

# Catatonic Prison

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Poetry and medicine were old friends even before William Carlos Williams and the delicious plums he ate from the icebox (Williams, 1934) so long ago. If one travels back to look at two founding-fathers of medicine—Maimonides and Hippocrates—one will see that their oaths each have a distinctly poetic quality. In more modern times we watch as physicians continually seek new methods of identifying with our sacred charge as healers to avoid burnout. When new inventions such as prior-authorizations, productivity-measurements, and insurance-denials test our resolve, poetry is an accessible solution.

Psychiatrists and other mental health professionals have a special connection with poetry as our craft necessarily revolves around the comprehension of our patients and their complex narratives which are universally non-linear and metaphorical in their nature. Developing a therapeutic alliance with our patients is a poetic experience and recalling these interactions in the form of poetry—in addition to process notes—can be a welcome relief from the hours of medical-legal documentation and billing activities associated with our clinical work. Therefore it is no surprise to witness the proliferation of medical-literary journals in and the regular publication of poetry in prominent research journals.

I recently had the experience of caring for a catatonic patient who reminded me of a quote I had read once in training, “If not puzzled or uneasy, or even appalled, you are unlikely to be in the presence of catatonia (Leston Havens, 1989)”. It was a humbling experience caring for this individual and left me feeling overwhelmed at times in which I was fortunately able to retreat to poetry. This means of self-preservation allowed me to be present for my patient and their family during the most challenging moments of the patient’s hospitalization. With this in mind, I wrote a poem that was inspired by my clinical work which is submitted below.

The way you stare makes me think something terrifying  
Is happening behind me on the wall  
Perhaps you see a personal and fatal message  
But you can’t tell me

You’ve been staring for more than a day now which is  
concerning  
Your nurses and your family so they ask me to ask you  
What you’re looking at but sadly  
Mutism means you cannot share your thoughts  
Frozen and suffering or frozen and delighted  
I can’t read your face because you’re Cataleptic  
But you’re sweating profusely which means  
Frozen and suffering is more likely

Waxy-Flexibility is how I call your hands when I manipulate them  
And they stay fixed and outstretched  
Long after my greeting was extended and  
Your guests have left for the night

You start receiving the shots that will break you free  
From your catatonic prison and soon  
You can tell us if you remember feeling scared or angry  
Or if you saw how much they cried for you

My attempts to capture elements of the patient’s experience were tremendously challenging given the severity of the patient’s condition and their inability to communicate—even with simple facial expressions. The bizarre nature of interacting with the catatonic patient almost felt like a twisted game of charades during its least pleasant moments where neither of us had any idea what the other was thinking. That being said, I think this piece captures my most sincere desire to understand exactly what my patient was going through in hopes of connecting with them. Perhaps the unwritten sequel to this poem would be from the patient’s perspective, staring out from the walls of their catatonic prison and exploring their experience the doctor’s struggles.

## References

- Leston, H. (1989). *A Safe Place*. Cambridge MA: Harvard University Press, 93.  
Williams, C. (1934). *This Is Just To Say*.

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