

A bright yellow sofa is positioned in the foreground on a ground covered with dry leaves. In the background, a dense forest of trees is shrouded in a thick fog. A large, black-outlined circle is superimposed over the center of the image, containing the journal's title and subtitle.

Ars Medica

A Journal of Medicine,
The Arts, and Humanities

Vol.
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2



Volume 12
Issue 2

Whereabouts Claudette Abrams

Whereabouts is a series of photographic works that explore the lines between documented and constructed storytelling. “Whereabouts” refers to both a location and an approximation. As people pass through various places, they often become so intertwined within their surroundings that a semblance of their presence lingers. This is found at times to be subtly revealed in hidden traces, and at other times felt with profound impact or disturbance. Human discards and markings alter and circumscribe a place, leaving a discernible signature, which may invoke in a discoverer, a psychological sense of “the uncanny” or the strangely familiar.



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Volume 12, Number 2

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Contents

Volume 12, Number 2

EDITORIAL

Suze G. Berkhout & Ada S. Jaarsma 1 – 7

FEATURE PIECES

Whereabouts by **Claudette Abrams** 8 – 10

Placebo Comics and Philosophy by Design:
The Argument from Design by **Timothy Stock,
Denel Robin, & Kennon Blum** 11 – 17

PROSE

Finnexia®: Learn Finnish...faster! by **Lisa Erdman** 28 – 31

Hocus Pocus, Hexes, and Healers: The Placebo Behind
Magic by **Jason Da Silva Castanheira & Amir Raz** 32 – 40

Travels to the Psych Ward: A Story of Comfort
and Grief by **Gina Nicoll** 45 – 50

POETRY

Diverse Facts / Eugenics / Genes and Sleep /
Pain Planet by **Duana C. Fullwiley** 18 – 27

Tamoxifen and Turmeric by **Sree S. Cherian** 41

When Doctoring by **CE McMurren** 42

Sugar Bones / Burden of Proof by **Tanmoy Das Lala** 43 – 44

Unhealing / Medicinable / Antioxidants / Spices
by **Dan Campion** 51 – 54

Anastomosis by **Ashna Asim** 55 – 60



Volume 12
Issue 2

Editorial

Placebos, Nocebos, and the Contact Zones of Biomedicine

The term “placebo” (from the Latin *it will please*) refers to ways of healing that defy the causative logics of medicine. Placebos prompt a cessation of symptoms, they hail the pleasure of health into being, but they lack the very properties by which drugs or other interventions elicit changes in bodies. Nocebos are an ominous side of the same coin: so-called “inert” substances and procedures that bring about harms and side effects, seemingly unbidden. Both placebos and nocebos vex the causal, mechanistic narrative of biomedicine, while functioning as a foil to pharmaceutical drugs and standardized procedures that draw bodies into curative relations within this same narrative.

Stepping away from the laboratory procedures, experimental paradigms, and neuroimaging protocols of conventional placebo and nocebo studies, this special issue engages with placebos and nocebos through a variety of literary and artistic media, enabling us to look beyond the standard biomedical narrative. Through poetry, comics, photogra-

phy, and creative non-fiction, we experience the visceral and sensorial dimensions of the biosocial that often pass unnoticed, and we are invited to recognize the (literal) embodiment of sociocultural, political, and economic contexts in the meaning-making activities of placebos and nocebos. Such encounters implicate us within the intersubjective relations of medicine; within the cultural situatedness of healing practices; within the very technologies that bring new drugs, triumphant, to market (Stengers, 2003). Above all, we find placebos and nocebos at play within practices that determine what counts as “real” (and what, conversely, counts as imaginary, deceptive, or wishful thinking) within the frame of biomedical knowledge.

As you explore this special issue of *Ars Medica*, consider the ways in which each piece interrogates and opens up contact zones within medicine in ways that prompt critical reflection. Contact zones (Pratt, 1991) are social spaces where clashes of culture are embedded within asymmetrical relations of power. The “literate arts” of the contact zone include critique, collaboration, parody, imaginary dialogue, denunciation, transculturation ... on the list goes (ibid). We see these within the contributions to the special issue: each artist uses their art form to explore and play with the binaries that placebos and nocebos have conventionally been solicited to establish—objective versus subjective, real versus imaginary, cure versus harm. And, as with any form of artistic endeavor, there is heterogeneity across the meanings that are presented here.

Each feature piece explores salient aspects of biomedical contact zones. Claudette Abrams’ vi-

sual essays, for example, demonstrate how belonging to specific places affect health and well-being positively and how disconnection from place may have the opposite effect; at the same time, these pieces remind us of the porous line between healing and harming, a crucial contact zone that is in need of greater consideration in medical practices. Extending medical anthropological work on “therapeutic economies” (2011) through innovations in poetic form, Duana Fullwiley’s four-part series of poems explores the relational dynamics of human and non-human actors within the contact zones opened up by botanists, traditional healers, pharmaceuticals, hematologists, geneticists, and individuals seeking relief. In a series of incisive comic sketches, Timothy Stock, together with a team of undergraduate student artists, renders contact zones as parodic zones of association. As their artist statement attests, this work emerges through the collaborative process itself, amusing the viewer while conjuring up resonances of “placebo” and “nocebo” beyond the realm of biomedicine. Lisa Erdman shares this interest in the absurdist dimensions of placebo, highlighting three competing referents of “placebo” within biomedicine: its formal definition, “to please,” its colloquial meaning, “to deceive,” and its instrumental meaning that is especially relevant in the context of clinical research trials, “to purify.” This digital performance blurs the boundaries between these meanings, unsettling the seemingly tidy distinctions upon which conventional biomedical understandings of placebo rely.

Each piece within the body of this special issue draws out aspects of placebos and nocebos that are pertinent in particular to feminist thought, disability studies, and post-colonial and queer theory. While these domains of scholarship are often deeply intertwined with the arts and humanities, they are brought less frequently into conversation with conventional medical spaces (save, of course, for their role in the critique of specific medical practices). The contact zones that open up through the resonances in each piece—be it through poetry, prose, or essay—are ones that foster exchanges between these areas of critical and scholarly thought and biomedical frameworks.

“Hocus Pocus, Hexes and Healers” provides another perspective on placebo and nocebo, this time from the dual standpoints of magician and placebo studies researcher. Jason Da Silva Castanheira and Amir Raz play with the imbrications between rituals in medicine and what has traditionally been rejected from medicine as voodoo, magic, or sham, drawing our attention to the commonalities that are so often erased by the veneer of scientific practices. “Tamoxifen & Tumeric” offers a glimpse of the tensions between holistic practices and the harsh realities of chemotherapy, calling into question the boundary between toxicity and the possibility of cure. Sree Cherian draws us toward the faith (and faithlessness) that suffuses these seemingly disparate branches of healing. Read against “Hocus Pocus, Hexes and Healers,” we have two different representations of the “cut” that we make between harm and cure (Wilson, 2016).

Gina Nicoll's "Travels to the Psych Ward" offers us an experiential narrative that, like Abrams' visual essays, links the complexities of place and time to comfort as well as to grief. Complicating the line between "healing" and "harming," the author engages with a non-linear trajectory of movement—one oriented toward safety, but a kind of safety that does not take its own emergence for granted. Tanmoy Das Lala's "Sugar Bones" and "Burden of Proof" forge explicit connections with placebo studies—specifically with research into placebo analgesia and surgical procedures. Each piece opens up a novel encounter with the vexing distinction between what is "real" and what is "imagined," a distinction rendered recognizable through the physiological changes that are produced by placebo and are measurable by researchers. We also encounter, in the alliteration of sham and shame, the subjectivity of the very researcher who is attending to such changes. Poetry and prose proffer especial access to a lived experience perspective, be it that of researcher or health care service user. This perspective is typically removed and distanced from placebo and nocebo research in spite of the acknowledged importance of relationality and context in these same studies.

Dan Campion's pieces draw out yet another set of contact zones in which the line between placebo/nocebo emerges as both salient and in need of scrutiny. In "Unhealing" and "Medicinalable," we hear subtle references to the varied meanings and usages of placebo—relief, sham, con, cure—all meant to mark the boundary

between what is real and not-real. Along similar lines, “Antioxidants” and “Spices” wrestle with the binary of real/not-real through an embrace of chemistry and physiology as well as ritual. *Campion* also makes reference to the role that placebos play in purifying cures so that they might be brought to the market as legitimate, efficacious treatments. “When Doctoring” resonates with many of the earlier pieces surrounding the rites and rituals of medicine. This piece, by CE McMurren, foregrounds the subjectivity of the physician and prescriber, who, gazing inward, offers a questioning stance toward the performance of medicine: to what degree is it prophetic and to what degree steeped in evidence, and how do these alternatives hang together? In turn, Ashna Asim elaborates the entwined relations between affect, intellect, and experience that are at the heart of biomedicine itself. “Anastomosis” and “Carcinoma in situ” invite us to reflect on the import of placebos and nocebos for the vast array of actors who are affected by their activities, from laboratory scientist to medical student, from physician to patient, and from writer to reader.

As placebos and nocebos attract increasing scholarly attention from biomedical researchers, bioethicists, anthropologists and philosophers, they continue to bely standard research methods that seek to quantify their effects or make sense of their capacity to induce or alleviate symptoms. Daniel Moerman (2013) points out, for example, that the placebo effect indicates “the effect of something that has no effect” (p. 125), a seeming

paradox. This special issue shifts the framing of placebos and nocebos by exploring their activities as essentially related to contact zones. Neither discrete phenomena that can be understood on their own nor generalizable patterns that can be rendered apart from biosocial context, placebos and nocebos emerge throughout this issue as relational, emergent, and significant.

References

- Fullwiley, Duana. (2011). *The enculturated gene: Sickle cell health politics and biological difference in West Africa*. Princeton: Princeton University Press.
- Moerman, Daniel E. (2013). Against the ‘placebo effect’: A personal point of view. *Complementary Therapies in Medicine*, 21, 125–130.
- Pratt, Mary Louise. (1991). Arts of the contact zone. *Profession*, 91, 33–40.
- Stengers, Isabelle. (2003). The doctor and the charlatan. *Cultural Studies Review*, 9(2), 11–36.
- Wilson, Elizabeth A. (2016). *Gut feminism*. Durham: Duke University Press.

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Volume 12
Issue 2
2017

Whereabouts

Claudette Abrams



Couch (2012)
pigment print

Whereabouts is a series of photographic works that explore the lines between documented and constructed storytelling. “Whereabouts” refers to both a location and an approximation. As people pass through various places, they often become so intertwined within their surroundings that a semblance of their presence lingers. This is found at times to be subtly revealed in hidden traces, and at other times felt with profound impact or disturbance. Human discards and markings alter and circumscribe a place, leaving a discernible signature, which may invoke in a discoverer, a psychological sense of “the uncanny” or the strangely familiar.



Bowl (2005)
pigment print



Mattress (2005)
pigment print

The images *Bowl* and *Bed* are from a series documenting the *Paisley Hotel*, a heritage building on the Saguenay River, located on the Lake Huron watershed. After many years of passionate hard work, the owner's sudden infirmity caused by a debilitating condition, forced him to abandon his dream to resurrect this century landmark, and along with it breathe life into a storied history he wished to preserve and share. These are images of a recovery mission halted.



Loop (2009)
pigment print

The image for *Loop* came about on my return to homeland haunts on the French Shore of the Bay of Fundy in Nova Scotia, searching for my roots as a child of eastern Acadian-Metis, assimilated and raised apart from my birth origins. This exploration stirred up a complex sense of what it means to have one foot in two different worlds; creating on the one hand, a powerful sense of grounding and belonging, conflicting with a type of “survivor’s guilt” or grief, shame and separation from a meaningful community-bonding experience of spirit, struggle, transformation, and identity.

Claudette Abrams is a Canadian, Toronto-based multi-media artist. Her early work involved interactive art installation, using combinations of media such as photography, projection, three-dimensional imaging and constructions of fabricated and found objects. Her more recent work has involved large land-based installations.



Volume 12
Issue 2
2017

Placebo Comics and Philosophy by Design *The Argument from Design*

Timothy Stock, Denel Robin, & Kennon Blum

Introduction

Placebo effects are often quite funny, and so the subject seemed rich terrain for conceptual comics. In general, humour is an effective, and underappreciated, conceptual tool. It can be an invitation: our entrée to the ponder-worthy. It serves to focus and clarify what an idea can mean. Placebos, in their metaphysical oddity and varied role in the popular imagination, turned out to be a great subject matter, indeed. What follows is a brief introduction to our group, *The Argument from Design*, our mission, and the way we make comic art.

Comics and collaboration

Our comics are the result of an interdisciplinary and collaborative scholarly partnership between the faculty, students, and alumni of Salisbury University in Maryland.¹ Good collaborations are a natural counterbalance to the prevalence of scholarship-as-authorship, and eschew authority in favour of experimentation and play. Authorship

can be the antecedent of cults of personality, the torments of writing (writer's block, imposter syndrome), and intellectual property. Collaborations complicate these paths; everyone's ideas and efforts are mixed from the start. Nobody owns them and nobody worries over them. Everyone gets to own part of the final product. Surprise, laughter, and discovery, and doing things for each other, are the heart of what we are trying to do.



This is not to say collaboration is without challenges—it can be difficult to stay organized, to find the time to meet. This is a volunteer activity, and



Volume 12
Issue 2
2017

each member of our team is only in it as long as it is satisfying and rewarding (and it is not always!). Overcoming these challenges takes experimentation and an ebb and flow of willing participation. It takes time. But the process is always the same.

Our process

First, we research. Podcasts, media, and even urban legends can be a starting point, but we try to track down why people are interested in a topic in the first place. There was ample material available on placebos. We had to teach ourselves what the effect actually is. We had conversations about causality. Bias. Meditation. Acupuncture. Big scary needles in general. We meet every two weeks to share ideas and make sketches. We try to crack each other up. We take notes.

We discovered several specific themes in placebo studies that could be visualized. Daniel Moerman (2011) notes that colour is an amplifying factor in placebo effects. It was national news (NPR, 2008) when a fake opioid painkiller called Valodon was shown to be more effective as it became more expensive, a story that captures ironically the importance of pricing in health care reform. Valodon even had slick marketing materials to enhance the impression of quality care, a kind of graphic placebo art.

Ideas started to emerge from two directions: design and concept. In the former, we kept coming back (by following what made us laugh) to the famous

scene in the *The Matrix* (The Wachowskis, 1999) where the hero has to choose between two pills that represent a decision about how he wishes the foundation of his reality to be established. The pills are coloured; the coloured pills would also presumably have placebo effects.

We hit on the rhyme between placebo and gazebo and could not let it go, even though it seemed pointless. Eventually we realized that the idea that the study of placebos, in the sense of observation and measurement, was potentially tracking a ghost phenomenon, and that it would be just as fruitful to try to measure the effect of being placed in a gazebo. A script was born.





Volume 12
Issue 2
2017

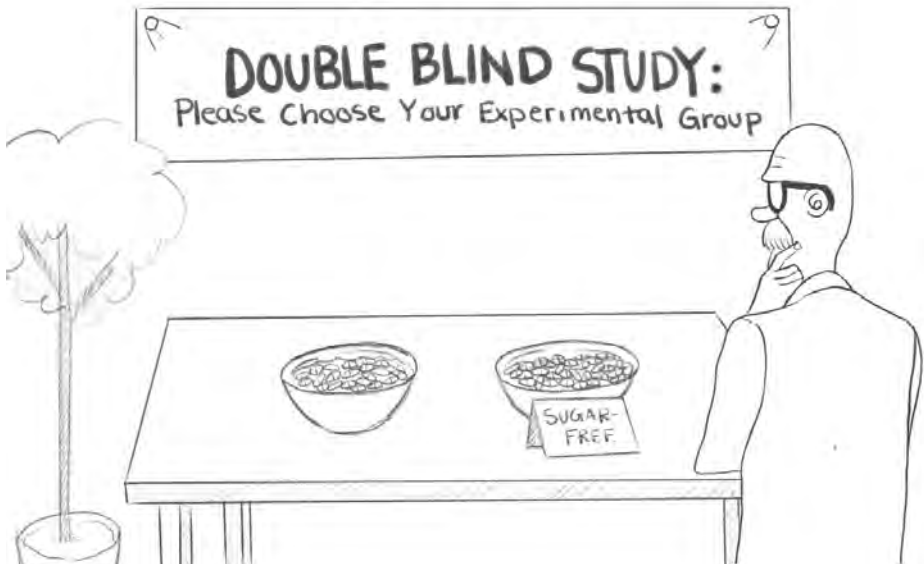
We also hit on the notion that it might indicate our (sometimes frighteningly casual) approach to drugs if people were to deliberately avoid a placebo because they were on a sugar-free diet. Other ideas that ended up in scripts, but without final versions: a really big scary needle could maximize a placebo effect (and make a great visual). An excited board of directors for a pharmaceutical research company is delighted to hear that placebo effects increase when the price of the treatment goes up.

These ideas arise from all members in a workshop format. Sometimes artists will bring in sketches or concept art they are working on. These workshops are then developed into scripts, which typically include image descriptions, captions, and/or dialogue. Sometimes additional research is required for reference images or citations.

At this point the scripts are sent to the artists for sketching. Comics sometimes require multiple rounds of sketching and storyboarding, accommodating major changes such as perspective or continuity. Because we were all working on this project over a busy summer, we largely elected to draw single-panel comics. This part of the process is deliberative and takes from several weeks to over a month. After this is the final inking, or painting and digitizing the images. In many cases changes are made digitally through Photoshop before the images are done.

Why make “the Argument from Design”?

We turn the traditional idea of intelligible design on its ear. Rather than presuppose it as a reason to believe in things having a purpose, we question design as it relates to individual ideas, concepts, and projects, and try to stake an argument on the intelligibility of the results of our process. We show that philosophy can be done in iconographic and visual form. Some of our work from the past few years is newly available online (The Argument from Design, n.d.).



A new generation of millennial scientists is making interdisciplinary choices for themselves—note that both of the artists on this project are students pursuing degrees in biology. With the



Volume 12
Issue 2
2017

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Kennon Blum is an undergraduate in Biology and Art at Salisbury University. She is a quick and constant sketcher and prefers the clear style of black and white line drawing. Email: kblum1@gulls.salisbury.edu

emphasis on science, technology, engineering, and mathematics (STEM) that has governed the last decade of higher education, we have missed the opportunities that are provided when science students are considered for interdisciplinary work. Images abound in medical science and the sciences of life, and images surely drive the popular imagination of what science does. There are considerable uncharted linkages between bio-medical-empirical imaging strategies and creative image design, and a role for images to play in science communication. Creative design need not distort knowledge but it inevitably broadens its public reach.

Note

1. The Fulton School of Liberal Arts and the SU Office of Undergraduate Research have supported materials and other fees.

References

- Moerman, Daniel. (2011, July 14). Meaningful placebos — controlling the uncontrollable. *Journal of English Medicine*, 365(2), 171.
- NPR. (2008). Study sheds more light on “placebo effect.” URL: <https://www.npr.org/templates/story/story.php?storyId=87938032>
- The Argument from Design. (n.d.). *The argument from design*. URL: <http://theargumentfromdesign.com/index.html>
- The Wachowskis. (1999). *The Matrix*. Los Angeles, CA: Warner Brothers Inc. URL: <https://www.youtube.com/watch?v=zE7PKRjrid4>



Volume 12
Issue 2
2017

Diverse Facts / Eugenics /
Genes and Sleep / Pain Planet

Duana C. Fullwiley

Diverse Facts

French newspapers have a term for random, everyday happenings: *faits divers*.
They might be called smaller, miscellaneous news items.

A mixed race child is kidnapped by her father.
A black grandmother, needing a cigarette, freezes behind her nursing home when the door locks behind her.
An African infant wins a better baby contest in a small English town in 1965.
Scant detail is given. The story is almost as thin as the headline.

In the French newspaper, life is reduced to facts that live nearly anonymously among the diversity of human doing.

Most of these are never recorded at all.

What if we reported on all the minor events?

... A young African mother discreetly gives birth and leaves the baby to be raised without her to keep her scholarship in Europe.

In a society where most children are tied to their mother's backs, their heads bobbing as they navigate the market, this one has no mother's body.

Who steps in? What relative or friend allows themselves to hold him? Who dares to love that warm, sacred new person? Who offers him security without condition?

Of course! The maternal grandmother will take him. And raise him and give him the attention that makes every child thrive. But this is Africa and she's a businesswoman, busily making-do.

She cares for handfuls of people who are always slipping through her fingers like sand—away to England, to Canada, to Cold.

She must have paused at the silt of his skin. Kissed him, to make him laugh. (That we do not know.)

But here, road deaths are the real cancer. And one day she is hit, and who is there to care for her? Who will nurse her back to health and teach this little boy that, with support, life rebounds?

His father, also once on scholarship, is now a surgeon near the arctic. The precision of cutting and extracting he perhaps learned first by cutting himself off from his country, extracting himself from his children, and them from him.

There is no refuge in his house of rooms.

* * *

This is brain drain and exile, and fear, and no doubt
adventure, and equalizing medical education on a planet
where the very atmosphere consists of elemental inequality.

These are also familial bonds and the breaking of bonds, of
love and promises.
And so many more diverse facts.

Eugenics

We want the best fruits.
If possible, we choose the best seeds.

But human lives are not produce.

Tell that to someone who thinks they know more than you—
more than all of your people and all of your ancestors.

They named the Redwood tree the symbol of the great race.
So your nature ... wouldn't destroy their nature.

They pruned dates, and planted oranges in California's living
laboratories, the flowers perfumed my own college campus. It
was innocent enough cutting, or so it seemed.

In Sonoma and Los Angeles, and no doubt countless other
counties, hospitals were the ultimate *nocebo*.

Doctors sliced women's bodies where babies are supposed to
grow. The prescription: humanitarian hygiene.

In El Paso, Mexican bodies got a racial cleansing at the
border, with kerosene and DDT. (Google the 1917 bath riots,
or Bracero Workers Fumigated.)

Some were tattooed like objects to work land in the Central
Valley that should belong to no one.

Seemingly set apart from slave drivers and prison guards, and
border patrol, University people implemented intelligence
tests in English
... to Spanish speaking boys, which led to their internment as
unfit.

These are the lines from the history of eugenics in my country.
The present is even more complicated.

Now scans for unfit DNA are routine.
The earlier the better.

Some dream of taking the blood of all infants at birth. Pieces
of this project are already underway.

Healthy people today map their own bodies for defects and,
nucleotide markers of difference. But how to even conceive of
global concepts of baseline, or genetic normalcy, in our
human population?

Difference. Difference. Difference.
The hunt is on.

In our own ways, we all participate. Just by looking, just by
being, just by been seen.

This is a deleterious one.

This one is normal ... the “wild type,” the standard.
Only because on so many occasions it maps to the genes of
so-called Caucasians.

Genetic content is everything, and here the white body is
nature, merely by being.
Overrepresented in the culture of medicine, that is, in studies.

Today Others fight to be included in this cultural game of
high stakes wilderness.
Yet the fruits of the garden are manipulated to yield artificial
flesh and the promise of invincible skin.

All of these alleles, for the greater good.

The greater good what?

Greater good genes.

Eugenics.

Genes and Sleep

“I cannot sleep. Does this gene cause insomnia?”

— A question asked by a Senegalese
mother with sickle cell trait

... It is only supposed to affect the blood.
And, um, red cells, and some of the organs.
Well, maybe all of them ...

And symptoms might be triggered by stress, or dehydration,
or fatigue.

Oh, and the smell just before it rains, you say? Do you have a
word for that? You do. I see.
Well let's add that to the list.
And eating hard-boiled eggs, you say?

And extreme sadness? That too? Can you explain?

Your husband lives abroad, you say. He hardly comes home.
It's risky. No papers. He sends money. He's hardly ever seen
his five-year old son.

Wait, the intake form is only so long. Some of these words
don't work for medicine, won't fit in the boxes.
Yes, I'm afraid so. The lines are predetermined.
They are given.
No, no ... not as gifts. Just as receivers.
Receivers of only some bits of your life. I'm sorry. We simply
can't fathom it all.

I'm not sure how best to say this, but science doesn't think
you have a disease.
If it had a voice, it would say, you are merely a carrier. Your
son has the disease.

What is that you say?
Your body knows?
I see.

It has pain crises, just like the boy.

I'm sorry. Your story does not fit the boxes.

That's painful you say?
That's a crisis that makes any aching body want to cry.

You feel more alone than ever now?

The forms are incomplete, you say?
Yes, I'm listening.
Yes, your life feels much fuller.

I see the way you hold your child, find your mother, and take
her hand.
I see how you feel her pulse, just by breathing.

Keep listening to those bodies whose forms are familiar.

Continue to fill your forms.

Pain Planet

So, there's this planet where everyone is in pain.

It seems normal enough, the trees are green and their leaves dance in the wind, just like any other planet with life.

But, as I said, on this one everyone is in pain.

And the pain has language and powers. It's almost like earth but people can't mask discomfort of any kind. They don't bother because, like I said, the pain has language. So it just blurts out. No one even thinks about hiding it, or playing it off, or saying it's ok, ... when really it just isn't.

Pain says things like "I'm burning here, can you put ice on me?" Or, if you don't want to be cold because that might upset your pain, it will ask, "can you at least hold my hand and try to make me laugh?" (My pain likes the way my brain lights up when I laugh.) Then the person, in their own pain, happy to give it some space, reaches out to the other's body.

That very reaching out, before there's even touch—just the intention—that can dissipate some of the pain.

For some unknown reason—oh, there are still lots of unknowns on this planet—the pain will momentarily just disappear when two people touch. It always comes back though, and here is where the powers come in.

When two people touch and breathe together, their pain stops for a few seconds. And then one's pain starts to enter the painstream of the other.

Because someone else's pain is technically foreign, it's not quite so personalized. This is all very subtle and somewhat

mechanical but mostly based on an equation that solved the theorem of the magical. Oh, and on this planet, people have scrapped the need for explaining everything, since pain makes you realize that life and time are precious.

The short of it is, that shared pain hurts less.

That is why you rarely ever see anyone completely alone on this planet in pain.

They are rubbing nice smelling balms on each other, making loved ones feel better (and all are pretty much loved in some way because no one can afford to be an ass and not share pain).

So that is the common sense, which, I should also add, is the highest science: solo pain on this planet can just be so painful, but moreover as the unmasked, pained people show us, it may also just be morally unnecessary.

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Volume 12
Issue 2
2017

Finnexia[®] : Learn Finnish ... faster!

Lisa Erdman

Finnexia[®] is a multimedia advertisement campaign for a new (fictitious) medication that helps people learn the Finnish language. Using the framework of a satirical medical advertising pitch, Finnexia[®] presents an opportunity for public dialogue about acquisition of the Finnish language and its role in the experience of foreigners in Finland. The target audience for this project is primarily foreigners living in Finland. The presentation is meant to evoke an alternate reality that promotes conversation about cultural integration in Finland. Finnexia[®] is the media art component of my artistic research entitled, “Performative art interventions facilitating public dialogue.” The doctoral research is conducted at Aalto University in Finland.

The pharmaceutical parody of Finnexia[®] presents a satirical critique of over-medicalization and the increasingly popular pill-popping approaches for treating a widening array of physical and mental ailments. The Finnexia[®] project involves investigating people’s experiences and thoughts relating



Figure 1. Finnexia® website, 2012 <http://www.finnexia.fi>
Branding concept by Lisa Erdman, design layout by Sarun Pinyarat.

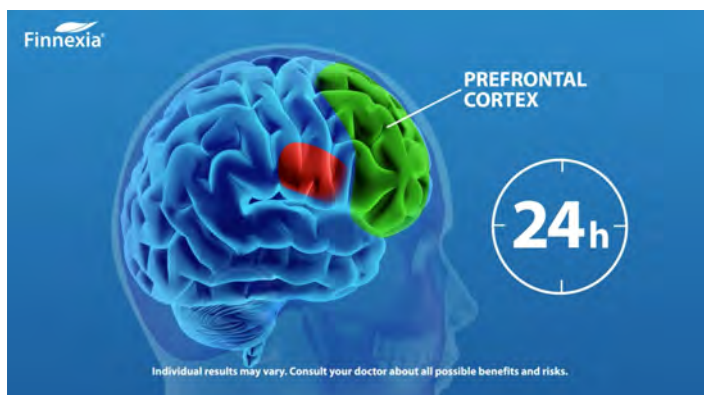


Figure 2. Finnexia® medical animation. 2012. Video online:
<http://www.youtube.com/watch?v=fBzD8NJE-88> Produced by Lisa Erdman. 3D visualization by Topi Kauppinen. Audio by ProvoiceUSA.

to their own cultural experience, not out of an urgent desire for answers, but rather as a means to generate more questions that may lead to new perspectives on the issues at hand.

In September of 2012, Finnexia® was presented as a live-performance intervention at the Helsinki Railway Station, during the performance, the Finnexia® medication was presented to the public as though it were a real product. The physical performance area of Finnexia® consisted of a tradeshow pop-up booth, a roundtable discussion area, and a survey table. In exchange for filling out a questionnaire about their relationship to the Finnish language, people were offered candy and the chance to win a pack of Finnexia® (placebo) pills, or free coffee. Over the course of three days,



Figure 3. Finnexia® performance. 2012. Helsinki Railway Station, Finland. Produced by Lisa Erdman. Photo by Maurice Fitzpatrick.

audience members were invited to share their own personal stories about living in Finland and learning the Finnish language. The intent was to create a space in which common cultural assumptions are challenged, and where open dialogue might happen.

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Volume 12
Issue 2
2017

Hocus Pocus, Hexes, and Healers: The Placebo Behind Magic

Jason Da Silva Castanheira & Amir Raz

Introduction

In the 1970s, many travelled from all over the globe to the Philippines seeking a specialized surgery. Doctors of unconventional medicine guaranteed they could operate and remove disease without surgical instruments. On the operation table, with no anesthetic, patients saw these specialists plunge deep into the flesh of their abdomens, removing piece after piece of the unwanted tissue with only their hands. Placed in a bowl beside them, the patients could see the blood-soaked materials previously extracted from their bodies. To this day, you can find videos online of the jaw-dropping technique. After the intense procedure and some days of rest, the patient returned home feeling cured—without a scar to remind them of the surgery. This amazing procedure—psychic surgery—is nothing less than magic. With a few sleights of hand, the so-called doctors pretended to remove tissues from the abdomens of patients (Unproven Methods of Cancer Management,



Volume 12
Issue 2
2017

1990). But how could one confuse magic with modern medicine?

In what follows, we argue that the two collide in more than one way. Working from the perspective of a former magician and of scientific researchers studying placebo effects, we consider the convergences between contemporary biomedical practices and what is colloquially termed “magic.” We do so in order to examine the power that suggestion and psychology have on our physiology.

The Voodoo Queen, Marie Laveau, MD, PhD

Long ago lived the powerful Marie Laveau, the Voodoo Queen of New Orleans, hairdresser by day and voodoo miracle worker by night. Many praised her for her awe-inspiring powers and abilities. The Voodoo Queen could make or break a politician’s career with a single spell, or so the story goes. In her free time, she sold pouches of gris-gris to help those most in need. No matter the ailment, Marie Laveau and her magical gris-gris had you covered. These little sacs change lives: plants, herbs, minerals, oils, stones, bones, hair, and bodily fluids bundled together bring wishes to life (Folk Figures, 1948; Touchstone, 1972; Voodoo Queen, n.d.). To this day, her traditions and gris-gris still thrive in the old quarter of New Orleans.

The Voodoo Queen held an ancient secret recipe for success: a carefully decorated placebo pouch (Long, 2006). Many hotly debate the active



Volume 12
Issue 2
2017

ingredients and their precise concentrations—voodoo has never been an exact science. Nonetheless, gris-gris hides more than what the eye can behold. The ingredients do not differ much from the bottles of medicinal herbs, lavender, essential oils, vitamins, and minerals often purchased today (Newmaster et al., 2013; Harvard Health Publications, 2012; Cravotto et al., 2010; Zhu, Liew, & Liu, 2016; Chen et al., 2012). Altogether, the evidence for the individual ingredients themselves demonstrates that they do not promise health any more than the so-called sugar pill; this does not, however, take away from their healing powers or their ability to alleviate curses or strike love in the heart of lonely.

To manufacture gris-gris, one must purify the pouch with crystals. These magical stones remain grounded in many modern healing practices (Regal, 2009). Unfortunately, shiny stones do not improve the immune system, nor do they make you any more attractive (you'll need something stronger than quartz, perhaps silicone). But insofar as studies have demonstrated that people feel the effects of crystals regardless of whether the stones flow with energy or just lie there like static ordinary pebbles, the crystals can be said to heal via psychological mechanisms—like many medical practices of today (Regal, 2009; Spellman & Price-Bayer, 2011). The crystals contribute to the ritual of healing, an integral part of the process. The sacrifice of personal items required for spells and



Volume 12
Issue 2
2017

pouches—like hair, nails, and blood—add the final *je ne sais quoi* needed to inspire belief in the patients. And there you have it: Marie Laveau designed the perfect custom-made placebo for your liking.

As with any placebo, part of gris-gris' efficacy lies in the showmanship behind the craft. Marie Laveau prescribed pouches based on her clients' needs and performed the required rituals with diligence. Belief ("expectancies" in placebo studies language) is key in magic and placebo, hence the need for elaborate rituals. Her renowned reputation, or rather her clients' belief in her powers, forms another essential ingredient. Much as someone would seek a doctor for help, many sought the advice and expertise of Marie Laveau. They implicitly trusted her knowledge, and this gave her the power to influence the lives of many. In short, gris-gris boils down to a placebo drenched in showmanship, pizzazz, and rumors.

Our modern world parallels this old tradition in many ways. Humans require peace of mind and a sense of control: talismans to ward off evil spirits and curses. Cupping therapy, acupuncture, chiropractic interventions, and even sometimes the act of handing a prescription—these do not dramatically differ from the spells of Marie Laveau (Lee, Kim, & Ernst, 2010; Davis, 2016; Ernst, 2006; Rubinstein et al., 2013; DeNoon, 2008; Tilburt et al., 2008). In fact, many remedies we practice today do no better than a placebo (or a



Volume 12
Issue 2
2017

ritual); however, they arguably remain just as useful. The belief in a remedy holds the power to make magic happen.

Many distraught people search outside western medicine for alternatives that could provide them with the hope they need. Magic can do the trick for patients who cannot find the care they search for in modern medicine (Martin, 1999). Consider again psychic surgery: although a sham procedure, it provided psychological comfort for patients seeking care, giving patients hope for a better tomorrow (Allison & Malony, 1981). And this would not be the first time people believed in the power of sham surgeries. Certain modern medical procedures perform no better than a sham surgery, yet they aid people (Louw et al., 2017; Laupattarakasem et al., 2008). Rituals in medicine, such as the surgical show, give people a psychological hold over their disease and thus have measurable and meaningful effects on the lives of patients (Welch, 2003).

Revealing the magic: The importance of ritual

Medicine, to some extent, relies on showmanship and ritual to deliver the active agents. We immerse ourselves in treatment routines to our benefit (Beth Israel Deaconess Medical Center, 2016; Carvalho et al., 2016). Many have firsthand experience with the medical rituals of Western Society. The medical ritual, a long drawn out healing process, begins as soon as one makes an appointment. One must travel to a strange lo-



Volume 12
Issue 2
2017

cation, fast before entering the hospital “healing hut,” wear the correct attire for the occasion, ingest drugs, and even ceremoniously cleanse our bodies before the big event. All this work goes into both supernatural and surgical rituals (Green, 2006). Doctors typically hang their credentials in fancy frames in their offices as badges of honour, whereas witches’ reputations come from the word of mouth. The rituals and symbolism typically associated to the occult also play a role in modern medicine. Every detail counts. The symbolism of modern medicine speaks to the art of its practice (Kleinman, 2008). White lab coats symbolize power and knowledge; they are meant to instill trust and authority (Milgram, 1963; Milgram, 1964). Certainly, for some generations and some social contexts, this remains true. The designation “Dr.” carries more weight than we think, much like the title “Voodoo Queen.” And as such, medicine goes beyond what has traditionally been conceptualized as physical.

Rumor has it that one can summon the spirit of the iconic “Dr.” Voodoo Queen to help with your ailments to this very day. People travel from far and wide to visit her grave, carve a single X on her tomb, and make a wish. And so, the magic lives on in legends, herbal pouches, placebos, surgeries, and medical rituals. These are so deeply intertwined that many often forget the magic behind the surgical curtain.

References

- Allison, S., & Malony, H. (1981). Filipino Psychic Surgery: Myth, Magic, or Miracle. *Journal of Religion and Health*, 20(1), 48–62. URL: <http://www.jstor.org/stable/27505608> [August 1, 2017].
- Beth Israel Deaconess Medical Center. (2016, October 14). Knowingly taking placebo pills eases pain, study finds. *ScienceDaily*. URL: www.sciencedaily.com/releases/2016/10/161014214919.htm [August 1, 2017].
- Carvalho, C., Caetano, J.M., Cunha, L., Rebouta, P., Kaptchuk, T.J., & Kirsch, I. (2016, January). Open-label placebo treatment in chronic low back pain: a randomized controlled trial. *Pain*, 157(12), 2766–2772.
- Chen, Y., Ouyang, D.S., Kang, Z., Yang, G.P., Tan, Z.R., Zhou, G., & Yan, J. (2012, January). Effect of a traditional Chinese medicine Liu Wei Di Huang Wan on the activities of CYP2C19, CYP2D6 and CYP3A4 in healthy volunteers. *Xenobiotica: The Fate of Foreign Compounds in Biological Systems*, 42(6), 596–602.
- Cravotto, G., Boffa, L., Genzini, L., & Garella, D. (2010, January). Phytotherapeutics: An evaluation of the potential of 1000 plants. *Journal of Clinical Pharmacy and Therapeutics*, 35(1), 11–48.
- Davis, N. (2016, March 24). Acupuncture for low back pain no longer recommended for NHS patients. *The Guardian*. <https://www.theguardian.com/science/2016/mar/24/acupuncture-for-low-back-pain-no-longer-recommended-for-nhs-patients>. [August 1, 2017].
- DeNoon, D. (2008, October 23). 50% of doctors prescribe placebos: Taking advantage of ‘placebo effect’ is OK, most doctors say. *WebMD*. URL: <http://www.webmd.com/pain-management/news/20081023/50percent-of-doctors-give-fake-prescriptions#1> [August 1, 2017].
- Ernst, E. (2006, February 1). Acupuncture: A critical analysis. *Journal of Internal Medicine*, 259(2), 125–137.
- Folk Figures. (1948). *Western Folklore*, 7(4), 391–392. doi:10.2307/1497852
- Green, S.A. (2006, September). Surgeons and Shamans. *Clinical Orthopaedics and Related Research*, 450(3), 249–254.
- Gris-gris/Medicine Bags. (n.d.). *New Orleans Voodoo Crossroads*. URL: <http://www.neworleansvoodoocrossroads.com/grismedbags.html> [August 1, 2017].

- Harvard Health Publications. (2012). *Supplements: A scorecard*. Harvard Medical School. URL: <http://www.health.harvard.edu/staying-healthy/supplements-a-scorecard> [August 1, 2017].
- Kleinman, A.M. (2008, August 29). Medicine's symbolic reality. *Inquiry*, 16, 206–213.
- Laupattarakasem, W., Laopaiboon, M., Laupattarakasem, P., & Sumananont, C. (2008, January). Arthroscopic debridement for knee osteoarthritis. *The Cochrane Database of Systematic Reviews*, 2008, 1.
- Lee, M., Kim, J., & Ernst, E. (2010). Is cupping an effective treatment? An overview of systematic reviews. *Journal of Acupuncture and Meridian Studies*, 4(1), 1–4.
- Long, C.M. (2006). *A New Orleans voodoo priestess: The legend and reality of Marie Laveau*. Gainesville: University Press of Florida.
- Louw, A., Diener, I., Fernández-de-las-Peñas, C., & Puentedura, E.J. (2017, January). Sham surgery in orthopedics: A systematic review of the literature. *Pain Medicine (Malden, Mass.)*, 18(4), 736–750.
- Martin, H.J. (1999, January). Unraveling the enigma of psychic surgery. *Journal of Religion and Psychological Research*, 22(3), 168–174.
- Milgram, S. (1963). Behavioral study of obedience. *Journal of Abnormal and Social Psychology*, 67, 371–378.
- Milgram, S. (1965). Some conditions of obedience and disobedience to authority. *Human Relations*, 18(1), 57–76.
- Newmaster, S., Ragupathy, S., Ramalingam, S., Grguric, M., & Shanmughanandhan, D. (2013, October 11). DNA barcoding detects contamination and substitution in North American herbal products. *BMC Medicine*, 11(1), 1–13.
- Regal, Brian. (2009). *Pseudoscience: A critical encyclopedia*. Santa Barbara, California: Greenwood.
- Rubinstein, S.M., Terwee, C.B., Assendelft, W.J., de Boer, M.R., & van Tulder, M.W. (2013, January). Spinal manipulative therapy for acute low back pain: An update of the Cochrane review. *Spine*, 38(3), 158–77.
- Spellman, F.R., & Price-Bayer, J. (2011). *In defense of science: Why scientific literacy matters*. Lanham: Government Institutes.
- Tilburdt, J.C., Emanuel, E.J., Kaptchuk, T.J., Curlin, F.A., & Miller, F.G. (2008, October 23). Prescribing “placebo treatments”: Results of national survey of US internists and rheumatologists. *BMJ*, 337: a2435. URL: <http://www.bmj.com/content/337/bmj.a2435> [August 1, 2017]. doi: <https://doi.org/10.1136/bmj.a2435>



Volume 12
Issue 2
2017

- Touchstone, B. (1972). Voodoo in New Orleans. *Louisiana History: The Journal of the Louisiana Historical Association*, 13(4), 371–386. URL: <http://www.jstor.org/stable/4231284> [August 1, 2017].
- Unproven Methods of Cancer Management: “Psychic surgery.” (1990, May/June). [Review]. *CA: A Cancer Journal for Clinicians*, 40(3), 184–188. doi:10.3322/canjclin.40.3.184
- Voodoo Queen. (n.d.). *New Orleans Voodoo Crossroads*. URL: <http://www.neworleansvoodoocrossroads.com/grismedbags.html> [August 1, 2017].
- Welch, J.S. (2003, March). Ritual in Western Medicine and its role in placebo healing. *Journal of Religion and Health*, 42(1), 21–33.
- Zhu, X., Liew, Y., & Liu, Z.L. (2016, March 15). Chinese herbal medicine for menopausal symptoms. *Cochrane Database of Systematic Reviews*, 3, aCD009023. URL: <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD009023.pub2/abstract> [August 1, 2017]. doi: 10.1002/14651858.CD009023.pub2.

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Volume 12
Issue 2
2017

Tamoxifen and Turmeric

Sree S. Cherian

The Fates spun our threads
Together, wove our genes
Into the fabric of this moment.
Our fingers linked, we shared
A womb, a bedroom, a diagnosis.

Our yoke chokes me when you
Stop to question the chemo and
I cannot; I take the cytarabine.
You sprinkle cinnamon and cloves and
Gather stones suffused with the
Goodwill of the universe.

Your decisions drift you to a
Fate I cannot follow, but when
I am finally alone, your
Crystal pendant is a millstone
Of my faithlessness, hanging
Warm, beside my breast.

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Volume 12
Issue 2
2017

When Doctoring

CE McMurren

what's the difference between a shaman and a physician?
medicine-man, witch-doctor
paper moons

when in the fluorescently-lit, sterile-seeming ward-way
a son—the eldest—states that knowing what ails her will kill her
a mother—the patient—protectedly out of earshot worries
about what to say to her son

when the memory of the New York Times article about
nocebos comes to mind before reciting a list of potential
problems with a new pill —
— looking for — prescribing — trouble —
could the side effect be caused by the drug itself or emerge
from a googled search for what might go wrong?

this healing art —
each “intervention” a rite unaware
is all doctoring (a) performance, a sibylline pursuit?

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Volume 12
Issue 2
2017

Sugar Bones / Burden of Proof

Tanmoy Das Lala

Sugar Bones

Toward the end, she would be caught slipping in and out of dreams, wrapped in memories she didn't know to forget, strong delusions of her whereabouts kneeling on her eyes—while one by one the tumors took refuge in her lungs, treading deeper into the column of her spine. And while the cancer spread within the confines of her territory, over and over again she would scream in pain, so severe she would squeeze out tears down the valleys of her cheeks, asking for more and more analgesics.

After a point in time, the morphine drip wasn't enough and having reached the recommended dose, we had no options left but to give her a handful of sugar bones—multi-coloured jelly beans—and watch, almost instantly, the dissolving of her frown, lips lightening with comfort, her voice renewing vigor, turning more alive. And for a long time after, I would sit and think about the mysterious mechanics of the imagined relief, felt as an outcome of expectation alone; therapeutic enough—the mere act of giving, the watchful receiving, the body reacting with wonder.

Burden of Proof

the burden of proof is upon us to show that zebrafish hearts
can scarlessly grow back, after burning nearly half of it—
bottom up from the conical tip—not just an outcome of
surgery alone.

so, we divvy the fish, from Boston flown,
into experimental ones and age-matched controls, lay them
down in beds of foam
and wait until they fall asleep—grow motionless with a gaze
transfixed, lose the fanning motion of gills, slow down the
tuning pitch of breaths, until a pause persists ...

* * *

and then the quick calisthenics of tools—scissors slicing skin,
breaking scales
grown thick over fragile chests, tweezers, clinking sharp
blades, parting in-between pairs of glistening fins and
afterward—the swift release
into tanks of water, patient waiting
for the slow reawakening from breathlessness, from the
anesthetics, from the sham
surgeries—shame, I feel shame at the hurting, at the apparent
point-
lessness of suffering, at the thought of consent—wondering if
only I could speak the language of fish, if
only they could know our intent.

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Volume 12
Issue 2
2017

Travels to the Psych Ward: A Story of Comfort and Grief

Gina Nicoll

When my doctor first said she was sending me to the hospital, I tried to talk her out of it. Running my thumb over and over the spot on my ring finger I'd already worried into a bruise, I told her the timing was all wrong. I said that antidepressants took months to reach their full effect, but the hospital would only keep me in for a week or two. So it would just make things worse. I knew I needed to go on antidepressants, but I couldn't get rid of the idea that if I did anything good for myself, then I had to punish myself to make up for it, like atonement for my sins. By that point, I was already cutting twice a day for punishment. If I went on antidepressants, I'd have to do even more. I didn't know how much more I could take.

Neither did my doctor. She explained that while we didn't know how long antidepressants would take to work for me, we did know that I couldn't guarantee I'd be alive for our next appointment. Something had to give. While I cried and continued my half-hearted protests, speech



Volume 12
Issue 2
2017

slowed and broken from depression and lack of sleep, my doctor wrote a letter with my history for the emergency room staff. I was going the next morning. If I didn't, she'd call the cops and have them take me.

It took one day, six hours in the ER, and many conversations—with the receptionist, the triage nurse, the ER nurse, the medical student, the psychiatrist, and the psychiatrist again—before I was admitted to an inpatient psychiatric unit. I was terrified. I didn't understand how I had fallen this far, this fast, and I had no idea where I was going or what it would be like. My only frame of reference was from movies like *One Flew over the Cuckoo's Nest* and *Girl, Interrupted*. I imagined padded walls and shackles on beds. Or, at best, a grumpy nurse who'd check that I didn't cheek my meds in the morning and then would ignore me the rest of the time, simply waiting for the antidepressants to do their work.

The difference between my expectations and reality wasn't a dramatic revelation but a slow unfolding of moments. It was the admitting nurse who had reached the end of his shift but stayed to give me a tour of the unit and who reassured me that I could keep my cell phone with me and have visitors. It was the evening nurse who validated that I must be emotionally and physically tired and confused about how to tell people where I was. It was the quiet older woman who was my roommate, her soft snoring on the other side of



Volume 12
Issue 2
2017

the curtain the comforting white noise that I fell asleep to. It was the psychiatry resident who, after assessing me and hearing how I couldn't even walk home from work without my thoughts drifting to the appalling comfort of stepping off the sidewalk and into traffic and having everything end, said, "That sounds really hard. I'm sorry you've had to deal with this. I hope we can help."

They did help, in many ways. Sure, they gave me medications and psychotherapy. But they also saw me as a whole person. They wanted to hear about what books I was reading and told me about their own. They checked that I was sleeping and eating well. They made sure I showered and had clean clothes. They sat with me after a tough therapy session and taught me to hold ice on my temples to help me calm down and distracted me with funny stories about being scared of *The Ring* while I waited for the ice to work. They quoted *The Matrix* to make me laugh and feel less guilty for cutting while on a day pass—an inevitability, I thought, but, like the oracle told Neo, "Don't worry about the vase." This was a way of helping me to question why cutting, like breaking a vase, was becoming a self-fulfilling prophecy for me. I believed I was worthless and had to punish myself. In my mind, I had no evidence to the contrary. But they planted the seeds for the possibility that it could be otherwise by telling me, in so many words and in their actions, that I was worth helping.



Volume 12
Issue 2
2017

What affected me the most from my time on the psych ward, though, was knowing and feeling that I was safe. Coming from an abusive home, I had never felt that before. Even after I had left home and lived entirely on my own, isolated from nearly everyone, safety was a foreign language. It was not just safe in terms of suicide risk, but safe, period—fundamentally safe as a human being in the world. I didn't have the language for it until months later, but I knew something felt different in the psych ward. I knew that when the nurses asked, "Do you feel safe to leave the unit?" before going out on passes, I was confused. I didn't know what safe was, but *out there* was not it. *In here* was. That sense of safety gave me a feeling of warmth and comfort and hope that went beyond the parameters of any traditional biomedical treatment.

Learning to feel safe, as welcome as it was, also led to a surge of emotions that was so big and scary that it shattered my worldview. You see, when you grow up in an abusive home, it becomes your normal. I wanted to say, "You convince yourself it's normal," but that implies a level of awareness and intent that I didn't have, that I couldn't afford to have. People in an abusive home don't grow up knowing they're in an abusive home. That label requires distance and perspective. When you're in it, it's just life. It's normal, and everyone else is strange and unfamiliar, like creatures from Mars. You tell yourself that other kids and other



Volume 12
Issue 2
2017

parents, with their stable senses of self and intact personal boundaries, are the weird ones, not you.

I believed that until I got to the hospital. Being admitted to the psych ward was like interplanetary space travel, a novel and revelatory perspective. Never having lived with anyone besides my abusive family, I now got to see how other people lived, up close and personal. And I saw a world—because when you're in the psych ward, locked in around the clock, it becomes your whole world—where people cared, where they wanted me to be healthy, where they respected me, where they protected me. I saw that there were alternate life forms out there. How other people would treat me had been what scared me the most about being sent to the hospital—scared me so much I didn't know how to articulate it even to myself, unaware as I was that I expected everyone to repeat the same patterns as my parents. But the psych ward taught me that living with other people doesn't have to be that way. It reconceptualized my world.

There is a lot of pain in that realization. After my first admission, I spent a year in and out of the hospital while I debated whether or not I wanted to live this life where I am now the outsider, the one from an abusive home. I still feel a profound grief knowing that other people get to be native inhabitants of a healthy planet that I am only now glimpsing for the first time, and at times it seems like there is an immeasurable distance between where I am and where I want to be. But there's a

lot of hope and curiosity there too. Before the thrill of exploring Mars, you must first discover its existence and map its location. That, I am learning, has a joy of its own.

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Volume 12
Issue 2
2017

Unhealing / Medicinable /
Antioxidants / Spices

Dan Campion

Unhealing

Pla ce bo!

—John Skelton, *Philip Sparrow*

Her vespers sung for Philip Sparrow, Jane,
entitled to relief of sorrow, got
instead unwelcome praise from polyglot
but zany poet of the court. Again
we see how good intentions often drain
their subject's patience to the lees, a blot
on all the tribes of guilds and scribes who jot:
placebo turned nocebo compounds pain.
Poor Skelton, Laureate, a favored don,
a tutor to a king, still had to trim
his pen and scrawl an apologia.
Jane Scrope, for her part, may have thought him dim,
his Latin-larded verse a flagrant con:
what dose could cure, once cat unsealed its claw?

Medicinal

Lucretius noticed the unnaturalness
of things, the jamais vu aspect of sky,
and even skin, when one has spent time less
in observation than in scraping by.
There's nothing for it, try as druggists will
to brew or grind a fitting anodyne
and bring to market phial, salve, or pill;
estrangement breeds the powders they refine.
So when it comes to morphine, we're not shy,
but ask, "What do drugs dream?" and "Who is pain?"
inured to naturalness that won't comply
with chemistry yet swarms in every grain.
Unnatural naturalness compounds a spell
where balm may kill while sugar pill makes well.

Antioxidants

I used to take tea with a dash of milk,
until I read the milk undid some good
the tea might do me. No more suave-as-silk
dilution. Tea would brace me as it should,
with antioxidants, to counteract
free radicals, whatever they are (I
flubbed Chemistry), which otherwise attacked,
I read, defenseless cells and bade them die.
To me it seemed a diplomatic gaffe
to let small molecules run riot just
to smooth out strength of cup of tea. You laugh.
Take cream, you say, your taste's the tongue to trust.
You'd force me to a choice between two lives:
what shall I pour, now, when tea tray arrives?

Spices

One by one the spices' dates slip by,
the best-by dates, the use-by dates, the dates
I can't make out despite how much I try.
"Organic" loses flavor. "Natural" waits
for me to find the recipe that calls
for hint of it, which recipe is lost.
I will not list the spices. Each name galls,
each bottle, tin, and phial extracts a cost,
each last you'll ever bring home from the store.
I use each sparingly of course. How bland
my cooking gets, we'll have to see. Buy more
is off the table. I'd sooner salt with sand.
I shake some crushed leaves left in reused jar
with jotted label. Mark me, they'll go far.

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Volume 12
Issue 2
2017

Anastomosis / carcinoma in situ

Ashna Asim

Anastomosis

he placed a heart in my hands
and asked me to name each blood vessel

when I couldn't find the words, he said:
 "clearly, you don't understand the heart"
and I thought there must be a metaphor in there somewhere

he lined a row of hearts on the table
and told me I couldn't leave until I could map
the coronary arteries

so I held each heart
one by one

traced the borders and grooves
held the dead weight in my hand
and felt nothing
but my steady pulse against its waxy surface

felt waves rising to my carotids
felt my head pulse with each ebb and flow
pictured myself plunging into circulation
following the tides of each vessel
like a stone smoothed by the ocean
letting myself wash away



Volume 12
Issue 2
2017

carcinoma in situ

I.
we wait
because we are taught to be patient



Volume 12
Issue 2
2017

2.
with the invention of the microscope
came new ways of seeing

new lenses
new findings

zoom in
deeper
and deeper

push past each layer of tissue

look at how cells divide
and how we grow

marvel

be raptured

new lens
shift focus

sometimes cell division goes wrong
uncontrolled

a mass forms
(we don't say the c-word
we're waiting on lab results
to say it for us)



Volume 12
Issue 2
2017

3.
something feels off
but you wait because your kids have basketball practice
and your husband needs dinner

you can feel the mass in your breast
too big to ignore

your own doctor berates you,
how didn't you notice this sooner?



Volume 12
Issue 2
2017

4.
who gets to decide when a woman should leave him?

when his handprint
blossoms into purple remnants
of burst vessels and bad blood

when the family says she is better off without him

when he takes off at night
and stays on the couch all day

when he tells her she's let herself go

when
his words
make
her
shrink

when he tells her she has nowhere to go
no job
no prospects

so she stays

who's to tell her she should have left?
who's to judge?



Volume 12
Issue 2
2017

5.
we wait because we are taught to be patient

we wait because things could be worse

we are stuck
waiting to be told
it's okay to leave

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