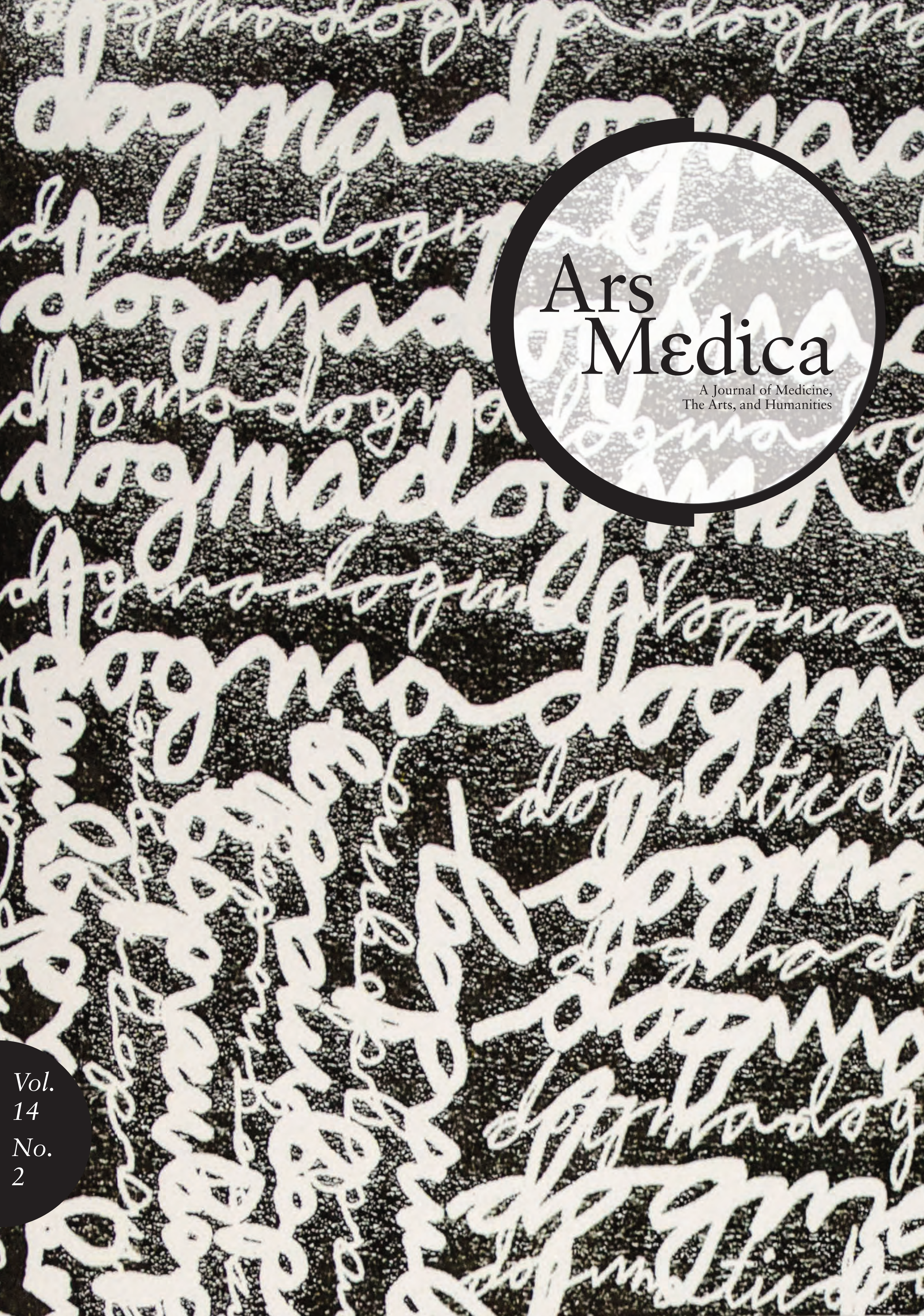


Ars Medica

A Journal of Medicine,
The Arts, and Humanities

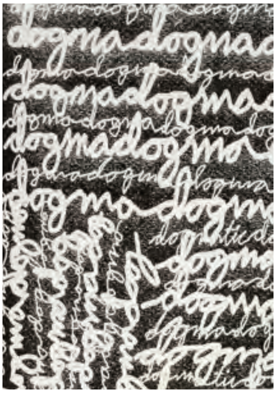
Vol. 14 No. 2

Ars
Medica
A Journal of Medicine,
The Arts, and Humanities

Volume 14
Issue 2

Prose in Views

by Moncef Mounir



The cover of the current issue of *Ars Medica* is a motif of the background art from a collection of Moncef Mounir's works in "Prose in Views." The seven visual and poetic pieces encapsulate a coming of age in the early 2000s when the artist was struggling with an unforeseen personal injury. The cartoon drawings featured in each piece are in collaboration with local Mississauga sketch artist Michael Vouong, and the piece "Tired of the Mousetrap" includes airbrush work in collaboration with local Toronto artist Owen Bayliss.

We are grateful for the generous financial assistance of the Departments of Psychiatry at the University of Toronto, Mount Sinai Hospital, and Centre of Addiction and Mental Health, and to support from the Canadian Association for Health Humanities / L'Association Canadienne des Sciences Humaines en Santé and Associated Medical Services (AMS). Published in partnership with CISP Journal Services, Simon Fraser University.

For subscription information or to submit a manuscript, contact arsmedica@mtsinai.on.ca or visit: http://ars-medica.ca

ISSN 1910-2070

Ars Medica

Volume 14, Number 2

Ars Medica
A Journal of Medicine,
The Arts, and Humanities

Contents

Volume 14, Number 2

Guest Editorial

Feature Pieces

Prose

Poetry

Ars Medica
A Journal of Medicine,
The Arts, and Humanities

Volume 14
Issue 2

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 14
Issue 2

Guest Editorial

Being Seen, Being Heard: Health, Arts, and the Unspeakable in Lived Experience

For as much as a biomedical worldview and the organization of knowledge have generated incredible advances and innovations in health—lives lived longer, an end to the spectacle of certain infections or cancers being uniformly fatal—there is nonetheless an "epistemological narrowing" (Squier, 2007, p. 334) within this worldview. No longer simply a matter of controlling death and disease, adopting the centrality of a biomedical frame transforms life itself (Rose, 2001; Squier, 2007). But what gets left behind from this transformation? What aspects of experience hang in the spaces between the lab tests, imaging studies, transplants, and biologic therapies? What meanings are not conveyed, *what is not spoken*, in the language of medicine?

The health humanities are one place we might turn to when what we struggle with cannot be easily reduced to signal cascades; cannot be localized to particular regions or networks; cannot be modelled by the linearity, logic, or locutions of biomedical ways of knowing. In this issue of *Ars Medica*, we explore the notion of the "unspeakable" within lived experience: the lived experience of mental distress, the lived experience of neurologic difference, of cancer, of pain. Each piece in this issue presents experiences that overwhelm our ability to order, describe, or categorize them (ordering, describing, and categorizing being foundational elements of a biomedical understanding). What we have are partial truths, truths in the telling, multiplicity in realities: lived experiences that are "uncontainable by words" (Hodgman, 2001).

What are the stakes, when we consider what it means for experience to be unspeakable? As Joshua St. Pierre (2015) writes, normative performances of oral speech communication are the *sine qua non* of rational human subjectivity, universalizing communicative purity, autonomy, and self-mastery. Insofar as speech communication is seen to be an initiation and marker of what it means to be human, non-normative and disabled voices are frequently excluded from communicative connection and the privileges of full social participation (St. Pierre, 2015). As you explore the pieces in this issue, hold in mind how this critique applies to what it means to speak and be heard in biomedical spaces: the expectations of narrative coherence and structure simultaneously render *unspeakable* certain aspects of distress and suffering, while marking the individual whose telling goes unspoken as Other. The pieces in this issue offer, in their own language, testimony of how normative communication can exacerbate isolation, loss, and grief. They gesture toward the failure of narrativity in biomedicine to capture the nuances, ambivalences, and tensions that are part of the lived experience of health and illness (to whatever degree health and illness can be made distinct).

This issue of *Ars Medica* opens with a special feature on lived experience in psychosis. The journal's special feature pieces are the creative result of a pilot knowledge translation project that took place between February and May 2019 as part of a larger ethnographic study of first episode psychosis in Toronto, Canada. The three feature pieces—visual arts-based explorations of the meaning and phenomenology of psychosis that emerged in conversation and artistic practice between researchers and participants—look to the ways in which multisensory modes of expression are needed to convey the unspeakable in psychosis. While the larger ethnographic project followed narratives of the lived experience of psychosis, tracing these against conventional biological narratives from within mental health settings, the move to an arts-based exploration of lived experience stemmed from the observation that much of the experience of psychosis could not be narrated. Themes of confusion, perplexity, disorientation, and isolation mark each of the special feature pieces and are given voice through form and colour, along with text.

In "Prose in Views," we see seven multimedia pieces: poetry set to a range of visual images. In one, a texture of green folds. In another, a block full of black-and-white toilets. A third piece shows repeated horizontal lines. Within the series, repeated signs suggest an emphasis on getting through—an effort to affect another's consciousness by dint of plain repetition. The backgrounds of Moncef Mounir's poem-images are sometimes delicate, sometimes glaring: perhaps a show of ambivalence about communicating? Whereas "word pictures" are verbal attempts to convey a rich description of a visual scene, several of the poem backgrounds feature a repeating pattern of words—DOGMA, GLORY, MADNESS—a kind of picture made of words that echo over and over, producing a sense of flatness in the viewer, akin to the effect of repeating a word so many times it loses all meaning. The artist might be saying, "If I tell you something, the same thing, often enough, you will hear it but you won't understand." We are drawn in and kept at a distance. In an effort to express something about psychosis and addiction, the artist both articulates and overwhelms, possibly manifesting a wish both to communicate and to protect his private experience.

Sarah Traore's "From Chaos to Oneness" offers us a wrenching recovery prose, and in a paired visual piece, a striking image of a brain. Her prose names psychosis first through terms of destruction: fire and ash, despair, shattering, and death. And yet her words mark also that there is life and creation within that excruciating experience. Healing was/is a transformation. In her image, we see an isolated, divided brain surrounded by schools of green and yellow marks and two blue question marks. We can guess her wish to explain, to describe parts or effects, such as the tensions between creativity, energy, and electricity on the one hand, and the questioning process she names as her recovery on the other. But we also notice the isolation of one hemisphere from the other, and wonder about *what* this brain is saying (or what is being said to it) with its associated squiggles and marks. Is the isolation only that of the past, experienced during the experience of illness, or does it remain in some way? Healthy looking, in three beautifully rendered shades of pink, this brain is alone on the page except for its exclamations. Who will hear it? Who will understand it? There are not any words to help us relate more surely. When we do turn to the words of her prose, the pairing emphasizes the tensions that exist within the transformation she articulates.

katelynn's unnamed scribble shows concentric coloured whorls, repeated lines round and round, as if to lasso a middle part, where tighter white and red and black gestures overlap. Unlike the two previous artists, katelynn leaves out any clear reference and presents us with abstraction. Her image begins with the choice of black paper and ends with a final black knot. Bodily movement becomes visible; her gestures in drawing the lines give us a sense of energy that is in the end bound up on itself. Is the picture about health or illness? It seems to express the cohabitation of states: order and messiness, bright and dark, inner and outer. We cannot read it clearly, but we can know the feeling of moving quickly, repeated rhythms, and deep uncertainty.

Accompanying pieces in this issue offer a range of other aspects of lived experience and attempts to narrate and navigate the norms and expectations of biomedicine. In "Have You Heard of MS?" the prose draws us in to the perplexing, disorienting experience of a diagnosis (or not) of multiple sclerosis: the clinical worldview attempting to order a collection of bodied disruptions and telling a partial truth through EMGs and MRIs. What happens when the truth of *that* telling overshadows a different, bodied truth? As Kristyn Kantenwein asks, who sees the loss, the isolation, the scars that form within the grip of the clinical gaze? Jane Schapiro poses a similar question. Speaking to the practice of mindfulness meditation, she asks us to contrast anguish rendered literate through clipboards, with its visceral reality, its history within a bodied life. Sophia Wilson's "Black Snack" gives us yet another kind of visceral sense, in this case of objectification and the loss of control that comes from medical procedures and the psychic impact of clinical gaze. Her use of the second person ("You sit up, fumble for dignity … ") creates a distancing from one's own experience, while the poignant words drive home the distress and pain of objectification within the gaze as the you of the piece becomes an irrelevant, fungible, bodied vehicle for what matters—gut-cargo. In yet a different way (one that resonates with the multimedia poetry of Moncef Mounir), Amy Conwell's poetry brings to bear the visceral nature of experience. The pacing, alliterations, form, and content of these pieces pound with intensity and bring the reader into Conwell's world.

"Doesn't Work like It Used To" and "Making Plans" both take the reader into the depths of routine suffering that caregivers and family members also struggle with in the context of serious illness. In "Doesn't Work like it Used To," Casey Aimer draws on the symbolic representations of the bureaucratic business of medicine—another clipboard, another form—gagging those who struggle through the system. When words do not work like they used to, we are left to cry without tears, to mark time through the machinations of medicine. The question remains, how are we to live in the visceral present, when that present includes the constant spectre of death? Gabriella Savarese asks this same question, ending with a note of hope and of resilience about the ability to make meaning of a life, no matter how long or short.

Themes of transformation carry across various pieces in this issue, from the special features to Kay Cosgrove's "Like the Ancient Magicians." Here we have a glimpse—fleeting—of transformation, the repetition of words drawing attention to the challenges of remembering and forgetting in the face of illness and death. Brian Volck's "Three Poems" also draw on the place of remembering, while foregrounding the fundamental question of how we might live *into* the brokenness of illness and suffering. In one, his plea, "help me," points us to the centrality of interdependency that is rendered palpable and visible through the experience of suffering and disability. If the normative locutions of oral speech we receive within a biomedical worldview are a manifestation of self-mastery, autonomy, and individualism, the poetics of illness drive home our deep relationality.

Adriano Mollica's "for Galen," a poem written by a senior medical student reflecting on the experience of anatomical dissection, provides a point of contrast. What this speaks to is a different kind of lived experience—that of entering into a biomedical worldview, a culture shift/culture shock, where a particular language, identity, and ontology is gained. But at what cost? Mollica begins with an imaginative stream of consciousness, considering the person whose body is being exposed and explored within the laboratory environment, but ends with the rhetorical question, “Who am I to think about what your life might have been like?” This is prompted by the demands of the biomedical worldview, for example, learning the Circle of Willis. When the weight of the universe becomes routine, who is the “I” left holding it? Questions of identity, of loss, of disorientation cut across the experiences of patient as well as physician, but they so often remain unspoken.

All of the pieces in this issue speak to the challenges of reconfiguring what one knows, and who one is, in light of illness, distress, and suffering. Many (particularly the special features) identify the uncertainty of futurity, contrasting what it is like to live in recovery, with the future envisioned within the normativity of a biomedical frame, and the cost of participating in this frame in order to achieve relief from suffering. Artistic modes—non-linear language, visual shape—help to overcome the challenges of articulation in these experiences, especially insofar as they open up new conditions of possibility for understanding. These new possibilities make room that did not previously exist within conventional framings or narratives of pain, neurologic difference, disability, or mental distress. As a whole, the pieces also speak to the ways in which being churned through a medical system (whether physician or patient) demands modes of narrating experience that diminish complexity in order to be understood. This understanding can only stretch so far, given the limits of linear, conventional narration. As you explore the collection within this issue of *Ars Medica*, immerse yourself in the ways in which the arts—reflected here in visual form, prose, and poetry—are one way that unspeakable understanding can be conveyed across difference. As the pieces articulate the challenges, promises, limitations, and desires that arts modalities offer, we hope you will embrace the complexity of lived experience, as it unfolds within their contours, dissonances, and details.

Acknowledgements

We gratefully acknowledge the time and generosity of all of the participants who took part in the narrative study of first episode psychosis. We also thank Ms. Jasmine Sikand and the *Ars Medica* editorial team for their kind assistance in digitizing the special feature images.

References

Hodgman, John. (2001, September 25). Welcoming remarks made at a literary reading. *McSweeneys*. URL: https://www.mcsweeneys.net/articles/welcoming-remarks-made-at-a-literary-reading-9-25-01 [Accessed September 24, 2019].

Rose, Nikolas. (2001). *The politics of life itself: Biomedicine, power, and subjectivity in the twenty-first century*. Princeton, NJ: Princeton University Press.

Squier, Susan. (2007). Beyond nescience: The intersectional insights of health humanities. *Perspectives in Biology and Medicine*, *50*(3), 334–347.

St. Pierre, Joshua. (2015). Cripping communication: Speech, disability, and exclusion in liberal humanist and posthumanist discourse. *Communication Theory*, *25*(3), 330–348.

***Suze G. Berkhout & Eva-Marie Stern,* Guest Editors**

Suze G. Berkhout, PhD, MD, is a clinician-investigator and psychiatrist with the University Health Network's Centre for Mental Health. She is an Assistant Professor in the Department of Psychiatry at the University of Toronto. Her research engages questions of method and ontology within the health humanities, with a focus on using arts-based, ethnographic, and narrative methods to explore issues in philosophy of medicine and philosophy of psychiatry. Email: suze.berkhout@uhn.ca

Eva-Marie Stern, RP, MA, and Adjunct Professor, is an art psychotherapist, supervisor, and medical educator. She led the art therapy program at the Trauma Therapy Program at Women's College Hospital for over 20 years. She is a co-author of "The Visible Curriculum" in The Health Humanities in Postgraduate Medical Education (2018), and currently leads seminars looking at art to explore the ways we engage with one another. Email: eeemstern@gmail.com

Ars Medica
A Journal of Medicine,
The Arts, and Humanities

Volume 14
Issue 2
2019

Like the Ancient Magicians

Kay Cosgrove

I am trying to remember how it happened. How one minute
she held her hands as leaves, all thin veins and air.
And the next, how they fell
almost to the ground, like an October morning.
She was so beautiful.

Or maybe it was winter. I remember the ice in sunlight
and on the blacktop as we walked from the car. The heat
was on so high she had to remove her sweater. It fell
on the chair as close, as close to silently as I can imagine.
Inflammation in the joints and all the birds just gone.

It could have been by text message or on the phone.
I have no way of knowing anymore, since the news is old
and she is, like everyone else, both living and not.
She had gone away ordinary and come back miraculous,
like the ancient magicians who came down from the
mountains.

Kay Cosgrove is a Visiting Assistant Professor of English at St. Joseph's University. For more information, visit kaycosgrove.com Email: kaycosgrove @gmail

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 14
Issue 2
2019

for Galen

Adriano Mollica

The crevices in my hands are too shallow to hold
all the life that moved between your synapses,
and yet, in the basement labs of my medical school
I am holding every part of who you were;
a culmination of billions of years of motion
resting motionless on these blue nitrile gloves.

I imagine what experiences may have
pulsed under these fixed hills and valleys,
the differences and similarities, in that
you had your own family, your own mother
father sister brother grandparent cousin, etc.
with their own names and personalities,
the way you existed for them, and they existed for you,
the things you felt for them, and they felt for you,
is that not all somewhere in these three pounds?

And what else? I do not ask permission
to raid your tomb, to
peel away the swathed linen
your heart was left in, because
I need to know for myself.

What was life like? What made you
laugh
cry
feel love?
Did you live the life you wanted to?
And what was the last of it like?
A swarm of coloured scrubs
running into your room, squeezing
your heart under broken ribs, your
pale body splayed under monitor lights and sounds
that recede to silence? Or maybe it wasn't so dramatic.

…then again, who am I to think about
what your life might have been like?
I'm just trying to learn the
arteries in the Circle of Willis,
the function of each cranial nerve,
how to place names to small grey lily pads
floating in ponds of white matter.

And that's all. I'll get my marks and move on.

But, if you ask me one day, was it hard to have
held the weight of a universe
in your cupped hands? I'll say, yes, but only
for a moment.

And if you then ask why? I'll say, I never fully anticipated
how routine it would all become.

Adriano Mollica is a musician, music therapist, and resident physician in Psychiatry at the University of Toronto. Email: ag.mollica@gmail.ca

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 14
Issue 2
2019

Have You Heard of MS?

Krystin Kantenwein

It begins with a tingle in your arm, sharp but gentle. It reminds you of what it feels like to stand outside when the rain is light and coming down fast. You look down near your radius and ulna and feel the tiny pops of electricity discharge down into your hand, until it stops—passing quickly enough that you think you must have pinched a nerve while sleeping. You don't worry about going to the doctor. There is nothing to be seen, nothing to be felt. Before you go to sleep, you massage your forearm and release the day's tension.

* * *

You wake in the morning to the feeling of spiders crawling up your arm. An army of tiny recluses has come to eat your tissue. They inject their sphingomyelinase, burning holes in your flesh from the inside out. As you get out of bed, you wipe your face, pick the crust from the corner of your eye and flick it onto the ground. You think about calling the doctor, but instead you call your mother. She offers validation that what you're experiencing is strange. "If it doesn't go away, you should make an appointment," she says. "It doesn't hurt to get it checked out." You agree that sometimes doctors are there to help. Eventually the pop-rock sensation fades, and you put off making an appointment until the feeling in your arm transitions into intermittent shocks throughout your body—a of couple of jolts in your leg, some on your back, a few on your scalp, every now and again on the tongue. You can't feel the right side of your face, but it never lasts long. It's only a few seconds before the Novocain feeling fades, too. You become frightened by the collection of daily disturbances that creep up on you while you're doing the dishes, taking a shower, driving in the car. You search your symptoms online and fall asleep at night, hoping that a mass of cells hasn't gathered on your parietal lobe.

* * *

When you go to the doctor, you'll wait in the small, aseptic examination room for ten minutes before he walks through the door and shakes your hand. Following the routine, he will start by asking, "What brings you in today?" You will tell him about the tingling and the occasional facial numbness, the fatigue and, now, the sudden urge to urinate. Hesitating, you'll add, "And sometimes it feels like water is dripping down my leg." You will laugh at yourself, embarrassed by your body. After your grocery list of ailments, he will look at you with confusion. You are young. You should be healthy. He will ask you to sit on the uncomfortable half-bed that's covered by a sheet of thin white paper. He will shine the flashlight in your eyes, checking to see if your pupils are reactive to the light. He will palpate your back, pressing his clammy fingers onto your L4. He will look for tender spots and spasms and bone deformities. "Stand up," he will say. Now is when you will show him that you can walk heel-to-toe in a straight line. You can close your eyes with your arms stretched out like you're pretending to be an airplane or anything that works like it's supposed to. He will then sit with you under the fluorescent lights while silence fills the sterile, cold room, and he will ask you, "Have you heard of MS?"

* * *

You will nod your head, thinking about the commercials you've seen in the living room of your childhood home—the ones with women (much older than you) in wheelchairs. He will explain that multiple sclerosis affects women your age, twenty-three. He will throw around words like "autoimmune disease" and "demyelination," and he will ask, "Does anyone in your family have MS?" Your thoughts will become harder to articulate and the room will shrink as you say, "Not that I know of." He will respond that it isn't entirely genetic, that even though you are young, this is the age that many women notice their first symptoms, have their first "attack." He will explain that the tingling and numbness and fatigue and sensations are common in women with MS. Optimistically, he will tell you that there are many other causes of these symptoms, ones much less severe. He will order blood tests to check your vitamin D, your B12, your magnesium, your thyroid, your WBC, your bilirubin, and when all those tests come back normal, he will refer you to a neurologist.

* * *

When you go to the neurologist, he will walk into the room with confidence, shake your hand, and spend a short amount of time asking you where you went to school and what you're doing with your life while he performs the routine vitals. He will have you repeat the tests that your primary doctor performed. You show him that you can walk heel-to-toe and that you can stand with your eyes closed, while he lightly pushes you back, without falling. He will speak into his microphone that transcribes his sentences onto his computer: "Patient can walk heel-to-toe. Patient passed Rhomberg Test." He will then have you sit on the examination table, and he will ask you to lift your thigh as he presses his hand down on each leg to test their strength. "Don't let me win," he will say. He will point out the left leg weakness that you've known about for months. You first noticed the weakness while you were going upstairs (you pictured yourself installing one of those motorized chairs that attach to the railing). The neurologist will then have you lie down on the table and run the heel of your left foot down your right shin, and the heel of your right foot down your left shin. One leg can do it, the other can't. He will say it could be weak back muscles, but given the paresthesia he will ask, "Have you heard of MS? It can cause poor coordination if there's a cerebellar lesion."

* * *

You won't need to ask what a lesion is. You already know. He will repeat the information you found online. He will tell you that MS is an autoimmune disease that is very hard to diagnose. "It can take years," he will say. He will explain that your nerves are covered by myelin sheaths and when the body attacks the myelin, it damages the nerve endings, exposing your electrical wiring. He will say that the demyelination creates scar tissue, or lesions. Looking at you with sorrowful eyes, he will tell you that MS typically comes in waves and leaves those affected with arbitrary but dreadful symptoms—ones that can be as debilitating as the inability to walk or as casually maddening as the feeling of fireworks down your spine when you touch your chin to your chest. You will leave with referrals for an EMG (electromyography) and an MRI (magnetic resonance imaging).

* * *

First, you'll go for the EMG. It's an in-office procedure that you don't want to research beforehand. If you do, you'll find forums describing the needles that the doctor will stick into your defective body to check the health of your muscles and motor neurons. Some people say it’s worse than a tattoo. Having had both, I can tell you that is true. When the needles go in your arms and legs and hands and feet, they will touch parts of you that you didn’t even know existed—deep muscles that feel private and intimate and so very close to you. You’ll close your eyes and breathe deeply. The doctor will occasionally tell you that “you’re doing a good job.” As you lie there, staring at the ceiling, your palms will sweat, and you might even think of the other men who have taken their hands instead of needles, and touched you, until it was finally over. When the doctor is finished, he will leave the room so you can change back into your clothes. There will be blood on your legs.

* * *

When you go to the hospital for an MRI, you get a wristband that tells the world, “I might be sick.” A technician will walk with you through the hallways, guiding you to a small room. She will ask you how your day is going, and you will lie and say it’s going well. When you get to the room, she will ask you to change into the oversized hospital gown that is made of cotton and ties in the back, and after you have changed out of your clothes, you will stare at yourself in the mirror hanging on the wall and wonder if plaque is adhering to your brain and if there are dark holes in your grey matter. You will sit down in a chair and look at the covers of magazines on the table. The top one says, “Jack Osbourne told the world he has MS.” You wonder if Jack Osbourne is your omen.

* * *

When the technician comes back to get you, she will bring you into a larger room where it’s you versus the MRI machine. You will crawl into your radiological coffin and select classical music for your playlist. She will give you a shot of gadolinium and tell you that you need to remain completely still while she’s taking the pictures. Putting the headphones on, you will lie down and the machine will push you further and further back until you are completely enclosed. While you are inside of the MRI machine, Mozart will penetrate your eardrums, but despite the music you will hear loud wind-like noises circle around you. A small mirror will hang directly above your eyes, allowing you to see into the imaging room. The technician is eating her lunch and there will come a time where she puts down her sandwich and looks intently at the screen as if she is watching your fate unfold. You will watch her wipe her eyes and you will wonder if she’s crying or if she has a cold. You will become fearful and your hands will feel like melting ice cubes and you will close your eyes and imagine how you will tell your mom you have multiple sclerosis. When you leave the room, she will walk with you through the hallways back to the waiting room, where, without looking at you, she will say, “The doctor will be in touch.”

* * *

When the results from your EMG and MRI come back normal, your primary doctor will tell you that it often takes multiple MRIs until lesions shows up, and even if you do have MS, there is nothing that can be done to cure it. He will flip through the results and shake his head. He will sympathize with you and remind you that these things take time. He will remind you that it could be something else. He will talk about Fibromyalgia, Lupus, and Lyme disease.

* * *

Then, he will do what some doctors do when they don't have an answer and you're a woman. He will talk to you about anxiety and depression. He will tell you that women can get symptoms like yours just from being anxious or sad, worried or stressed. Still, you will plead. "I wasn't like this, I wasn't like this, I wasn't like *this*." you will insist, until you were told you might have MS. You will think to yourself, *"Even if I was depressed, even if I do suffer from anxiety, I know my body."* Repeat it. "*You know your body, you know your body, you know your body."*

* * *

Your doctor will be understanding. He agrees that your symptoms are concerning— but remember, you are a woman. Give it a year or so before other doctors refer you to a psychiatrist, before they tell you that your unilateral leg weakness is from your heels, before the very pills they prescribed to you to help you through your medical limbo (Alprazolam and Zoloft) are used against you as evidence that you, a woman, must be clinically depressed—that there must be trauma you haven't healed from that is now manifesting itself on your body. Your body, your body, your body is *their* proof. It rests at the intersection of sick and female.

* * *

After leaving the doctor's office, you will call your mother and share the results—no cancer, no MS. She's overwhelmed with happiness, and you agree that this is good news. The best. You will drive back to your apartment feeling defeated and invalidated, confused and hopeless. You will wonder if you made this all up inside your head, your tormented, womanly head with all its wild and rampant thoughts. You rationalize your symptoms by recounting your stressful childhood and recently failed relationships. With tears behind your eyes, you will question your own body. It is now the "other." You will lose trust in its ability to function the way it is meant to, the way it has for the past twenty-three years. As time passes, you will give up on making doctors' appointments, but you will continue to take your SSRI and Benzodiazepine, and you will wait for the drugs to build up in your bloodstream until you barely recognize the woman in the mirror. You will lay awake at night in your hot apartment and feel the spiders crawl from your feet all the way up to your abdomen, and you will acknowledge that this could be Uhthoff's Sign—a temporary flare of neurological symptoms caused by the heat.

* * *

You will know that the symptoms of MS are different for each person, but for you it will look like this: left leg and hand weakness, pain on the inside of your left forearm when your sweater brushes up against it (allodynia), tingling (paresthesia) and burning sensations throughout your legs (dysesthesia). You will experience dizziness and fatigue in the middle of the day, electrical shocks down your spine and in your feet when you touch your chin to your chest (Lhermitte's Sign). You will notice urine in your underwear when you use the restroom at lunch (urinary incontinence), and an unwavering sense of subtle fear will eventually become something you carry inside of you. For a while, you will stop dating, because you won't know how to act or what to say on a dinner date. You will lose your sense of self. You will forget the woman you were and you will grieve that loss every day. You will look up ways to help those with invisible diseases. You will momentarily forget about what you're going through. You will think about becoming a doctor. You will read articles about anti-inflammatory diets, and your friends will tell you that you're okay. You'll scream into your pillow and hope your neighbors can't hear you. You'll research every neurological disease that mimics MS, and you'll remind yourself you're not crazy. You'll pray for an answer, as you curse God. You'll wonder how many women are aching inside of bodies that have been discarded by the doctors that "treat" them, and you'll think, over and over again, about how we don't get to see *those* scars—the ones stuck to our brains and our hearts.

Krystin Kantenwein is a graduate student in the English Department at Mount Mary University. Email: kantenweinkrystin@gmail.com

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 14
Issue 2
2019

My Cross-Legged Monk

Jane Schapiro

"… you are more than your anxiety"
A Mindfulness-Based Stress Reduction Workbook

with incense and flame
i look for you
my affable
logical
good-natured self
eyes closed
hands on lap
i search for
my buddha my imam
my cross-legged monk
are you near
am i warm
i am here
inhaling
exhaling
calling your name
teacher rabbi
master sage
lama rishi
guru seer
quiet

hush
namaste
peace
where are you
my yogi
where are you
my priest

* * *

Had I found my qi
in that kindergarten room
I might not have cried at my mother's goodbyes,
told my teacher that daily lie:
I bumped my head on the jungle gym.
If you, nirvana, had just appeared
I might have been spared—
(hold your breath when a siren goes by)
(close then reclose the closet door).
Each night I'd think of another decree,
add it like a hallowed stone
(make sure all pictures are hanging straight).
I was building a temple inside, an altar
where I could barter and plead—
let my parents be safe
(say *kayn aynhoreh* after every good thought)
safe safe
let us all be safe

* * *

"In every calm and reasonable person there is a hidden
second person scared witless about death."
Philip Roth

* * *

In this dimly lit waiting room
we sit wearing sunglasses filling out forms.
No music, no books, no words exchanged.

Bent over clipboards, we rank our pain:
How severe? How frequent? How long does each last?
One by one, the nurse calls our names,
takes our weight, blood pressure,
points to a room.
Oh Doctor, Neurologist, Headache Oz
Help ease our relentless throbs.

***

Will I be okay?

***

"Everybody wants peace, peace of mind
Everybody needs peace, peace of mind
All we need is some peace"
Loggins & Messina

***

I shouldn't have taken this garden plot,
I have no idea how to reap or sow.
I wanted reprieve but hear only snarls,
worm-eaten tomatoes hissing.
Even my sunflowers betray,
hang their heads in the afternoon light.
Charred and blistered, their mammoth eyes
shadow me like sockets of night.
Dry-mouth, nauseous,
tangled in a mesh of unease,
I flail like the chipmunk stuck in my fence.
All the while a hawk circles and scolds:
intruder imposter predator prey.

***

Will I be okay?

***

"The way to stop worrying about death is to watch a lot of television."
Don DeLillo

* * *

Seems everyone has an elixir
to help lure my appetite back.
Milkshakes, smoothies, warm pecan pie.
Like witches they offer magical brews:
chia seeds in dumplings and broth.
Each day I down a glass of Boost
as thoughts of food turn into dry heaves.
Look closely friends, you see me now
yet I am vanishing before your eyes.

* * *

Will Lexapro work
Doctor: It works for my family
Husband: It's like gefilte fish for Jews.

Mouth opens—
emits a laugh.

* * *

Google history:
how long does lexapro take to act
how long before lexapro takes effect
how long before lexapro kicks in
how much lexapro can one take
how quickly can lexapro work

* * *

Knit 1
Purl 2
Knit 1
Purl 2
Knit 1
"…the repetitive action of needlework can induce a relaxed state."
Dr. Herbert Benson

* * *

Will I be okay?

* * *

Breathe in
I know I'm breathing in.
Breathe out
I know I'm breathing out.

* * *

"Peace is not a thought, not a concept, it is a nonverbal experience"
Bhante Henepola Gunaratana

and anguish is not
a metaphor
not an altar or garden
or socket of night
not a worm-eaten tomato
or hawk in flight
not a chipmunk
or blistered eye
not a charred sunflower
or jungle gym lie
it is not incense
or flame
it doesn't reside
in a waiting room
it is not nausea dry heaves
a throbbing migraine
not narrative
with beginning and end
not dialogue plot
theme or lesson
it is not fact or fiction
true or false
not rhyme myth

snarl or hiss
not …

* * *

ommmmmmmmmmm
mmmmmmmmmmm
mmmmmmmmmm
mmmmmmmmm
mmmmmmmm
mmmmmmm
mmmmmm
mmmmm
mmmm
mmm
mm
m

* * *

You
will
be
okay

* * *

Was it time or trust
that opened a vein,
let in warm merciful,
honey-soaked sleep?

With venetian blinds
half-drawn I awoke in a
sun-streaked room

* * *

hungry

Jane Schapiro is the author of two poetry books and one non-fiction. Website: www.janeschapiro.com. Email: jrschapiro @gmail.com

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 14
Issue 2
2019

Parkinson's / What I Miss Most About Dying / These Final Things

Brian Volck

Parkinson's

I watched my grandfather's midbrain die
in one long litany of loss:
piano, laughter, stride, voice, self,
falling in drops like blood from a wrist.

He became the tottering man,
the sagging face, a stiffened hand
telegraphing monotonous
urgencies on a wooden chair's arm.

I watched my mother defeated by
buttons, learnèd fingers forgetting
Bach, once elegant cursive now crabbed,
limpid alto a crystal vase crushed.

Hollowed out, a dry gourd, she took her
seat apart from the walking world,
jaw quivering under leaden cheeks
as evening surrendered to night.

I watched my thumb tremble of its own,
knew it then for what it would become,
leapt ahead in the mind to an end
contrived from memories and grief,

betraying with imagined futures
the fullness of my forebears' lives. Even
in lament, they took the given
as faithfully as their medicines.

Do not, then, blight our time with forethought
of ruin nor beguile me with
fantasies of reprieve. Help me live
into this brokenness as you live

into yours. Death, that common door, mocks
our tools and plans, allying you, me,
and those whose witness, though my right hand
lose its cunning, I shall not forget.

* * *

What I Miss Most About Dying

Afternoon sunlight
slanting, in turn,
on the doorsill,
cut jonquils,
IV pole,
ceiling.

Awakening to the cry
of nestling sparrows
hidden in the soffit.

The wind at play
in maple limbs

past my window.
The hand of a friend
proven constant.

Letting go before
the turning,
grateful
at last

for
all the
beautiful
unnecessaries.

* * *

These Final Things

The call came after midnight, with us
five thousand miles away, constrained
to do no more than ask *Should we
come now?* to which the answer was *Not
yet. Best see how much he recovers.*

But there would be no recovering,
his stroke having finished what
dementia had begun. When we,
in time, arrived, no task remained save
to witness the body's surrender.

A stubborn man, he breathed ten days more
with us at bedside, my wife and I
both doctors used to action, now
useless, uncertain of our roles
in this strange ballet of valediction,

dancing a clumsy pas de deux
between family and physician:

interpreters of therapies,
assassins of false hope, keepers
of unanswerable questions.

It fell hardest on her, the daughter
I'd married—for whom serving others
proved joy, meaning, life—now rendered
powerless by his slow dying;
talents and credentials moot. So,

when he took, at last, his silent leave,
her thoughts turned to families, mourners,
remembrances, all rites properly
observed, and said through her tears,
Now I have something to do.

Brian Volck is a pediatrician and writer who lives in Baltimore. Email: brian.volck@gmail.com

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 14
Issue 2
2019

Come Down / When I Wake Up

Amy Conwell

Come Down

Post-migraine I'm euphoric, high on dark-
ness, sucking smiles in on tantric breath,
so tentative,
                    in-thrall to teasing post-
drome patterns, the permissive hold of pain-
lessness, the heavy echo of my heart-
beat head.
                Fatigue and fragile thoughts, I'm fixed,
I'm fleeting, still susceptible to trash-
can lids, the neighbor's dog next door, surround
sound metal on the third floor,
                                                    whispering.

I'm fucking serotonin, full-on I-
am-bic breakdown, analgesic after-
effect, my liver
                          streaming silence on
a double dose of Maxalt, on a pill-
owcase of freezer burn and melting peas.

I'm plotting status updates, Facebook rates,
a public service proclamation of
my convalescence,

shelving Latin pass-
ages and missing classes, risking head-
ing eastbound on the subway, rebound on
a friend-date, so-lo in my sober state.

When I Wake Up

in the morning, ears
pounding, dragons rip sky-silk,
embed bright talons

in twilight's head, light
and blight, ignite blue yawning
explosions. Clouds fall

down dark and newly
black birds squawk derision, cough
crass cracks until foul

specks and fried feathers
flutter and tap at my pane
where I dream their sound

could bely the crude
carcasses of cigarettes
on my window sill.

Amy Conwell is a PhD candidate in Medieval Studies at the University of Toronto. In her free time, she gets migraines. Instagram: @insylvam.

Ars Medica
A Journal of Medicine, The Arts, and Humanities
Volume 14
Issue 2
2019

Doesn’t Work Like It Used To

Casey Aimer

find bottle. measure dose. give pills. massage girlfriend’s shoulder blades then vertebrae with tennis ball. press down on
metal backbone. listen for cracking. spine doesn’t work like it used to. pick up then carry her to car. fold wheelchair into back
seat. legs don’t work like they used to. repeat steps as rehearsed: jacket—on; bag—packed; seatbelt—clicked; screams—ringing.
kiss in-between tremors for good luck. arrive at er hoisting her as my only beloved flag. be handed another clipboard, another form,
paper to use for gagging. shuffle into sterile lab then lay on top of possible deathbed. imprecisely explain to surgeon nature’s afflictions
or human recession. cry another night practicing pain scales in key of torment. doctor wants scans that can’t be done. metal is her frame’s
buttress, she would explode. protests barely escape. mouth doesn’t work like it used to. doctor sighs, prescribes finest pain meds, scribbles
appointment for another day. time becomes our primary practitioner. we slink back into home bed. she is partly dead, partly dying, partly
clinging to my neck. arms don’t work like they used to. vance joy’s riptide, her favorite, plays on repeat as dark current to our thoughts.
i make maple sugar oatmeal inside tiny keurig, grab blankets, lie beside her. we hold hands lying to ourselves that we can handle this.
witness sleep fill in as death’s temp. cry wastelands without tears. eyes don’t work like they used to. at daybreak wake and rise up.
find bottle. measure dose. sell pills. pain and morals are secondary to surviving. muscular dystrophy pays in cash, robs in time.
destroyed months we count on our walls as eons. only five to ten more years left to live. heart doesn’t work like it used to.

Casey Aimer is a current MFA candidate in poetry at Texas State University. Email: TheCaseyAimer@gmail.com

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 14
Issue 2
2019

Black Snake

Sophia Wilson

“Here we go. Calm thoughts now.”
You might reply,
if it weren’t for that
plastic, circular tube jamming your jaw open
so nothing but saliva can exit.

The blacksnake slides over your tongue
to the mouth’s back before writhing through
the barrier of epiglottis,
pressing soft swallowing tissues
and tautening to a hard rod against which
your throat struggles
until you’re gagging uncontrollably.

The trainee endoscopist invites you to take an interest in
the walls of your stomach, up on the screen
but your eyes are squeezed shut as
belches erupt from your gullet like wild rabbits from a cage and
those images of stomach lining awash with curdled debris
might be the last straw.

Calm resists conjuring,
panic surges, threatening to spew everywhere
while they tear snippets from the edges of an indurated

blight whose ache stole your appetite
months ago.

“Pulling out now.”
The slithering voyeur returns to its sterile case and
they hand you a towel for mopping up slobber.

You sit up, fumble for dignity and
glimpse sky out the window where

clouds scud, wild and ragged, at the rate of knots-

like life.

“Goodbye,” you murmur politely. “Thank you.”
But they have turned their backs and are
absorbed in reviewing copies of your insides.

You, a container-ship for today’s gut-cargo,
are no longer relevant.

Sophia Wilson is a mother of three with a background in arts and medicine. Email: gesarspeak@gmail.com

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 14
Issue 2
2019

Making Plans

Gabriella Savarese

The blood drips down the transparent transfusion tube, through the needle, and into my sister's vein. It will mix with hers and keep her alive for one more month. Sometimes, when it's not a perfect match, it gives her a bad reaction, some swelling in her arm, or, worse, a fever that will last for days. She's lucky. Her blood type is O-positive, the most common and easily available. She rarely has to wait more than a few days past her deadline for a donor to show up with a match.

She's affected with Beta Thalassemia, also known as Mediterranean Anemia because it is so common in Mediterranean countries like ours, Italy. Her body does not produce hemoglobin, a condition that results in the premature destruction of red blood cells. Monthly blood transfusions are the only way to keep her alive.

My sister's incessant jabbering filters through my thoughts and brings me back to the present, to this hospital room, this metal chair next to her bed.

"And then I told her that I was really sick, and I might die. She teared up and gave me an A." My sister laughs at her own cleverness, feeling no remorse for manipulating her instructor.

"Simona!" The nurses stop what they're doing and mock-frown at her. "How could you?" They laugh anyway and tell her she should be a comedian. Simona, pleased with the attention, continues to crack jokes with anyone who'll listen—the doctors, the other patients, the visitors. She has a wicked sense of humor like my father. She cracks jokes about hospital life, and about herself as much as other people, and the nurses double over with laughter and beg her to stop or they'll pee in their pants.

This is her world. This is home. Medicines, hospitals, doctors, and procedures have been her steady diet since she was five, when she was diagnosed with this genetic illness. In Sardinia, the island of our birth, it affects nearly one in four children. It's no wonder her favorite game growing up was playing doctor and patient.

Of course, she always insisted on being the doctor.

"Now lie down," she'd order me with the authoritative tone she'd picked up from her own physicians. "Do you feel pain here? And here?" Her fingers would move expertly around my body.

"I'm so sorry, but I'll have to give you a shot." She'd pull a plastic syringe from the medical bag my parents had given her as a Christmas gift, lift it, carefully pump it until all bubbles were expelled, and jab me in the ass. "That wasn't so bad now, was it?" She'd pat my shoulder, forgetting her own tears and screams whenever she had to get a shot.

I look at her as she lies in the hospital bed, a needle in her wasted arm, completely at ease. She's changed so much from the whimpering six-year-old who used to scream obscenities at the nurses whenever they tried to give her an injection. Gone are the days when she'd lock herself in the bathroom every afternoon when the town nurse, Maria, would come to our home to administer the daily shot of Desferal, a drug that helps her body eliminate the iron that accumulates in her organs because of the transfusions. Without it, she would eventually die of either heart or liver failure.

Now my sister administers her own shots. Pharmaceutical companies have designed a machine that releases the Desferal slowly over ten to twelve hours, thus eliminating most of the often-painful side effects. Every night, before she goes to bed, Simona sticks the needle in the muscle of her leg, secures the machine in place, and goes to sleep. All without shedding a tear.

Simona turns from her side to her back, making sure she doesn't tug on the needle in her left arm. With her right hand she frees the hair that got trapped under her shoulders. Her hair is brown and curly like mine, but that's where all similarities end. Her prominent cheekbones underscore beautiful almond-shaped eyes, giving her an almost exotic look that's typical of people affected with Thalassemia. She's the tallest in our family, with long slender legs and a shorter torso. Her breasts finally have filled out. She hasn't had a period yet—the disease again.

She's seventeen and about to complete a two-year bookkeeping certification program. Initially, when my mom insisted she should continue her studies, Simona resisted.

"What's the point?" Simona said while we were having lunch. "I'm going to die anyway."

"Don't talk like that." My mother glanced at my father, hoping to garner his support. But as with every meal we shared, my father stared at the TV blaring in the opposite corner of the dining room, oblivious to our conversation.

"And why not? You've said so yourself more than once."

"Treatment for your illness has improved over the years, and now that we live in Florence you have access to one of the best hospitals in Italy," my mom said. "What if you survive us? What are you going to do then? You need to plan for the future."

My sister put down her fork, wiped her lips with a napkin, and looked at my mother severely. "Mom, are you shitting me?" As usual, Simona could get away with language for which I was sure to get in trouble. Eventually she relented and registered in a trade school.

Funny how easily the rest of us take things for granted, like making long-term plans. We do it without even realizing. From *"Next summer I'll plant a vegetable garden"* to *"After the kids are grown, I'll go back to school"* and everything else in between. What would our lives be like without long-term plans? Can we even fathom a life without them?

My sister has no long-term plans.

She knows each day could be her last. She knows she won't live to be an old woman, to have children, or even be married. I wonder how that feels. Does she catch herself dreaming about the future and chide herself for slipping into the how-everyone-else-thinks mode?

The IV bag is still about one third full. I wonder how much longer we will be here, although it doesn't matter. I rather be here than at work. My sister follows my gaze.

"Sorry, it'll be at least three more hours. This blood flows so damn slow."

"It's okay. I know that. Any faster and it would put too much strain on your heart."

"Like that'd make a difference. I might look like a teenager on the outside, but if you had x-ray vision you'd think I was sixty years old. Sometimes I wonder why I even bother. You should take off."

"Don't worry. You're keeping me entertained."

Simona flashes me a grateful smile and goes on to tell another joke. She talks with her hands, her long slender fingers pirouetting in the air like conductors' batons.

A few months ago I finally got my driver's license, and this morning I'd volunteered to take her for her monthly transfusion. My mother was relieved—and so was Simona. I'm glad I can do this. It gives us the opportunity to spend time together, to get reacquainted. Even though we grew up together, we've led separate lives.

For the first five years of her life, before my parents discovered what was wrong with her, Simona cried non-stop. I resented her constant whimpering and how I'd get in trouble if I caused her to cry by barely poking her with my finger. She was also spoiled rotten. While I got spanked for the tiniest infraction, she could cuss, talk back, and throw a tantrum with no consequences. When she was older, I wasn't allowed to play with her. Running, jumping, and wrestling were forbidden activities because her heart was too weak and her bones too brittle, and you can play only so many games of doctor and patient. It's different now. I'm twenty, she's seventeen. Being the fastest at playing hide-and-seek is no longer that important. We're getting to know each other. We're becoming friends.

Simona turns toward me, a mischievous smile on her lips. "Did I ever tell you about the time I met with the guidance counselor?"

Of course she had, more than once. "Mmm, I don't think you did."

"Well, I showed up at his office and he said, 'So, what are you planning to do once you graduate?' I looked at him and said, 'I have no plans. Haven't they told you? I'll be dead before I turn thirty.'" Simona laughs so hard she has to cross her legs, so she doesn't pee on the bed. "You should have seen his face—so red I thought it'd catch on fire."

The counselor did his best to salvage the meeting and his self-respect by offering the usual half-hearted, uninspired replies one always gives in a similar situation. "Oh, don't talk like that. I'm sure you'll live to be an old woman." Unable to regain his composure, he hastily concluded the appointment.

I laugh with her. Her humor has a brittle quality; one might even think she's cruel, but I know better. Sarcasm is her way to make light of the fact that every day she walks with death. Her humor is her way of keeping a step ahead of the voices—voices she has heard in the antiseptic hallways of hospitals, in doctors' waiting rooms, even in her parents' conversations. Voices that say her life is not worth living, that she's a burden and a sorrow, that it would have been better for her and everyone else had she not lived at all. I know she follows the statistics and the medical news that proudly announce the declining number of children affected by Thalassemia, that by whatever projected date this terrible disease—if everyone does their part—will be eradicated. That the way to eradication is for these children never to be born. That with early detection in this brave new world this is becoming a reality.

Part of her believes the voices. I know she does. Part of her believes that preparing for a career, going to school, trying to make friends is an exercise in futility. Sometimes the darkness wins.

"I'm going to commit suicide by oyster," she will tell me one day, a few years from this moment, before leaving on a trip to France.

"I ate fifty raw oysters in one sitting," she said when she returned, a defiant look in her eyes. I didn't take it personally. The defiant look was not directed at me. It was her way of looking death square in the eyes and saying, Clint Eastwood style, "Go ahead, make my day."

"Did you get sick?" I asked.

"Nope, not even a belly ache." I thought I detected a faint note of disappointment in her voice.

The following year, she binged on alcohol while at a New Year's Eve party. Another time, she ate seven large bowls of tomato bisque—her favorite. But death didn't come.

I wonder what thoughts run through her mind when she lies alone in bed in the deep silences of the night, when there's no one around to joke with, when the swoosh of the machine injecting another drop of medicine into her muscle is not loud enough to drown out those conceited, arrogant voices that tell her, "*you were a mistake*." How does she fight the demons then?

I know that part of her is not persuaded. Part of her clings to the undeniable truth that her life matters. A truth only she knows, a truth reaffirmed by every breath she takes, every heartbeat, every laugh she draws.

I look at the IV bag. Still a couple of hours to go. I relax against the back of the chair and listen to Simona's jokes. I chuckle. She looks at me, pleased. When we're done, I'll take her out for lunch. She loves that. We'll take it slow on our way home.

* * *

My sister died eight years later from complications due to Thalassemia. She was twenty-five. At that time, she had found a job she loved. She worked for a company that trained her to teach mnemonic strategies. She'd get hired by schools, companies, *people with learning disabilities. Her job took her all over Italy. She loved helping others. She had also obtained her driver's license, bought a car—a hunter green secondhand Volkswagen—and was driving herself to the hospital once a month. She had even found love.*

They had met at a party. It was love at first sight. He didn't care about her illness or that she could never have children. I met him for the first time at her funeral. He told me that he had been planning to propose.

I was not with her when she died, but I like to think that she was happy, that in the end the voice that said her life mattered had won. I like to believe that in the deep silences of the night she was making plans for the future.

Gabriella Savarese lives in Albuquerque, New Mexico. She has recently completed a memoir, *Necklaces in the Eucalyptus Tree*. Email: savaresegabriella@gmail.com . You can also find her on Instagram: author_gabriellasavarese

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 14
Issue 2
2019

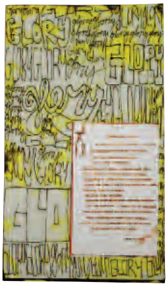
Prose in Views

Moncef Mounir

Have you ever looked at your reflection and noticed something? Prose in Views offers insight into a hectic three-month span in my life when I faced an unprecedented academic challenge mired with an unforeseen personal injury.

Most animals cannot recognize their reflections. As a creature that can, writing for Prose in Views was an exercise that reflects 14 years of coming to age. The photographs used for this project were all taken in Toronto: one in High Park, one in my parent's backyard, and another out of a local dumpster while I was working temporary labour. A mixture of text-based art backgrounds and cheaply edited photography, Prose in Views strives to encapsulate the evolution of media in the early 2000s and the effect that technology has had on expression today.

The poetry itself ventures into topics such as the nature of mental health treatment, family and relationship friction, a sense of self, real versus unreal, and the difficult-to-quantify spiritual condition of those who suffer from mental illness. Since the inception of the series more poems have been written than are featured in Prose in Views. A few of these free-form poems have been read to audiences in Toronto at open-mic events such as the local Shab-e She'r and Art Bar.



(Full visuals follow.)

Letter to the man upstairs

Dec. 27, 2018

What gave you the right to up and leave?

Here I am born, unwrapped to the present
all the while some magician appeared
apperently,

Well guess what, there is plenty of room down here

what seems to be time without you convinces me,

it is just fine,
One can wonder what might sustain us:

Who cares?

I mean, you left without barely saying a word
Someone might think that means none of this metters,

loose ends say otherwise, those tie up eventualy

Let's agree to disagree,

or at least disagree in the first place
When we're both on earth we can have this discussion

Until then, keep the noose off my neck

What is it with you and making me so grim?

I was supposde to be vibrant,
almost brazen,
Your enigmatic ways have made me contemplate,

over and over

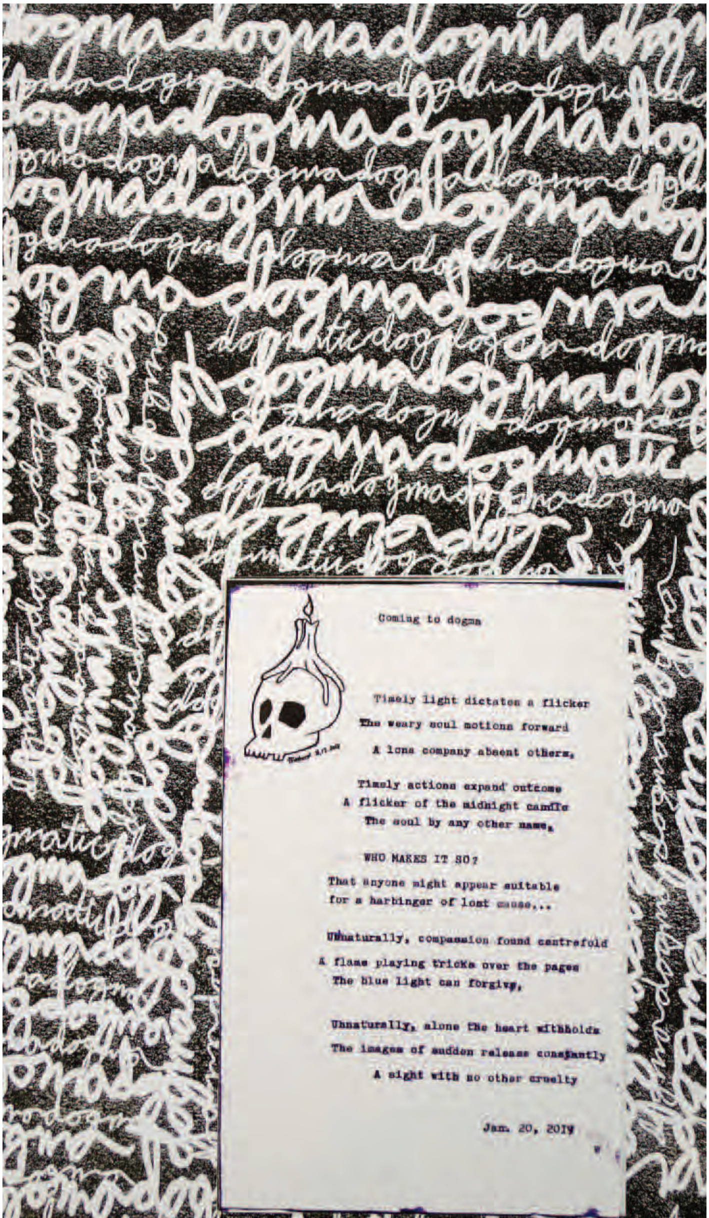
Words for the great lady
Nov. 23, 2018

This is a letter to you honey,
the other day I sat in some office bitterly
thinking about how I needed to write you,
taking commands from full scap like mailmen
thats what I am to you, a mailman, more like a...
milkMAN

why do all my muffins lie to me?
Are you a liar like they are honey; can it be?
I tore out my heart for you like all the others,
oftentimes I remember petitioning your defences
like Martin Luther delivering the mail damnit,
I am one postal service on strike baby
maybe, if you let me, I could become a bird
start delivering you bundles like a stork,
instead of milk...

I am the muffin man with a lit fuse and more,
unfortunately seeing you makes that thing I tore out
bruises,sore, and unrecognizable

CARDIAC ARREST MY TICKER WITH YOUR LOVE



Coming to dogma

Timely light dictates a flicker
The weary soul motions forward
A lone company absent others,

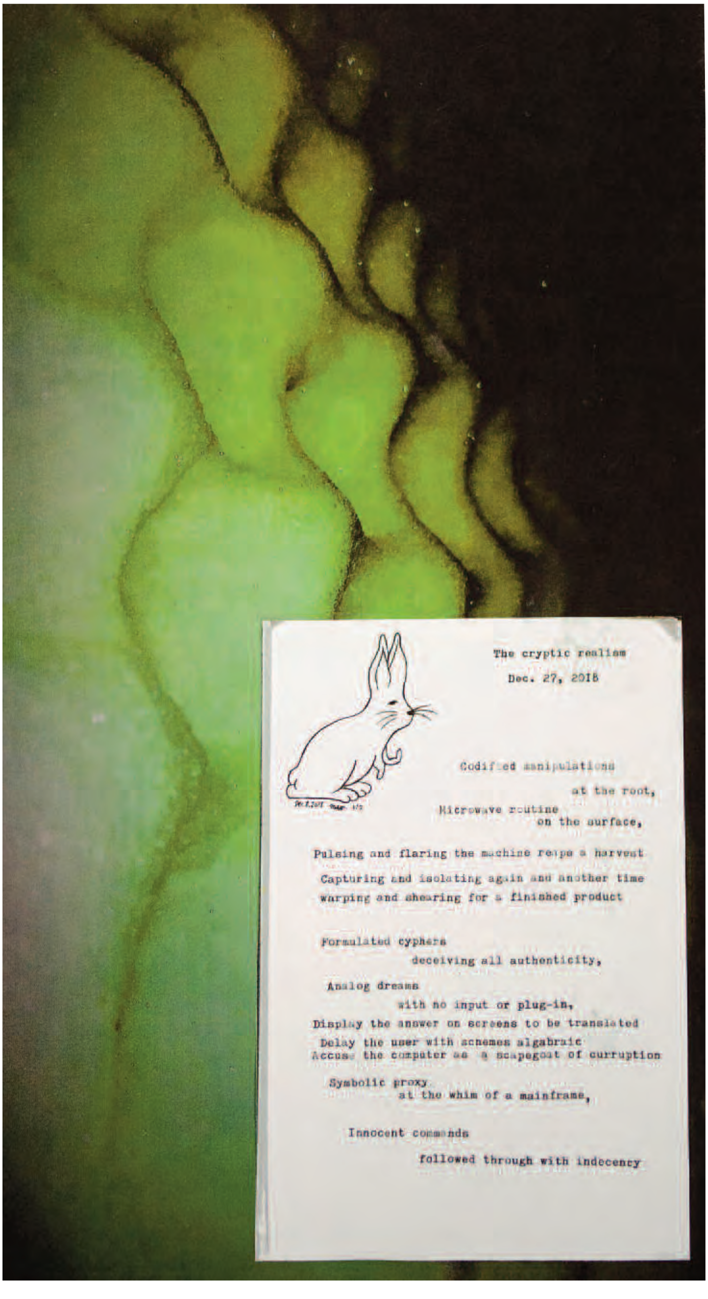
Timely actions expand outcome
A flicker of the midnight candle
The soul by any other name,

WHO MAKES IT SO?
That anyone might appear suitable
for a harbinger of lost cause...

Unnaturally, compassion found centrefold
A flame playing tricks over the pages
The blue light can forgive,

Unnaturally, alone the heart withholds
The images of sudden release constantly
A sight with no other cruelty

Jan. 20, 2019



The cryptic realism

Dec. 27, 2018

Codified manipulations
at the root,
Microwave routine
on the surface,

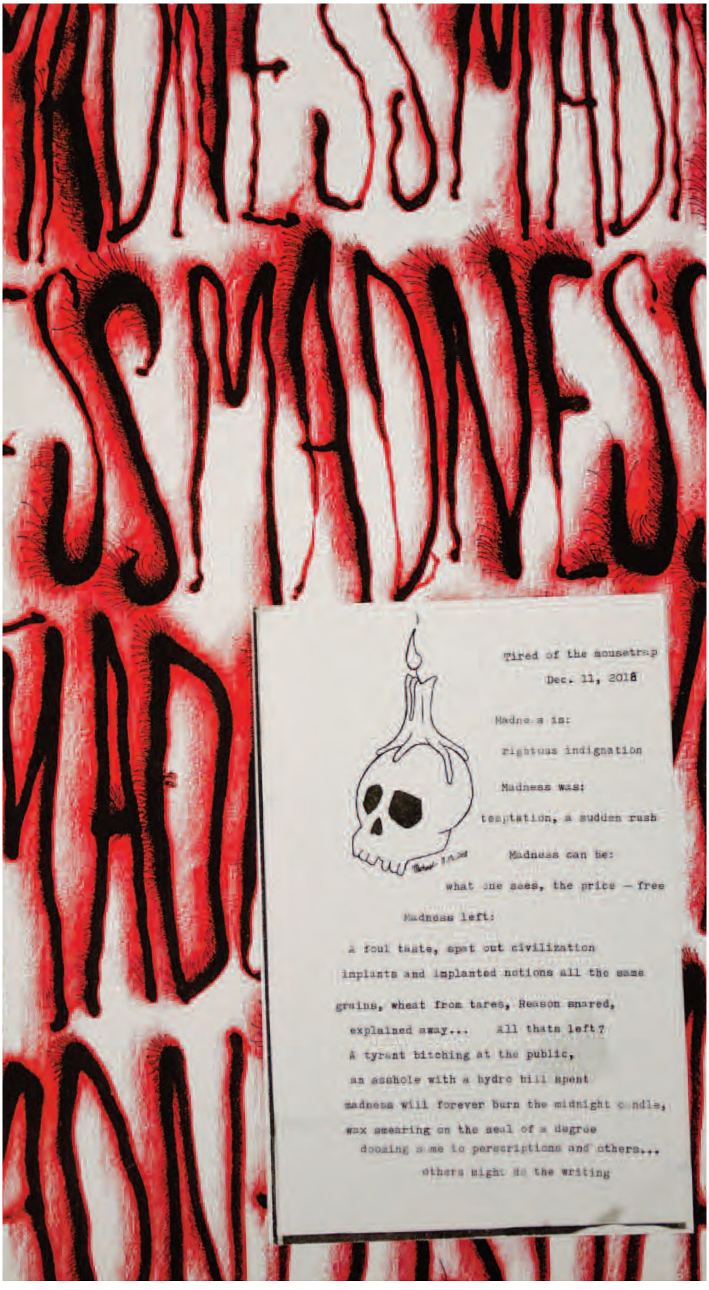
Pulsing and flaring the machine reaps a harvest
Capturing and isolating again and another time
warping and shearing for a finished product

Formulated cyphers
deceiving all authenticity,

Analog dreams
with no input or plug-in,
Display the answer on screens to be translated
Delay the user with schemes algabraic
Accuse the computer as a scapegoat of curruption

Symbolic proxy
at the whim of a mainframe,

Innocent commands
followed through with indecency



Tired of the mousetrap

Dec. 11, 2018

Madness is:

rightous indignation

Madness was:

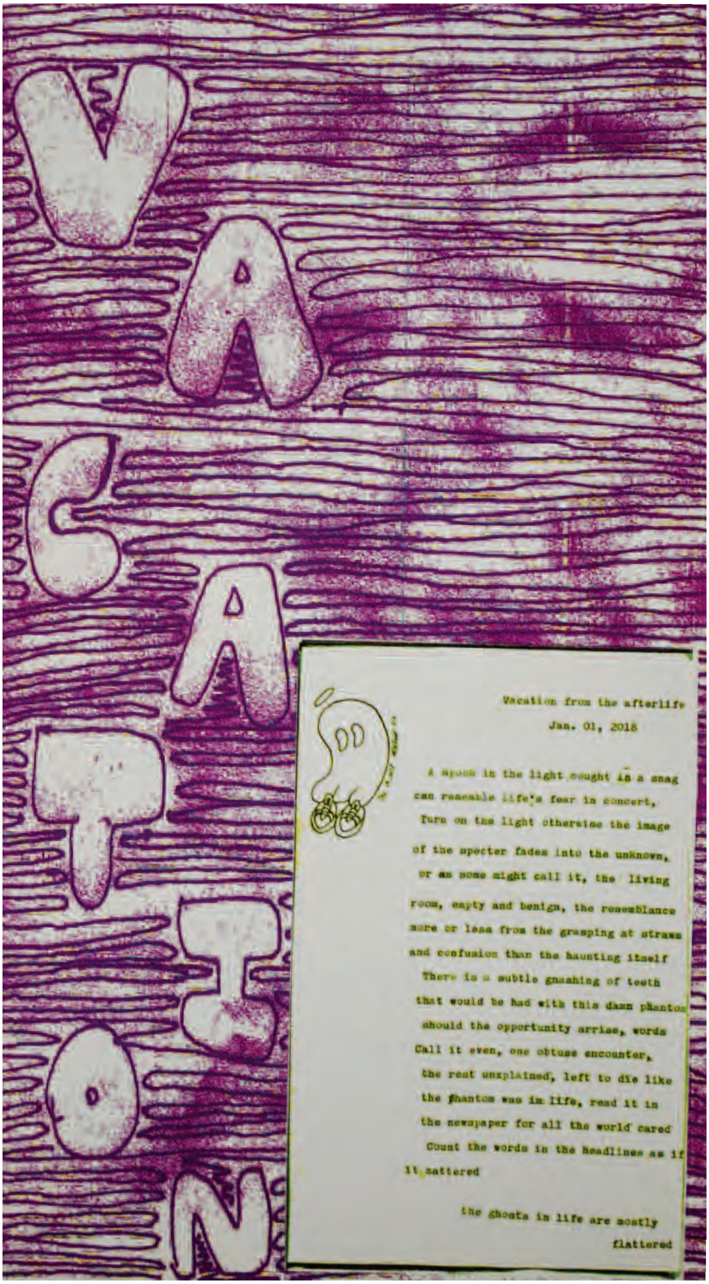
temptation, a sudden rush

Madness can be:

what one sees, the price — free

Madness left:

a foul taste, spat out civilization
implants and implanted notions all the same
grains, wheat from tares, Reason snared,
explained away...   All thats left?
A tyrant bitching at the public,
an asshole with a hydro bill spent
madness will forever burn the midnight candle,
wax smearing on the seal of a degree
dooming some to perscriptions and others...
others might do the writing

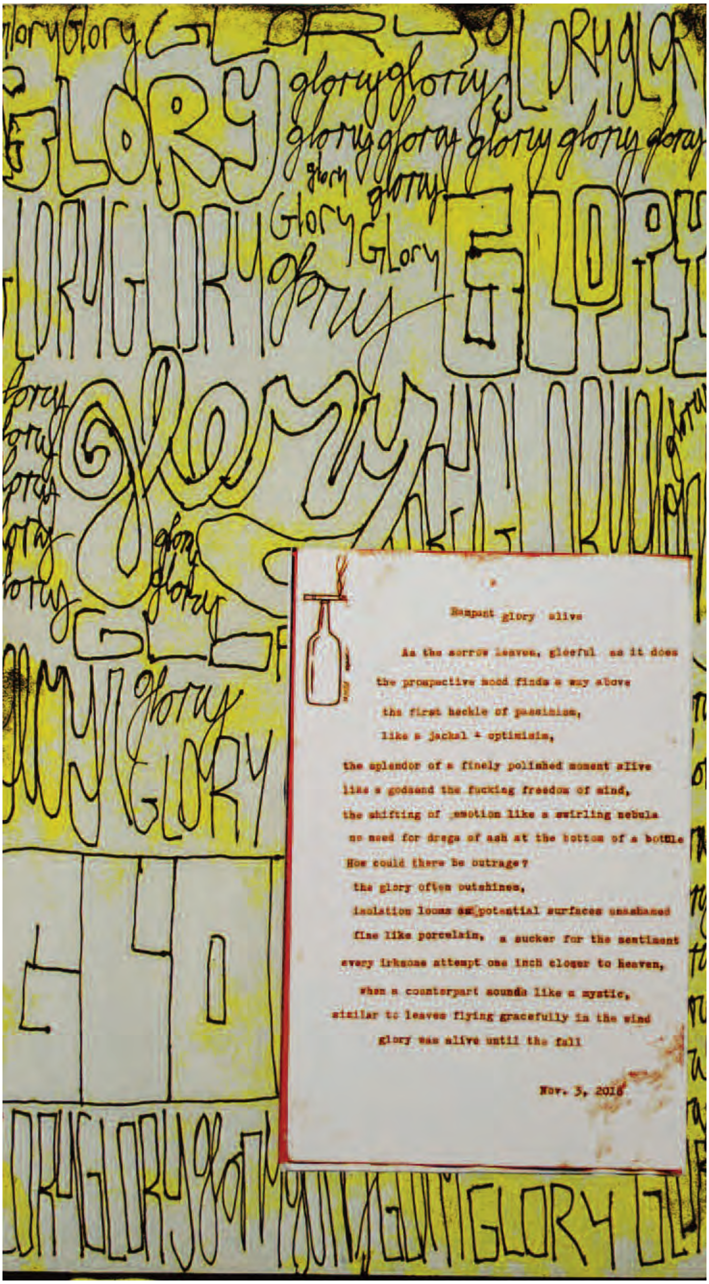


Vacation from the afterlife
Jan. 01, 2018

A spook in the light caught in a snag
can resemble life's fear in concert,
Turn on the light otherwise the image
of the specter fades into the unknown,
or as some might call it, the living
room, empty and benign, the resemblance
more or less from the grasping at straws
and confusion than the haunting itself
There is a subtle gnashing of teeth
that would be had with this damn phantom
should the opportunity arrise, words
Call it even, one obtuse encounter,
the rest unxplained, left to die like
the phantom was in life, read it in
the newspaper for all the world cared
Count the words in the headlines as if
it mattered

the ghosts in life are mostly
flattered

Moncef Mounir was born in Rabat Morocco. He is a poet and visual artist and the director of Quaker Kid Productions, a print media outfit with various collaborative chapbook and zine works. The visual elements of these pieces were in collaboration with Michael Vuong and Owen Bayliss. Email: moncef.mounir@gmail.com



Rampant glory alive

As the sorrow leaves, gleeful as it does
the prospective mood finds a way above
the first heckle of pessimism,
like a jackal + optimisim,
the splendor of a finely polished moment alive
like a godsend the fucking freedom of mind,
the shifting of emotion like a swirling nebula
no need for dregs of ash at the bottom of a bottle
How could there be outrage?
the glory often outshines,
isolation looms as potential surfaces unashamed
fine like porcelain, a sucker for the sentiment
every irksome attempt one inch closer to heaven,
when a counterpart sounds like a mystic,
similar to leaves flying gracefully in the wind
glory was alive until the fall

Nov. 3, 2018

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 14
Issue 2
2019

From Chaos to Oneness

Sara Traore

What was utter turmoil and chaos, darkness and pain—the manifestation of wounds of old, trauma held deeply—unable until this point in my life to be unleashed, *was* unleashed and catastrophe ensued. I am referring to my first episode of mental illness: a drug-induced psychosis that lasted for three years.

I plunged into my death. The death of my old self, my past way of being: all I knew and was.

I came into great ruin, a horrible demise and miserable unravelling that, my soul knows now, was not my end but a new beginning. This period of grave darkness brought forth the new light I live now.

I was undone by psychosis to be made new. To be reborn. To live and be my truest, most authentic self.

My psychosis was a raging fire, a needed burning. I was left scorched and bitterly charred. But in this aftermath came the ashes of great healing. Healing I was unable to do before my death, as I had repressed everything attaching myself to people, abusing drugs, being promiscuous, and travelling the world to escape. To not feel. I was emotionally disturbed, unavailable, and in many ways extremely detached. I knew myself but not really. My life was good and rich but it also was not. In time, my dysfunction became more apparent. I was self-medicating with marijuana to survive. I was involving myself in toxic relationships because they either falsely fed my fragile ego and/or temporarily filled a void. I was impulsive, behaving recklessly, living on the edge, and not giving a fuck because that is what life is about—is it not? You only live once. This was the catalyst for my undoing, my psychotic break.

My healing process was ushered in by the rising utter despair, shame and devastation that followed my episode. My healing was so necessary but so hard to endure. This healing came gradually; it took time, much time. It did not begin immediately after my searing. It did not take place overnight. I went through it all, the worst depression; I woke up daily not wanting to be alive. For a long time I felt so low I really was unable to do much. I spent my days in bed, sorrowful and drowning in self-pity. I felt as if there was no hope for me. I was and would remain *nothing*: a schizophrenic who could do little with her life.

These excruciating feelings, the self-imposed stigma and cruel disdain I had for myself, eventually forced me to confront the demons of the inferno, the hell that was the manifestation of my past pain and suffering. I proceeded to do the work—the arduous and brutal inner work. I looked within, deeply, through constant and thorough introspection. This was an active choice. One I made very consciously. I knew it was a choice I had to make in order to reclaim my life and truly live once again. Because I had lived, I have had a rich and wondrous life despite difficult events and circumstances throughout my youth and childhood. I have been enriched by the arts and culture, enabled to cultivate great artistic talents and gifts. I have travelled the world over with loved ones and on my own. I have known adventure and self-discovery. I have walked and observed the beauty of creation. I have had a brilliant education, and an abundant social life: good, longstanding friendships, and connections with people made during travels and from various opportunities in my life. I worked hard and partied harder. I have been young, wild, and free—expressing my spirit as I saw fit. I lived to the beat of my own drum, followed my inner compass, and sought my truth. This eventually coincided more and more with the dysfunction stated earlier. But still, my life at many points was dynamic and awesome. After my episode came my death. I had completely lost myself; I felt estranged from this person I once was. I made a decision to find that person again. And, in time, I did.

The task of healing and rebuilding my life was not easy; it was and is the hardest journey, yet it has been the most incredibly rewarding. I learned at one point that I had to make the choice to own my experience so it no longer had power over me, so I was no longer imprisoned by the stigma and shame of what happened. I began sharing my story publicly and privately. I held nothing back. Whether it was through public speaking gigs, random run-ins with old acquaintances, or with my psychotherapist, I refused to let my psychotic break be my dirty little secret—something taboo that I could not speak of. Fortunately, nor did my loved ones. I received a healthy dose of supportive and encouraging tough love that helped me get my shit together, helped me no longer feel like a victim. I was not treated like a pariah, written off as a *schizophrenic*. My loved ones did not keep anything hidden either. It was all accepted, out in the open, accepted, and dealt with accordingly. I was not rejected by my near and dear ones or treated differently. My true friends never left my side. They were always there. This is still one of my greatest blessings. I continued to pursue intense self-scrutiny and self-examination, and this inevitably nurtured self-acceptance and self-realization. I returned to various spiritual practices, such as meditation and prayer, affirmations and journaling, making them my own. I engage heavily in self-care practices (crystal energy healing, candle-lit salt baths, acupuncture, exercising/weight-lifting, restorative yoga, and more), which enhance my daily life and well-being.

Healing, understanding myself, and transforming my life was required for me to thrive and come into fullness, into living my best life, into my purpose and what I believe is my destiny.

And here I am. Imperfect still, but happy, more balanced and content. What was shattered has become whole and is now one. I now know peace. I know the love of self and accept this self unlike ever before. I can stand tall and firm in the abundance of who I am with dignity, without fear or humiliation, and with a healthy sense of pride and honour. I have come far. Although I died, much of the old me (I like to think the best aspects) has returned, and I believe I am a better version of myself. Revitalized and renewed, updated, wiser and more knowledgeable, a little more mature. Much calmer and more centred. I have found that not all was completely lost in the fire of my psychosis. So much of what was broken has been repaired. More than before, I am well, balanced and feel full. I do not lack. I am not without. The severe dysfunction that manifested prior to my break continues to be worked through; I have reconciled with it, learned from it, and made amends. I can acknowledge all that I am and believe in my potential. I lived with schizophrenia. It destroyed my life. I live with bipolar disorder and life can be very hectic at times, but I am so much more than my diagnosis. These mental health conditions do not define me; they do not encompass all that I am.

I am empowered. I know myself truly, deeply, and this is the gift. What is new is this existence. I have not known this place, but here I am. And it is pure joy.

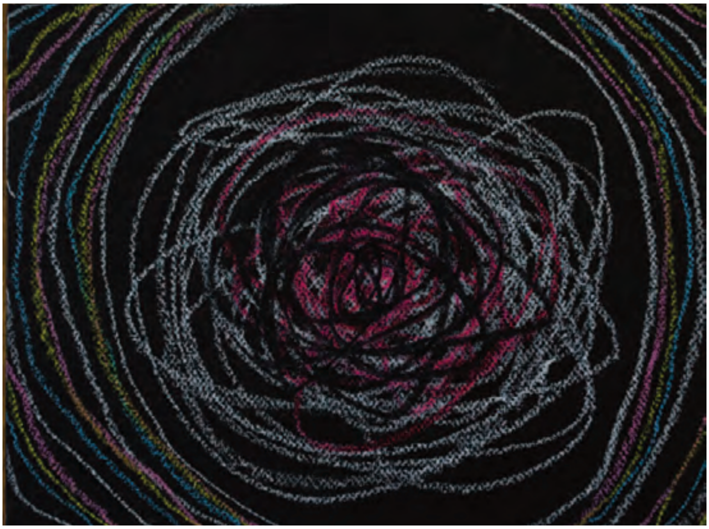
Sara Traore is a mental health support worker in Toronto, Canada. "My adversity has brought me great purpose and meaning, my lived experience has shaped my life's work. I have made it my life's mission to be of service and lend support to the most vulnerable by being a nurturing source of help, an empowering ally, an inspiring example of recovery, and a fierce agent of social justice and social change." Email: saraftraore @gmail.

Ars Medica
A Journal of Medicine, The Arts, and Humanities

Volume 14
Issue 2
2019

(“Unnamed”)

katelynn valenzuela



katelynn valenzuela
is a student, artist, and art-lover in Toronto, Ontario. Email: valenzuela.katelynn@gmail.com