PHARMACOKINETICS OF GRIEF

Absorption
It begins through skin
not dermal, but deeper.
Contact exposure: a hand
you can't unhold.
The membrane of denial
lets sorrow seep through slowly,
lipid-soluble, crossing barriers
you didn't know you had.
Half the dose is memory,
half the dose, regret.

Distribution
Once in the bloodstream,
it goes everywhere.
Grief knows no first-pass effect.
It binds tightly to albumin
and to anything resembling hope.
The highest concentrations
are in the chest and behind the eyes.
Some accumulates
in the pockets of silence
between vital signs.

Metabolism
In time, the liver of language
tries to break it down.
You talk, you write, you pray
phase I: oxidation by conversation,
phase II: conjugation to metaphor.
But no enzyme clears it fully.
The metabolites linger
some toxic, some tender.
You learn to tolerate
the steady state.

Excretion
Eventually, you let some go
a slow renal drift
through dreams, through tears.
But trace amounts remain detectable
years later,
like a drug with no true washout period.
If you test the plasma of my pulse tonight,
you'll still find it there
grief, unchanged,
circulating quietly,
therapeutic at last.

—J. I. Turner

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