

Planet Normal

Defamiliarization & Estrangement as a Practice of Narrative Medicine

November 2025

Preface

To engage with medicine is to engage with the stories that shape how we understand bodies, suffering, and care. In the realm of healing, narrative offers a kind of knowledge unattainable by other means. But what happens when we wield narrative faculty not to soothe or deepen familiarity but deliberately disrupt it? With *Planet Normal*, I request that my readers do something more peculiar than simply recognize the power of stories, but to moreover defamiliarize the habitual arrangements for how we see and speak about the body, illness, and care.

As a literary technique, defamiliarization favors alienating readers from their routine unconscious, perception of concepts, posing an assault to the rigidity of our current world. What happens when we take the familiar narratives of medical and institutional life and invert them? On *Planet Normal*, prayers wish for suffering rather than good health, left-slanted handwriting is pathologized from as early as 3rd grade, medical debt is incarcerated, criminality is hospitalized, and rest is professionalized/mandatory rather than earned through sickness. The subtleties of discrimination enacted through mundane institutional vehicles—report cards, new briefs, automated email messages—are granted a language cutting in its plainness. With the hopes of exposing the absurdities of the normalized world, I hope to inspect how our society's particular organization of values and bodies is anything *but* normal.

Accompanied by the logics of biopolitics, *Planet Normal* can render visible the ways institutions exert control through subtle mechanisms that regulate and manage life itself. Institutions on the planet Normal (whether it be religious, educational, judicial, or medical) can sanctify nearly any value system by framing what counts as standard, productive, and healthy. Whilst maintaining and foregrounding the routine language, structures, and rituals of American culture we think we know intimately well, in *Planet Normal* their content is subverted to suggest our current arrangements are not inevitable but rather one possible configuration amongst many others. If we acknowledge our society is a constructed entanglement of particular meanings, we can also reckon with the fact that the web can be disassembled, distorted, and reimaged. What if prayer *did* sanctify diverse ways of experiencing/being in the world? What sort of communities would emerge as a result?

I rejoice in yielding a space in which our automatic acceptances of normality are suspended, even if only for a second. To suggest that we can imagine our institutions functioning with seemingly inverted priorities feels to be an adventurous endeavor; it returns us to narratives medicine's fundamental idea, that stories not only shape how we conceptualize bodies and human worth but also offer us tools for recognizing the contingency of the worlds we have built.

We do not need to rely on fantastical dystopias or speculative futures to puzzle us—indeed, the world is strange enough. If we first reckon with the oddity of institutional constructions, then we can begin to resist their naturalization and demand a reality that sits outside of it.

Grace

Let us bow our heads.

Dear heavenly father, we thank you for this meal and for bringing us together. We ask that you bless Grandma with a difficult recovery. May her incision scar thicken and forge a ridge we can trace with our fingers for years to come. We pray for Uncle James as he goes in for his knee replacement surgery next month. Let the rehabilitation be long and challenging; let the pain be the kind he can carry with him, sharp and memorable. And for little Maya, starting kindergarten next Monday. Lord, we hope she falls and is delighted with hyperability such that she learns earlier than later what possibilities the body can hold. May this family be marked with suffering, may we wear our challenges on our bodily temples, and may we never forget what we have endured.

Amen.

Local woman receives 10-year sentence for appendectomy, family pushes back

Published February 10th, 2024 | Nashville Metro News

Pam Goore, 42, of East Nashville, was transferred to the Middle Tennessee Medical Correctional Facility on Tuesday to begin serving a 10-year sentence following her emergency appendectomy last week. It is a debt term her family is calling “excessive and unprecedented.”

“The surgery was routine,” said her husband, Mark Goore from the facility’s waiting area. “Doctors noted no complications, so we were expecting 2, maybe 3 years maximum prison sentence to clear the debt. 10 years for an appendix removal? We are infuriated.”

According to the court documents, the extended sentence was attributed to the “severity of intervention” and “resource utilization during peak demand hours.” The appendectomy, which was performed at 4 a.m. on a Saturday, required an operating room, anesthesiologist, surgical staff, and post-operation observations during what the medical debt court deemed were “surge pricing hours.”

“It was an emergency surgery,” Mark continued with his voice breaking. “She did not choose the timing. She was in pain and we called the ambulance.” The Goore family have set up a meal train for their two children, ages 8 and 11, who will remain in Mark’s care during Pam’s incarceration.

Medical justice advocates have criticized the ruling as part of a disturbing trend in debt sentencing. “This sets a dangerous precedent,” said Dr. Lena Okonkwo of the Patient Rights Coalition Association, herself a former Medical Correctional resident who served four years for a cesarean section. Sentence length is calculated based on procedure cost, resource usage, and staffing expenses. Okonkwo notes, “A routine appendectomy typically carries 2 to 3-year terms. Goore’s sentence of 10 years is nearly four times the standard rate for her zip code.”

Pam will be eligible for parole after serving 60% of her sentence, possibly contingent on good behavior and volunteering work in the facility’s medical library.

Mark Goore has started a petition calling for a sentence reduction, which has garnered more than 3,000 signatures in the past week. Similar petitions have emerged across the state as sentences have increased an average of 43% over the past 2 years, according to the Tennessee Justice Project.

A spokesperson for the Medical Debt Sentencing Board declined to comment on individual cases but noted in a written statement that all terms are “determined by standardized metrics designed to ensure equitable resource accountability and sustainable healthcare infrastructure.”

Pam’s first parole hearing is scheduled for February 2030.

Progress Report THIRD GRADE

SPRING

Edgar Bannites

Mrs. Patricia Henderson

Grade: 3

Student ID: 171014093

ACADEMIC PERFORMANCE

Mathematics <i>Edgar continues to have a strong grasp of addition and subtraction. Working on word problems with great improvement.</i>	B
Science <i>Edgar asks wonderful questions and shows genuine curiosity about the natural world.</i>	A
Reading Skills & Comprehension <i>Edgar enjoys reading aloud. He is reading above grade level and participates enthusiastically in group discussions. In our book stories, he understands plots and the feelings of characters well.</i>	A
Graphical Development <i>Edgar's letter formations are clear but this continues to be an area of growth. His letters slant in a different direction than most of his peers. Summer intervention program is suggested.</i>	D-
Physical Education <i>Edgar is cooperative and active during gym activities. He likes to demonstrate exercise for classmates.</i>	A-

TEACHER REFLECTION & DEVELOPMENT AREAS

Edgar is a sweet boy, but the biggest concern is his left-slanted writing. Colleagues of mine, who work with early writers have raised similar concerns. I have worked with families in similar situations before, but I do not want these patterns to set in. We have practiced appropriate wrist alignment exercises, so his writing does not suggest improper engagement with curriculum standards. Having worked for fifteen years, I know corrections are much easier at this stage. The summer program is available at this point in the semester, but spots fill quickly. I have seen children return back in September with their hands trained to write normally again, making things much easier on teachers and making a difference for Edgar's professionalism going forward.

Local man receives 10-year treatment term for shoplifting, family pushes back

Published February 10th, 2024 | Nashville Metro News

Sam Moore, 42, of East Nashville, was admitted to the Middle Tennessee Criminal Treatment Center on Tuesday to begin a 10-year treatment term following his diagnosis of Acquisitive Impulse Disorder last week. It is a treatment term his family is calling “excessive and unprecedented.”

“The incident was minor,” said his wife, Sarah Moore, from the facilities waiting area. “Clinicians noted it was first time presentation, so we were expecting 2, maybe 3 years maximum of hospitalization. 10 years for shoplifting? We are infuriated.”

According to court documents, the extended treatment term was attributed to the “severity of disorder manifestation” and “resource utilization during peak demand hours.” The shoplifting incident, which occurred at 4 a.m. on Saturday at a 24-hour convenience store, required police response, diagnostic evaluation, emergency psychiatric consultation, and intake observation during which the criminal health court deemed were “peak pricing hours.”

“It was an impulsive act,” Sarah continued, her voice breaking. “We are struggling financially and made a terrible mistake.” The Moore family have set up a meal train for their two children, ages 8 and 11, who will remain in Sarah’s care during Sam’s hospitalization.

Criminal justice advocates have criticized the ruling as part of a disturbing trend in treatment sentencing. “This sets a dangerous precedent,” said Dr. Marcus Kwakye of the Patient Behavioral Rights Coalition, himself a former Criminal Treatment patient who underwent four years of treatment for Aggressive Boundary Disorder. Treatment term length is calculated based on diagnostic severity, resource usage, and staffing expenses. Kwakye notes, “A routine first-presentation of Acquisitive Impulse Disorder typically carries a 2-3 year treatment term. Moore’s sentence of 10 years is nearly four times the standard rate for his zip code.”

Sam may be eligible for discharge after completing 60% of his treatment program, contingent on participation in the facility's cognitive behavior therapy groups. Sarah Moore has started a petition calling for treatment term reduction, which has garnered more than 3,000 signatures in the past week. Similar petitions have emerged across the state as treatment terms have increased an average of 43% over the past two years, according to the Tennessee Justice Project.

A spokesperson for the Criminal Health Sentencing Board declined to comment on individual cases but noted in a written statement that all terms are “determined by standardized metrics designed to ensure equitable behavioral health accountability and sustainable public safety infrastructure.”

Sam’s first discharge evaluation is scheduled for February 2030.

Out of Office — CML

Thank you for your email. I am currently out of the office for my corporeal maintenance leave, during which my tissues will complete their scheduled restorative cycle. I will be completely unavailable from November 11th-18th.

As I will be fully disconnected from work systems during this period, if you need immediate assistance, please contact my colleague Reginald Bates at rbates@apexinvestment.org (extension 4472).

I will respond to your message upon return on Monday, November 19th.

I appreciate your patience as I complete this quarter's bodily upkeep requirements. I hope your own maintenance period is restful when it comes.

Warm luck,

Brenda Stinage

Senior Account Manager

Apex Investment Group