HEALTH / ANTHROPOLOGY

$16.00 U.S.

After more than fifty years of good health, anthropologist Paul Stoller suddenly found himself diagnosed with lymphoma. The only thing more transformative than his fear and dread of cancer was the place it ultimately took him: twenty-five years back in time to his days as an apprentice to a West African sorcerer, Adamu Jenitongo.

*Stranger in the Village of the Sick* follows Stoller down this unexpected path toward personal discovery, growth, and healing. The stories here are about life in the village of the healthy and the village of the sick, and they highlight differences in how illness is culturally perceived. In America and the West, illness is war; we strive to eradicate it from our bodies and lives. In West Africa, however, illness is an ever-present companion, and sorcerers learn to master illnesses like cancer through a combination of acceptance, pragmatism, and patience.

Stoller provides a view into the ancient practices of sorcery, revealing that as an apprentice he learned to read divining shells, mix potions, and recite incantations. But it wasn't until he got cancer that he realized that sorcery embodied a more profound meaning, one that every person could use: "Sorcery is a body of knowledge and practice that enables one to see things clearly and to walk with confidence on the path of fear."

"Readers will find Stoller's account valuable and his perspective on sorcery surprisingly moving."
—*Publishers Weekly*, starred review

"[A] fascinating blend of personal and cultural commentary, of provocative insights, and encouraging advice for anyone affected by cancer."
—FRANCES LEFKOWITZ, *Body and Soul*

"Today one finds a variety of cancer drugs under trial or approved for use . . . But there is still a gap between what medicine can do now and what it will do in the future. And Stoller's book is a bridge over that gap because it reminds all patients that, in the face of illness, their lives are rich in meaning and still worth living."
—NICK OWCHER, *Los Angeles Times*

PAUL STOLLER is professor of anthropology at West Chester University of Pennsylvania and the author of eight books, including the award-winning *Money Has No Smell: The Africanization of New York City*. He lives in Wilmington, Delaware.

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STRANGER IN THE VILLAGE *of* THE SICK
A Memoir of Cancer, Sorcery, and Healing
Stoller

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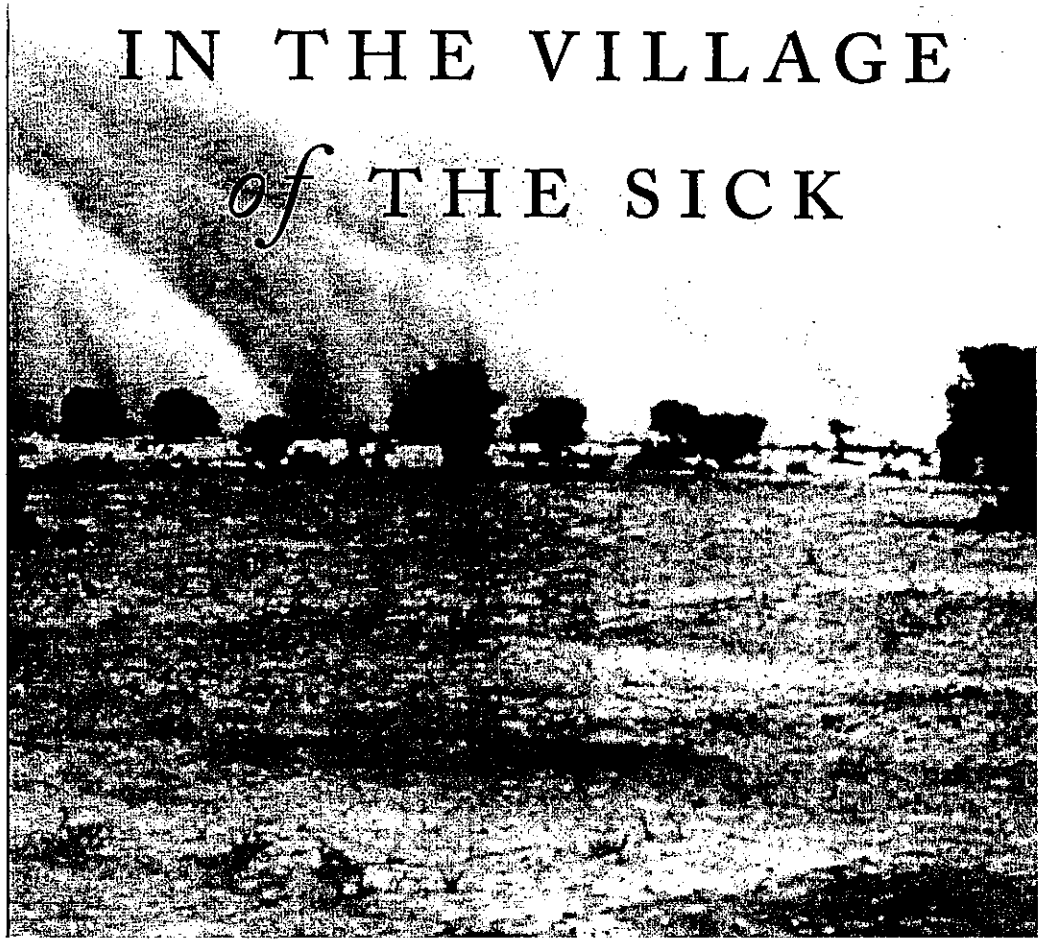

## A Memoir of Cancer, Sorcery, and Healing

PAUL STOLLER

CHAPTER ONE

# Diagnosis

In March 2001 I learned that I had lymphoma, one of several kinds of blood cancer. Having enjoyed more than fifty years of good health, I was used to living my life in the village of the healthy, in which illness is a temporary nuisance that is quickly and completely cured. Cancer suddenly introduced me to the village of the sick, in which illness becomes a continuing condition for which there is usually no cure.[1] Learning that I had an incurable disease came as both a surprise and a shock. How could I have cancer? How much would I have to suffer? How long would I live?

These questions sank me into despondency. The menacing presence of malignant cells in my body ignited fires of fear. In a flash, cancer had abruptly taken control of my life and forced me onto a dreadful new path that promised unspeakable pain and endless suffering. The terrifying prospect of a slow and unbearable death made me tremble. These frightening thoughts quickly transformed me into a powerless person. I wanted my old life back, but in my dazed and confused state, I felt incapable of recapturing it.

Life-threatening circumstances, however, can sometimes steer your life in unanticipated directions. In my case, con-

fronting cancer unexpectedly transported me back in time to the compound of Adamu Jenitongo, a well-known West African sorcerer to whom I had apprenticed myself as a young anthropologist. Lessons that I had learned twenty-five years earlier among the Songhay people of the Republic of Niger now took on startling new meaning. Somehow, cancer enhanced my perception and deepened my sensibilities. This disruptive new presence in my life made it possible for me to understand more fully that sorcery is first and foremost a set of prescriptions about how to cope with the vicissitudes of life. I gradually realized that this knowledge, which years ago had drifted into the background of my awareness, could make me strong. It could help me to confront the physical burdens of chemotherapy treatments and the emotional quandaries of remission with respectful humility and steadfast dignity.

As odd as it may seem, the unanticipated and devastating presence of cancer in my body opened a new pathway to personal growth and development. It deepened my spiritual beliefs, refocused my professional vision, and forced me to understand more realistically the symbiotic relationship between illness and health. In time, my experience of cancer toughened my body and strengthened my resolve.

*Stranger in the Village of the Sick* recounts this story of discovery, growth, and development. The pages are filled with narratives of my experiences in the worlds of sorcery and cancer, narratives about my life in the village of the healthy and the village of the sick. During my apprenticeship in Niger, I long ago grasped that one learns about sorcery through the body.[2] As a lymphoma patient in the United States, I soon realized that it is also through the body that one learns about illness. It may seem like a curious connection, but cancer and African sorcery, I have learned, share many similarities. In this book I use the lens of cancer to introduce readers to the world of Songhay sorcery, a body of practical wisdom that shows people—with or without illness—a way to carry themselves in the modern world.





Many books, of course, have been written about sorcery. Many of these have focused almost exclusively on the logic-bending feats of sorcerers who, like Carlos Castaneda's Don Juan Matus, possess knowledge "not yet known to us." These supernaturally oriented texts have made sorcery something that is usually viewed with either wide-eyed fascination or narrow-eyed skepticism.[3]

Sorcerers among the Songhay people of Niger do, in fact, possess knowledge not yet known to us. They are people capable of feats that, after twenty-five years of serious anthropological study and reflection, I have yet to completely comprehend. My book about Songhay sorcery, *In Sorcery's Shadow: A Memoir of Apprenticeship among the Songhay of Niger* (1987), was an attempt to demonstrate that sorcerers living in barren, windswept Songhay villages possessed powers—to heal and sicken—that defied our comprehension. I laced that book with stories of spells and counterspells, jealousy and betrayal. It was a portrait of an amoral world in which sorcerers challenge one another, often with lethal consequences, for sorcerous supremacy—the capacity to use one's will and skill to change behavior or repulse an enemy. In that book I hoped that readers would come to respect the incomprehensible power of sorcerers like Adamu Jenitongo, who taught me about Songhay sorcery over a period of seventeen years.

The experience of having been diagnosed with and undergone treatment for non-Hodgkin's lymphoma (NHL) has not diminished my awe of Adamu Jenitongo's sorcerous power. It has, however, increased my appreciation of the practical wisdom his life embodied. And so in *Stranger in the Village of the Sick,* I return to the world of sorcery and come to know the place, to quote T. S. Eliot, for the first time. Although *Stranger in the Village of the Sick* recounts many events from the Songhay world of sorcery, it extracts from them lessons that may well be helpful to cancer patients facing existential uncertainties and physical pain no less frightening than those faced in the world of sorcery. This

account, though, is more than another story of a cancer patient who fights an insidious disease.[4] Instead, *Stranger in the Village of the Sick* is an attempt to use my experience of cancer to introduce readers to a body of pragmatic knowledge that can enable even the most physically compromised person to squeeze pleasure and happiness from an imperfect world.

More than twenty years before I became a cancer patient, I stumbled into a world of sorcery. During an anthropological research mission that I conducted in the Republic of Niger in 1977, Mounmouni Kada, a distinguished sorcerer among the Songhay people, who lived in the village of Mehanna in western Niger, interpreted a series of signs that convinced him that he should teach me the ways of sorcery. I had been living in his village for several months and had visited him frequently. Shortly after my arrival in Mehanna, he had thrown divining shells; the configuration of the shells had indicated that I was a candidate for apprenticeship. When his son, Djibo Mounmouni, told him that two small birds, which had nested in the rafters of my mud-brick house, had shat on my head, he was beside himself with excitement. The marksmanship of the birds had confirmed what the shells had indicated.

"How wonderful," he told his son. "Another sign. We must initiate him as soon as possible."

My reaction to the birds differed greatly from that of Mounmouni Kada. Because I had been taught from childhood that a person's house should be neat and clean, one of my tasks was to sweep the floor of daily bird droppings. I certainly didn't consider bird shit in my hair a celestial sign. Besides, I had little desire to study sorcery among the Songhay. I had been sent to Niger to conduct dissertation research on the role of ritual languages in local politics.





Mounmouni Kada was a short, thin man well into his seventies. He had a hard face and eyes like fire. His seasoned determination proved stronger than my youthful resolve and he eventually convinced me to study with him. As a first step in this long and, as I was to find out, painfully dangerous process, Mounmouni Kada fed me *kusu*, a food that is believed among the Songhay to generate sorcerous power. *Kusu* consists of millet flour in which a Songhay sorcerer cooks pulverized plants that have been imbued with powerful ancestral words. After I had eaten my first batch of *kusu*, Mounmouni Kada told me that the "power of sorcery" had attached itself to my intestines. Witches, he said, could no longer look at me. Unprotected men and women would fear me. Despite my skeptical inclinations, I felt myself drawn to this strange new way of understanding the world. After my initiation, Djibo Mounmouni, a taller yet less imposing presence than his father, showed me how to mix sorcerous potions and how to recognize a witch. He also taught me sorcerous incantations and had me memorize the praise-poetry of the spirits of the Songhay people, who in the fifteenth century had controlled much of West Africa.

Djibo Mounmouni then urged me to visit his mentor, Adamu Jenitongo, a highly respected and feared sorcerer, who lived in another town, Tillaberi, which, like Mehanna, hugged the shoreline of the Niger River. Although I had met this man during my first stay in Niger between 1969 and 1971, I had not known of his reputed power. When I presented myself to him in 1977, though, he knew all about my research and my initiation in Mehanna. Adamu Jenitongo was a short, slender man in his nineties whose skin, which had long been exposed to the brutal African sun, had taken on the texture of cracked leather. He invited me to "sit" with him, a sign that he was willing to teach me about sorcery. By now I was eager to learn more. Adamu Jenitongo invited me to stay in his dunetop compound of conical straw huts at the edge of town—a location that overlooked

*The author with Adamu Jenitongo's relatives in Tillaberi, Niger (1979). Photo: Moussa Adamu*

the barren emptiness of a treeless rock-strewn steppe that stretched like a moonscape to the east.

I sat, listened, and watched beside Adamu Jenitongo for several months. Everything about him was deliberate. He moved slowly. Before he spoke, he carefully considered his thoughts. He taught me incantations. I learned how to identify plants used both in healing and sorcery.

I emerged from this period of initiation confident—even cocky and foolish enough to try to practice what little I had learned. Before my return to the United States, an acquaintance asked me to perform an act of sorcery. He said that his employer, a French expatriate, had unjustly fired him and he wanted to teach the man a lesson. Thinking that a sorcerous action would bear no serious consequences, I performed a rite that was supposed to temporarily paralyze the man's face. Shortly thereafter, I left Niger and returned home.





During my next visit to West Africa, two years later, I saw this man again. He informed me that the sorcerous act I had performed, which involved the recitation of an incantation over the internal organ of a chicken, which was then buried under the threshold of the intended victim's house, had actually had results. The man's former employer had not himself been affected, according to my acquaintance, but the man's sister's face had become paralyzed, a condition that abated when she finally returned to France. Induced paralysis is a major weapon in the Songhay sorcerer's arsenal.

That same year I became temporarily paralyzed myself. I was on my second visit to Wanzerbé, the village of unrivaled Songhay power. I had wanted to go to Wanzerbé to meet Kassey, an inconspicuous grandmother who was reputed to be among the most powerful Songhay sorcerers. My friend Idrissa, who had been born in Wanzerbé and whose father was Kassey's husband, had agreed to accompany me on the trip. When we arrived in Wanzerbé, Idrissa's cousin informed us that Kassey had left town the week before and would be away for at least one month. Idrissa suggested that I visit Dunguri, one of Kassey's female associates.

After installing myself in the guest house of Idrissa's family's compound, which consisted of twenty mud-brick houses, I accompanied Idrissa down a sandy embankment to a road that ran through the middle of Wanzerbé. The space between the two parts of town contained empty market stalls. Just beyond the market stood a mosque with a minaret. We plodded along sandy paths between the low mud-brick walls of compounds, clusters of houses in which extended families lived. As we walked we greeted women who were pounding millet in their mortars. In the next neighborhood, called Sohanci, we encountered some of Idrissa's maternal relatives. According to custom, they greeted us and asked after our health. Next to a small neighborhood

mosque was a clearing, in the center of which was a freestanding thatched canopy. A dozen older men, dressed in robes and turbans, reclined in the shade. We greeted them and asked after their health. Finally, we reached Dunguri's compound, which was squeezed between two large mud-brick granaries that looked like beehives and a corral for calves that had been fashioned from millet and cornstalks.

Performing the traditional greeting, Idrissa clapped three times outside the door of the woman's rectangular house. She came out, greeted him, and glanced at me. "Who is this stranger?" she asked Idrissa.

"I am Paul. I come from America," I interjected.

"Idrissa, come into my house. We will talk. Stranger, you, too, can come in."

We stepped down into Dunguri's house. Bright cotton blankets covered her whitewashed walls. She had draped a score of additional blankets over two beds that had been placed at either end of the rectangular room. She gave us metal folding chairs to sit on. She sat on a wooden stool and leaned forward, her hands on her knees.

Idrissa and Dunguri discussed the health and sickness of people they knew. So-and-so's son was in Niamey serving in the army. So-and-so's daughter had married and now lived in a neighboring village. Amadu had not been well. He had gone off to the regional hospital for medical attention, but the guinea worm still made him suffer. An older man had recently died from liver disease. Idrissa asked about the harvest.

"It was good. My husband worked hard and brought in three hundred bundles of millet."

"Our harvest in Mehanna," Idrissa commented, "was not good."

Dunguri nodded. "Some years are good. In other years the path is blocked."





Dunguri pointedly ignored me. For a Songhay, her behavior seemed completely out of character. Songhay people revere hospitality. They are especially curious about strangers. These characteristics seemed to have escaped Dunguri. I sat impatiently as they conversed, taking the opportunity to study her face. I would have never guessed that this small, plump woman was a sorcerer. Her puffy face did not look particularly intelligent, nor did her gaze seem forceful. Suddenly, I heard the word *stranger*. Dunguri had asked Idrissa about me. Idrissa outlined my work in Mehanna and Tillaberi. He told her that I wanted to write a book about sorcery and that I had been following the sorcerous path for more than two years.

She turned toward me. "Stranger," she said, "where did you get your rings? They're very beautiful."

Adamu Jenitongo had given me the rings, two fashioned from brass, one from copper, two years earlier. "They will protect you from those who want to send you sickness," he had informed me. "If someone asks you about them, say you got them at a market. Never reveal their real identity." I now heeded this warning. "Thank you," I told her. "I bought these rings last week at Ayoru market."

Dunguri addressed Idrissa again. "Show the stranger my granaries and animals. I have no more time to talk today." She stood up, stepped out of her house, and walked into the compound. Idrissa and I looked at one another. In all of my time in Niger, I had never been received so rudely.

That evening, after a meal of rice topped with a thin green gumbo sauce, I prepared for bed. I felt anxious and alone. As the kerosene lantern flickered, I slowly slipped into a fitful sleep.

Some time later I awoke to the tattoo of footsteps on the roof of the house. Was there a donkey on the roof above me? My anxiety returned instantly. I didn't move, and I heard nothing more. A chill wind, which suddenly swept into the hot, stuffy room

where I had been sleeping, made me fear for my life. Fright compelled me to abandon the house to whatever hovered in the darkness. But when I tried to roll off my straw sleeping mat, I could not move my lower body. I pinched my thighs and felt nothing. My heart raced. Convinced now that some evil force had been sent to kill me, I was desperate to escape. What could I do? Thinking of Adamu Jenitongo's lessons, which seemed to fit these circumstances, I began to recite the *genji how*, an incantation he had taught me during the first year of my apprenticeship. Most Songhay people believe that the *genji how* protects a person by harmonizing the forces of the bush. For most Songhay, the bush is a place of powerfully destructive forces. If these forces are not brought into harmony through the *genji how*, they can be life threatening. Adamu Jenitongo said that if I ever felt danger, I should recite the incantation until I had conquered my fear. I now recited and recited and recited it until I began to feel a slight tingling in my hips. Encouraged, I continued with my recitation. The tingling spread down my thighs to my legs. My voice cracked, but I continued to recite. Slowly, the tingling spread from my legs to my feet. I pinched my thigh—it hurt. I pinched my leg and felt pain. Finally, I rolled off the mat and stood up. The presence seemed to have left the room. Completely exhausted, I lay down and fell into a deep sleep.

The next morning Idrissa woke me. I told him I wanted to visit Dunguri.

"I'll come with you."

I shook my head. "I need to go alone," I said.

I cannot explain why I felt obliged to confront Dunguri, for I was certain that she had precipitated the paralysis in my legs. The previous night I had responded to my fears like a sorcerer and, having weathered the event, I continued to feel like a sorcerer. I slowly walked out of Idrissa's relatives' compound. The morning sun pulsed low in the sky. The air felt cool and dry. I





walked and eventually came to Dunguri's compound. Again fear overcame me. I then remembered what Adamu Jenitongo had taught me: "When a man on the path reaches the fork in the road, he must make his choice of direction and continue forward." With trembling arms and wobbling knees, I entered the compound and stood at its center, waiting. After what seemed like a very long time, she emerged from her house. She stared at me. Looking back at her, I tried to conceal my trepidation. She finally smiled and walked toward me. As she closed the distance between us, she even beamed. Stopping very close to me, she said: "Now I know that you are a man with a pure heart." She took my left hand and placed it in hers. "You are ready to learn. Come into my house and I will teach you."

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A number of colleagues tried to "explain" what had happened to me in Wanzerbé. Some of them said I had a bad dream, others suggested that I had taken mind-altering drugs, while still others thought I had an overactive imagination. I understood my paralysis differently. In Wanzerbé I had fallen into a physically vulnerable situation and had somehow found the strength to overcome my helplessness. Against the odds, a European emerged unscathed from a confrontation with a powerful Songhay sorcerer. This early experience in the Songhay world of sorcery contributed to my arrogance—especially about the impregnability of my body. Prior to my cancer diagnosis, I was ignorant about medical culture in the United States, knew little about medical procedures, attitudes, and behaviors, and had had only infrequent exposure to physicians. My health, in fact, had become a source of personal pride. I felt good about how well I took take care of myself, maintaining a low-fat diet, exercising regularly, and practicing yoga almost daily for more than thirty

years. My favorite exercise was spinning; forty-five minutes of intense stationary cycling calibrated to lively music. In addition, I led a relatively stress-free life, had satisfying relationships, and enjoyed my work at a university in suburban Philadelphia. I even managed to find time to travel and write. In short, I liked my life.

Liking one's life, of course, does not make it carefree. I had professional disappointments: publishers would reject an article or book manuscript; foundations would turn down a grant proposal. A good friend or family member would experience illness or suffer a misfortune; and I struggled with minor health concerns, one year suffering from recurrent bouts of bronchitis. My physician, Brian Markson, said that I had developed asthma. For the first time in my life, I had to accustom myself to taking regular medication. I also had high cholesterol.

"You have a choice," my doctor said. "You can eat grass or take a little pill every day and not worry too much about cholesterol."

"I'll take the pill," I stated without equivocation.

By the time I was fifty I had established a minimalist medical routine. I took two puffs of Intal to control my asthma and one tablet of Pravachol to manage cholesterol. These conditions didn't limit my activities. I felt myself a middle-aged man "in control" of his life.

I scheduled yearly physicals. At each appointment, Brian Markson poked, prodded, and ordered blood tests that screened for heart disease, liver disease, kidney malfunction, and prostate cancer. Each year the blood work came back normal and he pronounced me in excellent health.

Several years ago I put off my annual physical, which I usually scheduled for the late spring. The summer and fall passed by without a thought about a checkup. I finally arranged an appointment, for a late afternoon in early February. As always, I expected to be in and out rather quickly, which would enable me to drive into Philadelphia with my friend Miriam to meet a mu-





tual friend for dinner and a play. Miriam drove me to Brian Markson's office and waited in her car while I went in for what I expected to be a routine physical.

The waiting area was divided into a children's section featuring low chairs, benches, toys, and children's books, and an adult section that had been furnished with cushioned armchairs. Magazines had been neatly piled on corner tables. Shortly after I sat down, a pleasant gray-haired woman in a white uniform appeared in the narrow hallway that led to the examination rooms. She had my medical file.

"Mr. Stoller," she said, smiling warmly. "You can come back now." She asked me to read an eye chart and handed me a plastic cup for a urine sample. She eventually led me to a small examination room, where I sat down on a chair. "The doctor will be with you shortly," she said.

"That's what they all say," I responded jokingly.

"Really," she said. "He's not running late today. He'll be in to see you in just a few minutes."

Brian Markson walked in shortly afterward. He is a pleasant-looking, trim man in his early forties who projects a quiet confidence to his patients yet can admit what he doesn't know. I appreciated his humanism. He took as much time as needed with his patients; he genuinely seemed to care.

"How are you doing?" he asked.

"Well," I said.

"Today," he said, "I get to pick on you. Are you ready?"

"I always look forward to getting picked on."

He asked me questions about my regimen of food and exercise. He wondered if I might need special inoculations for travel I was planning.

"Do I need them for the Bronx?" I asked, trying to keep the conversation light.

He took my blood pressure. "One-seventeen over eighty," he announced. "You must be doing something right. Keep it up."

He checked my ears and throat and listened to my lungs. "Everything is clear. Why don't you get on the table?"

I sat on the edge of the table. Brian asked me to follow a little light with my eyes—neurological screening. He tapped my knee with a small hammer and asked me to lay back and loosen my trousers so that he could test me for hernia. I coughed several times. "That looks good," he said. He then began to palpate my abdomen, first the right side and then the left.

"Wait a minute," he said. "What's this?"

I froze. "What's what?"

"I feel something that shouldn't be there," he said. He took my hand and put my fingers on a spot on the left side of my abdomen and applied pressure. "Do you feel that?"

My fingers came up against something solid. "Yes."

He put my fingers on the opposite side of my abdomen and again pushed in. "Feel that?"

"Yes."

"Feels spongy, right?"

"Right," I said, suddenly wondering what could be wrong with me.

He moved my fingers again to the left side of my abdomen. "Feel the difference?"

"What is it?"

"I don't know," he admitted. "It could be that you have an enlarged spleen. It could be some minor intestinal obstruction. How are your bowels? Any constipation?"

I shook my head. "I feel great."

"You look great," he stated emphatically. "Except for this, you're in great health." "I don't know what to think," I said, feeling the blood drain from my face.

"Look," he said matter-of-factly, "as a doctor I find things every day that need to be checked out. Usually, it turns out to be nothing. I wouldn't worry too much about it now. It's important that we're thorough and follow up on this, that's all."





"I appreciate what you're saying, but I still feel as if someone hit me on the head with a sledgehammer."

"Let's get you in for a sonogram to get some idea of what's going on. I'll call the radiology department at the hospital and get you scheduled." He left the room, returning a few moments later. "The earliest appointment we could get is ten days from now," he said, frowning. "I'm sorry you have to wait so long."

"So am I," I said.

"Remember, these things usually turn out to be no big deal. I know it's difficult, but try to relax and not think too much about it. I'll see you again after the sonogram." He handed me his card. "If you have any questions in the meantime, call me."

"Thank you," I said as I left the examining room. I walked down the hallway, feeling very different from the relatively carefree person who had walked in moments earlier.

At the front desk, the nurse gave me several insurance forms. "Don't worry, Mr. Stoller," she said with genuine concern. "I'm sure you'll be okay."

I looked down at the forms. "Undefined mass" had been checked on the sonogram order. An hour earlier I had been unaware of the presence of an "undefined mass" in my abdomen. Suddenly I could feel it moving inside of me. I visualized it, whatever it might be, slowly expanding. What would happen to it? What would happen to me? Isn't it amazing, I thought to myself ruefully, how knowledge shapes our awareness of things—even things growing in our very own bodies!

Lost in these thoughts, I walked back to Miriam's car. She is a tall, willowy woman in her mid-forties with straight black hair and a warm, attractive, olive-skinned face. She had been reading, and was looking forward to eating at a small, highly recommended neighborhood restaurant in Philadelphia. Lost in her book, she did not hear me approach.

When I entered the car, Miriam turned and smiled. "Well, are you healthy?" she asked jokingly in her soft, smooth voice.

"Yes," I said. "He said that I was healthy, but felt a growth in my abdomen."

"A growth?" she repeated.

"Yes, a growth," I said numbly. "He put my fingers on it." I paused a moment. "I could feel it, Miriam. I can feel it now."

"How can it be?" she wondered. "You're in such good health. You have such stamina and you take good care of yourself."

"He said it could be my spleen or it might be an intestinal blockage, or maybe even a bad case of constipation."

"That's what it must be," she stated.

"I don't know," I said, suspecting that my condition was more serious than constipation.

She looked concerned. "Do you still want to go into Philadelphia?"

"Yes," I said. "I'm going to do what I usually do."

"Sounds like a good course of action," Miriam said. "Do you have to go in for tests?"

"A sonogram, but I have to wait for ten days."

"Oh, for God's sake!"

"My sentiments exactly."

She started the car. "Try not to think about it too much. It's probably nothing," she added, echoing Brian Markson's words.

"Okay," I said, thinking that it wouldn't be easy to follow this advice. I hoped my condition would be "nothing serious." Despite these hopes, I feared that the "undefined mass" would turn out to be "something horrible."

As we drove into the city, I wondered what it was about the confrontation with serious illness that provoked avoidance. Miriam veered away from any discussion of my physical condition except to reiterate, "You're in such good health, I'm sure it's nothing."

These bromides are, I think, a necessary measure in dealing with the uncertainty of facing disease. No one wants to hear a friend or loved one suggest: "If they felt a growth, it must be a tumor, probably malignant." Few people would make such a





proclamation. Many people, however, would silently draw this conclusion. Uncertain medical findings cast the shadow of illness over personal interaction, clouding conversations and concealing thoughts. "It's probably nothing," your friends, colleagues, and loved ones tell you, "but it's best to be sure."

As the patient, you gratefully accept these reassurances, but cannot erase doubt from your mind. "He thought that my spleen was enlarged." I couldn't help repeating this to Miriam.

"He also said that you could simply be constipated. Why not think about that explanation?"

"Good suggestion," I said, trying to stay optimistic.

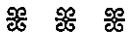
As we joined a colleague and ordered wine, we made a toast to our health. For me, this toast had suddenly taken on a deeper meaning.

I did not bring up my inconclusive medical news. We discussed politics and our work. Every element for an enjoyable evening had been put in place: good food, good wine, and good conversation. And yet, the burden of possible illness weighed heavily on my shoulders. I made conversation, but continued to obsess about the "undefined mass" in my abdomen. Just hours earlier when I hadn't known about the alien presence in my body, life seemed relatively carefree. How quickly everything had changed.

Despite these disturbing thoughts, I managed to have a reasonably pleasant evening. But home in bed that night, I tossed and turned. Would I have to have surgery? If so, what would happen to my classes at the university? Would I be able to continue my research? How would my illness, whatever it might be, change the nature of my relationships? Unable to fall asleep, I went to my study, turned on the computer, and logged on to WebMD. I typed "spleen" into the search box and read with great anxiety the connection between a symptom like an enlarged spleen and a variety of medical conditions, some of them incurable.

The next day was the first day of a new life—the life of a per-

son stuck for nine days on the threshold of a new life. I didn't like what I saw beyond the threshold, but I couldn't dislodge myself. After the sonogram I would know more. I hoped that I'd be able to deal with the problem quickly and without too much pain. Then I'd be able to return to the relatively carefree days of my old life.



From my vantage on the threshold of the village of the sick I wondered why my brief confrontation with paralysis years earlier had not made me more realistic about and respectful of illness. Back then I felt that if I could use sorcery to stand up to the powerful Dunguri, I could use it to conquer illness and even challenge death.

Once I had confronted Dunguri and earned her respect, I had no desire to study with her. I wanted to return to Tillaberi as quickly as possible to recount my experiences to Adamu Jenitongo. The news pleased my mentor. He said that the sorcery I had performed on behalf of the disgruntled employee meant that I had learned my lessons well and that the *kusu* had thoroughly attached itself to my intestines. He also said that the episode of paralysis had propelled me more deeply into the world of Songhay sorcery.

For Songhay practitioners, sorcery, I realized, is not merely a set of beliefs, as many scholars would have it. Instead, sorcery carries with it real consequences—bodily consequences.[5] Songhay sorcerers "eat" and are "eaten." "Are you full [of *kusu*]?" "How much do you know?" These questions are answered when a rival tests a fellow sorcerer through an attack. If sorcerers resist attacks through whatever means, they become stronger and their attackers become respectful of them. If sorcerers become sick, their rivals have bettered them: they have won and have demonstrated their superior knowledge and power. The marks of these battles are not only inscribed in the sorcerer's consciousness, but





are worn in and on the body. Sorcerers may walk with a limp. Their arms may be impaired. They may become blind. Their betrothed might die before their marriages are consummated. Their children might die young. In the Songhay world, sorcerers must be tough because their actions exact a high price. I had learned, or so I thought, how to be tough.

My victory over a Wanzerbé sorcerer, however, produced mixed blessings. It made me feel invincible, a state which, years later, would make it more difficult for me to come to terms with the lymphoma cells that my body had unexpectedly produced. How could my toughened body have produced lymphoma cells?

News of my "victory" over Dunguri, which spread rapidly through the bush, had also attracted new rivals who wanted to use me to advance their sorcerous reputations.

Because I was now an apprentice on "the path of power," Adamu Jenitongo gave me additional rings, bracelets, and belts that had "drunk" the powerful blood of sacrificial animals. These power objects, like the sorcerer's body, must be fed with food and drink. He told me to wear these rings on the third finger of my left hand, the bracelets on my left wrist, the belts around my waist. He said that this "medicine" would work if and only if it "touched" my body, completing, as it were, the embodied circuit of power. I gratefully accepted these objects and wore them. The sorcerous comprehension of the world so fascinated me that I continued to study it when I returned to the United States to teach anthropology. I spent much time reading about and reflecting on sorcery. I especially wanted to know more about how magical words could protect a person from illness and misfortune.

In 1984 Adamu Jenitongo thought that it was time for me to return to Wanzerbé, which in the intervening years had become for me a space of fear. Sensing my trepidation, he convinced me that I was ready to face my fate. With reluctance, I traveled to the Songhay village of sorcerers, where I hoped to talk with the notorious Kassey. After an arduous journey by dugout canoe across the Niger River and by truck across a trackless country-

side of dunes, thorn trees, and dried-up water holes, I arrived late one night in Wanzerbé. My friend Idrissa, who had been living there for several years, invited me to stay with him.

The next day I tried to meet with Kassey, but was told that she had other business to attend to. I spent the day talking to Wanzerbé elders about the history of the village and its mythic association with sorcery. That evening Idrissa and I ate a tasty dinner of millet and peanut sauce. We then sat in the little courtyard outside his house. People stopped by to visit. Despite the pleasant conversation, I felt vaguely and increasingly sick. When I took a breath, pain coursed through my side. I again felt the anxiety and general uneasiness of my trip to Wanzerbé in 1979. What caused my discomfort? Was it sorcery, poison, or a fever? Our water came from an artesian well. The food? True, others—unseen—had prepared it. Did someone want to do me harm? Both my mind and my stomach churned.

At nightfall I grew progressively weaker, but resisted sleep. Thinking of my past experience with paralysis in Wanzerbé, I believed that sleep would place me in mortal danger. Instead I recited the *genji how,* hoping that I might be protected from potential rivals. By the time the cocks crowed, my efforts had exhausted me. Idrissa, who had spent the night with relatives, came by at daybreak and greeted me somberly. He, too, had forgone sleep. His two-year-old nephew had fallen ill and Idrissa had spent the night in a deathwatch; the young boy had eventually slipped away. Grieving neighbors wailed at the loss of such a young life.

Then I received the other news: Idrissa's maternal uncle had also died in the night. A storm had caught him in his field. He had taken refuge in his straw granary and died of a heart attack. One night and two deaths. I somehow felt responsible. Someone had sent death to me, I thought, and in warding it off I had diverted it elsewhere. Dread swept over me. I felt intestinal rumblings. I ran to the hole Idrissa had dug behind the guest house.





What emerged in my stool, a small white egg, the most serious manifestation of Songhay witchcraft, shocked me. Among the Songhay, the presence of a small white egg in the stool is usually a sign of impending death.

"I've got to get out of here!" I said to Idrissa when I returned.

"There's a truck that's leaving soon," Idrissa answered. By now, he seemed eager to see me go.

"Please tell the driver that I want to go with him," I said.

Attracted by the smell of death, a pack of vultures circled above a nearby cow that had suffered the same fate as Idrissa's nephew and uncle. In great haste I packed my things. Soon a procession of people accompanied me to the truck. The driver started the engine and we chugged up Surgumey, a mountain that overlooks Wanzerbé. At a safe distance and secure in the cab of the truck, I relaxed, having fled a world in which sorcery had almost destroyed me.

I have not been back to Wanzerbé. The town is, to paraphrase Wordsworth, too much with me.

Standing at the gate to the village of the sick compelled me to relive the terror I had experienced in Wanzerbé. Like Wanzerbé, the wait for my sonogram was too much with me. In Wanzerbé my confrontation with mortality slowed the passage of time; it also made me more fully aware of my body. The ten days between my physical and the sonogram appointment also passed at an agonizingly slow pace. The "undefined mass" was with me physically, but more so psychologically. One night I lay in my bed and palpated my midsection. I could feel the mass. Curiosity led me to push too hard. The mass suddenly moved. Pain, both physical and emotional, coursed through my body.

The day of the sonogram appointment finally arrived. Like many days in the mild winter we were experiencing, this one was

sunny, with a few puffy clouds and calm winds. By early afternoon, the day was warm and lovely. The sun shone brilliantly in a clear blue sky. I drove the short distance from my university office to the hospital, which was housed in a building that looked like a Spanish hacienda, with cream-colored exteriors and a red tile roof. I walked into the reception area and was directed back to radiology, a department hidden deep in the hospital. At first glance, everyone in radiology seemed sullen. When I approached the registration desk, the nurse frowned.

"I have an appointment for a sonogram," I stated brightly. Like many people, I somehow felt compelled to be cheery in hospital settings.

"Insurance card," the nurse stated blandly.

I gave her my card.

"Have a seat in the waiting room," she said.

"Will it be long?" I asked.

She shrugged. "Don't know."

I sat down in a rectangular room lined with rows of chairs that faced one another. A TV had been bolted to one wall and was tuned to an afternoon soap opera. Magazines had been piled on the various corner tables and coffee tables. There were no windows. A charming place, I thought, to learn about one's fate.

A large man in overalls, a red plaid flannel shirt, and a green baseball cap sat next to a woman dressed similarly.

"Don't know how damn long this x-ray is gonna take," the man muttered in frustration.

"It'll be soon, honey," the woman said in a soothing tone.

"I hope it ain't broken, that's all. I need to work."

"I'm sure it'll be okay," the woman responded.

Other people sat in silence, read magazines or books, or watched television. I found a copy of *Town and Country* and began to read an article about restoring early-nineteenth-century farmhouses.

Finally, I heard my name called. I walked up to a young





black-haired woman holding a folder. We shook hands. "Follow me," she said.

"I'm doing your sonogram," she explained as we walked down the hall. "Ever had one before?"

"No."

"It's very simple," she said with a smile.

"That's good," I said.

She led me to a dark narrow room with a bed. There was a swivel chair next to the bed and what I took to be the sonogram machine, a large black box with a screen.

"Okay, I'd like you to take off your shirt and lay down on your back."

I did as she asked.

"I want to put this jelly on you. I've warmed it up so it should be comfortable." She spread a clear substance across my abdomen. "Is that okay?" she asked.

I nodded.

"Okay, I'm going to push this instrument around your abdomen."

She passed a probe over my belly in small circular motions. I heard clicking. I wanted to see what had projected on the screen, but couldn't from my position on the bed. She pushed the instrument to the side of my stomach and then came back, again and again, to the left midportion of my abdomen. There, she circled the instrument around a particular spot.

"Can you feel that?" Her eyes focused on the area that she had pinpointed with the instrument.

"No."

"You mean to tell me you can't feel that?" she repeated.

"I can't feel anything," I said as fear began to rifle through my body.

She nodded. "Well, we're done." She wiped my abdomen with a warm cloth. "You can get dressed. The results will be sent to your doctor," she added as she left the room.

precisely pinpointed the tumor's location, they insert a hollow needle into it, and then put an extractor into the tube and clip off some tissue. You'll hear a click, but you won't feel any pain."

The description sent shivers down my spine. "No pain."

"No pain," he repeated. "They take the tissue sample and do a histological assay, which is—"

"A cellular analysis that determines what kind of cancer cells I've got," I said, interrupting him. During many sleepless nights, I had surfed the Internet to educate myself about the new direction of my life. "Will you do the procedure?"

"No. Dr. Stern will do it. She's very skillful." Jim Rosen glanced back toward his office. "Any other questions?"

"No. I appreciate your time," I told him.

"Good luck," he said.

"Why must they all say 'good luck'?" I muttered to myself.

One week later Miriam, who believed that it was important not to be alone when confronting a stressful diagnostic test, took me to the ambulatory care center of the hospital. We walked into a small waiting room. An elderly woman seated behind a small desk greeted us.

"Good morning," she said.

I presented my insurance card and filled out more forms and signed waivers, absolving the hospital of responsibility should some unexpected calamity befall me. She arranged the papers in a neat pile, stapled them, and smiled. "You can go over to the locker area and get changed into a hospital gown." She handed me a plastic bracelet with my name on it. "Put this on your wrist."

In the next room, an attendant gave me a key, a hospital gown, hospital slippers, and a cap. "What are you in for?" she asked.

"A CAT scan–guided biopsy," I stated blankly.

She shrugged and smiled. "Oh, those aren't so bad. They're painless. You'll be out of here in no time," she said. "Come back when you've changed," she said.





When I returned, Miriam laughed at my appearance: blue paper cap, formless gown that didn't cover my knobby knees, blue paper slippers, and an expression of confusion on my face. "I'm ready for the Hunt Cup Ball," I announced.

"Yes, you are," the attendant stated. "Have a seat in Waiting Room Four. You'll be called when they're ready for you." She patted me on the shoulder and muttered the inevitable "good luck."

We walked past a wood barrier that separated the ambulatory care nurse's station from a large square space one had to negotiate to find the various waiting rooms. Waiting Room 4 was situated down a narrow corridor at one end of the ambulatory care unit. In the narrow room of whitewashed cinderblock walls, there were two chairs, a television bolted above the doorjamb, and an examination table. The floor consisted of drab linoleum squares; the ceiling featured fluorescent lights surrounded by porous white soundproofing squares. Having been exposed to so many examination rooms, I began to wonder why they all looked like jail cells. Why couldn't they have windows, bright posters, anything to create a more pleasant atmosphere for those of us who had the misfortune of spending time in them?

Minutes after our arrival, a middle-aged woman introduced herself. "I'm Kathy, and I'll be your nurse. If I can do anything for you, just let me know." She asked the usual questions about diet and premedication. She had a confident, reassuring manner as she set up the IV.

"Am I going to get iodine?" I asked with no shortage of trepidation.

"No, they don't need to do a contrast with this procedure."

"Then why do I need the IV line in my arm?"

"They'll probably give you something to relax you when you're in the CAT scan."

"But they told me that the procedure is painless."

"Did they?" she said, looking surprised and shaking her head.

"Is it painful?" Miriam asked.

"There is some discomfort, but the tranquilizer helps. You'll appreciate it, it's quite nice."

I turned to Miriam. "I'm finally getting legal drugs."

Nurse Kathy smiled. "Enjoy them!"

"Under the circumstances, that's the least I can do," I responded.

The procedure had been scheduled for 10:00 A.M. After Nurse Kathy left, I looked at the clock in Waiting Room 4 and began an informal countdown. Although it was difficult to carry on a conversation, Miriam decided to wait with me. I didn't know what she might be thinking. I continued to ponder my radically transformed life. I wondered what the procedure would be like and what the tissue samples would reveal. Would the analysis bring with it a signed, sealed, and delivered death sentence? Would it, like the other diagnostic results, be inconclusive? My current circumstances had compelled me to spend quite a lot of time thinking about my life. Had it been a good life? Had I done what I wanted? Had I brought more joy than sorrow to family and friends? My thoughts made me both grateful and angry. I was grateful for my opportunities. I had lived many years in West Africa and met extraordinarily interesting people. I had been able to teach my passion—anthropology—and continue my research among West Africans. I had had the satisfaction of writing and publishing books. Most important, I had experienced much love in my life. But I felt like I was still young. There was so much left to do. I was not ready to die.

As these thoughts raced through my mind, the time for my assignation with destiny—ten o'clock—had long passed. Miriam looked at me and reached for my hand. "It's almost eleven. What's going on?"

"They always run behind," I suggested.

"I'm going to ask the nurse."

Minutes later she came back with Nurse Kathy.

"Guess what? They have not received paperwork from The





Cancer Center," she explained, referring to the main treatment facility of Joel Rubin's group practice.

"That's right," Nurse Kathy said. "They can't go ahead with the biopsy until they get the necessary paperwork from Rubin."

"Paperwork?" I asked.

"They need the results of the physical you had the other day," Nurse Kathy stated. "We've been phoning The Cancer Center to have them sent over."

"Meanwhile," Miriam said irritably, "Paul has to sit here, waiting."

"It's terrible," agreed Nurse Kathy. "I'll keep on trying to get them to fax over those notes."

"Thanks," I said, but I was angry. I felt like an object, a piece of baggage that had been misplaced. Sitting in Waiting Room 4 for hours dehumanized me. I had quickly learned the true meaning of the word *patient*. Considering medicine as an institutional system, "patients" must be "patient," for they have few rights and limited importance. In his highly acclaimed book about contemporary medical care, *The Wounded Storyteller*, Arthur Frank suggests that patients are subjects who are colonized by medicine.

> The modern experience of illness begins when popular experience is overtaken by technical expertise, including complex organizations of treatment. Folk no longer go to bed and die, cared for by family members and neighbors who have a talent for healing. Folk now go to paid professionals who reinterpret their pains as symptoms, using a specialized language that is unfamiliar and overwhelming. As patients, these folk accumulate entries on medical charts, which in most instances they are neither able nor allowed to read. (p. 5)

Waiting at the hospital for my CAT scan–guided biopsy, I felt very much like a colonized subject. No matter how strained my circumstances, I would have to wait and be patient.

Given the realities of the American medical system, patients are often treated with insensitivity. It is also clear that physicians and other medical professionals are overtaxed. How many patients does a family physician, let alone an oncologist, see on any given day? A few minutes before each examination or consultation, the physician pulls your chart, quickly familiarizes herself or himself with its particulars, and then with varying degrees of skill, attempts to engage in a personal encounter. Ever conscious of time constraints, doctors are often forced to cut short their conversations with patients. Sometimes, important topics of discussion—for both physicians and patients—are bypassed.[6] In most cases, the patient is encouraged to be her or his own advocate. Don't be afraid to ask your doctor about new treatments or clinical trials. Don't be afraid to state your reservations about this or that therapy alternative. "Don't forget that you are," as Brian Markson had told me during one of our consultations, "in control of your own treatment." Well-informed patients receive better treatment. In the world of contemporary medicine, if you want satisfactory treatment, you have to be a strong advocate. This advocacy, of course, takes considerable energy, which you may or may not have.

Among the Songhay people, the relationship between healer and client works very differently. The healer is your advocate. He or she pays much attention to your being and serves as a guide through the thickets of the village of the sick. While residing in Adamu Jenitongo's compound, I once contracted a nasty gastrointestinal illness that made me miserable. To treat myself, I took some Western medicines.

"Could I see your medicines?" Adamu Jenitongo asked.

I gave him my tablets.

"This might be good for problems in your country, but our medicines might be better."





"I'll try anything."

He took my hand and led me into his conical spirit hut. "If you are feeling bad," he said, "the world is not right." He took out his divining shells and threw them in the sand. "Before I can give you plants, I need to set the world straight and then find a plant that is right for you. I will try to guide you back to health."

And he did. After consulting the shells, he asked me to give away a box of sugar to the children in the neighborhood. He also prescribed a tree bark, which I was to soak in hot water. Because Adamu Jenitongo's manner was kind and soft, I drank the decoction he prescribed with quiet confidence. I immediately felt tightness in my abdomen.

"That's the plant working," Adamu Jenitongo observed.

Several hours later, my ailment had disappeared. Through his care and advocacy, the world had been set straight.

Responding to a much less personalized situation than I had experienced among the Songhay, Miriam finally ran out of patience. "This is so ridiculous. I'm going over to The Cancer Center to find out what's going on."

Twenty minutes after she left, the nurses received the missing papers and came to Waiting Room 4 to announce that the procedure was now scheduled for twelve o'clock noon.

Miriam returned several minutes before I was taken up to the CAT-scan room and told me of her heated encounter with staff regarding my medical file. "I asked the women behind the desk why it was taking so long for those notes to get sent over to the hospital. I asked them if they would like to be sitting in a narrow cell for hours, hungry and stressed, attached to an IV drip, waiting for something as serious as a biopsy. They looked rather embarrassed. I guess they didn't like hearing complaints in front of their patients."

"Whatever you said, it worked," I told her. "They got the papers twenty minutes after you left." The incident made me angry, though. I was being treated as if my time were of no consequence. I was grateful for Miriam's intervention. I realized that despite their isolation and psychological distress, patients sometimes needed to be impatient and demanding in order to be treated with a degree of dignity and respect in the medical system. As I lay there hungry, anxious, and tired, I wondered if I was up to the fight.

Finally Nurse Kathy came back to the waiting room. "We're just about ready. I apologize for the wait, but I hope everything will move smoothly now."

"When do you think he'll be finished?" Miriam asked. She seemed tired—ready to escape to the normal world for a short time.

"About two hours."

"I'll be back then to pick you up," she said as she squeezed my hand and left.

Soon after, an elderly man in blue hospital scrubs arrived with a gurney. I sat down and lay back and the man snapped the protective rail into the up position. He pushed me through the hospital's basement corridors as I looked up at a network of pipes. For some reason, the ceiling seemed to be curved, which made the corridors more like tunnels than hallways. In my state, I felt like I was being pushed through a large intestine. After several turns, a descent down a ramp and an ascent up an elevator, we finally arrived at CAT scan. The man parked me in a hallway. In the distance, I could hear the familiar whir of the scanner. Apparently, I'd have to wait a bit longer.

Two nurses appeared after a few moments. They again apologized for the delay and peppered me with questions about my allergies and other medical conditions.

"What are you having done today?" one of them asked.

"They need to take a biopsy of a mass in my abdomen. It





could be a bowel obstruction," I added, giving voice to wishful thinking.

"Could be," one of them replied skeptically.

The attending radiologist walked in just as the nurses had finished their interview. "Good day, Mr. Stoller. I'm Dr. Stern. How are you today?"

"I'm a little nervous," I admitted.

"We'll give you something to calm you down once we get going." A white laboratory coat offset her dark hair and olive complexion. Her comportment inspired confidence; besides that, I had cousins whose name was Stern. "So we're going to get some tissue from the mass in the abdomen?"

"That's right," I said.

"Did anyone put a scope down your throat to look at your bowel?"

"No," I answered, bewildered by her question.

She shook her head. "I can't believe," she said to the nurses, and perhaps to me, "that they didn't look to see if there was bowel involvement. The tumor is so close to the bowel."

This comment, as one might imagine, did not have a calming effect. Could they be wrong? I wondered. I desperately wanted to have confidence in the abilities of my physicians and in the diagnostic procedures they employed. If I felt that I was in competent hands, I might be able to deal with the "undefined mass" growing inside of me.

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What is it about our medical system that provokes a crisis of confidence? American medicine is the envy of the world. Medical science has advanced in leaps and bounds in the past few decades. Sophisticated imaging technologies like CAT, PET, and MRI scans have increased diagnostic precision.[7] New surgical techniques have not only improved the patient's quality

of life, but have extended her or his life expectancy. Expanding knowledge of human genetics has produced new anticancer drugs like Gleevec and Herceptin that extend and improve the lives of cancer patients.[8] Men and women with cancer are able to live longer and fuller lives.

Perhaps part of the problem lies in how medical specialists envision their profession. All of them are trained in science and employ the scientific method to diagnose and treat diseases. They use increasingly sophisticated and expensive technology to refine their diagnoses and treatments. Given the expense that a technologically sophisticated medicine entails, they have become increasingly entangled in medical institutions. Institutional demands—including extensive paperwork—increase the medical professional's patient load, meaning that there is less time for individual patients, who often get lost in the system.[9] Among the Songhay, the healer, who has the time and symbolic stature to inspire confidence, guides the client through the illness. The healer holds your hand and walks you through the twists and curves of the village of the sick. The healer attempts to set the world straight so that you might return to the village of the healthy.

As I lay on the gurney in a hospital corridor outside the CAT-scan room, the world seemed hopelessly out of whack, a sense that my expression must have betrayed.

Karen Stern looked at me. "Are you okay, Mr. Stoller?"

I nodded.

"Do you have any questions about the procedure?"

"No."

"Good. We should get going in a few moments. Good luck."

I managed to walk into the CAT-scan room and get on the gantry, the narrow platform that transports the subject into the





center of the machine. A nurse attached a pulse monitor clip to my right index finger. She also attached the sleeve of the blood-pressure machine. She smiled. "You've been in the CAT scan before?"

"Once."

"Well, this time you don't have to hold your breath and you won't be getting iodine."

The sight of wires and sleeves attached to my body at the precipice of a body-consuming machine was pretty unsettling.

The nurses joined Karen Stern behind the protective partition. The machine took my body into its innards. I looked up and saw a beam of light. The machine whirred. After a few moments, a nurse came in and coated my abdomen with a yellow-brown sterilizing fluid. She then lay a square matrix that looked like a checkerboard over my abdomen. Guided by the CAT-scan image of the tumor, Karen Stern isolated an entry point on my skin. Accompanied by the nurses, she came into the room and marked an *X* on my abdomen.

"How are you doing?" she asked.

"Fine." I was beginning to realize that it was easier to simply say "fine." This pleasant physician, I reasoned, did not have the time to listen to recitations of pain and anxiety.

"Would you like more tranquilizer?"

I did not want to admit my weakness. Being strong was a central part of my middle-class male socialization. What's more, my experience in the Songhay world of sorcery had conditioned me to be tough. "I'm okay."

"We are about ready," she said. "I'm going to insert a hollow needle into the tumor and then remove tissue samples. The click that you'll hear means that I gathered some samples and have removed them through the tube." She studied my facial expression.

"Are you ready?"

"Yes," I said.

She left and returned with biopsy instruments. She held the

hollow needle in her hand. "Okay, I'm going to insert the needle. Take a deep breath and hold it."

I took a deep breath and she stuck the needle into my abdomen. I felt a considerable amount of pain as the needle slowly entered what I took to be the tumor. "We're in," she said to the nurses. "How's his pressure?"

One of the nurses looked at the machine, which had been reading my blood pressure. "It's not working," she stated flatly.

"I'll do his pressure by hand," the other nurse said.

Meanwhile, I looked at the needle, which resembled a knife stuck in my gut. My pulse raced. The sleeve of the manual blood-pressure device tightened around my arm. Karen Stern stood next to me. "Excuse me," I said finally, "but I think I would like a little more of that tranquilizer."

"Give him twenty-five milligrams more," Karen Stern said.

My pulse slowed; blood pressure returned to normal. I looked at the hollow tube sticking out of my stomach and didn't care anymore. I noticed the watch Karen Stern wore on her wrist. "Would you like a new watch?" I asked. "I can get you a Rolex in New York for twenty bucks."

"Oh, really," she said. "I'd like that."

"Guaranteed for two weeks," I said, thinking about how far away I was from my field research on the streets of New York City.

She looked at the nurses. "I think we're ready." She looked at me. "I'm going to extract some tissue samples now," she said. She leaned over me and inserted an instrument into the tube. I heard a click. She then carefully put the tissue sample in a container. She extracted four small slices of the tumor.

"Is it over?" I asked, having failed in my attempt to divert my thoughts from the procedure.

"It is. You did great." She patted my shoulder. "I'm looking forward to the Rolex." She started to walk out. "The nurse will give you postoperative instructions. Good luck."





The nurses put a bandage on the entry point.

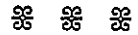
"You did great, Mr. Stoller," one of the nurses said. "They'll take the samples to pathology to determine what kind of cells are present."

I got off the CAT-scan gantry and staggered over to the transport gurney. A volunteer was waiting. "Ready to go?" he asked.

"Yes."

"We really enjoyed talking to you, Mr. Stoller," one of the nurses said. "Maybe I'll take one of your courses at the university."

"That would be great," I said as the volunteer took me back to Waiting Room 4.



After the biopsy I struggled to resign myself to a life with cancer. My world had changed. Prior to the office visit with Brian Markson, I hadn't thought very much about my health. I hadn't pondered the possibility of a "premature" death. The members of my family generally lived long lives. Now, as the time between the CAT scan–guided biopsy and the laboratory results stretched into an interminable wait, I had come to a fork in the road. What kind of cancer cells did I have? Before this stretch of diagnostic procedures, I thought that I, like the men in my family, would enjoy good health well into my nineties. Now I wondered if I would survive one year, two years, perhaps five. Ten years suddenly seemed like a lifetime. If only I could have another ten years.

Like a character from Dostoyevsky's *The Brothers Karamazov,* I felt like a defendant in an existential trial. I had somehow violated some law, which meant that medical professionals felt compelled to gather evidence. At first the evidence had been inconclusive, which meant that they had to gather more data. At no time did these investigators, as in Dostoyevsky's

philosophical thriller, reveal to me the full substance of their findings, let alone their thoughts and feelings about them. They remained tight-lipped, but did manage to say, "We need more information." As the defendant in this existential trial, my state of helplessness gradually gave way to numbness. Being numb made the trial easier to bear.

When sentencing day finally came, Miriam drove me to my appointment with Joel Rubin at The Cancer Center. My anxiety was overwhelming. I didn't notice my surroundings. Like a zombie, I signed in, sat down, and waited. Several minutes later, Joel Rubin came out to greet us. He then personally took my weight and blood pressure. Once he recorded those numbers, he asked us both to follow him back to an examination room. I felt like a dead man walking to the gas chamber. Once we were seated, Joel sat on a swivel chair, looked at me, and took a deep breath.

"Paul, you have cancer," he said softly. "Non-Hodgkin's lymphoma."

Even though I had expected such a pronouncement, the word *cancer* still shocked me.

"The bad news," Joel went on, "is that its cancer. The good news is that it appears to be a slow-growing lymphoma. Your tumor has been growing a long time."

"Can I see the lab report?" I asked.

He gave me two sheets. I glanced at a section marked "B-cell follicular lymphoma," a cancer of the blood cells that fight infection.

Miriam asked: "What's the prognosis?," a rather unencumbered way of asking how long I would live.

"We've made great progress in lymphoma treatments," Joel explained. He wrote down several Internet addresses. "I would recommend checking out these sites. They have a great deal of information on lymphoma. You should also look up the literature on Rituxan, which is a new antibody used to attack lymphoma cells. Rituxan has improved treatment responses." Joel





seemed to think that information might be one way to deal with anxiety.

"But what about Paul?" Miriam asked again.

Joel leaned forward in his chair. "Given his age and physical condition, I would expect Paul to live for decades."

That began to make me feel a little better. "Will I need to get chemotherapy?"

"Yes. You can wait until the disease is symptomatic, if you like. You can get traditional chemotherapy drugs for lymphoma. Or you may want to opt for a newer treatment that combines Rituxan with the chemotherapy drugs. First, I'd like you to learn as much as you can about the available treatments and then we'll make an informed decision."

As he mentioned the awful inevitabilities that I would have to endure, I heard Adamu Jenitongo's soft voice. I hadn't heard that voice for a long time. As always, it came to me during pivotal moments. "Do not be afraid," he said. "No matter what happens, I'm still with you." The voice filled me with quiet confidence, but I wondered where it might lead me.

As Adamu Jenitongo's voice faded away, Joel pushed his chair a bit closer to us. "Before you can make a decision about treatment, we need to stage the disease."

"What does that mean?" I asked.

"Based on the CAT scan, we know that lymphoma cells have not spread to your lungs, and the physical exam indicates that your peripheral lymph nodes are normal. But we do need to know if the bone marrow is involved."

"How do you do that?"

"A bone marrow biopsy," Joel said. "And if it's okay with you, we'd like to do that today."

"What does that entail?" I asked, fearing the worst. I had hoped to have a short respite from diagnostic tests.

"It's not too bad. I've had patients get them and go off and play sports."

"But what does it entail?" I asked again.

"After numbing the back of your pelvis, I'll stick a needle into the bone and extract bone marrow samples. You shouldn't feel anything, except for a little pain when I aspirate the marrow."

"That doesn't sound like fun, but let's get on with it." I wanted to get this over with as soon as possible.

"Miriam," he said, "you can stay if you like."

"No. I'll wait outside," she said.

When she had left the room, I looked at Joel. "You know, this has hit me like a hammer. Here I am in full stride. I'm writing, teaching, and traveling. I enjoy my life, I feel well, and now I have to confront cancer."

"Well," Joel said sympathetically, "let's try to get you into remission. There's no reason why you can't lead a full life. You'll have to manage your lymphoma forever, but it *can* be managed." He stood up. "I'll go and get the nurse."

A few moments later Joel came back with the nurse, who carried a tray of test tubes and microscope slides. Joel put on latex gloves. The nurse helped him into a surgical gown.

"Okay, Paul, I'd like you to lay facedown on the table and loosen your pants."

I lay there with my backside exposed, feeling even more vulnerable.

"First I'm going to swab you with this sterile fluid."

I felt the fluid spread over the small of my back like a cool, soft wave.

"Now," Joel said softly, "I'm going to inject novocaine into the pelvic bone. It will hurt a bit at first."

Joel was true to his word. The pain made me wince. "You weren't kidding." I said.

Joel moved an instrument around my pelvic bone. "Okay, I'm going to aspirate now. This is going to hurt, but just for a moment."

As I heard the sucking noise, the pain, though of short duration, took my breath away.





I made it through the rest of the biopsy by simply gritting my teeth and hoping that it would end quickly. Unfortunately, the procedure had to be repeated on the other side of my hip. Finally, Joel looked over the quality of his samples and said, "I think we've got enough. We're finished." I heard tape being drawn and cut. "I'm going to get you bandaged up and you'll be ready to go."

I managed to pull up my jeans and roll off the examination table.

"You shouldn't shower for twenty-four hours," Joel instructed me. "Make sure to change the bandage every day. Don't take a bath. If the insertion site becomes red, call me. That's not likely, though. We'll have the results of the biopsy shortly. Call me for the results and come back in one month to begin your treatment."

"Thank you," I said as I walked stiffly to the door. The agonizing diagnostic trial had ended and a verdict had been rendered. I had an incurable disease, but at least now I knew that my death was probably not imminent. I had officially become a cancer patient.

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Being thrust into a new world that would change my life forever prompted me to think long and hard about my experience among the Songhay people of the Republic of Niger. I thought not only about my experiences as an apprentice to Songhay sorcerers, but also about how differently Americans and Songhay people experience the world. One great difference is how Americans and Songhay reckon time. I relived endless rides on public transportation through the Nigerien countryside. As a young anthropologist, I often took *le rapide,* usually a sputtering bus that would chug up the slope of a mesa. Overloaded and burdened with worn brake pads, it would dangerously race down

the slope. You never knew what would happen when you took *le rapide*. You could be certain, though, of two things: there would be frequent stops along the way and the trip would take longer than expected. Drivers would stop, of course, to pick up passengers. In the afternoons, they would stop to recite obligatory Muslim prayers. If it was market day in a particular village, they might stop there. Sometimes they would stop to repair a flat tire—always a possibility on dirt roads where sharp acacia thorns had fallen from the trees bordering the highway. Sometimes drivers would run out of gas, which could cause very long delays.

At first I found it difficult to adjust to these circumstances. Like most Americans, I wanted a trip to be speedy. If I boarded a bus, I wanted to arrive at the destination "on time." In fact, I would choose public carriers, airlines mostly, that, according to travel experts, had a high percentage of on-time arrivals. This informed choice created a sense of certainty. If I chose airline X it was almost certain that I'd be on time. Feeling confident about the outcomes of our choices gives us a sense of control over our lives—something that most Americans strive for.

Most Songhay people see the world quite differently. They believe that they have little control over what happens to them. Many of them follow a fatalistic path in which uncertainty, rather than certainty, governs their journey through life. Most Songhay people never know what to expect when they board *le rapide*. Many people I got to know in Niger, in fact, exhibit what the philosopher John Dewey, in *The Quest for Certainty* (1929), called negative capability—the rare quality of being able to live with ambiguous uncertainty.

Like many Americans, I have a difficult time dealing with ambiguous uncertainty. In our mainstream culture, we prefer quick, clear, concrete answers to difficult questions. We'd like to believe that we are able to control our destiny. We expect our flights to be on time. If we get sick, we expect a quick fix. What





better way to treat illness than to take a course of antibiotics and get better? How many of us are able or willing to jump into a fast-moving stream and let the current carry us to an uncertain destination? Most of us would feel that we were being foolhardy if we did so.

The process of diagnosis, of course, erases certainty from a person's life. The possibility of serious illness involuntarily throws you into a fast-moving stream, the current of which is carrying you to an uncertain destination. "You've got something," people will say, "but we don't know what it is." "We have to run more tests, but don't worry, it's probably not a serious problem." "You've got an undefined mass in your abdomen," people say, "but it could be nothing at all. Be easy on yourself. Try not to think about it."

Diagnosis is a patchwork of contradictions that forces you to admit that life is filled with imponderable uncertainties. How do we cope with these diagnostic uncertainties? Overcoming considerable doubt, some people attempt to march forward with confidence. "Nothing can happen to me, I'm fit," they might say. "I'm sure it will turn out okay." In some cases, the diagnostic experience, if my case is at all typical, has a numbing effect. If one becomes desensitized, she or he is protected from the distress that uncertainty precipitates. Another strategy is to push uncertainty into the background of consciousness. If you are consumed with work or family matters, you'll spend less time worrying about what's wrong. This strategy minimizes what social psychologists call "rumination"—thinking endlessly about a problem. Rumination promotes a wide assortment of negative emotional consequences. Most people, of course, combine bits and pieces of these strategies to cope with the diagnostic process.[10]

None of these strategies seemed to work well for me. I tried to convince myself that nothing was wrong. I told friends that I probably was okay, but the uncertainty of my situation prevented

me from feeling positive about it. The endless series of sonograms, CAT scans, blood work, and biopsies made me numb, but the mental buffering that such insulation provides didn't protect me from uncertainty. The "painless" procedures I lived through filled me with fear; they also made me feel like a patient, a powerless subject. I tried throwing myself into my work. I taught with newfound energy. I made progress on a book manuscript. I volunteered to write book reviews and evaluate manuscripts. No amount of denial, numbness, or work, though, could erase my awareness of the "undefined mass" growing in my abdomen.

I longed to be more like the Songhay. Why couldn't I let fate carry me away to some unknown destination? Why couldn't I live with ambiguous uncertainty? The voice of Adamu Jenitongo came to me regularly in my dreams. He would say again and again: "Remember the path, remember the path." One night close to the end of the diagnosis ordeal, I recited *haro guso*, "the water container," an incantation that Sorko Djibo Mounmouni, the son of my first teacher, had taught me in 1977. It is designed to reinforce your power during difficult times.

HARO GUSU

> I must speak to N'debbi, and my words must travel until they are heard. N'debbi was before human beings. He showed human beings the path. Now human beings are on the path. My path came from the ancestors [my teacher, my teacher's teacher]. Now my path is beyond theirs. The path is war. When there is war, men have thirty points of misfortune; women have forty points of misfortune. A person has many enemies on the path, enemies who will seek him out. The evil witches can search a person out with evil medicine, and a few of them will be overcome. They say that the evil genies will seek a person out and a few of them will be overcome. They say





> that the devil's children will seek a person out, and a few of them will be overcome, and the spirits of the cold will search a person out, and they, too, can be mastered. All of them are on the path; some of them can be mastered.

Chanted over a gourd filled with water, pulverized tree bark, powdered plants, and certain perfumes, this incantation, recited to the Songhay deity N'debbi, attracts back to its host body a soul that has been stolen by witches. Unlike most incantations among the Songhay, this one describes a path through life filled with potentially fatal conflicts that one must continually confront. Men have thirty points of misfortune; women, who rarely fare better than men in Songhay society, have forty points of misfortune.

If you are a Songhay person and expect to confront thirty or forty points of misfortune on your path, you spend much of your time trying to prevent an inevitable confrontation from completely devastating your life. Resisting the inevitability of misfortune is, as the Borg of *Star Trek* fame would say, futile. From this standpoint, the fiction of control dissipates.

Most Songhay people believe that points of misfortune are crossroads—spaces of danger in West African systems of thought. Although crossroads in Songhay country often conform to the familiar intersection model, many of them, especially in rural areas, are literally forks in the road. One path ends. Two new ones branch off, to the left and to the right. As you travel through life, you invariably come to crossroads, points of misfortune, spaces where the spirit and social worlds intersect, where forces in the spirit world "seek a person out." Standing upon a point of misfortune, you must decide which new path to follow. Here the wrong decision can have devastating consequences. If you make the wrong choice, you suffer through a shortened life filled with distress and illness. If you make the right choice, you live a longer life filled with laughter and

health—until, of course, you have to negotiate the next point of misfortune. However you may view it, this reality is a hard one to bear.

Even so, it is a reality that makes sense for cancer patients. You have been told that you have cancer, an event that marks a point of misfortune. As you stand on that point of misfortune, you reconsider your life with what the French dramatist Antonin Artaud called "cruel" honesty. You have come to the end of one path—a fork in the road, which, you also realize, is a point of no return to the village of the healthy. Your life has been forever altered. You look back wistfully, but there is no way back to the past. Events have compelled you to decide which path to follow into the village of the sick. You also know that you alone will bear the consequences of that decision.

When I found myself standing on this point of misfortune in my oncologist's office and heard the news, I desperately wanted someone—anyone—to tell me what to do. Adamu Jenitongo's voice came to me, as it had many times in the past, but provided no direct guidance. When Songhay sorcerers confront a point of misfortune, as Adamu Jenitongo would say, they must find their own way. They must choose which path to take and bear the consequences. Confronting their own point of misfortune, cancer patients must make the same fateful choice.

That is the reality that the newly diagnosed cancer patient faces; it is a hard reality to bear.



CHAPTER TWO

# Harmonizing the Bush at The Cancer Center

On a beautiful spring morning several weeks after I had been diagnosed with cancer, my brother Mitch took me to The Cancer Center for my first chemotherapy treatment. For over a month I had lived with the devastating knowledge that I had a tumor "the size of a small grapefruit," to quote Joel Rubin, my oncologist, growing in my abdomen. Because it was a slow-growing cancer, Joel hadn't felt it necessary to rush right into treatment. The biopsy of the bone marrow, moreover, had been clear of lymphoma cells. I therefore had one month between final diagnosis and first treatment to try to adjust to my new life as a cancer patient.

During that month I struggled to lead a "normal" life. I continued to teach. I traveled to New York City to talk to West African immigrants in Harlem and Chelsea, continuing my research project. I went to Chicago to testify as an expert witness in a political-asylum hearing. My friend Miriam dragged me to a couple of my favorite restaurants and to several films. I even made a weekend trip to the beach, where I own a small house.

Despite these distractions, nothing could keep me from thinking about what was happening to me. I worried constantly

"I know." Even this gloomy pronouncement did not bring my soaring spirits back to earth.

"You could also elect to get antibody treatment in six months. We don't have very much clinical evidence, but Rituxan could knock out any stray lymphoma that the scans didn't pick up. That could extend remission," he said. "You could get a series of treatments, one a week for six weeks."

"I think I'd like to do that," I said.

"Minimal side effects with a very positive potential," Joel stated. "I'd do it."

We spoke then about the uncertainties of remission, the likelihood of the cancer returning. After a short while Joel said, "This is a good day. Let's keep the focus positive. You're in remission. Go get your champagne and celebrate."



CHAPTER FOUR

# Remissioning Life

On the day that I entered remission I bought several bottles of Cordon Rouge. I invited Miriam and several other friends to my apartment to celebrate. Once we had all assembled, I proposed a toast: "To years of health and happiness." The champagne tasted cool, sharp, and delicious. As I filled the flutes for the second time, I wondered about the meaning of the toast I had just proposed: how many years of health, exactly? How long could I expect to remain in remission? Joel Rubin had not been able to answer that question when I posed it to him earlier that day at The Cancer Center.

"You could be in remission for two years, five years. In some cases, people remain in remission for ten years. In other cases, the lymphoma comes back after six months, which would be terrible."

"I'm really in uncharted territory then," I stated.

"I'm afraid so. You'll need to get CAT scans to monitor your condition. Let's hope that they show stability. Let's hope they show that the disease hasn't progressed."

"Remission is a difficult path to follow," I said.

Joel nodded.

The term *remission* comes from the verb *to remit*, which can

refer to, among other things, states of relief, abatement, hiatus, interruption, respite, stoppage, and subsidence. Except for stoppage, none of the states connoted by *remission* signifies a condition of permanence. Such words as *relief, abatement, interruption, respite,* and *subsidence* suggest an eventual return to a preexisting state. *Hiatus* refers to a temporary place between what was and what will be. Even *stoppage* betrays an indirect impermanence. In the end, remission means spending years "being on hold," "waiting for the other shoe to drop," or "sitting on your hands." It is not an easy place to be.[1]

Entering the state of remission prompted me to think about Claude Levi-Strauss's classic work, *Tristes Tropiques*, a memoir that tells the story of Levi-Strauss's first field mission to Brazil in the 1930s. It is a book filled with sensuous descriptions of the tropics as well as brilliant observations about the human condition. One chapter, called "The Doldrums," evocatively captures the personal significance of going to an exotic land to conduct an anthropological field study. On a steamer en route to Brazil, Levi-Strauss writes about what it is like to sail through a zone in the Atlantic—"the doldrums"—where the northerly trade winds end and the southerly trade winds have yet to begin. In a memorable passage, this distinguished anthropologist writes about how storms form at the edge of the doldrums. Stationed at the deck rail of the ship, he describes the slow buildup of black storm clouds, which eventually bear down on the steamer only to suddenly stop as if they had hit an invisible wall. Then the clouds curiously "turn around" and move back toward the north. Observing this bizarre weather pattern compelled Levi-Strauss to think what it would have been like to negotiate the doldrums in an eighteenth-century sailing vessel. In that time the doldrums were a point of no return. Once in this zone, wind patterns made a quick return to the familiar and comforting life of the Old World exceedingly difficult. Caught in the dead calm of the doldrums, travelers had to slowly proceed south and west.





Eventually, ships caught a southwesterly trade wind that propelled them toward unknown worlds in which alien peoples spoke exotic languages. Although most travelers would eventually return home, Levi-Strauss suggests, experiences in the New World would forever change their perception of the Old World.

When cancer patients enter the zone of remission, it is not unlike negotiating the doldrums. You are in a space between the comfortable assumptions of your old life and the uncomfortable uncertainties of your new life. You have long left the village of the healthy in which sickness is a temporary respite from good health. Once you enter the village of the sick, as I have suggested, you can never fully return to the village of the healthy.

During chemotherapy, you reside deep within the village of the sick. The routine of treatments and side effects consumes your conscious thoughts and soaks up your time. When you reach remission, however, you are not unlike Claude Levi-Strauss's eighteenth-century traveler on a voyage to the New World. Having regained your equilibrium, you have the energy to walk to the gate of your new village. From your vantage you see the open gate to the village of the healthy. In your state of "respite," you can leave the domain of sickness and walk the short distance to the space of health. People there know you and greet you. Even so, you realize that you have changed. People talk to you and wish you well, but you quickly understand that your time in the village of the sick has set you apart. You desperately want to live again in the village of the healthy, but sadly understand that your place is elsewhere. In the village of the healthy, you are surrounded by friends and family, but often feel alone. In the village of the sick, a way station on your journey, you are surrounded by strangers, but are silently bonded to them. They know what you know.

Seen in this light, remission is an example of what anthropologists have called "liminality." The late Victor Turner, one of the most influential anthropologists of the twentieth century,

wrote extensively about the liminal state. "Liminal entities," he wrote in his book *The Ritual Process*, "are neither here nor there; they are betwixt and between the positions assigned and arrayed by custom, convention, and ceremonial" (p. 95). People in liminal states tend to be humble. They usually do what they are told to do—often without complaint. They accept regimens of pain. They are reduced to a common denominator so that they might be reconstructed. These processes create an intense camaraderie, which washes away previously recognized differences in age, social status, and ethnicity. Turner called this camaraderie "communitas."

Liminality is a common phenomenon in human experience. It is a central feature of what anthropologists call "rites of passage." A rite of passage is a ceremony that marks a transitional event in the life cycle: birth, initiation, marriage, death. Before an initiation rite, for example, young boys and girls are considered children. During initiation, they receive specialized training about hunting, farming, sexuality, and religion. During this period of liminal training, groups of initiates, who are now considered neither children nor adults, are often isolated in sacred spaces reserved for the learning of important and powerful secrets. At the end of training, ceremonies are performed that mark the transition from childhood to adulthood. In some societies, this transition is marked by circumcision or ritual scarification. In a few societies neophytes are literally buried. They leave their childhood in mock graves and arise from them as full-fledged adults.

In the Jewish tradition the bar or bat mitzvah is a rite of passage that comprises all of these ritual properties. Before the bar or bat mitzvah ceremony, boys and girls are considered children. They cannot fully participate in Jewish religious activities. Several years before the transitional ceremony, religious specialists not only verse them in the history and principles of the Jewish tradition, but also teach them to read and write Hebrew. They





go to Hebrew school, an experience that they share with other neophytes in the spirit of communitas. In time, they are ready to demonstrate their competence before a congregation. During the ceremony, they recite prayers in Hebrew and give a speech about what it means to come of age in the Jewish tradition. At the end of the ceremony, either a Friday night or Saturday morning Sabbath service, the rabbi acknowledges the neophyte's new status as an adult member of the religious community.

In many ways cancer patients are very much liminal figures in society. Like neophytes, cancer patients are often socially set apart by stereotypical images: a pallor, a hairless head, a shuffling walk, a skeletal body. These are images of impending death. Given our intense fear of death in American society, people who trigger these images do not fit into the routine of prescribed social patterns. Like many neophytes, cancer patients also submit to a regimen of pain—chemotherapy, which they usually receive in infusion rooms. These spaces are often arranged to encourage informal talk and camaraderie. Communitas may or may not develop in the infusion room, but cancer patients who are in or have completed treatment—"survivors"—are encouraged to participate in support groups.[2] Bonded by the cancer experience, strangers feel comfortable enough to express their fears—of pain and death—to one another in ways that would make an "outsider" uncomfortable. From a liminal vantage, these encounters are part of "survival" training, a way of making treatment and remission easier to bear.

There is, however, a twist to the cancer patient's liminality. For most neophytes liminality is a transitional state. Most people are in liminal states for only short periods of time, after which they are reintegrated into society. After spending months in a West African sacred forest where they learn the secrets of the hunt, teenaged boys look forward to returning to their villages as young men. When they return home they are no longer liminal figures—no longer betwixt and between. What can the

liminal cancer patient look forward to? During treatment, you look forward to the end of chemotherapy and its debilitating side effects. At that point, you are in remission, which continues rather than ends your liminality. The twist, then, is that the liminality of the cancer patient may subside, but it rarely ends. Even though you are feeling fine, there is, for all intents and purposes, no full-fledged return to the village of the healthy.

Cancer patients, of course, are not the only people who live in a continuous state of liminality. Consider the lives of immigrants. They leave their ancestral homes and settle in new lands in which the language is foreign and the customs are exotic. Even if immigrants have a long history in their adopted lands, they may not truly feel at home. Even if they return to the land of their birth, their experience overseas will have changed them. They will see home through different eyes; concomitantly, the people at home will also see them differently. These dynamics, which may make the immigrant feel out of sorts, sets a course of continuous liminality.

Sorcerers are the masters of liminality. Among the Songhay, sorcerers live in shadow lands where life is more than what it seems, where one must be prepared to walk with great care and purpose. They wander in the space where the social and spirit worlds intersect. As they move forward, they must continuously think about the liminal space they inhabit. One careless move can have devastating consequences. They are, to paraphrase Victor Turner, neither here nor there. Given the uncertainties of the sorcerer's life and the mysteries of his or her power, people try their best to avoid these "spiritual guardians." Upon seeing the approach of a sorcerer, Songhay might walk the other way. Most Songhay villagers choose to live far away from the sorcerer's family—lest they be burned by the sorcerer's unbridled power. Adamu Jenitongo lived at the edge of Tillaberi, a compound situated between the violent bush and the peaceful village. Adamu Jenitongo thrived in liminal space.





How did he do it? Like remission, continuous liminality is hard to bear. You are always marked as an outsider. Many people go out of their way to avoid you. When you do interact with others, they often avoid bringing up certain subjects. Beyond these limitations, continuous liminality offers no conclusion, only more treacherous terrain to negotiate. Like most Songhay sorcerers, Adamu Jenitongo confronted his continuous liminality with pragmatic wisdom, especially when he lived for twenty years in French prison camps in the Sahara Desert—spaces of continuous liminality par excellence.

When he was in his mid-forties, Adamu Jenitongo was arrested by the French authorities, accused of killing a man who had become his wife's lover. Supposedly, Adamu Jenitongo confronted the man in the bush and cut his head off. The French administration convicted him. Classified as a dangerous criminal, the colonial court sentenced Adamu Jenitongo to life in prison. He spent several years in the Tillaberi prison in Niger, where he worked on road gangs and toiled in the gardens of the commandant of the Department of Tillaberi. At the outbreak of World War II, the French transferred their most dangerous criminals to a bleak outpost in the southern Sahara, where prisoners were forced to work under dire conditions. Many prisoners died at this infamous prison camp, Bidon 5. On several occasions, Adamu Jenitongo thought that he, too, would die alone in the desert. Accepting his limitations, he began to use sorcerous knowledge to improve his situation. Whenever his French captors complained of losing something, Adamu Jenitongo volunteered his services: "I'll find it for you."

Soon the French officers came to him with a variety of requests. Adamu Jenitongo performed these services with economy and good humor. He found money that they had lost. He

*Adamu Jenitongo in his Tillaberi, Niger, compound (1987). Photo: Paul Stoller*

gave them herbs to make them feel better. The French officers moved him to better quarters and soon made him the chef of the officer's mess, which meant that Adamu Jenitongo's diet improved considerably. At the end of the war, Adamu Jenitongo





was transferred to the prison at Chidal. Situated along one of two major trans-Saharan routes, Chidal was bigger, even luxurious, in comparison with Bidon 5. Adamu Jenitongo quickly installed himself in the officer's kitchen.

"I've never seen so much meat, potatoes, and cabbage," he told me years later. "The officers ate well. So did I!"

He continued to perform minor sorcerous services for the French officers as well as his fellow prisoners. He found lost objects. He cured African inmates of spirit sicknesses. He administered herbal medicines to local French families. In time the French entrusted him with their children. Having accepted his limitations, Adamu Jenitongo used what he knew to make the prisoner's life as sweet as it could be. He remained at Chidal for another fifteen years. When France granted the Republic of Niger its independence in 1960, the officers at Chidal freed Adamu Jenitongo. By then in his late seventies, he sent a telegram to his sister, Kedibo, asking her to meet him at the Tillaberi bus depot.

During his years in prison, Adamu Jenitongo's rich diet of meat and potatoes had made him so fat that his sister did not recognize him.

"How did you get so big?" she asked when she saw her brother for the first time in more than twenty years.

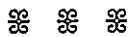
"I ate meat and potatoes every day," he replied.

"Adamu," his brother-in-law said, "we thought you were dead. And now you're here—fat and prosperous."

"I thank God," replied Adamu Jenitongo.

"You need to find a wife," he said. "My sister is a good young woman. Why not marry her?"

Adamu married his brother-in-law's sister and even, as was customary, took a second wife from his home region of Zarmagunda. By 1964, he had established himself on his dunetop compound. People came to recognize him as a great sorcerer and spirit-possession priest.[3] He spent the rest of his life happily helping those who came to him.



Adamu Jenitongo's narrative underscores how Songhay sorcerers deal with a state of continuous liminality. Realizing that death had become his close neighbor at Bidon 5, Adamu Jenitongo assessed his "hopeless" situation and took small, pragmatic steps to improve his situation. Although he had the capacity to punish or even kill some of his captors, he realized that such action would hinder rather than help him—and, for that matter, his fellow prisoners. And so he performed small feats that won the grudging admiration of the French prison officials. Although he remained a prisoner in a prison camp—the epitome of a liminal figure—he thrived in a hostile environment. He found comfort in uncomfortable circumstances.

When you are diagnosed with cancer and undergo a regimen of chemotherapy, you confront, like Adamu Jenitongo, a set of adverse circumstances. You don't have to be a Songhay sorcerer to meet these circumstances head-on. I have discussed some of the things that helped me to adjust to the uncertainty of diagnosis and the pain of treatment—playing my favorite music, wearing "lucky" clothes, bringing objects that made the infusion room seem more like home.

Remission, though, is a trickier enterprise than is treatment. At the end of treatment, the side effects of chemotherapy drugs slowly fade away. The aches and pains dissipate. The mouth sores disappear. Your throat clears. The fevers fade away. Your appetite returns. Energy surges through your body. Even though you feel "normal," you still think about cancer every day—if only for a little while. Like Adamu Jenitongo at Bidon 5, you understand that cancer is a traveler who may appear on your doorstep at any moment. How do you confront a life that cancer has complicated and perhaps shortened? Once in remission, some cancer patients become bitter and resentful.[4] Others try to conquer their adversary. Like Fran Dresher, the actress, they say "cancer shmancer," the phrase that is the title of Dresher's 2002 book on





"surviving" breast cancer. In this approach, which is much admired in American culture, cancer patients pummel their enemy into submission, forcing it into the background of their consciousness. This willfulness may well enable some people to lead full lives during remission—at least until remission ends.

Taking into consideration individual differences in how people react to sickness, Songhay culture promotes a much less individualistic approach to illness and death. Finding themselves in the shadows cast by the natural forces of life and death, the Songhay are taught to think that they are relatively insignificant beings—trickles, as I have stated, in the stream of history. Swept up in the strong current of life, many Songhay think that life is like a loan that can never fully be repaid. On the given due date, you must make a payment, but you can never pay off the principle. You hope that your payments make a lasting contribution to your family, friends, and community. This type of cultural orientation breeds considerable respect for the forces of the universe, including the ongoing presence of illness in the body. If a Songhay develops a serious illness like cancer, he or she is likely to build respect for it. Respect for cancer—or any illness—does not mean that you meekly submit to the ravages of disease. Following the ideas of sages like Adamu Jenitongo, illness is accepted as an ongoing part of life. When illness appears, it presents one with limitations, but if it is possible to accept the limitations and work within their parameters, one can, like Adamu Jenitongo, create a degree of comfort in uncomfortable circumstances. Adamu Jenitongo incorporated prison into his being. He thrived during a more than twenty-year period of incarceration. The same logic can be extended to cancer. By incorporating cancer into your being, you can, like the cyclist Lance Armstrong, use it to creatively build strength and endurance. Had Armstrong not gone through cancer diagnosis and treatment, would he have become a seemingly invincible cycling champion?

Adamu Jenitongo long ago accepted the limitations that

continuous liminality brings. In so doing, he purged himself of resentment. When the French freed him after more than twenty years in prison, he harbored no resentment toward his captors. Indeed, he left Chidal on good terms and returned to Niger ready to resume his life as a healer and spiritual guardian. In his second life, Adamu Jenitongo, like Lance Armstrong, performed remarkable feats. His case is not an isolated one. Nelson Mandela lived for more than twenty-five years in a South African prison. Despite the rigors of his confinement, prison life, which Mandela incorporated into his being, created in him an unimpeachable dignity. As a free man, he bore no hatred toward white South Africans. In the absence of resentment, he united a nation torn by years of civil strife and social atrocity.

Remission can also be like a prison from which the cancer patient cannot escape. Confronting remission's impermanence is not easy. There are junctures during remission that remind you what a delicate state it can be. Once in remission, waiting for the results of regularly scheduled CAT scans can become exceedingly stressful and can plunge you into depression. If the results come back normal, remission continues. If the scans indicate the return of malignant cells, you may need an additional, more powerfully toxic treatment. You may even need palliative care to ease the journey toward your ultimate demise, which is, of course, a destination we all share.

Remission has been difficult for me. Although I have suggested many ideas that can ease the burden of remission, I do not for a minute pretend to have foolproof solutions to the quandaries it presents. My experiences in the world of Songhay sorcery have helped me to cope with the diagnosis of and treatment for lymphoma. What's more, Adamu Jenitongo's soft voice comes to me regularly in dreams. He reminds me to accept my limitations and remove resentment from my mind. He tells me to be patient in a world of impatience. He encourages me to be humble and refine my knowledge so that others might learn





from it. His strong presence in my life, however, has not completely extinguished my fears. If I have a twinge in my abdomen, I fear that lymphoma cells are again on the rampage. If an ingrown hair causes a bump to develop in my armpit, I think it may be a swollen lymph node—another sign of lymphoma. If the flu makes me sweat at night, I worry that this too is a sign that cancer has returned. When I get a CAT scan every six months I wonder if my time is up.

The wisdom of Songhay sorcerers is not a panacea for cancer patients. But the wisdom of men and women who face more difficult lives than we do is instructive. Remission is exceedingly stressful, but its stressful junctures are few and far between. Like Adamu Jenitongo, it helps to accept remission's limitations and seize the moment. In so doing, you can acknowledge that our time on earth is borrowed and that a central mission in life is to contribute knowledge—whatever that may be or entail—to our families, friends, colleagues, and communities. In so doing, is it not possible to squeeze some sweet pleasure from life?

It took me a few moments to dress and compose myself. I put my hand on the questionable spot on my abdomen. What was growing in there? I wondered for the hundredth time.

When I stepped out of the sonogram room, the technician shook my hand. "Good luck," she said.

What did "good luck" mean? I wondered as I walked down the hospital's sunny corridor. I didn't want some technician wishing me good luck. I found it strange that notions of luck would be infused into the increasingly cold technological contours of scientific medicine. Perhaps luck defines the limits of medical practice. When all else fails, there is good luck. When a medical professional wishes you good luck, the results of your tests are probably not very good.

The next day I received a phone call from Brian Markson, who suggested that I make an appointment for that afternoon. When was the last time your physician phoned to suggest an appointment? He obviously had news, probably not good, to report.

Composing myself, I drove to his office. The receptionist smiled at me and ushered me into the examining room without delay. This process was also not something I was used to. In the past, I had always had to wait with other patients before being invited back to the examination room. The special attention, I reasoned, was also not a good sign.

A few moments later, Brian knocked on the door and entered the room. He extended his hand. "How are you doing?" he asked.

"Not too bad," I lied, shaking his hand.

"Are you being easy on yourself?" he said, taking a seat opposite mine.

"Right now, it's not easy to be easy on myself."

He nodded. "I can't argue with that." He opened the file he was holding. "I got a report from radiology . . ."

"And?" I prodded anxiously.

"They can't figure out what you've got." He paused a moment, glancing at the report. "They've ruled out your spleen."





"That's good," I said. "Isn't it?"

"Well, the problem with sonograms is that they have trouble with solid structures."

"Solid structures?"

"That's right."

"You mean tumors, don't you?"

"Possibly," he said. "It could be almost anything—even a bowel obstruction. We won't know anything more until you've had a CAT scan. That will give us an idea of what we're dealing with here."

"A CAT scan," I repeated, realizing that the hole I had fallen into was as deep as I had feared.

"I'd like you to have the test as soon as possible. I'd recommend Community Radiology Services. It's easier to schedule one there than at the hospital."

"How bad is it?"

"It's not bad. It doesn't take too long." Brian stood up. "If you have any questions give me a call." He took out another one of his cards and wrote a number on the back. "That's my home phone number. If you want to talk, feel free to call me at home."

"I appreciate that," I said, comforted by his support.

"Follow me out. I'll write up an order for the CAT scan. Try calling early in the morning."

"Like phoning for a tee time," I said.

He smiled. "Exactly." He gave me the form ordering a CAT scan. "Good luck," he said.

I nodded and left.

My strategy of calling early for a CAT scan time was effective. The technician, Julie, scheduled me for the following week. She asked me if I were allergic to any drugs or to latex. She inquired about whether I had a problem with iodine.

"Iodine?"

"They inject you with iodine to improve the resolution of the film."

"Oh," I said. "No, I don't think so."

"Do you have asthma?"

"Yes."

"Then you need to take prednisone the night before and the morning of the study."

"I see."

"You'll also need to fast the morning of the study, except for drinking two containers of barium."

"Morning cocktails?"

"If you keep them cold, they're not so bad," Julie said. "You can stop by Community Radiology Services the day before the procedure; they'll give you the barium and tell you what to do. Any other questions, Paul?"

"I don't think so," I muttered. My life suddenly seemed surreal—undefined masses, sonograms, CAT scans, barium cocktails, prednisone, iodine solutions, and possible tumors. It became increasingly difficult to remain safely detached from the disturbing swirl of life with a potentially serious illness.

"Great. We'll see you next week. Good luck."

Again the "good luck." And indeed, the prospect of a CAT scan made me feel like I'd need a good dose of it.

In the world of Songhay sorcery, harsh realities obliterate notions of good luck. Luck plays no role on the path of power. In that world you try to anticipate threats to the body to protect yourself from illness and premature death. Thoughts of "good luck" prompted me to reflect about the trials and tribulations of my apprenticeship in sorcery.

Mindful of my confrontation with death on my previous trip to Niger, Adamu Jenitongo suggested upon my return to Niger that I concentrate exclusively on a more nonconfrontational pursuit—the path of plants. I eagerly studied the vast varieties of twigs, leaves, roots, and resins that sorcerers use to mix both





medicinal and sorcerous potions. My increasing knowledge of Songhay sorcery and the intimacy of my relationship with Adamu Jenitongo, however, also triggered a palpable jealousy in his sons.

"Why not teach them?" I asked.

"They're too young," he responded. "I must wait until they are ready."

In 1987 Adamu Jenitongo, a man more than one hundred years of age, began to suffer the effects of advanced prostate cancer. His older son, Moussa, a tall, lean, and even-tempered man, took him to Niger's capital city, where a surgeon at the national hospital removed his prostate. A network of friends and colleagues paid for his postoperative medications. Immobilized by the advancing disease and reconciled to his fate, he remained in his compound. In the months that followed, an unending parade of friends, former clients, spirit-possession mediums, and fellow sorcerers visited to pay their respects. He began to reveal his most powerful secrets to Moussa. In late February of 1988 I heard that my teacher and longtime friend was, indeed, close to death. I quickly arranged a trip to Niger. Sadly, I arrived one day too late. Moussa, who would now take on the burden of sorcery in Tillaberi, walked me to Adamu Jenitongo's gravesite. According to custom, I picked up a stone, spoke to it from my heart, and laid it on top of his grave. Back at the dunetop compound, Moussa gave me rings and bracelets that his father had wanted passed on to me. "To wear these things," Moussa said, "is to be always connected to our father." He picked up a large copper ring. "Take this," he said, "and put it on the third finger of your left hand." I took the ring and added it to the others on my left middle finger. I continue to wear the ring to this day.

Later that year I returned to Tillaberi to help organize Adamu Jenitongo's *kuma*, a spirit-possession ceremony that ends the period of mourning for a spirit-possession priest or sorcerer. The *kuma* is usually celebrated forty days after a priest or

sorcerer's death. In Adamu Jenitongo's case, Moussa, who spoke, moved, and acted with his father's careful deliberation, had postponed the ceremony until I could attend.

One day after my arrival a large group of people filed out into the bush east of Adamu Jenitongo's compound. At a crossroads in the bush, the space where the spirit and social worlds intersect, a sorcerer from the next village recited a series of incantations over a clay pot that had been filled with a mixture of water, pulverized tree barks, and perfumes. People wept loudly, remembering the passing of a great man. The sorcerer from the next town called us forward to present ourselves before the pot of purification. He gave Moru, Adamu Jenitongo's younger son, and me a container of the ablution. We walked into the bush, stripped, and washed from our bodies the filth of Adamu Jenitongo's death.

The Songhay believe that the death pollutes a mourner's body, making her or him sluggish, indecisive, and muddle-headed. If death is not cleansed from the body, it, like power, will consume people, making them chronically sick, driving them mad, or even killing them.

After we cleansed our bodies of the great sorcerer's death, we dressed and walked back to Adamu Jenitongo's compound. Men from the local spirit-possession troupe took out all of the deceased's personal objects and laid them on the sand in the middle of the compound. Holding a gourd filled with milk, the officiating sorcerer, dressed in a white tunic, stood stiffly over the objects—an assortment of metal staffs, clay pots, hatchets, antelope horns, sandals, and clothing. He took some milk into his mouth and began to spit it on them. He continued to spray the objects until he had emptied the gourd. This act expunged the objects of their filth. As the sun set in the west, the *kuma* came to an end.

In the darkness, Moussa, Moru, and I ate dinner. Moussa asked me to come back soon so I could help to complete their education.





"*Baba* taught us much before he died," he said, "but did not have time to teach us about myths and plants. He said that you would come back and teach us."

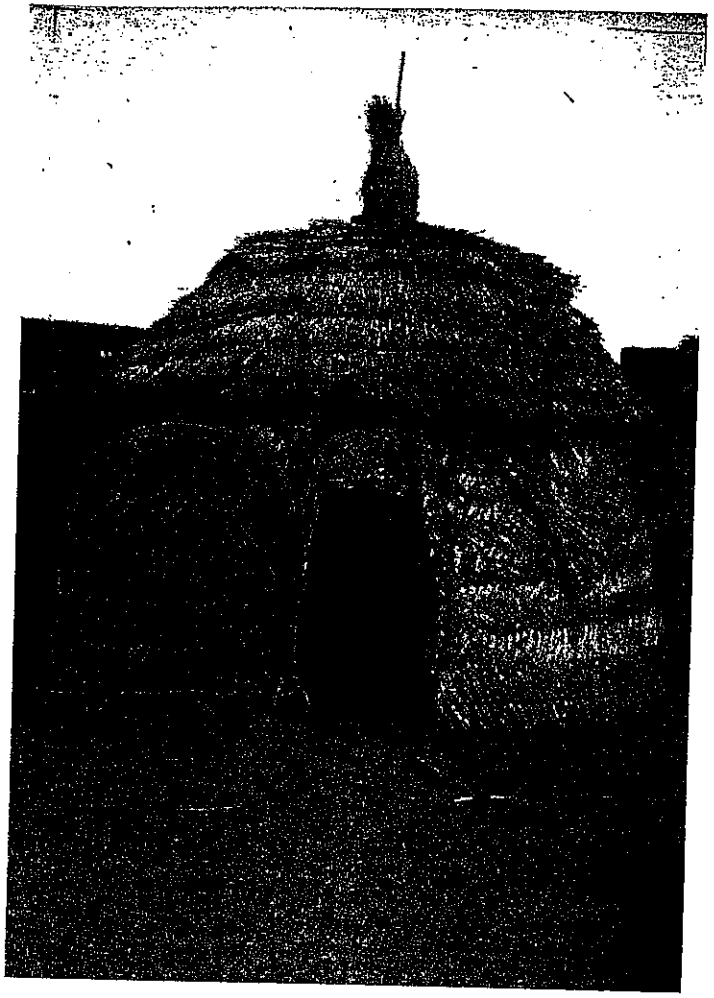
I told them that I would honor Adamu Jenitongo's request and come back as soon as I could.

Two years later I was able to return to Niger. At the beginning of my second week in the country I traveled from Niamey, the dusty and ever expanding capital city, to sleepy Tillaberi, 120 kilometers to the north. Having taken over his father's sorcerous burden, Moussa suggested that I needed fortification. He worried that my status as a sorcerer who knew many of his father's secrets would trigger jealousy in town and provoke a sorcerous attack. We sat in what had been his father's spirit hut, a small conical structure woven in straw. In the dimness, I saw that Moussa had carefully arranged the objects that had been cleansed during Adamu Jenitongo's *kuma*.

After we talked about myths and plants, Moussa took out several cloth satchels—all black and all fashioned from thin Chinese cotton. From them, he poured powders onto a piece of white cloth, creating a small yellow dune streaked with ribbons of black, red, and green. Using his thumb and middle finger, he distributed the mixture into a small clay pot, which he had filled with water. After he had recited the appropriate incantations, some of which I knew, he lit a small fire, placed the clay pot above it, and fanned the flames until the mixture boiled. Gradually he added millet flour and stirred the concoction until it thickened into a brownish green paste. Once this "food without sauce," as *kusu* is sometimes called, had cooled, I ate it.

My problems began the next day in Niamey: heavy legs and back pain, the symptoms of *weyna*, what the Songhay term a "hot" illness. I went to an herbalist, who gave me a powdered mixture of two roots that I was to prepare like an herbal tea. I drank three glasses of the bitter liquid and felt measurably better.

Two days later, still in Niamey, I was the front-seat passenger in a Renault that rear-ended a Mercedes whose driver had



*Adamu Jenitongo's spirit hut (1987). Photo: Paul Stoller*

stopped suddenly in front of us to talk with a pedestrian. The impact accordion-pleated the front of the Renault and threw me against the padded sun visor, bruising my forehead.

The bruise had turned a deep blue by the time, the next evening, that I went to a wedding ceremony: cool night air,





thumping talking drums, relentless praise-singing, all part of the bard's ritualized exhortation of gifts from attending dignitaries. I usually enjoyed these festivities, but on that night I felt tired and had a pounding headache. I recognized the onset of malaria. I wasn't too concerned. I'd simply give myself the "cure" as I had done on many occasions in years past. I dosed myself with chloroquine phosphate and went to bed, only to awaken in the middle of the night in a pool of sweat. My head throbbed. I felt a series of sharp pains streaking up my legs. In the morning I took more chloroquine tablets, but my condition didn't improve. By the next day my body seemed to be on fire. I took two more tablets. By noon my aching body was incandescent with fever. A visiting physician told me that I had contracted chloroquine-resistant malaria. She gave me three tablets of a different, stronger drug.

"That will break your fever," she said.

The remedy also broke my body. I remained in bed, my legs as heavy as water-soaked logs.

Days passed, but the fever, chills, and fever-induced hallucinations continued. I decided to leave Niger at once. The next day I arranged a flight to Paris and left the country two days later, exactly three weeks after I had arrived.

Had I returned home too hastily? Had I given up too easily? Before my departure, my Songhay friends presented me with a troubling interpretation of my illness. They suspected that I had been the victim of a sorcerous attack. They said invariably: When a person's path has been spoiled, he or she should return home.

Soumana Yacouba, a Niamey herbalist and sorcerer, said: "Your path has been spoiled. There are people here who wish you ill, but you didn't come to see me *before* you started your work. Adamu Jenitongo can no longer protect you from others. Next time you come, you'll come to my house as soon as you arrive. Go home and strengthen yourself." He gave me several satchels of plants to treat my condition. "Put these in hot water

and drink three cups a day until you get better." He gave me a pouch filled with resins. "Burn these every day in a brazier. Let the aroma fill your house. The scent will fill your body with force."

I told a Nigerien social scientist of my experience. "Go home," he also said, "and gather your strength."

I spoke with an official of Niger's Ministry of Foreign Affairs. "Go home," he said. "Your path has been blocked, spoiled. You must go home and recuperate."

"Yes," I said weakly. "You're right."

"Your protector is no longer here," he continued, "and in the world of sorcery, people are always testing one another. Sorcerers are the offspring of fire; they can't contain their power. Go home and be more careful when you return. May God shame the person who sent this to you."

And so I returned home having learned through my body a fundamental lesson in Songhay sorcery: One must make careful preparations and be thoroughly protected before undertaking a task—especially with respect to the physical and psychological disruptions that a serious illness can trigger. My "illness" lingered for months: night sweats, shaky legs, dizziness. It was difficult to walk. I sought the counsel of tropical-medicine specialists. They harbored weak suspicions of falciparum malaria, the most virulent and lethal strain of the disease, but found no evidence of it in my blood. I knew better. I drank bitter teas and burned aromatic resins. Slowly, the fog lifted and I regained my equilibrium as well as my energy. I had learned the importance of preparation and caution.

Having known the risks of being unprepared in the world of Songhay sorcery, I wanted to be ready for my first CAT scan. In this case, though, the preparations were not aimed at preventing illness or misfortune, which has a somewhat soothing effect, but





at seeing what kind of insidious thing was growing inside of me, a much less reassuring reality.

On the day of the test, I awoke at six o'clock and took two twenty-milligram doses of prednisone, the queen of steroids. This widely prescribed drug not only opens bronchial passages but can give you energy, even a sense of euphoria, which, as I was to learn, can quickly turn to crabbiness. One hour later, I managed to drink the first container of chilled barium—not quite a chugalug beverage. I drove to my office, bringing the second barium container, which I drank as I stared at my computer screen. Fifteen minutes later Miriam picked me up and drove me to Community Radiology Services in a nearby town. Lost in our thoughts, we drove in silence along a narrow road until we got to a local shopping mall and a tangle of dust, construction, and traffic. We got through the main interchange and turned into a maze of low buildings, one of which housed the radiology offices. We walked into a square waiting room with cream-colored wallpaper. It was filled with patients awaiting x-rays, mammograms, sonograms, and, of course, CAT scans. A television monitor bolted to the wall displayed a video about health. I walked to the reception area at one end of the room and gave a woman the physician's order and my insurance card.

"Have you ever had a CAT scan before?" she asked.

"No."

"You've been fasting since last evening? And you've had the prescribed amount of barium this morning? And the prednisone?"

I nodded in response to each of these questions.

"Good," she responded. "Have a seat; one of the nurses will be with you soon."

Miriam and I sat down and stared at the television, which now featured a video on breast cancer. After a few tense moments, a young man wearing surgical scrubs appeared and called my name.

I stood up.

"I'm John," he said. "I'm a nurse and I'll be assisting with your scan today. Follow me back." Leaving Miriam in the waiting room, John and I pushed our way through the door into a brightly lit corridor flanked by dressing stations and dark, cold rooms that housed x-ray and mammogram machines. In the largest room at the very end of the corridor stood the CAT scanner: big, round, tan, and imposing. Like a tongue, a mechanical gantry emerged from the scanner's gaping mouth. John opened a curtain to a small changing room that had a locker. "Please put on this gown. Remove all your clothing except your underwear and socks; it gets cold in the CAT scan room. Make sure to remove any jewelry and use the locker to store your personal items. When you're ready, we'll go over the procedure."

I struggled with the gown, a less restrictive version of a straitjacket. Eager to get back to my "normal" life, I wanted to be done with the scan as soon as possible. I left the dressing room and looked at the monster that was soon to determine my fate. "It's not that bad, really," John said reassuringly.

"Looks pretty imposing."

"It's not as bad as the MRI."

"Right."

"Okay, first I need to get an IV going. We're going to give you iodine through the tube."

He tied a tourniquet around my left arm, tapped a few veins, tore the needle out of its sterile packaging, pricked me with it, and attached the IV connector. "Is that comfortable?"

"Not too bad," I said.

"Okay, before we begin." He paused a moment and looked at me directly. "Did you drink your barium this morning?"

I nodded.

"Good." He got up abruptly, went to a refrigerator, and poured a glass of opaque white liquid. "Have another."

"Thanks, John. That's really kind of you."

He laughed.





"Okay. So you've had your barium and you're premedicated with prednisone."

I nodded again.

"Are you allergic to latex?"

"No."

"Any problem with iodine?"

"No."

"We have to be careful with the iodine."

"Why is that?" I asked.

"An allergic reaction to it could be fatal."

"Oh, that's good to know, John."

"I'm required to inform you of the risks," he said with a brief smile. "If you feel any sense of swelling in your throat, let us know. There's a microphone inside the scanner. If you have any trouble breathing, inform us immediately. In the event that you have a negative reaction, we would administer adrenaline and—"

"Save my life?"

"Don't worry. It doesn't happen very often, but we have to be mindful of the risk."

"You mean that people usually don't die from CAT scans."

He chuckled. "That's right." He gave me a clipboard with a consent form on it. "This indicates that I've explained the risks to you and that you understand them. Once you've read and signed the form, we'll get started."

After the paperwork was done, John positioned me on the machine's gantry. He placed a hard pillow under my knees to support my back, then asked me to extend my hands and arms over my head. I felt as if I was being readied for the rack. "We do this in two cycles," he explained. "In the first cycle we take pictures without contrast. After we finish that, I'll be in to give you the iodine so that we can take pictures with contrast. Throughout the procedure, Julie, our technician, will be asking you to hold and release your breath."

John left the room and joined Julie in a dark narrow room behind protective glass. They pushed buttons and looked at monitors. Moments later, the CAT scan took me into its body. I heard the motor whining and groaning. The outer rim of its "mouth" seemed to move.

Julie said: "Breathe."

I did as I was told.

"Breathe." I was moved deeper into the CAT scan's body. "Okay, hold your breath until I say so, please."

Breathless, I was moved still deeper into the machine. A small yellow bulb beamed above me.

"Now breathe."

They inched me forward.

"Hold your breath, please."

They inched me forward once again.

"Breathe."

After twenty minutes of holding and letting out my breath, I heard John return to the scanner room. He moved beside me, near an opening in the machine. "We're halfway through," he said. "I'm going to start the IV." He took up a syringe filled with iodine. "Are you ready?"

As he prepared to insert the needle into the IV line, I couldn't stop thinking about my throat swelling up like a balloon. I nodded.

I watched as he slowly pushed the iodine into the IV. It felt warm as it entered my bloodstream. I tasted metal in my mouth and felt the iodine slowly shudder its way through my abdomen. My throat was dry, but it hadn't yet constricted. Maybe I'd get through this, after all?

"We're ready for the second cycle," John announced. "I'll be back when we're finished. Shouldn't take too long."

Meanwhile, my outstretched arms ached and I wondered if I'd be up to more breath work.





After what seemed an interminable twenty minutes, John again stood beside the machine. "All finished."

The gantry spit me out of the CAT scanner and I slowly sat up on it. "You did great."

"Thank you."

"Let me get you detached." He removed the IV needle and taped the insertion site. "Keep that on for several hours. It shouldn't bruise."

"Okay," I said, exhausted both physically and emotionally.

"Do you have any questions?"

I shook my head and headed for the dressing room. I wanted to get out into the fresh air as soon as possible.

"Good luck," John called out after I had dressed and waved to him from across the scanner room.

Several days later I returned to Brian Markson's office to get the results of the CAT scan. A young nurse with a pleasant smile led me immediately into an examination room. Once I was seated, she gave me a slip of white paper. I opened it and saw a name—Dr. Joel Rubin—under which was a telephone number. I stared at the piece of paper. Heaviness bolted me to the seat. The base of my spine throbbed.

"We made an appointment for you with Dr. Rubin," she stated very quietly. "It's for tomorrow."

I looked up at the woman, whose expression betrayed concern. "What kind of doctor is he?" I asked.

She cleared her throat. "He's an oncologist," she whispered. "I'm sorry."

In that moment the world that I had known completely crumbled. My head, suddenly heavy and weary, sunk to my chest. I stared at the floor unable to move. Cancer, I said to myself. How could I have cancer? I was tough. I had faced down sorcerers in West Africa. I had done all the right things: good diet, exercise, minimal stress. Would I be dead in six months?

Brian came in and patted me on the shoulder. "Sometimes I hate this job," he admitted. "You came in looking and feeling great, and I felt something that shouldn't have been there. And then this."

"I've got cancer?"

"It's very likely. You've got a seven-by-eight-centimeter tumor in your left midabdomen. Tumors in that area are almost always malignant."

"And Rubin?"

"He's a highly regarded, straight-talking oncologist. He'll be clear about what you can expect. I think you'd want to go to someone like him."

"What do you think I can expect?"

"That depends on what they find."

Another evasive answer, I thought. "Thank you for setting up the appointment," I said softly.

"He wants to see the CAT scan. Stop by Community Radiology before your appointment tomorrow and get your films. Once he sees the image of your tumor, he'll know the best way to proceed."

I nodded silently and got up to leave.

Brian put his hand on my shoulder. "It's not the end of the world. There are many effective treatments for cancer these days and Joel Rubin is an excellent physician. He and his colleagues are associated with the University of Pennsylvania health care system, which means he's informed about cutting-edge treatments. He'll work with you. Don't forget that you are in control of your own treatment. You'll be getting the best possible care."

"That's reassuring."

"I also know you. You have a strong will and you're in very good physical shape. I know this may not sound so good right now, but you're going in to this with many advantages."

I picked up my head and looked at Brian. "Thank you." I didn't feel very advantaged.





Despite improvements in treatment and better rates of survival, a diagnosis of cancer is still perceived as a sentence to a slow and painful death. Most Americans don't like to think too much about death. Many of us can't even accept inevitable changes to our aging bodies, a sign that life is finite, let alone the specter of death. In the world of sorcery, however, illness is ever present in life. In that world, illness is a gateway to learning more about life. As for death, it is your continuous companion. The shadow of death often crosses the sorcerer's path. Despite the dangers presented by sorcery, many sorcerers live long lives. Adamu Jenitongo lived to be 106 years old.

During my apprenticeship in sorcery, temporary paralysis in Wanzerbé had triggered in me the fear of death. A potentially lethal "sickness" had prompted my evacuation from Niger. Anthropologists often face these fears in the course of conducting ethnographic fieldwork. Many fieldworkers in Africa have suffered from malarial attacks; some have been involved in automobile accidents. Even so, most of my Nigerien friends, scholars and farmers alike, believed that I had been the victim of a sorcerous attack, *sambeli*, for even if individuals have taken only a few steps on sorcery's path, as I had done years earlier, their bodies remain targets. Once sorcerers have eaten power, their bodies can be consumed by power.

In the practice of sorcery among Songhay people, *sambeli* is the act of sending fear or sickness to a victim. Sorcerers send fear by reciting the victim's name as they wind copper wire around certain objects. This rite is performed over a sorcerer's altar. Once the sorcerer has sent fear, the recipient's fright builds as he or she is gradually consumed by the sorcerer's power. In this way victims are humbled into a profound respect for the sorcerer's science, if not for the sorcerer himself.

Sickness is sent in an altogether different manner. A small

number of sorcerers possess a special bow and arrow that is associated with a particular spirit in the Songhay pantheon. On rare occasions, sorcerers take the bow and speak to the arrow—from their hearts. They then recite the name of their victim, usually a rival, and shoot the arrow, which carries sickness to its target. If the sorcerer's aim is good, victims feel a sharp pain in one of their legs, as if someone is pricking them with a knife. If victims are unprotected by magic rings or other amulets, the sickness will spread, resulting in partial paralysis and sometimes death. People who are well protected evade the arrow's path.

When Adamu Jenitongo took me into his confidence and made me a recipient of his secret knowledge, he thrust me into the Songhay world of sorcery. It can be an amoral world in which social rights and obligations are meaningless. The void created by this amorality is filled with power—of rival sorcerers, offspring of fire so brimming with force that they have little control over their spiteful tastes and desires. One step into the world of Songhay sorcery means that one joins an ever changing network of sorcerers, some of whom are allies who may become enemies, some of whom are enemies who may become allies, all of whom are rivals for power.

Moussa Adamu, after his father's death the principal sorcerer of Tillaberi, came to Niamey after I had been stricken with the illness that would precipitate my leaving Niger to tell me that local rivals had wanted to test his abilities by sending sickness to me. Although he was uncertain of the source of the *sambeli,* he was certain that the arrow of sickness had pierced my body. In Songhay terms, power had consumed my body. Someone had betrayed me. Someone had spoiled my path and I needed to return home. During the flight to Paris the central truths of sorcery became as clear as pure water. I realized that vulnerable bodies are consumed by the sensual world and that sickness can capture one's body and tie it into knots.





This brutal realization had forced my retreat from Niger. I feared that if I returned there, rivals might use sorcery to kill me. Although I maintained a safe distance from Niger for the next several years, I did not completely disengage from sorcery. I kept an altar in my house. I wore rings on the third finger of my left hand. Every Thursday and Sunday (days of the spirits) I recited incantations and poured libations—offerings to provide a measure of protection for friends and family. I performed these rites as a necessary obligation to the memory of Adamu Jenitongo. Fear, however, had displaced my passion for sorcery. I no longer struggled to understand the deep meanings of sorcerous texts or tried to comprehend the results of sorcerous acts.

During those years I thought often about Adamu Jenitongo. Sometimes he talked to me in dreams, telling me in his gentle voice that I had lost my way. In the dreams, I'd often visit him late in the afternoon, when the sun cast a deep golden glow on his dunetop compound. We'd sit on a palm-frond mat laid out on the sand near his spirit hut. I would talk to him about my irresolvable problems. He would listen intently as he packed grated kola nut under his lip. When I had finished, he'd say that my stubborn refusal to return to sorcery's path worried him. If I'd be willing to strengthen my connection to sorcery, he'd tell me, many of my problems would fade away. Despite his disappointment, Adamu Jenitongo would always say that circumstances would one day rekindle my passion for sorcery. Dismissing the importance of these dreams, I paid little attention to my former mentor's nocturnal ramblings. In the conscious world, I focused on more mundane, professional matters that steered me clear of sorcery's ambiguities. I read the works of urban sociologists and cultural geographers. I started a research project among West African traders in New York City. I wrote about sensory perception and West African immigrants in America.

Now I faced a new challenge. Would Adamu Jenitongo be there to give me advice? As Miriam drove me to see Joel Rubin, I wondered if my new illness might be the result of a sorcerous act. Had a "rival" sent cancer to me? If so, should I return to Niger to seek a cure? Like a sorcerer's curse, cancer had suddenly and inexplicably appeared in my body. Could I expel it from my body the way a sorcerer expels a powerful spirit from a client's body? What would Adamu Jenitongo say?

It was a dull cloudy day in late February—gray light filtered through leafless trees. After signing for a large packet from Community Radiology Services, which contained the results of the CAT scan, we made our way to a branch office of Joel Rubin's group oncology practice. The weight and large size of the package surprised me. I pulled out one of the proofs and looked at myself, as it were, for the first time. I recognized some of my organs—heart, lungs, kidneys—but the more I looked the more anxious I became. I also looked at the radiologist's report. Brian Markson had stated the size of the tumor; the radiologist mentioned a "mesenteric mass, possibly lymphoma." Reading that possible diagnosis made me feel even more anxious and ill. I quickly put the report back into the package. Miriam patiently drove me to the next destination on an itinerary from hell.

"I read the radiologist's report," I told her in the car. "He thinks it could be lymphoma."

Miriam glanced at me with quiet concern.

"It's possible. Whatever it is, it's in my stomach and it's a pretty good size."

"I can't believe this is happening," she finally said.

Joel Rubin's branch office was located in a quaint eastern Pennsylvania town filled with Victorian- and Georgian-style homes. The building was in a two-story complex of offices fashioned from brick.





We parked the car next to a black Mercedes, a doctor's car perhaps, I thought somewhat bitterly, and walked up an open-air flight of stairs to the office: "Hematology-Oncology Services," the sign read. We walked into a dark, dank, and drab waiting room. The most prominent visual image was the picture of a smiling white-haired woman dressed in a housecoat. Above the photo a legend stated in bold print: End of Life Care. A pile of brochures lay neatly under the photo—no takers, perhaps.

I tugged the sleeve of Miriam's coat and pointed to the photo. Overloaded by the events of the recent past, she shrugged. I wondered if I had walked into a death space. Would I need end-of-life care? I had never thought about such a thing before.

From behind a desk, a young, casually dressed receptionist appeared. "Are you Paul?"

"Yes," I said shakily, trying to gather myself.

She handed me a clipboard. "Please fill out these forms. We'll need your insurance card as well."

"I'm getting tired of filling out so many damn forms," I said to Miriam.

"Just do it and try not to think about it," she replied.

When I gave the completed forms to the young woman, she smiled at me. "I'm Cheryl," she said. "Dr. Rubin will be with you in a moment."

A few minutes later Joel Rubin walked into the reception area. An attractive, big-boned man with a large square face framed by glasses, he wore dark dress slacks, a white shirt, and a striped tie. A stethoscope was draped around his neck. Soft green eyes offset an otherwise dynamic presence. I liked the contradictions that he presented. According to Brian Markson, he was a straight shooter, a feature that corresponded to his strong features. At the same time, he seemed like a person willing to express his vulnerability.

He greeted us warmly and shook our hands, and I followed

him back into a deserted corridor while Miriam remained in the waiting room. I noticed a large room in which recliners were flanked by trash bins fashioned from bright yellow plastic. A plastic sticker placed on the side of the bin read: CAUTION: ORGANIC WASTE. Joel Rubin opened a door that led to a narrow examination room: two chairs, a swivel stool, an examination table, blood pressure machines, a cabinet with medical supplies and instruments.

I sat on a chair and Joel leaned against the edge of the examination table and took my medical history, which, from the standpoint of medical science, had been relatively uneventful. My mother had suffered from clinical depression. My late father had suffered from bladder cancer, which was cured, and from kidney disease. Years in West Africa presented the most interesting aspect of my medical history. I had been treated for dysentery and malaria.

"You seem to be in good shape," Joel remarked, looking over my chart.

"I try to work out at my local YMCA."

"Sounds great." He looked over the history chart and signed it. "Why don't you have a seat on the examination table?"

I got up on the table. He took my blood pressure, which was high. "Just yesterday," I told him, "it was normal—one-twenty over eighty."

Joel nodded. "No one feels relaxed when they first come to see me."

What an understatement, I thought.

Joel listened to my lungs and heart with his stethoscope—all clear. He did a rectal exam—no prostate swelling—and took a specimen of stool—no occult blood. He tested for hernia and found healthy muscle. He pressed my lymph nodes and felt no swelling. "Why don't you lie back and unbutton your shirt?"

I did as I was told.

He palpated my abdomen, pressing deeply to feel the contours of the tumor. "I can feel it," he said. "You're in excellent shape, Paul," he observed, "which is a good thing. Okay, you can button your shirt. Would you like to see your CAT scan films?"





"Yes, I would."

"Why don't you get your friend and come back to my office."

Minutes later Miriam and I joined Joel Rubin in his office. He motioned for us to sit in the two chairs in front of his large desk. Behind him, I saw my insides displayed in two long lines of proof sheets attached to a backlit x-ray display case. He walked to one proof sheet and pointed to what looked like a nebula swirling in my abdomen.

"Is that it?"

"Yes. Looks like a slow grower." He gestured for me to come closer.

"Does it cover that entire area?" I asked.

"It's probably the size of a small grapefruit."

I gulped. I preferred to think of it as seven-by-eight centimeters. The radiologist had encircled the mass with red pencil. It practically filled an entire section of my abdomen.

Joel pointed to one part of the image. "You see here, it's wrapped itself around the bowel, and it's close to your aorta."

My heart raced. "My aorta?" I wanted to change the subject. "You said it was a slow grower. How long has it been growing?"

"Probably years. But I can't be sure."

"What's the next step?" Miriam asked.

Joel shrugged. "We know you have a tumor that hasn't brought on any symptoms. We have to find out what it is. Usually this kind of tumor is malignant, but we won't be certain until we get a tissue sample and have it analyzed. Once we know what kind of cells compose the tumor, we can take steps to treat it."

"How do you get a tissue sample?"

"We'll do a biopsy. Because the tumor is so close to your bowel, it will have to be a CAT scan–guided biopsy. They'll use the scan images to draw a surface matrix on your abdomen. Then

they'll be able to extract the tissue from the tumor without nicking the bowel."

"We wouldn't want to do that, would we?"

Joel ignored my sarcasm. "The procedure is painless. I'm going to talk to a radiologist at the hospital to see if we can get you scheduled." He picked up the phone, dialed, and proceeded to have a conversation in doctor talk, only some of which I could understand. He described the tumor's size and position. "I'm hoping for lymphoma," he said before hanging up.

Listening to this exchange made me realize just how profoundly my world had changed in a few weeks. Several weeks earlier, I worried about how many calories I could burn off during a workout or whether I would receive a book contract in the coming weeks. Like Joel Rubin, I was now hoping that I had less deadly rather than more deadly cancer cells, something I would not have dreamed possible just a few weeks earlier. I worried that my life experiences, even my apprenticeship in sorcery, had not prepared me for the grim reality found along the pathways of the village of the sick.

"What does Paul have?" Miriam asked Joel, trying to get a more direct answer.

He took a deep breath. "We just don't know right now. If it is lymphoma, it could be one of twenty varieties. Each one indicates different treatment options." He took another deep breath. "I wish I could tell you more."

"Are some kinds of lymphoma better than others?" Miriam asked.

"Yes, but none of it's good."

The phone on his desk rang and Joel answered. "That's good," he said after a short call. He hung up and looked at us. "Your biopsy is scheduled for next week. Take the film over to the radiology department at the hospital and give it to Jim Rosen, one of the radiologists there. Don't give it to anyone else," he added for reasons of his own.





As we left Joel Rubin's office, I was numbed and overwhelmed by what I had to look forward to.

CAT-scan film in hand, we drove to the local hospital. Having already meandered the hospital's corridors, some wide and sun-drenched, others narrow, dark, and foreboding, in search of the sonogram room, I knew where to go. We walked up the steps to the entrance and crossed a wide covered driveway. Two young Asian-American men offered people rides to their parked cars. We made our way through the maze of halls to a radiology department devoid of people. Finally we found a woman working in the radiology record room. We tried to get her attention by tapping on the glass that separated record room from corridor. Vigorously chewing gum, she approached us. She frowned as she looked at the film envelope I carried.

"I'm looking for Jim Rosen."

"You can give that film to me."

"I was told to give it to Jim Rosen."

She shrugged her shoulders. "Whatever." She picked up the phone.

A few moments later Jim Rosen appeared. He was tall and dark and dressed in blue surgical scrubs—a garb that in recent weeks I had seen far too often.

"Joel Rubin said I should give this film to you," I said, handing him the folder.

"Oh yes," he said. "I've talked to Dr. Rubin about your tumor. Do you know about the procedure?"

"A little," I said, not certain how much more I wanted to know.

"It's quite straightforward—and painless. They'll get you into the CAT scan. The area where your tumor is located is pretty crowded."

"And you don't want to nick a bowel," I added, remembering my conversation with Joel Rubin.

He shuddered slightly. "Exactly," he said. "When they've