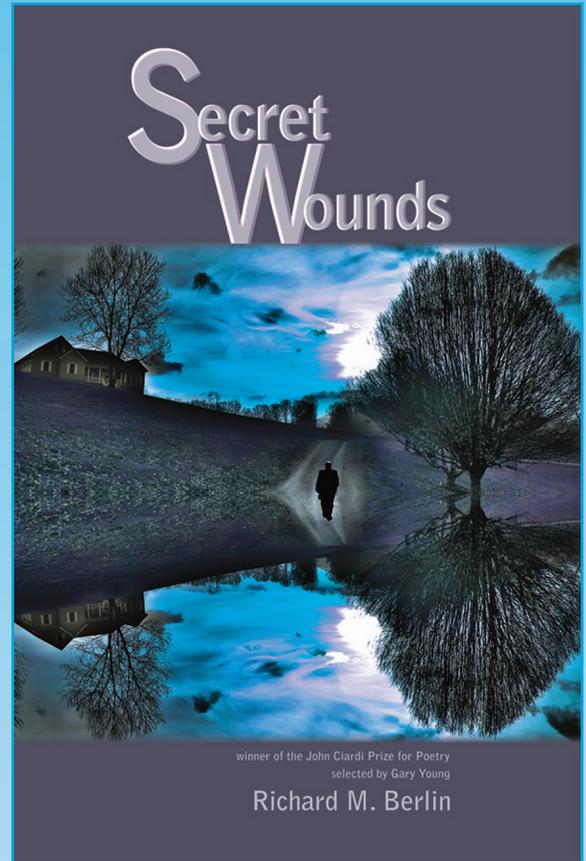


Secret Wounds

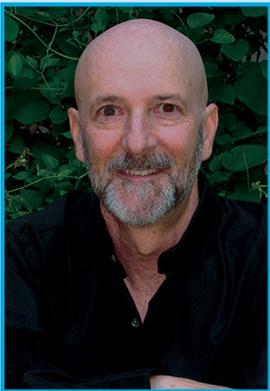
Richard M. Berlin, M.D.

winner of the John Ciardi Prize for Poetry
Selected by Gary Young



Interview

with Linda D. Brennaman, Josh Zink



What first attracted you to poetry? Were you interested in poetry before or after you started your medical career?

I didn't start writing poetry until I was in my mid-forties. The poetry "seed" had been planted by my extraordinary 10th grade English teacher, Miss Athey, but that seed remained dormant as I pursued my medical career and wrote scientific papers and ed-

ited a book on sleep disorders.

In my mid-forties, just for fun, I began making up bedtime stories for my daughter. When I mentioned this to a friend,

she declared, "Richard, you must become a writer!" and invited me to join her all-women writing group ("Richard, we don't have men in the group, but we think we could handle having you!"). It turned out that most of the group members were poets, and they educated me with their own work and the poetry of many of our best contemporary poets. I was hooked instantly, began writing poetry myself, and the rest, as they say, is history.

The medical field and the poetry field are often seen as wholly separate, but you seem to move fully in both at the same time. Your work as a doctor clearly informs your powers and themes as a poet. Is there a place where one calling leaves off and the other begins, or do they blend seamlessly for you?

In the first half of my career, before I started writing poetry, I would say my sense of myself as a doctor had much more to

do with traditional attempts to master the craft of my profession: I tried to develop my technical knowledge, treatment skills, and scientific understanding through patient care and research. It wasn't until mid-life that I was able to tune into the deeper music, the poetry, of medical practice and the doctor-patient relationship. I suspect this is a lot like the process of a musician who practices scales for many years before he/she can play with freedom and spontaneity. The blending of medicine and poetry has become more seamless over time, and my patients often comment about how much they appreciate my metaphors.

At the same time, it is very difficult to find any poetry in our completely dysfunctional health-care system. Insurance companies and bureaucracy poison the poetry.

Doctors, like poets, are sometimes seen as magical healers. Several of your poems, such as "Interned" and "Where Doctors Hide," address the misconception of patients and others who often see doctors as invulnerable. What is your take on these perceptions?

Robertson Davies, the Canadian novelist, once asked a group of doctors at Johns Hopkins University Medical School what they thought they looked like to their patients. Davies told them, "You look like a god!" In psychiatry, we would call this "transference,"

and this very positive transference certainly adds to the doctor's power and authority to promote healing and recovery – patients often want to get better to please their god-like doctor, though idealization can have a very negative side if things don't go well.

I am as susceptible as anyone to this transference, even as I am aware that the process is happening. I remember a moment when I was scheduled for a routine diagnostic procedure. I went to our hospital cafeteria, where I had eaten lunch for twenty years, but on the day I was to be a patient, I exclaimed to myself, "Wow, look at all those doctors and nurses in their white coats and scrubs!" I loved seeing them as god-like and invulnerable, just like the way I love to watch magicians, even though I know I am a willing participant in their illusions.

In the very first poem, "Lay Down Sally," you engage the reader by using all the poetic devices of sensual imagery (visual, auditory, olfactory, tactile, and gustatory), which vividly bind the physical and emotional for the reader. The first poem defines

the voice of the narrator in the book, and establishes the life-and-death conflicts that lace every poem. Is that why you selected that particular poem to lead this collection? Are there any other reasons?

Yes, "Lay Down Sally" is a good summary of my interests and preoccupations: my work as a psychiatrist focusing on treatment of people with severe medical disorders, helping them adapt and recover; issues of death and dying; the doctor-patient relationship; music and guitar playing; and writing. I'm not sure I could have articulated the reasons for my choice as well as they are outlined in the question, but I totally agree with your impression of what makes this a good first poem!

Does writing poetry come naturally, or do you slave for long stretches of time before you complete a poem? Do you find that poetry ideas emerging as an inspirational situation develops, or do poems come to you upon later reflection?

My writing process is at least as crazy and idiosyncratic as every writer I know. I am disciplined about making sure I sit down to write, but that can be a struggle, given all of the demands in my life (and every writer's life). I keep track of ideas, images, and lines as they come to me, and I'm always on the lookout for interesting material. Then I write a longhand

first draft with a pen and paper because I find I am freer this way and don't start editing

"It is very difficult to find any poetry in our completely dysfunctional health-care system."

myself too quickly. And then it is revision, revision, revision. I typically work on 20-30 different poems at the same time, and I feel lucky if I can get a poem finished after 10-20 revisions. Of course, the initial inspiration may have no connection to the poem that emerges; sometimes a few lines have all the energy, and they became the basis for the poem.

In my first year of writing, I realized I was not going to be in control of how the poems would be written: I would sit down to write a poem about baseball, and it would turn into a poem about my father.

Then I would get inspired to write a poem about the George Washington Bridge, and it would turn into a poem about my father. As a psychiatrist who has always been engaged in the practice of psychotherapy, I knew the process was important and just did my best to go with the flow. I've since learned that male writers often spend their first years writing about their fathers, so I guess I was very typical. "How a Psychiatrist Writes a Poem" in "Secret Wounds" describes the process in a more poetic fashion.

Your diverse writing style does not often follow strict traditional forms. How do your poems typically find their forms when you start writing?

“Secret Wounds” has a pantoum, a sestina and a sonnet, but most often, I write in free verse. Sometimes, I sit down to write a poem in a traditional form if I think the form will enhance whatever I am trying to say (the pantoum in “Secret Wounds” is one of my favorite for readings). I wonder if my “doctor-mind” comes into play here: after I have a written draft of a poem, my revisions are usually my responses to what I think works well or poorly in the draft, a bit like the trial-and-error process of treating patients where there is no “one size fits all” approach. Maybe this is another example of the way I have learned to integrate poetry and medical practice.

On your website it says you are an author of a monthly poetry column in Psychiatric Times. Tell us the story behind this?

Psychiatric Times is the most widely read publication written for psychiatrists, with over 43,000 readers each month and a very active website. The best known columnist is Peter Kramer, author of *Listening to Prozac*, who published the early ideas for his book in *Psychiatric Times*.

In 1999, I sent the editor a proposal with a few sample poems. My proposal was to match one of my poems with the “Special Topics” section of each month’s issue (the Special

Topics focus on issues such as the treatment of depression or schizophrenia, violence, and the array of problems psychiatrists are typically called on to treat). The proposal was accepted, and more than one hundred of my poems have appeared as a monthly feature for almost twelve years.

This has been a great way to reach my colleagues, though I remember my anxiety on the eve of publication of my first poem: “Every psychiatrist in America will read my poems. What will they think of me?” As is the case with so many worries, my fears were unnecessary and my colleagues have been incredibly supportive. And the editor of *Psychiatric Times*, Susan Kweskin, and her entire staff have done a spectacular job presenting the poems. Almost all the poems in *Secret Wounds* made their first appearance in my column.

What is your next major project?

I keep writing. The poems gradually form a pile. I sort through the pile, arrange the poems, and eventually, a book manuscript emerges.

Recently, I finished a manuscript with the working title *Patience and Flesh*, which I am getting ready to submit. The poems relate to medical practice, but some are more political and satirical than the poems in *Secret Wounds*, and there are a selection of poems about my life when I’m not treating patients.



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