



Verbal Medicine: poetry and health in the bush

Tim Metcalf, Poet and GP

There were movements at the station
for the wog had passed around
salmonella I regret had got away
It makes you run like wild bush horses
Sorbent made a thousand pounds
and every body's crack began to fray

Sorry I haven't got time to read the rest of that poem. I didn't write it. If you go to the *Penguin Book of Australian Bush Verse* you will find 'The Man from Kaomagma' and we don't actually know who wrote that poem. My name's Tim Metcalf. I am the editor of *Verbal Medicine*, which I am here to talk about. This compilation or anthology is the twenty one top poets in Australia and New Zealand who also work in a clinical field, people with interest and direct practical work in arts and in health.

Chris asked me to say a bit about myself. I've worked all of my career since 1984—I couldn't stand the city. I never did an internship in the city. I left immediately and I've worked as a doctor in New South Wales, Northern Territory, Victoria, British Columbia. I was past poetry editor for Australian Family Physician. I deliver a voluntary course in medicine and literature for the Australian National University Medical School. My poetry has been published all over the world, including in some medical journals like *The Lancet*. I work at the moment as Medical Officer to Bega Cheese and I am also Medical Officer to Bega Council. I am founding secretary to the Friends of the Libraries of the Bega Valley Shire and I have presented community radio there for many years.

I will, like Marily, put a paper up for you to read, so I will just skip through a things I wanted to say. Poetry is not really different to the other arts insofar as it helps us form bridges between our intellectual and our emotional worlds. It builds a bridge being rational and irrational, planned and instinctual, between science and suffering and between the doctor and the patient, or the health care worker and the patient. A vast depth of human experience can be accessed in a simple quickly read and long savoured language.

One of the contributors in *Verbal Medicine* is a GP from New Zealand called Glenn Colquhoun and he won New Zealand's greatest literary award recently. He has spent some time with the Maori people in the north island and it has extensively influenced his verse. Here is a poem of his and the title of the poem is, '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 the 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.

He's a fine poet, Colquhoun. I have put in my paper a few comments about the origin of poetry. Poetry actually has a rural origin and the term you may have is onomatopoeia where the word makes the sound, like 'bark' and 'wolf,' and these onomatopoeic words. Poetry comes out of the rural environment with our very first contact, and it is also a necessary tool in human communication and it is great to have such a large sympathetic audience, but I do encourage people to listen to language patients use.

Most people in this world, their knowledge of the human body stops where they can see. Most people don't know anything that's beyond the skin. So when something goes wrong with you, you must describe it by making a comparison; angina is like a brick on my chest. These are metaphors. Simile. You must use poetic language to describe what's wrong with you, unless you are a qualified person. I invite you to listen to people speaking over time.

The other great thing about poetry is it has a tremendous ability to contain ambiguity and paradox and conflict. Situations like a love-hate relationship with a healer or a dependent person that you are looking after; these relationships become very complex. I wrote a short poem in my 2002 book called *Cut to the Word* which contains poetry of medicine. This one's called 'Too busy for life,' and I wrote this when I was an intern in 1985:

At first I was angry with her.
She had wasted the time set aside for us to discuss euthanasia by deciding to stay alive.
I lectured myself and grinned.
I'd have coffee and cake at my leisure.
Life was busy,
but with time today to kill,
I could hasten my death with pleasure.

Marily mentioned some of the evidence that has been gathered and I am very pleased that she put the word 'pathogenic' up there. It is actually – I am glad that people are gathering the evidence, but I regard it as a sign of a dysfunctional society when we have to find the monetary reasons to continue with the artistic practice.

I was fortunate enough in 2004 to attend the first ever International Conference in Poetry and Medicine, which was held in North Carolina, and there I met with a Professor Jack Coulehan who has an international reputation in this area. He is the editor for the *Journal of Medical Humanities* and he has just resigned from that position. Jack did his early work in the Navaho Indian Reserve and I will invite you to look more of this up later if you are interested, but the Navaho Indian method of healing is to draw the very complex sand paintings. Essentially what they do is they take the ill person and they retell that person's life. Now, if you go home and think about this, it is mind-bending. If something goes wrong they go back to when they were born and tell the whole life story and fix it where it went wrong. That's how they heal. I don't need to tell you how old a society of American Indian people are.

One of the great medicine men who's still alive actually, he's called Lame Deer. He says:

I know a little bit about psychology. I have heard about group therapy and encounter meetings and why people do. Well, I've got to tell you, the Indians have been doing this for as long as we can remember. All ... ceremonies end with a kind of Indian group therapy.

And they also have a specific kind of medicine man called a Hayoka who is a comic medicine man and his job is actually to act out dreams and to act out illnesses in the village and have people laugh at him and ridicule him and poke fun at him and that is what he does. He takes this negative energy out of the community. He then goes out into the bush, blows it out to the spirits, and comes back.



Poetry, I think, has a number of relevant applications today. I think that, first of all, you can read the great poets and you can learn about other people. I think there are too many people not learning about other people these days and the great poets will tell you that nice and clearly. Excuse me while I just skip through my paper. Secondly, writing poetry is widely used reflective process for healers themselves. Now, in Australia this behaviour remains mainly in the closet. According to the Australian Society of Authors, the 2004 census, one of the questions was, "What do you do with your spare time?" 600 000 Australians put writing as the first activity. It beat sport and it beat television.

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 heads.
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.
The parents coped.
Casualty was 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.

I spent nine months at the only doctor at Gissing House at Wagga Wagga Base Hospital. Some of you will know that's the psychiatric unit and at the time I worked there in 1991 I was the only doctor on call for one fifth of New South Wales.

Morning in the Bush

The currawongs advance,
branch by branch.

Black wings slit the canopies,
sky blue, leaf green.
Glinting eyes try to outstare the man walking amongst their trees.

Black sides slash the day.
Down pours that night.
Winds lash.
Tree 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.

Poetry also has a constant public function in our society for times of great emotion: births, deaths, marriages, the great ... that we have seen for humanity itself and lately the nuclear bombing at Hiroshima and Nagasaki, the event so called 9/11, and today the flood of anguished pieces on Iraq. Anybody works in the field of poetry as I do—I should say I work only one day a week as a doctor and I work six days a week as a poet—you would be astounded how much poetry has been written about Australia's involvement in Iraq. I reckon I could assemble a book that thick with only the good ones. So although this art is in the closet it has an enormous psychological function in our society and there are hundreds of thousands of people at home who use poetry to work things out.

I knew a fellow called Dan Brophy. He's a mental health worker in the Bega Valley Shire. Very loving man. He used to take people home if the hospital couldn't accommodate them. He gassed himself last year and it was immensely traumatic for our community. This poem is in memory of Dan. 'The Cold Road,' it's called:

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 lent to the world I loved,
the warring world I was at war with,
the world in which there is always some dark animal waiting by the road.

In my paper I have briefly summarised the academic stuff that has come out of the UK and the States and I'll let you look that up later. I did want to briefly mention a couple of detractors. I think it is important to have a bit of balance. I wanted to mention a fellow called Pickering, Neil Pickering, who is



a lecturer at the University of Otago in New Zealand, and he wrote in a paper some years ago that poetry is of no use in health care ethics education because poetry is of no use. Thanks. Briefly, that is an economic rationalist point of view. As a poet, I frankly could not be bothered with gathering evidence or any of this stuff. Poetry is the oldest art form along with drawing that we have and it is eternal and it doesn't need anybody to verify it, validate it, or tick a box.

At the Poetry and Medicine – I am sorry that I am skipping through my paper here, but at the Poetry and Medicine Conference there was a couple of people I did want to mention. In particular, Dr David Caplan from the Ohio Wesleyan University. He gave a very interesting talk on the therapeutic use of poetry between the two World Wars. In fact at that time there was a book called *The Poetry Cure* and there was another book called *The Children's Poetry Cure*. These books were uplifting poems from the great classical poet writers. Now, these books, *The Poetry Cure* and *The Children's Poetry Cure*, these were prescribed by doctors for patients along with medication and along with beer, another thing that we've lost in modern Australia.

There was a woman called Doris Iarovici who was from Duke University and she did briefly give a paper on the neuro-linguistic and magnetic resonance imaging studies that had been done with poetry and had been done with music. They believe through MRI studies that these kinds of therapies, including poetry, actually can physically rewire the brain and there is some evidence that deeply buried traumatic memories are moved closer to the surface so they are more easy to deal with, with mediums such as cognitive behavioural therapy. She reminded us, in fact, that Sigmund Freud himself wrote, "Not I, but the poet, discovered the unconscious." And that was quite big of him. There was a great deal of talk at the conference about the use of poetry in prolonged illness, especially in palliative care and HIV Aids which is a huge topic in New York and the east coast of the states there.

There is also, I will briefly mention, a National Association of Poetry Therapy. It does have an Australia-New Zealand branch but it is not particularly active at the moment. They have published a book which you can find on the internet. It is called *Giving Sorrows Words* and it has been put together by the National Association of Poetry Therapy. It consists of poems that over years they have found most helpful to give patients who are grieving or are having trouble with the process of grieving. The book's called *Giving Sorrows Words*. You can actually get that free from the national Association of Poetry Therapy. It's in my paper but the web address is www.poetrytherapy.org.

Maybe it all seems a bit bizarre, poetry, using poetry, but I believe that I think we are going to see arts in health boom. So I'm not here to speak specifically and say you've got to use poetry, it's better than everything else. Everything has its place, just like a medicine. But I think what is happening, certainly in my 22 years in medicine, I think that illness is evolving or re-evolving towards an increasingly mental realm, shall we say. People are living much longer with chronic illnesses and so that we see that – I beg your pardon. People are living with a chronic illness and they are living longer.

What we are seeing – you can go to a bookshop anywhere and go to the self help section. A great example of this emergent trend in telling our story or painting our story, writing our story, go to the self help section and see if you can find a book on "My story of breast cancer," "How I coped with breast cancer." I submit to you that there are hundreds of books that you can find on this one topic. Go and try and find a book on "How I coped with HIV Aids." There are hundreds of those too. Go and find a book on depression. There are hundreds of those.

What we haven't written yet is one on obesity, but no doubt it will come. But this is a phenomenon. It is a mainstream publishing phenomenon. Some of these books are international bestsellers and I am telling you this because it is people telling their story, people writing their story down and this heals those people and this helps other people healing. To write a fine book about how you survived breast cancer gives enormous support and courage to other women who are suffering this incredible epidemic of our time. In *Verbal Medicine* you will find a number of our best poets have written about this, for example, Robyn Rowland, who has the Order of Australia. She is a clinical psychologist in Melbourne. She's a breast cancer survivor. Jennifer Harrison is a Melbourne adolescent psycho-analyst and one of the most brilliant Australians I have ever met. You will find her work in there too.

So long as we live—I guess I’ve got one more minute, haven’t I? I’ll just make one remark about poet and poems. You can write poems and you can be a poet. I would make a distinction. A poet is a job. I spend my job communicating with editors, working with universities, writing books, writing papers, writing reviews, critiques. A poet is work. And I write poems as well. that’s 10 per cent of my work. You don’t have to try and be a poet to write poems or to encourage the persons that you are working with to write poems. In fact, I would discourage them because this can block people. Just get it down on paper, because that’s what works for people.

So long as we live and so long as we struggle against the inevitable, we will have ill health to confront. I believe that as the science of the body advances, we are going to encounter increasing difficulty with the art of the mind. I will say that again. As we improve our science of the body, I believe that the art of the mind is going to get harder and harder. And poetry is one of the arts that has a role in helping us through this difficult transition. This is the interconnectedness of art and science and this is why I have put *Verbal Medicine* together. I think I’ll stop there. Thank you, Chris. Thank you.

FACILITATOR: Thank you very much, Marily and Tim. Questions. Questions. Are there any questions out there? There are no hands up. Yes.

MS ...: (Indistinct)

TIM METCALF: My comment in return is that I had \$25 in the bank in Christmas 2005 so, from pursuing poetry.

MS...: (Indistinct)

TIM METCALF: Well, I am greatly in favour of it though I sometimes wonder if the poetry haters had teachers they didn’t like as well. Broadly, I think poetry is unstoppable. It’s a human font of expression. It doesn’t matter what anybody says or anybody does, it’s going to come out and if someone’s going to pay me for it, that’s great. Actually, I’ve just withdrawn the program that I do for the Australian National University because they have paid me \$0.00 for the four years that I have done it and I’m having great struggles with this. So I’m thrilled to hear your support. I’m a University of Melbourne graduate and Professor Steve Trumble, who is the Professor of General Practice there, he is also the editor of *Australian Family Physician* and I’d like to acknowledge Steve Trumble. He’s been a great person. He’s the person that gave me space to provide a space for doctors in Australian medical journals.

FACILITATOR: Question down here?

MS ...: Thanks very much. I have a question ... because I haven’t formulated it properly, but ... about the Labour party’s intention of putting money towards preventive medicines. We’re in a year of a federal election and the parties are getting pretty tense about that. The Labour party has formulated its policy. I’m old enough to remember ... under a Whitlam Labour government ... political and saying—to say, the Labour party on the one hand, “Yes, we’re listening to you about preventive medicine and we want arts funding for that,” and let the coalition say, “Yes, and of course we’re going to do that too,” or something, and this is why I said I would probably ramble, but I think ... we’re all committed ... to prove it. Why don’t we do our electoral stuff and say, “We want that. Put it in your preventive ... budget.”

TIM METCALF: Well, Kevin Rudd, you’re a bloody dud. John Howard you’re a friggin’ coward. I mean, a poet is a deadly enemy to make. There are some lampoons that were written in the Roman Empire that are still remembered. Some of Shakespeare’s lampoons are still well known. My broad response to that is that poets of Australia are consumed with condemning the government for taking us into an illegal war in Iraq and it depends how broadly you want to approach poetry. I would spend my time trying to stop us going to war, because that makes a health nation. But yes, I’m not sure how to go about that, and I think the work of Marily is—

FACILITATOR: If I could just make a point. I actually collared Kate when she came out and ... and said, “This is fantastic, so let us work together with your arts ... who happens to be the bald man,



what's his name? Peter Garrett, indeed, and get the pair of them a room to have a discussion about what the ... I've put a recommendation. I've sort of put lobbying for arts and health leading up to federal election ... the opposition. I'll turn that into something else that goes into a paper that is put up through the National Health Alliance.

MARILY CINTRA: There is an interesting thing also because the Australia Council in the middle of the year commissioned a study on arts and health and nothing happened. They had the idea of creating a strategy for arts and health in Australia but at the moment it hasn't – so with a little bit of a push I think we could get quite a lot.

FACILITATOR: Question from you? Do you have a question?

MR ...: I have a comment, I suppose ...

MARILY CINTRA: The aspect of a multi-disciplinary that we need to have for this kind of work is amazing. I think there is a lot of wish to get there but there is not a lot of – we all want to do but we kind of do not exactly know how. So for example, the University of Newcastle has recently started an arts and health research centre. The University of Sydney has arts and humanities. So there is – the medicines and humanities in Australia is like a really growing. I don't know. I think you have been to one of their conferences and that is how we can train the medical and nursing and all the staff so that they are also involved in a more humane artistic way.

So I guess that now – we have so much happening that we really need to sit down and say, “Okay, where are we going?” I think you are right. That a lot of things – I talk more about the programs that I have in Australia outside of Australia than in Australia. I have been running programs in Liverpool Hospital for 15 years. It's like a model, international model, but we really don't know a lot about here.

FACILITATOR: One of the things – forgive me for breaking in again. One of the things that will be a recommendation from me to Gordon will be that the peak bodies need to start talking. In fact this peak body, the region of the Rural Health Alliance, needs to be talking to the peak bodies across the States and the Commonwealth. So Regional Arts Australia should be involved in this discussion. Regional Health New South Wales – I mean, here I am, meagre little Murray Arts working for six local governments and I certainly have a voice, but in fact my voice needs to be heard at the next level up but in fact we need someone that is sitting alongside that to kind of bring that voice in as well. So that is another thing that I will put on to the Board, about that kind of lobbying process so that we get the people at the top that can make a difference to have this discussion.

TIM METCALF: I'll just remark that I sort of have a foot in both worlds insofar as I am predominantly a literary poet but I live in rural Australia and I can tell you that the bush poetry scene in Australia is huge and a lot of the literati, they ought to come out to a bush reading. I did two readings a couple of weeks ago at the Cobargo Folk Festival. Now people stay up all night dancing and raging away. 9 o'clock on Sunday morning, there were 120 people sitting there waiting to hear the bush poets. After two and half hours they threw them off and forced them to go and listen to folk music. It's very strong.

I'd also remark that if you want to use poetry as a political lobbying tool actually in the poem itself then you are going to have trouble getting money and influencing people. You have to actually bite your tongue and be a little careful of these things.

FACILITATOR: Question over there.

UNIDENTIFIED SPEAKER: ...

FACILITATOR: Thank you.

TIM METCALF: Thanks, Geraldine. Thank your husband for giving me that award the other day too. It's probably politically incorrect to remark what wonderful poets the Arabic people are. You'll notice even some of the statements out from their terrorist organisations are beautiful pieces of poetry.

MS ...: Do you feel—in ... society, you've got this ... icon that, you know ... they can't do it unless they do it well ... singing and working with art, dancing, all this stuff is very much ... everyday. You don't—it's not a competition and ... society is putting some ... icon at the top and saying, "They're the best, they're the best" and plenty of times people say, "I can't sing," or "I can't dance," and it's not that you can't sing. You may not sing well or, you know, you may not hit all the notes, but ... secular and made it a special so special that ... which is ... separated it ... you've got to be good, you've got to be great to do it ... if you sing badly ... makes you laugh ... got to be the best ... striving for the best instead of just striving to be ... how can we change the tide ... we don't use it ... on a Friday night and talk about how our week was and have poems and have someone singing and playing guitar ... if everybody lived in their little houses alone and isolated ... community ... every day.

MARILY CINTRA: I think that for that you need the catalysts. You know, you need the people in the community who can bring those things and everybody feels comfortable with. I was—I've done two cultural plans for nursing homes and as part of this we had what you call creative spaces within the nursing homes. So we have artists that go there and they do their own work in relation of aging but they also facilitate people to do, so they teach new things. In the beginning people said, "Oh, forget it. They are not going to do anything." So not only we did amazing things we put immediately the works up in an exhibition so the general manager came in and he said to the artist oh you have wonderful work it looks so good because all the corridors we made into galleries, two operating galleries, and she said, "No, this is not my work. This is the work of the people." Then this old lady came to him and she said to him, almost crying, she said, you know, old dogs also learn new tricks and everyone was absolutely you know high and that's what you're talking about. that the arts need to be at the level that everybody feels confident in participating.

MS ...: ... better people but that doesn't make that person a better person ...

MARILY CINTRA: But say you have just identified that there's parks and things like that and it would be amazing if people could get together, why can't we organise—why can't you organising something like that, you know, or getting support from other people like the arts organisations that exist or even within the health to start something like that?

MS ...: ...

FACILITATOR: That's another discussion about local government, and local government valuing the creative arts and that, which is another tricky question. If I may just add a comment and I comment about the conference ... that's kind of happening, what's happening there and I saw it this morning is people stumble across it, and if they stumble across it then actually it's really easy. Because they just kind of sit beside and suddenly you seem them kind of rocking along. So if you stumble across then it is accessible because no one is asking you to be involved. But what we need of course is all those stumbling points.

It's afternoon teatime, ladies and gentlemen. I am very sorry. We are going to have to bring this to a close. There are just a couple of things, a couple points. We have got a couple of recommendations here. There is a meeting tomorrow afternoon at the Arts and Health stand in the conference centre. If you go into the conference centre here and turn right you'll see the Arts and Health stand.

There's a meeting at lunchtime tomorrow. We are going to go through some of these recommendations and write them up and spend a bit of time with those people who are really interested or practitioners of arts and health to begin a network. There is no—there does not appear to be a network in Australia at the moment so we'll have that conversation, bring these people together and begin a bit of a network again and talking about you know getting some lobbying happening can I remind you that both of their papers will be available on the website, I guess—can someone from the Rural Health Alliance here say when those papers will be up? Within a week or two?

UNIDENTIFIED SPEAKER: ...

FACILITATOR: It might take three or four weeks but the papers will be here with all of their reference. Ladies and gentlemen, thank you very much. Thank Marily and Tim.



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.

