Can poetry help us become better psychiatrists?

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Learning medicine and psychiatry is a moral as well as an intellectual challenge. Successful training in psychiatry can lead to significant personality maturation. Using poetic examples, the paper explores aspects of emotional development relevant to the traditional values of dynamic psychiatry. Such values are contrasted with those of the prevailing bureaucracy.

"We are professionals. We have a job to do. We just go on autopilot and tackle the task in hand". Thus the surgeon in charge of the casualty department receiving the dead and injured children on the day of the Dunblane massacre. We must be grateful for that autopilot, but once the technical job is done, the professional needs to reconnect with herself as a person. Now there is another kind of work to be done – to help with the impact of the trauma, the grief, the horror – and here, paradoxically, professional skills are needed to help professionals divest themselves of their professionalism – to become themselves once more, no longer automata.

Feelings are facts. Psychodynamic psychiatry can help understand these facts and how they influence our patients and our professional responses to them, and so contribute to the 'art' of medicine. Psychodynamic understanding is an art, but it is also a science and a moral discipline. It is an art in that ultimately it is impossible to legislate for the tact, timing, sensitivity and creativity that makes up an helpful encounter between doctor and patient. It is a science in that psychology, psychoanalysis and child development inform our understanding of the dynamics of relationships. It is a moral discipline in that in our encounter with the patient we are always struggling to do and say the 'right' thing in the face of human suffering. This struggle is as much with our own inadequacies, negativity, anxiety and pessimism as with those of the patient, even if we sometimes comfort ourselves with the thought that, via projective identification, these feelings may originate as much with the patient as with ourselves.

Medicine as a moral challenge

I sometimes like to think of the normal working day of a psychiatrist as a moral obstacle course. We are exposed each day to an enormous amount of suffering: to people who see no reason for living and wish to die, to those who have been brutally exploited and abused, to those for whom violence either to themselves or others has become a habitual way of living and coping with stress. Part of one's job is to avoid emotional blunting and to remain sensitive to this mental pain, while at the same time remaining buoyant and cheerful. Psychiatrists have to deal with the unrealistic expectations placed upon them, both by society and by individual patients, without dashing their hopes or retreating into cynicism. Equally one has to endure one's role as a 'bad object', being seen as the source of all that is wrong in the lives of some of our patients. This too has to be taken seriously, with good humour and with a realistic capacity to sift legitimate complaints from obvious misperceptions.

As a consultant it is vital to maintain morale, and, in Winnicott's (1965) words to help the team with its triple task of "keeping alive, keeping well and keeping awake". One has to maintain one's boundaries – ward rounds need to stop in time for lunch, while at the same time being flexible enough to allow for the unexpected. Space must be created within those boundaries so the patient can feel safe enough to get in touch with feelings, and to feel more creatively alive. One has to learn when necessary to say "no", to draw a line, without being rejecting or irresponsible. One must learn to take account of the fact that some patients seem attractive and likeable, while others evoke fear or even loathing – these are all reactions that need to be noted, understood and worked with. One has to render unto the Caesar of the bureaucracy the necessary forms filled in – to acknowledge that they have a value, and yet not to see them as a substitute for the human encounter with the patient.

This paper is an abbreviated version of a talk given at the joint AUTP-Psychotherapy Section biannual meeting 'Who teaches the teachers?' in April 1996.

https://doi.org/10.1192/pb.20.12.722 Published online by Cambridge University Press

One has, as the former tank-commander and psychoanalyst Bion stated, to keep one's head under fire, and to learn from one's mistakes. One has to learn to think before acting – diagnosis before treatment as Balint (1964) put it – to ask oneself *why* this patient wants her medication changed, that one wants to be discharged, this one is heading for a section and so on. And of course learn not to be paralysed into inaction by an excess of ratiocination.

The developmental tasks

What then are the developmental tasks that young doctors must meet if they are to be fit for this moral steeplechase by their mid-thirties? My non-comprehensive list is as follows:

(1) coming to terms with ambivalence – wanting to know, and fear of knowing, with compassion and revulsion
(2) learning when necessary to dissociate facts from feelings, without loosing sight of either
(3) coming to terms with the body, including sexuality – one's own and that of others
(4) retaining a personal vision, while feeling comfortable with the persona and role of a psychiatrist
(5) acceptance of success and failure – learning to 'treat those two imposters just the same'.
(6) coming to terms with loss – including the inevitability of suicide in some cases.

Poetic examples

I shall now try to illustrate some of these themes by the work of three contemporary poets. My presumption and slight embarrassment about this is tempered by a new column in the *Lancet*, "Department of Poetry", and by a recent paper (Horowitz, 1996) in which a physician describes starting his ward round with a brief literary interlude in which each member of the team in turn brings a poem for discussion. He reports positive effects on team morale and sensitivity.

My first poem is 'X-Ray' by Dannie Abse (1981), who, as emerges in the poem, is both a chest physician and a highly accomplished poet.

Some prowl sea-beds, some hurtle to a star
and, mother, some obsessed turn over every stone
or open graves to let that starlight in.
There are men who would open everything.

Harvey, the circulation of the blood,
and Freud, the circulation of our dreams,
pried honourably and honoured are
like all explorers. Men who'd open men.

And those others, mother, with diseases
like great streets named after them: Addison
Parkinson, Hodgkin – physicians who'd arrive
fast and first on any sour death-bed scene.

I am their slowcoach colleague, half afraid,
incurious. As a boy it was so: you know how
my small hand never teased to pieces
an alarm clock or flensed a perished mouse.

And this larger hand's the same. It stretches now
out from a white sleeve to hold up, mother,
your X-ray to the glowing screen. My eyes look
but don't want to; I still don't want to know.

This moving poem captures for me the inherent terror and ambivalence of medicine – its power to make us feel small and to pronounce our fate. The dissociated white-sleeved hand of the last verse belongs to the man whose mother we suspect has a terminal illness, and can also sign her death-sentence. It captures the reaction–formation that underlies many medical careers – by becoming doctors we gain mastery over that which we most fear. Somewhere too there is an 'oedipal' theme. The son who was once helpless and vulnerable is now in a position of power. However reluctantly, he has joined the company of those great men with whom he compares himself so unfavourably (Abse has two highly successful older brothers). Although he 'doesn't want to know', he forces himself to look, and *his* voyage of exploration lies in the making of the poem, whose slow pace, coming in a roundabout way in the last verse to its almost unbearable point, is just as courageous, one might say, as the journeys of the men he admires.

In Sharon Olds' (1983) poem 'The Connoisseuse of Slugs' we again encounter the dynamics of the gaze, showing how intense scrutiny can disarm, turning something potentially frightening or even disgusting into an object of wonder and tenderness.

When I was a connoisseuse of slugs
I would part the ivy leaves, and look for the
naked jelly of those gold bodies, translucent strangers
glistening along the
stones, slowly, their gelatinous bodies
at my mercy. Made mostly of water, they would shrivel
to nothing if they were sprinkled with salt,
but I was not interested in that. What I liked
was to draw aside the ivy, breathe the
odour of the wall, and stand there in silence
until the slug forgot I was there
and sent its antennae up out of its
head, the glimmering umber horns
rising like telescopes, until finally the
sensitive nobs would pop out the ends,
delicate and intimate. Years later,
when I first saw a naked man,
I gasped with pleasure to see that quiet
mystery reenacted, the slow
elegant being coming out of hiding and
gleaming in the dark air, eager and so
trusting you could weep.

https://doi.org/10.1192/pb.20.12.722 Published online by Cambridge University Press

As a man, I find this poem quite shocking, with its feminist reversal of the culturally sanctioned gaze of the male artist or advertiser on the naked body of a woman. I respond with typical medical dissociation by reminding myself that what is being described are perfectly normal physiological phenomena. It reminds me that, when teaching medical students, we would discuss in the group how to cope when they or their patient developed an erection in the course of a medical examination – it seemed a relief to discuss such matters, once they too had got over the initial embarrassment. Olds, an American poet, writes about an eroticised and possible abusive relationship with her father, and the last line conveys the delicacy of the contrast with which we entrust our bodies to the hands of our parents, our lovers and our doctors, and hinting at how that power can be perverted. In medicine we learn to listen, to look, to feel, and yet how easy is it to take a history without really hearing, to glance without wonder, to palpate without feeling, to pour salt and make feelings shrivel (or shrink!). Learning medicine is about learning how to touch and feel; listening to our own feelings helps us to be touched by those of our patients.

My third poem, 'Pathology' is by Miroslav Holub (1967), a Czech immunologist of international repute as well as a well-known and much translated poet.

Here in the Lord's bosom rest
the tongues of beggars,
the lungs of generals,
the eyes of informers,
the skins of martyrs,

in the absolute
of the microscope's lenses,

I leaf through Old Testament slices of liver,
in the white monuments of the brain I read
the hieroglyphs
of decay.

Behold Christians,
Heaven, Hell, and Paradise
in bottles.
And no wailing,
not even a sigh.
Only the dust moans.
Dumb is history
strained through capillaries.

Equality dumb. Fraternity dumb.

And out of the tricolours of mortal suffering
we day by day
pull
threads of wisdom.

This is perhaps a modern version of 'Ozymandias' or these lines from *Cymbeline* 'golden lads and girls all must/like chimney-sweepers come to dust' (Shakespeare, 1623), in which all beliefs and ideologies – the poem is as much an ironic commentary on communism as on Christianity– are dissolved by the merciless levelling of the pathologist's table. A bosom is transformed into a marble slab, bodies of heroes are dismembered, and the only truths are the threadbare thoughts of the pathologist – and the poet. Holub's poem is perhaps more daring than Abse's in that he takes further the splitting and evacuation of meaning that medicine is capable of, and yet manages to make of it something arresting and beautiful. The poem is as disjointed as the bodies it describes, yet coheres with its careful step-by-step use of sparse but feeling-imbued language, so that by the end we have, like the pathologist, extracted a thread of wisdom – a diagnosis – from our dissection and microscopic scrutiny.

Identification

Identification with parent-figures is an essential component in the development of a young person's identity in late adolescence (Erikson, 1968). One's identity as a doctor is inevitably formed through identifications and disidentifications with senior doctors to whom one has been exposed in the course of training. A benefit of the Balint-type groups for psychiatric trainees, which is seen as an essential part of psychotherapy training as part of general professional training by the College (Grant *et al*, 1993) is the proximity it provides between student and group facilitator, which fosters this process in a way that mass teaching cannot.

The issue of identification is of course a much wider one than simply the running of a seminar for trainees. It is particularly difficult for adolescents to identify with parents who are themselves in the throes of a mid-life crisis. One strand of this crisis in contemporary psychiatry is the encroachment of a well-meaning but insidious bureaucracy. Despite the much vaunted 'market', one is hemmed in, not so much by rules and regulations and forms and paperwork, as by the need to make a profit. Not that this is all bad: doctors, like any professional group, need regulation and scrutiny. But the essence, it seems to me, of a bureaucracy is that it requires no value system at its heart: it is self-perpetuating and self-justifying. Its procedures exist to produce more procedures, and so on. To counterbalance this we need value-based medicine as well as evidence-based medicine.

Of course the values and purposes are there, whatever the state of the bureaucracy. The question I have tried to pose in this paper is whether they are to remain implicit and unexamined or whether we can become more aware of them through cultivation of psychodynamic

https://doi.org/10.1192/pb.20.12.722 Published online by Cambridge University Press

reflection, which is, for me, akin to the poetic impulse. Whatever else they are, medical systems stand as an enormous social defence against anxiety. If one feels something is wrong, just seeing a doctor makes one feel better, even if there has been no apparent 'evidence-based intervention'. I end with the opening and closing stanzas from Philip Larkin's (1974) 'The Building' in which he compares the district hospitals – now, only 20 years later, themselves under threat – with medieval cathedrals, those magnificent and defiant expressions of negative entropy, monuments of our resistance to death and dissolution:

> Higher than the handsomist hotel
> The lucent comb shows up for miles, but see,
> All round it close-ribbed streets rise and fall
> Like a great sigh out of the last century.
> The porters are scruffy; what keeps drawing up
> At the entrance are not taxis; and in the hall
> As well as creepers hangs a frightening smell.
>
> . . . All know, they are going to die.
> Not yet, perhaps not here, but in the end,
> And somewhere like this. That is what it means
> This clean-sliced cliff; a struggle to transcend
> The thought of dying, for unless its powers
> Outbuild cathedrals nothing contravenes
> The coming dark, through crowds each evening try
>
> With wasteful, weak, propitiatory flowers.

Larkin touches here the paradox of medicine: its capacity both to remind us of our weakness, vulnerability, frailty, and mortality, and at the same time its immense power to overcome and outwit disease, and to stave off death, at least for a while. The tone of the poem, as so often in his work, is pessimistic and elegiac; he seems self-depreciatingly to imply that his words are as weak and propitiatory as the relative's flowers. And yet this is a highly crafted longish poem, a *tour de force* of complex rhyme and structure – itself almost cathedral-like. It is perhaps the task of psychotherapy and psychiatry to keep alive awareness of the anxiety and fear that lie at the heart of the cathedral-building, medicine-making impulse. Without this balance, medicine is in danger of topling over into commerce and bureaucracy and denial. Like the poet we too have to celebrate our knowledge of the mind and spirit and of our skills in the crafting of words and ideas to express that understanding. Without psychiatry, medicine is, in Bettleheim's (1968) striking image, in danger of being an empty fortress, an autistic world of function devoid of feeling – and the same could be said for a psychiatry which divested itself of dynamic psychotherapy. Psychiatrists, the popular joke has it, work with 'castles in the air'. We should be proud of our knowledge of those castles, resist their dismissal. Like feelings, they are very real.

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https://doi.org/10.1192/pb.20.12.722 Published online by Cambridge University Press