



Verbal Medicine: poetry and health in the bush

[Tim Metcalf](#), Poet and GP

Introduction

The man from Kaomagma

There was movement at the station, for the wog¹ had passed around.
Salmonella, I regret, had got away.
Makes you run like wild bush horses – Sorbent made a thousand pounds,
And everybody's crack began to fray.

The bush origins of poetry and its relevance to healing, some general remarks and examples

Poetry has been a fundamental tool for healing from the beginning: think of a mother soothing her ailing infant with a lullaby. Beginning with imitative sounds, that we term onomatopoeia, words soon developed a sympathy between the sound of words and the object or feeling being described. Many children's poems are still written in this manner, and a modern poet knows how to make vowels moan or cry. I propose in this discursive paper that poetry has been only temporarily eclipsed by the scientific revolution in medicine that has so successfully gathered pace in the twentieth century. The signs are already present that contemporary patterns of disease and increasing lifespan are returning us to the ancient practice of poetry.

Poetry and medicine?

Poetry, like the other arts, forms bridges between our intellectual and emotional worlds; between rational and irrational, planned and instinctual; between science and suffering, doctor and patient. A vast depth of human experience can be accessed in a simple, quickly read but long savoured language that has taken millennia to develop.

Poetic language is a necessary tool in human communication. Patients, for example, in order to describe what is happening under their skin (the point at which their knowledge of the body often stops) *must* revert to the devices of simile and metaphor: 'It felt *like* a brick pressing on my chest'. A clenched fist over the sternum, which is a visual body language simile, is unconsciously adopted by many people with cardiac ischaemic pain.

A fundamental property of poetry is its ability to contain ambiguity, paradox, or absolute contrariness. This is how it can function as a useful tool in the field of medicine.

Sontag contrasts the metaphors/myths of TB with those of cancer in the 20th C. She finds that the less we understand scientifically about a disease, the more it is understood metaphorically.

Professor Jack Coulehan at Stonybrook in New York is an internationally renowned poet and doctor with strong ties to Australia. He is a major contributor to the NYU database on literature and medicine.

"As a young doctor [he] headed out to a Navajo Indian reservation, in the central arid region of the USA. Like the Greek physician Asclepius, the Navajo believe that illness is a disharmony between the inner and outer cosmos. Healing rituals take days, and involve lengthy sessions of chanting poetry, singing sacred sequences and the construction of complex sand paintings. The purpose of this is to retell the life story of the ill person so that it follows a right path, along which the behaviour that causes the illness does not occur."

"Traditional medicine men coexist with physicians and hospitals on the 25 000 square mile Navajo Indian Reservation. Most seriously ill Navajos utilize both systems of health care. This natural

experiment of coexistence emphasizes several general characteristics of all healing. Traditional ceremonies are successful because they are integrated into Navajo belief systems and meet needs of sick people not dealt with by the available Western medicine. Reductionism limits the spectrum of obstacles considered relevant (eg, causes of illness), but an alternate model might include emotional, social, or spiritual phenomena ...”

Lame Deer

“So I know a little about what you call psychology. I have heard about group therapy and encounter meetings and found out that some white people have a way of acting out their troubles as in a play. Well, I must tell you that we Indians knew about these things a long time before you did. For longer than anyone can remember, many Sioux ceremonies always ended with a kind of Indian ‘group therapy’- with everybody taking his turn in a circle, talking about his problems, about what’s wrong with him. And a *heyoka*, a thunder-dreamer and clown, always has to act out his dreams in public, no matter how embarrassing that may be. At least it doesn’t cost him 35 bucks an hour.”

“I also think that it is a very wise sort of Indian psychology that a medicine man doesn’t dress up fancy with feathers and war bonnet when he performs a ceremony.”

The uses of poetry

Poetry is important to contemporary healing for several reasons. Firstly, the great poets can be read with a view to improving one’s view of the human mind: seeing our hopes and weaknesses clearly, we can progress ourselves as healers.

**She asked me if she took one pill for her
heart and one pill for her hips and one pill
for her chest and one pill for her blood
how come they would all know which part
of her body they should go to**

I explained to her that active metabolites in each pharmaceutical would adopt a spatial configuration leading to an exact interface with receptor molecules on the cellular surfaces of the target structures involved.

She told me not to bullshit her.

I told her each pill had a different shape and that each part of her body had a different shape and that her pills could only work when both of these shapes could fit together.

She said I had no right to talk about the shape of her body.

I said that each pill was a key and that her body was ten thousand locks.

She said she wasn’t going to swallow that.

I told her they worked by magic.

She asked me why I didn’t say that in the first place.

(by Dr Glenn Colquhoun of New Zealand; permission to reproduce requested)



Secondly, writing poetry is a widely used reflective practice for healers themselves. In our society this remains mostly in the closet, but this does not lessen its power to heal the healer through self expression:

Support the head

When we heard what was coming
my pregnant nurse paled.
Out of character, she agreed
to being sent away.
We called another nurse instead.
Support the head.

Poor father: backed his four-wheel-drive
across his toddler's chest and skull;
a silent wife, unconscious child.
Though its lips were blue and dull
the needle let the blood still red.
Support the head.

We somehow calmed the parents:
"At that age they're flexible".
They watched us work and sweat and worry.
"He'll soon be out of hospital.
No guarantees, it must be said."
Support the head.

At last the helicopter came.
The kid did well, his parents coped.
Casualty happy, a good day's work.
Some of us drank, or cried, or smoked,
but few could rest in mind or bed.
Support the head.

I could not rest in mind or bed.
I could not monitor myself.
Nobody monitored me.
I never had my mental health.
Support the head.
Support the head.

Morning in the Bush

The currawongs advance
branch by branch.
Black wings slit the canopy
(sky blue, leaf green).
Glinting eyes try
to outstare the man
walking amongst their trees.

Black scythes slash the day.
Down pours that night:
wind-lashed trees drop flowers
like sobs for the life
you snatched away.

Koori woman,
stolen child,

where is my innocence?
Did you know I couldn't see
the suicide in your smile?

I hated death
as the young doctor should.
I thought I held you up.
I fell so hard.
Where were the tablets I gave you?
The books I read?

You cut me with your truth.
My grief was not for you.
Now the wind
is only cold, and I know
I don't belong, here,
amongst the trees
or the birds
that keep their careful distance.

Thirdly, poetry has a constant public function in times of great emotion: for births, deaths and marriages; and the great outpourings we see for humanity itself, for example after the nuclear bombing of Hiroshima and Nagasaki, '9/11', and today the flood of anguished Australian pieces on Iraq.

The Cold Road

in memoriam of a mental health worker who took his own life

Coming through the creek a wallaby
flashed in the wattle, in my headlights:

it gave me a fright but I had
to keep driving, I had to get home

because it was cold, and every time this happens
I am lying again on the cold road

beside the crumpled car panting, looking
up at the evening-blue sky questioning

the space, wondering if a possum would strut
across the light but there was only peace,

a peace made greater by the struggle within,
that time I put my boot in, that time I pulled the crutch,

the crutch I leant to the world I loved,
the warring world I was at war with, the world in which

there's always some dark animal waiting by the road.



The academic point of view

Coulehan

Three ways in which poetry works to make a healer more effective:

- The poem is 'iridescent with negative capability' (Keats), allowing the artist to co-exist with doubt and reason; it allows an understanding and 'letting be'...(similar to Buddhist concept of compassion.)
- Ability to express epiphany, and change the hopeless nature of unhappiness in terminal illness. The detachment of physicians observed by sociologists is now required of medical students. Compassion of the greatest importance.
- Poetry allows us to express and reflect upon the dark side of healing: struggles with faith; hating patients; being glad people are dead.

Bolton

Reading and writing literature can:

- develop essential critical reflective and reflexive abilities and skills
- contribute to the development of practitioner's and student's abilities to listen, interpret, communicate, and tune in to nuances and hidden meanings
- encourage sensitive appreciation of the ethical and moral dimensions of practice
- extend the development of insights into, and concern for, different aspects of the human condition
- facilitate and ability to see connections and carry ideas from one area to another
- widen perspectives, and
- improve self awareness

The detractors

Pickering N (NZ University of Otago)

'...poetry is of no use in health care ethics education, because poetry is of no use.'

(because the individual's engagement with the poem is not predictable and therefore not likely to produce a set of desired educational outcomes)

J Miles Little 'Does reading poetry make you a better clinician?'

people are essentially who they are; reading poems won't help turn an uncompassionate person into a compassionate one.

Poetry and Medicine: A Conference

(Duke University Nth Carolina 2004 'Vital Signs: Poetry and Medicine')

Dr James Kyne, a psychotherapist from Nashville Tennessee, elucidated some of the dangers of the art form as applied to healing. He notes the 'small act of heroism' required for many patients to engage in poetry at all, especially for the anxiety patients he so often deals with. As 'the most precise and unflinching language of the heart' it can overpower us with emotion as well as be used to divide and conquer that emotion with everyday words. Poetry may liberate, but it may also humiliate. It may even expose a person to emotional flooding by unexpectedly amplifying a negative experience. In some ways even worse, poetry can pre-empt and therefore dismantle a person's own fragile development of understanding of themselves and their illness.

Kyne was speaking in 2004 at 'Vital Lines: Vital Signs', a novel conference hosted by the Centre for the Study of Medical Ethics and Humanities at Duke University in North Carolina. Almost 70 speakers gave presentations in five parallel sessions. They included cancer sufferers and survivors; professors of literature; poetry therapists; nurses; disabled people; medical students; doctors, poets and other artists.

Dr David Caplan of Ohio Wesleyan University gave a concise history of the therapeutic use of poetry between the two world wars. 'Bibliotherapy' with specifically created anthologies like 'The Poetry Cure' of 1925, which went through 23 printings, and was prescribed for general health as well as for common disorders like tuberculosis and shell shock, was designed to 'quiet the nerves' and 'create a hopeful outlook'. Hospitalisation in those times was often lengthy, allowing the development of a contemplative treatment regimen.

Doris Iarovici, a psychiatrist and writer from Duke University, approached the poetry:medicine interface from the neurolinguistic point of view, noting the adaptation of our developing neural structure to form and repetition, and recent Magnetic Resonance Imaging studies that demonstrate Cognitive Behavioural Therapy is able to physically 'rewire' the brain, suggesting that poetry as a part of psychotherapy is probably capable of moving very traumatic memories from deep primitive storage areas in the brain up to more readily accessible regions. She reminded the audience that Freud wrote 'Not I, but the poet discovered the unconscious'.

The practical use of poetry as part of the treatment of prolonged illness, especially in palliative care (including HIV/AIDS and the special needs of paediatric patients), was a major focus of the conference. Poetry was lauded for its unique ability to allow the expression of contrary but simultaneously experienced emotions, for example 'love/hate, dependant/independent' relationships with carers; and thoughts considered unacceptable, such as those of the relative who secretly looks forward to a death in the family. Poetry allows verbal complexity and ambiguity, and tolerates lack of resolution in ways that ordinary language, and certainly clinico-medico-legal discourse dare not. Poetry often functions as a trigger that releases deeply repressed material that otherwise may never make it to the verbal light of day.

A number of organisations and teaching hospitals were promoted as sources of information and experience in poetry therapy. The most thoroughly lobbied was the National Association of Poetry Therapy, founded in 1970, which has branches in the UK (called Lapidus) and the antipodes. Robert Carroll handed out copies of "Giving Sorrow Words", a collection of poems of 'strength and solace' in widespread use, and talked to attendees about the NAPT's certificate courses. Other organisations included the National Network for the Arts in Health and the Society for the Arts in Healthcare.

EBM and poetry

As Kazandjian says in *The Epidemiology of Quality*, 'those in the health care profession have long been concerned about quality. Doing the 'right thing' is the very nature of medicine.' However, whilst admitting that the philosophy of quality assurance was 'semantically unfortunate, since quality could not be assured', he asserts that we must dispense with 'feelings and emotions' in the quality debate, and concentrate on objective results. The 'hospitals very survival depends on its ability to demonstrate optimal patient outcomes at a fair and reasonable cost', he says.

I see a number of serious difficulties with this sort of approach to health. Firstly, as Kazandjian points out, EBM is already an established part of medicine. Giving the search for better treatments for patients a name and a set of code numbers, and linking it to funding and other outcome parameters, may streamline management, but is not likely to result in a major advance in medical care. This is because the basis of the EBM, the meta-analysis, is a natural evolution in the search for medical knowledge, not a profound new insight into the very nature of health.

The collapse of the quality process will hardly result in the end of hospitals. Human beings have a natural urge to improve the lot of their sick. We can always find a way without the equations, as we have for a long time.





On being a poet

A poet is more than a versifier: there is much else to be done, such as attending readings and literary festivals, negotiating with editors and publishers, raising awareness of the art form, teaching others, and writing book reviews and articles about poetry.

Len Green is a practising radiologist in Sydney. He enjoys the possibilities of wit and metre in his light verse composed for performance on community radio, and for publication to raise funds for the Royal Society for the Blind. He has written many poems and books, and even claims to have some of his work shelved at Buckingham Palace! Green has expanded the field of poetry by publishing it in places like the daily newspapers, medical journals, specialist medical colleges, the Taronga Zoo and even the Echidna Society !

The Gastro-enterologist

A gastro-intestinal activist
Must be nimble instrumentalist,
For with his endoscope he should provide
A bird's eye view of somebody's inside.
One needs to show a modicum of tact
In dealing with the alimentary tract,
For waste deposits finding their way out,
End up as spoil, nice folks don't talk about.
Although no-one would vulgarise the mouth,
The orifice that opens further south,
No matter how compelling and well kempt,
Is subject to hate, ridicule, contempt.
Therefore our grateful thanks to him are due,
For taking such a fundamental view.

Poetry at home

Poetry is a great way to record your experiences in few words. Patients can be relied upon to provide you with a wealth of observations to record. ? Observe how often people use metaphors and simile to describe their illness. Interesting cases abound, but why do some stick in your mind? Consider recording snatches of dialogue; aphorisms from your teachers and striking lines from the books; an emotional situation; a rather incredible day. Remember there are five senses: what was that smell? That feeling transmitted from your clinical fingers?

Theorists like Lakoff and Sontag have shown how language is shaped by, and goes on to shape, our work practices. When you have finished your work for the day, consider playing with medical language. See if you can find a way to have fun with it. Poetry is an excellent medium for this game because of its protean tolerance for structure and content. It is capable of great intensity, thus brevity, thus wit.

Verbal Medicine

So long as we live, so long as we struggle against the inevitable, we will have ill health to confront. Today we are facing epidemics of chronic disease, and the urge to write about this is strong, and reflected in a growing market of illness narrative. I believe that as the science of the body advances, we will encounter greater difficulty with the art of the mind. This is their essential interconnectedness for us as human beings. 'Verbal Medicine' attempts to speak to us in both paradigms, and importantly, it records the voice of the clinical workers themselves.

Verbal Medicine has been created to assist us in the process of understanding ourselves as healers, by presenting poetry that is modern and accessible, and that, importantly, is our own. We can find release by reading the work of our finest living poets; be inspired to create our own; and be shown ways to do this well.

Concluding remarks

To the poet the question of the use of poetry is as absurd as to demand of the doctor the use of blood, or of the psychologist the use of a caring mother.

Today's healing environment is complex and evolving towards the mental realm. Poetry is an ancient tool perfectly adapted to guide us as healers. It is the lowest technology of the arts: it can be written or read anywhere. When we feel isolated, poetry is the hand of all humanity that reaches out to reassure us, and to remind us who we are. Poetry works for our sake, and for the sake of our patients.

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Presenter

Dr Tim Metcalf has worked in remote general practice and emergency medicine since 1984 in NSW, NT, Victoria and British Columbia. He is past poetry editor for *Australian Family Physician*, and has delivered a voluntary on-line course in literature and medicine at ANU Medical School since 2004. His poetry has been widely published in Australia, and appeared in journals such as *The Lancet* and anthologies from the UK and US. His most recent book is *Verbal Medicine: 21 Contemporary Clinician-Poets of Australian and New Zealand* (Ginninderra 2006).

Dr Metcalf currently consults as company medical officer to Bega Cheese, and is secretary to the Friends of the Libraries of the Bega Valley Shire.

