



2011

Retrospective

Ludlow, Bryn

Suggested citation:

Ludlow, Bryn (2011) Retrospective. *Ars Medica*, 8 (1). ISSN 0100-2627 Available at <http://openresearch.ocadu.ca/id/eprint/1207/>

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Ars Medica

Volume 8, Number 1, Fall 2011

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We are grateful for the generous financial assistance of
the Mount Sinai Hospital Foundation and the Munk Centre for International Studies.

Ars Medica: A Journal of Medicine, the Arts, and Humanities
Department of Psychiatry, Mount Sinai Hospital
600 University Avenue, Toronto, M5G 1X5 Canada

ISSN 1910-2070

Published in partnership with University of Toronto Press, Journals Division

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

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Editorial

Image-Text: The Body and Its Sensations

Since its inception, the editors at *Ars Medica*, and the people involved in its design, have taken great care with selecting and presenting the images for each issue's cover, and we have sought submissions by artists, even creating an editorial position of contributing art editor, ably filled by Stephen Smart, to develop this important area. We have featured works by Canadian artists Betty Goodwin, Gertrude Kearns, Jane Martin, Andy Patton, John Brown, Peter Scott Smith, and photographer Yuri Dojc, among others. These images have captured our imagination and we hope the imagination of readers, representing something of the illness experience or of the body that cannot be captured in words alone. In this issue of *Ars Medica*, we undertake an exploration of discovery into a range of what images can offer—in conjunction with words, as a counterpoint to words, and apart from words, or in the absence of words.

By featuring pieces that explore the dimension of the visual within narrative (and narrative within the visual)—whether through mediums of drawing, photography, graphic illustration, or comics—we invite the reader to reflect on what visual representation brings to articulating the experiences of the body. Many commentators make cautionary pronouncements, calling this the age of the image or spectacle, noting that we live in a culture saturated with media and images. Others, like John Berger, make a claim for the image as central to human perception, prior to words: “It is seeing which establishes our place in the surrounding world; we explain that world with words, but words can never undo the fact that we are surrounded by it.” Conversely, Alberto Manguel understands language, particularly storied language, as necessary to “read” images. Pictures, in his view, are in part to be valued because they are “infinite” stories, “since every new reading adds other layers to its plot.

Reading it today, we bring to the [image] a wealth of curious details . . . of which the artist could not have been aware; we ourselves, of course, can't know what new chapters will be added to the story in future readings."

Finally, a more recent view, by W. J. T. Mitchell, is that we should collapse what he considers to be a false distinction between images and words, and consider instead the image-text. He challenges us to move beyond conceiving of images as mere representations or mirrors of the world, to conceiving images, as Nelson Goodman claims, as "ways of worldmaking."

As you read/view the pieces in this issue, consider the questions: Do images tell stories? Do images challenge us in ways that words do not? Does viewing change with understanding, and vice versa? Are there special skills necessary for "visual literacy" and understanding? Does the vantage of culture, gender, age, education, or history shape our seeing in different ways? How does your body respond to seeing in ways that are similar or different from reading? Do you see when you read? How is your world being made through the acts of reading and looking?

In this issue, Ian Williams, a physician and comics artist from Wales, explores the boundaries of a new area within the medical humanities that he has dubbed "graphic medicine." This can be read cheekily against the work that he has produced for the cover, "Philosophy in Medical Practice," under his nom de plume Thom Ferrier. Shelly Wall and Ward McBurney pair up in "Home Sick" to explore the experience of living with Parkinson's disease through image and poetry, in a piece that exemplifies the synergy that can be created when image and text are sutured together. Suley, in "Hands Three," visualizes the tactile exchange between medical practitioner and patient, which occurs in the context of the physician examining (seeing) the patient. Vincenzo Pietropaolo's photo-documentary of the lives of people living with intellectual disability offers us an empathic look where one often encounters an averted gaze. Bryn A. Ludlow and Sarafin take us to the intimate place where the visual is used as a space to confront the past, as a space of healing, and towards a vision of an empowered future. Lia Paz, in her delicate work "percuss," allows us to experience the visual as poetic. Joyce Nyof-Young et al. show us the explicit power of visual representation as a tool for education. And finally, the health sciences trainees and practitioners

who participated in Carol Ann Courneya's exhibit, and featured in this issue, display this interplay of creativity and education.

We also continue in this issue of *Ars Medica* to feature prose works and poetry. Singer-songwriter Rosemary Phelan's "Call Your Spirit Back" offers a provocative parallel to these issues of representation and sensory modality—calling instead to the ear and voice. This heightening of sensorial awareness can in fact be brought to bear on many of the vivid prose pieces, including Karen Pfeil's "Versions of Normal" and Aimee Loïselle's "Ban," and to the poems of Lisa Allen Ortiz. Introducing another facet of seeing, Ortiz's Medusa entreats and challenges the reader: "Put my head on your shield, Athena. / Look me in the eye, my dear."

Graphic Medicine

Ian C. M. Williams

Many medical schools now encourage the reading of classic and contemporary literature to gain insight into the human condition. The need to locate literature in medicine, suggests Stephen Rachman (1998, 123), is generally seen as corrective to this century's overvaluing of medical science and technology. Literature has been used within medicine as a reflective tool to bridge the gap between knowing about a disease and understanding the patient's experience of that disease (Squire 1988, 128). As an alternative form of literature, the medium of comics is beginning to attract attention from health-care scholars, as evidenced by an expanding body of academic literature on the subject and the enthusiastic reception of the subject at the two conferences I have co-organized, which examined specifically the interaction between comics and health care.

Versaci (2007, 26) lauds comics as "a unique and sophisticated representational medium that can express formal, thematic, and political issues in ways directly attributable to either their poetics or their cultural positioning or some interesting combination of the two."

Indeed, *sophisticated* is a word increasingly used in connection with comics, lately enjoying a renaissance, with the graphic novel in particular becoming comics' "passport to recognition as a form of literature" (Hatfield 2005, ix). Almost everyone in Western society has been exposed to comics, usually during childhood, when adaptation to new media is rapid and seemingly effortless. Comics are in some ways a natural progression from children's picture books, which also contain words and pictures. As a result of this exposure, almost everyone who can read has

the graphic competence to decipher the images juxtaposed with text that is the hallmark of comics, and extract from them a meaningful narrative. The tension that the skilled cartoonist creates between these two different codes—words and image—is central to the art form. It has been suggested that literacy has been swinging towards the visual over the last half century (Eisner 1996, 3), with the proliferating use of images in communication being propelled by the growth of technology, from web browsing to training simulators, and the result is that text-reading skills have become less important. “Indeed, visual literacy has entered the panoply of skills required for communication. Comics are at the centre of this phenomenon.” Visual narrative, processed into meaning without the help of words, is employed in many situations, from road signs and instructions for emergency procedure, through film and video games, to flight and surgery simulation. Complex ideas can be quickly and easily digested as images or as a partnership of words and imagery. The study of comics theory has developed to dissect the formal and thematic properties of the medium. In the English-speaking countries, this diverse field has concentrated on historical, sociological, aesthetic, and thematic aspects of the medium (Beaty and Nguyen 2007, vii), whereas francophone scholars have focused on semiotics.

Among the growing number of works of graphic fiction are to be found titles dealing directly with the patient experience of illness, or caring for others with an illness. Green and Myers (2010) call these memoirs “graphic pathographies” and describe how they can be used in a “novel and creative way to learn and teach about illness. These works constitute an important resource, opening a window into the lives of those affected by illness.” I started writing about comics and medicine—an area of study I christened “graphic medicine,” while writing the dissertation for my MA in medical humanities. I found so many graphic novels and comics with medical content that I set up the website graphicmedicine.org to list them and briefly review them and to become a resource for the health-care and comics communities. Soon enthusiasts and scholars from all over the world started to contact me. From conversations with fellow academics grew two successful conferences: one in London in June 2010 with a follow-up in Chicago in June of this year. I also draw comics, under the *nom de plume* Thom Ferrier, and one of my

strips, which, I have to admit, pokes fun at the possible misuses of the medical humanities, is reproduced in this issue of *Ars Medica*.

The sheer number of published works containing subject matter relevant to health-care professionals seems to invite critical examination from the viewpoint of health-care studies. Some works, such as David B's *Epileptic* (2006) or Charles Burns's *Black Hole* (2005), are already classics, and high-value production of graphic novels or comics collections have been able to recruit readers from outside the traditional comic-reading demographic. Not that comics is confined to print or to commercial publication houses; indeed, much of the innovation and originality in comics stems from the do-it-yourself aesthetic of the "indie" comics community. Comics-makers with little formal training but a story to get across will bypass the publishing houses and post their work online or in self-produced pamphlets and 'zines. These cultural ephemera can contain valuable narrative pertinent to health care, which might be overlooked for formal publication for its lack of technical skill.

Comics, as a popular mass medium, also reflects society's conception of health care at any one time, and as a vehicle for radical ideas will also inform the cultural image of health-care professionals. The sophistication of the medium allows articulation of subtle and complex insights into human behaviour and thought, which are often ambiguous or conflicted. The reading and discussion of graphic narratives can open up the examination and level discussion of difficult or taboo areas, such as child sexual abuse or suicide, with which health-care professionals have to deal. The medium is undergoing a renaissance and seems set to play an important role in the health humanities in the years to come.

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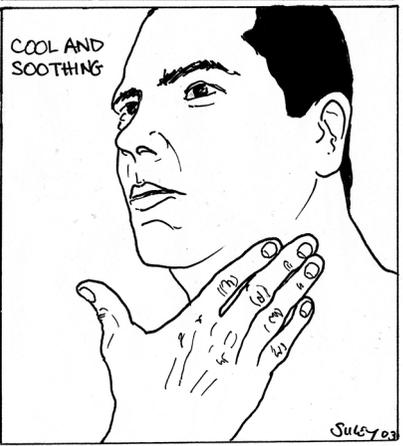
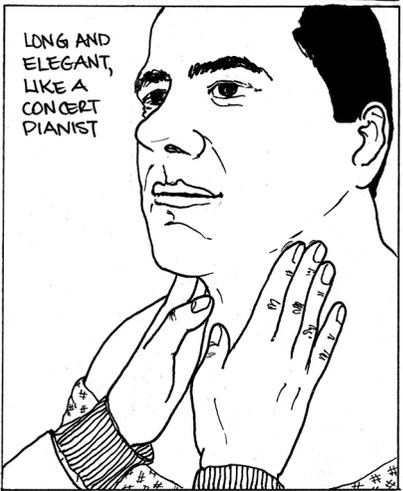
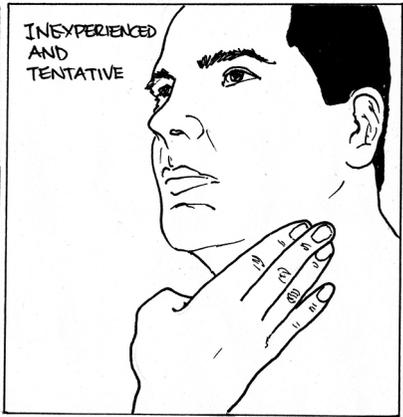
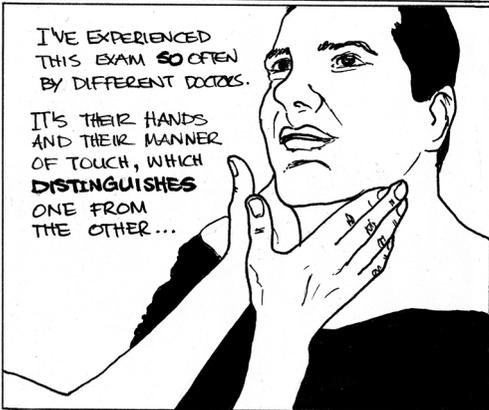
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Ian Williams is initiator of the website GraphicMedicine.org, a physician (Betsi Cadwaladr University Health Board, North Wales, UK) and comics artist under the nom de plume Thom Ferrier. He can be contacted at ian@graphicmedicine.org.

HANDS

three



Suley Fattah is a cancer survivor and created the Drawing the Line comic book anthologies, which have raised over \$50,000 for cancer research and equipment.

Home Sick

Parkinson's in Image and Verse

Ward McBurney and Shelley Wall

123-123-1

There are three things you need to know
if you're going to take drugs for Parkinson's:
One, no one knows what they're talking about.
Two, if you depend on them, you will go
Crazy. Three, if you don't exercise once
a day, at least, your lights will go out

and stay that way. Now, if you go out,
there are three other things that you should know
(and I am only going to say this once):
The friends you can be off with are the ones
you want. Everybody else has to go.
When you can't, you'll know what I'm talking about.

Secondly, I would say more than about
50 per cent of your suffering, when out-
side, is caused by not wanting to show
that you are sick. Thirdly, nothing is known
about any of this, except for this one
thing: there is nothing like Parkinson's.

I owe almost all my joy to Parkinson's.
If you pushed me (please don't), I would say,
about 90 per cent of the time, I am one
unhappy camper. The disease pushed me out
like a rock-solid, shaky baby, and you know,
I never thought things would ever go

so well at work: I write non-stop and go
prose and poetry the way an ambulance
wails its way through traffic: I don't know
what it is. I just say, Say, Muse, and she says,
What, Palsy-Boy? And I say, I wanna shout
till I move the mountains! And she says, One

at a time, Child. And I say, You are one
motherfucking sweet piece of go-
figure. Go yell it on the mountain, shout
as loud as you like; they will both listen
and not understand, because this says
more about disease than you. I know.

Knowing won't help if you don't do: one
day, one hour, one minute at a time. Stay out,
go in. I've told you once. It's not about—

Home Sick

They strip you from within—it's like
gutting an old house—and lodge you in yourself,
but there's no beds, no chairs, nowhere to lie down.
The house is still and people come and take
a book down from articulation's shelf
and read about how this old house was home

to the person who still lives here. My home
has gone away in place and I am like
my own poltergeist, knocking from the shelves
everything that made me proud of myself—
all my inner crockery is down.
It's a hell of a thing, this, and it takes

ages to arrive at your mistakes,
that run in front of you and fill your home
with horror. People tell me, Write it down,
but see, I can't write anymore, not like
a person whom I recognize as self.
And so I take another tour: the shelf

that held my favourite books, the shelf
that holds the ones to be read—all this takes
time and presupposes you. And so, your self-
awareness—the sense of your body, home
at last—arrives via drugs that are like
thick, electric curtains, drawing down

over all the doors and windows, down
stairs and up balustrades that shelve
their spiral turnings into spine-like
DNA architecture. It takes
more frankness than I have to say what home
is now. It's not a place; it's not myself,

but some . . . passerby, talking to himself,
gets roped into being me. Meanwhile, down
in the dungeon of despair, old home-
body Ward tries to tidy up. From shelves
of power tools without batteries, I take
a manual screwdriver and make like

the repairman of the world. Down home,
I've had to shelve my sense of self.
I can take on any task I like.

Quick

Boy, the dust in here is an inch thick, she said—
my mother, one of the last things, before she
died. Exaggerating, of course. An inch thick.
And I cried, watching her there, in the bed
with wheels that rolled her to eternity,
or at least down the hall. Zzzzzzip! That was quick

work the grave boys made of her: the quick
and the bagged. I won't forget seeing that, Dad said,
for a long time. She had taken an eternity
to die: ten superb years, during which she
helped others who were to deck the same bed
that waited for her, volunteering, in the thick

of the Joe Brant Cancer Ward. An inch thick,
she said, snapping the hearthstone whip quick
above her bumpy brow one last time. That bed,
gurney for her journey to the dead, said
much for my mother's love of neatness. She
crossed her withered wrists for eternity,

Dad said, after they had gone. Eternity.
Only if she's glad there, and the floors are thick
with light work. Otherwise, she's with me. She
hawks over every tee and ai, each pea and quick
queue. I love you, was the last thing she said,
only couldn't say it right, barred in that bed

with wheels that turned dust into ashes, bed
embered with very her. I am Eternity,
Mother, and with every word you ever said,
its smooth, bumpy halls are simply thick.
Funny, how any life, well lived, makes quick
work of death. She could not pronounce what she

said. I'll say it for her. I love you, she
said, as her big, Prairie bones broke that bed
into kindling for the fire, and made quick
revisions to the syntax of eternity.
I love you, her voice called through thick-
throated death. I love you, was what she said.

Boy, the dust here is part of what she said
to you, and thick dawn, rising from her bed
of ashes, is quick with eternity.

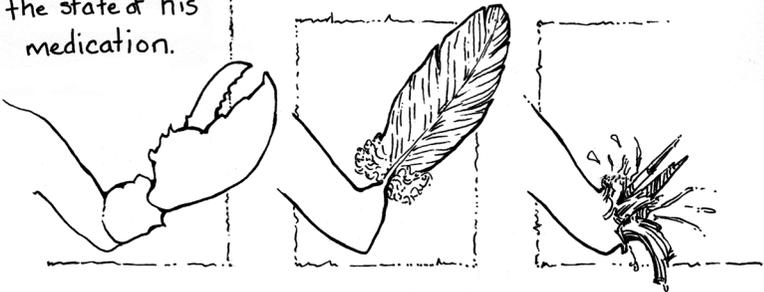
Shelley Wall is an assistant professor in the Biomedical Communications program, University of Toronto, where she teaches illustration and writing for health care; she is also a practising artist and medical illustrator. Ward McBurney is the author of three collections of verse, the novel & after this our exile, as well as seventy radio stories, broadcast over the CBC. He wishes to acknowledge his indebtedness to Shelly Wall's graphic art and her personal support. He has Parkinson's disease.

DIAGNOSIS

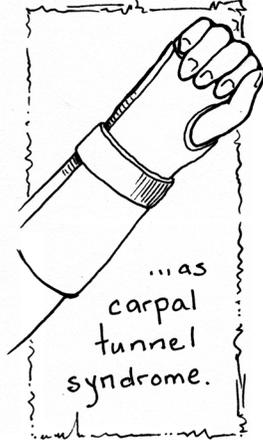
This is my dear friend.
He has had early-onset
Parkinson's disease
for eleven years.



He told me once about
a dream he'd had. His
hand could take 140
different forms, depending
on the state of his
medication.



His hand (this
is not a dream)
was where
the trouble
started. At
first, it was
diagnosed...

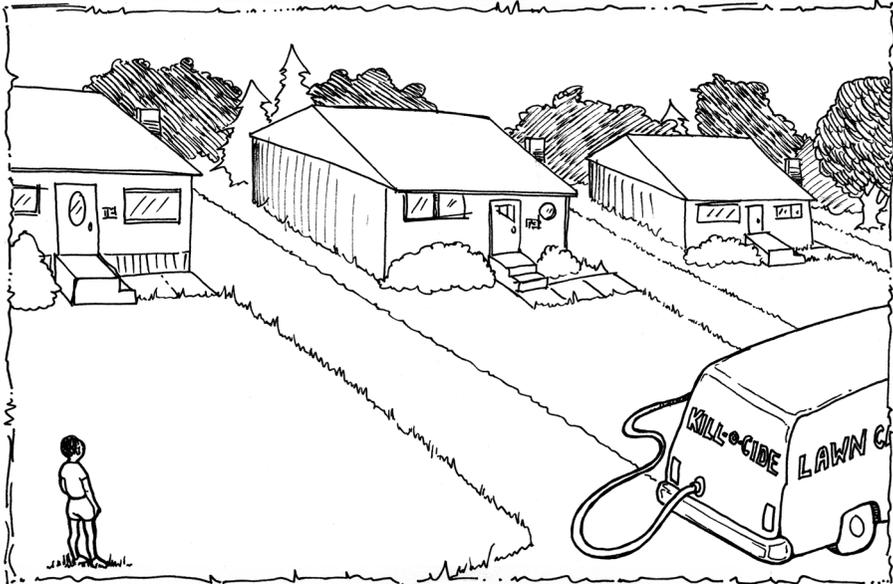


...as
carpal
tunnel
syndrome.

HISTORY



... those beautiful, uniform, soft, suburban lawns of the 1960s ...*



* There is a strong association between early exposure to pesticides and the later development of neurodegenerative disease.

Shelley Wall is an assistant professor in the Biomedical Communications program, University of Toronto, where she teaches illustration and writing for health care; she is also a practising artist and medical illustrator.

Ban

Aimee Loiselle

The nursing director sent out a memo announcing a total ban on overtime for July and August. All the aides grumbled about it in the break-room, shaking their heads about what was going to happen. No overtime not only meant smaller cheques. It also meant we would often have to work short—most aides at Liberty Hill worked at least six and often seven shifts a week. For me, it would limit my income for the rest of the summer. I was a per diem aide, showing up whenever they needed me, until I returned to college. Before the ban, I got as many 3-to-11 shifts as I wanted. After the ban, I got exactly five a week.

A few days passed before we got stuck working short on Lincoln wing. We weren't surprised, and I'm sure the nursing director wasn't either. Pat, Aisha, and I reached the nurse's station at three o'clock, and the nurse told us Gail wasn't coming in and nobody was able to cover for her because all the available aides already had forty hours. Pat let out a growly sigh and stomped to the kitchenette. Gail had missed two nights in June, and we'd heard the nursing director was talking about firing her and getting one of the temp agencies to fill her shifts.

Pat shook her head as we walked to the linen cart. "Gail needs to wake up and dump that loser," she muttered. "It ain't over 'til you leave, Gail can take that from somebody who knows."

I nodded but looked away, to show that I understood and wanted to be respectful.

During bedtime that night, Pat and I ended up in the same room getting two patients ready for sleep. Pat's face looked bloated, pale and red

at the same time. Even though the nurse had let us skip the walks and showers, we each had extra patients on our list.

“Allen, just hold still for one second,” Pat said. “Can’t you leave your dick alone for one frickin second?”

As soon as Allen had his pants off, he was at his penis. He couldn’t keep his hands away from it, so we dressed him in normal slacks and a belt—no sweatpants—whenever he was awake. But we couldn’t do that when he went to bed. We tried to manage it by waiting till the nurse gave him his sleeping pills and pain medication, and always putting him in a diaper with working snaps and a large hospital gown we could tuck under his body. If Allen woke up, he usually got to his penis anyway.

Pat’s voice was flat and cold. “Okay. That’s it, Allen, that’s it. I’m not in the mood for this tonight. Ya got that.”

“Bub dee bub dee bubble dee dub. Okay. Yes, bub dee.”

“Getchyer hand outta there and stay over for a second.” Pat shoved his hand away from his crotch and pinned Allen on his side so she could fix the diaper and belt restraint underneath him.

“Aaayybub bubbleddebub. Bubbleddee oh ohohohoooh.” His sounds trembled, rushing out at a higher pitch.

I pulled the hospital curtain as if to block the light over Allen’s bed from Ralph, but Ralph was struggling to keep his eyes open—he usually fell asleep as soon as we laid him down. I was actually concerned about somebody in the hall seeing Pat.

“Am I all set?” Ralph mumbled. “What’s wrong? Allen doesn’t . . . Am I all set?”

“You’re all set.” I hoisted the bedrail and kissed Ralph on the forehead. “Nothing’s wrong, don’t worry.” He immediately dozed off.

When I grabbed his wet linens from the floor, I didn’t look at Pat. “Do you need anything?” I asked. It was considerate to offer before leaving another aide alone in a room. I figured Pat would hear it as helpful, and not as my attempt to stop her before she hurt Allen. But I wasn’t going to say anything more direct—Pat had worked at Liberty Hill for over five years and I had six more weeks to get through.

“No. No, I just gotta get this restraint tied and I’m all done.” She squatted next to the bed, the top of her perm showing above the white blanket.

Allen's hands went right under the covers and popped the diaper. "Allen!" Pat snarled. "That's it." She snatched his wrists and bowed over his face. "You're not makin a mess of everything tonight, do you hear me? I don't wanna come in here on last rounds and find that you peed all over your sheets."

I stood at the end of Ralph's bed and adjusted my grip on his dirty laundry.

Pat flung Allen's hands toward the mattress. She snapped his diaper again, yanked the hospital gown straight to his knees, and shimmied the belt restraint low. It was at his pelvis, over the top of the diaper, lower than it was supposed to be. She stared at him. "Since you can't keep your hands outta your diaper, I'll have to keep em out." She looked up at me and raised her eyebrows. "Thanks though, I'm all set."

I glanced over my shoulder on the way to the hall. Her face pointed in concentration, Pat was crouched at the far side of Allen's bed. She seemed exuberant in the release of effort as she tied his restraint to the bed frame. Allen's waist sloped to the side under the pressure.

It disturbed me, but again I didn't say anything. I tried to think of it as a flicker, a short bad instant in a series of long good shifts inside a big nursing home with millions of moments every week. The light from above Allen's bed illuminated his face but grew dim as it passed over his small body. He continued to babble, his hands roaming over his chest and stomach.

I finished two more patients before returning to check on Allen. The hall was quiet, and the windows in his room had filled with dark purple sky. His hands were busy underneath the covers. I snuck to the far side of his bed—to avoid blocking light from the hall and to watch for Pat. The sheet felt cool on the outside. Underneath was warm and I discovered Allen naked except for the belt restraint, which was cinched into his lower abdomen. He had one hand on his half-hard penis and the other wriggling the restraint. Even in the dim light his belly appeared raw, there were marks from the canvas belt.

"Aw jeez. Is that digging into you?" I whispered. "Let me get you straightened out."

Searching around his bed, I found the clean diaper under his pillow and his gown on the floor. Allen held out his arms for the sleeves and

even raised his neck so I could tie it. Kneeling to undo his restraint, I smelled bleach from his sheets—he must’ve had his weekly bed change that morning—but I also caught a scent like wet leather shoes, earthy and bitter. It made me cautious, because I didn’t know if he had ejaculated or if it was just the smell of his crotch and hands.

“Bub deedle dee bub,” he jabbered while watching me hunched over the knot. Pat had lashed him in tight.

“Ssshhhh. It’s okay, just stay quiet.” I patted his foot through the bars of the bedrail.

“Mmm. Sshhh bub. Bubble dee bub. Mmmm. Sshh.”

As soon as the restraint was loose, the hand on his penis moved faster, yet he didn’t get any harder. I didn’t want to know if that was due to poor circulation or penile exhaustion. I stood, rolled Allen without moving his hand, laid out the diaper, and let him back down. Allen stared at me. His brow was furrowed and the tendons in his neck were protruding like rubber cords. I watched his ragged hairy hand grapple with his penis.

During the certification class, the trainer had told us that the elderly were sexual beings. We were supposed to respect their privacy while protecting them from unwanted and inappropriate contact. If patients engaged in consensual relations, the policy was to keep curtains and doors closed. But I never saw any doors closed at Liberty Hill, not on any of the wings.

“Bub dee. Please bub deedle bub. Please.” His neck curved and fell. Allen dug his chin into his chest, looking toward his crotch. “Mmmm bub bub.”

I wanted Allen to stop and have a moment of normal behaviour. And I didn’t like the vague but disturbing sense that I was somehow supposed to help him get off—perhaps the result of too many angry jokes and pointed comments about blue balls. In the darkened room, Allen’s face appeared younger, as if his skin was more firm, unmarked by tiny wrinkles and toughened veins. I wanted him to stop. I wanted him to stop acting out of control and ridiculous and desperate. Pity and inadequacy overwhelmed me, and turned to loathing.

“Allen,” I said. “Allen.”

His hand stopped moving, the fingers peeled away. He turned to me and the crinkles in his forehead flattened. It was stillness. I felt better. I

pulled the diaper to his belly, snapped it, and brought the gown down while drawing his covers up.

“You have a good night, okay?”

Allen reached a hand out from the sheet, but I didn’t want to touch it. I didn’t have the time to wash his hands and hold them till he became more calm. “Good night,” I said, caressing his forearm and placing it on top of the blanket. “You sleep tight, okay?”

As I stepped from the bedrail, Allen pushed away the covers and unsnapped his diaper. He clutched onto himself again. “Bub deedle dee bub please. Bub.”

He clearly wasn’t going to stop touching himself. I snatched his wrists and squeezed until my hands tingled. Allen winced. “I said stop it, stop it now.” I jammed his hands onto the mattress and pressed them there before pulling the sheet over him and leaning into his face. I could feel my heart pumping hard, like my blood had turned thick as gravy. The pressure built in my chest.

Headlights from passing cars swooshed over the wall, dashing past me toward the hospital curtain and Ralph’s quiet sleeping body. Allen turned away and curled into a ball, hunched over his jerking arm. I clasped his face in my hands and made him look at me. His arm slowed but did not stop. “Please. Just stop, just go to sleep.”

Letting go of his cheeks, I watched as his arm continued moving. I had to hurry out of the room. *Goddamn it*, I thought, *goddamn it*.

Aimee Loiselle teaches at Holyoke Community College and writes at a blue table in her spare room. Her short stories have appeared in Yellow Medicine Review, Broken Plate, Natural Bridge, Bluelin, and other spots.

Recovery

Lisa Allen Ortiz

Pegasus Leaps Out of Her Beheaded Neck

She was a beast
a gorgon, her eyes the colour of mud
or granite, sea blue, nobody knew;
of course Perseus had mother issues.

He said to me: you have a choice, you could die.
In his office was a collection
of antique surgical instruments.
What kind of sicko
keeps rusty knives in the back?

I have cancer, I told myself,
and my eyes went back in my head.
The surgeon looked at me
in his mirrored shield. He said:
you can live without a lot,

*your jugular, your lymph nodes,
your sterno-cleido-mastoid.*
I count backwards from ten.
First he takes one thing
then another. I have my head
sewn back on with staples.

This is why I bring up Medusa.
I am undone by myth.

Put my head on your shield, Athena.
Look me in the eye, my dear.

Winged things leap out of me:
bats, angels, horses—
flesh turns astonishingly
to feathers.

Proud Flesh

There in nuclear medicine
in surgery, recovery
the lead-walled room
the way they read your body
with Geiger counters
the men in white suits cleaning
all that your sickness touched
and now

a few scars
a soft bed at home, breakfast
out of your own cupboard
the coffeemaker's bittersweet hiss
the private shade of your kitchen
a barefoot walk in the garden, and look:
at night even the grass weeps
or sweats

and proud flesh is flesh that won't heal
flesh turns raised and red—flesh that begs
the attention of nurses or doctors
the sweet confession
of an old friend, and what do we call
flesh that heals to thin white lines?
Modest flesh or humble—

the puzzled way a person looks at you.
A scar? I didn't notice.
And now you hold
a child in your arms
smell its newborn head
and see the whole world as a damp body
see another day
rise like a glorious fiend.

Why I Keep My Arms Crossed against My Chest

My daughter announces at the dinner table
that "God is DEAD!" No news to me
but her grandma turns a pasty
kind of yellow.

She was born sick, my kid:
lungs the size of peas;
she lived in machines and with machines
inside her little body.

When she was three weeks old
she opened her eyes and looked at me
and she was mad, and she hurt
inside and out.

I sold my soul to anyone who'd buy it.
Jesus showed up with sticky wads of cash.
The kid got better. Spontaneous healing
the doctors said. A miracle.

A miracle
I told my mother's church
because I could feel Jesus not
with a gun at my back or anything

but just behind me looking around.
His Dad is a Bad Dude,
so I did my best. Thank you.
Thank you. Now give me

my goddamn baby. And the baby
grew and sat on my hip
and walked away and now
she's almost five

and God is buried someplace. Jesus from the dusty office
sends me statements on my soul:
the condition of it, whether
it's earned interest, when the balance is due.

He is planning for his future.
But I am living mine and I am frankly tired
of his constant harping on eternity
and mortality.

I know, I know I owe it
but I cannot dislodge it yet.
Cannot get the kitchen knife, slice between my ribs,
grasp the thing in my sweaty fist,

pack it up in bubble wrap,
take it to the post office all bound in tape.
Address: Jesus in Some Blue Heaven.
I'd come home bandaged round my middle.

Would I still make dinner?
Would I still pick the kids up
in my rusting car, and, oh, would I feel
this cut-out pain when they run toward me
their braids
and backpacks

flying up toward heaven?

Survival

This is what the end looks like: shuffling through halls
in gowns with backs unsnapped, socks gripping waxed
floors. Does it upset you when I mention the word blood?
Infection, metastases, flesh, marrow? Will a metaphor of war
make your eyes roll? See, though, how our beds end up battlefields
bombed with mustard gas, strewn with waste and armour, human parts,
shrapnel, wires, letters home. Think about the words chemical
and therapy. Think how delicate our veins, how comfortable these
chairs.

I take a yellow pill and they put me in a lead room. I vomit everywhere.
They send a guy with a radiation suit and a Geiger counter. He breathes
the way the heart loves: in and out. He reads me head to toe
and then leaves me alone with a sponge. Through the triple glass
I see him, his hazmat hood off, leaning toward a nurse.
They are laughing and their hands touch.

The poems of Lisa Allen Ortiz have appeared in Zyzzyva, Literary Review, and Crab Creek Review, among others. Her chapbook entitled Turns Out was published by Main Street Publishing earlier this year.

Asylum Squad

Sarafin

HEY-HO!

THIS IS SARAFIN-FALLEN TWENTY-SOMETHING CARTOONIST. "ASYLUM SQUAD" IS A SERIES THAT I HAVE BEEN DEVELOPING FOR MANY YEARS - THE INITIAL VERSION HAVING BEEN 4 BOOKS PUBLISHED BY OPEN MIND COMICS. LATER CAME THE FIRST GRAPHIC NOVEL IN A YET-TO-BE-PRINTED REMAKE SERIES. NOW, TO GET MY WORK OUT THERE AGAIN, I AM TRYING MY HAND AT THIS COMIC STRIP SIDE PROJECT. HOPEFULLY I'LL MAKE SOME FANS.

...ANYWAY! ON WITH THE FIRST STRIP!

INTRODUCING THE PLAYERS!

LIZ MADDER: THE HUNTED
"I'M GOING TO KILL YOU..."

HENRY CHAN: THE JEWISH MESSIAH COMPLEX
"THE MEDIA OF THE 'HEAVENLY MESSIAH' - HENRY BELIEVES HE'S ENTERING INTO A GROUP OF CELEBRITY TELEPATHICS WHEN HE SA. HE'S ALSO IN I BELONG TO RELIGION THAT ME! TAKE ME! LOVE W/ SET THE GOD SET"

GATH SCHNEIDER: THE PARANOIC INVESTIGATOR
"AN AVANT GARDE ARTIST AND SELF-PROCLAIMED ASTROLOGER, GATH BELIEVES SHE IS IN TOUCH WITH TWO ALIEN SPECIES WITHIN THE KNOWN SOLAR SYSTEM THROUGH THE DIVINE, AND THAT ONE ENTITY (ON PLANET URANUS) HAS CONTROL OF HER SOUL. GATH IS ON A SEEMINGLY ENDLESS QUEST TO UNRAVEL THE SECRETS OF THE UNIVERSE."

SARAH LOVEHEART: THE "DENDROPHILIC" BOTANIST
"OBSSIVE ABOUT A MAN WHO WILL HATE NOTHING TO DO WITH HER, SARAH BELIEVES SHE WAS MADE TO GROOM A MAN IN HIS NATURAL STATE. IN A CHRISTMAS CACTUS SHE HAD A POSSESSED"

LIZ MADDER: THE HUNTED
"I'M GOING TO KILL YOU..."

HENRY CHAN: THE JEWISH MESSIAH COMPLEX
"THE MEDIA OF THE 'HEAVENLY MESSIAH' - HENRY BELIEVES HE'S ENTERING INTO A GROUP OF CELEBRITY TELEPATHICS WHEN HE SA. HE'S ALSO IN I BELONG TO RELIGION THAT ME! TAKE ME! LOVE W/ SET THE GOD SET"

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SARAH LOVEHEART: THE "DENDROPHILIC" BOTANIST
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"NO MORE NURSES, NO MORE DRUGS! NO MORE PSYCH WARD'S ANGRY THUGS! * FREEDOM! "

*AS OF JULY 16TH, 2009, SARAH OF ASYLUM SQUAD IS FREE OF THE WARD SHE STARTED THIS COMIC SERIES ON -SPIEL- :D

MY MOST RECENT HOSPITALIZATION WAS ALSO MY LONGEST - 11 MONTHS IN ONE OF THE CRUTIEST FACILITIES IN THE CITY. THIS LAST BOOD OF PSYCHOTIC ILLNESS WAS SO SERIOUS THAT I WAS DEEMED CERTIFIABLE. I STILL MAINTAIN THAT THE ROOT OF MY PSYCHOSIS IS A SPIRITUAL PROBLEM, THAT THE BRAIN GAVE OUT FROM PSYCHIC BOMBARDMENT. MEDS QUELL DELUSIONS, BUT DON'T REMOVE VOICES OR VISIONS - REIKI WAS SUPERIOR IN THAT RESPECT.

→ NOW, FOR THE "TOP TEN THINGS I DEFINITELY WON'T MISS ABOUT THE PSYCH WARD":

10 = THE STRONG SMELL OF URINE PERMEATING THE MAIN ENTRANCE OF THE HOSPITAL...

9 = THE CRUSTY, PERVERTED MEN AND THEIR CREEPY SEXUAL PASSES...

8 = BEING IN LOCKED "SECLUSION"...

7 = THE FOOD...

6 = THE STUFF FOUND IN THE PATIENT WASHROOMS...

5 = THE UNNECESSARY WARD CONSTRUCTION EVERY OTHER MORNING...

4 = HEARING STAFF DISCUSS SHOCK TREATMENT AS THOUGH AS BENIGN AS A HAIRCUT...

3 = THE 9:00 PM "CUREW"...

2 = THE SCUZZ IN THE BATHTUBS AND SHOWERS...

1 = ...AND FINALLY, SOME OF THE SHIT STAFF WROTE ON THE WHITE BOARDS:

WHAT IS THIS 'URINE TOWN'? WHERE DO I GO TO BUY TICKETS?!

DIE!!

SHIRED SHIRT SEAT SOILED GARMENTS UNDER GARMENTS

BOTTLED PISS

SHEPHERD'S PUKE

IT'S BEEN 7 HOURS AND 15 DAYS...

THE 9:00 PM "CUREW"

THE SCUZZ IN THE BATHTUBS AND SHOWERS...

EMMM! A FINGER NAIL!

HEMM... WANTS TO KARAOKE

THERE - ONLY 11 MORE SEIZURES AND THEN YOU'RE FREE TO GO!

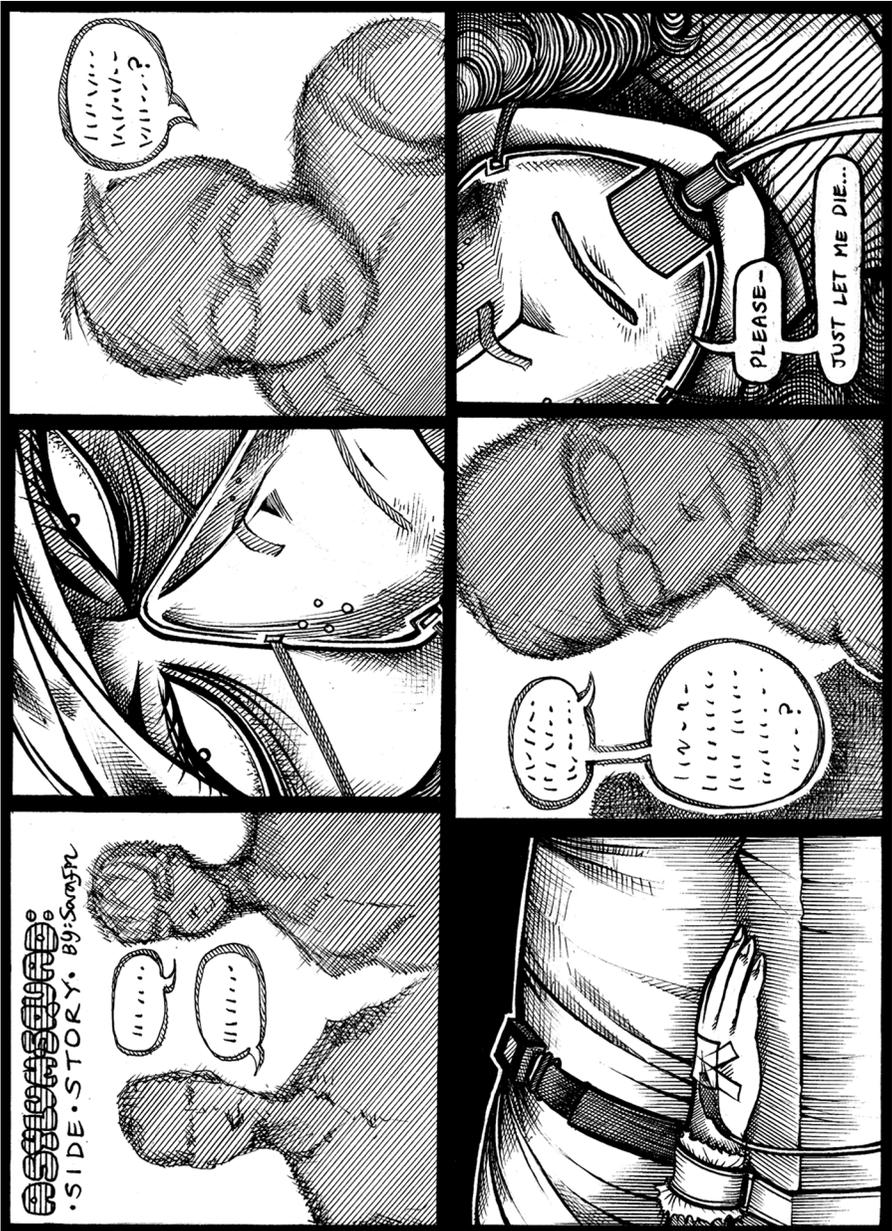
SARAH - GET OUT OF BED! THE WORKERS HAVE TO REPLACE ANOTHER BRICK IN THE WALL! NO DILLY-DALLY!

-A NOTE FROM US SANE PEOPLE TO YOU CRAZIES: if you sprinkle when you finkle, please be neat and wipe the seat!

-staff

OH FOR CHRISTSAKES...

BY: Sarah



Sarafin is a Toronto-area cartoonist. "Asylum Squad" came out of a year-long stay in CAMH. Though fictional, the stories in the comic often draw from the author's own experiences. Visit her webcomic at <http://www.asylumsquad.com>.

Versions of Normal

Karen Pfeil

I **A** FRENCH FRY flies by Janelle's head. She's sitting at a small table across from her sister Maureen and Maureen's son Jeremiah, who threw the fry. Maureen's other two kids, the older two, are playing on the plastic indoor playground. Janelle sees the flash of Olivia's blonde ponytail but she hasn't seen Sunnup for a while now. He's disappeared into the maze of red plastic tunnelling, hopefully. If Sunnup were Janelle's son, she'd watch him better. Maureen's taking a bite of some monstrous hamburger.

"Do you see Sunnup?" Janelle asks her sister.

Maureen, chewing, rolls her eyes and hands Jeremiah a fry. "Don't worry," she says, when she's swallowed partly and can talk again. Maureen is only twenty-nine. She was young and married to a sergeant when she had Sunnup. They named him that ridiculous name, as though Maureen and Sergeant Gary were some kind of celebrities who could go around making up names for their kids. Janelle had been twenty-five and halfway through her master's degree in education when Sunnup was born. She'd already had a class of third graders waiting for her every morning and was married to Tommy by then.

"You should eat," says Maureen, picking up her humungous soda and jostling the ice. That soda must weigh as much as Jeremiah, Janelle thinks. Jeremiah Gary Ahmann. What a name.

"I'm not hungry." Janelle prods her grilled chicken salad but the salads are never any good at this kind of place. "I don't eat this processed stuff."

"A little processed stuff never hurt anybody." Maureen tousles Jere-

miah's hair and holds out another fry to his ketchup-covered, snatching fingers.

"I still don't see Sunnup," says Janelle as Olivia runs by them, barefoot. "The kids took off their shoes." Janelle read once that someone dropped a hypodermic needle infected with HIV on a playground like this one. A kid had been crawling along and gotten pricked in the knee. Now here's Olivia running around without even her shoes on. Janelle recalls painting her niece's toenails last summer, the way the girl had giggled when Janelle blew the polish dry.

"Olivia," Maureen says, the edge in her voice directed at the child. "Olivia, find Sunny and tell him to get over here. Auntie thinks he's kidnapped."

Janelle sighs and sips from her bottle of water. She would've loved any one of these kids so much. And now. Her hand moves to her abdomen and she considers telling Maureen what Dr. I'm-So-Smart said. *You'll have to decide with the baby's life in mind.* Janelle's obstetrician is a skinny woman with morning breath and acne scars who seems to think Janelle should have an abortion.

"Dad and Tommy would both tell you to eat," Maureen says, offering a package of fries.

"I'll eat at home." Janelle says, deciding not to tell. Her sister has become a very simple woman—feed it, clean it, stick it in front of a TV set. And besides, Janelle should tell Tommy first.

"Just make sure you're eating enough for two," says Maureen, smiling, acting smug because she's had three babies while Janelle has tried for years to have just one, has even lost one. And now this. She begins shredding a paper napkin.

"I'm not feeling well, Maureen. I'm going." Janelle reaches out quickly to touch Jeremiah's hair. He smiles at her, showing a half-chewed bite of hamburger.

"Take care of yourself," Maureen says, jostling ice again. "Hey, how was your appointment, anyway?"

Janelle has already turned away; she steps over stripped-off sneakers and around baby carriages. The noise has risen above the level of third graders at recess. She can't take it.

THAT NIGHT, Janelle is in the kitchen making dinner: baked chicken, asparagus, boiled potato. The kitchen smells like potato starch and bland meat; she's hungry and waiting for Tommy. She hears his car and the dog gets up and goes to the window, smacks its tail against the floor.

"Look at this," Tommy says when he comes in. He has an infant-sized, wool Red Sox hat in his hand. "It's from Jeff and Mary." He hugs Janelle, kisses her softly on her head.

"Dinner's ready," she says, nervous, gulping back the feeling of tears.

They sit and serve and she pokes at her chicken while he cuts and eats his. "I'm starving," he says, smiling at her across the table. Behind Tommy, on the wall, there's a mural of a lighthouse that Tommy's brother had painted them for a housewarming gift.

She says, "Tommy, there's a problem with the pregnancy."

"A problem?" He looks up at her. Concern swims over his strong features; the corner of his eye trembles—a facial tick he's always had—worry.

"I went to the doctor today, you know."

"For the test results, right? For Down's syndrome? For genetic—" He stops speaking, as though he's forgotten the next word.

"Genetic disorders," Janelle finishes, her voice cracking slightly. "The baby doesn't have Down's syndrome. It has, it's, it has this other . . . It has . . ." She doesn't totally believe it, can't believe the words she's about to say.

"What?" says Tommy, dropping his utensils to his plate. "Tell me." He leans forward and she remembers—he's good at handling things. He can take it, she tells herself.

"The baby has, has both sets of sexual organs. The doctor says it'll be born . . . alive, healthy, but it'll be—" Janelle sobs once, a quick gasp, her cheeks and neck turn hot. "The doctor called it intersexed. She said we have to decide soon if we should keep the baby." Janelle's words hang over their kitchen table, held up by steam from the bowl of plain potatoes.

She waits for him to say something, anything. To say, "Oh, shit," or "Oh, well," or "Oh, my God." He doesn't, though. He picks up his knife and fork and cuts his chicken into tiny pieces, pieces you might give a toddler with just a few teeth.

"Say something," she says, while he cuts.

"You mean the baby'll be . . ." but he stops, he feeds himself a forkful of tiny chicken. He goes on cutting and eating, goes on glancing sharply at

her face while she stares at her full plate, and words don't come to either of them. Perhaps he's angry, she thinks, angry she even suggested abortion. Tommy who goes to church with her every Sunday and puts a twenty-dollar bill in the collection basket. Tommy whom she met as a student at the state university, where they'd both joined the Catholic Student League.

Blessed is the . . .

He says, "Is it a hermaphrodite?" She can see what he's thinking—a drag queen in a parade, a freak on the Internet, someone on a daytime talk show. She knows his revulsion at these things.

"No. Or, well, I don't think so. Not exactly. The doctor didn't say hermaphrodite."

"What did the doctor say then? Did you ask questions? How do they know it's . . .?" He pauses. "Can they fix it?"

"She said, with this syndrome, it'll be a boy. But it, he, may have . . . may also have . . ." The word sticks in her throat like an unchewed piece of baked chicken, "A vagina. The doctor said he'll definitely have the male parts and might have a vagina. She said surgery isn't . . . isn't good until he's older and can decide for himself."

Janelle waits for Tommy to say something. There are so many things he could say that might seem all right to her:

You know I love you, Janelle. We're in this together.

This is our CHILD. Our CHILD THAT WE WANTED! Of course, we'll keep it.

Get rid of it for God's sake. God. Get rid of this baby freak.

Or he might simply come around the table, hug her, start to cry. Any one of these words or actions and she could accept it; she could go upstairs and curl up on their white down comforter, feel the prickle of goose feathers against her skin, the familiar tickle of disappointment. Anything from Tommy might remind her why she married him—he's funny and intelligent and likes to dance and has a job as an engineer where he makes decisions. He's supposed to be good at making decisions. She believes he's a good man. After she had the miscarriage, he said, let's go to the beach. He bought her an ice cream cone, butter pecan. He could, at times, be surprisingly tender.

He says, "Janelle, I'm really sorry. It's . . ." He pushes his empty plate towards the middle of the table. "It's hard to believe." After that he walks

to the refrigerator, reaches for the cabinet above, for the pack of Marlboro's they keep there for summer nights when they drink beer. He has tears in his eyes, stands there, looks at her, gently smacks the package of cigarettes against his palm. He seems afraid to cross the room. "I'm really sorry," he says again. "I don't know what to say, Janelle. I need a minute." He goes out back and she can see him through the sliders, smoking, separated by glass. Janelle watches him, feeds baked chicken to the dog.

II

PLAYING MOMMY.

"This is my baby," says Maureen, picking up the pretty China doll, the one their grandmother gave them for Christmas, to share. Maureen's only four, so Janelle gives in. She's already ten.

"Fine," she says, picking up a larger doll, a rag doll with one eye missing.

"Janelle," says Maureen, cradling her doll, "You have that baby in your stomach. Be preg-ant."

"Pregnant," says Janelle, but she does what her sister says. Maureen is more imaginative about this kind of play. Janelle stuffs the rag doll in her T-shirt and puts her hand on the small of her back, walking as if tilted backwards by weight. She remembers from when her mother was pregnant with Maureen.

Janelle looks at herself in the full-length mirror in the hallway. She believes she's convincing—she's tall and long-legged and her stomach looks really pregnant.

Maureen approaches her from the front. "Open your mouth," says Maureen.

"Why should I?"

"So we can get it out. You have to throw up."

"You think that's how a baby's born? You think the woman throws it up?"

When Maureen nods, Janelle says, "Okay, fine, I'll throw it up." She opens her mouth and pretends to vomit. Maureen tugs the baby out from beneath Janelle's T-shirt.

"Let's go show Mom," says Maureen. Then she stuffs the baby back up inside Janelle.

The two girls head to the kitchen and find both their parents. Their mother's making coffee at the counter; their father's sitting at the table, just home from work.

“Look, Mommy,” says Maureen, “Janelle’s got a baby in her belly.” Their father looks over at them and Janelle feels shy and hangs back behind her sister, feeling too old to play with dolls in public.

“Take that out!” says her father. “Ellen, tell her to take that out.”

Janelle looks to her mother, not because she needs to be told again, but for explanation. It’s just an old rag doll.

“Listen to your father.”

“What’s wrong?” Janelle asks, her face hot. She yanks the old rag doll out and holds it in a clenched fist, hanging. Her sister’s baby doll also dangles—Maureen watches everything with interest.

Their mother, without turning from the counter, says, “It’s not good for a young girl to look like she’s pregnant, even playing. Choose another game, okay?”

Janelle looks from the corner of her eye at her father, who’s slouched at the table, eyes down. He works at the post office and runs marathons and goes to church every Sunday. He likes coffee and cleans his plate. That’s all she knows about him, really. She looks the other way at her mother’s back, at the full bottom and waist covered by a red sweater. Janelle wishes for a hug. She wishes there was someone else to play with Maureen so that she could sit with her parents and watch them drink coffee. If it’s okay to play baby doll, why is it not okay to play pregnant? Janelle does not know who to ask. She watches her mother pour creamer into two cups of coffee. Maureen says, “Come on,” and shoves her small body up against Janelle’s, pushing towards the bedroom, a place of private play.

III

JANELLE SITS FOR HOURS in front of the computer until the ache in the middle of her back becomes nearly unbearable. She reads testimonies by intersexed people: *When I was born they didn’t know what to do, so my parents just told me I was a boy. I was a forty-year-old gay man when I dated a doctor who discovered my vagina!*

And more, worse: *At thirty, I still didn’t know what I was, a gay man or a straight woman. I was only sure about being a complete outsider, totally rejected. I tried to kill myself three times.*

Worse and worse: *When I was fourteen, the boys I was friends with discovered I was growing breasts, that my penis was really small. They raped me.*

Three of them took me to a fort we'd built in the woods as kids. It was rotten and starting to crumble but they pushed me inside. Then they raped me from behind.

Janelle reads the advice of the North American Association of Intersex. They advise against surgically altering the baby; they say parents should only alter anything for health reasons.

Alter. She remembers when their Golden Retriever had been neutered and the way Tommy had fought her on that one. He said it was unnatural, that an animal deserves its balls. Poor dog, said Tommy, it'll lose its natural instincts. It was only when the dog had started peeing on the couches, marking its scent, that Tommy had agreed, okay, okay, get him neutered, and Tommy has kind of avoided the dog ever since. The dog's care has fallen entirely to Janelle.

The dog had been *planned*. They'd gotten the dog early—right after they got married. Wanting it to be past its puppy years by the time the first baby came. *Planned*. The dog sits near her now, warming her feet with his furry, golden back, gold flecked with silver grey. Janelle reaches down, scratches his ear, hears him sigh.

The Association says the baby should be altered only in any way if it can't pee right. Otherwise it stays as it is, but parents should assign the baby a gender. In other words, thinks Janelle, she should decide to paint the bedroom pink or blue and then go from there. Tell their friends it's a boy and then turn her head away while she changes the diaper. Cover the freakishness by assignment. By the toys they buy, by the baby shower invitations Maureen picks out. They will ignore what's really there.

But the Association says, no, do not ignore it. Janelle reads their advice to talk openly with the baby once he's old enough. Janelle imagines her son with a buzz cut, playing with a truck and then asking to have his fingernails painted. She imagines herself having to say, "Yes, son, I'll paint your nails. That's fine. What colour?" Janelle isn't sure she can do that. She's pretty sure she can't.

She reads further, reads the Association's recommendation to encourage cross-dressing and experimentation with members of either sex. Experimentation. Yuck. Janelle can't help it, that's what she thinks. Once, before they were married, Tommy had asked her to try oral sex. She could barely look at him for a week. She remembers being afraid she'd do it wrong, and more afraid that he'd do it to her and she wouldn't be

able to tell if he was doing it wrong. *That's a sin*, she'd reminded Tommy then. *It's not the natural way*. Janelle had used that, used their religion to get out of it. Now they should encourage experimentation in their child.

Janelle sits there, reading and realizing. She'll have to be able to accept when the boy she's raised comes home and says he wants to be a woman, says his friends have seen his vagina. She'll have to do this along with Tommy. Tommy who couldn't even pet the dog for a month after it was altered. Janelle thinks about bringing something into the world that was made by nature but that is not seen as natural by most people. She realizes she'll have to be able to say, *I love you, baby, how you are*. She realizes that otherwise birthing it wouldn't be fair.

OVER DINNER THE NEXT NIGHT (grilled salmon, boiled green beans, brown rice), Tommy says, "I think you should get the abortion."

Janelle watches him chew. She tries to eat, but the salmon smells too fishy, like it's suddenly turned bad.

"I think it's cruel to the child to let it live," he says, taking a small sip from his water glass, washing down. "The doctor's right."

"The doctor didn't say have an abortion," says Janelle. "She said consider it."

"No one has to know you're having one," he says. "We can say it was another miscarriage."

"Tommy," she says.

"I mean it, Janelle. Think about what its life will be like. Think about changing rooms at gym class, about proms, think about deciding what sports teams to play on. About dating! Think about the way it'll get made fun of."

"People wouldn't have to know."

"Well, kids have a way of knowing stuff like that, don't they?" He's stopped eating. His chair scrapes the hardwood floor as he pushes back, drops his fingertips to the table's edge with a small thud. She pushes flakes of fish around on her plate. "Think about your classroom," he says, more gently, raising his hand to knead his forehead. "What would a group of third graders do to a kid who has a dick but looks like a girl?"

"That's not necessarily what would be. There are all kinds of ways for intersex to form. There are degrees . . ."

“Think about when *he* turns twelve and gets breasts,” says Tommy, leaning back further. She watches him rub his tongue over the front of his teeth, scrunching his nose as he does so. “Think about that, Janelle.”

“Okay,” she says. “Okay, but don’t you want it?”

He gets up and walks around the table. He stands beside her with one hand on the table, near hers, and one hand resting lightly on her shoulder. “I want it,” he says, looking away from her face. “Christ. I don’t want you to have to get an abortion, but I don’t want to raise a kid like that. I just don’t. I want our kid to be able to have a normal life.”

Janelle stands up and hugs Tommy, who holds her carefully—a three-month-long habit of protecting her stomach. She drops her head onto his shoulder, finally crying. “So do I,” she says, crying harder. Slightly, gently, his hand strokes the small of her back.

Much later, after Tommy is asleep, Janelle searches “What’s normal?” on the Internet. She finds 49,510,034 results—a page for parents, a page for diabetics, a page about personality disorders, about constipation and the weather—49,510,034 versions of normal.

THE NEXT DAY Janelle faces her third graders after recess. They’re red faced and tired; it’s cold out and Friday. She says, “We’re going to paint with watercolours.” They start to chatter and laugh—the familiar sounds of eight-year-olds. Janelle wonders, briefly, if they can tell that she’s pregnant, if anything seems different to them. She tells them where to find supplies and instructs them to put on their smocks. She doesn’t stop the ones who run or yell or make noise. She’s had it with silence, order, normal, and other people’s kids. Janelle thinks about herself: the wife of a Catholic engineer, the girl who was once vice-president of her high school class, the woman who called her own sister a “stupid fuck” behind her back when Maureen named her first born Sunnup. It had never occurred to Janelle that Sunny had gotten his name because Maureen, at nineteen, was scared that a baby, a husband, and all that went along with it would mean, actually, sundown. It’s like the way that a lot of the poor kids she teaches are named Angel, Destiny, Angela, Hope, Angelica, Miracle, Honesti. Wishful thinking connected by umbilical cord to a name.

She’s not going to name a child. Janelle has decided if she has the abortion she won’t try for another baby. Tommy might want to, but she won’t try again.

“Boys and girls,” she says, shouting above the noise, “I want to ask you, what’s normal? I want you to paint that for me. What does a normal child look like? What is normal?”

She sits at her desk and lets them go. She doesn’t worry about the janitor and the mess. She thinks about the baby inside her and that if she named it Ryan that would work either way, whatever the baby would decide, Ryan would be a respectable name. It would seem normal she tells herself, ha, ha.

When they finish, she says, “Clean up. Put your papers on the back table. Get your coats and backpacks.” She takes them out to the playground and lets them play in the cold for an hour until the buses come. Nobody stops her. For the first time that she can remember, Janelle supervises children in silence, not saying a word when Cindy hangs upside down from the monkey bars, when Brian goes down the slide head first, when another jumps from a swing mid-air, and even when several pile into a tunnel made of tires. Janelle says nothing, thinks nothing, about brain damage, suffocation, hospitalization.

Back in her classroom, she feels the energy still in the air—that after-party kind of air that’s filled with ghosts of the living’s fun. She goes to the back table and looks at the first painting: a body with two huge arms, ten fingers, and stumpy legs about an inch big. The second: this is Jacob’s who’s verbal. He wrote “A Normal Child” across the top of his and painted a blonde girl on a bike. The third: Gerty’s. She’s painted a boy—pants and a baseball cap. It’s the eyes that catch Janelle’s attention, huge and purple. The fourth: the fourth version of normal is a picture of a fat child, sexless. There’s no name on the paper, no clothing or features to distinguish if it’s a boy or a girl. But on the figure’s corpulent chest there is a big red heart. Janelle is crying again. It’s that, she thinks. That’s what’s inside: it’s the fourth version of normal, an unknown with a heart.

ON HER DRIVE HOME she realizes: 49,510,034 versions of normal. It shouldn’t be so hard to imagine just four.

IV

JANELLE TAKES THE CORDLESS PHONE and goes to the one place in the house that Tommy won’t go, the baby’s room. She has to push for the door to open—they’d had new beige carpet installed when she’d been pregnant

the first time, and it hasn't been walked on much, hasn't been worn in yet by repeated openings of the door. The plush silences her footsteps; she leaves the lights off and sits in the rocking chair that Tommy's parents gave them. The room feels cooler than the rest of the house, the consequence of being uninhabited—they keep the doors closed on rooms they don't use, to save heat. Or, thinks Janelle, this door stays closed because we're so afraid of the new carpets, the yellow walls, the mobile that plays a lullaby.

It's after 9:30. She's pretty sure that by this time even Sunnup will be asleep. Janelle has been at Maureen and Gary's at bedtime before—it takes them at least an hour to get all those kids washed, brushed, and into bed. In the dim light, Janelle presses glowing numbers on the phone.

"Hey," says Maureen when she answers, chomping on something that sounds like popcorn or chips. "What's going on?" It's unusual for Janelle to call her sister at night, or anytime at all, really. They usually communicate with text messages. The last time she'd called Maureen was probably a year and a half ago, after the miscarriage. It's discouraging, the idea that Maureen has become the person to consult about pregnancy.

"I need to tell you something," says Janelle.

"Are you all right?"

"I'm . . . I . . . I have something to tell you."

"Okay," says Maureen. The chomping stops.

"This baby," says Janelle, "would be born with both sexual organs. The doctor said it's a boy, but he may have a vagina. Or he may grow breasts or seem more like a girl or . . . maybe something else. I don't even really know. The doctor called it intersex and she didn't have enough to say about it. Every place I look says something different." Janelle hesitates, "The doctor mentioned abortion. Maybe I'm going to have an abortion on Monday."

"Oh, Janelle."

"I don't know what to do."

"Are you sure about it? I remember at three months they told me Sunny was a girl. Way up until the end they couldn't tell. That's why we picked a name that worked either way."

"They're sure," says Janelle, "It's been ten years since Sunny. They know more now. Besides, they did an amniocentesis because of the miscarriages, and because I'm older. Maureen . . . they have a test for this."

They did a test.” Janelle pushes with her feet and the chair rocks gently. She shifts the phone to her other ear. “I just . . . I can’t believe we’d even consider it. We wanted this baby so much.”

“What does Tommy think?”

“He thinks I should.”

“Yeah,” says Maureen. “I mean . . . is this something they can fix? Can it be . . . adjusted?”

“They don’t do that anymore,” says Janelle. “It’s considered cruel.”

“But isn’t it worse to have it go through life like that?”

“They say it isn’t if you raise it right,” says Janelle. Her sister’s question makes her cry again, makes her reach behind her back for a pillow in the shape of Humpty Dumpty that someone had given them. She wraps her arms around it. “If you . . . if you do and say things right. Help him to . . . to understand.”

“Well,” says Maureen, who has started chewing again. “If there’s anyone who could do things right, you could.”

Janelle feels relief and gratefulness at her sister’s words crashing into a picture of Maureen’s two perfect boys, of Olivia; crashing into the thought *easy for you to say*.

“But . . . but what would its life be like?” says Janelle. “How would it ever make friends? Do anything normal? How could he . . .?” Janelle can think of a million phrases to fill in, an infinite number of questions. As many versions of normal as there are, she can think of that many versions of problems for this baby to face. She raises her free hand to her face and wipes away tears. She pushes again so the chair rocks, harder this time, and her movement causes the long-unused mobile in the corner to play a few notes of a lullaby. *Because God made you*. She cries harder, so that her crying, like Maureen’s chewing, must be audible through the phone.

Her sister speaks softly. “He’ll have three friends. No matter what you have or when you have it, my kids’ll be your kid’s friends. I’ll make them understand it, too. However you tell me is the right way. I will.”

“How can you be sure, Maureen, that you can do that? Do you have any idea what this baby’s life would be like?”

Maureen doesn’t answer right away, she’s chewing again. Finally, she says, “Hard. The baby’s life will be hard.” She pauses, “Like it is for the rest of us.”

V

Tell me why

Tommy snores.

The dog moans.

the ivy twines.

He says get rid of it.

He was always so against that.

Tell me why

Before this. Before now.

Before this baby that they'd wanted.

the stars do shine.

Tomorrow they'll go to the clinic. He's right. Right? He's right. He was wrong about the dog. Them in college in their Catholic club. Yes to life! What's inside her anyway? That she could do this? Good-bye, Ryan. Ryan. *Tell me why.* They only have tonight; one night to fill themselves with his whole lifetime. First Communion. Mother's Days. *The sky is blue.* Toenail polish and chocolate chip cookies and bedtime stories.

And I will tell you

Just why I—

What if this is the wrong thing to do?

Just why —

What about the fact that she already loves him?

The snoring stops. Tommy rolls towards her as if in his sleep. Under the blanket, his hand reaches around her, rests on her belly. Twice he moves his hand, caressing her like he might the soft head of a newborn. Within seconds, he's snoring again, his hand is gone. Withdrawn to somewhere on his side of the bed.

Tomorrow there'll be the clinic. And soon she'll be put under, and the choice will be over, and there'll be no such thing in her life as assigning her baby a sex. She can go back to assigning third graders math homework and science projects and other lessons from the Internet.

There's a tightness in Janelle's breasts around the nipples that she didn't know before pregnancy and a weight over her stomach that gives her heartburn.

VI

"TOMMY," SHE SAYS as he parks at a meter and searches in the cup holder for quarters. "Do we have time for coffee first?"

He looks at his watch. "We should just go in. We're only a few minutes early."

"I can't go in yet," says Janelle, fiddling with her wedding band.

"Come on," says Tommy, looking across the street at a small café. "If you really want coffee." It will be Janelle's first sip of coffee in over a year. Since they started trying again after her miscarriage, she hasn't had even one sip.

They walk across the street to the café; Tommy's walking a half stride ahead of her like he always does in airports or train stations, like they're about to miss something. They go in and smell bread and coffee and Janelle feels momentary relief. They go to the counter, and pastries glisten beneath bakery lights. "I'll take a raspberry round," she says to Tommy. She breathes deeply in anticipation of the coffee, the sweet pastry.

Tommy orders. "We'll have two coffees, regular," he says. "And two raspberry rounds."

Janelle remembers suddenly that she's not supposed to eat anything before the procedure. She doesn't tell him, though. She can always save the pastry for afterwards. Tommy carries a tray with their coffee and food to a table by the window. They look through the glass with backwards letters at the clinic across the street. It's a small place that her ObGyn recommended—*the doctor there is kind and careful*.

Janelle watches a woman who looks to be around her own age approach the clinic. The woman is heavy and wearing a long, faded, purple-grey jacket. It looks like it was supposed to be another colour but got washed wrong. The woman's smoking a cigarette, looking at the building. Her hair is bushy and teased.

"You have a good reason for doing this," says Tommy. "Think about what its life would be like."

"It's still a life," says Janelle. She remembers joining the Catholic Student League to meet a husband; it was her mother's idea. She and Tommy had gone to church together, listened to sermons against this, raised money even, against this. She wonders suddenly how they've

convinced themselves to be here: it's not a life anymore because it has the wrong parts, because its existence would be hard, because it's hard for them to imagine.

"But it's like deformed," he says. "And it would suffer at school." They've convinced themselves of this: intersex is unnatural, which makes this abortion okay. But it isn't unnatural, Janelle thinks. Whatever this baby is, it's been made by nature, by our bodies, by God even.

"All kids do," says Janelle.

"But, honey," he says, "not all kids do like that." He takes a big bite of his raspberry round. Janelle considers pushing hers across the table to him, reminding him that she can't eat it. She thinks about getting up and walking to the counter, asking the girl if she can have a bag to wrap the raspberry round in, for after. She considers taking a sip of her coffee, slurping the caffeine she's forbidden herself as long as a baby lives inside her. They sit in front of her—bite the raspberry round, feed yourself and Ryan, no surgery. Drink the coffee, send a luxurious rush to your brain and his, no baby.

Janelle looks again at the clinic. She picks up the raspberry round and smells sugar and sweet fruit. She feels its buttery underside, a little greasy. She places it on the paper; its imagined sweetness makes her mouth water. She looks Tommy in the eyes, "I'm just not sure."

She thinks about him, with a child in the house that he won't know how to love. For him, you love a girl one way and a boy another. She knows there's a chance Tommy won't come around. The chance looks like this: abortion and divorce and abandonment are wrong, sexual variance is more wrong. For Tommy it seems this simple: you can love a golden retriever with balls. She watches him eat the pastry.

"I know you think it's wrong to keep it," Janelle says.

"I think it would be cruel," he says. "And selfish."

"I think you're making it too simple."

"Me?" he asks. "You're dreaming if you think this thing can survive real life."

The words burn like hot coffee spilled over a hand. Her whole skin prickles that way, tingles with excruciating words.

"I wanted this baby so much," she says, "no matter what. A boy, a girl. A genius, a little slow. It's going to have your eyes, Tommy. Or my smile.

You know how people talk when a baby's born. You know how it'll be with your mother. No matter what the baby looks like, she'll say, that baby looks just like Daddy. Like Tommy."

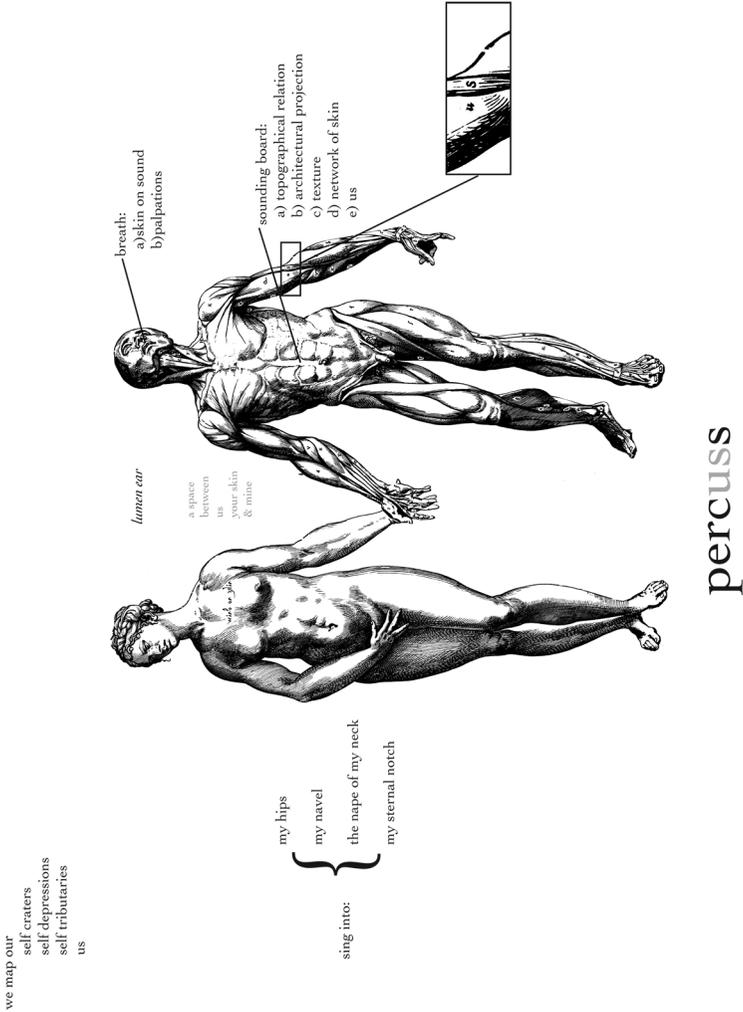
He presses his finger on the plate to pick up the last of the pastry flakes. "It won't look like me," he says.

Janelle sits in the bakery, the smell of bread and coffee surrounding her; the stench of invisible hate mixing itself in, slyly. She thinks of the woman in the long purple coat who walked into the clinic and wonders about her choice and her life, if there are other kids at home and if the woman will cry or drink or have someone to hold onto tonight. Janelle's grateful to have seen the woman pause, smoke, choose. Tommy gets up and goes outside to smoke, leans against the bakery's brick wall. He glances once at his watch, then through the glass at her. She wonders if the counter girls can already see her pregnancy, if they see lots of couples here. Janelle rests her eyes on the round pastry, unsure whom to feed.

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percuss

Lia Pas



Lia Pas is a transdisciplinary creator-performer who has worked in music, writing, theatre, and dance. Lia's current project, *splanchnologies*, is a performance and text piece exploring anatomy as image. Her website is: www.liapas.com/blog.

Call Your Spirit Back

Rosemary Phelan

*in the pale, hopeful light after a night devoid of stars
the voice of my dis-ease whispered to me
it said: listen!*

*. . . call back your song
it's your voice, your spirit
call it back and don't ever let the darkness near it*

*it's yours! it lives to be shared
it's a light, it's a flare for the direst emergencies
it's a bright shield against life's dangerous insurgencies
it's the promise in the sunrise
it's the realness on the inside
of you
and of everything . . .*

—Phelan, “Call Your Spirit Back”

Illness is a great equalizer.

As a community nurse working in the core of a large, multicultural urban centre, I've held the hands of the dying in well-appointed bedrooms vibrant with sunlight and the scent of fresh flowers. And I have held the same hands while perched on newspapers to shield me from cockroaches, in stench-filled buildings grey with squalor and the hollow echo of abandon. The same hands. Beautiful hands, all forged in the same miraculous fire, emblazoned with stories as unique as fingerprints.

We human beings are far more alike than we are different. Yet we often fail to acknowledge our sameness, those things that bond us—that make us family. In North America and elsewhere, we strive for individuality above all, we encourage it in our young. We dot the surface of the earth like tiny islands, wired for sound, wrapped in our metal-armour conveyances, alienated from all the other islands in view. But here is what I know: The retired surgeon breathing his last in an elegant Post Road mansion longed for only this: love, connection, meaning. The young artist dying of AIDS in the corner of a crowded rooming house yearned for the same—nothing more, nothing less. Through our disregard for this *sameness*, we divorce ourselves from our innate sense of belonging, and from our inclination to love and to care. One day, we may all come to understand how tragic the consequences of this separation have been, and how far-reaching the repercussions. There are those among us who already know.

Illness is no respecter of persons; it is impeccable in its impartiality. It is a perfect teacher.

Who doesn't learn from illness? Whether we're conscious of it or not, we all do. It tests (and hopefully strengthens) our endurance, our understanding, and sometimes our faith. It instructs and shapes us, whether we are the afflicted or the standers-by. Ask anyone who has survived a life-threatening disease or accident whether it changed the course of his or her life. Most will tell you it did—for the better. Why? The insights gained give life rich new meaning.

Illness saves lives. I know it saved mine.

The world is filled with more wonders than any of us can conceive. Yet many would agree that as a species we have become disconnected from our gifts of appreciation and inspiration and so have lost our way. How else to explain the critical imbalance of resources distributed among the Earth's people, the rise in chronic diseases attributable to our pollution of the planet, the constant wars and immeasurable suffering we bring to bear upon one another? We are creative, intelligent beings! How have we allowed this to happen? More important, why do we continue to live in denial and behave as if the solutions to our problems are a mystery, unattainable? We are afraid and overwhelmed; the magnitude of the present world crisis is such that we feel paralyzed in the face of it.

If we did not cultivate such *separateness*, we could realize our combined power for good. We would be filled with hope and feel empowered to act.

How can we begin to reconnect with one another and reawaken our sense of belonging? I find much truth in this quote from the Dalai Lama: “The goal is to cultivate in our hearts the concern a dedicated mother feels for her child, and then focus it on more and more people and living beings. This is a heartfelt, powerful love. Such feelings give us a true understanding of human rights that is not grounded just in legal terms, but rooted deeply in the heart.”

I have often witnessed something profoundly moving emanating from children who are gravely ill. Their youth lends a true innocence, and at the same time, the confrontation with mortality nurtures a mature knowingness unseen in many adults. Devoid of affectation and cynicism, a suffering child’s innocence marries with this new wisdom very naturally. The combination of these qualities creates a rarified atmosphere so exquisite I can hardly bear the beauty of it, yet I believe this is what all human beings are meant to be like. How do we lose so much altitude, so much purity, in the course of a life?

When I have been with the dying, I’ve sometimes witnessed a return to this innocent wisdom of childhood. Much of what constitutes the physical, emotional, and mental tenor of their previous “healthy” life is stripped away, and the dying remember what it is like to be *real* again. Life in all its intensity and immediacy is laid bare. Such people look into the eyes of others and see the truth, just as young children do. They sense who really loves them and can read the intentions of those present with calm clarity.

*my world has grown so small
a bed, a room, that’s all
and all of the rest
of hell and holiness
is invisible*

*i drift between far shores
one’s the life i knew before
the other draws my will*

*toward a harbour that is still
invisible*

*and love is all
rise or fall
love is all is love is all*

*hey, I'm still here
now my vision's growing clear
you talk amongst yourselves
while I sip from hidden wells
and become invisible*

*I see your radiant souls
ancient monuments of gold
you see only night
though you're standing in the light
the bright invisible*

—Phelan, “Invisible”

What would happen if each one of us took steps to regain our clear vision, stripping ourselves bare of encumbrances every day, not waiting for impending death to do it for us? How much more valuable it would be to break through, to truly *see*, while we still have life in our bodies! There is so much we could do. Yet this isn't an easy task; we need to stay one step ahead of all that overwhelms and numbs us by reconnecting with that “core” daily, *before* we become inundated by whatever dramas the day may hold. Seizing a moment in the quiet hours of the morning for reflection, meditation, or prayer gives us a chance at success. As with all things, continued practice makes for broader, smoother pathways and a lightening of effort.

While we are strong and well, we can choose to “die” to all the flotsam and jetsam that bog us down and cloud our sight, and to remember our birthright: *all is possible*. This is not a religious exercise; the cyclic reconnection with our deepest hopes, beliefs, and values is a real need, not unlike putting oil in our cars. One can ignore the task only for so long before the

consequences become apparent. Our neglect of this most basic act of self-maintenance has resulted in mass spiritual burnout. For so many, the well has run dry. How do we begin to correct this, and why is it important?

*i come to you, still
in my nightclothes
warm, wrinkled skin
from the enfolding nest
i come before
the curtains are opened
not yet fully loosed from
my heart's fragrant interior
i come while
the colours of dreams
pool in liquid rainbows, just before
they melt away
. . . i come before
time solidifies
and bridges must be built
i come to you
still*

—Phelan, “Still”

In striving to navigate the frantic pace of life with its din, much of our innate wisdom, intuition, and common sense have been left behind. Illness slows us down and offers us a chance to retrieve a portion of that inheritance. Acknowledging and accepting the life lessons brought on by serious illness requires courage, and courage happens to be one of the keys to reclaiming—and maintaining—our inner knowingness. As we cultivate courage, the pathway of inspired action unfolds before us. We begin to experience a peaceful certainty, and we form a clear intent for life. Personal plans and philosophical ideals can easily unravel when we're under duress; deep-rooted *intention* is the fiery chariot that will carry us through to our highest goals. From here it becomes easy to imagine the positive effect we could have, individually and collectively, upon one another and the world.

We are so much more than we know or believe ourselves to be. When I was severely ill and weakened, humble and simple as a child in the face of possible death, I began to ask important questions. Relieved of the burdens and responsibilities of normal life, I opened my heart with new bravery, let go of my “old” life, and began to see things that courage alone allows us to see. The utter magnificence of life became a fiery reality that burned in every cell of my being. I suddenly wanted—still want—nothing except to serve this unspeakable beauty with all my heart.

We are all artists, co-creators. To me, every human being is miraculous, a walking cloud of stars, a universe in miniature. No one alive can escape being bound to this earth in the physical sense, but the horizon that beckons us now is an interior one and therefore boundless. Who can circumscribe the borders of the human spirit? Spirit: “the incorporeal part of humans,” the part that is missing when we see a lifeless body, the same part that shines in the eyes of people in love, that swells with valour or with compassion. It does not matter so much where you believe this portion of us goes when the body is no longer; clearly it is with us while we live and breathe, and we need to pay it due attention. If we feed ourselves the best foods and provide ourselves adequate rest and exercise, we’ve done well by our physical body. But what happens to us when we ignore our spirit’s need for nourishment and expression? How can this most cherished part of us, our intrinsic worth, our true identity, find a voice? How can it thrive? We are weakened in the extreme when in such disregard of our essential nature; we operate at a deficit, lacking conscience, will, foresight, conviction, honour. We lose hope, and we question the purpose of life. We deprive the world of our gifts, of added colour and meaning.

Call your spirit back. Save your life.

I know many individuals who are healthy and well off and have time to spare in their daily schedules. Still, they do not want to take the time to connect with the “incorporeal part” of themselves, perhaps believing that this part will somehow take care of itself. I suppose that would be like owning a car that regularly motors off to the nearest gas station and changes its own oil. Yet these people often wonder why their lives seem to be lacking in dimension and in happiness. I have also been privileged to know individuals in the direst of circumstances whose inner life is

rich and deeply fulfilling, and who teach, by example, everyone they come in contact with. Mr. O was one such individual, and his story is worth sharing.

One day I was working my regular shift as a visiting nurse in the city. It was steamy midsummer, an asphalt-melting day, and the traffic was awful. On top of that, I was sick and wasn't coping well with the demands of my heavy caseload. All in all, I was meeting the difficulties of the day with not as much grace and goodwill as I would have liked.

Minutes before the end of my shift, my pager went off. I was asked to make an extra visit to an elderly patient who needed extensive wound care to both legs, because his regular nurse had been called home on a family emergency. The dressing change would take a good hour. Somehow I summoned up the will to make that last visit, my seventeenth of the day.

I had never met the patient I'd been asked to see, but found the address in a rundown west-end neighbourhood. A volunteer from Meals on Wheels arrived at the door of the ramshackle Victorian at the same time I did, and as there wasn't any answer to our repeated knocks we opened the door and stepped inside. The volunteer went first with the meal tray, and I came close behind with my medical bag and supplies. The scene was surreal: in the darkness loomed boxes and garbage bags, bicycle wheels and rusted tools, newspapers and broken bits of furniture piled from floor to ceiling. There was a narrow path through the debris, just passable. Tiny shapes skittered through the shadows at our feet, and the smell was nauseating. I stopped to put on a surgical mask and offered one to the volunteer. Halfway through the front room, the volunteer began to tremble. She set down the tray, uttered a breathless apology, and bolted for the door. At least there was safety in numbers, I thought. Now I was alone. I decided to push on.

In the kitchen I came upon a lovely, white-crowned gent fast asleep in a chair. All around him the counters were littered with small piles of garbage, dirty dishes covered in mould, old food containers and the like.

I greeted Mr. O by name, but he didn't respond. I called out to him; still no response. I went closer to check his vital signs. Finding that he still had a pulse, I yelled into his ear, and he finally stirred. Once awake, he was lovely and gracious, and almost completely deaf. The old fellow

laboriously extricated himself from his chair and led me to his bedroom, where he could lie down for his treatment. Here I found a tiny, sun-filled porch room that Mr. O's nurse had set up for him to receive his care in. Bless her heart; it was clean and orderly, and all the necessary supplies were there. What ensued was a long session of bending over the low bed, cleansing and dressing his leg wounds while shouting at the top of my lungs in response to Mr. O's friendly questions, in the 35-degree heat.

I was completely drained by the end of the visit. Mr. O, now perched on the edge of the bed, continued his friendly chatter as I cleaned up the room and got ready to leave. Finally he asked, "May I tell you something?" Then he waited.

"Of course, anything."

He went on, "I have a sister in another city. She's very wealthy . . . has lots more money than I've ever even seen in my whole life. But she won't even speak to me because I'm poor and have to live like this; she's embarrassed by me. But you know what? She's the one who's poor. She thinks she's rich, but she's poor, because she has a bitter and selfish heart. I'm the one who is rich. Would you like to know why?" He smiled at me with the look of a child bursting with a secret. His heart and soul shone in his eyes.

"Why?"

"May I sing for you?" he asked me, the innocent smile never leaving his face. I was a bit taken aback. But it seemed to mean so much to him, so I steeled myself, smiled, and told him I'd be delighted to hear him sing.

That was all he needed. The room rang with a voice sweet and extraordinary, the utter beauty of it searing, crystalline . . . and so profoundly incongruous in that impoverished environment. My tears came fast and I felt deeply humbled. Encouraged by my reaction, Mr. O sang on and on, and in his songs and hymns were the mountains and rivers and flowers of his native Wales, unfolding in colours more real than any that could have been captured on canvas or film.

I stood transfixed, lifted into Mr. O's world. He had spoken the truth: he was, indeed, a wealthy man.

LIKE MR. O, we are all rich. Why are we so afraid to acknowledge the vast wealth that lies within us? We play the role of carthorse; meanwhile,

the very wagon we are pulling is full of treasure. If we all claimed our talents, our unique vision, our many gifts, there would be so much goodness and fulfillment in the world that we would not recognize it.

Only humans erect complex webs of selfish and self-serving illusion that then entrap us all. Our boundless potential founders while we are too distracted to notice. Real life is stunningly, awe-inspiringly simple; to be true to our nature should be as easy as breathing. In making a stand for this, our birthright, we gradually rediscover our intrinsic uniqueness as individuals, as we also realize what connects us. The desire to create artificial differences between us fades away as we realize we can't *fail* to be original. There is no longer room in our lives for insecurity, jealousy or competition. The empty spaces within us are filled, and we can once again open our hearts without fear, and reach out in love.

*the world is full of the walking dead
hearts with no songs,
heads full of wants
don't be one of the haunted*

call back your song

—Phelan, “Call Your Spirit Back”

Have courage! Open your heart to brave new concepts. Dare to believe in the magnificence of life and of your own spirit. Cultivate joy. Whether you are healthy or suffering from illness, you can save your life now, one day at a time. Do it for yourself, and for all of us. Then, whenever your time comes to pass from this world, you will know you have truly lived.

*you say we're all pieces of the stars
that long ago lit up the endless dark
i don't know but I swear from time to time
i feel something deep inside me shine
and i'm overwhelmed, overwhelmed*

*some say we're all formed of dust and clay
touched by grace, risen up and walked away
i don't know but I swear I feel it when
the earth she tries to pull me back again
and i'm overwhelmed, overwhelmed*

*i heard an angel speak my name
his wings were light, his eyes were flame
he said i know you well my love
and one day you too shall rise above
and i was overwhelmed, overwhelmed*

—Phelan, “Overwhelmed”

Rosemary Phelan is a Toronto musician, artisan, writer, registered nurse, and glad cancer survivor. Her music, blog, and other endeavours can be found at rosemaryphelan.com.

Retrospective

Bryn Ludlow

Introduction

These drawings were created in response to my survival of two incidents of sexual assault. I chose not to tell anyone right away, because I felt tremendous guilt, shame, and emotional numbness. I struggled to understand what had happened to me and did not know my body anymore; before this happened, my body had been sacred. When reading “Violence ‘Psycho’” by Chantal Pontbriand, I was inspired to express how I was feeling through a simple art form so that I could “expose the violence that I experienced in order to transcend my experience” and move forward. Pontbriand effectively states,

To expose violence is not to transpose it or to theatricalize it. Beyond cruelty itself, there is the reiterated cruelty of acknowledging the existence of violence, its reality, as is posited by Clément Rosset in *Le principe de cruauté*. This doubling of violence must also be accompanied by a third movement that consists in finding the means to combat it. Art is one of these means. From the often monstrous crisis afforded by violence or cruelty arises a necessary movement of thought. One reconsiders the violent event by analyzing its variegated facets. This is how violence is exposed. In exposing it, one transcends the event itself; one measures its effects. One of the most important elements in this process is the act of witnessing, of re-conquering speech, which entails the re-emergence of meaning that time and thought both foster.

This quote resonated deeply with me at a time when I needed an outlet to share my feelings. It was incredibly empowering and hopeful to

learn that it is okay to share a violent story in an expressive way through my art. I began a visual diary to work through these experiences as a way to figure out how to ask for help. The pain from my experiences was so strong I was having trouble concentrating on boiling water for tea. The drawings acted as a way for me to recognize and remember the trauma while regaining the strength to put my experience into words, naming and reclaiming my life and my body, day by day.

Process

At the time, I did not plan to create the images in a series, but in reflection, the division of the works in a series makes the most sense and helps me to place the experiences in the past. The first series of images focuses on the physical responses of my body to the traumas. After this, a second series focused on my body image and reconnecting with my body after the assaults, realizing how much I felt was taken away, and how much I would have to relocate again. The third series is much more intense to view; it is where I have identified my experiences more literally and intentionally. These images are also more graphic. The third series also contains more text and writing with images, and so I realized that I was at a point where I was able to name my experience. In dividing the drawings into three series of works, I feel that these groupings are also representative of the place I was at in therapy: learning about the trauma and processing how I was feeling to improve my coping skills.

When I created each image, it was almost always based on a vivid image I experienced viscerally. I would feel a sensation in my core that drove me to draw the image exactly as I visualized it. Almost all of the images were created before I went to bed and acted as a way to clear my head and relax before sleeping. The images were not always drawn every day, but rather at significant life events, such as when I had to have an HIV test and was overwhelmed, or when I was called from the court to come in to meet with the Crown lawyer. At other times, I created three or four images in succession, and they were created in succession, with very little time between each.

During the daytime and sometimes at night I had trouble with flashbacks and repetitive visual memories, much like a song that you can't stop replaying in your head. I knew I would not feel well if I didn't do something about these images; I needed to either talk to someone

or draw the image. Experiencing these sensations and visualizing these images caused me to feel shame. It was very hard to draw them initially, because I was essentially photographing my memories through line art. I had bouts of insomnia, and nightmares when I did sleep. The visceral sensations that lead me to draw the images were similar to the feeling of getting into a rollercoaster: being strapped into the seat, anticipating the ride. This is why I had to express myself, because the sensations would otherwise just build up and drain me or fill me with desperate energy.

Going Digital

Another technique that I experimented with after the drawings were complete was to create outlines of some of the images on the computer with Illustrator at high resolution, so that the print quality could be enhanced, and I could make a collage of the drawings in layers. I took photographs of each image, as I didn't have access to a scanner, and I wanted to make copies in case the originals were destroyed at or after the trial.

Once I had outlined images, I realized I could animate them. Last year I experimented with animating an image in Flash, using the bone tool, which adds anchor points to each joint on the body and allows the image to move like a body. This was very triggering for me, bringing me back to the emotion that was expressed in the original image. To protect my safety, I had to stop. The process communicated how it felt to experience that nightmare sensation, but I couldn't foresee creating more animations, or an entire video of the drawings at that time.

Conclusion

Survivors of sexual assault have access to many valuable sources of written material about coping strategies, but often what is needed right away is the ability to see their experiences and to express themselves in a direct way, as in a visual diary. Violence in art is not always shameful or disgusting; it can also be communicative and progressive, and I think we need to pay more attention to this form of communication.

This visual diary was the most natural way to look after myself and to find myself again so that I could move forward by making small changes along the way. I look at the images now and see where I was,

where I wanted to go, and most importantly, where I am now. I am me—stronger and wiser—moving forward.

Reference

Pontbriand, Chantal. "Violence 'psycho,'" *Parachute* 123 (2006), trans. Eduardo Ralickas, http://www.parachute.ca/public/+100/123.htm#pontbriand_e.

This World...

I can't
leave this
world

I want
to leave
this world

what will
happen if
I leave this
world?

I am
waiting for
bad news

I am
whining
with my
counselor

I am so
nervous of
my results

I can't
plan for
my
reaction

I will
shake and
scream
if it is
positive

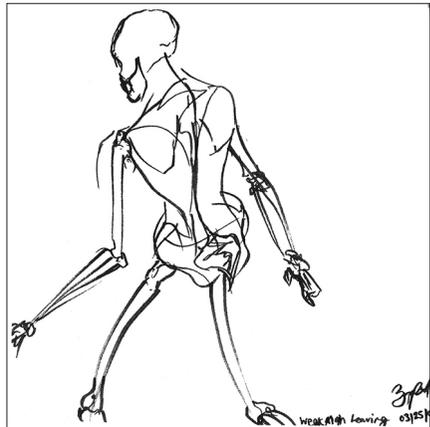
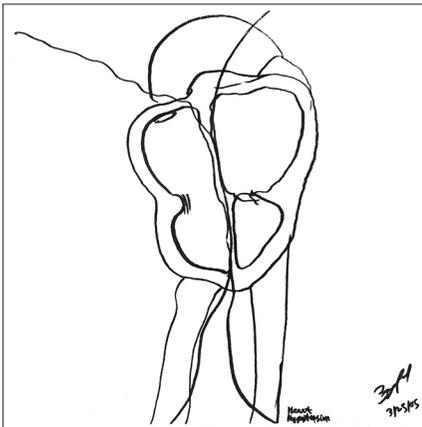
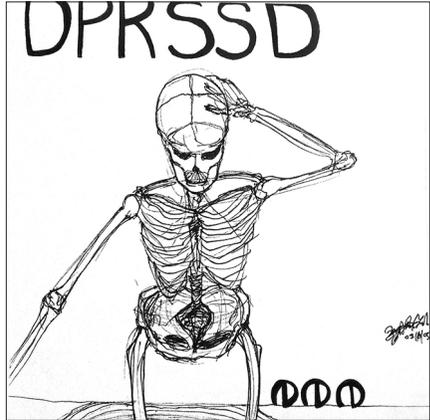
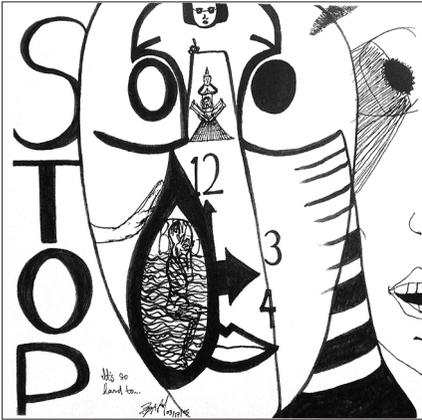
I will
shake if it
is negative

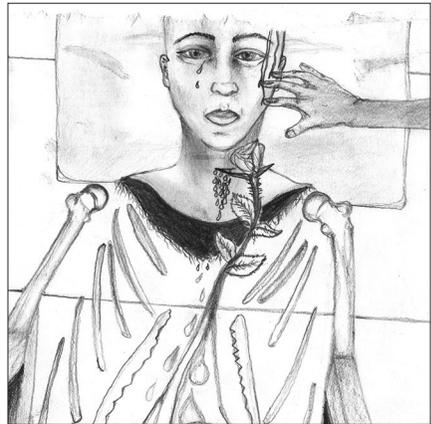
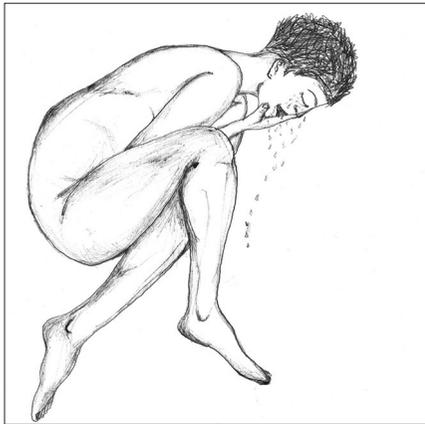
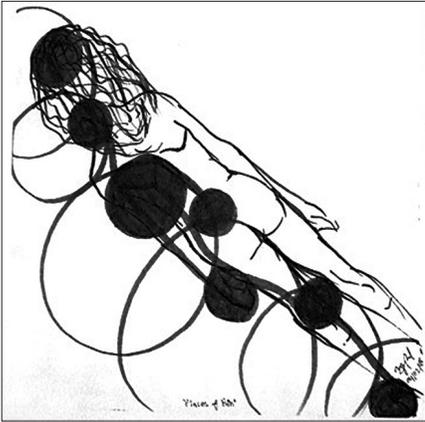
I will/am
shake(ing)
worrying

I don't
know who
I am

I don't know
who I have
constructed

04/15/88
J





Bryn Ludlow is in the Master of Arts, Health, and Aging thesis program at McMaster University. This work is a selection of ninety-five drawings she created after surviving two counts of sexual assault.

Risk Factors for Hemorrhagic Pancreatitis

Monica Kidd

The bleeding wouldn't stop was the problem. The big bulk of the man on the gurney oozing blood in places he shouldn't have been. In went the surgeons hoping to tie off whatever needing tying.

Like trying to stop gravity.

He kept bleeding. They stopped counting at twenty towels. Packed him full and taped him down hard.

What I remember is the tips of his fingers calloused and blunted from too many hammers, too many winters. The blood spreading over the sheet. Someone saying, "My wife knows this guy. He couldn't afford the time off work to get his gallbladder out. A sick wife and a kid at home."

The way he died because he was poor.

Monica Kidd was awarded first prize for poetry in the 2011 Ars Medica and CMAJ Humanities Poetry and Prose contest. Winners were announced at the 2011 Canadian Conference on Medical Education. Monica is a family doctor and clinical assistant professor at Memorial University with four books to date. Her second book of poems, called Handfuls of Bone, is due out next year from Gaspereau Press.

Call

Jennifer Loo

Clark 08-03-2011 @ 15:07
u coming to teaching?

Sisi 08-03-2011 @ 15:08
be there in a bit. gotta finish dcing my pt cuz she's got a bus to catch.
Want a drink?

Clark 08-03-2011 @ 15:08
OMG YES. Latte plz—I'll pay u back. We're still running the list right
now but I forgot to put in NS for my pt. Can you order NS @ 100 for GL?
Thx!!!!

Sisi 08-03-2011 @ 15:14
ya got ur back but I get first dibs on tonite's consults :)

Clark 08-03-2011 @ 17:37
k I'm done. The boss wants pizza or thai so I'll start the dinner orders

Sisi 08-03-2011 @ 17:53
ew no more pizza plz, I'm gonna be fatter than our MI pts. Put me down
for a green curry

Sisi 08-03-2011 @ 17:55
argh so hungry. SC was super anxious again this morn and by the time I
finished seeing him all the lunch food was gone. 2nd time this wk! Grrr!

Sisi 08-03-2011 @ 17:58
also, why does this fax machine suck

Clark 08-03-2011 @ 18:07
hahaha but SC loves you. ur the only one who's got him to take his meds all wk—ur the only one he listens to!

Sisi 08-03-2011 @ 18:08
I'm also the only one who gets suckered into listening to him forever. I need to learn how to be meaner. and just leave. Like Dr S.

Clark 08-03-2011 @ 18:09
speaking of—you won't believe what she did at bedside rounds b4 u came. Remind me to tell u the whole story

Clark 08-03-2011 @ 18:35
getting hammered in the emerg. Come soon: ftc vs copd vs feb neut—take ur pick

Sisi 08-03-2011 @ 18:36
on my way. Can I take the copd? I just want sth simple . . . wanna sleep tonite. Also don't wanna get pimped to pieces tmr morn

Clark 08-03-2011 @ 18:39
oh fyi—copd is like 90 and no English. I think his whole family is camping out in the emerg right now

Sisi 08-03-2011 @ 18:40
boo. Fine, febrile neutropenia

Clark 08-03-2011 @ 18:40
u sure?

Sisi 08-03-2011 @ 18:41
ya why not?

Clark 08-03-2011 @ 18:42
I dunno. I get so depressed seeing cancer pts. I'd grab a pleasantly demented old lady any day.

Sisi 08-03-2011 @ 18:44
LOL

Clark 08-03-2011 @ 19:21
FOOOOOOD!!! And for once, everybody paid me back. Best nite ever.

Sisi 08-03-2011 @ 19:26
huzzah! comin

Sisi 08-03-2011 @ 21:03
crap forgot to grab the team pager from u. Lemme know when ur done ur consult and I'll come get it

Clark 08-03-2011 @ 22:49
hey where is everybody?

Sisi 08-03-2011 @ 23:30
sorry I was back on the wards. SC was panicking and needed some tlc again

Sisi 08-03-2011 @ 23:31
I swear this guy is maxing me out and it's not even midnight. Empathy fail.

Sisi 08-03-2011 @ 23:32
You still in the emerg?

Sisi 08-03-2011 @ 23:45
Can't find you guys. Left u timbits in the conference rm. Expecting major pimping tmr morn so gonna study for a bit. Drop off the pager to me before u sleep.

Clark 09-03-2011 @ 01:39
2 hr consult, waited forever to review with the boss, and my pt just left ama. FML.

Clark 09-03-2011 @ 01:39
she's so sick too...and she says she knows but she doesn't care. such attitude.

Clark 09-03-2011 @ 01:40
meh. at least now she won't be on our list. haha I'm such a bad person

Clark 09-03-2011 @ 01:50
charting then coming to the call rm with the pager. u asleep yet?

Clark 09-03-2011 @ 02:14
knocked but u weren't there. where r u?

Sisi 09-03-2011 @ 03:00
sorry my pt just died

Sisi 09-03-2011 @ 03:00
if ur still up I'll take back the pager from u in 20 min

Clark 09-03-2011 @ 03:04
!!! What happened?

Clark 09-03-2011 @ 03:04
and geez don't worry about the pager—things are all quiet now

Clark 09-03-2011 @ 03:06
u ok?

Sisi 09-03-2011 @ 03:07
no but I'm waiting for one of the residents to come and show me how to do the death cert. trying not to bawl till after

Clark 09-03-2011 @ 03:08
Aw man Sisi . . . I'm so sorry

Clark 09-03-2011 @ 03:09
Anything I can help with? u call the family yet?

Sisi 09-03-2011 @ 03:12
no. Wouldn't even tell me their # cuz she said they'd just stand over her while she was dying and worry about how she'd end up in hell. I called her ex gf and told her she was really sick and she was like "oh ok" and hung up. The roommate who brought her here went out for a smoke and never came back. Wtf . . . wtf is wrong with ppl

Sisi 09-03-2011 @ 03:12
seriously the only other # on the cell was her oncologist but I mean I'm pretty sure lots of his pts are dying at any given time and it's not like I'm gonna wake staff up in the middle of the nite and tell him his pt's dying

Sisi 09-03-2011 @ 03:12
/dead

Sisi 09-03-2011 @ 03:13
sorry. I managed not to bawl when she was dying and telling me all this. Definitely bawling now.

Clark 09-03-2011 @ 03:16
crap someone's crashing in emerg—the boss just msged me

Sisi 09-03-2011 @ 03:18
what a nite. Ya go help save a life or sth. Better than sitting helplessly with a dnr . . .

Clark 09-03-2011 @ 03:19
hey u did good to stay with her

Sisi 09-03-2011 @ 03:20
I did nothing. Couldn't even tell if she was in pain or what she was so out of it and just kept sayin she was thirsty. I just sat there giving her those spongy things to moisten her moth

Sisi 09-03-2011 @ 03:20
mouth

Clark 09-03-2011 @ 03:20
Soldier on sista—I'll come by after ok?

Clark 09-03-2011 @ 03:43
false alarm...all done in the emerg. Wanna chat for a bit?

Sisi 09-03-2011 @ 03:47
no no go sleep. honestly. we'll talk later. I'll feel like an idiot if I start bawling again and look all teary eyed at morning report

Sisi 09-03-2011 @ 05:16
thx man

Sisi 09-03-2011 @ 05:17
haha after all that you still have the pager you doofus

Clark 09-03-2011 @ 05:19
it's all on you next call. Now lemme sleep and recharge my empathy yo

Sisi 09-03-2011 @ 05:20
<3

Sisi 09-03-2011 @ 06:58
don't buy brkfst. bagels in the conference rm—boss' treat

Clark

09-03-2011 @ 10:56

just remembered—team dinner’s been rescheduled for 7pm tonite. Dr. O’s gonna be there so nap some, wash up, and dress to impress!

Sisi

09-03-2011 @ 11:10

right. hunh . . . what shud I wear?

Terms and Abbreviations

ama. against medical advice

b4. before

brkfst. breakfast

copd. chronic obstructive pulmonary disease (a lung disease, especially common in older patients with a history of smoking)

cuz. because

dcing. discharging

death cert. death certificate

dnr. do not resuscitate; patients who request to be designated “DNR” do not receive any attempts at resuscitation if they have a cardiac arrest (their heart stops) or a respiratory arrest (they stop breathing)

dunno. don’t know

emerg. emergency, emergency department

feb neut. febrile neutropenia (a cancer patient whose immune system has been compromised, often because of chemotherapy, and presents with a fever; such patients may require hospitalization because their compromised immune system cannot fight off the infection that has caused their fever)

fml. fuck my life

ftc. failure to cope (often describing an elderly patient with multiple medical conditions who has deteriorated and/or can no longer function at home)

fyi. for your information

gf. girlfriend

gonna. going to

k. okay

lemme. let me

LOL. laughing out loud

msg. message

MI. myocardial infarction (heart attack)

morn. morning

NS. normal saline (an intravenous fluid)

omg. oh my God

pimping. in the context of medical education, a scenario in which a staff physician poses a series of difficult questions to one or more residents or medical students

plz. please

ppl. people

pt. patient

rm. room

shud. should

sista. sister

sth. something

thx. thanks

tlc. tender loving care

tmr. tomorrow

tonite. tonight

u. you

ur. your

wanna. want to

wk. week

wtf. what the fuck

:). an emoticon, meant to represent a happy face

<3. an emoticon meant to represent a heart

Jennifer Loo was awarded second prize for fiction in the 2011 Ars Medica and CMAJ Humanities Poetry and Prose contest. Winners were announced at the 2011 Canadian Conference on Medical Education. Jennifer is a fourth-year medical student at the University of Toronto, where she also completed an undergraduate degree in environment and health. She enjoys music and writing during her breaks from study.

homeless man addresses female medical student

Paul Uy

i've answered enough of your questions,
and i'm sick of Curtain Four. pull on your gloves,
breathe through your mouth,
and take my pulse already.

but know this: i am the least of your lovers, and you
are the one dying between us.

your classmate dies
a similar, typical death
slowly by the nursing desk, pining
for you with all the daydreams
his little life has room for.

three a.m. and a blood alcohol content
of 0.24 permit me
to do the talking for both of us:
you're pretty. can i kiss you?

your disgust yields quickly

to practised composure, and at once
i am words filed away
to tell your friend by the desk
at an empty bar on a boring night.
i am a paragraph in a letter
to some place of history and distance

that may finally redeem you.
i am a poem: written once, never read.

still, some facts can't be forgotten, and some
stories won't go unsaid.

before you looked at my chart, and sighed
you thought no one was watching and
you played peek-a-boo with a child by Curtain Five.
and there you were. may your laughter be

what i get to hear
when i never leave this place.

in another time
with different scenery, different costumes
and clearer rules, you
would tell a horse how sweet
the water tastes.

o queen of ghosts
and white coats, you are
a complicated beauty.
i have nothing to spare
but a small truth: this evidence
of my heart in your hands.

Paul Uy was awarded third prize for poetry in the 2011 Ars Medica and CMAJ Humanities Poetry and Prose contest. Winners were announced at the 2011 Canadian Conference on Medical Education. Paul is a psychiatry resident living in Toronto. He has not quit trying to catch up on the words he hasn't written. He can't, because he keeps remembering what writing feels like.

Portraits from *Invisible No More* *The Lives of People with Intellectual Disabilities*

Vincenzo Pietropaolo

When I began to work on *Invisible No More*, I had little idea of the intense involvement in people's lives that it would entail. To make the pictures, collect interviews, and simply spend time with people informally, I visited about forty towns, cities, and villages. I broke bread—sometimes literally, sometimes spiritually—with over one hundred families, and individuals in their homes, workplaces, parks, schools, shopping centres, and places of worship. I travelled to every province and territory, but it was much more than a journey across the land. It was a journey through a terrifyingly beautiful human landscape known as the disability community. It was with considerable trepidation that I undertook the journey, for fear of failing in this delicate task that required intimate involvement in people's lives. At first it was disarming how warm and affectionate everyone was toward me, how easily they welcomed a total stranger into their lives. Everyone, it seemed, felt a need to tell his or her story, or to tell it on behalf of those who didn't have the ability to speak by themselves. Everyone needed to have someone listen.

Community after community has struggled for the inviolable rights that every human being is born with. Social movements and

revolutions have been fomented, incited, and fought to establish democracies, to abolish slavery, to recognize the rights of women and of children, to recognize gender and sexual equality, to recognize the rights of immigrants, to recognize the rights of workers to organize, to recognize the right of an accused person to a fair trial, to recognize the presumption of innocence before guilt, to recognize the rights of people of First Nations, and to recognize the rights of people to come together as nations through self-determination.

But we have mostly forgotten the most vulnerable members in society, in life and death, for we have even buried some people with intellectual disabilities in unmarked graves, taking away their right to an identity forever, as if they had never existed.

Photography is one of the most universal languages with its power to traverse the frontiers of spoken and written language. It is universally accessible and has a unique ability to provoke, to move the spirit, and to cross cultures effortlessly. Photographic portraiture and documentation can be challenging enough in ordinary circumstances, but it is especially so in the ambiguous world of disability. I have sought to avoid potentially exploitive moments that could easily be interpreted as grotesque or picturesque; I have not been keen to record faces with blank stares, full of suffering and emptiness that are typical of images of residents of mental institutions. Life does not consist solely of high points of human emotion as if in *chiaroscuro*, for it is also a continuous flow of ordinariness, the patina of quotidian living, like having a simple meal, listening to music, being lost in a book, working a conveyor belt, hugging a pet, chatting with friends, being absorbed in solitude.

Ethics is an exacting burden, for the camera is not an unbiased witness. It is a powerful storytelling tool, only as objective as the storyteller who is using it. Its great power lies in its visceral qualities, in the immediacy of its effect on the human psyche, and its capacity to speak to the heart and to the mind at the same time. A photograph can be evocative and move people. But who is to decide the right moment, whose truth shall prevail? With such power, the photographer is charged with respecting the dignity of those who stand in front of the camera. For my part, I offer these photographs and words as a gesture of solidarity in their struggle for social justice, which is also *our* struggle for humanity and humility.



Encounter between Baby Matthew and Baby Jaina, St. Albert, AB



Nathan and Roch, Ottawa



Chad and Cristina holding Jaina, St. Albert, AB



Dinner, Alexis and Joseph, Edmonton



John and André, sound surfers, Powell River, BC

The Dance

Carolynne Van Der Meer

Bracing herself, she grips the sides of the chair as Maria punctures her portacath. Like every other time, she takes a deep breath and waits for the pain—but she’s never fully prepared. It is always greater than she remembers. The sting makes its way through her, reaches her eyes and squeezes out the tears. She feels Maria’s hand on hers, forces a smile, points to the bed. Better to give in to it now than wait until the drugs take hold. Hours later, she staggers into consciousness, pulls herself up, remembers where she is and why.

She gets to her feet, stabilizes herself with the IV stand, begins her biweekly dance with the three-wheeled contraption. She drags it everywhere, this time to the bathroom, her bladder heavy with chemicals. As much as it hinders her, it supports her in her unsteadiness. She fights with the stall door to get the stand inside without pulling on the tubing that’s hooked so delicately but so deeply into her skin and the port chamber. When it does pull, it feels as though a foreign part of her is moving, attached but unattached, painful yet painless.

When the tubing is not upright, the blood begins to trickle downwards, out of her body, meeting the clear, deadly toxins flowing from the IV bag. There is a pressure from the port; she knows the blood is leaving her, but in her weary, drugged state, grappling with zippers and buttons, forcing the urine out of her swollen bladder, she is mesmerized by the rich crimson from the wells of her own body.

Holding her fuzzy bald head in her hands, she finally finds the strength to dress herself and wash up. Entwined with the IV stand, reaches the bed before the unsteadiness defeats her, then sinks into sleep.

What does she dream? A million dreams of being anywhere else, a mild but acute awareness that she is not in her own bed. A hope that she will wake and be wrong about the drowsy image of syringes and odd-coloured chemicals dripping through tubes.

The sleep is sporadic. Always a need to drag herself to the bathroom. Always a fumbling with needles and the nurse's soothing voice breaking through the drugged slumber. She sees Maria's beautifully manicured nails and tasteful diamond rings as she slowly pushes the clear red adriacmycin into the tube, her translucent latex gloves protecting her from the risk of burn... *it could burn Maria's hands, but it goes into my blood.* She watches as the gel, diluted with saline to make a smooth-flowing liquid, goes into her veins, then imagines the hair follicles dying with each push of the syringe.

When it's over, she places the wig over the delicate film of sweat on her scalp, covers the chemical ooze. She struggles in the bathroom once more, the dance with the IV stand now done. Dabbing a little makeup, preening through blurred eyes, she tries to erase all trace of where she has been.

Carolyn Van Der Meer is a Montreal journalist and PR practitioner who teaches at McGill University. She is currently a student in the Humber School for Writers Graduate Program in Creative Writing.

White Coat Warm Art

Carol Ann Courneya

White Coat Warm Art is an annual national art exhibit held in association with the Canadian Conference on Medical Education. Founded in 2010 by Carol Ann Courneya (University of British Columbia) and co-directed by Drs. Courneya and Pam Brett Mclean (University of Alberta), this exhibit welcomes submissions of visual art, including paintings, photographs, sketches, sculptures, collages, and music from health sciences trainees and practitioners. Our hope is that the WCWA art exhibited each year illustrates the breadth and depth of creativity of the health science community in Canada.

Images included in this issue of *Ars Medica* selected from the 2011 exhibit employ four different types of artistic expression. *Self-Portrait*, by Alfred Lam, is his creative expression of the human form using bold colours (the painting is primarily in red, blue, and black). Inspired by Picasso's light paintings, Cyrus McEachern produced an anatomically correct brain called *Light Headed*, a marriage of art and basic science. Matthew Kennedy's portrait of his late grandmother was his attempt to capture the beautiful character that came with her age (ninety-six years). Finally, Irena Szymanska's watercolour, *The Heart Must First Pump Blood to Itself*, uses the metaphor that just as the first blood vessels coming off the aorta are the source of oxygen and nutrients for the heart muscle itself, so too must physicians and trainees nourish themselves before effectively taking care of others.

Carol Ann Courneya is a cardiovascular medical educator. As founding director of the Cardiology Block at UBC, she initiated the Heartfelt Images art contest (www.med.ubc.ca/heartfelt) and the My Heart, My Art contest in Nepal (teachingcardioinkathmandu.blogspot.com).

Grandma

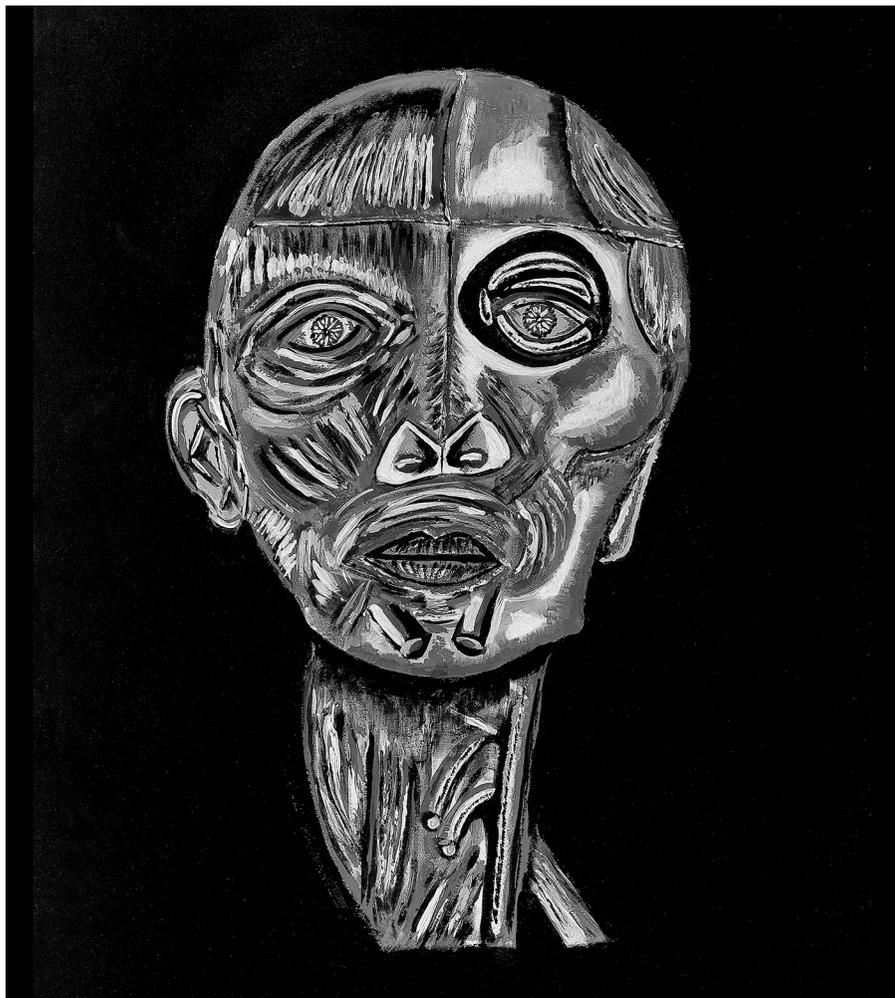
Matthew Kennedy



Matthew Kennedy is a second-year medical student at the University of Toronto who has always been passionate about visual art. He has exhibited in Charleston, SC; Galway, Ireland; Ottawa; and Toronto. See more at <http://mattiej.k.wordpress.com/>.

Self-Portrait

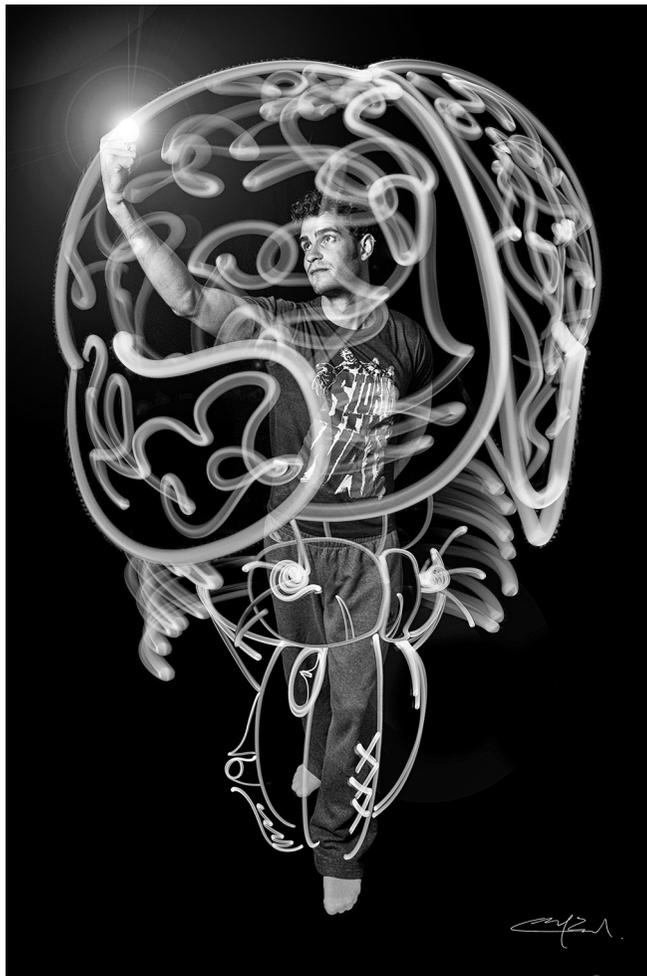
Alfred Lam



Alfred Lam is a radiation therapist and artist working with mixed media and acrylic. He enjoys exploring the human form and abstract expressionism.

Light-Headed

Cyrus McEachern



Cyrus McEachern is a medical student and photographer with a dream to combine both disciplines. He believes that art has a place in healing and promoting health, and wishes to use his skills to provide it.

The Heart Must First Pump Blood to Itself

Irena Szymanska



Irena Szymanska is a fourth-year medical student at the University of Ottawa hoping to pursue Internal Medicine.

My Extraordinary Man

Lynn Atkinson-Boutette

Coffee Date

I met my love on a coffee date,
the 21st-century church picnic
where agendas replace shy glances
between strangers.

It was my voice, he said,
listening to the text
while surfing the net,
deciding he would risk
a woman in a wheelchair
with a chronic disease
who was cute.

So I pulled on my leather boots once more,
fortified my resolve,
hoisted myself into my chair,
motored over to the coffee shop,
and manoeuvred myself into place,
needing no identifying flower.

Would he ask, "Is MS fatal,"
and fail to notice the colour of my eyes?
Would he see beyond my difference
which I did not acknowledge?
I was not sick, and needed no one's help
—not yet anyway.

Human nature was the key
to relationship, not whether
we could walk together on the beach.
So I sat guarding my fears, and later

I would remember how he helped me
position my legs under the table, and how
he held the door when it came time to leave.

Dressing Lynn

My husband
holds my body aloft
wrestling wayward clothes
on limp limbs.
I think of Hercules
who despaired of holding up the sky
Almost there, he says
kneeling at my feet
my shoes, the last labour
Of he who moves my earth
before his morning coffee.

Lynn has been published in University of Toronto Hart House Review, Toronto Quarterly, All Rights Reserved, and Kitsch Art. These poems are based on her personal experience of living with multiple sclerosis for over thirty-five years.

November Dying

Leatha Kendrick

In a week where darkness closes in—
the days shortening to a pale point,
the light too brief to finish any work,
her father's dying bit by bit.
Some days she feels that it's
her death, the blurring of her mind,
not his. The days amplify
her lack, the death they ride,
the aching joint that cries
between perfection and the woman
she is. Never enough. And her desire
to fall down, lax, surrendered, and at rest
beneath the weight of what she's left
undone crushes all she claims to love,
claims her, as if she were newborn,
whole, unsure what's him, what's her.

Author of three volumes of poetry, Leatha Kendrick leads workshops in poetry and life writing. Poems and essays appear widely in journals, and her books are indexed in NYU's Literature, Arts, and Medicine database.

A Courageous Journey

Joyce Nyhof-Young

Introduction

Testicular cancer is the most common form of solid cancer in men aged fifteen to thirty-four, and in 2011 approximately 9,400 North American men will be diagnosed with the disease (Canadian Cancer Society 2011; National Cancer Institute 2011). Unfortunately, many young men are unaware of the disease and do not self-screen appropriately. Similarly, those men already dealing with testicular cancer need user-friendly resources to learn about the many social, economic, and psychological issues involved in survivorship.

Comics are most commonly purchased by men between the ages of eighteen and thirty-nine and can effectively convey messages through strong visuals and engaging storylines. The comic book health resource presented here is one of two created by an interdisciplinary team comprising an illustrator with an edgy, urban design style, a radiation oncologist and medical student interested in educating patients with testicular cancer, and a medical educator who has extensively interviewed and developed story-based resources for testicular cancer survivors. The two products represent a balance of artistic creativity, content accuracy, feedback from patients, clinicians, and high school students, and a desire to find novel ways to effectively engage and educate this group of young men and their families (Brame, Kolin, Chung, and Nyhof-Young 2011).

Get on the Ball! is an information pamphlet using comics to describe the symptoms associated with testicular cancer, how to perform testicular self-examination, and the importance of seeking prompt

medical treatment if physical changes are noted.

A Courageous Journey uses sequential illustrations to tell the story of a young man who discovers he has testicular cancer and follows his journey through diagnosis and treatment. Based on transcriptions from life narratives, it addresses a variety of psychosocial issues and challenges related to the disease, its diagnosis, and treatment (Nyhof-Young, Gooi, Verbeeten, Kim 2008).

References

- Brame, D., D. Kolin, P. Chung, and J. Nyhof-Young. "Don't Forget to Check Your Comics! Developing 'Novel' Resources to Educate Young Men about Testicular Cancer." *International Journal of Comic Art* 13 (2011): 441-457.
- Canadian Cancer Society. "Canadian Cancer Statistics 2011," http://www.cancer.ca/Canada-wide/About%20cancer/Cancer%20statistics.aspx?sc_lang=en.
- National Cancer Institute. "SEER Stat Fact Sheet." <http://seer.cancer.gov/statfacts/html/testis.html>.
- Nyhof-Young, J., P. Gooi, K. Verbeeten, and B. Kim. *A Courageous Journey: Experiences with Testicular Cancer*. 2nd ed. (Toronto: Patient Education Network Publishing, UHN, 2008). http://www.uhn.ca/Patients_&_Visitors/health_info/topics/t/testicularcancer.asp.

Joyce Nyhof-Young is curriculum evaluation coordinator for the undergraduate medical education program, and associate professor of family and community medicine, Helliwell Medical Education Centre, Toronto General Hospital.

A Courageous Journey:
experiences with testicular cancer
an interview with
Elisabeth Choi, MSW, RSW

ARE WE ON? OKAY. Hmm...

WHEN I FIRST MET BENNETT AND SANDRA IN TORONTO THEY HAD JUST ARRIVED FROM A SMALL EAST COAST TOWN.

THEY WERE IN THEIR 20'S AND YOU KNOW HOW THAT CAN BE.

ELISABETH CHOI, MSW, RSW

0915:02

THEY HAD A FEW MONEY PROBLEMS. THEY WERE ON WELFARE. BUT THEY WERE REALLY THERE FOR EACH OTHER.

THEY HAD A LOT OF LOVE.

0919:02

BENNETT HAD JUST BEEN DIAGNOSED WITH TESTICULAR CANCER. WHICH IS A NASTY THING, BUT HE HAD SANDRA.

THEY BOTH CAME TO THE "BIG CITY" TO TAKE CARE OF IT.

0915:02

WE CHATTED ABOUT THEIR JOURNEY. THIS IS WHAT THEY TOLD ME.

0919:02





TWO MONTHS LATER, BENNETT'S TESTICLE BECAME SWOLLEN, ROCK HARD, AND VERY PAINFUL.



BENNETT'S DOCTOR CONCLUDED THAT HIS CONDITION WAS MORE SERIOUS THAN SHE HAD FIRST ANTICIPATED.



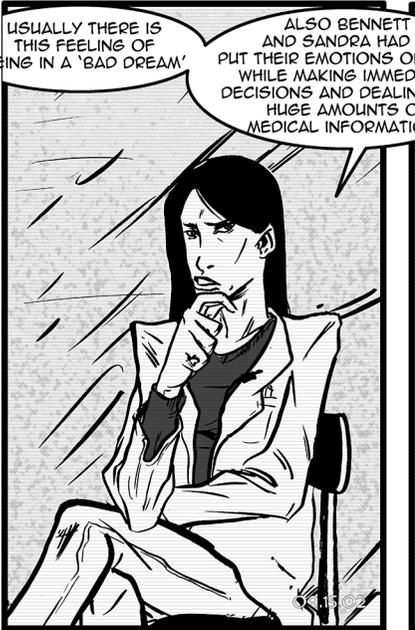
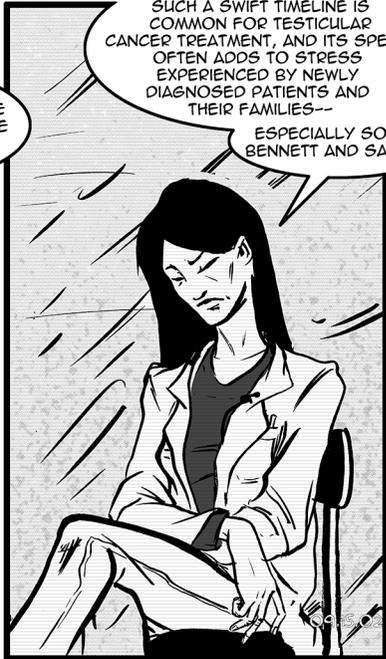
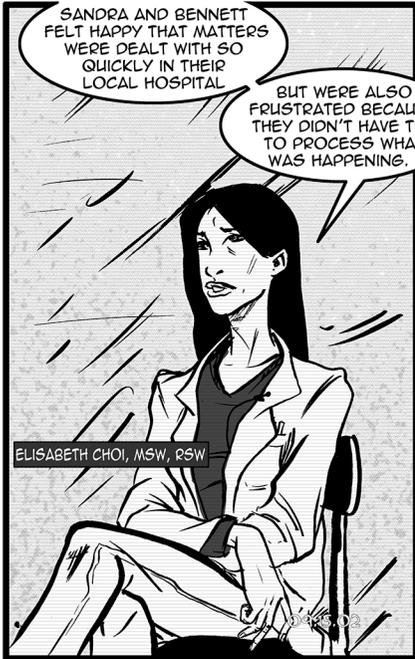
WITHIN FIVE WHIRLWIND DAYS, BENNETT HAD AN ULTRASOUND,

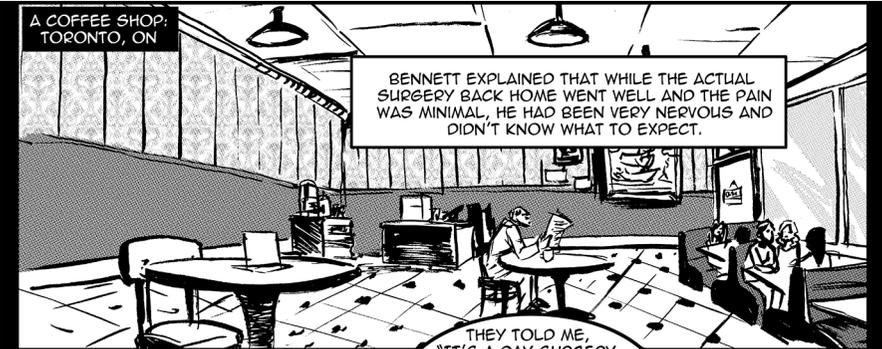


...WAS REFERRED TO A UROLOGIST.



...AND HAD SURGERY TO REMOVE THE DISEASED TESTICLE.





A COFFEE SHOP:
TORONTO, ON

BENNETT EXPLAINED THAT WHILE THE ACTUAL SURGERY BACK HOME WENT WELL AND THE PAIN WAS MINIMAL, HE HAD BEEN VERY NERVOUS AND DIDN'T KNOW WHAT TO EXPECT.

HE DIDN'T THINK TWICE ABOUT HAVING THE SURGERY, BUT IT CERTAINLY WASN'T WHAT HE EXPECTED.

THEY TOLD ME, "IT'S A DAY SURGERY. YOU'RE GOING TO BE ON INTRAVENOUS, THEN GO TO THE SURGERY, AND THEN YOU'LL WAKE UP." IT SOUNDED SO SIMPLE!



BENNETT FELT HE DIDN'T HAVE ENOUGH INFORMATION ABOUT WHAT WAS ACTUALLY GOING TO HAPPEN.

IN HINDSIGHT, BENNETT AND SANDRA WERE DISAPPOINTED THAT VERY LITTLE INFORMATION WAS PROVIDED TO THEM. THEY HAD NO IDEA WHAT TO EXPECT. IMMEDIATELY AFTER THE SURGERY, SANDRA EXPLAINED...



I HAD TO CARRY MY VERY GROGGY HUSBAND TO THE CAR, DRIVE HIM HOME, AND CARE FOR HIM.

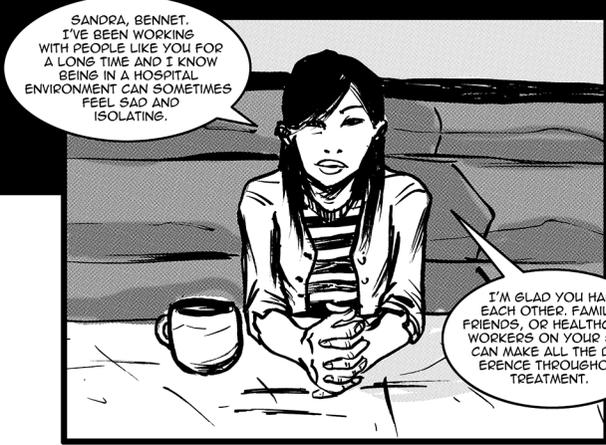
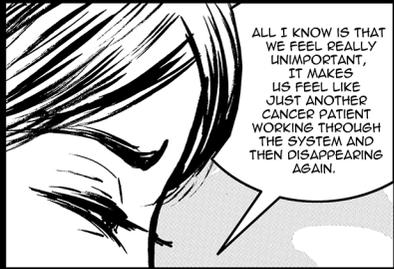
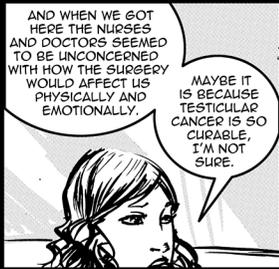
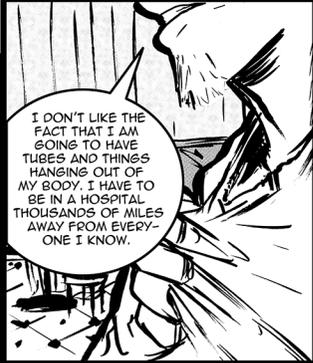
I'VE NEVER HAD TO DEAL WITH THINGS LIKE THAT. BENNETT DIDN'T WANT TO WAKE UP! I DIDN'T KNOW IF HE WAS SUPPOSED TO BE LIKE THAT.

I WOULD TRY TO WAKE HIM UP AND GIVE HIM SOME JUICE EVERY HOUR, BUT HE WOULDN'T WAKE UP."









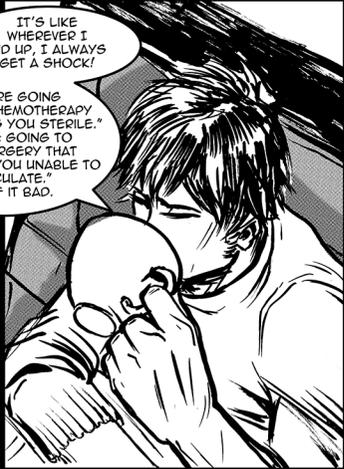
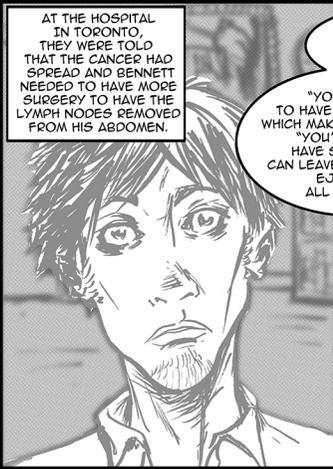
SO WHAT HAPPENED NEXT?

WELL...

09.15.02

AT THE HOSPITAL IN TORONTO, THEY WERE TOLD THAT THE CANCER HAD SPREAD AND BENNETT NEEDED TO HAVE MORE SURGERY TO HAVE THE LYMPH NODES REMOVED FROM HIS ABDOMEN.

IT'S LIKE WHEREVER I END UP, I ALWAYS GET A SHOCK!
"YOU'RE GOING TO HAVE CHEMOTHERAPY WHICH MAKES YOU STERILE."
"YOU'RE GOING TO HAVE SURGERY THAT CAN LEAVE YOU UNABLE TO EJACULATE."
ALL OF IT BAD.

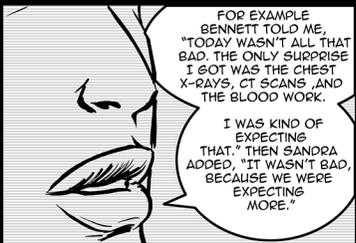


BUT AT LEAST THIS TIME WE WERE GIVEN CLEAR AND COMPLETE INFORMATION ABOUT THE SURGERY. THAT WAS SO REASSURING.

THE SURGEON WENT INTO GREAT DETAIL EXPLAINING WHAT THEY WERE GOING TO DO, WHAT EVERYTHING IN MY BODY WAS, AND HOW HE WAS GOING TO GO ABOUT TAKING OUT THE LYMPH NODES.



BENNETT AND SANDRA OFTEN FOUND THAT THE TREATMENTS TURNED OUT TO BE MORE DIFFICULT THAN WHAT THEY WERE TOLD. TO BETTER PREPARE THEMSELVES FOR BAD NEWS, THE COUPLE DEVELOPED A COMMON COPING STRATEGY OF "IF THEY TELL US ONE THING, THERE'S GOING TO BE A LOT MORE TO FOLLOW.



FOR EXAMPLE BENNETT TOLD ME, "TODAY WASN'T ALL THAT BAD. THE ONLY SURPRISE I GOT WAS THE CHEST X-RAYS, CT SCANS AND THE BLOOD WORK."
I WAS KIND OF EXPECTING THAT." THEN SANDRA ADDED, "IT WASN'T BAD, BECAUSE WE WERE EXPECTING MORE."

SANDRA AND BENNETT'S BIGGEST FEAR WAS BEING UNABLE TO HAVE CHILDREN. BENNETT WAS TOLD TO DONATE SPERM IN CASE HE WAS INFERTILE AFTER CHEMOTHERAPY, BUT IT WAS EXPENSIVE, ESPECIALLY FOR A YOUNG COUPLE STRUGGLING TO MAKE ENDS MEET



SANDRA SAID SADLY, "... IT'S HARD. SOMEONE TELLS YOU, 'YOU CAN'T HAVE CHILDREN.' THAT'S JUST THE END OF IT. IT DOESN'T SEEM TO MATTER TO ANYBODY BUT US."



IT IS IMPORTANT TO DISCUSS FERTILITY AND SEXUALITY WITH YOUR DOCTOR AT THE START OF TREATMENT, AS BOTH OF THESE ASPECTS CAN BE AFFECTED BY CANCER.



BOTH SANDRA AND BENNETT COMMENTED THAT THE DIAGNOSIS AND TREATMENT PROCESS HAS BROUGHT THEM CLOSER TOGETHER AS A COUPLE. AS SANDRA PUT IT,

"BEFORE THIS, I THOUGHT THAT AS LONG AS I LIVE, BENNETT WILL BE THERE." THE YOUNG COUPLE NOW REALIZES THAT "DISASTER CAN STRIKE AT ANYTIME," LIVE EACH DAY TO THE FULLEST.



YOU REALIZE HOW MUCH YOU REALLY NEED EACH OTHER, AND THEN IT ALL BRANCHES OUT FROM THERE.

IT'S ALMOST SAD THAT SOMETHING LIKE CANCER HAS BROUGHT US CLOSER.

.FIN.

David Brame is an assistant professor of illustration, School of Fashion, Ryerson University. **Peter Chung** is an assistant professor of radiation oncology, University of Toronto, and staff physician at Princess Margaret Hospital, University Health Network, Toronto. **David Kolin** is a fourth-year medical student at the University of Toronto.

Discussion Guide

Philosophy in Medicine [cover]

This journal and the larger field of health care and the humanities celebrates the introduction of the humanities into health-care practice. The humanities and arts, it is thought, make the practitioner more empathic and reflective. This piece by Thom Ferrier, on the other hand, unsettles our easy assumptions. What are the potential pitfalls of the alliance between the arts and health care? What should we be aware of?

Hands Three

Suley's piece employs many of the techniques of medical illustration, including its use of line drawing and simplified forms. Why/how is this important to his theme of the medical examination? How does Suley's use of the fingerprint in the form of his title create tension with the other forms of illustration in the piece? Whose perspective are we invited to take in this piece? Does that shift at all? Whose perspective do we (the viewer) inhabit? Does this say anything about medical practice and/or the physical examination? Another way of thinking about this is to ask where the balance of power lies in this exchange.

Asylum Squad

Sarafin brings her own experience of psychiatric illness and treatment to life in this popular online comic. In the second panel, she catalogues the "top 10 things I definitely won't miss about the psych ward." How does her use of visual techniques, particularly comics elements, contribute to the documentation of her experience? Consider formal elements such as the breakdown into panels, the sequential presentation of images, the use of speech balloons, the creation of characters, and the representation of herself (autobiography through the comics medium). How do these formal elements differ in the third panel, "A cross-section of my 'transformation,'" and the fourth, "Asylumsquad: A Sidestory"?

Ban

In this graphic piece a nurse's empathy is challenged by a demented patient who continually masturbates. What was your emotional reaction to this piece? Are there times when writing can confront us with a gap between what we "should" feel and what we do feel? Is this confrontation useful? Can revulsion be useful clinically, and/or how can we work with revulsion clinically?

Call Your Spirit Back

Rosemary Phelan, both a nurse and a singer-songwriter who has received acclaim for her work, reminds us not only about the importance of song, but of sense and bodily experience, and of how we can become estranged from living in a way that integrates our mind with our body and sense perception. She writes that "illness saves lives," a statement that on the surface may appear counterintuitive. How can illness re-integrate our fractured spirits? How is song similar to story, and how does it differ from story? Are we taught in our encounters with health care that one sensory modality is superior to others? Are we taught this through art/novels/film, etc.?

