

Foreword—As Per Verse: The Queer in the Clinic in the Poem

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Abstract This essay introduces a series of poems by six authors: Rafael Campo, Susan Holbrook, Katie Price, Trish Salah, Qwo-Li Driskill, and Brian Teare. I argue that the poems demonstrate that a queer bioethics, whether literary or medical, must dispense with commonplace assumptions about the ways in which selves, especially queer selves, are represented in language. Instead, poetry’s sound-sense and avoidance of language-as-usual can serve as an analogy for modes of approach, analysis, and even recognition that do not receive official sanction; the non-linear modes of reading required by contemporary poetry can serve as methodological models for a queer bioethics.

Keywords Poetry · Queer studies · LGBTQ health · Queer bioethics

Poetry and medicine come together more frequently than it may seem. It is practically a trope to list the famous examples: William Carlos Williams is the twentieth-century’s most prominent poet-physician, and the Romantic poet John Keats was already a medical practitioner when he succumbed to tuberculosis at the age of 25. When we turn to the role of the patient, of course, the connections increase dramatically. In a recent essay on poetry and disability, Michael Davidson suggests that some of the key poetic innovations of the 1960s ought to be read in relationship to poets’ health: the confessional poets Robert Lowell, Anne Sexton and John Berryman can be interpreted “as [poets] ... for whom personal testimony was accompanied by hospitalization, medicalization, and family trauma” (2008). Similarly, Charles Olson’s invention of a poetic line corresponding to breath can be read in relation to his “chronic emphysema exacerbated by heavy smoking,” and Audre Lorde’s poetry has as much to do with her identity as a person with breast cancer as it does her identifications as Black, as a lesbian, a mother, and a “sister outsider” (2008). Even Allen Ginsberg’s *Howl* “was not only a poem about the madness of the best minds of the poet’s generation, but about the carceral and therapeutic controls that defined those minds as mad, written by someone who was himself ‘expelled from the academies for crazy’” (2008).

To extend this list outward from the 1960s, we might also note that many modernist poets had significant encounters with the clinic, and many more were deeply engaged with

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sexological sciences, eugenics, psychology, and psychoanalysis. For example, Gertrude Stein's theories of bottom nature are based on her reading of Otto Weininger as well as on her studies in psychology with William James.¹ Mina Loy's sexually frank feminist love lyrics are avowedly eugenicist. H.D. wrote a great deal while in analysis with Havelock Ellis and even solicited his opinion on her philosophical tract, *Notes on Thought and Vision* — he disapproved. She later wrote a fictionalized memoir about her new analyst, *Tribute to Freud*. Although the title of this work suggests an admiring and perhaps even servile attitude, H.D.'s example begins to demonstrate the complications involved in poets' clinical encounters: H.D. considered herself Freud's pupil and a fellow intellectual, but Freud viewed her as a mere analysand and he declared her bisexual.² H.D., however, made her writing a place of negotiation, challenge, and revision. In her poetry and fiction, she created new conceptions of the feminine, of lesbianism, and of bisexuality that went well beyond her contemporary sexological and psychoanalytic definitions.

The foregoing list of interactions between poetry and medicine is obviously brief and incomplete, but the names included here — Lorde, Ginsberg, Stein, and H.D. — already begin to suggest that the discourse skews a little queer. If anything, the relation between poetry and medicine has become queerer still in the contemporary period, especially in the wake of the AIDS crisis. In palliative care settings, poetry is increasingly used as a therapeutic tool, and the AIDS elegy in particular has emerged from the clinical realm to enjoy a relatively broad cultural reach such as Essex Hemphill's or Mark Doty's (Rendell 2002, 89–100). This essay, then, is intended to suggest some of the things that poetry might have to offer to a nascent queer bioethics: its title, *As Per Verse*, is an invitation to listen to what poetry says.

“As per,” is a shortened form of the phrase “as per usual,” and these two words are thick with connotations of commonality and the fulfillment of expectation.³ The insertion of the word “verse,” however, changes things. Derived from the Latin term *versare*, to turn, poetry's other name reminds us that this genre swerves away from language-as-usual; its etymology runs parallel to the word “queer,” which comes from the Indo-European root *-twerkw*, meaning “twist” (Ahmed 2006, 67).⁴ How might poetry twist the accepted medical image of the patient? How might it reverse medical conceptions of body, health, and wellness? How might poetry make histories of inversion or other historical conceptions of homosexuality newly relevant for present-day activism? How might it be averse to, or take an adversarial stance against accepted practices and cures, even while acknowledging their utility? How might poetry imagine — and perhaps thereby create — new versions of the clinical relationship?

My title also reminds us that when we read poetry, we cannot read along one plane only. The phrase *as per verse* cannot be read without evoking its homonym *as perverse*, a comparative evaluation, and more often than not a negative one.⁵ *As per verse* fluctuates between meanings similarly to the movement between verb and noun that characterizes the word “queer.” This

¹ For more on Stein's connection to Weininger, see Damon 2001, and Katz 1978.

² For further description of H.D.'s relationships with Ellis and Freud, see Guest 2003.

³ The OED defines this phrase as a subset of its entry for “per,” within the definition of the phrase “as per usual.” The Merriam Webster offers a definition of the phrase “as per,” explaining that it means “in accordance with” or “according to,” which is suggestive of the legal contexts in which the phrase often appears.

⁴ Eve Kosofsky Sedgwick offers several additional definitions: “The word ‘queer’ itself means *across* — it comes from the Indo-European root *-twerkw*, which also yields the German *quer* (transverse), Latin *torquere* (to twist), English *athwart*” (Sedgwick 1993, xii).

⁵ Here I am following Charles Bernstein's suggestion that we must emphasize “the sin in ‘sincere’ [and] the verse in ‘perverse’” (Cummings and Marinaccio 2001, 8).

traffic simultaneously focuses our attention on queer persons and identities, on intentional and subversive turns away from heteronormativity, and on histories of marginalization and stigma. Put differently, if a queer bioethics asks that we reimagine conventional notions of patient selfhood, poetry offers a model for reading across and between competing definitions and discourses in order to make a new kind of sense. Poetry takes linguistic oddity as its condition of possibility; in this way it offers an analogy for how we might bring queer lives to the center of bioethical inquiry in order to queer bioethics itself.

The poems collected here — works by Rafael Campo, Susan Holbrook, Katie Price, Trish Salah, Qwo-Li Driskill, and Brian Teare — share very little in terms of poetic style, to say nothing of their authors' different career stages, nationalities, ethnic backgrounds, sexualities, gender identities, and relationships to the world (or worlds) of medicine.⁶ While some of the poems directly represent clinical experiences, offering queer perspectives on these encounters, others describe embodiment without reference to the realm of medical or scientific thought. The first two poets address the space of the clinic: Rafael Campo describes the relations of sympathy, intimacy, and desire that shape his medical practice, and Susan Holbrook illustrates the alienating effects produced by an OB/GYN's office decor. Katie Price confronts medical perspectives on patient selfhood, submitting her own medical records to procedural poetic techniques in order to create a radical new vision of the breast cancer patient. The next two poets address the time of queerness: Qwo-Li Driskill's poems draw upon Native American conceptions of embodied historical time, and Trish Salah's incorporate inversion case histories from the sexological archive. Both draw upon discourses anterior to and discarded by contemporary medical science, using these to render present-day Two-Spirit, queer, and transgender embodiments. Finally, Brian Teare's poems describe Chinese medicine and acupuncture as forms of queer-affirming care. If we typically think of doctors as "scientists of the body," trained and committed to "rationality, biology, and evidence-based practice," these poets suggest that a queer bioethics ought to proceed as perversely as verse does, veering away from normativizing language and methodology, and twisting toward a deeper, thicker, and more experiential account of illness, treatment, and clinical care (Morris 2007, 422). This brief introduction outlines the ways in which these poets render queerness, clinical care, and the relation between the two, as well as the bioethics implied by their diverse poetic forms.

In "Wednesday HIV Clinic," Rafael Campo offers a sequence of poems that cast the titular "Clinic" as a space of intimacy between patient and doctor. The physician-speaker is not a detached scientist who coolly and objectively observes the evidence put forth by the patient's body. Rather, Campo's vignettes narrate the moment when a patient begs the doctor to "pray for me," and when another confesses that "no one would want to fuck me now." The speaker even initiates intimacy with his patients: he notices that he "leave[s] the imprint of my fingertips/anywhere I press down on his taut skin." Touching another patient, he observes that "even through my gloves your skin feels warm." This doctor reverses the direction in which healing flows and admits the word's non-medical meanings: when he treats another patient, an art restorer, he "wonder[s] whether your light touch might heal,/but in another sense." He relates his patients' hopes and dreams, their disappointments, even their failings, but the poems also give voice to the doctor's ambivalence and annoyance. In this way, the poems alternate between the doctor's reflections and the patients' quoted speech, which often forms the bulk of the poetic text. However, in the final poem,

⁶ I have selected the poets on the basis of the specific works included here, which has led to a combination of some extremely well-known authors, such as Campo, Holbrook, and Teare, all of whom have won or have been shortlisted for major awards; poet-activists such as Driskill and Salah; and one emerging poet, Price.

“Alternative Medicine,” there are no quotation marks. Here, what we have been trained to read as the voice of the doctor seems to be the voice of another AIDS patient. Whether suggesting the doctor’s HIV status or offering a patient’s unattributed quotation, Campo abandons the medicalized framing perspective and demonstrates patients’ authority over their bodies and conditions. Crucially, this patient-doctor-speaker is only the voice in the sequence to utter the word “survived.”

Susan Holbrook’s poem, a selection from a longer sequence titled *Shredded Suite*, also considers the space of the clinic and the relations that develop therein. Holbrook collages scraps of text which she imagines as recovered from a medical office’s shredder; as her epigraph from *ratemydoctor.com* explains, the poem concerns a doctor who “really loves Superman” and displays memorabilia around his office.⁷ His practice, however, in no way necessitates this; rather, references to “her epidural,” “ring forceps,” and the “endocervical canal” make clear that he is an obstetrician and gynecologist. The unlikely match between the doctor’s specialization and his obsession is sometimes played for laughs: “This plastic Man of Steel/is female, aged 57.” Holbrook’s line breaks create a series of surprising syntactic connections between Superman’s strength and power (“it’s a bird, it’s a plane”), and the specifically female conditions and maladies that the doctor treats (“it’s a portion of the tubal stump”). Normative syntax joins these disparate spheres in a humorous way, but many other line breaks are disjunctive, beginning and ending in broken words that do not seem to connect directly to the surrounding content: “a moderate amount of bleedin/ssid all-wood hands and feet/ncurrent elective sterilization.” Patients and action figures alike are left unrecognizable, even meaningless; the word “ssid,” for example, seems to be a cut-off remnant of “classic,” but it also evokes the words “sick” and “[sic],” making a time-honored quality seem weakened, even erroneous or misplaced. In addition to these harsh cuts, language used to describe toys often blends into the evaluation of newborns: “a viable male infant, 7 lbs., 4/are no marks or loose joints!” The mix between medical language and eBay-style description chops the body apart, considering its component sections without reference to the whole. Holbrook’s use of collage techniques demonstrates that this clinical space produces a deep and abiding alienation that moves precisely along axes of gender: this environment queers its patients — all female — through a relentless and inappropriate celebration of cartoon masculinity. Whether or not the patient identifies as queer, this clinic makes her so.

Katie Price’s “A Sentence” explores the ways in which forms of writing used in clinical practice construct the patient and her body, reducing her to a series of lists: symptoms, possible outcomes, and so on. Like *Shredded Suite*, this project delves into the poet’s experiences in a clinical setting: the text is composed from Price’s own medical records, which she subjects to procedural techniques that are typically used to eliminate the poet’s subjectivity from the poem.⁸ Although this work is taken from a manuscript titled *Sik*, the title of Price’s closely related project *BRCA* is helpful in reading this poem. *BRCA* refers to BRCA1 and BRCA2, human genes known as tumor suppressors; mutation in these genes is linked to hereditary breast and ovarian cancer. The poem included here, “A Sentence,” is an alphabetical list of side effects

⁷ “This guy’s office was CHOCK FULL of Superman paraphernalia ... probably \$100,000 worth,” she elaborates. Personal communication. February 26, 2012.

⁸ Procedural techniques have been widely used by twentieth-century avant-gardes and were made famous by the French group Oulipo, the *Ouvroir de littérature potentielle*, or “workshop of potential literature.” This group, primarily composed of logicians and mathematicians, developed a series of constraints, which could be used by anyone, to create new literary texts that did not rely on individual genius for their production. Some of the most famous constraints include N+7, where every noun in an already-existing poem is replaced with the seventh noun after it in a given dictionary. American writers who have used procedural techniques include John Cage, Jackson Mac Low, and Harry Mathews.

of breast cancer drugs: beginning with “Abdominal pain acne acne back, bone, joint, or muscle pain,” the poem proceeds through some expected effects (“hair loss hair loss”) and some unexpected ones. For example, the repeated misspelling “nauseau nauseau nauseau nausea nausea” fails to inspire confidence, while “slow or difficult speech slow or irregular heartbeats” suggests a terrifying loss of patients’ ability to critique the doctor’s failure of due diligence. The alphabetical list at first seems to strip away all subjectivity, but surprising flickers of identification arise throughout: “spotting (light vaginal bleeding),” for example, is not only a common experience, its parenthetical definition attempts to bridge the gap between medical and colloquial vocabularies (even though “spotting” strikes a considerably less clinical tone than its definition does). Moreover, the title, “A Sentence,” speaks both to the relentless form of the poem, a 544-word, single-spaced sentence packed with difficult terminology and frightening imagery, as well as the medical diagnosis it represents. Perhaps breast cancer is not always a death sentence, or even a life sentence, but this poem testifies to its punishing character and to the longstanding psychological effects of treatment. While it has become a truism in American poetics that “form is never more than an extension of content,” in “A Sentence,” a depersonalizing form and content combine to suggest the patient’s extremely personal and subjective response to her medical treatment, one that runs deliberately counter to the predominant “pink warrior” image of the breast cancer survivor.⁹ Price demonstrates that patients’ responses to treatment can take surprising and unanticipated forms and that even the most mundane clinical language can be radically transformed — queered — by the patient.

Trish Salah’s *Lyric Sexology* also uses medical source texts, primarily sexological case histories, to create poems that combine abstract historicism with in-the-moment lyric expression. If sexology is a branch of science that relies upon highly structured narratives, the modifier “lyric” points toward subjective utterance, sonic density, and extreme brevity.¹⁰ However, there is some overlap between sexology’s reliance upon the case history and the contemporary understanding of lyric poetry. As Julia Bloch has recently argued, certain contemporary poems identified as lyric both invite and resist an “insistence” on the part of readers “that an original interior haunts” the poem (2010, 39). Like the sexological case history, the lyric poem’s hidden “interior” is the gendered story of the poet’s true self. *Lyric Sexology* explores the archive offered by sexological case histories and uses these texts to fill out the “archive of the poet,” what Bloch describes as the empty “interior to the poem” (39). If these case histories are typically viewed as outdated scientific accounts of homosexuality, *Lyric Sexology* instead makes them the wellspring of a contemporary transgender poetics. These poems move between personal and historical archives, creating resonances among different time periods and experiences: “My memory stumbles over how many trips alone on the same trains,” she writes in “Ghazal for Lili Elbe/Einar Wegener.” While the traffic between past and present is described as unintentional — the speaker “stumbles” — the poem emphasizes “how many” people have made this same journey, how the speaker’s route has been traveled by others before her. Although the case histories that make up these poems may have fallen out of scientific favor, they form a crucial archive for Salah’s poetics and for transgender identity formation in the present. Their diagnostic clinical use has given way, Salah suggests, to a poetics that combats “small and large forms of exclusion,” as she puts it in another poem. Salah shifts these case histories’ form, as well as their relevance; removed from the predictable arc of the life story and into the condensed brevity of the lyric, abstract medical knowledge becomes expressive, subjective, resonant, and even musical.

⁹ According to Charles Olson’s manifesto “Projective Verse,” Robert Creeley devised this maxim (Olson 1994, 614).

¹⁰ Here I am referring, of course, to the pre–World War II sexology upon which Salah’s poems draw.

Qwo-Li Driskill's poems evince a similar attentiveness to history although the histories Driskill draws upon are quite different than Salah's. Driskill's poems incorporate Cherokee words into their titles and frequently refer to Native American histories; nevertheless, they are primarily concerned with describing present-day embodiment and eroticism. In "MNEMONIC: **DYAC**/AGIYOTLI/PAIN," the speaker's body records long centuries of struggle: "generations of strain and exhaustion/collide into my body. Residue of smallpox/scratches my throat," "Muscles ache from the work of survival." Rather than individual symptom, the very physical "PAIN" named in the title is collective; "the handmark of history" touches many. If the first poem suggests that the body is a repository for collective historical trauma, that it is shaped and wounded by events in the past, the second poem declares gratitude for this bodily experience. "MNEMONIC: **DLAJ**/ADANEDI/GIFT" is erotic but pushes beyond the clichéd images of the body that typically feature in depictions of love and lust: "My right femur might break free from hip. My left shoulder muscle catches scapula. Pectorals smolder red-orange from the fire in my abdomen. My ankle grinds itself to fine white dust." The list begins with a conditional phrase, describing what the speaker's "right femur might" do, but becomes more definitive in tone even as the events described grow increasingly fantastical. These poems, like the bodies within them, are indeed "mnemonic": they work to retain information, connecting present-day queer and Two-Spirit identities with historical experiences that are at once painful and treasured. In Driskill's poetry, queer identities draw their precedents and inspirations from bodily sensation, especially from pain, which is an accretion of historical detail. In these poems, illness is a sediment that piles up in some bodies more than others. Through metaphor and simile, historical outbreaks of smallpox and state-sponsored torture and expropriation are made crucially relevant to contemporary queer embodiments and identities, and therefore to contemporary experiences of sickness and erotic pleasure.

Brian Teare's poems also demonstrate the necessity of looking beyond Western histories of homosexuality and of considering the significance of non-Western medicines in developing queer-affirming clinical practice. These works are deeply engaged with Chinese medicine and especially with the practice of acupuncture: "the healer uses needles/to calm like revision," he explains. Teare indicts Western medicine's "diagnostic sentence," where "prescription [is] a script" and "symptoms [are] a form/of prosthesis/performed to help me/to know my part." While the first clinical encounter locks the speaker into a "script" with which he cannot identify, and within which he only "perform[s]" a role, in the second encounter the clinician is a "healer" who helps the speaker "homeward": "each needle/the healer/sets in my flesh/is a fact/I feel." Teare emphasizes the intimacy between the speaker and the clinician, and the similarity between poetry and acupuncture: "I wake up," he writes, "my head's hot/wood element/in the healer's/silver hands." The highly visual form of these poems, in which our eyes move back and forth across the page and through multiple directions for reading, parallels the healer's conception of the body as a "network lit/point to point." Moreover, the poet's treatment of language is likened to the healer's practice: "I needle each word/until it bleeds." Teare's poems encourage us to imagine a clinical practice that can incorporate long histories of suffering "after the War" as well as immediate health threats, one in which the healer treats the whole patient. The parallel between healing and poetic creation is reminiscent of the blended voice of the doctor-patient in Campo's "Alternative Medicine." In both poems, healing can only arise through an identification between patient and healer that goes beyond mere sympathy. For all the poets included here, the form knowledge takes and the form in which it is communicated must be altered, queered, before healing can occur.

These poems offer brief narratives, combine radically different types of language, incorporate non-literary genres, and activate the whole space of the page. Like the bodies represented

within them, these poems are networks of debts, associations, and resonances, animated by their interaction with readerly knowledge, as partial and incomplete as that must always be. What I want to argue is that through their perverse avoidance of narrative completion and their oversaturation with unlikely material, poems like these offer myriad strategies for thinking differently about the space of the clinic, patient selfhood, histories of homosexuality, and the meaning of queer-affirming care. These poems' descriptions of illness and treatment are twisted and bent; therefore they are experientially rich, intricately detailed, and affectively dense. Each poem requires that we develop a new strategy for moving through the "network" of the poem and of the body; each must be taken on its own terms.

These poems demonstrate the creative and flexible readerly practice that poetry can offer to a queer bioethics: we cannot read the compressed narratives and plain language of Campo's poems the same way that we read the broken words and humorous line breaks of Holbrook's. We must adapt our approach when we move from Price's re-versioned medical records to Salah's reliance upon case histories. And we can't read Driskill's embodiment of history in the same way that we would Teare's visually-oriented page. In reading these poems it becomes clear that conventional understandings of the self and how it is represented in language must be checked at the door. Instead, we are challenged to think about how language is organized to represent a body or an experience and about how that organization might need to change in response to the particularities of the bodies under consideration. A queer bioethical practice — whether medical or literary — ought to read between and across recognized and unrecognized registers, taking poetry's sound-sense as an analogy for modes of approach, analysis, and even recognition that do not receive official sanction.

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