

A poetic armamentarium

The healing art: a doctor's black bag of poetry Rafael Campo

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It's not that I don't read any poetry. But these days it's dwindled to an e-poem a week, courtesy of Karl Weyrauch and EZAAPP, the electronic 'zine of the Association of American Physician Poets. I'm grateful for those poems, whose "OutLoud read Time" seldom exceed 60 seconds. Karl must know about the stack of neglected reading material beside me at the computer.

After reading *The Healing Art: A Doctor's Black Bag of Poetry*, I won't deny that I have a serious poetry deficiency, and that my medical practice might be suffering as a result. In this, his latest book, physician–poet Rafael Campo argues passionately for "the indispensability of the poem" for patients and their doctors:

By presenting actual living-and-breathing poems and my responses to them — and, in some cases, responses that have come from my patients as well — I hoped to create an irrefutable argument for preserving compassionate and nurturing empathy in medical practice, and by extension, perhaps, in society at large.

Debating the relative importance of the humanities and the sciences in a complete education or "for cultivating one's mind" is nothing new. Almost 200 years ago, the Romantic poet Percy Bysshe Shelley argued in his *Defence of Poetry* for the supremacy of imagination over reason:

The cultivation of those sciences which have enlarged the limits of the empire of man over the external world, has, for want of the poetical faculty, proportionally circumscribed those of the internal world; and man, having enslaved the elements, remains himself a slave.

Campo's book is not a black bag of his own poems. Its basis is a series of lectures he presented (as Visiting Poet at Brandeis University) for a seminar entitled "Literature and Healing." He chooses examples of work by mostly contemporary American poets — among them, Tory Dent, Lucia Perillo, Mark Doty and, a favourite of mine, Maxine Kumin.

When my wife and I home-schooled our children several years ago, we used to read Kumin's poems aloud. Campo includes "Grand Canyon," in which Kumin writes about her visit to this natural wonder in the aftermath of a near-fatal injury. I quote the original:

... Enslaved
three months in axial traction, in what they call
a halo, though stooped, I'm up. I'm vertical.
How to define chronic pain?
Maddening, unremitting,
Raying out from my spinal cord
Like the arms of an octopus, squeezing,
Insidious as the tropic anaconda ...
The experts are fond of saying
spinal cord injuries are like
snowflakes; no two are ever the same
but while you're lying on the table, unfrocked
— no one tells you this — the twists and
pummels,

the stretches and presses are identical. One size of therapy fits all.

Who practices for this disaster?

Other poems with titles like "On Lithium," "delivery," "Riddle: Post Op," and "Retablo with Multiple Sclerosis and Saints" are grouped somewhat arbitrarily into chapters called "Symptoms," "Diagnosis" and "Side Effects." Campo analyzes and interprets each poem as he builds supporting arguments for his audacious thesis that poetry may well be the pre-eminent healing art.

Campo launches his argument from an existential platform: we suffer, and we are compelled to make sense of our suffering. Poets (presumably the good ones) make better sense of suffering than do many physicians. It has to do with job description. Although the work of doctors curing cancer, eliminating pain and scoring partial victories over ischemic heart disease is valuable, the work of poets elucidating the meaning of suffering for the person with multiple myeloma or traumatic quadriplegia is also important, and is at the core of the healing, as opposed to curing, enterprise.

Campo, an internist at Harvard Medical School, challenges the skeptics: "We should have any of these poets [whose works he examines] give readings of their work at hospitals' Grand Rounds, that venerable forum where physicians learn from leaders in their respective fields of clinical or scientific investigation." To what end? Campo believes poetry has the "power to transform scientific hubris into something of far more enduring meaning and human value."

Campo is a committed physician—poet. He writes and reads poetry, and he weaves it into the fabric of his medical practice. From his black bag he pulls copies of poems and gives them to select patients as a form of bibliotherapy. He encourages them to write their own. He uses poetry at the bedside to teach medical students. He argues the value of poetry with disbelieving colleagues. He is a vigorous polemicist for a biocultural paradigm in medicine and medical education over the present biotechnical one:

The poems under discussion, then taken, together, suggest a larger formulation of, or movement through, the experience of illness — one that interrogates the overly reductive postmodern model, and at the same time reforms the argumentative, rigidly science-driven biomedical discourse postmodernist thinking alone cannot derail — without resorting to the hysterical or the unreal.

Which brings me to some weaknesses and strengths in the presentation of his argument. For a poet with a highly developed sensitivity to language, Campo writes prose that is sometimes exasperatingly expansive, tangled and elusive. What are readers to make of this sentence, part of Campo's analysis of "The Widow's Lament in Springtime," a poem by an earlier physician—poet, William Carlos Williams:

Yet the veiled suicidal gesture also occurring here is not urgently eloquent enough to move this poet to embrace the utter humanness of our mortality — the murky marsh of the soul's perdition, for a moment indulgent of old-style negative metaphoric thinking, seems too dark to penetrate, even for the well-honed instrument of his perspicacity.

It's unfair to take a single sentence out of context, but I can hear the rising chorus of unbelievers: "Very interesting, but what does it *mean*?"

His thesis gathers strength when he lets the poems speak for themselves. His introductions to the poets and their poems are brief and incisive, whereas his literary criticism tends to overreach the mark. Reading through

some of his analyses is akin to the letdown one feels in the unveiling of a magic trick or the deconstruction of a joke. Campo's multiple gifts as a writer (and indirectly as an advocate for poetry) are best seen in the para-poetic chapters in which he tells the stories of patients. For example, his portrait of Eduardo demonstrates both the heightened visual acuity and the empathy of the poet writing prose:

Eduardo was seventy-six years old and, except for mild hypertension and diabetes, was remarkably well preserved. He wore his thick black hair combed back with a strong smelling pomade, and in his suit jacket's pocket a handkerchief folded as precisely as an origami figure declared his fastidiousness. He told me he was once a promising young writer in his native Ecuador, but unmentionable circumstances had forced him to leave the country, and when he arrived in America he could only find work as a bellhop at an upscale hotel. He had stayed in the same job for forty years; it had been backbreaking work, leaving precious little time, he always said, for cultivating one's mind.

Then there is Sunny, a difficult patient with fibromyalgia, whom he is try-

ing to interest in poetry as a catalyst to deepening their mutual understanding of her condition. Like many of us, she will take some convincing:

"Would you like to look at some poetry together, Sunny?" She moans a little, wincing with the effort of standing. Time seems to ease its grip on us; the exigent world stops its screaming. "Maybe," she says.

Near the end of the book Campo expresses the hope that his effort will not be in vain: "Indeed it is perhaps my greatest wish to see nonpoet physicians someday use this book with their own patients and medical trainees." He could be right about some of the poems in the book, if not about the book itself. As poet and Nobel laureate Czeslaw Milosz wrote in the preface to his own *Treatise on Poetry*,

Novels and essays serve but will not last. One clear stanza can take more weight Than a whole wagon of elaborate prose.

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Room for a view

The quiet room

66 P lease wait in here while I find the doctor."

I was faced with four sterile noncommittal walls and a couch as the door closed behind me. Gone was the bustle of the busy waiting room, the TV, the well-thumbed magazines and the happy expectant couples waiting their turn for obstetrical ultrasound. After my turn, the technician had ushered me here, to the quiet room. The room we bring people to after someone has unexpectedly become gravely ill or passed away. The room we use to allow families privacy in grief. Given how vigorously the baby kicked, finding myself in the quiet room now seemed surreal. But I knew something was wrong when the cheerful demeanour of the ultrasound technician became steely and professional mid-exam. Bad news was coming, and it would come only out of the mouth of the physician. I knew better than to ask

the technician any more questions.

The problem in a quiet room is that there is nothing to do except think. I was facing this alone — the price of having a military husband now deployed in a far-away land. There was no one to

distract me from the deafening sound of my racing mind. At times like this, being a physician is more a curse than a blessing: the unknown is rapidly filled with a long and particularly morbid differential diagnosis. Wary of my own instinct to interpret every kick as a sign of impend-

> ing placental abruption and every headache as a hypertensive crisis, I had rationalized every worry away, until now. Working full time, it was easy for me to underestimate the importance of taking care of myself: there were always people around whose needs seemed more urgent

than my own. Nothing could happen to me: I was a doctor. Besides, one is now always being told to view pregnancy as a

