Unsolicited Literature

Spring 2018:

Mental Wealth

Unsolicited Literature is published in New Orleans. We're online at unsolicitedlit.com
Or email us at: unsolicitedliterature@gmail.com

This is the 4th issue.

We'll have more issues. We have a lot of issues.

Cover art by Mikaela Zwyer.

https://www.mikaelazwyer.com/

roots to the sun

cara zajac

i can understand the trees
in the swamp
that send roots down
looking for nutrients, sustenance
and come up
with just old, tired dirt.

when you travel deep,
you find a world damp and dark.
quiet. cold.
old stories and pressed flat,
remnants of dynamic life past.

we can find stability in dark
sediment that wants to hold us down tight
but we are not stuck,
we are not limited.

we grow up seeking sunlight
convert energy to offer
the creatures and friends home in our shade.
we sustain sweet, sincere symbiosis
and help each other see the beauty
nature inspires, muses, and creates.

this swamp tree bears bright and soft magnolia blossoms,
owns it's tough bark that protects its rings of growth,
and a fruit so sweet birds and bees bring its seeds to lands yet unseen.

we can take flight from our canopy
and bring caring chaos to the most natural selection.

Doctors have been the keepers of knowledge for as long as they've existed. Only the most knowledgeable could discern health from the smell of one's urine. As technology has progressed we've found more things to measure to figure out what patients are hiding from us. Over time public health has gained some influence in clinical medicine with physicians now admitting that certain 'health-seeking behaviors' can be improved upon to improve the health of our patients. Instead of treating a specific ailment, modern day medicine is about treating the entire person. Modern doctors give gentle, holistic advice.

You need to stop eating. You need to use a condom. You need to exercise. You need to take your medicines. Demands all given with the patient's best interest, because, as the doctor kindly explains, failing to obey will result in death.

The doctors of the future, such as myself, are trained to be even more gentle with our patients. We aren't taught to *tell* patients they're killing themselves, but to use 'motivational interviewing' so patients can see this themselves. We've moved beyond a paternal sense of doctoring. Instead of the pedantic lecturing of previous generations, today it is the patient's responsibility to tell themselves they're going to die.

Sprinkled through my curriculum is the monthly role playing where we can hone in on our skills of acting like we think the patient knows best for themselves. Maybe it's worth hiding commands in a facade of guidance, but as long as doctors actually think they know everything then we'll continue to have to train them on how to pretend to be humble.

An Interview with Dr. Howard Wetsman, M.D.

Dr. Howard Wetsman, M.D. is a physician trained in Psychiatry and Addiction Medicine. He was the Chief Medical Officer for a treatment center in New Orleans for ten years, and is a sought-after speaker on the subjects of the neurobiology of addiction and the essential nuances of providing treatment. One of his goals is to end addiction as a problem in American life in his working lifetime.

UL: Hi, Dr. Wetsman. Thank you for doing this interview. So I'm doing this zine with my friends, and the theme for this issue is "Mental Wealth." Which is partly just a silly play on words, but I feel like it has some kind of inherent meaning as well.

Dr. Wetsman: Oh, you're right.

UL: So I had a few questions, but I was curious first if you had any kind of reaction to the phrase "mental wealth," or if it brings up anything for you.

Dr. Wetsman: Well, if you understand wealth as the accumulation of that with which you need to live, then mental wealth hits the nail on the head. Because you can stockpile things that make your life more expensive, and shorter, and you can stockpile things that make your life longer, and easier. And that is as true for mental things you could store just as well as physical things.

UL: What are the things that would be worth stockpiling for mental storage, and what are some that wouldn't?

Dr. Wetsman: Like, you wouldn't want to stockpile worry. Stockpiling worry would take value away from your life. Not pay dividends, not keep you alive in lean times. The sorts of things you do want to stockpile: connections with other people, kinds of thoughts that make you a part of a community, that make you a part of something larger than yourself. So that at lean times that thought will pay dividends and keep you going.

UL: I read one of your articles, the one about the Bataan Death March, and you write about the "poverty that the human body is designed to live through." And how when we're suffering, we're more self-centered. And you write how we often don't even seek help because maybe we figure there won't be help, or maybe we think that when we're self-centered everyone's self-centered. Because of how the midbrain and the cortex communicate, you explain that we can't reason our way out of profound suffering. So, what is a better option? Is it to put things in place when we're not suffering that will help us when we are?

Dr. Wetsman: Oh, I wish I could tell you that would really work. And maybe it

does, sometimes. In an average bad thing, like someone you love passes away, the community around you can help you get through that. But, when you're talking about the kinds of horrible events like the Bataan Death March, or people who lived through concentration camps, or something like that, I don't think there is a defense. I don't think there is a plan. I think the people that survive survived. And what got them to survive under those horrible conditions is not something that we know how to teach, even if we knew exactly what it was. A lot of it may be genetic, in fact.

UL: You talk about elements of dumb luck, even, as being involved there.

Dr. Wetsman: Right.

UL: I wonder if, afterwards, in recovering from a trauma like that, there are more specific, identifiable factors about a person's life that help them be able to recover.

Dr. Wetsman: Well, if you look at the Israeli literature on trauma, it's very differently focused than the American literature. The American literature is focused on the traumatic cause of the syndrome. So, does this trauma cause PTSD, does that trauma cause PTSD, does this one have to be repetitive, that sort of thing. The Israeli literature really looks at trauma as ubiquitous, I guess partly because so much of their society has gone to war in their multiple defensive struggles. They are more focused on: what turns the acute stress reaction that everyone has into the chronic stress reaction that we consider pathology? And so, a couple things there found was: physically being wounded during the trauma makes it more likely that your trauma will be chronic. Doing something that you don't consider the right thing to do makes it more likely that your trauma response will be chronic. A lawsuit, blaming someone for your trauma is a way to make your trauma chronic. So it is more about how we respond to the trauma. Acute traumatic stress is nearly ubiquitous. Now this is in sort of normal life trauma, up to and including combat. But when you get to the level of the Bataan Death March, that's like Auschwitz level—that's beyond combat. And the interesting thing about that level of trauma is that in every population that was looked at, survivors of the Bataan Death March, survivors of Auschwitz, survivors of Pol Pot's killing fields, resistance fighters in France or Holland during WWII. Each one of these populations had about 10% of the population that just didn't have a trauma response. And that seems to be genetic, and it seems to be associated with the adrenergic receptor, a particular kind of norepinephrine receptor in the brain. If you have this one polymorphism that dulls the effect of the beta adrenergic receptor, the trauma doesn't seem to cause the same pathology. So some of this is genetic, and perhaps in the future what's more important than, 'oh everyone should do this' or 'everyone should do that' is that everyone should know their genetics and then tailor their response to what

they need. And if you don't know your genetics, learn what you need through your life. Say, well, I've had this trauma response to this particular trauma and it didn't work and it's not the right answer for me, so I'm going to go find another one.

UL: What do you think people do instead that isn't necessarily the right way? Like, instead of responding to trauma by saying, maybe a year down the line, 'am I still feeling this,' 'does it still affect me,' do people instead feel like if they don't recover from a trauma that there's something wrong with them? Or what are, I guess, the wrong ways to work through trauma?

Dr. Wetsman: First, not recognizing that there's a trauma. 'I'm tough, I can handle stuff like that.' 'People who couldn't handle stuff like that are weak people.' I think we need to understand that certain things are traumatic to nearly everybody. If 90% of the population sees something as traumatic then it's universally traumatic. And 10% percent are different. How much sense does it make to aspire to be in ten percent of the population? That'd be like going through life pretending you are a genius. Pretending you're a genius doesn't actually make it so. And isn't actually going to make your life better. Actually, because you're pretending to be something you're not, your life isn't going to go well. So, pretending you're in the 10% that doesn't have a trauma response is not going to go well.

UL: And I assume there are so many elements of a person's daily life, like how connected they are with the people around them, that maybe help them work through things like this. I know that so much of genetics can't change, but isn't there what's referred to as "epigenetics," or ways of changing genetics over time?

Dr. Wetsman: Sure. Epigenetics is what turns on and off a gene. Trauma—especially early trauma—is an epigenetic influence. And you could understand why that is. I mean, the whole epigenetic phenomenon exists to keep the organism alive long enough to have babies. So if I was born in an area with a lot of earthquakes, after the second earthquake—probably after the first, but certainly after the second—my whole organism would start responding, making it much more likely that I respond to earthquakes quicker. You know, that I go for cover faster, that my responses were faster. If I lived in a place with no earthquakes, like New Orleans, how much sense would it make for my body to spend energy getting ready for earthquakes? Very little. And if I did that, I would be at a evolutionary disadvantage, because I would waste energy that wasn't actually returned in some proportion of increased chance of survival. Whereas if I was growing up in California and I *didn't* spend that energy being ready for earthquakes, I might have a higher risk of not making it to adulthood, because I'd be killed in an earthquake, because I was slow to respond. So that works through epigenetics. And epigenetics isn't anything special. Just how the body changes the genetic output and tailors it to your particular environment.

UL: Makes me think of generational trauma, and the idea that it can be passed down from generation to generation. Which is almost in keeping with the idea of wealth, a kind of inheritance that takes place.

Dr. Wetsman: Yea, there is pretty good evidence coming out now that this isn't just brain cells that change what genes turn on or not. It's stem cells and germ line cells too. Those germ line cells in the ovaries and testes can—you actually pass the the epigenetic methylation on the gene. So like when those genes are methylated, your passing that physical chromosome that's already been methylated. So that gene is turned off, so when it combines with an egg in the other person and starts to grow a new human, that one side is going to be methylated. And that can determine whether it's your mother's genes or your father's genes that are more expressed in you. If your dad's was turned off because of trauma as a child, then you get your mom's. Or maybe they were both turned off because of trauma and you get it turned off altogether. So even the epigenetics can be passed. It's not always passed. It depends on when it happens, but it can be passed and you can inherit a trauma response. That's not to say you're going to inherit the symptoms. You're inheriting a biologic response. You can't inherit PTSD. I don't want to be heard saying that.

UL: Yea. But it can affect the way that your genes are expecting to have to function along the course of your life.

Dr. Wetsman: Remember also that you can vicariously get trauma from hearing about it. You know, when you grow up hearing about, 'this happened to your parent,' and they keep talking about it, or 'this happened your grandparents,' and they keep talking about it, you get the idea 'this could happen to me to too.' Whereas another kid that's never heard that story might grow up with, 'it's not even occurred to me that that happens.' So, if your grandparents survived a pogrom in Europe, and tell you all about it, even if you're living in a place where a pogrom has never happened, you start thinking, 'hmm, maybe that could happen here.' And that can be a kind of a trauma response. Someone told me yesterday about a teacher at a local school who took 6th graders and split the class into two, and half got Nazi propaganda pictures to look at, and half got pictures of people in concentration camps. And then she tried to get the 6th graders to give opinions. And she wanted to show them that we can be swayed by propaganda, in ways that we'd never find acceptable if it were out in the open. And some of the parents responded with, 'my kids in 6th grade. It's a little bit early to be having this thing.' You know, you see pictures of terrible things happening to people, as an adult, and you can say, 'oh my god, that's horrible that that happened, and I have enough context to process it.' But you see that same picture when you're five, or ten, and you might not have the ability to process that picture. So, something that is normal in our society might have a trauma-like effect on a smaller child.

UL: And it kind of makes me think that what is a big part of trauma is how it affects your anticipation of future events. Is that right? Because, a lot of people with PTSD live in fear of their traumatic experience happening again.

Dr. Wetsman: So, there are three different groups of symptoms to the human trauma response that we look at, clinically. One is arousal. One is a reactive deadening to that arousal. And then the other is the re-living. So when you look at PTSD clinical effects, and you look at the different criteria, they're all going to fall into one of those three categories. And it turns out that biologically those categories actually happen in a particular order. So that, first there is the arousal. And then the deadening comes from over-activation of the whole system. It shuts down to protect itself. And then finally there is the intrusive recollections. So you can see that actually evolve over time, and that's how the Israeli literature sort of differs from the American. And rather than seeing it as a checklist, it looks at sort of the organic flow. And I think that's a better way of looking at it. And it got picked up in the DSM V, because now they talk about acute trauma response and later trauma response. And, don't pathologize acute trauma response in the first 30 days, because everybody has it. So I think that's a good advance in the field from when I was training.

UL: Do the three stages leave in a particular order, as well?

Dr. Wetsman: You mean if you were going to spontaneously remit?

UL: Well, I mean, PTSD does heal over time, doesn't it?

Dr. Wetsman: Well, that's an interesting concept. When you think about, like, why does each stage exist—the arousal is the primary event. And the deadening comes from the loss of transmitters in the system because of overactivity. And then you see that the reliving part is also due to the arousal and, perhaps, midbrain attachment via adrenergic arousal. So you actually get a dopamine spike when you're getting negatively aroused. And so, you know…Freud talked about the reliving compulsion, and he had all these wonderful sexual fantasies about what causes that—and it turns out to be biological. So, they don't really go away, until the arousal response stops. So I guess they go away in order, because it's only if you stop the arousal that the other ones will go away.

UL: Which is why re-traumatizing is such a problem, if people are going to be around whatever it is that might cause them to feel the new hyper-arousal.

Dr. Wetsman: Right, but you can also do—just like you could do for a phobia—there's virtual reality, there's stimulus extinction therapy, where you get a little bit of stimulus, then you let the response extinguish. And so that height or that spider is really frightening, and then you see the VR setting three thousand times and nothing bad happens, and you no longer have that response. People are doing that same thing with PTSD now, in a virtual setting. And if you think about

EMDR and Cognitive Behavioral Therapy, and many other therapies that have been shown to work for PTSD, they basically are doing that same thing. They're bringing the thing up—you know, in EMDR you're saying, 'OK I'd like you to just see that trauma, see that person's face. How are you feeling?' 'I'm a 10, I'm a 10.' 'OK now watch my fingers. Now see that person's face. How are you feeling?' 'I'm an 8.' 'OK, watch my finger.' And, you know, what's really happening, is—maybe the finger and the eye movement have something to do with it—but what's really happening is I'm reliving the event and, instead of my arousal rising, my arousal is going down. We're all Pavlov's dogs. It's just that simple. And I know we love to think we're all cortical beings, and we are all thinking on a higher order, and this is all some deep philosophy, but this is all just midbrain attachment. And so, you give me a thousand events of every time I remember that guy's face, my adrenal squeeze down and I feel like it's happening again, I'm going to really respond quickly when I see that guy's face. And after five thousand times of seeing the guy's face, and nothing happens and I'm calm each time, I start having a different set of associations at a midbrain level.

UL: A lot of the reading I've done on your website, and just hearing you talk, it definitely gives an impression of us as slaves, almost, to our midbrain. What can we do to make that not the case, or to try to get the leg up?

Dr. Wetsman: Why? Because we can't stand the thought? If that's the way we are, isn't it better to understand it? Isn't it better to understand that we all have Hitler inside of us? That we could all be an authoritarian murderer? Then take steps to prevent us from doing what we could do under certain circumstances? Rather than to believe that 'I am immune from that. I am above that. I am a very different person. And I'm *not* a walking midbrain. I'm a higher being.' Because that higher being is the worst possible thing that could happen to the world. Because he gets to break rules, because he knows he'd be doing it for the right reason. Whereas he doesn't want the walking midbrain to break rules, because the walking midbrain is just, you know, breaking rules. And it's safer for all of us if we just realize we're just walking midbrains.

UL: I wanted to ask you one last question. In thinking about mental wealth as a pun on mental health, I was thinking about your presentation that emphasized the importance of seeing the treatment we provide almost from the perspective of insurance companies, in the sense of really pushing us to understand why they should pay for this anyway. And basically, how important it is for us to prove that we're saving them money, ultimately. And I know money is obviously a necessary element in the equation for all kinds of treatments. So I was reading a little bit about your Dragonsbane project, and it seems like your plan involves introducing a unique kind of currency called "BANE" to be used in exchange of medical services within a network of providers. Do I have that right?

Dr. Wetsman: Yea, so it might be with the providers, but actually the ultimate goal of Dragonsbane is to provide for individuals all over the world a more individualized and personalized view of their own health, and their own health options. So, rather than being a currency spendable at a doctor's office, it's really more of a currency being used within the system to prevent the need to go to a doctor's office. And the end result of Dragonsbane actually foresees the cycles of care getting cheaper and cheaper, to the point where we won't need insurance companies anymore for routine medical wellness care. And care and options will be so cheap that we will self-fund them. And we'll only have catastrophic insurance. Imagine when you go to your doctor every year—you're probably not old enough to go to your doctor every year yet, but let's imagine you do. You go to your doctor every year for a physical. How many data points does your doctor have? They have your three vital signs last year, three vital signs this year, maybe they did labs. Let's say they did twenty labs, and they do an exam that looks for 50 things. So, 20, 10, and 50. You've got 80 data points in that year. Now imagine your watch, that you have an Apple Watch. And it's measuring your pulse every fifteen minutes. And it's measuring how many steps your taking every fifteen minutes. And perhaps, like me, you're wearing an implantable continuous glucose monitor on your arm, so your phone is getting the data from it, and you know your glucose is every five minutes. And you also know what you eat, for instance, let's say you took a picture, with your phone, of your meal. Well that picture's time-stamped. The artificial intelligence in Dragonsbane would take that picture, take the input from the glucose monitor, take the input from the steps and the activity monitor, and put that all together, and tell you, over time, when you eat blueberries your glucose goes up by this much, but when you eat strawberries, your glucose doesn't go up. So that you are gaining personalized information. I'm focusing on glucose right now, but this is across the board. You're now talking about thousands of data points. Try going to your doctor with thousands of data points. First of all, they're not interested. Second of all, they're not paid to be interested. They're getting paid to spend seven minutes with you. And you're asking them to look at thousands of data points. They're not interested. Our entire system is broken. And I've looked at different ways to fix our system, and I couldn't find one. And then, you know, Bitcoin came out, and Ethereum, and the ability to write contracts on a blockchain, and have worldwide computer, and interplanetary file system, which is another blockchain—gives us this amazing way to keep large files sharded on to people's cell phones. And I started learning about machine learning, and artificial intelligence, hanging out with much smarter, younger people than me, and it all came together. We don't have to fix our system, because we can just scrap it and rebuild it from the start. And perhaps my generation's already doomed, it's O.K. But we build Dragonsbane, and young people start to use it. It'll only cost the bare costs to run the system, because nobody makes a profit. And your A.I. ends

up learning, over time, what is important for your healthcare, and your individual response to things. If you're diabetic, you go read that the glycemic index of white bread is more than the glycemic index of whole wheat bread. Uh, well. Depending on your microbiome, and your genetics, your glycemic index might be completely different than mine. So, food doesn't have a glycemic index. I have a glycemic index around that food. And Dragonsbane, the A.I., will be personalized. So, instead of you getting a guess at what's best for you based on a study of ten thousand people, you get a recommendation based on you. And you'll be able to put in your genetics, and your microbiome results, if you get that testing, and all the testing. And the information this thing has, the better it is, the more people that will use it, the better it gets. So as we start it, and as we add products to it, it will just get better and better over time. Costs will fall. And eventually people will have almost all their healthcare needs met without paying nearly what they would pay for insurance in this country. And it doesn't go to me. I don't get rich off of it. Nobody makes money off of it. It's just a system that benefits the people paying for it.

UL: Certainly doesn't seem like our current system is going to pan out. So I know a lot of members of my generation are thinking, 'What's next?' And Dragonsbane is a very innovative idea. For people who are interested, should they just check out the website, or what do you recommend?

Dr. Wetsman: Yea, check out the website. And currently the white paper is in its third iteration. We've got some big news coming out in April. So, we're not going to make the fourth iteration until after that news, when we can be sure of that news. It's going to radically change, and actually get much better, in the next iteration. We just can't publicly talk about it yet. But in April, or May, we'll be coming out with some big news.

UL: That's really great. I really appreciate you taking the time to talk with me, Dr. Wetsman.

Dr. Wetsman: No problem.

Learn more about Dr. Wetsman's work at www.tocdr.com, www.dragonsbaneproject.org, and on Twitter: @addictiondocMD

Ama Adhe (Adhe Tapontsang)

27 years old when incarcerated in Chinese prison camps.
27 years spent incarcerated in Chinese prison camps.

Ama Adhe now lives in Dharamsala, India, near His Holiness, and tells her story to groups of travellers from around the world. She doesn't speak English, but her voice as she speaks Tibetan is one of the most beautiful, tonal, and expressive ones I have ever heard. And with the help of a translator, she can share her story with anyone, as she does in her book, The Voice That Remembers. She told us about chewing on shoe leather for nourishment while incarcerated. Her spirituality sustained her. She said, "I offered my body, my chest, my mind, and my bone marrow to the goddess of compassion and to His Holiness the Dalai Lama." Her ability to endure the suffering inflicted upon her by the Chinese is inspiring and humbling. And she bears no ill will.

It may be so that you dislike a thing
That the gulfs
That synonym
That beauty

The papers are on the desk that I corrected
The arethusa papers
The federalist papers are
What the papers are saying

I don’t understand where the wild things are
I don’t understand where all of this is coming from
I don’t understand when I read
I don’t understand when they cry

The lines and spaces music is written on
The lines and in some perfumes
The lines and spaces of the staff are numbered with the
The lines and spaces on a music staff

Something is wrong with your Microsoft account
Something is wrong with me
Something is wrong with my baby
Something is wrong with aunt Diane
Something is wrong with that horse
Something is wrong with this sear
Something is wrong with this chair vine
Something is wrong with this child
Something is wrong with this picture

Something is quantized when it

Katie Field

Jake's touch feels like a
mantra made
from NRA talking points
Recited
Empty
I wonder if it masks cruelty
If his fingers that trace my lower back,
slap my ass
Might as well be shooting a round
into the air
just to give passerby a little scare.
I had forgotten that my body
Is always at risk
Of being a pawn
In some man's politics.
I keep trying to tell myself
That my orgasm is proof of my power
But it's hard not to feel like my pussy is some
Kind of smoking gun.

Listen

alie eiseman

Sometimes I do things backwards

I like to walk on my hands and pick things up with my feet

Think with my heart

Feel with my head

When you catch me in the right moment

I can balance quite well on my arms

Seeing things upside down

Can be somewhat refreshing

When the surrounding world

Feels topsy-turvy

Jumping and spinning

Can fix everything

We have no control

But if we remember that we are alive

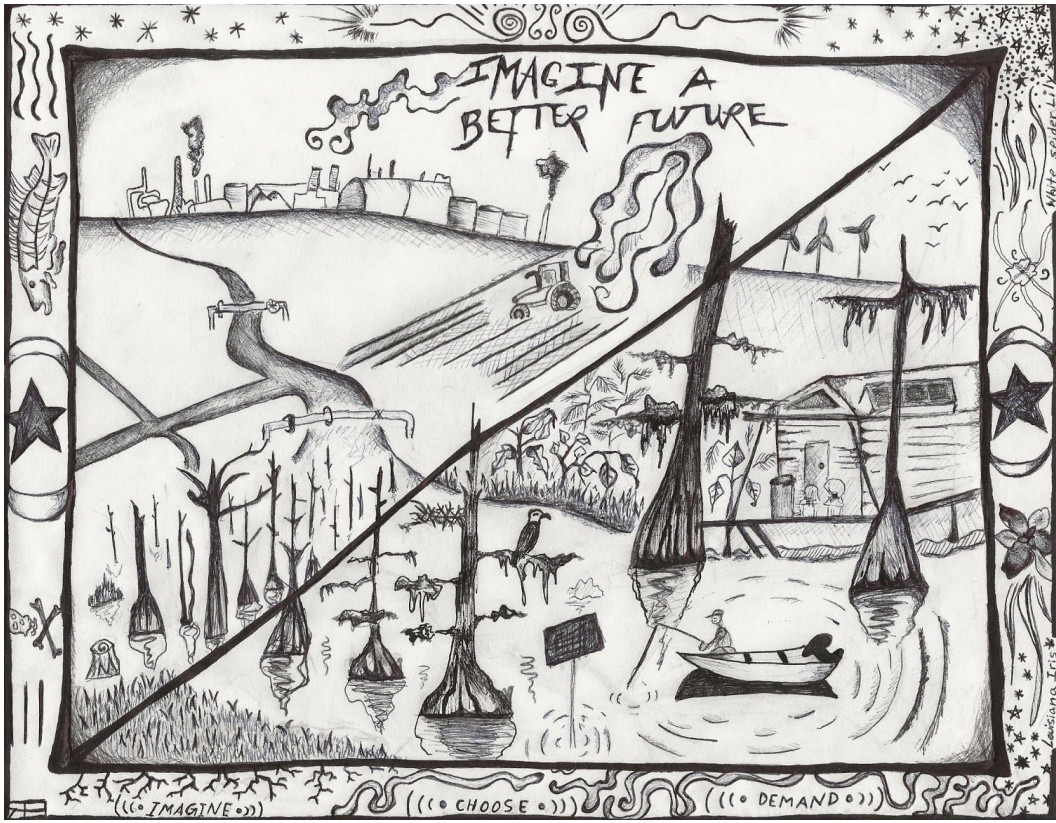
that can bring us some level of joy

Sad things are beautiful too

Tears can be more beautiful

Then laughter from time to time.

When I was growing up poor in the Bronx I knew that one day I would leave the projects and have a life with improved conditions. What that improvement meant to me was very vague and undefined. Maybe it meant living in a house instead of an apartment, maybe it meant having a meaningful and interesting job. It did not mean having my own private jet or having people cook and clean for me. I did not feel like other people had more than me and that I needed to compete with them. I simply thought that I could do better in life. Now I am old and I see people who have accumulated great amounts of monetary wealth. These people have huge homes in prestigious areas, take expensive vacations, and can buy things other people can't buy. However, the cliché about money can't buy happiness is not only true but it actually understates the situation. I find that mental wealth (happiness) is far more difficult as monetary wealth increases, and maybe even inversely proportional to the amount of monetary wealth. I see monetarily wealthy people concerned about how much money they have and how much money their neighbors have. People who have more money than they could ever spend are measuring: What does that rich guy have that I don't. On the other side I see people with limited money finding ways to appreciate their life: laughing more with friends, appreciating nature, and adding to their mental wealth. The answer is not to strive for poverty, but to appreciate the world around us. We will leave it with what we came to it with, but we can leave behind a better place.



Elena Ricciardi

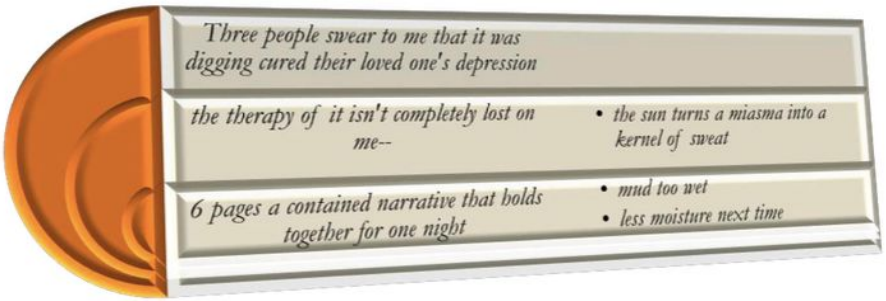
Take My Hand

Andy Freeman

Break my shell
Like a grenade in a porcelain bowl.
Draw me out
To a loving horizon.
Take my hand
And play it with confidence.
Lie if you have to
But always know
That the truth remains clear and concise.
Like our names,
Like our much deliberated intentions
Like water in a channel that yearns for the ocean,
Flowing everlastingly
To a place beyond our imaginations

by Catalino Gallagher

It's very hard to wake up.



hypothesis one is some time ago you dedicated a part of your soul and vital energies to preparing in some small ways to be on reality tv and now that energy is gone from you.

Meanwhile the space by the door is the same space. It stays the same size from whatever distance.

We can't let you touch the picture or the tape recorder because we cannot be responsible (what could hands do?

A Thought Experiment:

You are a loon who nests every year on Little Loon Island. The traffic from a new camping resort will drive you away from this nesting site.
The conditions are perfect for

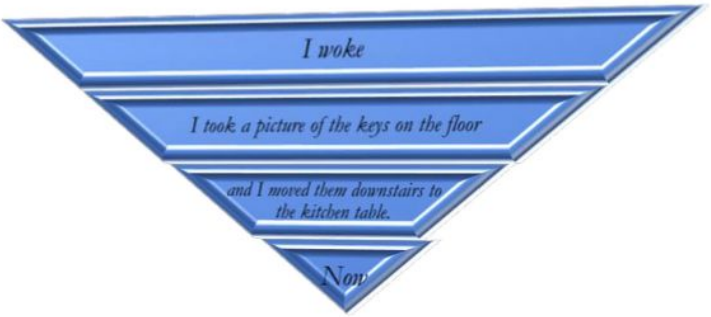
the whole room moves away, the moon, and the air stills and the unmoving condors the nesting site stays the same size.

what do hands do.

In a youtube video with a green background, black italic letters appear one by one until they spell más que todas las canciones que le he dedicado esta va con amor dolor y esperanza

And in the moment of breaking all i can imagine is a small figure of spongebob squarepants hidden halfway in tall carpet fibers.

They told me it was my dirty carpet in the film:



(they are so far and i am doing numbers on myself with them still)

A gourd has entered my life somewhere, escaping my vigilance.

What Hands? hypothesis 9

The survey they sent your home from the facility asked

Do you feel that you should not have dug up the bitter core

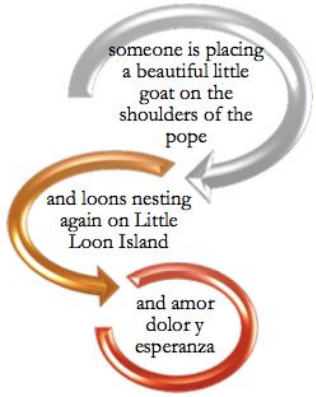
or do you feel powerful and true when you hurt

or do you feel both all the time **the condor unmoving and the shaking mountain and 600,000 people making letters appear one by one to make new proper noun names of products when the word didnt exist before**

I move again through the mango yellow lights that kill me but without blood (again this thick beauty, wet heart burning through a napkin and humming, drowsy desperate and childlike, tearstained a kiss again to pat the earth smooth once more---how can there be anything but love? And yet there is,) to look at heavy items, on ledges! and remember now you are in a land where the earth doesn't move and break them.

Words disappear like on a raft
The cochayuyo

You dream of.....->



Not awake but now awake to the moon with the thin blue fabric with the dark impossible florals like a myth garden or a constellation or a prehistoric myspace gif

A tube of blue or green hair gel slipped into a velvet pouch, beautiful tomatoes!, god

Hypothesis 10 noise and fear
and leaving home has emerged from thought
and experiment **you are digging now** to something and the pieces always come back for better and worse and we dig and rotate and all of us always in it all in the newness in the soil nesting like that

Dedication
Gabriel Orion McCulloch

I love Lil Wayne most when he's at his most sensitive. That rasp singeing the word "love" at both ends is a gentle reminder that even if the pain never goes away you can learn to live with it. It feels like a soldier's hands cradling a baby, a carpenter's fingers strumming the sweetest melody you've ever heard on a Hannah Montana guitar.

A lighter flick and an exhale as a reminder that we couldn't do any of this without breath. To absorb through tissue, to transcend a membrane, to achieve nirvana. The stoner on a yacht, impossibly rich. The sweet things he whispers to the ones he loves.

The feeling of touching down below sea level, under cover of dark clouds.

It comes from the asphalt, cracked and earthy. You can almost smell the oil, the rain, the sky above New Orleans the color of spent charcoal and the little trickles of lightning. I imagine they make the sky feel like your leg when it's fallen asleep.

Sweet dreams, y'all. The only thing that can save us now is our sensitivity.