

8. Otherwise, evidence to support the proposition that therapeutic benefit might flow from poetry in a health context is purely anecdotal. Despite a compelling history, there is little scientific data to support the proposition. The situation is similar to that surrounding the placebo effect. The position is scarcely surprising. It may not be just that the topic and interest in the subject is relatively new, but the changes that might be anticipated from the introduction of poetry into a developmental or morbid personal situation seems unlikely to produce hard statistical data; the psyche is difficult to quantify.

9. The general arguments and postulates in the studies describing poetry therapy are nevertheless of value in exploring areas where effects might well be explored in a casual or anecdotal manner.

There are several common themes and features in the articles which illustrate the way poetry may bear upon health.

(i) Poetic Technique

10. The potency of poetry in a healing context is generally seen as deriving primarily from archetypal poetic techniques. The sounds of words themselves are healing not only in and of themselves but in conjunction and juxtaposition with each other. Poetry is language and language is what humans do with air. Poetry appeals to the feeling part of the brain, rather than the logical, thinking part. The poem, in its rhythms and rhymes, metaphorically restores the sufferer's control over deranged bodily functions.

(a) Rhyme and Rhythm

11. Rhyme and rhythm are the basic techniques, with rhyme acting as the chime marking the formal progress of the poem, and rhythm its elemental beat. Soothing rhythms have their origins in our physical bodies, in the ebb and flow of our breathing or sobbing, in the very beating of our hearts. Rhythm taps into the innate biological code.

(b) Imagery

12. The core of poetry is the use of image, which shows rather than simply tells. The power of literature is derived largely from imagery or seeing with the mind's eye. Imagery is linked with learning, relaxation techniques, life meaning and life enjoyment. Imagery is the language of dreams and the unconscious, and as such, serves as a catalyst for bringing unconscious material into conscious awareness.

(ii) Structure and Order

13. The basic form or structure of a poem, with its syntax as narrative, interrogative, evocative, descriptive or other may have their own impact.

14. Poems have a distinct physical shape on the page. This provides a space where a subject is presented and resolved. The whole is contained in a safe framework; a reader may project there any feeling of chaos.

(iii) Universal Community

15. As a compound of heart and mind, emotion and thought poems express a shared and universal experience of life. The poem introduces a reader to a poet's deepest expressions across time and distance. Poetry thereby can engender a reassuring sense of sharing and part of an all-inclusive community.

(iv) Release or Catharsis

16. A poem can provide an effective vehicle for release of tense or heightened emotions in a safe and controlled fashion that could prove therapeutic. The process of reading and writing poetry can be seen as providing an acceptable outlet for venting potentially explosive psychic forces and restoring psychological and physiological balance.

(v) Synopsis

17. The economy of expression in poetry may be valuable in the conduct of a consultation. Poetry is generally the shortest form of self-expression, its brevity is adapted to the length of the therapy session.

(vi) Subtlety

18. Subtlety in poetry may well also provide some benefit in consultations. Poetry may have layers of meaning, and its ability to conceal as well as reveal, gives participants the freedom to express themselves without being judged.

(vii) Wholeness

19. The notion of wholeness and integration is an essential part in a sense of well-being. A happy individual who enjoys personal peace makes for a patient whose recovery is more imminent than delayed.

(vii) Empathy

20. Finally, poetry can be evocative and draw out feelings that may be shared and may facilitate communication. Poetry can facilitate effective communication and empathy. Empathic care providers provide the best care to patients.

Conclusion

21. The studies of poetry therapy provide rich material. Their range and their variety indicate many features that could be explored in assessing the health values of PitWR. The range of features suggest that PitWR might provide some collateral benefits and might therefore act as an adjuvant, enhancing the effectiveness of medical treatment.

Poems in the Waiting Room: Research Note 3: Socio-economic Classification of Neighbourhoods Served: Update General Practice Waiting Rooms. Autumn 2004

Background

1. Poems in the Waiting Room (PitWR) Research Note One, published in April 2003, analysed the socio-economic characteristics of neighbourhoods served by NHS general practices receiving the poetry pamphlets. The mailing list then covered 289 practices. The study found that PitWR had established strong appeal across a wide spectrum of social and economic diversity and had extended interest beyond the population with a pre-existing interest in theatre and arts.

2. Since then, PitWR has grown and spread rapidly. In Autumn 2004, the mailing list totalled 1133 waiting rooms, of which 975 (86.0%) were general practice surgeries. These serve mainly a local walk-in neighbourhood population. The remaining 158 addresses were of dentists, ophthalmologists and other primary care units as well as large hospitals, specialist clinics, day care or occupational health centres, hospices and a wide variety of other waiting rooms, such as solicitors, accountants, veterinary practitioners, prisons and probation offices, unrelated to the health service. Hospitals and the like draw from far wider areas; the immediate walk-in population is unlikely to be typical of the hinterland they serve.

3. With the growth of the scheme, the question arises whether PitWR has maintained its penetration into the full range of diverse socio-economic sectors of the community.

4. In addition, with substantially increased fluidity in employment and housing markets, the social and economic character of neighbourhoods may rapidly change. The appraisal of neighbourhoods' characters needs also therefore to be reviewed on the most up-to-date information.

5. This Note updates the previous study, analysing the socio-economic characteristics of the neighbourhoods served by the current PitWR total of general practices, against the latest set of social and economic data. Their neighbourhoods' social character is an important determinant of the extent to which PitWR promotes poetry to the population at large, and so it touches upon public policies concerns about social inclusion and cultural diversity.

Analysis of General Practices Neighbourhoods

6. The updated findings broadly show that PitWR has in the course of rapid growth retained a significant strong appeal across a wide spectrum of social and economic diversity. The simple conclusion to emerge from the data is that PitWR is just as likely to be represented in hard-pressed problem areas as it is in affluent and peaceful neighbourhoods. The poetry pamphlets are as often distributed in the high-rise concrete wilderness as in the leafy suburb.

7. With both the population at large and those with an interest in theatre and arts, PitWR is well distributed across the full range of social conditions. With the total population, the spread among comfortably off and those of moderate means closely matches the proportions expected from population distribution; the extreme ends of the socio-economic spectrum, of affluence and of poverty, are less well represented.

8. The picture varies in the comparison with the population with an interest in theatre and art. All four generally hard pressed categories are well- or over-represented with a shift away from the heavier proportion among the very wealthy. Compared with the proportion expected among hard-pressed neighbourhoods, PitWR waiting rooms are significantly over-represented. It follows that PitWR does not rely particularly upon the pre-existing prosperous theatre- and art-loving residents

of the affluent neighbourhoods. Further, PitWR appears to confirm and to extend cultural interest in the most hard-pressed localities.

9. The details of these broad pictures are filled out by an exploration of the detailed results from individual neighbourhood Groups and Types.

10. At the highly affluent end of the spectrum, PitWR representation is generally less than expected from national population structure for virtually all neighbourhood Types. The principal exception lies with neighbourhoods characterised by older people in detached homes; here representation is some half as great again as expected from national population. Otherwise, villages with wealthy commuters, neighbourhoods with large families in wealthy suburbs and well-off managers in detached houses are less under-represented. The thinnest proportionate representation is found among neighbourhoods characterised by affluent mature professionals in large houses.

11. The generally prosperous urban neighbourhoods are over-represented, and show particular concentration with low-income singles in small rented flats and suburban privately renting professionals as well as multi-ethnic young in converted flats. These neighbourhoods tend to be characterised by single young professionals, often migratory.

12. The comfortably-off neighbourhoods and those with moderate means are represented virtually exactly as expected from national population structure. Variations within the category are of particular interest. Young couples are under-represented, but white-collar singles are over-represented. The heaviest over-representation in this Category is in neighbourhoods characterised by elderly singles, and older peoples' flats.

13. The moderate-means Category includes a new type Asian Communities. Their representation in PitWR is close to the levels expected from their representation in the population at large.

14. With the most hard-pressed category, PitWR representation remains significant, although about one fifth below the level expected from population structure. There are again wide variations with the component neighbourhood Types. The heaviest levels of representation are with old people in high rise flats and multi-ethnic communities in purpose-built estates; high levels of representation are found too with singles and single-parents in high-rise flats and with multi-ethnic crowded flats, and council flats with elderly people.

15. The lowest levels of representation were found in the broad group of Struggling Families, especially with low-income high unemployment single parents and large poorly educated families with many children.

16. There is a firm and consistent pattern in the extent to which PitWR neighbourhoods reflect the distribution of the population with an interest in theatre and arts. For the more prosperous neighbourhood Groups, any over-representation tends to be reduced compared against the theatre art population. For example, with well-off professionals where representation compared to the population at large was well over twice, the figure significantly reduced in relation to the distribution of theatre arts interested population. Similarly, the wide under-representation was aggravated when considered against the theatre arts population. Low representation of neighbourhoods such as affluent mature professionals in large houses declined even further when considered against theatre and arts interested population. The shift was consistent throughout the more affluent and well-off Groups.

17. With the less prosperous areas, in contrast, the pattern is reversed. PitWR is biased more strongly to their theatre and art population. With singles and single parents in high-rise flats (54), the relative over-representation increased. It follows that PitWR was more prevalent than should be expected in less affluent neighbourhoods considered against a pre-existent interest in theatre

and arts. This strongly indicates that PitWR has an appeal in less advantaged neighbourhoods where a interest in the theatre and art was low.

18. The general picture suggests that the wide diversity of socio-economic structures in the community, reflecting in turn greatly different economic, cultural and educational backgrounds, plays little part in decisions by general practitioners to provide PitWR poetry pamphlets for their patients. Further, the use of the NHS as a vehicle has resulted in widespread diffusion of poetry pamphlets, reaching into areas and neighbourhood types which suffer hardship and which may well be generally lacking in cultural resources.

19. From the general feel of the neighbourhood data, although explicit information is not available, it would appear that the main variable bearing on the uptake of PitWR is patients' age. It may be derived broadly from neighbourhood characteristics that the poetry pamphlets are popular predominantly among young adults and among the more elderly. An age distribution is therefore likely to be bi-nodal with a peak up to around 30 years of age and another after 50.

Conclusion

20. With its rapid expansion, PitWR has retained its strong appeal across a wide spectrum of social and economic diversity, and extends interest in poetry beyond the population with a substantial pre-existing interest in theatre and arts.

Poems in the Waiting Room Research Note 4: Survey of General Practice

Background

1. A steady flow of letters and comments from patients, written in appreciation of finding Poems in the Waiting Room (PitWR) in their doctor's surgery, has been sufficient to judge if PitWR is achieving its objectives of promoting poetry and making the patient's wait more pleasant. One patient from Ealing, for example, wrote: "*What a really lovely idea! Thank you very much for lighting up our surgery waiting room. The weather was awful! The atmosphere in the waiting room none too healthy. But your poems are all wonderful - and meaningful. Well done and thanks...*"

2. But more extensive and systematic data are needed to shape the project's future and to justify adequate funding. To satisfy this, a questionnaire for practice staff was enclosed with each package of poetry pamphlets distributed with the winter edition in early December 2004.

3. The questionnaire covered three topics. The first part looked at the supply of pamphlets and whether they were taken away by patients. PitWR supplies each practice with a package of thirty pamphlets each quarter. The second part asked opinion about the poems in the winter 2004 edition. Finally, the last few questions related to the benefits, if any, of the poetry pamphlets. A copy of the questionnaire and its covering letter, together with a copy of the winter 2004 edition, are presented as an Annex to this Note.

Response

4. A total of 1149 questionnaires was issued in December 2004. By the end of January 2005, 257 completed questionnaires had been returned, giving a notable response rate of 22%. The response included 231 replies from general practices and 26 from a diverse group of other waiting areas, such as hospitals, day clinics, dentists, opticians as well as solicitors and the like. The analysis of the results concentrates mainly upon the 231 replies from general practices, which is PitWR's central area of interest. The findings from the 26 'Others' are summarised briefly at the end of this Note.

GP Surgeries

(i) Uptake of poetry pamphlets

Is the supply of pamphlets used up by the end of the quarter?

5. The extent to which patients take the poetry pamphlets with them after their consultation is crucial to the success of the project. Patients are invited explicitly to take the pamphlet away.

6. Some three-quarters of the practices (168: 73%) found that the total supply of some thirty poetry pamphlets was exhausted by the end of the quarter. The finding demonstrates that the poetry pamphlets achieve a high degree of acceptance by the patient population.

If Yes, how many weeks after first display is the stock finished?

7. The three-quarters or so practices reporting complete take-up of the pamphlets found a wide variation in the rate. About one third (59: 36% of the 168 with full uptake) found that the pamphlets had vanished within the first month or so, and about a further one fifth (38: 22%) over the next month. The median time for uptake of the stock was between four and five weeks.

If No, approximately how many remain?

8. With the quarter or so who reported stock remaining at the season's end, the numbers left over were small. The average amounted to about nine out of a supply of thirty. About one third of these (22: 37% of the 63 with pamphlets remaining) had five or fewer pamphlets left over. No more than about one tenth reported a significant residue.

Uptake by practice size - number of doctors

9. The determinant variable on the rate of uptake is the scale of practice where the pamphlets are displayed. The rates of uptake are lowest for the smaller (40% in single doctor practices) and greater for the larger practices (80% with six doctors).

Uptake by GP neighbourhood classification (ACORN)

10. One frequently expressed concern about the poetry pamphlets is that they might prove elitist and appeal only to the more affluent and comfortable neighbourhoods. Data on the socio-economic character of neighbourhoods (from PitWR Research Note Three) suggest that this is in no way true. There is no systematic variation of the rate of uptake with socio-economic profile of the practice neighbourhoods. The uptake is as great in 'Hard pressed' problem neighbourhoods (83%) as in the affluent 'Wealthy Achievers' (73%) and areas of 'Urban Prosperity' (80%). One practice manager reported: *"a young patient came in to a consultation with her daughter, clutching one of the PITWR leaflets. I asked her about it, she said she like to collect them, and so do her friends! I was amazed and delighted, as this is a practice in a socio-economically deprived area, and I was worried we might not be reaching a broad audience."*

Is the quarterly supply of thirty pamphlets about right?

11. Some two-thirds of the sample (153: 67%) were satisfied with the current supply. About one third (68: 29%) suggested a variation in the level of supply.

If No, about how many would you wish to receive?

12. About a tenth of the total sample (20: 9% of the total response) suggested a reduction in supply to around twenty or twenty-five pamphlets a quarter. About one fifth requested increase (47: 20%) usually to fifty or sixty copies each quarter.

How are the pamphlets placed on display?

13. The method of displaying the poetry pamphlets in the waiting room bore upon uptake rates. A wide range of different methods was adopted. The most common (83: 36%) was to place the pamphlets on the magazine table or stand; this proved the most successful display means with over eight-tenths (85%) of pamphlets taken away. The second most popular method was to place the poetry pamphlets in the pamphlet rack; about one third (71: 31%) followed this system, but it proved the least successful with less than two-thirds taken away (59%). A few placed the pamphlets in a special display holder (32: 14%) which produced almost three-quarters uptake (69%), while the second-best rate of uptake was achieved by placing the pamphlets in a pile beside the reception (36: 15% - with 78% uptake).

(ii) Poetry selection

Looking at the poems in the current edition, can you name one that you feel is particularly suitable/unsuitable for patients to read while waiting to see their doctor?

14. The response to the questionnaire suggest that the selection published attained a high level of approval by the sample. Almost half (101: 44%) considered explicitly all the poems generally suitable, while only about one in seven felt various poems were less suitable (33: 14%).

15. With a particularly subjective issue as poetry, it is hardly surprising that a diversity of opinion was found. *Hope* achieved the heaviest approval (77: 34%), although two felt it less appropriate. *Spell* showed an intriguing split with the second highest level of approval (26: 11%) but with the highest number of those considering it less suitable (16: 7%). The poems selected from the canon generally drew less comment. *The Darkling Thrush* produced a noted split between approval (16: 7%) and lower approval (6: 3%). *Winter Nights* scored a similar approval rate (13: 6%), with *Children* a little lower (10: 4%). The sole poem where the less suitable comment exceeded the suitable was *Feste's Song*.

Can you suggest a particular poet or poems not yet published in PitWR that you feel might be especially suitable for the series?

16. About one quarter (53: 23%) of the sample made suggestions for future publications. They varied widely, and included comments upon types of poetry or naming specific poets. The most frequent request was for more children's poetry and then for more humour, contemporary poetry, and poems that might suit a memorial service, or Wilfrid Owen style war poems.

17. Respondents mention 38 different poets whom they would like to see included or repeated in the series. The total divided between 20 dead poets and 18 living. Repeats were infrequent. The few examples are Spike Milligan who was requested four times; Dylan Thomas and WB Yeats three times; those mentioned twice were William Wordsworth, John Betjeman and Ted Hughes among the dead, and Roger McGough with the living.

18. The range of other poets mentioned just once, was wide; the dead poets listed were WH Auden, Robert Browning, WH Davies, Emily Dickinson, Robert Frost, Gerard Manley Hopkins, John Keats, Philip Larkin, C Day Lewis, Christopher Marlowe, Wilfred Owen, Ruth Pitter, Christina Rossetti and Alfred Tennyson.

19. The contemporary poets mentioned once each were Pam Ayres, Gerard Benson, Patrick Chambers, Wendy Cope, Julia Darling, Carol Ann Duffy, Paul Durcan, UA Fanthorpe, Matthew Harvey, Seamus Heaney, Elizabeth Jennings, Jenny Joseph, Patrick Kavanagh, Grace Nicolls, Mary Oliver, Richard Parker and Benjamin Zephaniah.

30. Several had been published earlier in PitWR suggesting perhaps a degree of retention.

PitWR publishes a selection of classical poems from the canon of English verse plus a few new poems by living poets. Would you prefer:

20. The series has from the start has published a mix of works from the canon and contemporary poems. With the approval of over nine in ten (213: 92%), the adopted PitWR approach received overwhelming support. A request for a greater proportion of contemporary work was however frequently added.

Would poems with a stronger emotional impact be suitable for PitWR?

21. Sensitivity to patients' possible feelings, especially concern for a few who might well be highly disturbed, has shaped the selection process, especially in regard to the emotional strength of verse. The sample divided broadly evenly in judgement of this approach. While one quarter (58: 25%) might be happy with stronger emotional poems, about one third (72: 31%) disagreed, opposing upgrading the emotional content of poems. The balance (101: 44%) held no opinion.

(iii) Impact of PitWR

In your opinion, do the PitWR pamphlets enhance the patient's visit to the surgery?

22. There was substantial support for the proposition that PitWR pamphlets enhanced the patient's visit. More than eight-tenth (193: 83%) agreed. Only one dissented, rejecting the idea. Some one in six felt they could not give an answer. It needs to be stressed that the question adopted a general criteria for benefit; enhancement of the visit was specified and highlighted. The measure relates only and specifically to the degree of patient or consumer satisfaction with their visit.

If Yes, in your opinion, does reading PitWR enhance the value of a patient's visit to the surgery

23. Those accepting the idea that the poetry pamphlets enhanced the patient's visit were then invited to attempt some degree of quantification. More than half (103: 53% of 193 agreeing) made the attempt.

24. Some two-fifth (79: 41%) of those suggesting that the poetry pamphlets enhanced the patient's visit also considered that the improvement was perceptible (1-2 per cent) or noticeable (up to five per cent). About one in eight (24: 13%) felt the degree of improvement was greater, either improving significantly (up to ten per cent) or substantially (over ten per cent). The median estimate fell in the range from two to five per cent.

25. A more specific feature of patient satisfaction was then tested, concerning comments made by patients about the poetry pamphlets.

Have your patients ever made any comment to you about PitWR pamphlets?

26. Two thirds (152: 66%) of respondents reported that patients had made spontaneous comment to the respondent about the poetry pamphlets. About one third (76: 33%) had not personally received any comment. Overwhelmingly, (151: 99% of 152) the comments reported were favourable, with no unfavourable or critical remark.

(iv) Other waiting rooms

27. Within the total of 257 replies, 26 were from waiting areas other than in general practice. This number included a diverse group including various hospital sectors, either in-patient or out-patient clinics, day-care units, hospices, dental practices and osteopaths as well as waiting rooms outside health care including veterinary practices and solicitors.

28. The broad picture of results was closely similar to those from general practice. There was a tendency for more enthusiastic uptake, with some eight in ten (80%: 21 of 26 total) among the others waiting rooms reporting exhaustion of the supply total, compared to some three-quarters (72%) in general practice. The responses on the suitability of the poems, the mix of old and new and the issue concerning the emotional strength of poems were virtually identical between the two groups. There was, however, a stronger response among the others on the value of the poetry pamphlets. Some nine in ten (92%: 24 in 26) agreed that the pamphlets enhanced the value of the visit, a higher figure than in general practice (83%); quantification of this value was however similar between the two groupings, with a median figure of from two to five per cent. Reports of favourable comment were also significantly more marked with the others at eight in ten (80%: 21 of 26 total) compared to some two thirds (65%) in general practice.

Conclusion

29. The survey of waiting rooms served by PitWR shows that the scheme has captured the interest of both staff and clients. The willingness of patients and clients to take the pamphlets away indicates that the project has attained its prime objective of promoting poetry and making the patient's wait a little more pleasant. The replies confirm the letters of appreciation written by patients.

30. Where proposals are made for a change in number supplied, the demand is mainly for more. The content of the pamphlets drew interesting comment, showing a degree of involvement in the editorial selection of the verses, while the suggestions for future editions indicate evidence of retention from earlier issues. The current mixing works from the canon with contemporary works is heavily supported.

31. The great majority of respondents were strongly of the opinion that the poetry pamphlets enhanced the value of the patient's visit to the waiting room. This supports the contention that PitWR may act as an aid in improving the processing of the medical episode or as an adjuvant in health care. Stronger evidence of this was shown in the large majority of respondents who reported favourable comments from patients about the scheme.

32. As a doctor in Bristol added: "*Excellent project. Please keep sending them. Your poems are the one thing in the NHS no one complains about.*"

Poems in the Waiting Room Research Note 5 Cost Benefit Poems in the Waiting Room

"Nowadays people know the price of everything, and the value of nothing. (1891 Wilde Oscar, Picture of Dorian Gray)"

Cost Benefit

1. Cost benefit is the economic technique for comparing prices of goods or services freely provided with the benefits they bring about. Poems in the Waiting Room (PitWR) is a charity which provides poetry cards for waiting patients. Like much of health services, there is no charge to the patient or to the NHS host. The scheme becomes an appropriate subject for cost benefit analysis. Does it provide value for money?

2. An answer to this question leads into a thicket of topics. An appraisal of benefit presumes an acceptable definition of what in fact constitute benefits or what, in effect, is the objective of an art or culture programme? These questions bring into consideration national policy for the arts. Next, since PitWR is integrated into the health service and is now the most extensive arts in health project in Britain, in what terms are benefits defined in relation to health service objectives? How does PitWR relate to cost appraisal in the health services?

Impact Inflation

3. In the arts, with its long tradition of subsidy, the topic and the questions of impact have flourished in recent years. Official support for the arts now requires explicit justification. The subject therefore raises vital issues about what benefits or impacts should be expected from a subsidised art scheme. Public sector bodies understandably see benefits of art mainly as social and economic gains. Consequently, consideration of the socio-economic functions of art has grown in the past decade to produce a substantial body of issues, theories and policies in their own right. These now form a heavy superstructure of policy debate and research studies, which bear heavily down on any straightforward art project.

4. The socio-economic approach to arts policy carries the risk that it seen as a panacea, and so weakens the priority for specific effective social policies. It has become common political coinage to proclaim the roles of art and culture in promoting social inclusion and integration. More widely, policy makers urge that creative art is the key to urban regeneration and vitality of social communities, while, too, even the economic future of Great Britain is argued to depend upon development of the creative arts.

5. Similarly, deep-seated social questions require precise remedies. Conciliation of alienated youth requires opening of opportunities, particularly for work and careers through effective programmes of adult education and training. Art is a valued addition, but it is far from a sufficient incentive. Art directed towards alienated sections of society, which opens scope for self-expression, may indeed concentrate on the perceived sources of privation, and so set the problem in concrete. Art needs to play the part of art in society, bringing a vision of matters beyond those perceived by the sense to regenerate individual vitality. Its practitioners are not an effective part of the property development world or communitist pioneers.

6. The present close involvement of central state authorities in arts policy, embracing the sector increasingly closely over the past thirty years, with a particularly intimate embrace since the late nineties, firmly sets aside the original and valuable Keynesian arms' length principle of art and culture governance. The involvement of the bureaucracy, added to the natural inflation of artistic expression, has created a hyperstructure of arguments, postulates, theories and propositions about the value or impact of art and culture which now govern policy and funding decisions.

7. The objectives of art projects become defined by economic and social propositions and not through the artistic spirit and merit of any proposed works. As socio-economic factors shape the grant-awarding procedures, those schemes which most effectively ape the presupposed economic and social impact are those which succeed in pulling in funding. Such projects survive, while others less adept in communalism and bureaucratic propositions, fall by the wayside. The artistic body thus degrades into a vehicle for social engineering or, since art practitioners are rarely trained social scientists, sociological stunts.

Treasury Qalys

8. The inflated scope of objectives entangles appraisal of arts in health projects with the broader issues of health economics, and the various devices favoured by NHS control bodies for cost containment. Treasury advice urges the concept of qalys - quality adjusted life years top measure health benefit. The objective is to create a matrix of information that may act in lieu of the market where relative prices determine distribution of expenditure and effort. The cost of any therapeutic process is compared to the assumed marginal value of qalys generated. The process lies at the heart of the National Institute of Clinical Excellence (NICE)'s work, the prime NHS cost control body governing the introduction of new procedures. The methodology derives from non-welfare health economics with the objective of maximising population health subject to an overall budget constraint.

Price Theory, Patient Care and Centralised Funding

9. Although superficially appealing in theory, the use of qalys as a substitute price system is open to question; there are three areas of criticism.

10. In terms of simple economics, a qaly does not satisfactorily emulate prices. The absence of any point elasticity in qalys, defining the rate at which supply and demand change in response to price level changes, severely constrains its value as a price surrogate in a distributive system. The lack of transactions involving a transfer of resources from consumer to supplier deprives the qaly of all incentive power. An absence of relative or opportunity costs or choice deprives the qaly system of the element of competition which is the fuel of effective economic performance. A price is the market tool bringing supply and demand into balance and clearance. A qaly is a complex bureaucratic tool which in no way automatically adjusts either supply or demand; it induces no response but only a centralised control decision to approve or to refuse wholesale. Qalys are a sham rather than a shadow of price, masquerading as a market.

11. More problematically, a qaly fails to relate to patient care. The obvious impact on care of the elderly and chronically sick, suggests questionable medicine. Happily, doctors provide care given the resources available and their assessment of its effectiveness relative to the individual patient's need. The broad pattern of expenditure on health reflects medical science and the profession's response to individual patient's needs. Qalys act only on the margin, to constrain the rate of change. The argument that the whole NHS budget should be reappraised and subjected to qaly analysis and redeployment accordingly has found little or no response. Medical ethics override the qaly concept.

12. The qaly system finally implies one model of health provision and funding. Qalys relate to a centralised top-down target setting structure of the health service where the lines of development and practice are predetermined by a central authority. Patient care needs to be rationed; qalys provide the key to care and seeks to ensure it goes, like the ministrations of the stockman, to those who might produce the greatest economic returns. The contrast to central control is a patient-centred service where the variety of needs and demands presented by patient is decided individual by the doctor within the context of the doctor-patient relationship. Patient satisfaction, under this approach, becomes the key to evaluation.

Poems in the Waiting Room

13. This long diversion is preliminary to evaluating PitWR. It is necessary to clear some of the over arching bureaucratic structure or parasitic growth bearing upon art in health projects and their evaluation.

14. Arts impact studies are prone to treat every art project as generic. Somehow it is art that has the impact irrespective of its structure or sentiment. Poetry is far from being homogeneous or having a common impact. The content or sentiment of poetry critically determines impacts. War poetry can range from "*Then up spoke brave Horatius, / The Captain of the Gate; / 'To every man upon this earth / Death cometh soon or late; / And how can man die better / Than facing fearful odds / For the ashes of his fathers / And the temples of his gods?'*" to "*My friend, you would not tell with such high zest / To children ardent / for some desperate glory, / The old Lie; Dulce et Decorum est / Pro patria mori.*" Three score years ago, the Macauley was favoured; one score later, the Owen. It is nice to speculate which might now receive the official blessing.

15. Poetry is potent in emotion, unifying heart and mind. The editorial guidelines for PitWR were determined as much from fear of damage than from hope of benefit. The potential social and economic impact of the arts is probably closely linked to their emotional structure and content. The evaluation of the one without the other is possibly quite meaningless. Evaluation of the intrinsic or aesthetic culture values of any particular arts project is a crucial part of exploring possible social or economic impact and benefit. The two cannot effectively be separated.

Art as Adjuvant to Medical Care

16. Evidence to support the proposition that therapeutic benefit might flow from poetry is purely anecdotal. Historical examples of the marriage between poetry and healing may be well recognised, but there is little scientific data to support it. There is at best some similarity to the placebo effect. Yet this is hardly surprising. It may not be just that the topic and interest in it are relatively new, but that the changes that might be anticipated from the introduction of poetry into a developmental or morbid personal situation seems unlikely to produce hard statistical data; the psyche is difficult to quantify. No one would argue that poetry is a specific therapy for various chronic medical conditions and an indication in its own right. The writing was simply an aid or an adjuvant to more traditional patient care and specific therapy, perhaps making them more effective.

Cost Benefits - Poems in the Waiting Room

17. What then is the benefit? An approach may be taken down the route of patient satisfaction - a soft-centred rather than hard-centred Treasury qaly structure of cost benefit. The objectives of PitWR are to promote poetry and to make the patients' wait more pleasant.

18. The degree of success in meeting these objectives can be measured quantitatively. First, the promotion of poetry rests upon the extent to which the poetry cards are taken and kept by patients visiting their doctors. Next, the degree of enhanced satisfaction may be determined from practice staffs' views on their patients' satisfaction and from spontaneous comments made by patients.

Poetry Promotion

19. The uptake of the poetry cards by patients represents the extent to which the cards promote poetry. If a patient reads and then keeps the poetry card, it may safely be assumed that interest in poetry has been revived or kindled. Patients are invited explicitly to take it away to provide an enduring rather than ephemeral link with the poems. The extent to which patients take the poetry cards confirms the success of the project. Survey data (*Poems in the Waiting Room Research 2005*

Note 4 ibid.) confirms that the poetry cards are in fact read and taken rather than left to gather dust in the rack or on the magazine table. Some three-quarters of the practices (168: 73%) found that the total supply of some thirty was exhausted by the end of the quarter. The finding demonstrates that the poetry cards achieve a high degree of acceptance by the patient population. The median time for uptake of the whole stock was between four and five weeks.

20. With the quarter or so who reported stock remaining at the season's end, the numbers left over were small. The average amounted to about nine or ten out of a supply of thirty. About one third of these (22: 35% of the 63 with pamphlets remaining) had five or fewer pamphlets left over. No more than about one tenth reported a significant residue. These data indicate that some nine in ten poetry cards are taken away by patients.

21. The need to justify promotion of poetry as an objective in its own right does not arise. Poetry does not require ticking boxes to demonstrate or be justified by social benefit. Poetry is the core of culture of the English speaking peoples which seeks, with Pope "to stroke the soul by tender strokes of art/ to raise the genius, and to mend the heart." The individual personal experience is the objective of PitWR. Engaging with a poem is normally a private and personal rather than public act. Poetry is the celebration of the personal rather than a collective communalist experience.

22. Auden argues "poetry makes nothing happen: it survives/ In the valley of its making where executives/ Would never want to tamper" True, Shelley contends that "Poets are the unacknowledged legislators of the world" and urges the English to "Rise like Lions after slumber/ In unvanquishable number-/ Shake your chains to earth like dew/ Which in sleep had fallen on you-/ Ye are many - they are few." But it is the sense of social wrongs and injustice that recruit to a radical cause; the poet simply inspires and confirms the converted. Poetry can change an individual with greater sensibility and awareness and so have reverberative impact, but it not sufficient cause of social transformation or simple communalist action, while any causal chain is in any case difficult to prove. Shelley in fact made nothing happen..

23. PitWR is currently funded virtually wholly by The Beatrice Trust. The Trust funds the project in the simple belief of the value of poetry; funds would certainly not be forthcoming if their justification were communalist social or economic benefits. In this respect, it is worth noting that PitWR scores highly on box ticking the Matarasso matrix of benefits, achieving a score of 84%..

Cost and Benefit

24. Some measure still needs to be made of cost and benefit. Does the project provide value for money?

25. The winter edition 2005/06 of PitWR was circulated to some 1382 waiting rooms with a total supply of 41,460 poetry cards. Each card cost 12.5p in the patient's hands, covering costs of editorial work, printing and mailing plus allowance for overheads. PitWR seeks to enhance the value of the patient's visit. Again, survey data provide informed evaluation whether or not the poetry cards enhance the visit

Impact of Poems in the Waiting Room

26. There was substantial support for the proposition that PitWR poetry cards enhanced the patient's visit (*PitWR Research Note Four Survey of GP Practices taking PitWR*). More than eight-tenth (193: 83%) agreed. Only one dissented, rejecting the idea. Some one in six felt they could not give an answer. It needs to be stressed that the question adopted a general criteria for benefit; enhancement of the visit was specified and highlighted. This criteria does not necessarily relate to any specific therapeutic improvement in general medical or morbid condition. The measure relates therefore only and specifically to the degree of patient or consumer satisfaction with their visit.

27. Those accepting the idea that the poetry pamphlets enhanced the patients visit were invited to attempt some degree of quantification. More than half (103: 53% of 193 agreeing) made the attempt. They were invited to judge the improvement as perceptible (*one or two per cent*); or noticeable (*up to five per cent*); or significant (*up to ten per cent*); or, finally, quite substantial (*more than ten per cent*).

28. Some two-fifths (79: 40%) of those suggesting that the poetry pamphlets enhanced the patient's visit also considered that the improvement was perceptible (*one or two per cent*) or noticeable (*up to five per cent*). About one in eight (24:13%) felt the degree of improvement was greater, either improving significantly (*up to ten per cent*) or substantially (*over ten per cent*). The median estimate fell in the range from two to five per cent.

29. With enhancement of the value of the patients' visits, the median range of two to five per cent improvement (*say, 3.5% mid value for arithmetic simplicity*) may be adopted for estimates.

30. The unit cost of a surgery consultation with a NHS general practitioner amounts to some Â£20 to Â£24 (*Table 9.8b General practitioner - unit costs 2005. Unit Costs of Health and Social Care: Personal Social Services Research Unit. University of Kent*). The range reflects direct care staff and the extent of their qualifications. The figures may be taken as the presumed value of the consultation to the consumer.

31. Since PitWR adds some 3.5% to the value of the visit, its financial benefit ranges from some 70p to 84p for each card taken by a patient. The cost of the card is 12.5p. The net benefit for each is therefore some 57.5p to 71.5p. The benefit heavily outweighs cost with PitWR.

32. The number of NHS general practice surgeries that are likely to welcome PitWR without excessive promotion is estimated at some two thousand (*or some 16% of the total of some 12,500 practices in Great Britain*). If PitWR were funded to serve this number, with a quarterly distribution of some 60,000 poetry cards, the budget cost is estimate at Â£25,000 a year. From the estimates of enhanced values for each card, the total sum of benefits would range from some Â£168,000 to Â£201,600 annually (i.e. 60,000 poetry cards quarterly or 240,000 annually enhancing any benefit from 70p to 84p each). The benefits far outweigh the scheme's costs, yielding some Â£143,000 to some Â£176,600 net of costs (Â£25,000). This PitWR cost benefit exercise provides a distinct example of Freakonomics (*Levitt SD & Dubner SJ 2005. Freaknomics. Allen Lane Penguin Books*).

Conclusion

33. The value added by PitWR is relatively small compared to the general run of features in the NHS or to most publicly funded literature arts projects. The scheme is modest, yet it has achieved widespread popularity in NHS general practice and with its patients. It is the most extensive arts in health project in the NHS and the largest circulation poetry periodical in Britain. So far as patient satisfaction becomes an objective of NHS reform or is embodied in policy for the arts, expenditure on PitWR is exceptionally well justified by the benefits generated.

Poems in the Waiting Room Research Note 6: Poetry in Health

"Poetry is the spontaneous overflow of powerful feelings: it takes its origin from emotion recollected in tranquillity:" William Wordsworth, Preface to Lyrical Ballads, 1802

1. Wordsworth continued *"the emotion is contemplated till by a species of reaction the tranquillity gradually disappears, and an emotion, kindred to that which was before the subject of contemplation, is gradually produced, and does itself actually exist in the mind."*

2. The psychosomatic character of poetry is well acknowledged. Housman defined poetry simply by its physical effect. *"Poetry indeed seems to me more physical than intellectual... I could no longer define poetry than a terrier can define a rat, but I thought that both of us recognised the object by the symptoms which it provokes in us. One of these symptoms was described in connection with another object by Eliphaz the Temanite: 'A spirit passed before my face: the hair of my flesh stood up'... (Leslie Stephen Lecture - The Name and Nature of Poetry, Cambridge University Press, 1933)*

3. Effective poetry immediately stirs the mind and heart. Correspondingly, physicians exploring the lymph glands, central to the immune system, note that they are closely linked to the brain or intellect. Because of its intimate link with the brain, the lymphatic system provides a channel for conveying a rapid response to emotional stimuli such as poetry. Boosting the immune system is now a common part of the language of healthy living. A particular example is stress. The stress hormone cortisol damps down lymphocyte activity. There are links between relaxation and improved immune response. Poetry specifically inducing relaxation and a more hopeful outlook may well improve immune response.

4. The potency of poetry in promoting physiological response gives it a valued and vital place in care and concern for those unwell. This Note presents a series of studies of poetry deployed for care in both morbid and developmental conditions. It presents replies received from a request for information from poetry practitioners describing their work. It is in no way a comprehensive study since survey resources were limited and voluntary.

5. The examples concentrate on work by individual poets and practitioners in healing procedures. The large national organisations are first briefly noted, and then examples of current work presented. The examples illustrate the depth rather than the extent of current work of the poetry arts in health.

Poetry in Health

6. All good poetry may lead to a feeling of well being, but following and allowing scope for this, poetry arts in health would include virtually every competent poetic activity. Such wide inclusion is too broad to be of value for exploration of poetry as part of arts in health. A more precise definition is necessary to explore the scope and issues involved in poetry in health. It is better to adopt a stricter definition and define poetry in health concisely, as concerning the use of poetry within a medical or health service context. It follows that the activity is therefore subject to the disciplines and ethics of conventional medical care. With this more precise definition, the topic may be split into two main sectors.

7. First, there is the deployment of poetry in helping to create a healing environment. The focus is the general provision of poetry, produced in various forms, to be widely available for NHS staff and all patients, irrespective of their condition. The poetry becomes part of the furniture of the health service, in helping the creation through arts in health of a healing environment. Much of the effort

has come traditionally from work by individual NHS practices and hospitals. It has long been a typical action of nursing staff to post a copy of a well-loved poem in the hospital notice boards. With environmental arts in health, schemes are typically run by art practitioners mediated mainly through the general administration of health care.

8. Next, there is the use of poetry as an integral part of a therapeutic procedure. This describes much formal current work, and may be typified as poetry therapy and an aspect of the long-established discipline of bibliotherapy. Within the NHS, the activity is less coherently organised and confined to the works of individual practitioners. Its field of activity is predominantly mental health. An attempt to provide some co-ordination came with the short-lived National Network for the Arts in Health, founded in 2000 but closed in 2005 through lack of funding. The discipline of poetry therapy is more fully developed in the United States, with a significant professional body, the National Association for Poetry Therapy (*Nicolas Mazza, Poetry Therapy Routledge, 2003*). With art therapy in individual patient care, the process is run primarily by, and under direction of, qualified therapists, within a conventional medical background

9. With each approach, the key factor determining the success of the effort is that the artistic activity is patient-centred. With the environmental arts in health practices, deviation by artists into wider or broader art objectives may well lead to friction and rejection by professional medical and administrative staff. With individual patient care in poetry as therapy under clinical direction, the need to be patient-centred is indisputable. From this, a further critical distinction is necessary in exploring poetry either in its role of creating a healing environment or as a formal part of therapy.

10. Where poetry is made generally available to all, as part of the healing environment, a key issue is the power of emotions in poetry as described by Wordsworth. The poems are evocative, seeking to arouse the feelings of the poem in others. A main concern about poetry in health of mainline doctors and health service staff is therefore the selection of poems. The adage '*Do no harm*' became paramount. Poetry may help, but also may severely harm. A heavy dose of Keats's "*Now more than ever seems it rich to die/ to cease upon the midnight with no pain...*" is surely not to be advised for a suicidally depressed patient.

11. Poems in the Waiting Room's [editorial guidelines](#) illustrate the issue.

12. With poetry therapy, the poetry is part of a formal therapeutic procedure under medical direction. It is primarily for expression by individual patients, generating the powerful feelings, described by Wordsworth, to confront strong emotions dealing in either a morbid or a developmental personal issue. It enables the patient to communicate these, either by their own writing or by using the poetry of others to express feelings that cannot be expressed in other ways. The objective of this poetry is not one for general widespread consumption by all conditions of patients within any NHS unit. There is little sense in a medical context as part of the healing environment of evoking a powerful feeling of, say, depression that a patient under poetry therapy may produce.

National Organisations

13. There are currently three national organisations providing different aspects of poetry in health. Poems in the Waiting Room is the dominant programme in providing poetry as part of the healing environment. Survivors' Poetry and Lapidus are two organisations dealing with different and specialist aspects of poetry in health as therapy.

Poems in the Waiting Room

14. Poems in the Waiting Room, founded in 1995, is a registered arts in health charity (Reg. No. 1099033) which has supplied poetry cards, quarterly since 1998, for patients to read while waiting to see their doctor. The registered charity's aim is to show gratitude to health service staff for their

care and to promote poetry. The patient may keep the free poetry card as an enduring rather than ephemeral contact with the poetry. From its start, it accepted that in a patient-centred NHS, poetry arts in health too needs to be patient-centred. In time of trouble, a measure of comfort is welcome. Poems in the Waiting Room has grown to become the most extensive arts in health programme serving the NHS. Its success stems simply from adopting a patient-centred editorial approach.

Survivors' Poetry

15. Survivors' Poetry is a London-based national arts charity (Reg. No. 1040177) that works to support, promote and publish the poetry of people who have been through, or are currently in, the UK's mental health system. Survivors' Poetry was founded in 1991 by four poets who had themselves had firsthand experience of the mental health system. It works with 'survivors' of psychiatric illness, drug addiction, sexual abuse, and mood-altering medication. Its clients may well have experienced the dark side of life in psychiatric hospitals, prisons, rehabilitation units, or counselling centres; all are trying hard to get their lives back together again.

Lapidus

16. Lapidus was founded in 1996, dedicated to developing the potential and actual benefits of creative words through creative writing workshops, storytelling, poetry sessions or in hospitals, health centres, mental health organisations or community settings. Wherever it happens the aim is to grow and develop personally and creatively. Members of Lapidus come from all walks of life with one thing in common; an interest in healing and personal development through writing and reading. That means all can join and Lapidus members include non-professionals, writers and poets, medical and health care professionals, therapists, social workers, librarians, academics, teachers, service users, survivors and service providers who may work in a variety of therapeutic environments.

Previous Review of Poetry in Health

17. In 2000, the Poetry Society reviewed its members' involvement in poetry and health care. The report tabulated a series of examples apart from Poems in the Waiting Room.

18. In Sheffield Children's Hospital, Debjani Chatterjee held a six-month residency spending time with children in various sectors of the Hospital. The project produced a legacy in the creation of a Poetry Gallery. One hospital corridor was redecorated with the children's poems, reproduced as posters. (Email Debjani Chatterjee debjani@chatterjee.freeseve.co.uk).

19. At the Dean Lane Family Practice in Bristol, Rose Flint conducted a six-month residency as the 'Poet for Health'. Patients were encouraged to sign up for individual appointments; Dr. Gillian Rice and her colleagues also referred patients. Following completion of the residency, the Dean Lane Family Practice maintained a poetry corner and joined the mailing list of Poems in the Waiting Room.

20. At the East Midlands Centre for Forensic Health, Dr Richard Byrt worked with the poet Mahendra Solanki with poetry as a means of expression and not necessarily therapy. He facilitated four days of creative writing, enabling patients to appreciate the strengths and positive features of their work.

May Lane Surgery

21. *Work with words* by Simon Opher and Emily Wills (*Br J Gen Prac* 2004 54 156-157 - February 2004, *Royal College of General Practitioners*) described a project introduced by the practice doctors, at the suggestion of a patient. Over a three month period, patients were invited to join a poetry writing group monitored by Emil Wills. (*Poems from the May Lane Surgery, Dursley, 2003*).

Poetry in Health Survey Projects

22. The request for information by this study about current poetry in health projects produced reports from eight projects. The majority were conducted in hospitals and most concentrated upon using poetry as a therapeutic adjunct with a variety of patients' conditions. There was one example where poetry was deployed to help create the healing environment, especially in hospital waiting rooms.

Poems While You Wait

23. Poems While You Wait was introduced in Leed's Teaching Hospital in 2007 and 2008 by the then writer in residence Char March. Char March aimed to get quality contemporary poetry that would engage, delight and provide food-for-thought for patients, visitors and staff in beautifully-designed posters, up in hospital waiting rooms throughout Leed's hospitals. Rather than produce plain text poetry posters, the posters would also look attractive to provide some beauty in the aesthetically grim environment of hospital waiting rooms.

(Email Char March charlottesmarch@btinternet.com)

Apples & Snakes

24. Apples & Snakes is the leading national organisation for performance poetry (Charity Reg. No. 294030), stretching the boundaries of poetry in education and performance. The aim is to give a voice to challenging and dynamic poets and encourage the appreciation of poetry by all. Projects are run in schools, prisons and in informal settings, with some fifty spoken-word artists.

25. A residency in Guy's & St Thomas Hospitals opened the chance to work in the growing arts in health movement and to find out about integrating the arts into the training of health professionals. The performance poet Jared Louche was the key worker in the project during September and November 2007. He worked in the wards at bedsides, as well as in the Evelina Hospital School, directly with children, young people and staff, working with individuals as well as in groups. The project illustrates that poetry is readily accessible in a therapeutic environment. Logistically, it is easy to fit around hospital equipment. When patients are unwell, or in a unit where everyone is bed bound, poetry can adapt or sessions can be one to one, as in a dialysis unit where energy is very low. It can also adapt in intensity to suit the patient's state of health; in both instances above, it was relaxing and soothing. On the overall assessment of impact of the project, the now virtually standard struggle to prove the impact, within the institutional processes, remains. (Email Evaluation Report Lucy Hill karen@applesandsnakes.org)

Cheltenham Health and Social Care Centre

26. The Cheltenham Health and Social Care Centre offers a contrasting setting for poetry in health. The patients are still part of the general community and not isolated, like hospital patients by their morbidity. Kate Fesel, a poet and social service work student, led a writing group during November 2007 to July 2008. The writing group comprised eight mental health service users accessing secondary services due to challenges with their mental health. The group consisted of an equal number of men and women who were offered access to the group following discussion in a staff briefing about how the group might support the individual through both group-work and the creative process, to engage more fully with their own identity. All members of the group were managing symptoms by accessing psychiatrists on a regular basis with daily support from specialist mental health workers where appropriate. Outcomes were interesting and led to a number of members becoming full time writers in their own right. The dialogue between service users and the development of the confidence to self-express was perhaps the most outstanding element of the projects outcome. (Email Kate Fesel Katefesel37@aol.com).

St Catherine's Hospice Scarborough - Heather Unit Whitby Hospital

27. Work with palliative care in hospices and palliative care units in hospitals presents a different challenge. Kate Evans undertook a poetry residency for Hospital Arts in North East Yorkshire from May to November 2008. The project developed in two units where there were members of staff who were ready and able to champion the endeavor, one having been brought on board through a workshop previously run specifically for staff. The method of working in each unit was very different. The Heather Unit consists of a number of palliative beds in private rooms adjacent to a small GP bed ward. Generally the patients here were poorly and would not be seen more than once. They might be too ill, or they might have gone home or onto other medical care some obviously, unfortunately, died. Kate would sit with individual patients at their bedside, sometimes for as little as five or ten minutes, though more often for upwards of an hour. She might share some poetry, but mostly listened; to memories, thoughts, fears, desires, pleasures. At St Catherine's Hospice Kate was in the lounge of the Day Hospice. The participants here were healthier and would be seen week on week. Kate would spend some time working with the people in the lounge as a group. She might read a poem aloud or take in creative stimuli like objects or pebbles and encourage discussion. Then people would either write a piece themselves, or she would go round and scribe for them or collect ideas which could be worked up into a poem. (Email Kate Evans kateevans@tinyonline.co.uk).

Cheltenham General Hospital Oncology Unit

28. Oncology wards and waiting rooms are places where patients and carers normally have little to do except wait for treatment and think about their situation. The project, originally part of the Gloucestershire ArtLift project and continuing as a further development, aimed to provide creative activity for patients and carers in these settings. At the very least, the activity provided a means of passing time. Ideally, it could provide a creative outlet that the participants had not taken part in before, giving them a means of expression and a new way of looking at things. Poetry was chosen as an artistic activity because it could cope with the constant turnover, movement and disturbance of a busy oncology waiting room. The poet could work with individuals or small groups, and interruptions to the work could be treated lightly. No special equipment or space was needed, and worthwhile work could be done in relatively short amounts of time, often less than an hour. (Email Brenda Read-Brown brenda@m_read.freeserve.co.uk Helen Owen helen.owen@gloucestershire.gov.uk)

Ysbyty Eryri (Community Hospital) Caernarfon

29. A series of creative workshops were held at the Community Hospital Caernarfon with Iwan Llywd, poet and Nancy Evans, visual artist. The project focussed on participants, and was inspired by spring and renewal. The task was to create a series of four textile art pieces for display in the hospital corridor. Iwan Llywd ran four group poetry sessions of about two hours each with both in-patients and day patients. The work drew for inspiration on the season of spring and renewal and also touched on reminiscence and memories of springtime. The poetry inspired the imagery and colours for the visual artwork. Four collaborative textile pieces were created using the screen prints produced by the patients. The printed poetry and text written with the patients created a central and integral part of the final production. The final pieces were showcased at the Galeri in Caernarfon in May 2008 as part of the Gwanwyn arts festival. The work was eventually framed for permanent display in Community Hospital. (Email Iwan Llywd contact iwan@llwydwilliams.freeserve.co.uk)

Swindon's Great Western Hospital

30. Tony Hillier, Swindon's Community Poet, was invited by Swindon's Great Western Hospital Education Unit to a two day Poet-in-Residence session. He worked with young people in two groups. The patients invited to the poetry sessions, wrote about the usual and specific teenage and pre-teenage things, such as food, pets, fairies, bullying, camping and golf. However, not surprisingly, amidst the poems, there were also responses on how having juvenile arthritis affects the lives of these young Wiltshire people. (Email Tony Hillier tony.hillier@ntlworld.com)

Two Short Notes

31. A short note on Pam Zinneman-Hope and Alex Coulter's work in Dorset Country Hospital, *Work with Words*, reported a project where a poet and short story reader went around elderly wards offering to read poems or short stories to patients at the bedside (*Email Pam Zinneman-Hope & Alex Coulter* Alex.coulter@dchft.nhs.uk).

32. A similar short note on Wendy French's work in South London reported activity with Creative English in a psychiatric hospital school with adolescents. Poetry and poems become the tool for the young people to begin to face their problems. The project produced two books of poetry, 'Dog Bark' and 'This is Just to Say'. The project included sessions at Guy's Evelina Hospital School, where a further book was produced, 'What's Your problem?' In both a general hospital and psychiatric hospital poetry has allowed young people to think about others and themselves (*Email Wendy French* wendy.french@binternet.com).

Conclusions

33. The examples of poetry in health demonstrate that the use of poetry in the NHS is both widespread and diverse. The examples confirm the division between poetry as a partner in creating a healing environment, and, poetry as a part or partner in therapy in the care of individual patients.

34. The nature and quality of poetry differs within each aspect of poetry in health. Poetry in health needs to be appropriate to context, and within a patient-centred NHS needs to be shaped by patients' concerns. With poetry deployed as part of the healing environment, the appeal must be broad and universal capable of appreciation by patients suffering the whole range of health conditions from the trivial but worrisome to the wholly distressing and potentially fatal. The simplest message to work within a caring environment needs to be of hope, where the poems may draw on the spring of well-being.

35. With therapy for an individual patient, the morbid condition determines the poetry form. The work is entirely patient-centred. Poetry may be deployed by the patient creatively to express their feeling and so develop a fuller relationship with their therapy. Poetic works too could be used to illustrate the variety of morbidities a patient may be presenting to aid defining the best course forward. The range of circumstances may vary widely, and so too should the poetry. Poetry therapy may appropriate in responding to the wide expanse of mental health, in coping with depression or bipolar conditions, or in dealing with children's' or adolescents' special difficulties of development or care, with victims of domestic violence, with potential suicides, with those addicted to drugs or alcohol and the broad scope of medical and social issues presented to the NHS.

36. A common concern running through most discussion of arts in health is the need to verify and evaluate impact. Evidence to support the proposition that therapeutic benefit might flow from arts in health is mainly anecdotal. There is at best some similarity to the placebo effect. Yet, the problem of assessment is hardly surprising. The changes that might be anticipated from the introduction of art into a developmental or morbid personal situation is unlikely to produce hard statistical data; the psyche is difficult to quantify. At most, arts in health may be seen as an adjuvant to conventional medical care (*PitWR Research Note 2 Studies in Poetry Therapy February 2004*).

37. The main source currently available is simple anecdotal [comments by patients](#). It is true that a small handful of positive anecdotal reports are rightly dismissed as evidence. Yet a substantial body of positive comments responding to poetry in health should by its constant accumulation and consistency become an acceptable body of evidence that, lacking any agreement on appropriate quantitative measurements, provisionally verifies the value of poetry or art in health.

38. Formally recognised verification apart, the administrative structures shape the extent to which poetry flourishes as part of creating a healing environment. Poems in the Waiting Room developed within primary care where the units are small and where the administrators deal directly with patients. The practice manager has an immediate feel and feedback on what poetry may offer to the practice. Work within the NHS Hospital sector proves far more difficult. The administration is far more complex and the administrators have little or not direct contact with the patient population. Establishing a scheme involves extensive negotiation. The most effective route is to build in poetry from the start in new projects or new developments as part of the healing environment.

39. The central issue with poetry in health as part of individual patient care centres on the distinctions between poets and therapists. The poet is not a therapist, although they may contend that poetry itself is beneficial. Therapists are not poets. The examples of poets' NHS projects show that a working relationship can be established which involves close liaison and control of the project by clinical staff. Projects may succeed well and augur promise for further involvement, but they lack a momentum of their own to ensure poetry as part of therapy becomes a routine practice.

40. For poetry therapy to develop as a common and accepted routine part of health care, it is essential that poets and therapist become one and the same. It is feasible to envisage the greater development of interest in usage of poetry among the therapeutic community, but less likely that poets might be extended to become therapists.