

## Poetry and Medicine: Two New Books

### *Home/Birth: A Poemic*

Arielle Greenberg & Rachel Zucker

(1913 Press, 2011, 218 pages)

### *Torn*

C. Dale Young

(Four Way Books, 2011, 85 pages)

### *Reviewed by Jason Schneiderman*

I have never used the words “page turner” to describe a book of poetry before, but I simply could not put down *Home/Birth*. Then again, I have also never seen a book of poems blurbed by Ricki Lake. A self-consciously activist text, the book advocates for home birth as a form of keeping women in touch with their own bodies. Greenberg and Zucker insist that midwives and doulas should be the primary caregivers and coaches for most births—and that most births should happen at home. I found myself tearing through the book with surprising ferocity. The urgency of their polemic is tangible. Their voices blend throughout the book; the prose stanzas tumble forward associatively:

This time I would like to not have to push at all. I  
would like the baby to just fall out of me, like I've seen  
on some of the homebirth videos.

Toward the end, Miriam said, “it might be a good time  
to think about the baby now with each contraction.”

But please note: *Midwives practicing in unregulated states have  
no legal, regulatory protection.*

Tell people. (31)

Their friendship unfolds across the book, as do the stories of their labors. Zucker gave birth to her first two children in a hospital, but then became a doula in order to assist when Greenberg decided to have a homebirth. Zucker helped Greenberg through her first child's birth, but was unable to be present for Greenberg's second birth: a stillborn son. The grief that ghosts the book is palpable, and yet that grief is convincingly seen as part of life.

A baby can die at any time. You and I are of the  
unpopular belief that some babies are not meant to live.  
Not that we're advocating for that.

I don't want to scare my clients who were too afraid to  
have their babies at home. I don't want to scare you.  
What I've seen in hospitals should scare everyone. (52)

When the text addresses the death head on, it is heart wrenching:

My body grew a baby boy for seven months and then  
he stopped living and I had a stillbirth. I wanted a baby.  
(185).

The strength that they display in mourning the child is as powerful as their insistence on their homebirth stance. It also gives credence to their idea that post-partum depression is often the result of the disempowering experience of a hospital birth. Greenberg is graceful in grief, more connected to the child than many of the women that they describe giving birth to healthy babies in hospitals.

The text is quilted with statistics about birth, along with quotes from midwives, doctors, journalists and cultural figures—even Virginia Woolf weighs in. I found myself wanting to give the book to a number of women and asking them if the claims resonated with their experience. Greenberg and Zucker discuss the history of medicalized labor, and how women ceased to be at the center of

the experience. Zucker trained as a doula in a hospital, but comes to find the hospital birth experience downright criminal:

I have lied and bribed and flirted and begged to help my clients in the hospital. Most doctors and nurses laugh at a woman's birth plan. "The plan," says the doctor, "is to have a healthy baby," and then he scares the hell out of the mother and does whatever he wants. (58)

I was a good doula in the hospital before I had my homebirth... I'm not sure if I can keep doing it, though. If I go back there, am I helping? Or am I an accessory to the crime? (58)

Flat on your back, no food, no drinks (just in case you throw up later), no movement: it's almost like they want you to fail. Of course it's painful. (98)

The text is full of stories of hospital births in which women are given anesthetic against their will, pressured into C-sections, or simply ignored. Zucker and Greenberg express frustration that most women regard homebirth as more dangerous than hospital birth. They argue that hospitals cause many of the complications women fear through counterproductive positioning, unnecessary surgery, the over-inducement of labor, and the lack of time doctors have for women in labor.

Zucker and Greenberg also outline the legal structures that prevent many women from having access to a midwife and a homebirth. They say that there are "eleven states where homebirth is not just a-legal or even illegal, but actively prosecuted" (5). They list twenty states "where you can use a homebirth midwife who is protected and licensed.... And if you live in one of them it's still hard to find a direct-entry midwife." Another frustration is that many states require midwives to operate under the supervision of an obstetrician, which often means a hospital birth. Zucker is

active in groups fighting these legal restrictions. In 2010—after the book was written, but before it was published—the New York City Midwifery Modernization Act was passed, allowing Midwives to operate without a Written Practice Agreement with a doctor.

The book functions as a starting point. I don't fully understand the distinction between a Direct-Entry Midwife (legal in 21 states)<sup>1</sup> and a Certified Nurse Midwife (legal in all states)—though were I anticipating a birth, I would definitely explore the organizations listed in their backmatter. What I found most compelling about the book is the idea that birth is not a crisis, but a natural process, closer to running a marathon than preparing for surgery. Though, while I want to embrace childbirth as something natural and celebratory, I do still fear it as something dangerous and gory. YouTube videos of Rachel Zucker's home birth are approaching one million hits; I was too squeamish to add myself to the count.

C. Dale Young, on the other hand, takes his time. A reader might be forgiven for thinking that a man who practices radiation oncology full time while teaching poetry in a graduate program, and working as poetry editor of the *New England Review* would be rushed. However, each of his stories unfolds slowly, and while he may loop back to adjust a detail, his narratives move resolutely forward. The main subject of the book is the loss of faith—in the Church, in love, in the body, in America, in mentors. The book is about how to move forward in the face of betrayed trust. What saves Young is his sense of awe. He asks to see the branching scars of a man hit by lightning out of intrigue, not medical necessity. Young embraces tenderness in the absence of faith, a quality he meditates about beautifully:

Tenderness? How do you  
define that? I define it this way: the care to address  
another's concerns with the same exacting care one expects  
for himself. And this is dark. It has always been dark. (58)

<sup>1</sup>These numbers come from Citizens for Midwifery's website, [cfmidwifery.org](http://cfmidwifery.org).

Young's vision is bodily. He knows that to open the body is to find blood and guts. He can never lose the knowledge of what we are made of.

It may mark me as naïve, but I found the racism of his training shocking. In one poem, a doctor quizzes him “in plain sight, in front of all the nurses, the residents, / the interns, the clerks, the other students. She wanted / you to answer incorrectly, wanted to shame you” (70). But even after he passes the test, her cruelty trumps his success:

she announced to everyone that you were the best  
minority student she had ever had. And you took it.  
You wanted to be like a duck, to let it all wash off of you.

But even in that praise, there was venom. Even in praise,  
she found a way to shame you, single you out. And you hid  
behind correct answers. But now you must make it personal.  
(71)

For Young, there is a sense that poetry is a form of redemption, which he needs more than ever, now that salvation is off limits. Poetry replaces faith, for it too can bring structure to a chaotic world in need of order and meaning.

In a sequence of poems about religion, Young addresses God as both visceral and intimate, calling to mind Carl Phillips or Jack Gilbert. In one poem, Young finds himself sinking into a sea of men, in violation of Catholic edict, but also because of it. In Young's sense of sin, one feels that “formal feeling” of baroque sorrow that points backward to frenzied pleasure.

... In every man, God  
had placed himself. In every man, I sought  
  
to touch that God. Silly, I know. Silly.  
What I wanted then was to break God's heart—  
I wanted him to snap my neck, break my back. (35-36)

The thrill of Young's work (paradoxically) is that it takes place in slow motion. The collision is set in motion early in the poem, and inexorably, the impact approaches. The endings of his poems are devastating precisely because they have been coming for so long. He makes us wait, but always delivers. As he says of God: “He lifts me up/ to remind me of my foolish fear of heights” (38).

Poetry has never exactly been the province of the happy. Since the advent of writing, the poet has been a malcontent, a surly outsider wondering why things can't go her way. Sappho may be the Queen of Lesbos, but she still can't make that girl love her. James Merrill may have been born with a silver spoon the size of an oar, but he still can't reassemble the jigsaw of his broken home. So it ought not to be surprising that the poetry of these healers would express such frustration with the medical establishment. But it is surprising to realize how consistent their complaints are about the arrogance of doctors, of the cruelty in placing the profession before the patient, of the need for humility when our culture can only value boasting.

In the title poem “Torn,” Young's attending sends him to “stitch up the faggot”—and though “told to spend less than 20 minutes, I sat there / for over an hour closing the wound so that each edge / met its opposing match” (85). In the end, what it is needed is time; what is needed is kindness; what is needed is skill. ∞

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