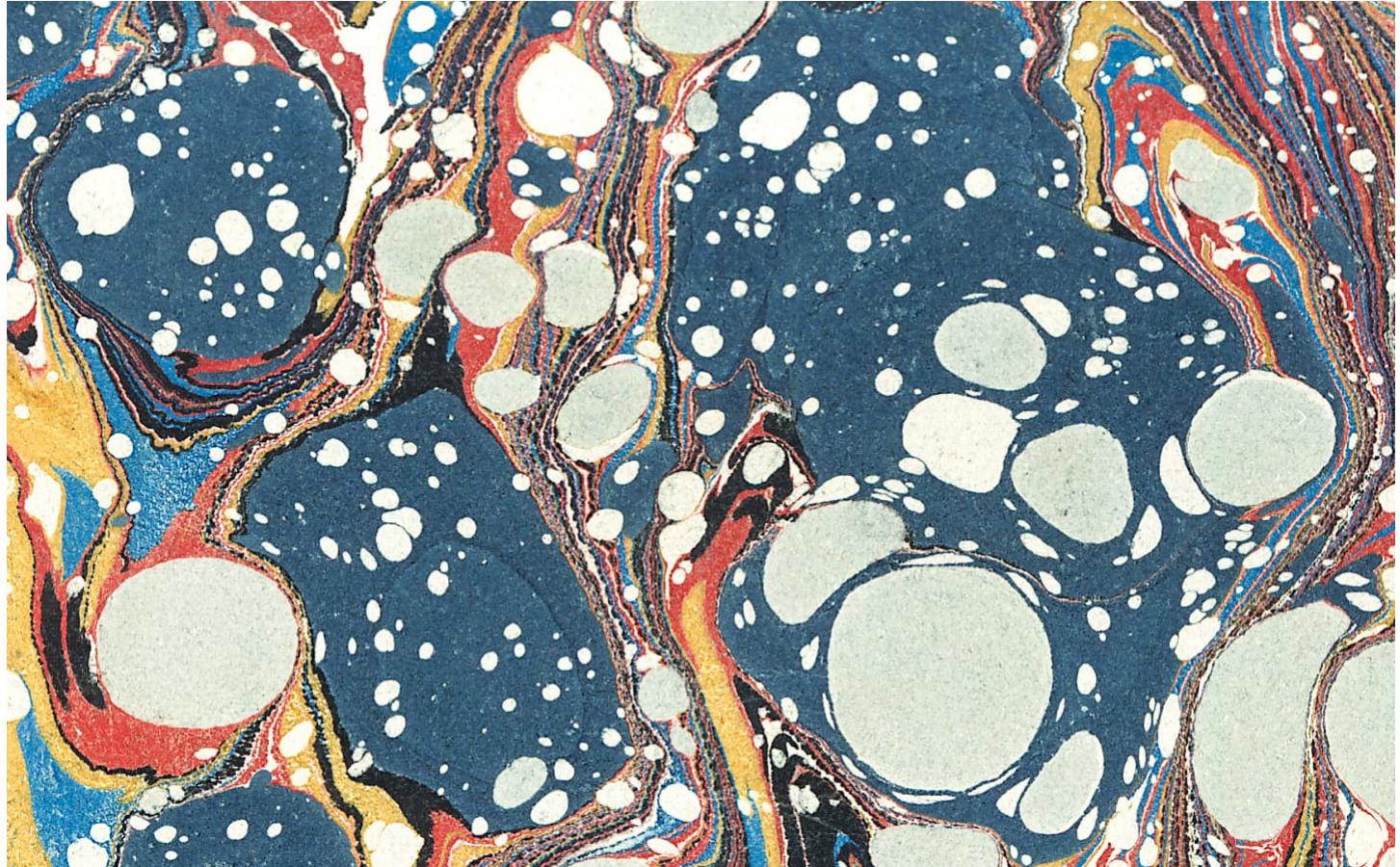


# The World Is Unknown

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“I’ve come to understand that the enemy of health is neither pharmaceuticals nor snake oil, but dogma. The body is too unwieldy to fit within the schema of authoritative interpretation.” An essay on belief, biomedicine, and the pursuit of alternative modes of care.



*Anything dead coming back to life hurts.*  
— Toni Morrison, *Beloved*, 1987

In the summer of 1995, when I was eight, I broke my arm playing capture the flag at camp. Running through the woods at top speed, I tripped over a log, falling hard. I remember an adult throwing me over their shoulder and trying to walk as quickly and lightly as possible as I cried, mouth wide open, unable to emit a sound. My camp medical folder said not to give me pain medication before first consulting my parents. They could not be reached, so I

was brought to the emergency room, X-rayed, given a cast, and left without anything for the pain.

My parents were, for lack of a better term, New Agers in the 1980s and 1990s, and I was raised in a home that was deeply distrustful of biomedicine. They went to self-development and meditation retreats, but somehow resisted the wave of Scientology and Unification Church conversions. They fudged immunization documents and homeschooled me for one year. They fed me a steady vegetarian diet of soy and whole wheat, which, in our current wellness culture, seems comical.

There were many other attempts to shelter me from the evils of biomedicine. A trip to Haiti to visit family was preceded by a trip to a Chinese herbalist to procure herbs in lieu of CDC-recommended vaccines. Antibiotics were avoided at all costs. My parents' image of a life unburdened by biochemical dependency remained intact throughout most of my childhood. Only as those closest to me came to need antiretrovirals, antipsychotics, surgeries to remove tumors, and the like, did my parents' fiction start to wear down, as the body inevitably does. In my adulthood, my own ambivalence deepened as chronic illness led me through clinical interventions that saved my life and clinical interventions that caused irreparable harm. I've had to forge a hybrid approach to my care, one that accounts for belief as a critical part of what it means to heal.



Alternative medicine—as well as the intersecting yet distinct modalities of traditional and holistic medicines—are difficult to define in contradistinction to biomedicine.

Colloquially, *alternative medicine* might be understood to include everything from reiki to reishi, acupuncture to fecal transplants, self-help books to microdosing. The category includes a wide variety of folk healing traditions from all over the world, as well as a fair number of treatments that are derided, justifiably or not, as quackery. It is unjust to lump all the nonpositivist healing modalities into one category. But these diverse practices hold something in common: the tendency to forefront the mind-body connection and, perhaps because of this, their disreputation within biomedical discourse.

Biomedicine is a clinical science that endeavors to regulate the body using biochemical and physiological principles. Biomedicine's history is relatively short: the epistemological framework comes from the Enlightenment and the practice comes from the development of germ theory in the late nineteenth century. Biomedicine treats “health” as a kind of balanced stasis, which is the desired state of being. Anything that deviates from this is bad, pathological. The rhetoric of biomedicine can be especially damaging: there is a cure, and in the absence of a cure there is death and management. There is nothing else.

Alternative medicine relies on a different conception of time and space than cure-oriented medicine: the goal is *to heal*, or *healing*—a nonlinear process of movement and transformation. It's not a cure but a way outside of what we've got. While the core of biomedicine is positivism, the core of alternative medicine is holism. It's a system of knowledge acquisition based on feeling instead of testing. A process of re-enchantment with the body. The focus on holism allows for an expansive set of explanations for why something is happening in the body. Your underactive thyroid might be the result of bacteria in your gut, the chemical plant next door, your abusive childhood, or all three. Holism acknowledges the mysteries of the body.

Most chronically ill people find ways to mediate their experience of illness with methods from outside of biomedicine's prescribed solutions, whether that be an astronomically priced naturopathic consultation or one's grandmother's herbal remedies. Patients often keep one foot in each of these discrete worlds: I've found myself running from my gastroenterologist to my craniosacral therapist; following an MRI with a coffee enema to flush out the gadolinium contrast agent. These epistemological shifts can be negotiated multiple times in a single day.

What professionals on both sides of the ideological divide refuse to understand is that most sick people—people who desire health, whatever health means—are open to anything that will work, no matter the origin. I've come to understand that the enemy of health is neither pharmaceuticals nor snake oil, but dogma. The body is too unwieldy to fit within any totalizing discourse. Sometimes my body is transparent, exemplary of karma, of action and reaction. Sometimes it is a solid mass of impenetrable, unknowable matter. Whatever it is, I am my body as much as it completely evades me.



*All is well in my world. Everything is working out for my highest good.  
I am healthy, whole, and complete.  
My happy thoughts help create my healthy body.  
Every thought we think is creating our future.  
As I say yes to life, life says yes to me.  
-Louise Hay, selected affirmations*

The sonorous voice of Louise Hay—the wildly successful motivational speaker who authored a fleet of self-help books—was a soundtrack to my childhood. Her gentle mandates often played on cassette tapes in my parents' car, making their way to me in the backseat. I was always struck by how imposing my parents appeared from behind, filling the front of the car with adult speech. When we returned to our apartment from an activity or errand, my mother would promptly take the tape from the car and place it in the deck at home. A continuous stream.

When Hay died in the summer of 2017, I found myself surprisingly saddened by her passing. She was ninety years old, a perfectly healthy and even extraordinary age to die, yet I was shocked at what seemed to be a misidentification of Hay as a mortal human. In her inspirational and aspirational philosophy, illness is the physical manifestation of negative thought patterns, which can be transformed through the repetition of positive affirmations. The grip of illness (as that which precedes death) can be completely avoided by changing one's consciousness. The logical conclusion was that she would never die.

Todd Haynes's film *Safe* (1995), set in an affluent Los Angeles suburb in 1987, follows the devolution of Carol White, a white middle-aged housewife played by Julianne Moore, as she develops an undiagnosable environmental disease (or a psychosomatic illness, depending on whom she is asking). A nose bleed leads to a seizure which leads to a total loss of language. Carol searches for healing outside of the prescribed avenues of biomedicine, leaving her family to join a desert community for people with environmental illnesses, where a charismatic leader encourages its members to take responsibility for how sick they are.

In a 1995 interview with *BOMB*, Todd Haynes cites Hay as a point of reference for the film. He discusses the height of the ongoing AIDS epidemic, when seropositive gay men were drawn in flocks to Hay's workshops and prayer circles. They invested themselves in her ideology of self-reliance during an age of total desperation and government neglect. They came to rely on themselves as Ronald Reagan refused to acknowledge the epidemic or mobilize federal resources until 1985, four years after the first AIDS case was discovered in the United States. Reagan made AIDS jokes in private and was silent in public as the virus decimated entire communities.

In this context, Haynes explains, Hay's book was appealing because it:

literally states that if we loved ourselves more we wouldn't get sick with this illness. And that once you get it, if you learn how to love yourself in a proper way, you can overcome it. That's scary. I kept thinking of the people who have no answers to their situation and who turn to this. And my motivation wasn't to demonize the instigators or to victimize and reveal the blind ignorance of the followers, but just to understand this phenomenon for myself.

Haynes and others who lost their communities are right to question Hay: Is it ethical to tell people that they are primarily responsible for their sickness? What does it mean for adults to decide to manage their physical health through spiritual means? These actions are worrisome, but the criticism is too narrow. We primarily understand quackery to be a business venture that preys on the weak and desperate. We acutely focus on the opportunism of the practitioner or the desperation of the patient and not so much on the ineptitude of biomedical and governmental institutions. That said, we should not lose sight of the desperation of the people searching for answers, or the fact that these alternative structures often rise to fill the void left by dismissive doctors or unattainable health care. Carol White

removes herself from the doubts of her doctors and family and retreats to an air-locked antiseptic room in the middle of the desert. The film ends on an ambivalent note. Completely alone, Carol stares at her reflection in the mirror repeating, “I love you, I love you, I love you,” echoing one of Hay’s actual exercises.

I’m troubled by Hay’s affirmations and how they circulated during a time and in a place in which so many were denied biomedical attention and resources. However, during moments of intense fear, when it is clear that I have absolutely no control over the fate of my body, I, too, rely heavily on what I would call mind-body healing modalities.



Most alternative healing modalities share some epistemological similarities: there is a general consensus that the mind, in fact, resides within and is a part of the body. The material and immaterial parts of a person are enmeshed. Thoughts and feelings are tied to organs and tissues. The mind’s profound influence on the body is such a universally acknowledged phenomenon that even biomedical doctrine contends with it. Trauma studies suggests that bad things can happen to you and make you sick; epigenetics suggests that bad things can happen to your ancestors and make you sick. Biomedicine manages the perplexing mind-body phenomenon most clearly through the articulation of the “placebo effect.” Arthur Shapiro, a professor of psychiatry and a leading scholar of the placebo, defined it as a substance that is “objectively without specific activity for the condition being treated.” The placebo is an inert substance that produces a physiological change based on the subject’s belief in its efficacy, and is primarily used in biomedicine as a control in clinical studies. The placebo effect is when you feel better because you thought you would.

Why must the role of belief, which is so powerful in the recovery process, be sequestered as a control factor? Why is there so little space for belief in healthcare (besides, of course, the particular position of the hospital chaplain or the hospital chapel)? Faith and belief allow for things that cannot be seen or perceived, convictions based on a feeling, a touchy-feely approach to the entwined health of the mind and body. There is a tension between reason and feeling that permeates illness and dominates most of what is living. I tread lightly in this terrain, because it’s also the terrain of what we’ve come to understand as quackery. It’s the world of Louise Hay. A world in which you can heal AIDS with your thoughts. And so, as in the healing process, I take two steps forward and one step back. I’m trying to understand the role of belief in the healing process as a nexus of incommensurate, disjointed experiences that carry me to places other than the world we know.



In 2011, I was diagnosed with Crohn's, an inflammatory bowel disease. Six years later, a colonoscopy revealed dangerous and severe ulceration in my colon. What started out as patchy inflammation at the end of my small intestine had spread and turned my colon into a cavernous tube, dominated by blood and pus-filled craters, nooks, and crannies—the result of six or so years of cannibalizing my own digestive tissue. I stared at those pictures of my interior, unable to feel anything. The image did not register as me, as my body. I felt numb. It was too much information to process through my eyes. The findings precipitated a radical shift in my treatment: the beginning of the tenure of Stelara and Imuran in my body. Stelara is part of a class of drugs called biologics, which are used to treat autoimmune disorders. I started taking the immunosuppressive about three months after it was approved by the FDA. In the United States, my dosage costs 120,000 annually. Imuran, a chemotherapeutic drug and also an immunosuppressive, is used for an array of pathologies. A known carcinogen, Imuran is used in combination cocktails to prevent the immune system from developing antibodies to biologics like Stelara.

Seven months into this new regimen, an MRI was ordered to assess the state of my gut. The results were conclusive. Complete and total clinical remission. Absolutely no sign of any narrowing or thickening of the bowel wall. No fistulas, no fissures, no abscesses. After many years of relentless inflammation, it looked like I had never had Crohn's disease. Waves of elation should have followed. I had often dreamed of achieving remission: I'd throw a party and we'd all just forget my painful twenties and move on. Instead, I experienced a mounting sense of horror. The record was clear, yet I felt no relief. I was not in free fall, yet I felt horrible: abdominal pain, joint pain, brain fog, and fatigue. And whatever came out of my body certainly didn't look like it had come from a healthy gut. I felt unstable. I became suspicious of my experience of reality. I tried to discuss this with my doctor and her tight-lipped response was that the situation had been resolved. The end. In biomedicine, the goal is precision, the approximation of a machine's accuracy; the accumulation of facts about matter. But sometimes you see things that you can't feel. Sometimes you feel things that you can't see.



#### A visualization exercise:

I feel my toe, move my attention up through the ball of my foot, anticipating the callus. Keep it moving along the arch, to the heel, which feels nothing. Beyond the sinewy Achilles: a place of strain that bears more weight than it should. Up to the tight oval of my calf—so much potential wasted there. The knee, which I know, today, is the main arbiter of my pain. I try to be reasonable, to feel its tightness as what it is, nothing more. My thighs are a large surface area of heat and soreness, stretching up to my hips, which carry the weight of the world. The sensation is auditory: a dull thud. Also, a vice grip on a crumbling table's edge. I cannot do this exercise when I get to my belly. As I approach the shores of its pain, I think, *No no no no, don't go there. If you allow yourself to feel the pain, you might not make*

*it to the other side.* So I stay as long as I can. A pregnancy of pain. Like in *Rosemary's Baby*, but constant, and I feel no affection for it. My arms, creaky rusted hinges. My fingers, hot sausages of inflammation. A neck of chicken bones and grit. A head: the swirling fog of a mystery.



One of the most difficult things about being this sick is learning how to make a home for the sickness. My body-mind is not a place that I enjoy. I avoid being here. I dissociate. There is an assumption that, when something is chronic, it becomes naturalized. That a rigid diagnosis should, eventually, become an integrated part of your life. In time, you accept that life now requires maximal effort, energy, and coordination for minimal functionality. But the body-mind never gets used to a certain degree of pain. The thing about pain is that it's pain. It is a generative sensation because it always, without a doubt, motivates you to get away from it, to end it by any means necessary.

A life without a cure can be profoundly alienating. And yet the diagnosis of "no cure, not terminal, but chronic, could easily kill you if not well managed" leaves the door wide open. Most patients will reach beyond the dead-end of a chronic illness diagnosis and search, with much desperation and little grace, for something, anything that might help.

The first time I realized that my own feelings were a portal into another dimension was during a hospital stay for one of many Crohn's flares. In an attempt to quell my pain and panic, I was put on a morphine drip for a few days. It eliminated my pain but also any acuity in sound, sight, thought, or feeling. I slipped into a vegetative state, incapable of making decisions or registering stimuli. My sense of self as a subject in a particular time and a particular place evaporated. I was slowly taken off morphine, with the hope of being brought to a level of consciousness that would allow me to communicate with doctors. Terror slowly returned, spreading through my body-mind as I moved back into the world of pain. Everything hurt. I had not eaten in days, drinking water was excruciating, every joint and every muscle was aflame, the slightest touch elicited howls and yelps. The only thing I could control was the pace of my own breath. And so I breathed deeply. In one of my most hopeless moments, uncertain of a future, I breathed as if it were my last claim to life. I think this was the first time that I truly meditated. Breathing is the heart of meditation and meditation is the willingness to sit—to breathe—in the space of the unknown. Sitting, or rather lying, in that space was my first step out of the detention of biomedical doctrine. Quite simply, I found that by controlling the pace of my breathing I could attenuate the sting of pain and calm down. I could substantially reduce my experience of pain with the tool of my mind.

This was the first crack in the firmament of the cosmology of biomedicine, which I had been stuck in since my diagnosis of multiple autoimmune diseases. The first crack in what I

had been told about my incurability, the reasons for my illness, and my future. A new dimension emerged, creating the possibility for different ways of knowing my body.

In the face of ineffective biomedical treatment, I've tried everything I could get my hands on: I've taken a 10,000 art grant and given almost all of it to a highly recommended applied kinesiologist for a program to heal autoimmune diseases. I left my dream job in my late twenties to move back in with my mom and focus on healing myself. I've taken on herbal protocols to chelate heavy metals from my body. I've tried infrared saunas, genetic testing, parasite cleanses, fasting. Done a radical chemical detox of my home, purified the air, tested for mold. Seen practitioners of energy healing, shiatsu, craniosacral therapy, reiki, breathwork, acupuncture. Somatic therapy, past-life regression, trance work, San Pedro, psilocybin, LSD, cannabis. I've tried every healing diet available: specific carbohydrates diet, gut and psychology diet, raw vegan diet, body ecology diet, blood type diet, low FODMAP diet, SIBO diet, autoimmune paleo diet. I've lied to doctors in order to obtain conventional drugs to use in unconventional ways. I've gotten a prescription for naltrexone, an opioid blocker for heroin addiction, and, based on "anecdotal evidence," used it in low doses to treat my autoimmune disease. I heard that low doses of Wellbutrin could kick Crohn's into remission, and tried that too. I've looked into bee-sting therapy, cryogenic therapy, fecal transplants—none of which are currently approved by the FDA for patient use. Some of them have saved my life, some of them have been relatively benign, and some of them have triggered new problems. None of them have "cured" me in the conventional sense.

Chronically ill people make major decisions regarding their health care out of despair. Desperation is a rightly maligned state of being, but it can also be generative. It can propel action beyond one's sphere of comprehension. Within the frame of biomedicine, it is seen as generating unwise, rash, impulsive—in a word, bad—decisions. It pushes people to pursue radical means to radical ends: to make those kinds of decisions when you cannot see a future living in your body. Sometimes these decisions are virulently suppressed and ridiculed by doctors: patients are labeled as noncompliant in medical files. Doctors will refuse to see patients who try alternative treatments. Patients are reprimanded for looking elsewhere. And if by some chance, the attempts of patients to heal themselves work, the results are labeled as "spontaneous remission"—the sudden resolution of a particular pathology with no perceived recourse to biomedical treatment. It's the term used when you feel better and there is absolutely no clinical reason for the change. The very existence of the term reveals certain assumptions within the field of biomedicine. It shows that medicine produces its own objects. If the instrument of inquiry cannot produce an answer, then the result is unexplainable spontaneity. The rigidity of biomedical discourse can only comprehend healing achieved through alternative means as a standard deviation, or an anomaly. There is no space for patients to inquire into their own experiences, for self-experimentation within the realm of illness.



There are things that happened to me as a kid that made me grow up quickly. There are things that happened to me as a kid that arrested my development. And there are things that continue to happen—the things that are particular to the world that we live in—that operate in and through me. Personal and systemic traumas. Acute and mundane traumas.

I'm uncertain if the details of these traumas are necessary to spell out. There's a demand for evidence when we write about the body. It's clinical. There's an expectation that confessional writing about one's own bodily experiences contains an innate authority. My own body has become my object of study, but I hope to not reproduce the forms of authoritative knowledge that my doctors claim. I seek the autonomy to play with my body, but not the authority to know it.

Without being confessional, without heeding the evidentiary demand for self-disclosure, there are some relevant things that I can say: I spent a lot of my childhood feeling ashamed. As a kid, I was convinced that the circumstances of my life were my fault. I walked on eggshells. I tried not to ruin the vibe for fear of the consequences. I ignored my own sense of danger and lack of safety, against every sign that things were not OK. And as an adult, this continues to be the case, a pattern in how I relate to the world around me. I think this has something to do with why I became so sick. My body is haunted by the past.



"If you're in a forest and see a bear, a very efficient fight-or-flight system instantly floods your body with adrenaline and cortisol and shuts off the thinking portion of your brain that would stop to consider other options," says Nadine Burke Harris, a pediatrician, a public health advocate, and the author of *The Deepest Well: Healing the Long-Term Effects of Childhood Adversity* (2018). "This is very helpful if you're in a forest and you need to run from a bear. The problem is when that bear comes home from the bar every night." Your sympathetic nervous system is triggered. Cortisol is released, slowing down all of your nonessential organs. Adrenaline floods your body, mobilizing all you've got in order to survive. Your foot is on the gas but you're not going anywhere.

Harris's research examines the relationships between childhood trauma and physical and emotional health. She focuses on Kaiser Permanente's Adverse Childhood Experience (ACE) study from the 1990s, one of the largest public health studies ever done in the United States. Researchers asked participants questions about physical, emotional, and sexual abuse, household challenges, and neglect during their childhood, then assigned them a childhood adversity score. The study revealed that there is an overwhelmingly large correlation between childhood adversity and the development of chronic health issues:

diabetes, cancer, autoimmune disorders, psychological disabilities, learning disabilities, addiction, etc.

I have some issues with this study. Primarily, I don't believe that any study of childhood trauma can be useful unless, at its core, it addresses how traumatic experiences inside the home are intimately linked with systems of oppression in and out of the home, like racism, classism, sexism, homophobia, transphobia, and ableism. Subsequent ACE studies have started to incorporate the chronic stress of racism, environmental instability, and other forms of violence. ACE resilience studies have also been developed, and have shown that some positive childhood experiences, like the support of peers and adults outside of the home, can be very protective and deter the development of adult illnesses. Harris's organization, the Center for Childhood Wellness, has a goal that all children in the United States will be given ACE screenings by their doctors by 2028.

Despite major omissions, there is something incredibly refreshing about ACE studies, which provide an alternative framework for understanding the roots of illness. They move past the compartmentalized abstraction of biomedicine and avoid the neoliberal self-sufficiency of Louise Hay's affirmations. The past and present collapse in the experience of trauma. Things stick to us. Chronic stress dysregulates the nervous and endocrine systems. My pain didn't come out of nowhere and it's certainly not my fault. There are multiple versions of myself occupying the same space at the same time. A seemingly boundless field of matter and data is somehow contained behind a thin veil of skin. My body is a record keeper, an organism of such complexity that I may never fully understand it. I am drawn to this unknowability, an opening to another way.



"Cut the deck, please. Three for the past, three for the present, three for the future."

So begins *Cléo From 5 to 7*, Agnès Varda's 1962 film about a young Parisian woman waiting to find out the results of a cancer biopsy. The film follows Cléo almost in real time, from her 5 p.m. visit to a fortune-teller to her 7 p.m. encounter with her doctor. We watch her experience the desperate highs and banal lows of her anxious anticipation. Sandwiched between the mystical and the clinical, she buys hats, watches a short film, plays with kittens, visits a friend.

She has sought out the divinatory services of a tarot reader to tell her what she will inevitably learn two hours later: whether or not she has cancer. The tarot cards are delivered to us in color film stock, the rest of the film is black-and-white. From a bird's-eye view, the deck splits, and with that first cutting, her possible futures are laid before her.

Facing a looming diagnosis, where do you find yourself in the two hours before your fate is quantified by a doctor who cannot remember your name? Almost every morning I pull

tarot cards for myself. Why do I seek what I will inevitably find out? I need wiggle room in the tight compress of time. And so, like many chronically ill people, I carve a sense of agency out of my desperation.

I live in the pain abyss of my body, which most of the time feels like an infinite test of my character and my ability to surrender to the will of the universe. If I am to spend most of my days rigid limbed, drooling out of my asshole, buckled over in pain, dissociative, fatigued to the point of forgetting my own name, so be it. I will have lived longer than someone experiencing this forty years ago. I am a miracle of faulty and insufficient modern medicine. I am a sensitive and reluctant mystic who will experiment with my body until I die. I have the strength to endure more than I have ever imagined.

At the end of her tarot reading, Cléo pulls the Death card, which sends her into a panic. The fortune-teller assures her that the card doesn't symbolize actual death but a radical transformation of her entire being.



My body is a compass. It's made of stars. It's the interlocutor between me and the world. Being sick, and figuring out how to be sick, is a speculative practice. The speculation has no end and is no means to an end. My body is a balloon tethered to a brick. It's also the brick. And the string.

Healing is cutting the tarot deck in half, then cutting it again and again, yet the deck never diminishes. How do we get to the body we live in? It cannot be directly accessed. It requires an outside instrument as a conduit. It requires some level of mediation. A diagnostic machine, a healer's hand, a plant, a portal.

During my first ayahuasca ceremony five years ago, my intestines exited my body, rose above my head, and transformed into a swirling black mass of sludge that plunged down and encircled my whole body, wrapping tightly around my head and my limbs, squeezing the life force out of me. My insides became outsides and, choked to death by my own intestines, I wasn't sure that I would survive. And then my worst fear happened: I died. I killed myself.

It's hard to put ayahuasca visions into language. They operate within their own symbolic order and are expressed in ways that feel anterior to social language. It's the language of dreams. Anyway, I died and it wasn't so bad. I dissipated throughout the universe. I was plastered on the wall of every room in every house. I thought a thought and then it became a star in the sky, a river, my arm, then a snake. I was nothing and everything and it was fine.

I feel deeply indebted to my experiences with ayahuasca and other traditional medicines, but the more exposed I've become to the monetization and exploitation of indigenous knowledge by nonindigenous people, the harder it is to engage.

The morning after the ceremony, for the first time in a long while, I ate a meal without being in excruciating pain. The shaman who guided that first experience, and whom I continued to work with for a few years, told me not to hold on to my pain so tightly. Hold it lightly, it's just energy. There was no shame. It's just a snake. It's just dying. We all gotta do it. I was not a victim. Spirits are contagious, it's not personal.



For as long as I can remember, my mother would scoff when I asked her about Vodou. Like many Haitians, she was raised as a devout Catholic. My grandparents converted to Protestantism when my mom was an adolescent and, consequently, so did their children. My grandfather became the pastor of a church in their town, Aux Cayes, and he continues to preach in Brooklyn to this day.

Haitians, especially those who are *lot bo dlo*—across the waters—tend to distance themselves from Vodou. My mother would dismiss it as a triviality, a minor note of her life in Haiti. This all makes sense, given the violent suppression of the history of Haiti. At the beginning of the nineteenth century, Haiti was home to the only successful slave revolt in modern history and the establishment of the first black republic. Vodou is woven through that history. The revolution started with a Vodou ceremony on August 14, 1791, in Bois Caiman, a forest near Cap-Haïtien. In the following days, plantations were burned to the ground and slave masters were killed. This history of revolution founded in spiritual practice has been condemned by the West for centuries. The country's "backwardness" has served as a justification for paternalistic guidance and neocolonial occupation.

My mother was always quick to state that our family has never practiced Vodou. She insisted on separating herself from Vodou and chose her words carefully when discussing it. I got the sense that to assimilate in the States as an immigrant, she felt the need to assertively position herself vis-à-vis American modernity and Christianity.

Yet, for me, this syncretic religion, fused in the technological conditions of the transatlantic slave trade, is deeply modern. I can think of nothing more modern than a practice that is only a few centuries old, formed in the violent production of a new global economy. In Vodou, health is assessed holistically. A person's sense of well-being or disease reflects their relationship to their environment, their community, and their ancestors. The body is a gateway to the spiritual world and illnesses are brought upon those who dishonor or disrespect the lwa, the spirits. Generally, spirit possession is an involuntary

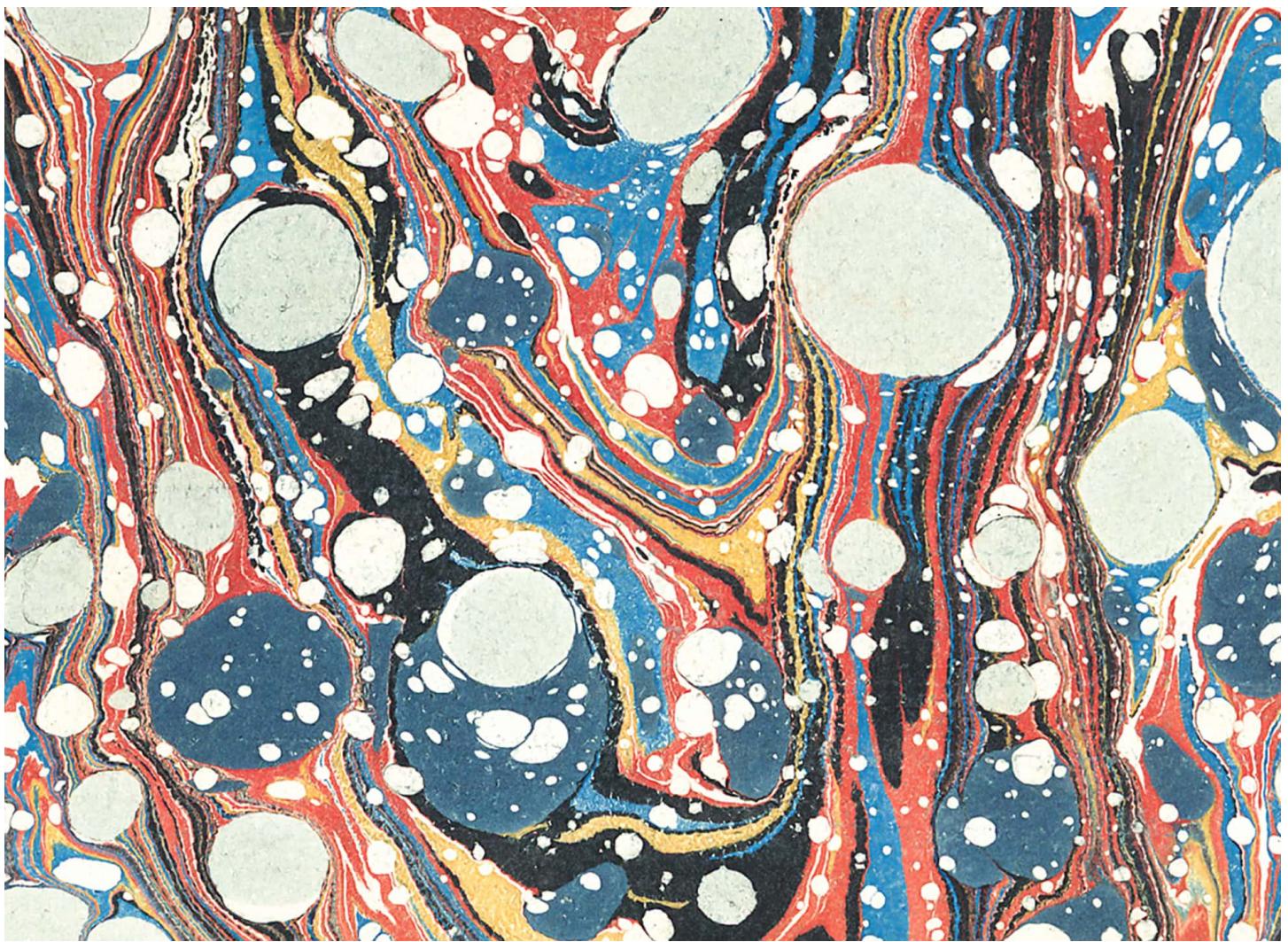
good, a gift of divine access, but in the case of illness, the spirit must be appeased and tended to. Healing can be achieved through the intervention of a priest or priestess's prescription of certain activities and herbs. Any system that addresses the body, whether clinical, spiritual, or both, seems to depend on a tricky balance between control and surrender.

Everyone in Haiti seeks out Hougans and Mambos, Vodou's priests and priestesses, but they laugh whenever Vodou is brought up. And yet, in moments of crisis and desperation, it's the first place one turns. On a trip with my mother to visit family in Miami, I walked into a Botanica to see what was being sold and what healing services were being offered. My mother stopped at the door, refusing to go in. The stakes were too high, and what was behind the door seemed possibly too powerful to approach. Through her refusal, I came to understand the slippery ways that belief can operate. Our lives are made up of these myriad inconsistencies between what we believe and what we do.

While biomedicine reads the body like a text, there is something about possession that matches the illegibility of the body—its sensuousness, its reach beyond words and our own understanding. I don't mean to suggest that the body is illegible so let it be poked and prodded until it releases some information. I am saying that we need a medicine that emerges from this sensuousness, a medicine that feels in a different language, maybe the language of dreams.

Everything that I have ever lived is concentrated in my cells and somehow persists even as my body continues to regenerate itself. This undifferentiated mass of tissue and memory, alive and sticky, is an unknown place worth approaching with an openness and willingness to let it reveal itself to me. Everything I have ever lived burrows in my cells and never leaves. It is ghost matter, the stuff of the past mixed up with the present. It's the body, haunted. Here and also elsewhere.

We are so obsessed with ignoring ghosts. They just keep slamming doors and flickering the lights. We keep complaining of drafts and old circuit boards as if it were an infrastructural problem. Sometimes, haunting or being haunted is the best way to describe an experience in the absence of words. In Toni Morrison's *Beloved*, Sethe takes life one day at a time, having settled in Ohio after escaping from slavery. Her home becomes haunted by the ghost of her own child, whom she murdered to prevent from being forced back into slavery. Foreshadowing this phantom return, someone says to her, "Anything dead coming back to life hurts." Maybe all this pain is just a resurrection. Trauma is spectral and stretches out in time, it is here and not here. We live with it from day to day, avoid it, and occasionally turn to our ghosts and ask, *What do you want from me?*



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