

**Embodying Suffering: The Autobiographical Pain
Narrative**

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Abstract

This study offers an analysis of the representation of chronic and episodic pain in narrative life-writing. I have surveyed six contemporary memoirs that are each concerned with the author's chronic pain experience. In the field of pain studies – both in the humanities and medical sciences – the adequacy of language to represent pain is a vexed issue. Many assert that pain is difficult to represent in language because, in part, we fail to experience it as a meaningful event. Narrative is the most common mode of communication with which we express events that happened in the past; it thus offers writers ways to represent their pain in the same respect, with the same effects, as other less problematic past happenings. In pain studies there is rarely a distinction made between the varying representability of acute pain (temporary) and chronic or episodic pain (long term), when in fact each form affects a life in radically different ways. Chronic or episodic pain implies a temporal element and will become a fixture in an individual's long-term experiences. As a mode that encodes change over time in space, narrative is ideal for the representation of both chronic and episodic pain. In this study I have isolated three types of autobiographical pain narratives that exhibit different ways chronic pain is represented. Chapter one describes the “triangulation of pain,” in which narrators talk about their own pain obliquely by referring to the pain of others. Chapter two looks at the “translation of pain,” in which narrators try to describe their pain as directly as possible. Chapter three observes the journey or quest pattern found in pain narratives that tend to focus on the pursuit of cures. Although pain can be difficult to articulate, there are a diversity of narrative methods that give it self-determined meaning that works to supersede the limitations we face when trying to come to terms with such an inexorable and interior phenomenon.

Résumé

Cette étude présente une analyse de la représentation de la douleur chronique et épisodique dans les récits de vie en mode narratif. J'ai compulsé six ouvrages contemporains de mémoires, chacun s'intéressant à l'expérience de douleur chronique de l'auteur. Dans le domaine de l'étude de la douleur – en sciences humaines et médicales –, la capacité de la langue à représenter la douleur est un enjeu controversé. Plusieurs affirment que la douleur est difficile à transmettre par le langage parce que, d'une part, nous échouons à en faire l'expérience en tant qu'événement significatif. La narration est le mode de communication le plus courant par lequel nous exprimons des événements qui se sont produits dans le passé; elle offre par conséquent aux écrivains des moyens de représenter leur douleur de la même manière et avec les mêmes effets que lorsqu'ils relatent des événements passés moins problématiques. Les études sur la douleur font rarement une distinction entre la représentabilité variable de la douleur aiguë (temporaire) et celle de la douleur chronique et épisodique (à long terme), alors que, dans les faits, chaque forme influence la vie de manières radicalement différentes. La douleur chronique ou épisodique est accompagnée d'un élément temporel et deviendra un repère parmi les expériences à long terme d'une personne. En tant que mode qui marque l'évolution dans le temps et l'espace, la narration est idéale pour représenter la douleur chronique et épisodique. Pour réaliser cette étude, j'ai isolé trois types de récits narratifs autobiographiques traitant de la douleur, ces récits présentant différentes façons utilisées pour exprimer la douleur. Le Chapitre I décrit la « triangulation de la douleur » grâce à laquelle les narrateurs parlent indirectement de leur propre douleur en faisant référence à celle de tiers. Le Chapitre II examine la « traduction de la douleur » grâce à laquelle les narrateurs décrivent leur douleur le plus directement possible. Le Chapitre III observe le cheminement ou le modèle de quête découverts dans des récits sur la douleur qui tendent à se

concentrer sur la recherche de traitements. Même s'il peut être difficile d'exprimer la douleur, il existe une diversité de méthodes narratives qui lui donnent une signification autodéterminée qui contribue à faire tomber les limites auxquelles nous sommes confrontés quand nous essayons d'assumer un phénomène aussi inexorable et intérieur.

Introduction

Stories are antibodies against illness and pain.
 - Anatole Broyard, *Intoxicated By My Illness*

In Lieu of Consensus

Theorists, professionals, and philosophers disagree on a fundamental level about how pain is represented in language. Many agree with Elaine Scarry, whose 1987 text *The Body In Pain* became the standard reference for studies of pain in the humanities. Scarry observes that not only is it difficult to adequately express the particular sensations that make up our “pain,” but that to be in pain means to be linguistically impotent. She argues that pain is anathema to language, that it “resists objectification in language” (5) and that it “actively destroys language” (4). “To witness the moment” she writes “when pain causes a reversion to the pre-language of cries and groans is to witness the destruction of language” (4). Expanding on these statements, Scarry explains that pain resists representation, in part, because it is not always perceived as being connected to an external object. She and others observe we may be in a state of pain without recognizing the cause. I may simply “have pain” in my leg without knowing if the cause is muscular, nerve-related, or even celestial, and will still feel that pain if I have no understanding of cause and effect, and to the point that I sincerely believe there is no cause of my pain. Sometimes our pain has clear cause such as a splinter in my thumb, in which case the state is immediately associated with an object in the external world. But a pain that shoots up my back or pounds against my head is typically disconnected from the external world and involved in some unknown state of affairs.

David Biro, writing after Scarry, observes the same phenomenon. Offering some real-world applications, he observes that pain lacks intentionality, “Think of a bad headache, a convulsive menstrual cramp, or a shooting pain down the leg. What are these experiences about?

What object inside or outside of us are they directed toward? Nothing readily comes to mind” (39). Not only does it lack intentionality, Gabriel Burloux says pain “takes possession *of people*” [my emphasis] (16), inferring that it seems to subsume its own agency. Indeed, pain is a state of consciousness that often appears to possess us, having a purpose and agenda to which we are not privy.¹

Hannah Arendt (1906-1975) noted that “the most intense feeling we know of, to the point of blotting out all other experiences, namely, the experience of great bodily pain, is at the same time the most private and least communicable of all (50-1) and Bernie Carter, writing about clinical encounters, observes that “The subjectivity of pain means that even the most eloquent person struggles to find language that adequately expresses their [sic] private experiences. Pain shatters and resists language (214).

Other theorists take direct issue with the notion that pain is fundamentally non-linguistic and inexpressible. Martha Stoddard Holmes in “Thinking Through Pain” feels that her own pain produced expression, rather than hindered it. She is concerned with “how to reconcile it [*The Body in Pain*] with MY body in pain, which was a site not of language erosion but language generation” [original emphasis] (131). She continues to note that there are differences in pain remembered and pain presently felt that have an impact on our ability to encode the experience in language (131). Bernard Hadolt in “The Making and Unmaking of the World: considerations on Medical Anthropologists' recent contributions to an Anthropology of Pain” says

¹ This observation resembles the instrumentalization of pain in “The Book of Job” in the Old Testament, a prose poem often cited in studies of pain. In this biblical explanation for suffering, Satan tells God that the pious man Job is only pious because God protects him, and that he would lose his faith if God were to take away his possessions. Accepting the challenge, God allows Satan to kill Job’s family and make him endure endless trials of physical suffering. Although Job does not understand why God has seemingly abandoned him, he says faithful through each painful trial. God eventually rewards Job with a family and fortune twice as big as what he had before (For a detailed translation and commentary, see Hartley 44-7). This story is a good example of pain that is perceived to have agency and an agenda external to us.

Not all pain is necessarily first of all meaningless and inexpressible, but fits well into boxes of explanations and meanings of our everyday world, such as pain undergone at the dentist in order to have healthy teeth. Such forms of pain do not dissolve the everyday world, but on the contrary, they contribute to the building and the moving of the everyday world. (21)

Similarly, Stan van Hooft in “Pain and Communication” believes that “pain is communicable to an adequate degree for clinical purposes, but also that it is itself a form of communication through which the person in pain appeals to the empathy and ethical goodness of the clinician” (225). Like many, van Hooft feels there are serious ethical implications to stating that there is no language for pain, and is committed to ferreting out the words we use when we ask for help. He continues “The idea that pain is intensely private and non-communicable would seem to suggest that nothing can be done to overcome the isolation that severe pain forces upon its sufferers and that there is nothing communicable for a responsible clinician to respond to with caring” (257).

In fact, the issue has garnered much interest since the late twentieth century, with multiple studies generating lists of pain words or semantic constructions of pain in a number of languages. The trend began with Ronald Melzack’s and Warren S. Torgerson’s (1974-1999) McGill Pain Questionnaire, or the McGill Pain Index in 1971. The Index is comprised of 102 descriptive words separated into three categories. It was meant as a diagnostic tool to assist physicians, the idea being that a word indicating a particular quality, intensity, and emotion would help determine the type of pathology underling the pain².

² Since the MPI we have seen D.C. Agnew’s and H. Merskey’s “Words of Chronic Pain” (1975), Carole Anne Bailey’s and Park O. Davidson’s “The language of pain: intensity” (1976), Mary Jerrett’s and Kathleen Evans’s “Children’s Pain Vocabulary” (1986), Kristine Turner Norvell, et al.’s “Pain description by nurses and physicians” (1990), and Hans Peters’s “Vocabulary of Pain” (2004), to name a few English examples.

There appears to be a great need in the medical community to unearth and study pain's elusive language, perhaps because the prospect of a nameless and mute pathology comes at a great disadvantage to suffering patients and to the care providers trying to locate and eliminate that suffering. Like van Hooft, I suspect that many are more concerned with the linguistic competence we do have because of the implications for patients (and others) in need. Internist and pioneer of narrative medicine Rita Charon argues that patients and practitioners need language as a vital tool that can help produce diagnosis and prognosis. "Words are often all the pain patient has." She continues, "One cannot measure plasma levels of pain or assess its depth on biopsy. What is treated in pain is the misery that can *only* be reported by the sufferer [original emphasis]" (Charon in Carr, et al 37). Even Scarry agrees on this front, arguing that because pain evades detection "to bypass the voice is to bypass the bodily event, to bypass the patient, to bypass the person in pain" (7). Along this vein, many theorists, linguists, and health care professionals take a qualified view, arguing that pain is difficult to articulate but is effectively expressed in metaphor, metonymy, and other literary devices.

Lucy Bending, for example, in "Approximation, Suggestion, and Analogy: Translating Pain into Language" (2006) argues that "It is this fracture [in the example of the diary of Alice James] between the self who suffers and those who look on that makes the question of the translation of pain such a critical matter" (132). Analyzing the pain diary of the French syphilitic Alphonse Daudet (1840-1897), she contends "pain indeed may lie beyond the reach of a direct, categorical language, but ... it may perhaps be approached indirectly through analogy or particular kinds of narrative representation" (132). Marni Jackson in *Pain: The Science and Culture of Why We Hurt* (2002) writes "The first thing I noticed was that pain lacks a language of its own and must recruit metaphors or similes: knifelike, killing, burning" (2). A famous

example, Friedrich Nietzsche (1844-1900) used an especially playful metaphor “I have given a name to my pain and call it 'dog': it is just as faithful, just as obtrusive and shameless, just as entertaining, just as clever as any other dog—and I can scold it and vent my bad moods on it, as others do with their dogs, servants, and wives” (177). Linguistic studies such as Hans Peters’s “Vocabulary of Pain” (2004) and Elena Semino’s “Descriptions of Pain, Metaphor, and Embodied Simulation” (2010) tend to focus on the construction and use of various symbols in pain language. In the studies in which pain is figured as exclusively private and inexpressible, authors almost always show how pain is expressed in metaphoric or metonymic language, suggesting that such a vocabulary is secondary to more “direct” expression. Indeed, pain language exhibits a rich display of literary devices such as metaphor, simile, metonymy, synecdoche, repetition, personification, and hyperbole, to name a few. It offers a prime example of the everyday use of the artistic modes of language. The disparity between theorists on the question of pain language concerns both the perceived adequacy of vernacular pain description and the question of whether pain requires descriptive language or if it is itself a form of communication.

Perhaps more compelling are the arguments for narrative representations of pain, championed by medical professionals and psychologists. Carr et al.’s *Narrative, Pain, and Suffering* (2005) is a comprehensive interdisciplinary study that explains how narrative creates a context for pain events, making the events themselves more meaningful for sufferers and listeners. In “A Narrative Medicine for Pain” (2005) Charon argues that narrative is especially important for the pain patient because a contextual understanding of the pain is important for effective treatment and because a good doctor-patient relationship facilitates compassion and mutual understanding. Arthur Kleinman, a pioneer theorist in the field of literature and medicine,

focuses on case histories of chronic pain in *The Illness Narratives* (1988) as the most vivid examples of the need for clinicians and practitioners to develop interpretive skills (73). Jackson begins her investigation of pain with a personal narrative, explaining “The strange thing about my random bee sting was that it immediately sprouted a narrative” (1). Jane Fernandez in *Making Sense of Pain* offers a more nuanced idea of how pain communication overlaps narrative conventions, “when we speak of pain” she says, “we invoke several archetypes: the hero, the beloved, the enemy, the divine, the witch, the victim, the physician, the heretic, the inquisitor, the torturer, the tortured. Perhaps, it would be appropriate to say that like Jung’s archetypes, pain ‘speaks with a thousand tongues’” (xiv). The personification of pain into generic character-archetypes probably allows the individual to universalize the experience so that others may understand what is otherwise private and unique. Narrative provides a pain experience with motivation and cause, an action-centered plot, explanation, direction, a temporal and spatial envelope, an empathetic narrator, and a set of listeners. If we cannot explain what it feels like to be in pain it is difficult to convince others of its existence. We need to show how the interior manifests on the exterior.

There is a good deal of philosophical scholarship that explains why pain is so frequently charged with being indescribable. Scarry and Biro discuss above how pain is a state that often appears to have no cause. Moreover, we cannot be said to be agents or authors of our own interiority: as Thomas Lewis writes “if suddenly I were put in personal charge of my own liver, I would soon be dead. I wouldn’t even know where to begin” (Lewis in Leder 12). Our metaphoric language often serves to impose a causal force as if a physical object were present. Phrases such as “a dagger through my heart,” “broken glass in my eye,” “my back is on fire,” and “nails in my skin,” supply a cause of the pain and an instrument and an action through which that instrument

comes into contact with our bodies. Frida Kahlo's (1907-1954) famous painting "The Broken Column" (1944) (See Appendix "Figure 1") is a good example of the reification of pain as a noxious agent. In this painting, Kahlo represents her pain as nails penetrating her skin. In "A Few Small Nips" (1935) (See Appendix "Figure 2") Kahlo personifies the pain of her husband's extramarital affair as a violent scene of abuse she read about in the news. Here, Kahlo's emotional pain is represented by the image of a man cutting his wife's body with a knife (Dobrian 40-1). The understated title (also taken from the news report) functions to emphasize the enormity of the pain hidden by the shroud of interiority. Much of the popular artwork depicting pain tends to insert a narrative of wounding in place of otherwise invisible pain; these representations seek to match the perceived violence of the interior experience with an equally violent exterior.

A more critical philosophical issue is the status of pain as an object of our perceptions. Philosophical inquiries on pain fall under the study of internal qualia, or subjective states of mind. Pain is a subjective state insofar as it cannot be experienced communally and is exclusively private. We only feel pain that is our own pain, and our own personal pain cannot be generalized to others. Murat Aydede is a key theorist in this area; he points out that we typically treat pain as an object independent of our bodies (I have a pain *in* my leg), such that pain is an external object that resides inside the body like a splinter. Such a theory does not hold up, for example, in the case of phantom limb pain or when we fail to feel pain due to analgesic medication. In the case of phantom limb pain, we feel pain when the affected part of our body is absent, and in the case of analgesics, we do not feel pain when the original pathology is still present (3). In both cases, pain is shown not to be *in* our bodies but to be somehow a part of our bodies – an embodied quale that is not as much one's visitor as oneself. With such fundamental

confusion over whether pain is part of the self or other, we have little intuitive resources to explain what pain is, let alone how to talk about it. Pain muddies the gulf between self and other, confounding our ability to determine where we end and the world begins, and at what point we become independent beings. This phenomenological crisis is reflected in pain narratives when authors report having a “metaphysical experience” (Levy 11) “ontological breakdown” (Andrews 69) or describe their pain as “postmodern” (Kamen 68).

Because we can only know pain that is our own, it is tragically private and subjective, what we may call internal qualia. Aydede explains in the *Stanford Encyclopedia of Philosophy* that

Pains are said to be *private* to their owners in the strong sense that no one else can epistemically access one's pain in the way one has access to one's own pain, namely by feeling it and coming to know one is feeling it on that basis. This sharply contrasts with the public nature of objects of standard perception, that is, perception of one's immediate extramental environment including one's body [original emphasis]. (Aydede “Pain”)

Consistent with Aydede’s observations, pain does not exist as a conventional object and so cannot enter into language by the same conventions. As it does not enter into communal space, one person’s pain cannot be shared with another. This explains why we encounter so much difficulty trying to communicate how we feel and, at times, convincing others that we are indeed in pain.

Part of the diversity that characterizes the field of pain study is disciplinary. Pain is a multi and interdisciplinary field, so each theorist has a different set of interests to represent. With

patients and doctors in mind, Carter is more likely to search for avenues of communication; studying torturers who seek to maximize trauma, Scarry is more likely to emphasize the inexpressibility of pain and its weaponization in political torture. However, the discussion about pain language is part of a larger debate about meaning. Particular meanings of pain have ethical, linguistic, medical, and literary implications. The ambivalence surrounding the roots of our linguistic competence comes from a deep ambivalence about what feeling pain really means in respect to where it originates, who or what authorizes its presence in our lives, what types of unpleasantness it refers to, what it implies about an individual and the world, and its proximity to other somatic and psychic phenomena. Ronald Melzack calls pain a “puzzle” (Melzack 1988), he and Patrick Wall (1925-2001) call pain a “challenge” (Melzack and Wall 1973), David Morris calls it a “mystery” (25), and C.S Lewis calls it a “problem” (Lewis 1981). Stemming from views about its subjectivity and lack of communal coherence, many argue that pain belies meaning and that this lack of meaning produces language crises. Fernandez observes that

Linguistically, conceptually, metaphorically and scientifically, the term evades decipherability and its mystique remains largely impenetrable. And this, arguably, some would say, extends the pain of Pain. Scholars who try to coin definitions of pain and moderate emerging attitudes to pain allude consistently to pain’s embedded meanings, its performance and witnessing contexts, its layered phenomena i.e. its ‘deep subterranean fact’ and its ‘resist[ance] to verbal objectification.’ (xii)

Ludwig Wittgenstein (1889-1951) suggests in *Philosophical Investigations* (*Philosophische Untersuchungen*) [1953] (2009) that pain is a vacuous term lacking consensual meaning. He

writes

Well, everyone tells me that he knows what pain is only from his own case! – Suppose everyone had a box with something in it which we call a “beetle”. No one can ever look into anyone else’s box, and everyone says he knows what a beetle is only by looking at *his* beetle. – Here it would be quite possible for everyone to have something different in his box. One might even imagine such a thing constantly changing. – But what if these people’s word “beetle” had a use nonetheless? – If so, it could not be as the name of a thing. The thing in the box doesn’t belong to the language-game at all; not even as a *Something*: for the box might even be empty. – No, one can ‘divide through’ by the thing in the box; it cancels out, whatever it is. (106e)

Through his example of the beetle, Wittgenstein shows that the word “pain” has no external referent in the world. Because in Wittgenstein’s view language is a consensus model, it relies on shared meaning and mutual understanding to function as a useful form of communication. As Wittgenstein suggests, pain carries no meaning but personal meaning, which excludes it from the consensus model. When he says that pain cannot “be as the name of a thing” he means that the one word “pain” refers to a near infinite number of things and a near infinite number of lacunae, giving itself to misconception, misunderstanding, and illegibility. One might, however, make the same observation about our emotional states. There is no referent for happiness or sadness, and these feelings do not necessarily require an external object (we may feel happy *about* something, but we may just feel happy for no recognizable reason). There is indeed a great deal of overlap between pain and other internal states, and it may only be the social expectation that we do not

complain to others of our pains that sets them so far apart from other qualia.

There have been other – more humanistic – propositions about the meaning of pain. A now famous and influential theory developed by Emmanuel Levinas (1906-1995) in “Useless Suffering” (1998) states that all pain is meaningless until it is experienced through empathy as moral or psychological pain by witnessing the suffering of others. Reacting to the egregious violence and destruction of twentieth century modernity, Levinas argues that to give pain meaning is to justify terrible suffering instrumentalized for political means. He argues for an end to a theocratic society in which pain is both inflicted in the name of God and justified as a form of divine punishment. He explains passionately,

Is not the evil of suffering – extreme passivity, helplessness, abandonment and solitude – also the unassumable, whence the possibility of a half-opening, and, more precisely, the half-opening that a moan, a cry, a groan or a sigh slips through – the original call for aid, for curative help, help from the other me whose alterity, whose exteriority promises salvation? Original opening toward merciful care, the point at which – through a demand for analgesia, more pressing, more urgent, in the groan, than a demand for consolation or the postponement of death – the anthropological category of the medical, a category that is primordial, irreducible and ethical, imposes itself. (93)

The pre-language sounds that Scarry interprets as unintelligible are for Levinas sophisticated calls that are projected out of the individual’s private space and into a public arena where they may be heard, understood, and addressed. Cries and groans are a form of intelligible language for Levinas, and their universal intelligibility has profound ethical implications. These calls may be

the closest we can get to the referent denied by Wittgenstein's theory. Levinas's "original call for aid" also closely resembles Louis Althusser's (1918-1990) concept of "interpellation." From the French *appeler* – to call – interpellation describes the recognition of an other's identity (translated as calling or hailing) through language. The language we use to signal others shapes their social position and their relationship to us. In Levinas's theory, the cry of pain functions to interpellate the other as a fellow human being with a social responsibility to justice. His theory is perhaps more dynamic – and demanding – than Althusser's, as it dictates the dialogic contract imposed by the interpellation that involves both the call and the response.

An "ethics of pain management" means in a broad sense that we always have a responsibility to others when they are suffering. Levinas's utilization of pain meaning is deeply political, as it does not leave us the choice to reasonably inflict or endorse pain. If pain is meaningless, there can be no rational discourse to justify its use in political and theological warfare. The idea that the existence of pain means something about a deity and its powerful, benevolent, or malevolent nature is a topic famously taken up by C.S. Lewis in *The Problem of Pain* [1940] (1981). Lewis argues that belief in a god often hinges on conceptions and observations of pain, the prototypical atheist's argument being "If God were good, He would wish to make His creatures perfectly happy, and if God were almighty He would be able to do what he wished. But the creatures are not happy. Therefore God lacks either goodness, or power, or both" (14). He notes that such an observation indicates beliefs about the meaning of omnipotence and possibility, freedom of choice, self and other, goodness, and evil. While I have no interest in debating what pain proves or disproves about the premises of theology, it is clear that one's beliefs about pain index one's ideas about the nature of the world and the meaning of life. They suggest how one should interact with others and how one should differentiate oneself

from another. As an arbitrator of human interactions, pain meaning for Levinas is the linchpin of social discourse and action.

An Empty Signifier

As noted above, in studying pain one encounters a variety of theorists, medical professionals, and writers who suggest that pain is difficult to describe. Often, Davis Morris argues, pain is represented through silences and gaps rather than conventional language (3). I became occupied with a simple question: if pain is so difficult to describe, how in fact do we describe it? Do we have a more dynamic set of skills than the endless enumeration of pain adjectives? Rarely was there a distinction made between the representability of acute (temporary) pain and chronic or episodic (long-term) pain. Invoking time, chronic or episodic pain gives itself to modes of representation that encode events over extended periods of time and space. Here, narrative emerged as a way to represent pain as a chronological event, something that cannot be represented independently of the sufferer's lived experience. Personal memoirs strive for this type of coherent self-representation. Their authors use narrative resources to tell an audience about the bare truths of lived experience, or "how it *really* happened" and "what is *really* important" – what the art theorist Maggie Nelson has aptly described as "using artifice to strip artifice of artifice" (149). Browsing the bookshelves, these are the ones labeled "creative non-fiction," and their dust jackets boast rare glimpses into the real worlds of pain and suffering. The authors of these books seek to communicate their pain in one of the most honest modes they can conceive of, and in doing so, we get an idea of the dynamic ways in which one effectively inducts pain into the language consensus model, how one person convinces another person that they have pain through literary art.

The authors in this study have the skills of writers and the experience of chronic or episodic pain sufferers. They have made an active attempt to communicate their pain to others and have had the benefit of publishers and editors to help them realize that goal. Each of the six memoirs is Western and contemporary, written in English in the United States within the last fifteen years. Their close proximity allows for comparison and ensures that the medical environment is relatively similar for each author.

I will argue in this study that pain is an empty signifier that memoirists approach in a variety of ways in narrative form. We have seen above that it evades meaning and that it constitutes an abject language, but solicits empathy and bends language to its will. Consequently, it salvages meaning magnetically by attaching itself to objects with metaphor, simile, and other devices, and by embedding itself within stories that normalize and justify it. Pain recruits other tokens to form a network to gain status in the shared economy of communication. Without adequate devices or literary forms, pain language atrophies and we become frustrated in our attempts to communicate. It acts somewhat as a vacuum or parasite, consuming the language around it to survive. As we will discuss in the subsequent chapter, this linguistic magnetism extends into a social magnetism, in which we are drawn towards the sufferer through empathy. Approaching Scarry now from the other end, the language of pain is the language of the world.

In the following three chapters I have approached different ways in which the empty signifier gains meaning, understanding, and significance. In chapter one authors articulate their physical pain obliquely by discussing others' physical and psychological pain. Chapter one illustrates the triangulation of the pain experience, as the author chooses to make his or her pain intelligible only by referring to the pain of others. Here I discuss A. Manette Ansay's *Limbo* (2001), a memoir about the author's contraction of an undiagnosed muscle and joint disorder,

and Tom Andrews's (1961-2001) *Codeine Diary* (1998), a published diary about one of the author's hospitalizations due to hemophilia. Both authors figuratively recruit a family member who was ill through whom they're able to signify their pain. The loved one acts as a refractive glass through which the pain of the self becomes an other. At the same time, the comparison joins the two members, tying the author-in-pain to his or her family. Because pain isolates an individual affectively and linguistically, this method serves to reconnect the author to his or her family and retrieve a sense of rootedness and relatedness. In these books, physical and psychological pains are difficult to differentiate and in many cases there is no attempt to segregate them.

In chapter two I discuss Andrew Levy's *A Brain Wider Than the Sky* (2009), about migraines, and Suzanne Berger's *Horizontal Woman* (1996), about a back injury. In addition to using descriptive words, metaphors, and similes, both authors give a theoretical and/or historical account of their conditions as a way of associating with a larger community. The narratives in these two texts are both relatively weak, that is, they eschew a structured, teleological plot for a more unconventional plot characterized by fragmentation, circularity, and the use of multiple narrative forms. This method does not always work to the authors' advantage and we find in some cases that they chase their tails looking for adequate representation. These texts illustrate Scarry's theory of the inexpressible pain best because the authors try to objectify their pain in the confines of descriptive language despite the difficulty.

The two texts in chapter three only deal with pain indirectly and rehearse a search for a cessation of pain, a remedy. All pain narratives feature quests to find cures and treatments, but the narratives in this chapter are structured according to one imperative and take the form of the generic journey story. Discussed here are Paula Kamen's *All In My Head* (2005), about the

author's search for a cure for her chronic daily headache, and Mary Swander's *Desert Pilgrim* (2003), about the author's experience of faith healing to cure pain from multiple car accidents. These texts have relatively strong narrativity, as they are organized by, in the words of Ruth E. Page "action-centered, teleological" (45) plots, and in some sense close to quest narratives. Because chronic pain can rarely be completely cured, the authors must learn to adjust their expectations and accept their new, if limited, bodies. The external goal the narrators seek is unattainable, so the quest becomes internal and the teleological development of the plot becomes one of personal transformation. The authors undergo a coming-of-age where they learn to accept their pain as part of their selves and negotiate a more accommodating life. Both narratives stage the authors' maturation and arrival at a flexible understanding of their identities. In this way, the narratives also resemble the *Bildungsroman*, or the coming-of-age story, in which the protagonist metamorphoses from an isolated, immature creature to a functioning member of society.

Pain

The most widely used and accepted definition of pain was coined by the *International Association for the Study of Pain (IASP)*. According to the *IASP* pain is "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (*IASP*). Theorists and professionals across disciplines support this definition because it reflects the multidimensionality of pain. It extends conventional thought about pain to include its integral emotional content as well as the role played by language.

About 76.2 million people suffer some form of chronic pain in the United States, an incidence greater than cancer, diabetes, and coronary heart disease ("Pain Facts and Figures"). Modern research into pain generally begins with the use of anesthesia during the American civil

war, which produced an overwhelming cohort of individuals requiring painful surgeries and having painful disabilities, phantom limbs, and PTSD (Oretga et al. 840). This era saw the development of pain medications and therapies that continued into the twentieth century. Research into pain exploded in the 1970s with the publication of Ronald Melzack's and Patrick Wall's gate-control theory of pain. It posited an "interneuron" in the spinal cord to which pain receptors referred information and would modulate the response (Fields 49-51). This theory turned out to be wrong on the molecular level, but is still regarded as an important and considerable development in pain studies as it represents the first testable theory of pain pathways in the body. The gate-control theory opened up the field of pain studies to attract additional research, and the field gained a larger profile in the scientific and medical communities (Fields 501).

Neuroimaging began to be used in pain studies in the 1990s, and is still popular today as an instrument of pain research. Diagnostic imaging machines such as PET (positron emission tomography) and fMRI (functional magnetic resonance imaging) are used to view visual representations of pain in the brain by observing blood flow to different regions of the brain (Tracey and Bushnell 1113; Chen 147). Pain vocabulary studies such as the ones mentioned above almost disappear in the 90s, and this may perhaps be due to neuroimaging inquiry superseding verbal inquiry as the preferred method of study. Pain is more easily represented on screen than in language, as much of its symbolic content is visual and aural, so neuroimaging techniques represent the most recent advancement in the cinema of pain.

Pain has myriad causes, and equally myriad treatments. It may indeed be caused by tissue damage, but it may also be caused by a problem with the nervous system, the brain, or by psychological trauma. Physical pain can dampen or intensify according to the sufferer's

psychological state (Fields 54-5), what is generally referred to as “somatization,” and environmental factors can modulate pain levels as well. Common treatments are analgesics (medications that inhibit nociception), narcotics, nerve-blocks, alternative medicine, and sometimes talk therapy. A specific type of pain calls for a specified set of treatments, for instance one would treat acute pain with analgesics and talk therapy would be reserved for chronic pain with psychological components.

Chronic pain is notoriously difficult to treat and much is still not understood about its etiologies (Loeser 213-4). It belies our commonly-held beliefs about the evolutionary benefit of pain. Acute pain is generally employed as an early-warning system, reminding us not to damage our bodies and making sure we avoid doing so (Woolf “Deconstructing” 29). In many cases, chronic pain does not seem to function like this and confounds fundamental knowledge about how the body works (Coakley, “Introduction” 4; Toates 17). Pain that is chronic does not seem to function as an indication of noxious stimuli or ensure an injured body part heals properly. It is pathological rather than functional, and thus requires a reexamination of what we know about how and why we feel pain.

Women are more likely to suffer chronic pain than men in the United States, are more likely to seek help for pain, and are less likely to receive medical treatment (“Pain Facts & Figures”). This gendered angle manifests in the pain memoir; the majority of pain memoirists are women, so the subgenre is largely defined by women authors. Many of the authors in this study discuss pain as a gendered condition, and this particular trend problematizes the universalist theory of pain that revels in the idea that pain destroys social boundaries and afflicts all. These authors feel that the universalist theory ignores the social and physical differences to which pain is deeply sensitive.

Peters in “The Vocabulary of Pain” (2004) claims that pain is a polysemic word; it has more than one meaning. Indeed, we appear to use the term quite liberally, referring to physical distress, emotional injury, social dejection, and linguistic insult. Our physical and emotional lives often collide over the language we use to talk about them. Like pain, the word “trauma” refers to both physical and psychological injury. We can have physical and emotional wounds. A broken leg hurts, a break-up hurts, pejoratives hurt, and rejection hurts. We say that heartbreak is painful, an insult is “like a slap in the face,” and a rejection “like a dagger through my heart.” Polysemy, he writes, occurs when a word is abstracted from its original use. He proposes that pain first referred to physical distress and expanded to include such things as emotional and linguistic injury. Such a theory assumes that emotional injury is only pain in a metaphorical sense. That is, it assumes that what we feel physically and what we feel emotionally are independent. It also sets up an asymmetrical binary whereas physical pain is privileged over psychological pain. Judith Butler presents a similar theory of linguistic injury. Investigating what it means to be hurt by speech in regards to the debate about hate speech in the 1980s, she looks at familiar terms such as “linguistic survival” and “words wound.” Butler notes that we “combine linguistic and physical vocabularies” (4). She continues,

The use of a term such as “wound” suggests that language can act in ways that parallel the infliction of physical pain and injury ... [Discourses about racial pejoratives] suggest linguistic injury acts like physical injury, but the use of the simile suggests that this is, after all, a comparison of unlike things. Consider, though, that the comparison might just as well imply that the two can be compared only metaphorically. Indeed, it appears that

there is no language specific to the problem of linguistic injury, which is, as it were, forced to draw its vocabulary from physical injury. (4)

Paralleling Scarry's observations, Butler notes that the vocabulary we employ to describe linguistic injury is a borrowed vocabulary. If linguistic injury borrows the language of physical injury, it can be suggested that they both have some sort of pain in common. To what extent both types of pain are the same is the matter taken up by Peters. Peters's theory affirms the Cartesian mind-body dualism that has come under attack in pain studies; from observing pain that has psychological and physical components, researchers are beginning to understand that the body and mind are not as independent as was thought in the time of René Descartes. Studies have shown that many of the brain regions active when we experience physical pain are also active when we experience emotional pain (Talbot, et al.; Jackson, et al.; Eisenberger and Lieberman). The neuroimaging representations of pain used in these studies suggest that physical and psychological pain share similar circuitry, and may not be as polysemic as was once thought. It is likely that there is more in common with physical and emotional pain than their language, that our brains recognize both types in similar ways.

Physical and psychological pains also appear to exist along a spectrum that can be mobilized through perceived contagion. The authors of *Horizontal Woman* and *A Brain Wider Than the Sky* both worry that their physical pain will hurt the other members of their family. In other words, the authors worry that their physical pain becomes the family's social pain. The author's condition becomes a grand presence in the domestic space, and may even extend to friendships and other acquaintances. Andrew Levy writes about his family in *Brain*, "sometimes, we share pain as if it was love, and sometimes, as if it was hate" (7). This quality of contagion

makes pain available to meme theory, a controversial theory of social evolution in which a social item or phenomenon spreads and replicates like a gene, analogous to Darwinian evolution. The word “meme” was coined by Richard Dawkins in *The Selfish Gene* (1976) to describe an item that advances culture through contact and replication. Here, we can view pain as a perceived meme that spreads through a social ecosystem. Disability theorist Lennard Davis describes a court case in which the judge decided that a disabled woman’s employer had “bent over backwards” to accommodate the woman’s needs, and thus was not obligated to make any additional accommodations. Davis explains that the phrase “bending over backwards” indicates the belief that a nondisabled person feels the pain of disability by accommodating the disabled individual. “In this equation” he writes “one pain is equivalent to the other, and the scales of justice are balanced by this awkward bending. But further, the compensatory pain is like a referred pain in that the judge feels the pain much as does the therapist who experiences in transference the pain of the narcissistic, disabled person” (104). Similar theories have been developed in medicine, such as somatization, which, says Arthur Kleinman is “the communication of personal and interpersonal problems in a physical idiom of distress and a pattern of behavior that emphasizes the seeking of medical help” (57). While we believe that pain is a polysemic term, we are also invested in the belief that we can contract one type of pain by approaching another.

We know that pain and other internal states lack an external referent, sharing a joint exclusion from public space. What is clear is that there is a fundamental overlap between physical and psychological pain that exists in language, experience, and science. While my study focuses on physical pain I cannot very well bracket out psychological pain. In fact, many of the authors in this study invoke psychological traumas when faced with their own pain. There is

always an affective component to a physical pain experience, so we must be open to a relatively fluid definition of pain as it exists in life-writing.

Narrative Life-Writing

We have seen evidence that narrative has the potential to resolve some of the issues associated with communicating pain. It has formal elements that encode the pain event within a common mode of communication, and it mobilizes a social contract in which a sufferer reaches out to an audience and that audience recognizes and responds to the sufferer. This dialogic relationship constitutes the ethical exchange described by Levinas that gives meaning to suffering.

Narrative is a type of discourse that tells a story, and its codes are considered to be so universally recognized that Hayden White speculates that narrative appears as “a meta-code, a human universal on the basis of which transcultural messages about the nature of a shared reality can be transmitted” (1). To represent pain using storytelling conventions means to encode it within a set of generic patterns that make it accessible to others. Narrative requires, according to Tzvetan Todorov, “action, change, [and] difference” (28). In formal terms, narrative is recognizable by succession and transformation, in which a character or characters motivate an interconnected set of ordered events located in time and space that result in one or many transformations of reality (27-31). Carolyn A. Barros suggests that the centrality of the transformation of reality is especially vivid in autobiography, as these texts engender a transformation of the self reworked as a transformation of the textual identity (viii). Narrative is the way that we commonly talk about past reality, or as Barbara Herrnstein Smith describes it “someone telling someone else that something happened” (232), so it comes to stand in as an objective representation of reality. There are many types of narrative, including written narrative,

oral narrative, and visual narrative. A narrative, says Mieke Bal, can be made with or without language as with a painting or comic strip, because there are both linguistic and visual signifiers that invoke storytelling codes (4). We are concerned here with written narratives, specifically first-person autobiographical narratives or “life-writing.” Life-writing is a broad term that encompasses a number of interrelated genres of autobiographical writing. Autobiography, biography, memoir, diary, and letter are some of the ways in which we write about our lives in narrative form. The benefit of engaging narrative to represent life is that it is the common mode of communicating past experiences, which we routinely employ in non-fictional contexts. When fictional or creative works engage in narrative they participate in the normalcy of the communicative form.

As a mode of representation for pain, life-writing offers a way to encode externally invisible sensations and feelings in a realist framework that bespeaks truth supported by explanation. The need for truth-telling frameworks is quite great for sufferers of chronic or episodic pain; they need justification and corroboration from others to “verify” their pain. The current anxiety about the overprescription of narcotic drugs and drug-seeking deceptive behaviour is based upon the philosophical conclusions discussed above, that pain qualia are private and invisible. Without the objective proof offered by a wound, the existence of pain cannot always be empirically confirmed, and medical technology is not definitive in its ability to detect pain. Thus, we have very limited epistemic access to another’s pain, and when there is no wound-signifier, that epistemic access depends on the sufferer’s communicative skills. Narrative representation of this sort becomes a way for pain sufferers to help erode the doubt and isolation they frequently encounter.

Scarry writes that to be in pain is to “have certainty” (4), a knowledge that what we are

feeling is undeniably real and present. She adds that due to its unsharability, to hear about pain is “to have doubt” (4), speaking to the limited epistemic access we have to another’s pain. As Holmes interprets Scarry, pain is a “site of both sympathy and suspicion” (129). Wittgenstein also notes the doubt with which we encounter another’s pain, and the very absurdity of doubting one’s own pain. He writes “How am I filled with pity *for this human being* [in pain]? How does it come out what the object of my pity is? (Pity, one may say, is one form of being convinced that someone else is in pain.) [original italics]” (105e). Of his own pain he writes,

But surely I can’t be mistaken here [that I was in pain]; it means nothing to doubt whether I am in pain! – that is, if someone said ‘I don’t know if what I have is pain or something else’, we would think, perhaps, that he does not know the [99] English word ‘pain’ means; and we’d explain it to him. – Perhaps by means of gestures or by pricking him with a pin and saying ‘See, that’s pain! (105e)

As sure as Wittgenstein is of his own pain, he is unsure of how to approach another’s pain. He notes here that there is no explanatory language for pain, because on a basic level there is no need for one.

We need no apprenticeship in the feeling of pain, and our epistemic access to our own pain is purely somatic, as opposed to being ideational. We each carry a primal knowledge of our own pain, but that knowledge is not necessarily sufficient when we are addressed with another’s pain or when we address another with our own pain. A person in pain will not necessarily look hurt, and his or her testimony may be the only proof available. Therefore, to communicate pain means to confront doubt and make a case for what cannot be shared, generalized, and

understood. Here, the work performed by narrative conventions directly addresses the problems encountered by communicating pain. Narratives are sharable and accessible, nearly as ubiquitous as pain itself. White suggests that we treat narrative as a “solution to a problem of general human concern, namely, the problem of how to translate knowing into telling” (1). If being in pain is a state of knowing, narrative acts as the “solution” to the precarious transmission of that knowledge. Situated such, events assume an aesthetics of truth, where the narrative context gives us reason to believe they “really happened, and happened like this.” Because narrative encodes meaning in such a way that generates trust in the existence of the events encoded, narratives of pain work to confront and erode doubt. Nearly all narratives concerning pain recognize doubt and work to challenge it. If doubt is indeed a near-universal spectre in pain narratives, then truth and authenticity are central thematic and political tropes in these works.³

But there is a problem, too. A problem that makes narrative life-writing supremely unqualified to represent pain, a problem in which narrative life-writing adds to the inadequacy of pain communication. Pain experience is always felt in the *now*. We do not presently feel a pain that we remember enduring so well like we feel sadness when we remember a sad moment.

Trying to resolve the disconnect between Scarry’s theory and her own experience, Holmes notes

³Practitioners of narrative medicine also sing the praises of narrative. Narrative medicine is the reading, writing, and studying of narrative texts and conventions for the benefit of medical patients and practitioners. The thrust of the field is part therapeutic – using narrative as a palliative tool – part instructive – teaching medicine through narrative study – and part academic – analyzing the interpenetration of medical and literary texts, conventions, ethics, and theory. It is a subfield of a larger area called literature and medicine as well as a growing pedagogical trend in medical training. People who write about narrative medicine such as Rita Charon, Arthur Frank, Arthur Kleinman, and Maura Speigal, and Shlomith Rimmon-Kenan believe that such attention to narrative will improve standards in patient care and make medical practitioners more aware of the narrative work involved in medicine. Their interest in narrative is, in part, a response to the lack of sympathy and communication that patients tend to report of the doctor-patient relationship, a drawback of the professionalization of modern medicine. Narrative, then, can be used as a professional tool in medicine to repair some of the damage created by modern medical institutions. My own interest in narrative is not medical, and instead targets the specific communicative difficulties we encounter with pain. While narrative medicinists target the modern doctor-patient relationship, I am concerned with a larger social relationship to which we are all engaged. The difficulties of describing pain are not limited to asymmetrical professional relationships; they are difficulties that are far more democratic and less selective.

that there is a “difference between present pain and remembered pain” (131). During her own experience, Holmes composes

brief entries [in a journal] like ‘bone pain,’ ‘achey,’ ‘bad night,’ and “‘neuropathy,’ along with ‘Advil helped’ or ‘Darvocet n.g.’ I think this may indeed be evidence of the shattering of language that intense pain enacts. Next to these entries, however, are pages and pages of descriptive prose that record and recall pain or anticipate its return. (130)

Holmes attributes her emancipated language of pain to the difference between representing acute pain and chronic pain, but the apparent success of her “descriptive prose” has an additional element: notice that her prose either “records and recalls” (documents the past) or “anticipates its return” (projects the future). She does not like the brief words she composes in her hospital bed and reiterates Scarry’s language. Indeed, she prefers descriptions of remembered pain and possible pain. Holmes is describing memory and imagination. Remembered pain is not felt pain. We know that no experience can be reproduced in a pure form in a representation, but pain appears to stand out as an example of the problem of narrative representation: experience exists in a different tense than its written reproduction.

Pain has a clear temporal scope; it exists in the present tense only, so any kind of representation that follows will naturally seem suspicious. Narrative is the way that we commonly talk about *past* events, and memoirs take remembered experience as their subject matter. These modes of communication are designed to represent experiences other than pain because pain of the past is not pain at all: it ceases to exist as pain and becomes something else. Pain exists *then* as traumatic recall, but not as pain. Part of the inadequacy we encounter communicating pain is our inability to describe pain in the present. Levinas’s “original cry for

aid” is communication of the present, and therefore does the best job of describing the quality, intensity, emotion, and *time* that characterize pain experience. The first reason that we cannot read pain memoirs simply as transparent, truthful, or authentic representations of pain experience is because they represent experience in the past, and have thus already diverted the problem of representing pain itself.

Self-Help

Authors of pain memoirs often situate their work in opposition to dominant medical writing. They explicitly criticize medical treatment paradigms and cultural assumptions about pain syndromes. Suzanne Berger in *Horizontal Woman* is highly critical of how the public responds to her mobility accommodations, and Paula Kamen in *All In My Head* turns an investigative lens to questionable practices in Western and alternative medicine. Swander eschews medicine completely. By offering their own voices, they enter a conversation in which they are otherwise ignored.

The body in pain is a body that cannot forget itself⁴, a condition famously summarized by the French surgeon René Leriche who said “health is life lived in the silence of the organs” (91). Pain memoirs challenge the idea that writing can be in any way disembodied, and carve out a space in a field in which the body is markedly unintelligible. Virginia Woolf thought the reason we find so little mention of illness in literature is because it challenges the centrality of the mind as the object, and creator, of fine literature. In her essay “On Being Ill” [1930] (1947) she suggests “literature does its best to maintain that its concern is with the mind; that the body is a sheet of plain glass through which the soul looks straight and clear, and, save for one or two

⁴ This sentiment is famously reflected in W. H Auden’s (1907-1973) poem “Surgical Ward” (1971) in the line “For who when healthy can become a foot?” (46) in which Auden’s foot pain demands so much attention that it seems to eschew the rest of his identity.

passions such as desire or greed, is null, and negligible and non-existent” (14). Illness and pain announce our physicality in a voice often too loud for us and for the people around us. They make us aware of our interiority, reminding us that our bodies don’t stop at our skin and that there is more than thought and soul and memory underneath. Woolf called illness the “great confessional” (17), or that which indiscriminately exposes too much of the body to the world.

The idea of the body as confessional returns us again to the memoir, a genre overlapping the testimony and a form of confessional literature. In the pain memoir we see a commitment to a theory of textual corporality, where the text of the book is a mimetic double of the “text” of the body and provides an avatar on which to improve the body. Textual choices such as poetic writing, repetition, and fragmentation create for the reader the experience of discontinuity and disharmony, and work to remind the reader of the physicality of the text – that he is *reading a person’s story in a book*. Discontinuity and disharmony are phenomenological conditions that the authors frequently report of themselves in pain, so it would seem to make sense that the confessional body is doubled in a confessional genre – that the pain of the body becomes the pain of the text, and perhaps, the pain of the reader.

Confessional texts purport to tell the truth – the bare, unmitigated, “painful” truth that is otherwise kept hidden. Nelson reminds us how unproblematically we pair truth – particularly artistic truth – with cruelty (141), the normative assumption being that truths can come pure, and the purer they come the more they hurt, the more they *should* hurt, the more we should accept that pain in exchange for privilege of naiveté we should be rid of. It hurts to learn the truth. As a text overflowing with truths to confess, the body in the pain memoir becomes a vessel for truth, and the body’s pain a pure, essential truth. We are interested in the pain memoir’s truth claims because pain itself is privileged as an ultimate truth; something reaching to what Nelson refers to

as “Truth-truth” (133), or the transcendental, Platonic truth that yields our worldly truths. It exists outside of language; it is an ultimate state of knowing; and it doesn’t lie, or so we think. While we are committed to conceiving of pain as individual and subjective, this knowledge is frequently precluded by our sense of pain as a universal phenomenon – that which obviates worldly identities like race, gender, disability, class, and species, that which brings us closer to the core of being and holds the potential in each of us to communicate the unmitigated self, or, perhaps, that which obviates the self altogether. No wonder pain is so thoroughly debated in theological texts.

In pain memoirs, expressions of pain aim to deliver a special kind of truth, one that is difficult to argue with. Pain, Scarry writes, represents a particularly virulent form of self-knowledge for the sufferer, one which, as an other, we are quick to demand proof of. I am not convinced of the utility of pain-as-truth, nor am I inclined to be skeptical of someone who claims to be in pain. Rather, in this study I move away from the idea that public representation of the body needs to be as accurate or honest as possible (read truthful) in order for that representation to be constructive and ethical, and to be socially useful to the people involved. The authors of these memoirs are being honest – they are not “lying” – and they are writing in a genre marketed for the transparency of its artifice, but the choices they make to communicate their bodies’ secrets give us a better rubric for understanding pain in the modern world than does a truth-or-lie dichotomy. There simply isn’t a list of words that describes pain and list of words that doesn’t – pain language needs to include our communication apparatus as a whole.

Pain memoirs – and illness memoirs in general – often double as self-help material, and may be used as such even if self-help was not the author’s primary intention. Levy in *A Brain Wider Than the Sky*, for instance, prefaces his memoir with this warning,

Everything in this book is true, as best as I can remember, except for some ambient name and date and place changes. Everything historical, cultural, or medical is researched and cited. And I believe in the advice I provide here. But I'm not a prototype migraine patient any more than anyone else, and my experiences are not meant to compete with professional diagnosis. If I met you in the street and you told me you had frequent headaches, I'd tell you to go to a good doctor, preferably a neurologist, preferably one who is also a headache specialist. And then, if you wanted to read this book, fine. (ix)

Levy is the only memoirist in this study with no antipathy for doctors and medicine, and reminds others like himself that medical advice is privileged over his own experience. Levy is reflecting what Leigh Gilmore calls a paradox of life-writing, that the author is “both unique and representative” (8), particularly in narratives of trauma. By imparting their unique experience, these authors open themselves up to a mimetic discourse where readers recognize themselves in the author's self-impressions. Most of the authors in this study invite this dialogic element of life-writing – it's a part of the contract envisioned by Levinas, in which pain activates social action. Pain memoirs may be framed especially as self-help, as chronic pain is a common problem that cannot always be treated by medicine. For the paucity of medical treatments for chronic pain, pain memoirs become available as alternative information, pointing suffering readers to treatments and coping methods they may not have tried.

Alternatively, memoirs that do not achieve this dialogic effect may be called “whiney” or “self-indulgent.” Life-writing of all sorts is often the target of these accusations, which essentially mean the text gives a limited perspective and is unconcerned with the social contract

it has entered. There are formal reasons that explain why life-writing is vulnerable to this type of ridicule. In fiction, where readers are frequently given an omniscient narrator or many narrating characters, readers have access to the story through multiple perspectives (what Mieke Bal has called focalization). We are able to witness the fictional world through the protagonist's perspective and move outside that perspective to witness her actions. Fiction, then, frequently stages a balancing act between varying perspectives on the fictional world. This model allows for a more dynamic story that may include unreliable narrators, an unsympathetic protagonist, or a circuit of initially independent plot lines. In contrast, life-writing is focalized by a single narrator. Readers witness the protagonist's actions solely through her own perspective, getting a very biased view of events. As readers follow the entire text through the author's own thoughts, it becomes the author's responsibility to make sure her narration does not become tired.

Formal constraints such as these put memoirists at a disadvantage. As a genre frequently dominated by amateur writers, it requires an exceptionally skilled prose writer to produce an enticing story. By activating the conventions of self-help material, memoirists can neutralize their narrating bias. The author appears to be writing selflessly – for the benefit of others – and readers are invited to write themselves into the narrator's experiences, effectively including the reader's perspective in the text to balance out the otherwise singular focalization. Memoirs offer a supreme example of Roland Barthes's "writerly text" (*le scriptable*), or a text that solicits the reader's active participation. Writerly texts are self-reflexive and the reader is asked to consider her own participation in the genesis of meaning. We have seen above that pain is resistant to meaning, and I believe that some of the pain meaning we get from reading memoirs on the topic is not evident in the text but in the readers who respond to the stories.

Chapter One

The Triangulation of Pain: Pain and Mimesis

It can be suggested that when the young Katy Carr of Susan Coolidge's (Sarah Chauncey Woolsey) (1835-1905) *What Katy Did* [1873] (1890) sets out to mimic her disabled Cousin Helen (Coolidge 143), she tries unconsciously to mimic her aunt's disability as well when she swings from an unfinished swing set and severely injures her spinal cord in the subsequent fall. The young girl lies in bed crying with the lights out all day, unable to understand how a short ride on the swing could result in such endless pain, and barely grasps the meaning of the word "spine." The only person she is happy to see is Cousin Helen, who instructs Katy in "The School of Pain" according her own experience of injury. In the process of a painful recovery, Katy learns the secrets of Helen's energetic and attractive demeanor through the lessons that "Pain" has to offer, getting an education in proper female conduct through the principles of suffering and immobility. Katy's understanding of suffering comes by imitating her older cousin. She must be injured in order to learn the secret to Helen's beauty and vigor, and she must suffer Helen's pain in order to approach her own lofty dreams.

We see here what the French critic and anthropologist René Girard calls the triangulation of desire, or what I will reconfigure for the pain narrative as the triangulation of pain. In the romantic fictions he encountered, Girard observed a structure of desire in which a character finds what he desires in an other, or a "mediator of desire" (Girard 2) that he imitates in the hope of resembling or competing with the other. Recruited into the exchange, the mediator, or model, joins the subject and the object in a metaphor describing the "mystery ... of human relations" (2). The triangulation of desire is a theory that troubles the seemingly transparent relationship between the subject and the object. It corrupts the boundary between them, introducing what the semiotician Charles Peirce (1839-1914) termed the element of "thirdness." or the sign – the

mode of signification – connecting the self and the world. Thirdness, in other words, is that which generates meaning by defining the connection between self and other.

The triangulation of pain describes a way of confronting the problem of pain communication. We have seen that pain is a precarious object, one that delocalizes the self by forcing us to question the composition of our individuality. We speak of it both as self and other and its presence may compel us to identify with our bodies in a way that is culturally aberrant. In the subsequent close readings, we see authors approaching their pain with a similar problem of identification, triangulating their pain in order to script the gap between self and other. In lieu of a satisfying descriptive language, the author articulates his pain through the painful experiences of a mediator – his empathy or proximity sketching the angles of the metaphorical triangle. A. Manette Ansay in *Limbo* and Tom Andrews in *Codeine Diary* use a family member as mediator, and their pain gains meaning through comparison with the family member's experiences.

This method takes advantage of the ubiquity of metaphorical thinking in pain language, as it describes the articulation of one experience through a comparison with another. In *What Katy Did*, Katy's pain gains meaning and direction through Helen's experiences, and by imitating Helen Katy understands her pain as an instrument of feminine development. The triangulation of pain in the non-fictional pain narrative is perhaps a softer construction than is Girard's, as the pain does not, in a literal sense, have "its origin in a third party" (Doran xv), but the pain meaning, or its ideational content, connects to the family member and a narrative is generated by that triangular relationship. Much of the emotional content of the authors' pain is also mimetic, as it is embedded in an empathetic nexus between the two individuals. Above, we described pain as that which "salvages meaning magnetically," and what these narratives make

clear is that pain salvages empathy magnetically in a similar way. Empathy is introduced as an element of thirdness that will articulate the connection between the subject and the object by bringing forth another suffering individual. As described by Levinas, pain does (or that moralizing word *should*) draw us towards suffering others in a construction of social magnetism. Through empathy, we feel pain through their pain, and their pain becomes ours. For this reason, physical and psychological pains tend to be exceptionally fluid in these narratives.

Serving both as stories of physical pain and familial empathy, *Limbo* and *Codeine* employ some of the conventions of trauma narrative. Both pain and trauma are internal phenomena and seem to actively resist representation. For many of the same reasons, the language or “shareability” debate on pain is repeated in, and perhaps intersects with, trauma studies. In a parallel argument, Gilmore says that

Something of a consensus has already developed that takes trauma as the unrepresentable to assert that trauma is beyond language in some crucial way, that language fails in the face of trauma, and that trauma mocks language and confronts it with its insufficiency. Yet at the same time ... language is pressed forward as that which can heal the survivor of trauma. (6)

Like pain, trauma is denied a spot in the consensus model of language. However, there are some key differences between trauma and physical pain that we should rehearse. Traumas can be inflicted on a collective group, as well as mass groups of people, and thus emerge with an already defined community. Certainly most of the traumas that have informed the basis of modern trauma theory in the academy are some of the largest to emerge in the twentieth century.

Contemporary scholarship on trauma narrative is based largely on Holocaust testimonies. The Holocaust is *the* defining trauma of the twentieth century for many theorists who believe that the Nazi genocide irrevocably changed the way we conceive of and study traumatic experience, historical representation, and historical memory. Events of the twentieth century as a whole, including the first and second world wars, the Holocaust, the Nakba, the bombings of Hiroshima and Nagasaki, the Vietnam War, and the Rwandan genocide presented therapists and researchers with a considerable wave of traumatized individuals and shaped the development of theories and treatments in the modern era. Even as individuals process traumatic events differently, these mass events have produced communal and international recognition, archetypal stories and historical agreement, and memorialization. Physical pain does not achieve the voice of mass trauma and often fails to define recognizable communities.

The second difference informs the first and has to do with the comparative philosophies of trauma and pain. We have noted that chronic pain takes no object except in instances of wounding where there is typically a pain-giving instrument. Trauma, by its very definition, requires a pain-giving agent and thus almost always has a recognizable object. Coming from the Greek *τραῦμα* “wound,” trauma signifies an injury that either perforates the body or the psyche. Traumas are injuries that come from without and have a clear noxious agent. A rape comes from a rapist, slavery comes from oppressors, shell-shock comes from terrible sights, and diaspora comes from militant armies or oppressive governments. Pain from torture, the clearest example of pain that injects national and global imaginaries, illustrates a vivid trauma where an army, nation, political party, and leader are available as identifiable agents of wounding. While trauma and pain are both invisible kinds of hurt, they are by no means analogous experiences and the narratives they produce are different.

Differences accounted for, *Limbo* and *Codeine Diary* do contain elements of trauma narrative. Trauma theorists Cathy Caruth, Dori Laub, and Shoshana Felman agree that a trauma narrative is characterized primarily by a problem with memory. Caruth explains that traumas create absences in our memories, such that traumatic recall is the process of constructing a story from fragments (151-2). Dori Laub theorizes that the trauma produces a lacuna in the survivor's memory and thus his faculty of communication. He explains that "The victim's narrative – the very process of bearing witness to massive trauma – does indeed begin with someone who testifies to an absence, to an event that has not yet come into existence" (57).. Michael Bernard-Donals claims that "we cannot view testimony as a window on the past; at its most extreme – in memories of trauma – testimony marks the absence of events" (1302). Stories of trauma are vulnerable to doubt because they are often characterized by instability. Neither memoir in this chapter reveals large gaps in memory, but the authors are both obsessed with fragile memories and their ability to recall. *Limbo* opens with a young Ansay's fear of forgetting and her need to remember her childhood when she becomes ill. In *Codeine Diary* Andrews is assaulted with memories of his dead brother when he begins a hemophilic bleed, and cannot seem to separate his memories from his current situation. Pain and trauma both constitute a crisis of the present tense that is somewhat neutralized when removed to the past. A traumatic flashback⁵, says Caruth, loses its force when converted into narrative memory and is placed firmly in the past (153). As a past event, the trauma ceases to feel presently *traumatic*. As with trauma, past physical pain is not *painful*. In the following two memoirs, we should pay close attention to what happens to the painfulness of pain when it is removed to the past.

⁵ Also called "traumatic reenactment." The traumatic event is re-experienced in the present. Caruth explains that it signifies a traumatic event that "has no place [in time]" (153).

Limbo

After writing four novels and one collection of short stories, A. Manette Ansay wrote her memoir *Limbo* at age thirty-seven. Hers is part of a consuming trend in contemporary memoir, what G. Thomas Couser calls the “*some body* memoir” (1-2). Working off Lorraine Adams’s definition of the “nobody” memoir⁶ that constitutes the current “memoir boom,” Couser observes a distinct demographic that describes a large component of the authors of the current “nobody” memoir. “For these new, nobody memoirists” says Couser “are often young, female, and highly educated; many have earned MFAs in creative writing. It has become possible, even trendy, for women to produce memoirs before they reach the age of forty (or even thirty)” (2). Couser adds “the new nobody memoir is often about what it’s like to have or to *be*, to live in or *as*, a particular body – indeed, a body that is usually odd or anomalous ... And that means that the much ballyhooed “memoir boom” has also been a boom in disability life-writing” (2). Here, *Limbo* is a case in point. Perhaps somewhere between the somebody and nobody memoir – Ansay was a recognized and respected author of fiction before the publication of her memoir – she received her MFA in creative writing at Cornell University in 1991 and taught creative writing at a number of schools before resigning in 1997 to focus on her writing.

Ansay’s memoir tells the story of a life shaped by a painful, undiagnosed disorder that affects her muscles and joints. Her illness is characterized by chronic pain that makes it impossible for her to play the piano and eventually drives her to write fiction. Consistent with trauma writing, the narrative describing the illness is contextualized in, and in many cases eclipsed by, memories of her childhood, early environment, religious training, and family. Near

⁶ In an article for *Washington Monthly* in 2002, Lorraine Adams described a trend in memoirs which she called the “nobody memoir,” or the memoirs by authors who are “neither generals, statesmen, celebrities nor their kin” (Adams). The author of the “nobody” memoir is one without celebrity, or, more accurately, without a previously existing fan-base. These books usually concern childhood, catastrophe, or minority identity, and rarely describe privilege.

the start of the first chapter she writes “my first memory is of memory itself – and the fear of its loss, that vast outer dark” (12). She then relates her attempt, at four years old, to mentally archive all the elements of the house she was born in when her parents are preparing to move. This archive or “litany” as she calls it becomes an extended metaphor for the memoir itself. Her project, while centring on the pain disorder and its consequences, is also about the utility of memory and its force as a generative or protean space that propels an identity into existence. Ansay’s memories articulate her illness dialectically; they affect the way she came to understand and cope with her own pain, and they in turn are informed, in recall, by the pain experience.

Ansay tells the story of her early life up until the publication of her first books. She focuses on her Catholic upbringing, her relationship with her parents and extended family, the provincial town in which she grew up, and her piano training. As a young woman, Ansay was an ambitious piano student training to become a concert pianist. After graduating high school she was accepted into the Peabody Conservatory in Baltimore, Maryland. Soon into her studies there she developed severe pains in her wrists and legs and was eventually forced to leave the Conservatory and move back home with her parents. She then enrolled in the University of Maine but was soon forced to take medical leave due to her condition. She describes, at this point, her doctor’s appointments, her transition to using a wheelchair, and the start of her writing career.

The narrative is punctuated by the mirror narrative of Ansay’s father’s adolescent tuberculosis. The father’s story is separated into two sections that appear at the beginning and end of the text and envelope the story of Ansay’s own illness. He provides the model from which she articulates her experience. To a lesser extent, she compares her pain experience to that of her

paternal grandmother, who suffers severe emotional damage that appears to be associated with, or to have produced, nonspecific chronic pain.

Filial Triangulation

Ansary understands her pain as existing within a cohesive network of her family's pains and feels that her condition has affected not only her but her family over time. Hers is a good example of contagious pain that appears to spread to the family when a member is hurting. Ansary introduces the topic of her own illness almost incidentally, superseding it with discussion of her father's illness and her memories of childhood.

The two sections devoted to the father's TB introduce and conclude the chapters describing Ansary's own illness. Each section begins with the same sentence, worded slightly differently. Ansary opens the father's story explaining "This is the story that, for more than ten years, I could not tell, the single thing my father asked me not to write about" (22) and repeats this sentence with minor changes at the start of the second half of his story. Ansary's own illness, it seems, cannot be told without activating his. His story produces hers and provides the resources for its delivery. Equally, his story is not over until hers is told. The sentence repeated twice emphasizes the weight and singularity of the father's story; it is a story she was only told when she became sick and that she only received permission to write years into her writing career. I suggest that Ansary may not only be referring to her father's story with this line, but hers as well. While she did not write her father's story until her memoir, she left her own story unwritten as well. *Limbo* is Ansary's first work of nonfiction, and it is with this work that both the father's and daughter's stories are told for the first time. In the final chapter she writes "But in fact, it would be 1998 before he'd call me up, out of the blue, to give me this unexpected gift [of

permission to write his illness story]” (266). *Limbo* is copyrighted 2001, so one imagines she first submitted the manuscript for publication in 1999-2000, which suggests that she may have begun writing it in 1998. The father’s story clearly releases her own, and in turn, Ansay releases his. By separating his story into two parts, Ansay suggests that the father never truly recovered from his TB until Ansay herself became sick, giving the father an opportunity to cathect his own unresolved feelings about his illness.

The memoir provides a forum for the paternal grandmother’s story as well. The grandmother is an unsympathetic figure for the majority of the text; she dislikes Ansay and attempts to win over Ansay’s brother by convincing him his mother is dead. Ansay understands that the grandmother has severe psychological problems that she presumes are related to an incident occurring before marriage. She has also suffered a stroke, which has impeded her ability to communicate. Ansay tells one story about a visit to her grandparents’ house:

When I snapped on the lamp beside her parlor chair, I saw that she was crying, had been crying, perhaps, for most of the day. This was not unusual. My grandmother’s grief was endless ... If you asked her what was wrong, it only made her cry harder, she’d say ‘Hurt! Hurt!’ and wave her good hand up and down the length of her body – an accusation, a strange benediction, I did not want to know which. (181)

The grandmother’s endless pain and inability to communicate mirror Ansay’s own chronic pain and her various frustrating encounters with the outside world. Depressed, ill, and stuck in a bad marriage, the grandmother is a noir image of Ansay herself. The words “Hurt! Hurt!” are stunning in their vacancy; it is unclear if the grandmother is referring to emotional pain, physical

pain, or both. The words are urgent and mournful but communicate nothing that might help another person understand the pain, or know how to help her. The grandmother acts nearly as a symbol of pain's inaccessibility; a stroke victim, her communication skills are pathologically limited, exemplifying what Scarry took to be linguistic incapacitation. As an adult, Ansay comes to empathize with the grandmother, and the illness pushes her to develop her communication skills. In the last chapter, Ansay explains that while the illness halted her music career, it opened the door for her to write. She explains "Writing fiction began for me as a side effect of illness" (228). Ansay's life turns out to be different than her grandmother's, and although her illness does not disappear, she is able to live with the consequences in a way her grandmother could not. "Sixteen years have passed," she writes

since I gave up the piano, since one door shut and a window opened, since I entered the life I am living today. It's a good life, made up of the people I love, the novels I've written and those I plan to write, the students I've taught who have come and gone, the places in the world I have seen and the places I long to go. (266)

Ansay and the grandmother are two images of pain offered in the memoir. Ansay develops her own response to pain in contrast to the one offered by her grandmother. Neither the grandmother nor the father has adequately communicated their experiences and of pain, and through them, Ansay learns the benefits of a satisfying mode of pain communication.

Communicating Pain

Ansary talks about pain mostly in the context of her Catholic teachings and music training. She tells readers how she was taught that pain is a weakness or punishment that one may overcome with effort. Her religious upbringing tells her that “if you’d only tried harder, you might have fought off whatever it was that ailed you ... if you’d lived your life right, God would have protected you” (249). Similarly, the Conservatory community assumed that “the people who left [due to illness] were the ones who hadn’t wanted it enough, the ones who hadn’t been hungry” (197). When the pain becomes chronic and disruptive in her early twenties, Ansary is at a volatile period of transition where she is questioning her religious faith and replacing it with her budding music career. As a young woman, this is a period of identity formation, and Ansary is in the process of deciding who she is and who she would like to be. She says that “As a child I’d read and reread *Lives of the Saints*, studying the martyrs as if their lives were a map I longed to follow ... Now it was the lives of dead composers and living virtuosi I emulated, lingering over their hardships, their sacrifices, their pain” (190). The two doctrines were rather unanimous about their philosophies of pain, both telling her that pain signaled a personal failing and could be conquered at will. While the young Ansary struggles with her faith, her ideas about pain remain constant and unqualified, her Catholic upbringing preparing her ideologically for the music training, and the music training cementing her Catholic teachings.

Although Ansary represents the Catholic Church’s philosophy of pain as rather static and one-dimensional, she would likely have been exposed to far more nuanced and perhaps even contradictory ideas about pain in her Catholic teachings. Her Catholic upbringing being a central element of the narrative, it is worth looking into the extensive scholarship on pain and the history of Catholicism. Receiving a traditional Catholic education, Ansary would have likely learned about the Christian mystical tradition. She reports having read *Lives of the Saints* many times, so

she would have encountered the major figures in the history of Christian mysticism such as Teresa of Ávila (1515-1582), John of the Cross (1542-1591), Francis of Assisi (1181/2 – 1226), and others. Many of these figures invited pain and suffering into their lives, and their suffering facilitated their relationship with god. Sarah Coakley has written specifically about the utility of long-term suffering for the Carmelite saints Teresa and John. She explains that a lifetime of meditation may have worked to intensify spiritual pain and that “this purgative pain may eventually give way ... to the qualitatively higher state of transformed ‘union’” (79). “Even such union,” she continues

does not promise the cessation of pain and suffering altogether; rather, what has occurred is a form of appropriation of Christ’s life and sufferings, such that the physical and psychic symptoms that might previously have signaled the disease of distance from God now, in changed affect, signal the union of the self with Christ’s self so that the self is knit into the very life of the Trinity. (79)

For the Carmelites, as well as many of the other mystics, martyr saints, and ascetics, pain did not signal moral or spiritual failing but rather a close and intense bond with the divine. Being in pain could be seen as a special phenomenological state that afforded the individual the opportunity to fulfill his or her spiritual potential and identify with Christ. Educated in the Catholic tradition, one may be able to interpret his or her pain as transcendent (a divine union) or disgraceful (the disease of distance).

At the end of the text Ansay decides that her writing finally allowed her to come to terms with her pain and approach it with a healthy attitude. It is through discussion of writing where

Ansary communicates most clearly how her own pain feels. She speaks of pain in a generic sense when she discusses Catholic or music training ideologies, but she uses writing metaphors to relate her own experiences. There are quite a few discussions about writing and the creative process that refer obliquely to her own pain. She claims that her illness did not follow the “Aristotelian model of storytelling” (42), she describes her changing perspective on her life by defining “point of view” in literary terms (213), and she writes about being inspired by Flannery O’Conner, who died a painful death of lupus in 1964 (240). She offers an explanation of her own creative process that illustrates well method by which she relates her pain,

I am learning a technique I will rely on when I start to write fiction. I am exploring one thing by looking at another. Describing the absent landscape that defines my subject’s shape. The brightness of the light from the hallway that outlines my father’s outstretched hands. (48)

Ansary does not struggle to describe outright what her pain feels like, instead, she seems able to communicate adequately by triangulating it through others. Her direct descriptions of pain are minimal; she either “aches” or “hurts” or something is “painful.” The one more interesting description of pain is itself a simile. Her distracting pain is “like the wail of an infant in a nearby room” (242).

Writing and literature are really at the centre of the pain narrative and Ansary’s ability to communicate. Most of the memoirists I have read dedicate their memoirs to family and friends, but Ansary dedicates her memoir to the novel *The Chosen* (1967) by Chaim Potok. As a child, the novel inspired in her an intellectual renaissance that redefined the purpose and potential of

literature for her. Writing is precisely not a way for Ansay to communicate “truthfully” or “authentically,” but to “explore one thing by looking at another.” Writing offers Ansay the comparative tools with which she will see an other face reflected back when she looks to write about herself. Pain in the memoir is “built” as well, an idea not to be confused with pain intentionally brought on or endured by the sufferer, or pain developing from a false consciousness. Rather, pain is built as memories are built: in the world and on top of each other. Like memory, chronic pain leaves marks on the author throughout her life and cannot be communicated in a pure form.

But unlike memory, pain is always in the *now*. Ansay’s focus on memory is almost a ruse, a displacement of the textual self to a *then* where pain does not exist from a *now* where it does. Memory enters as a triangulating force for Ansay’s pain: it adds a *then* between Ansay and her pain. If pain of the self only exists in the present tense, Ansay’s pain becomes a third presence in the memoir as an experience of *then*. Pain and memory have a paradoxical relationship, and Ansay illustrates this well. She learns to write narratives as a “writing cure” for her pain, therefore both placing herself in a different tense as her pain and a tense in which she is able to communicate her experience. We will see in the analysis of the following memoir that writing and pain have a vexed relationship, but here we are beginning to see that the ability of narrative to represent events over time and space is both its gift and its hindrance to sufferers of chronic pain.

Codeine Diary

Opening a diary about hemophilia, pain is not the first topic a layperson might expect the author to engage. Naming his diary *Codeine Diary* and including the word “codeine” in the titles of

each section, poet and mathematician Tom Andrews defines his experiences in reference to his preferred analgesic, framing his diary as a story of pain and relief. “From a hemophiliac’s point of view” he argues “the story of hemophilia is, in the end, a story about pain: how to withstand it, how to outguess it, how to distract yourself from it, how to embrace it” (162). The diary involves multiple plotlines, including a narration of the onset and treatment of a hemophilic bleed, documents pertaining to the time the author breaks the world record for clapping as a child, and excerpts from the 1948 book *Kon-Tiki*, a chronicle of the journey by raft across the South Pacific by the explorer Thor Heyerdahl. The dominant plot contains the story of a single bleed lasting many weeks and the author’s flashbacks of his dead brother, who died of kidney disease while the brothers were young.

Andrews’s experience of his hemophilia is interlocked with his memories of his brother’s kidney disease. Coincidentally, both brothers suffered unrelated blood-related illnesses; the two paradoxical metaphors that describe this relationship – chance and heredity – surface as leading themes that shape the way Andrews copes with his hemophilia. *Codeine Diary* is a good example of a text that uses pain as a double gloss to denote both physical and psychological pain. The word “trauma” (13; 14) is used twice in the first chapter to describe both the injury to the leg that causes the bleed and the brother’s premature death. This book contains elements of a trauma narrative; it pairs the hemophilic bleed with a childhood trauma and the narrative vacillates between three temporal events. The story’s narrativity is also relatively weak, as it contains multiple plots, fragmentation, dramatic dialogue, and dialogic engagement with other texts.

Andrews’s suffering is specific to blood-related pain, in the sense of being literally caused by blood and being metaphorically related to his family. Surviving kidney disease until adolescence, Andrews’s brother used a home dialysis machine, making the brother’s blood

filtration system an item of the family furniture and creating a “rich dynamic” (93) in the domestic space. Blood-related illness not only connected the brothers but shaped the family dynamic at home. As a generic metaphor for heredity and relatedness, blood was a literal presence in the domicile as Andrews was growing up. He reports having “the brotherhood of pain and illness to unite us, a bond I thought as undying as actual brotherhood (10).

Andrews recruits the brother’s memory to stand in whenever he experiences pain. When Andrews first injures his leg he thinks of his brother, John; when he waits in the hospital emergency waiting room without pain medication he remembers John; when he writes a poem during his long hospitalization it is directed to John. He is aware of consistently triangulating his pain through his brother, and even tries to overcome what he calls this “pathology” in the last pages of the book. He explains

For more than a year now I’ve assumed this book would end with those last paragraphs [about John] ... Well, I’m left with several uncomfortable sensations. I wonder, for example, if I’m not playing into a pathology – a pathology I’ve worked hard to acknowledge and exorcise – by ending with an image of John. The movement toward health, for me, seems to include ceasing to use John as a measuring stick for my every action. And yet I want very much to articulate the felt pulse of John’s absence” (228).

Instead of the brother, the book ends with the final document concerning the world record for hand clapping. Although he calls this activity an example of risk behaviour, hand-clapping is generally a safe and banal activity. However, the extended hand clapping could have ruptured blood vessels in the author’s wrists and caused a hemophilic bleed. The joint banality and fatality

of this exercise emerge as the final metaphors for pain while the brother is “put to rest,” so to speak, as the insistent mediator.

The Writer in Pain

During his hospitalization, Andrews writes diary entries and a poem, both of which appear in the final text. Readers are allowed a unique glimpse into Andrews’s writing practices, as he tells us exactly when he writes and how he composes a poem. From the moment he injures himself to his hospital admittance, Andrews is flooded with thoughts of his brother and topical quotations by various authors. As his pain intensifies in the hospital emergency waiting room, he remembers conversations between himself and his brother. He experiences somewhat of a creative assault on his consciousness that he desperately seeks to release. As he tries to communicate the complexity of his ideational experience to his wife she repeats “you should write this stuff down” (52, 71). While the wife’s response seems at best an attempt to deflate the husband’s frenzy, it is clear that Andrews does feel compelled to write, and that this deeply painful experience triggers creative energy. Having published two prior books of poetry, Andrews is the type to “write this stuff down.” However, he does not start writing until he receives his first dose of codeine, and his writing practices thereafter mirror the gradations of codeine he receives throughout his hospital stay.

Andrews receives codeine at the end of Part Two and begins wanting to write at the onset of Part Three. Preferring to organize his thoughts and feelings into patterns, Andrews recognizes exactly when he is and is not able to write. When he writes he reports being on codeine (86) and when he and his wife are reading he reports being at the end of a dose and feeling intense pain

(162-4). In the short diary entries, we learn what Andrews thinks of himself in pain, unencumbered by images of his brother,

There are times, in the last minutes before I am allowed, or allow myself, more codeine, when the pain inside the joints simplifies me utterly. I feel myself descending some sort of evolutionary ladder until I become as crude and guileless as an amoeba. The pain is not personal. I am incidental to it. It is like faith, the believer eclipsed by something immense. (86)

His description of his pain as a numinous entity is something he does not seem to be able to approach when in pain. Experiencing drug-induced relief, we get a sense of where the Self goes without its mediator,

The thing is, intense pain demands that you doubt whether it exists, whether *you* exist. Are you making it all up, a bizarre self-flagellar hallucination? And the world: does this brown table exist? (is this brown table brown?) That orange vinyl chair? The star-tiled floor? Does the pain come from them, or from me? [original emphasis] (151)

And,

Pain seizes you but you can't say it inhabits your body. Pain is not in your body, and neither are you. You are not in your body, neither are you anywhere else. Pain displaces

you. Yes. But there's no content to pain. It offers nothing, not even itself. It's a vacancy, a namelessness your body plunges into, and meanwhile, where are you? (151)

Reading these lines, I am reminded of W.H Auden's poem "Surgical Ward," referenced above. In pain, Auden writes that he has become his foot, his subjectivity seemingly displaced into the painful area. Andrews too feels that pain displaces the Self, claiming "I am incidental to [the pain]" and observing "You are not in your body, neither are you anywhere else." The author triangulates his pain because he ceases to recognize and inhabit the Self in Pain; the mediator is not only convenient but necessary as the Self fades from existence and becomes unavailable as a point of reference. We noted above that trauma is defined by absences in painful memories, and thus the absence of a cohesive and referential Self. As the traumatized individual "attests to an event that has not yet come into existence" (Laub 57), the sufferer in pain attests to an identity that has not yet become a Self. For Andrews, the mediator steps in as the identity available for representation.

At the time that he begins to write, Andrews's sense of time is altered. He begins the chapter "Codeine Diary 1" with his first diary entry and then a warning "At this point my narrative enters a different order of time ... For the next week or so, time became alternately turbulent and meditative, depending on how far I was into a dose of codeine. Elastic, elliptical, temperamental, time seems to spiral out from the center of the bleeding joints" (85). In the interplay of discomfort and relief, pain modulates his sense of time and his phenomenological position in the world. Like many of the authors discussed here, he feels that being in pain produces a metaphysical crisis in the individual. He explains

I worked hard to remind myself that my body was more than simply the damaged limb or bloated nerve-tossed joint. I needed to remind myself of this now. I was not all leg ...

Pain brought me ... to the threshold of a kind of ontological breakdown. As blood drained away into the flushed interior of my leg, I grew strange to myself, alienated from whatever self I used to answer to. (69-70)

Andrews's "ontological breakdown" is an articulation of the phenomenological uncertainty discussed by Aydede (see pp. 7-8 above). The metaphysical crisis and vertiginous modulation of chronology activate the writer's creative skills, producing a myriad collection of associations, references, and emotions, and slicing through memory to pick up only the most charged experiences. In other words, according to Andrews, pain immures the writer in a state seemingly apt for creative self-expression. It targets Andrews's identity, the routine he comes to respect, his perception of his body, and his subject position in time and space. Where all memoirists are concerned, if good writing offers a new or unique perspective of ourselves and the world, pain provides the resources for such an engagement with reality. But Andrews is not able to write while he is in pain – as he writes, pain "command[s] attention" (24) – so he may only return to the topic in a state of relief. Here, we get to a primal tension in the heart of the diary; pain provides the impetus, and perhaps even the creative material, for expression, but such expression can only be performed when one is not in pain. Andrews articulates a frustration with pain's paradoxical relationship with narrative that Ansay does not. He is unable to represent present experience through writing, and is thus unable to adequately represent his pain. Andrews's frenzy to write is a frenzy to represent the *now* because he knows that if he cannot represent the *now* he cannot represent his pain. Pain does provide the resources for self-expression, but that

self-expression is lost once the writing is able to put pen to paper.

The Good Brother and The Bad Brother

Using a strategy similar to Ansay's in *Limbo*, Andrews does not struggle to describe his pain at all. The few descriptions of pain in the diary entries are not, in order words, *painful*. I have observed above that when Andrews feels pain he thinks of his brother, ventriloquising his own suffering through the trauma of losing an ill sibling. We can see analogous strategies operating in *Limbo* and *Codeine*; Ansay could only release her pain narrative by discussing her father's, and Andrews too only seems to communicate his painful bleeds by invoking his brother's illness and death. In periods of relief, we see him sketching the distance between the pain and the Self.

The poem Andrews writes is illustrative of the slippage between the brothers. It is worth quoting in full,

There is a sleep like the long dissolve
of bone into earth. Each nurse carries
a paper cup, a syringe of that sleep ...

But the chrysanthemums, and the trees outside
the windows, say: You are never tired enough.

Your second breath says it, and the room's tick,
the star-tiled floor, the chalk walls,
through the night hours. You lie listening

as though to a voice inside your voice, a lullaby
 deep in the throat. Now a small snowfall.
 Now a first blur of sun staining the window. (133)

Andrews walks us through the auditioning of these lines as they coalesce into this poem. The sleep referenced in the first stanza is codeine, the drug that unlocks the poem and allows it to be written. The “you” in the second and third stanzas first reference John, and Andrews claims when he first composes the second stanza “John was clearly the *you* of this stanza. Integrating his continual presence into language lessened the weight of him somehow” (98). In the fourth stanza the “you” has shifted, as it is Andrews who ventriloquizes John’s voice, and therefore the “your” refers to the author. The descriptions of the environment are descriptions of Andrews’s own hospital room, and resemble the diary entries included in the text. As both brothers spent time in hospitals, it would be easy to assume that these descriptions double as rooms in which both brothers were residents, or perhaps describe a generic hospital room shared by the brothers in a metaphysical overlap of time and space. I like that I cannot find Andrews in this poem: there are no “I”s in the lines, and I get the idea that even if there were, they would be misleading. The “you”s seem to mean “me, but not me,” reminding us that we find pain only in the absences.

Up to this point I have emphasized the parallelism that characterizes the author’s and his brother’s stories and have shown how the brother’s story becomes available for substitution when the author cannot recruit his own identity. But Andrews does not fully identify with his brother’s illness experience, and the two exhibit disparate methods for coping with illness and pain. Andrews calls he and his brother “inverse siblings: the good and the bad brother” (222).

Kidney disease pushed the brother into religion (a coping method we will revisit in Swander's *Desert Pilgrim*), while hemophilia pushed the author to race motocross, play basketball, and break the world record for clapping. He characterizes John as the brother who gives into the illness persona, accepting it without question, while he characterizes himself as the defiant one, resisting the very persona the brother accepts. Like Ansay, Andrews grew up in a religious family, and he chose not to employ a theological hermeneutic to give meaning to his pain. The author's brother becomes available as an image of pain that Andrews works against. As Ansay's paternal grandmother represents a noir image of pain through which Ansay individuates her own coping methods, Andrews's brother represents an image of defeat and submission through which Andrews contrasts his own behaviour. Both Ansay and Andrews claim that they use writing as a constructive method to cope with pain, as opposed to what they perceive as their relatives' destructive methods. Here, we see a nuance in the metaphorical use of the family member to articulate painful experience. The family member is not consistently used as an unproblematic mirror of the author's experience, but also as an antonym that sets the author apart as an individual. This break is perhaps where we most clearly see the Self of the author emerge, as the mediator no longer substitutes but individuates the author through contrast.

Chapter Two

The Translation of Pain: Description and Limitation

It is a rare opportunity when we catch an accomplished writer in a moment of weakness. Maybe her sentence structure changes, or her tone is inconsistent, or her language is less astute, or she leaves a hole in the plot that quickly eclipses the entire story. Scarry found such weaknesses in the Victorian literature she was reading; she noticed that the canonical authors of the most well-

read Victorian fiction became troglodytes when relating a character's pain, their language skills demoted to banal talents. The task of describing pain seems to leave holes in our otherwise developed language abilities. Authors who try to write exhaustive descriptions of their pain soon end up exhausted. Andrew Levy and Suzanne E. Berger both take on the task of directly describing pain in their memoirs to different degrees of success. Levy tries to describe his pain descriptively – using adjectives, verbs, and nouns – using both colloquial and medical language. He often comes up short, and is strongest when he admits he lacks an adequate vocabulary to represent pain and reverts back to discussing the history of migraine. Berger describes her back pain conceptually, with each chapter focusing on a different aspect of pain. Because each chapter is focused on a different topic, her narrative has little cohesion. In trying to describe every aspect of her pain with no narrative linearity, Berger takes on a project that is too big for her. Berger's memoir is illustrative of the importance of narrative in the adequate communication of pain.

Both texts are good examples of the uniqueness of the pain signifier. It does not respond well to expressive language. As we have seen, pain exists outside of a communal symbolic system, characterized by all of us only with a pre-language of cries, groans, contortions, and gesticulations. In writers who try to describe pain, we find infants who seem to remember the days before they learned to speak and write. Alternatively, David Morris in *The Culture of Pain* argues that writers (a term he uses to refer to “numberless nonmedical voices normally shut out from contemporary discussions of pain” (3)) “express a range of knowledge and experience for which the person struggling with pain quite often cannot find the words” (3). Indeed, writers, with their highly developed language skills, may generate descriptions of pain that a culture deems superior to others'. He continues “The writers who give voice to an otherwise often inarticulate discourse about pain also create a body of error and misrepresentation along with

their knowledge” (3). If a writer is necessarily one who is not in pain, such a “body of error and misrepresentation” is probably characteristic of the vast corpus of speculative writing on pain. These writers have the luxury of detachment and are less committed to the extratextual experience they are trying to describe. If, however, we only know what pain is from our own experiences, I wonder how one might be able to identify an error or misrepresentation. When there is no pain referent, there can be no “right” or “wrong” description of pain, none that are “true” and none that are “lies.”

Furthermore, we have many famous examples of writers who have suffered physically. Honoré de Balzac, Emile Brontë, Elizabeth Barrett Browning, Albert Camus, John Ruskin, Jean-Jacques Rousseau, Robert Louis Stevenson, and George Orwell all suffered from tuberculosis, to name a few examples; Alexander Pope, Emily Dickinson, and Lewis Carroll, all suffered migraines; Alphonse Daudet, Friedrich Nietzsche, Gustave Flaubert, Charles Baudelaire, and Oscar Wilde all suffered syphilis before there was a cure. Beyond famous writers with high-profile conditions one assumes there would be many more writers, historic and contemporary, who have had their brush with pain. While not all of us suffer painful illnesses, we all have at least a rudimentary knowledge of what it feels like to be in pain. These examples do not even begin to touch on the multitudes of writers who have suffered psychologically and watched others suffer. Literature might be informed by pain from any angle, and each author writes about it from an aggregate of personal experience and imagination. Morris notes that the medical industry erodes nonmedical voices on pain. However, medicine, with its hegemony of health care, has in many ways added to our arsenal of pain description. One of the strengths of Levy’s *A Brain Wider Than the Sky* is that Levy recruits historical and contemporary medical language to describe his headaches and fortify his own vocabulary.

Beyond describing what pain feels like, writers can describe what it does. Practically speaking, pain usually means that there is something wrong with our bodies, whether it be from an injury or illness. Pain is often interpreted as a sign of dysfunction, the thing we use to determine the relative state of our health and the appropriate action to take thereafter. The semiotics of pain is an acute science, as we use it to gauge our bodies' functioning and the success of intervention. Drew Leder in "Medical Hermeneutics" observes "When I go to the doctor for abdominal problems, the intermittent cramps and acid reflux are like a page, a scrap of a page, from which I seek to construct a comprehensive plot (12). Leder's cramps and acid reflux are indexical to his abdominal problems. They function as signs that point to a physical problem and motivate an interpretive process that ends with a visit to a clinic. The physician also begins the diagnostic adventure with her patient's pain, as evidenced by the iconic phrase "so where does it hurt?" Pain narratives often start like this, with the pain acting as a sign of things to come, an augury of conflict and adventure. The best form of communicating the brevity and authenticity of severe pain is often describing the symbolic network of cause-and-effect associated with the pain. Berger begins *Horizontal Woman* with the description "I bend down to pick up my child, but the bending never finishes, breaks instead into spitting lights of pain ... The body announces: This is an important event, this is an event you will never forget. I can't get up (xv). And Levy on his brother's first migraine "He turns ashen, cloaked in sweat, his face so altered and slack that several of the helpful commuting New Yorkers ask him if he is alright, if he needs a doctor" (17). In neither of these examples do we learn what pain feels like, but the circumstances by which the sufferer is hurt and requires help. If we do not have a wound to show, we need a story explaining how we know there is something wrong and why we think we need help.

One of the debates in the critical literature that we see replicated in the two books asks if pain is better represented in language or if pain constitutes a language in itself. van Hooft argued that according to clinical standards pain does not require a substantive or direct descriptive language because it “is itself a form of communication through which the person in pain appeals to the empathy and ethical goodness of the clinician” (225). Here, he refers to the “original call for aid” (93) described by Levinas, where the pre-language of cries and groans functions as an effective symbolic system that encodes a request for help. Arthur Frank in *The Wounded Storyteller* too claims that “The ill body is certainly not mute – it speaks eloquently in pains and symptoms – but it is inarticulate. We must speak for the body, and such speech is quickly frustrated: speech presents itself as being about the body rather than of it” (2). He refers here to his argument that illness narratives are written through the body, rather than about the body (1). The paradox in his quotation, that the body “speaks eloquently” but is also “inarticulate” and that we must “speak for the body” seems to imply that pains constitute an unintelligible language that requires translation. What Frank sees as “our” language is separate from and uncorroborated with our body’s language, further emphasizing how the self is displaced when we are in pain. Pain may indeed present us with an archetypal example of what it means to be lost in translation. In *Translating Pain: Immigrant Suffering in Literature and Culture*, Madelaine Hron argues that pain can be seen as a system of signs – considering such signifiers as cries, gesticulation, and facial expressions – and thus requires “intersemiotic translation” or “transmutation” between different semiotic paradigms (40). Describing pain then becomes a feat of translation, and borrows the difficulties of that field. Hron writes that

expressing pain is not a transparent act; yet, neither is it ineffable. Translation does not presume transparency; yet, at the same time it does encounter inexpressibility. In no case does a translation connote exact equivalency; rather, it advances notions of difference, interpretation, and meditation. Translation employs language that is always shadowed by loss – that of an ‘other’ text, and ‘other’ voice, an ‘other world. As [Walter] Benjamin argues, translation passes through continua of transformation – to translate is to transform. (40)

To Hron’s list we might add an “other” body and an “other” self, as we become displaced from the hurting body through time. Perhaps one of the reasons writers have difficulty describing pain is because they are not in fact describing objects at all, but a separate symbolic system. Not only are our cries and movements symbolic of how we feel, but functional pain is our body’s own way of communicating imminent danger and harm. Pain is a type of somatic language, and so perhaps it does not give itself to meaning because it aims only to make our environment meaningful. The pain we feel from a hot stove means more about the content of our environment than the content of our body. Describing pain might be equivalent to describing a verbal language; we can certainly create stereotypes, such as “French is the language of love,” but such generalizations would be the extent of this project. Similarly, we can say that pain “is the language of suffering” or even “the language of skin” but to require more detail would be to require a nomenclology of a whole symbolic system.

Levy struggles with the task of describing his pain, and eventually concedes that his migraines are their own language and that he needs to start listening to them. At this point, he explains in his introduction, “you gradually accept the pain as your own. You acknowledge your

oneness, and the throbs develop a kind of autonomy. They careen and float around an empty mind, settle, drift, still throbbing but without stress” (11). The acceptance of pain indicates the transition from seeing pain as an object in your body to a thing of your body.

A Brain Wider Than the Sky: A Migraine Diary

An English professor, Andrew Levy’s diary doubles as a critical text. Between personal stories of his migraines, his wife, and child, Levy rehearses the medical and scholarly history of migraine and analyses Lewis Carroll’s *Alice in Wonderland* as the story of a migraine. His choice of genre is specific to his diagnosis; Levy reports that many specialists recommend that their patients keep migraine diaries to “detect patterns, to teach self-awareness, to make treatment easier” (7). In some ways, the diary, as described here by Levy, resembles the medical case history described by Charon. It comes to the aid of treatment, rarifying the illness to patterns and motifs that help the doctor form a diagnosis (Charon, “Literature” 603). His narrative as a whole is informed by the migraine itself, rather than the generic adventure plot. Levy writes, “[For this book] I wanted something different, something that might simulate the feel, the curves, the sweep of the migraining mind. There is a kind of martial arts that requires its practitioners to mimic the attacks of the enemy in order to defeat that enemy. Maybe there is a kind of writing like that, too” (8). His is not generic pain, but qualitatively migrainous pain, and his diary shares a specific cultural and medical history with the migraine. The “weak” narrativity I have observed in the text might be better described as a “migraine” narrativity, a type of narrativity modeled after the illness, as if the illness itself were composed of the elements of storytelling.

Levy clearly finds a certain poetic pleasure in his pain. He writes “My early migraines, I suppose, would be classified as ‘typical aura without headache’ ... Clearly the migraine of

choice, for obvious reasons. And yet, not soul stirring: like watching fireworks without sound (27). His interest in this pathology, he claims, is due to its metaphysical and aesthetic value. “The head” he writes “[is] a place in the physical world and the head [is] a place in the feeling world, the thought world” (5-6). The head, a body part so curiously tied up with another part we call the mind, is a liminal part of the body. For Levy, the head is a metaphysical place that challenges the fracturing of body and mind. The migraine is one of such events that challenges the supposed boundaries of our body, and has implications for the way we understand the interface of body and mind. Like a text available for analysis, Levy’s pain holds the key to questions of fundamental human inquiry. His book features two chapters titled “Enlightenment,” clearly referring to both his metaphysical interest in his own migraines and the period of time during which Europeans were adopting reason and science as their primary hermeneutic methods. Levy writes “Essentially, though, migraine, if not headache itself, is a human property, as much as reason, and has left its mark on civilizations since the beginning of recorded time” (19). Following the Kantian dictum that the ability to reason defies us as humans, Levy elevates the migraine to an exalted place in human history as a pathology that provokes some of our most long-standing questions about humanity. Rather than being a senseless act of circumstance or inexplicable violence, Levy’s head pain has profound meaning for the world at large.

We have noted that secular theorists find little meaning in pain for both practical and ethical purposes. As an academic, Levy recognizes these hurdles, but as a memoirist he needs to offer a constructive account of his experience. Levy is threatened with the inexplicable history of migraine, but recognizes a pattern in the long history of gaps and mystery that scholars confront. “Migraine,” he writes

was a little more elusive [than a headache] ... [It] seemed to have nothing to do with the body dying or even being harmed. It provided no obvious early warning sign for something else, and it seemed to be primarily just pain without meaning, without discernible source. It eluded modern science as much as it eluded the Egyptians and the Irish who prayed to Saint Aed. And one has to admire the modern scientists for that, admire their humility and their recognition that here lay rich and mysterious avenues into understanding the brain and the mind, and which was which, and when was when. (46)

Like Morris, who wants us to see pain as a “mystery,” Levy paints an image of the history of a type of pain buried in uncertainty and contradiction. He takes it upon himself in his diary to show that a gap or indecision does not equal silence, and that there is a meaningful history tied together with absences. A diagnosed illness can help give meaning to pain because it contextualizes the pain within an explanation, a history, and a community of other sufferers. A medical diagnosis will also legitimize one’s pain for others. As he uses scholarly texts to decipher the migraine, Levy essentially tries to find his meaning in language. His research is an aggregate of documents containing explanations, descriptions, theories, and products of the migraining mind – the written corpus of the migraine. Reading and writing come to be used as consciously palliative exercises, as Levy believes language has the power to control the migraine. Levy’s language is poetic and deliberate, and much of this poetic language comes to the service of describing the migraine.

Describing Pain

Much of *Brain* is written, according to Frank's distinction, about the body rather than through the body. Naturally, every memoir exhibits a combination of both, but often one of these methods is more vivid than the other. Levy takes care to tell his readers that much of the text was also written through his body. "I gathered my story from different sources," he explains "from diary entries I wrote in the aftermath of migraines (and, occasionally, during) ... I have preserved, as much I can, the feel and flow of sentences I wrote during less disabling periods of migraines, or shortly after" (8). This type of confession functions to provide further proof of the verisimilitude of the pain. As one cannot confirm the existence of another person's pain, Levy is suggesting that the quality of his writing is suggestive of the internal, invisible mayhem (the first line of his "Author's Note" reads "Everything in this book is true" (ix)). It is also an attempt to address the problem encountered by Andrews. Andrews could not represent his pain adequately because he could not write in the present. In order to capture "the curves, the sweep" of the migraine, Levy knows he needs to write as close as he can to the present of "the curves, the sweep." His description is, in a way, stronger as it is weakened.

From the start, Levy issues description as a literary challenge to himself. In the opening narrative describing a migraine he writes "Then the first throb comes. Describe it: I do not like the word *stab*, because stabbing implies a process, an insertion ... Describe it better: *balloon* could not be a worse simile. It starts from a point somewhere and pulsates, enlarges" (2-3). The instructive commands "describe it" and "describe it better" function like a spectral voice that guides Levy through his writing. Description surfaces as an important exercise for Levy, as it is through linguistic coding that Levy retrieves agency over his body. "My head still hurts," he writes "and I don't know exactly why, or exactly how to describe it. But I *tried*. And that, as the

poet said, makes all the difference” (9). He does, at every opportunity, describe how his migraines feel, even if the words run dry.

In the following chapter Levy narrates another migraine, but encounters additional problems describing it. Halfway through the narration as he starts to feel pain he says “And then, a headache. But can I really call it a headache? The words are running dry now. I can say that I “flee the light,” as Aretaeus wrote two thousand years ago” (30). And then “Late afternoon. A wordless stillness, if I’m lucky. If not, that’s another story. There is the pain, the throb (I wish there was a better word for this), the tremulousness in the belly, and that’s about it” (30). In the next chapter he laments “Bu-duh, bu-duh, bu-duh. What else can I say? There’s no vocabulary for monotonous pain” (79). Here, it seems as if one of the most accurate ways to describe head pain is with the absence of language, a visible lack, or lacuna. One is nearly tempted to compare the situation to Freudian castration anxiety; being denied language, the very agent of definition, pain facilitates a symbolic castration that casts the individual into an abject state. In fact, Lacanian critics frequently consider writing a phallic activity. The repetitious remarks describing the lack of adequate language suggest that Levy best defines his pain with lack, or absence. He adds that many migraineurs become aphasic during a migraine, and seem to forget words and rules of grammar. This forgetfulness and aggressive destruction of language skills seems to further engender the primal lack associated with pain experience.

Levy realizes that attempts at description do not always serve the author’s best intentions. He confesses “The language of migraine is a language of indirection and gaps” (50). His descriptive project seems to clash, at some points, with the wealth of language he finds in the medical histories. He writes “By the nineteenth century ... Different names abounded: most called it ‘megrim’ or ‘meagrim,’ but ‘hemicrania’ persisted, as did ‘cephalalgia’ and ‘cephalea’

... as did 'sun-pain,' 'sick-headache,' 'sick-giddiness' ... and 'blind-headache'" (33-4). One commonly thinks of adjectives as the most convenient "describing" words. They amend our nouns, giving them flavour, or character. In the above examples the words "sun," "sick," and "blind" do function like that. But in professional arenas that traffic in jargon and neologisms, particularly the medical, nouns tend to function as the primary sources of description. Perhaps one of the strengths of Levy's text is that it incorporates the language medicine has to offer to fill the absences encountered in the vernacular.

Discussing the modern migraine of twentieth and twenty-first century medicines, Levy finds that the medical nomenclature has expanded significantly. Not only are there more names for the migraine (and types of), but the names themselves have grown. In addition to "chronic migraine" and "episodic migraine" (both adjectival names), we have "migraine without aura," "basilar-type migraine," "typical aura without headache," (145-6) and more. "Migraine without aura" is an interesting name, comprising two nouns and a preposition. "Typical aura without headache" is even better. It almost sounds like a mixed marriage with its two nouns, adjective, and preposition. Levy describes the language of neurology as "expressive" and "eloquent" (155), a language that responds directly to the need to name things strange and distant. He writes

My intuition is think that language this refined is not innocent, that it shows how much the entire enterprise [of neurology] is about naming the unnameable foreignness of that little-understood organ between our ears, ironically, using itself, the only tool we have with which to understand it. Maybe neurologists are poets at heart, or maybe the brain, as a chemical entity, is more poetic than we give it credit. (156)

Here, he hints towards a poetic allegory between pain and the brain. He describes the brain as “unnameable foreignness” of something that exists “between our ears,” or inside of us. We know that Levy has trouble naming his own pains with satisfying acuity, and the paradox he introduces by calling the brain both “foreign” and “between our ears” underscores the same clinical difficulties encountered by one person trying to locate a pain so intimately interior in another. To reiterate Scarry, observing pain in another is met with “doubt” (foreignness), but feeling pain in ourselves is “certainty” (between our [own] ears). Feeling pain does not ensure an understanding of it, just like having a brain does not make one a neurologist. We are made foreign to ourselves when confronted with our mystifying physiology. Moreover, the most recent major advances in pain studies have been achieved using neuroimaging technologies, underscoring the fact that modern pain studies and neurology are closely-knit fields.

Levy also employs traditional signifiers found in illness narratives. Anne Hunsaker Hawkins in *Reconstructing Illness* outlines a number of “myths” or literary motifs that tend to organize auto/biographical illness narratives. The military myth, or the use of military motifs to describe the hostile presence of illness and the emancipatory force of treatment is one of the most common she finds. Consistent with Hawkins’s military myth, Levy uses military signifiers in the short narratives of his migraines. In the second full migraine narrative he says his head is an “occupied territory, and my normal self, a disenfranchised native populace, driven underground” (30). The migraine is twice called an “attack” (30) and its temporary disappearances “a series of feints and retreats” (30) and then “another retreat” (30). Later, he describes getting migraines as “enlistment” (143). At the same time, Levy is ambivalent about this language and what it means. He explains,

At first, it is simply impossible to believe that this headache is coming from within your head, which is why it is so easy to call a migraine headache an ‘attack.’ You almost believe, rather, that you can push it back, back outside your head to its starting point ... Then you gradually accept the pain as your own. You acknowledge your oneness, and the throbs develop a kind of autonomy. (11)

Hawkins reports that the military myth is especially compatible with doctors’ myths and desirable medical treatment, because the doctor sees the illness as an invading force and treatment as patriotic, righteous aggression. In this model, the illness is not part of the patient’s identity or subjectivity. Levy’s reasoning is similar; he notes that one is receptive to military language when one feels that the pain is separate from one, an illegal alien presence. Military language becomes less useful, he implies, when one understands that the pain is a product of one’s own body, and comes to constitute a part of his or her subjectivity.

I wrote above that Levy writes about his own body as if it were a text open for analysis, an extended metaphor that agrees with his profession. In this sense, he writes about his own pain in the dual role of patient and practitioner. “It seems clear that physicians,” he argues

write about brains that mesh with the dominant paradigms of their time, that Thomas Willis’s brain had a Newtonian feel, that the brains of the great Victorians were all cogs and gears and waterwheels and a touch of electricity and steam. By this standard, the new migraine requires new metaphors ... The hyper excitable neurological system, in turn, is a computer easily given to system error, awaiting its next reboot. (156)

The majority of pain memoirists are critical of doctors' views on pain and distances themselves from medical hermeneutics. Levy is unique in that he adopts the resources of both patient and practitioner to exploit his topic to the greatest extent. The relative success of his descriptive project is likely due to his indiscriminate use of language from a number of fields. Levy understands that there are holes in his ability to communicate, so he hijacks the language of his doctors to fill those holes. Language is productive, and by appropriating medical speech, he uses it for the benefit of patient communication. We've repeated the well-documented dictum that pain destroys language, but to what extent might it produce language? As a writer and a person in pain, Levy needs to reconcile these roles as they relate to language.

Family Matters

Alongside the critical content of Levy's diary are discussions of family life and the personal consequences of a migraining family member. Levy is concerned about the affect of his migraines on his wife and child. He is concerned with how pain interferes, or becomes involved, in marriage and fatherhood. The difficulties he mentions are what one might expect of a family member with chronic pain – inequity of responsibilities, withdrawal from social events and outings, missed time with the child, and a strain on the couple's intimacy. As we will see with Berger's family, physical pain for one member easily becomes a contagious interpersonal pain for the whole family. "Sometimes," he writes "we share pain as if it was love, and sometimes, as if it was hate" (7). Ultimately, he wonders if his son has inherited his migraines. He begins his narrative with this question, stating "But there's something else, too, something haunting me a bit, something buried in genetics, in the sleeping history of family. You might be one too, pal, I say, both hoping and not hoping it's true" (6). In the last chapter he reports his son talking of

aura-like images in his vision and asks “What’s the job of the father here? ... That’s what this book is for, in case you hadn’t guessed” (214).

Levy mentions his son periodically through the text, but only at the beginning and end do we learn about him and his significance in his father’s diary. The few words devoted to the son suggest that Levy’s need for description is in the service of his son rather than himself.

Wondering if he has given his son the same pains and existential experiences he struggles to understand, he attempts to explain these experiences to his son, a gift and an apology. He notes in the final chapter “Weather” that migraines make one’s life rather isolated, and I suspect that the prospect of a migraining son is exciting for Levy. He repeats that his migraines often separate him from his family, and seems to enjoy the possibility that migraine may ironically connect him to his son rather than facilitate the limitations of his parenting. The family anecdotes give motivation, direction, and purpose to the critical and imaginative material and convert the text from an otherwise critical piece to a work of life-writing. The family content does a lot of genre work in the text, making it recognizable as a memoir. Levy claims that his descriptive project is a palliative exercise used to treat his own pain, but the mention of the son should force us reevaluate this explanation, and wonder if he is not also trying to both cure his son with his words and produce a language with which both can communicate their pain to each other.

Unlike the authors in the previous texts, Levy has chosen to place his family in the background of his narrative and does not triangulate his pain through his son, as might be expected. Rather than appropriating the son’s experiences, Levy seems to be offering his own experiences up for appropriation. By describing his own pain, Levy makes himself available to others who lack a language to communicate what they feel. Rather than placing his pain in the past, he puts it in the future for his son to use.

Horizontal Woman: The Story of a Body In Exile

Primarily a poet, *Horizontal Woman* is Suzanne E. Berger's first work of prose. Her memoir may be better labeled a work of extended prose-poetry, as her unconventional narrative structure and poetic language make the text read like a series of interconnected poems and essays. Some chapters are in fact not narratives, but are short essays about being in pain and having a disability.

Berger can isolate the moment in which her life changed. She launches her memoir with the polarizing action in which she went from healthy to in pain, vertical to horizontal, and happy to distressed. In the prologue she tells of the moment in which she bends down to pick up her toddler and something breaks in her back. From this moment on Berger has severe back pain; she must spend the majority of her time lying horizontally, and the consequences for her social and domestic activities are devastating. Berger is shocked by the immediacy and spontaneity of the injury; she talks about the difficulty of adjusting to a new disability and existing in a state of chronic pain. Her identities as a mother, wife, friend, and social citizen are thrown into crisis. Her tone throughout most of the text is disparaging and bitter, changing slightly near the end of the text when she begins to heal. Berger appears stalled in an emotional nexus throughout most of the text that she cannot seem to resolve.

The memoir spans a ten-year period after the injury when Berger copes with the consequences of chronic back pain, physical rehabilitation, and the maintenance of her roles as mother and wife. We are not given a chronological account of these ten years, rather each chapter focuses on an isolated episode or idea that connects significantly to the phenomenological state of chronic pain and disability. The text is separated into four sections, which do appear to sketch out a rough timeline of events. By the last two sections, Berger's condition improves in subtle

ways and the tone of her discourse changes as well. Rather than a chronological progression, the memoir stages an emotional progression of events, where events are ordered according to the author's emotional growth. She introduces the scholarship of many intellectuals and writers as content and epigraphs, and situates her experience in relation to them. The text is deeply informed by Scarry's *The Body in Pain*; she discusses Scarry's observations, and Berger's writing even resembles Scarry's in some areas. Berger's memoir is most interesting for its structural choices; its lack of temporal linearity, its swapping of pronouns, its poetic language, its integration of scholarship, and its use of varying narrative forms make it an unconventional read.

Describing Pain

While Levy attempts to describe his pain at the linguistic level (adjectives and nouns), Berger describes her pain conceptually. Each chapter is a separate treatise describing a different aspect of being in pain. With each chapter, she looks at pain from a different angle, focusing especially on the social consequences of chronic pain. While Levy appears to be describing his pain for the future benefit of his son, Berger appears to be describing pain for the benefit of sufferers living in hostile and isolated environments. The invocation of her daughter indicates that she also wants to justify her behaviour for her child, explaining the difficulties that beset her motherhood. Her memoir functions partially as a how-to manual on how it feels to be in pain and how a sufferer should be treated.

With a different topic in each chapter, Berger's memoir lacks both conceptual and formal cohesion. In a broad sense, it offers us a vivid example of what Scarry probably meant by pain "shatter[ing] language" (Scarry 5). In trying to describe pain from every conceptual angle, the narrative voice (what is sometimes referred to as the implied author) appears frustrated and

strained, as if there were both too much to explain and too few ways to do so. Her method allows for none of the narrative structure that theorists believe can aide sufferers in communicating their pain, so the narrative as a whole truly feels “shattered,” as if the painful experience itself is destroying the memoir from within. When she talks about pain directly she personifies it as an antagonistic force that does seem to actively destroy the integrity of her body. Pain “gives almost nothing back, gives only endless time” (47). It is the

taker of transportation and livelihood, taker of ease and of full parenthood, taker of inner and outer space and the freedom to explore it, taker of known maps for the psyche, taker of humor that begets friendship, taker of friendship that begets warmth, taker of sex and the hopeful light at the hopeful window, taker of delight in the walking rituals of the seasons, taker of smooth self-fulfillment, taker of travel and geological discovery, taker of appetite, taker of interior color and vibrancy, taker of laughter. Maker of cynicism and bitter word, the turning away of others, creator of strangers called *self-hate* and *give up*, who move in the house of the body, maker of self-pity that begets the soul of depression, that begets smaller and smaller rooms of exile... [original emphases] (48)

The metaphor she employs in this chapter describes this same loss of integrity and the sense of being reified as a broken piece of equipment. She writes “It *was* to me like a broken radio with the wires randomly tossed back into the case” [original emphasis] (50). Berger includes a poem of her own in the text (and a similar one by May Swenson) where she describes her body as a house. The memoir resembles this generous metaphor. Each chapter is a different room in the house, but like Berger’s body feels broken, the structure of the text is broken as well. The house

metaphor also extends to Berger's domestic life, which suffers as a result of the figurative weight of her limitations.

Berger's need to describe her pain is a result of the frustrations described by Wittgenstein in regards to how we communicate an experience outside of language. Berger feels isolated, thrust into a social exile in which no one seems to understand her situation. Her pain does not participate in a consensus model, so Berger has little community and even fewer allies. With the publication of her memoir, Berger "comes out" as a member of an abject community and attempts to recruit allies. Similar to Levy, her invocation of scholarship is an attempt to include herself in a community and counter the isolation one feels when in pain. She reports, as Levy does, feeling isolated and misunderstood. Both authors also refer to their experience as a "metaphysical crisis." This term is a hyperbolic way of articulating a problem with one's previously consistent identity. While we have seen that Levy enjoys this unique aspect of his otherwise disabling condition, Berger is deeply troubled by it. Perhaps more in line with the instabilities one might expect with a break from perceived reality, Berger feels that the "otherworldly" (32) quality of her pain disables both her body and her being, leaving her with a lack of coherence and stability in all aspects of her life. What differentiates Levy and Berger is surely their different conceptions of a metaphysical crisis. Levy's story is organized by scholarly progress because he likes the idea that reality changes when ideas change. Berger's story is characterized by fragmentation and chaos because she is afraid that reality breaks (like her back) when it changes. In *Brain* we see the picture of a self absorbed into the etiology of the migraine, but in *Horizontal* we witness the multivalent fracturing of a self as it sets itself apart from the body in pain.

Metaphorical Space, Textual Space

More so than the other narratives in this study, Berger's story is fragmented; the chapters do not form a linear narrative and function more as distinct treatises about the emotional realities of chronic pain and physical limitation. Narrative fragmentation manifests in the memoir as a temporal disturbance. Indeed, when we ask for a linear narrative, we require temporal consistency. Berger's memoir lacks any sense of temporal consistency; only by the final section is there a sense of narrative progression or change over time. However, the self-conscious metaphysical crisis presented by Berger is not primarily temporal, but spatial. Berger's pain resets her phenomenological position in space rather than her phenomenological position in time. The title and subtitle – *Horizontal Woman: A Body in Exile* – set up this spatial dislocation. Horizontalism opposes verticality, which characterizes the nondisabled adult and productive individual. In opposition, horizontalism characterizes the medical patient and the baby. Exile opposes citizenship and social inclusion, characterizing the outcast, the censored, and the uninterpellated. Berger's story of exile is inspired by Eva Hoffman's story of immigration, and the titles of each section name a place or type of movement. She borrows the title of her first section "Invisible Geography" from *The Body in Pain*, which deeply influences the text. Largely informed by scholarship on pain, disability, and illness, it is likely that Berger was also influenced by Susan Sontag's *Illness as Metaphor*, which states that illness is an "onerous citizenship" (3) and that we all hold citizenship to both "the kingdom of the well and the kingdom of the sick" (3). She would also have likely read Virginia Woolf's famous essay "On Being Ill," where Woolf suggests that when we are ill "undiscovered countries ... are then disclosed" (14). Metaphors having to do with geographical areas, nations, borders, and otherwise politically-defined space are common in critical work on illness and pain, perhaps because the

human body constitutes a landmark of its own, defined by physical contours and controlled with an autocratic sense of purpose and agency. When the body becomes disabled, either socially, physically, or both, the experience is comparable to invasion or colonization, and one feels the loss of an autocratic hold on the nation and a defeat to an alien presence that does not have the country's own interests in mind.

Berger imagines her injury as a crisis of both geographical and social space. Her disability confines her both to a horizontal position and the domestic sphere, where she also faces difficulties in her role as a mother and wife. Berger sees her own social and geographical position in relation to those such as immigration, colonization, exile, dependency, and infancy, imagining herself physically, socially, and politically disenfranchised. It is clear that Berger feels scattered or decentered in regards to space; like a narrative phantom she relocates subject positions and pronouns, mimicking her lack of "citizenship" in one place, and moving through the text like a textual refugee.

Changing subject positions also works to decentre Berger's textual identity. The instability of her identity is a topic that Berger returns to consistently when she thinks about her changed body and the consequences for her self-image and social roles. Early in the text she writes about being unable to attend her mother-in-law's funeral "A role was lost to me, and with it, an identity of myself as caretaker, participant in communal experience, helper of others in mourning. Unable to participate in soothing, tending, cooking, what role was I to take in my mother-in-law's death and funeral?" (24) She continues "When injury or illness forces an immense change, the assumptions about those roles are knocked over one by one, like candlepins. Even when one struggles to find viable new roles ... emotions regarding place in the world remain askew" (24). Berger is profoundly concerned about the impact of her injury on her

roles as a mother and wife, and returns to this topic many times. Simple tasks connected to her domestic roles like picking up her daughter from school and making dinner are complicated, and threaten her identities as mother and wife. Thus, changing subject positions illustrates her changing social positions; she does not encounter the world with a coherent sense of identity, but with a myriad gaze that cannot settle in one position. In the chapter “Perspective” she discusses her vantage point in a horizontal position, claiming she is always “looking up” at the world. As a narrator she subverts this position, taking a host of perspectives and dominating her surroundings through writing.

The pained and disabled body Berger represents in her text is also a female body. The title *Horizontal Woman* suggests as much, and that forced horizontalism aligns her with other positions that have been overwhelmingly feminized. For Berger, horizontalism connects to being a patient, a domestic, and a dependent. Inversely, Berger’s horizontalism threatens feminine roles that she would like to secure such as motherhood and wifedom. Berger’s pain is deeply gendered and her story of a body in pain is more accurately the story of a woman’s body in pain.

Use of the second person pronoun is one form of dialogic narration that Berger uses to adopt a conversational style. Perhaps a more consistent form of dialogue in the memoir is her epigraphs and diegetic references to other writers. Berger inserts herself in conversation with a host of other writers concerned with pain and disability; there are twenty-one epigraphs preceding most chapters and some paragraphs. Within the text she discusses the works of Scarry, Eva Hoffman, Wallace Stevens, Ann Landers, E. B. White, and others. Berger wants to be understood through reference, suggesting her own story does not exist in isolation, but as one among many.

Similar to the way Levy used language to gain agency over his pain, Berger uses multiple modes of narration in order to gain control through writing. She is concerned with communicating her own version of events to those who may have misinterpreted or disrespected her disability, so the epistolary style adds a layer of authority to her stories and essays that works to counter the ideas or assumptions of those she has encountered. In the chapter “Desiderata” she instructs a generic group of medical doctors about how patients perceive their actions. Here, she uses the first person plural and second person pronouns, offering herself as a representative patient, speaking for many, to the physician. She then reverses speaking roles and speaks as the obstinate, arrogant, unfeeling doctor to a patient in pain; the role reversal acts as a way to dominate the authoritative figure and eschew vulnerability. In “Instructions to the Painter” Berger similarly gives instructions to a painter on how to represent her, referring to herself in the third person. In the scene she tells the painter to represent, Berger is left behind at a cottage while two of her friends go canoeing on a lake. In this scene she is literally left out of the picture, but her command of the painter puts her back in the picture; she turns herself back into a subject while having complete narrative control over how that subject is rendered. This scene corrects a certain erasure into which the pain has sent her body; she writes “In the few photos of those years, she has been either absent or blurred, hiding behind others. People have not, in general, taken her picture” (141). The memoir as a whole counters the social erasure she feels into which she has been cast, as by writing a memoir, Berger turns herself into a subject that she may explore at length.

While *Horizontal Woman* was the most difficult memoir to read, it was also, well, the most difficult memoir to read. The structural inconsistency made this pain memoir *painful*. Berger’s pain seemed to be present in her memoir while other memoirists turned their pain into

traumatic recall, effectively taking the pain out of pain. We have looked at how narrative encodes pain in the past where it stops being pain. Berger addresses this problem by interrupting her own narrative. By switching tenses, pronouns, and modes of narration, Berger keeps her pain from disappearing into the past. She wants to help others using her own experience, and she cannot do this if her experience loses its force.

Chapter Three The School of Pain: Growth and Transformation

David H. Miles calls the traditional *Bildungsroman* the “tale of the tortured growth of a young spirit into cultural and social adulthood” (346). The description is a nice gloss of the German coming-of-age story as a narrative of “growing pains.” Indeed, there is much to be said for the role of pain and suffering in the *Bildungsroman*, whether it is the hero’s endless trials in Voltaire’s (1694-1778) *Candide* (1759) or the family traumas in Charles Dickens’s (1812-1870) *David Copperfield* (1850). In German classicism, explains John B. Lyon, pain is “instrumentalized” in stories of *Bildung* as a motivational force for the internal development towards ideals of strength, tranquility, and harmony of the soul (31).

Both the authors in this chapter are women, and discuss pain as a women’s issue. Annis Pratt in *Archetypal Patterns in Women’s Fiction* argues that suffering has an even greater presence in the female *Bildungsroman* where it plays a vital role as a transformative force in the development of women characters (13-5). Novels such as Charlotte Brontë’s (1816-1855) *Jane Eyre* (1847) and Frances Burney’s⁷ (1752-1840) *Evelina* (1778) both figure intense pain as an

⁷ Frances Burney’s personal letters are frequently discussed in narrative medicine scholarship. Burney underwent a mastectomy in 1811 with no anesthesia. She wrote about the painful experience in a letter to her sister Esther in 1812 (Holmes 131).

instrument of maturation and education. Patricia Meyer Spacks goes as far to claim that “Pain is the human condition, but more particularly ... the female condition” (158).

The children’s classic *What Katy Did* is a good example of the instrumentalization of pain to motivate female development. When Katy Carr disobeys her aunt and swings on an incomplete swing set, she falls and becomes severely injured. Sequestered to her bed, Katy is in constant pain and cannot walk. Coming to her aid, her disabled Cousin Helen instructs Katy in “The School of Pain,” teaching her such female virtues as patience, cheerfulness, hopefulness, neatness, and making the best of things (175-7), in order that she may become “the heart of the house” (185). The lessons of pain correct Katy’s ambitions and redirect them towards appropriate female development. In the twentieth and twenty-first centuries, stories of female development have changed. However, if the non-fictions studied here are any indication, the female coming-of-age story has retained the privileged motif of pain. As in their nineteenth century counterparts, these modern stories of *Bildung* still figure pain as a pivotal component of women’s lives.

These eponymous fictions illustrate the transformative role we often give to pain in narratives of life and development. Here, pain becomes a signifier characterized by mobility and instability. In the narratives featured in this chapter, pain is an educational force that transforms the youthful idealist into a mature, socialized adult. The transformation is teleological and interior, exemplifying what Franco Moretti believes to be the two central themes of the *Bildungsroman*: mobility and interiority (4). Paula Kamen’s *All in My Head* and Mary Swander’s *Desert Pilgrim* distinguish themselves from the previous texts with strong narrativity, spiritual motivation, and a focus on cures and treatments.

What distinguishes these two stories most vividly from the other texts in this study is the importance of the cure. The quest on which both narrators embark is the search for a cure or treatment that will extinguish their pain. In fact, discussion of the pain itself is superseded by discussions of cures. These narratives exhibit such strong narrativity because they are focused on a beacon of hope, rather than their current suffering. Here, time is possibility. Both authors believe that cures exist in a luminous spot in the future, so their narratives have a strong sense of purpose and an action-centred plot. They are a good example of what Arthur Frank calls “Grail” stories, part of his “G-twins” theory of illness narrative. Frank’s G-twins are Grendel and Grail, the monster in the epic *Beowulf* and the treasure sought by Percival, respectively. Frank explains “Grendel and the Grail are not types of narratives so much as they are presences or forces that pervade many narratives, taking different forms. Grendel represents what we believe can destroy us. The Grail represents some force that can heal and redeem us. We fear Grendels; we desire Grails” (214). The transformation narratives are beset with Grails, and make less room for the opposing Grendels. Frank’s tropes suggest that there are different types of affect associated with each narrative force. Grendel-based stories are motivated by fear, and Grail-based stories are motivated by desire. Desire is a teleological force that characterizes these strong narratives. While the narrators cannot run away from their pain, they can run towards a cure, whether or not they succeed. Because chronic or episodic pain is not easily cured, neither narrator in this chapter finds the physical cure initially desired. The initial goal cannot be met, so the goal is refocused as a personal reformation, and the pain comes to catalyze a subjective, pedagogical transformation.

Both narrators undergo an internal transformation in regards to how they accept pain into their lives. While all the narrators in this study find a way to accept pain by the ends of their stories, the changes that lead to this critical point in the transformation narratives are the focus of

the stories. Searching for a cure, they first expect the pain to change or disappear entirely so that they can go back to their normal lives, but as the pain becomes a stubborn and permanent figure, they learn that they themselves must change and be willing to let go of a rigid idea of identity and selfhood. In trying to segregate the pain from their bodies, they learn that pain is part of their bodies, and thus part of themselves. These narratives play out the very difficulties addressed by Aydede (see above pp. 7-8); the narrators must become aware that pain is not *in* their bodies, but part of them. What these stories emphasize is that when pain does not change, it changes you. We might also consider *All In My Head* and *Pilgrim* to be narratives of conversion, which describe the processes of “commitment and self-transformation” (Strombern xi) and have developed out of Evangelical narratives of religious conversion. They have the same structure as stories of *Bildung* and similar imperatives. Our authors become committed to a different understanding of their pain and transform themselves to accommodate that new ideology. A story of faith-healing, *Pilgrim* offers a direct connection between pain and religious conversion.

Of all the memoirs in this study, the two discussed in this chapter most clearly conform to the categories of illness myth delineated by Hawkins. Both would fit under the myth of “healthy-mindedness” but they also strongly invoke the journey myth, and *Pilgrim* has elements of the myth of rebirth. Hawkins separates myths of healthy-mindedness, journey, and rebirth, which in the pain-centred narratives I have looked at appear to reside in the same texts. Journey, quest, and conversion motifs appear when the narrator is empowered to seek a cure. Because chronic pain is difficult to cure, the narrator is likely to experiment with alternative treatments whose philosophy is based on healthy-mindedness. Rebirth may be a certain quality of a journey myth in which a philosophy of healthy-mindedness renews one’s faith or gives one a new sense of purpose. Hawkins claims that the difference between journey and rebirth is that “rebirth is

transformational whereas the journey is developmental” (79). In their most disparate forms, they do represent different kinds of progress, but they might also be seen as radical and subtle forms of change where rebirth represents the restorative conclusion to a developmental journey.

The illness myths discussed by Hawkins are not mutually exclusive. In *Head and Pilgrim* the myths of journey, healthy-mindedness, and rebirth collide over the pursuit of a cure. As the organizational factor, the cure is the teleological goal that activates all three myths. It might perhaps be the difficulty of successfully treating chronic pain that makes it more likely that sufferers’ stories invoke journey and rebirth, and that sufferers are more willing to try less orthodox methods of treatment.

All in My Head: An Epic Quest to Cure an Unrelenting, Totally Unreasonable, and Only Slightly Enlightening Headache

Kamen’s memoir is part personal story, part self-help manual, and part investigative journalism. After completing a book project in her mid-twenties, Kamen contracted a chronic headache that seemed unresponsive to all treatments. The memoir is the chronicle of Kamen’s decade-long search for a cure for her chronic headache. Her memoir is unique among the others I have studied for its humorous affect. Kamen fortifies her story with extensive socio-medical research about headache, historical information detailing origins of treatment, and common perceptions of the disorder. With the majority of chronic headache sufferers being women, Kamen discusses chronic pain as a women’s issue that the women’s movement has been slow to adopt. Through historical and contemporary research she shows how head pain has contributed to the “hysterical” characterization of women and how contemporary medical practitioners treat women headache patients according to antiquated views. In addition to the gender dynamic of headache treatment, she shows why pain disorders in particular confuse doctors’ knowledge of

cause and effect. In addition to medical treatment she talks extensively about her experience with alternative medicine and the philosophies behind such treatment. Although the two classes of treatment yield very different patient experiences, Kamen shows that in the treatment of chronic pain, Western and alternative medicines actually fail in many of the same places, such as in the confusion of cause and effect and in financial interests superceding patient interests. She agrees with Levy that headache motivates unique epistemic questions about the mind and body, arguing “One reason [that headaches are stigmatized as women’s complaints] is that they are literally in the head, the center of imagination” (98). Kamen’s search for a cure becomes an education in medical practice, cultural perceptions of women in pain, and her own body. What she does not get in regards to a cure, she receives in valuable knowledge of her pain, her world, and herself. The memoir is clearly meant to assist others as they navigate the confusing world of pain treatment.

Kamen entertains a series of treatments as eccentric and varied as the folk monsters defeated by Odysseus. Each treatment she receives is framed as both an opportunity and a hurdle, or to use Frank’s terminology, a Grail and a Grendel. She approaches each as an opportunity and must accommodate the less opportune nuances of the treatment such as side effects, risks, lifestyle limitations, and interpersonal conflicts. She begins by approaching Western medical doctors and trying a host of pharmaceuticals. The pharmaceuticals make little improvement and come with a number of side effects that compromise her intellectual abilities, her functional abilities, and her body image. In addition to the side effects, her experiences with doctors is quite negative; she finds that they are rigid and uncooperative in regards to her treatment, they consistently try to tie her pain to undiagnosed psychiatric illnesses, and they have poor communication skills. Disenchanted with Western medicine, she tries a multitude of

alternative medicines. While she likes the patient experience much better with this model, it too provides no more than temporary relief from pain. Neither model, she realizes, is able to admit its shortcomings and both models tend to promote treatments that focus on red herrings. At the prospect of surgery, Kamen is confident that she has finally found “the cure,” and that such radical intervention will mark the *dénouement* of her journey. Perhaps foreshadowed by her still naïve belief in an ultimate cure, the surgery fails miserably, leaving her with more pain than with she began. At this point, the narrative takes on a different tone. Kamen no longer seeks a perfect cure, and becomes more willing to combine the benefits of different treatment models. In other words, her quest shifts its focus as she realizes there may be no single Grail to seek.

Kamen’s subsequent trial with Xanax cements her newfound acceptance of moderation and reasonable expectation. Like a *femme fatale*, the Xanax provides instant relief and, once Kamen is dependent, has disastrous repercussions. At this point in her story, Kamen battles severe anxiety and functional limitations; as she finds a way to get off the Xanax safely, she embraces some of the benefits of both Western and Eastern treatments while recognizing their limitations. The result is a balanced attitude towards treatment and an acceptance of the pain itself. Kamen’s quest is catalyzed by pain, and yet the pain is a supremely unreliable indicator of success and defeat. The narrative action revolves around interior change and the compounding of knowledge. Pain remains a constant, rather unimportant variable by the end of the text, surely the MacGuffin of the narrative.

Spirituality

Kamen introduces a type of non-religious spirituality into her life as a means of treating and coping with pain. Kamen and Swander both explain the utility of spirituality for pain

management, perhaps because long-term spiritual reformation is a vivid example of interior change and education. As Kamen herself explains at the end of her memoir “One key aspect of spirituality in coping with pain ... is that it is something that you can use for the *long term*. It stands out in a quick-fix world where medications, if they work at all, typically poop out in effectiveness” [original emphasis] (276). Spirituality requires redefining one’s worldview, one’s phenomenological place in the world, as well as one’s personal responsibilities and capabilities. Unlike medication and surgery, as Kamen notes, spiritual change requires a long-term commitment, where effects are gradual and compounded. Such commitment makes spiritual change prime material for the *Bildungsroman*, as it requires a narrative that tracks personal transformation over an extended period of time. In fiction, a good example is Hermann Hesse’s (1877-1962) *Siddhartha* (1922), which narrates the Buddhist development of a young Indian man Siddhartha in search of enlightenment. His is also a familiar example of the conversion narrative.

Kamen’s brand of spirituality is also rooted in Buddhism; she follows Chinese forms of alternative healing as well as the principles of detachment, self-awareness, and meditation. Besides providing a long-term alternative to a chronic problem, it offered a new set of metaphors that gave new meaning to pain. She writes of her acupuncturist’s approach,

Dr. Chung’s description matched what my headache felt like: a blocking of energy... Instead of describing the Headache as something to fight and my body as a site of a “battle,” he taught me about how the body could actually have the wisdom to repair itself and correct present imbalances. This philosophy went against other models of healthcare, which dictate that you see a doctor only when you are in extreme crisis, and then you

treat just the problem that caused the crisis. His view, in the Eastern tradition, was that health is a “practice,” a constant object of attention, the work that maintains a healthy lifestyle that prevents getting to the point of crisis. (120)

In concurrence with Aydede, this model of care sees pain as a part of the body rather than a thing inside the body. While the military metaphor, consistent with Western medicine, locates pain as an alien insurgency that may be fought, The Eastern model sees pain as a symptom of “imbalance,” or something organic to the body itself. This reversal of metaphors is one of the attractive components of Eastern medicine for Kamen. It contrasts with the type of spiritual explanation Ansay received from her Catholic upbringing, which, consistent with the military model, interpreted pain as a punishment put inside the body by divine intervention. The metaphors recruited by the Eastern-based spirituality seem to better describe Kamen’s pain and give her more opportunities for treatment.

The reversal of metaphors is an important narrative development, as Kamen begins and ends her memoir by questioning the meaning of her pain. Different metaphors ascribe different meaning to a person’s pain. Her preface begins with a question about the significance of her sixth grade science project, “The Control of Chronic Pain” as a foreshadowing event. She offers two possibilities, the first being “It’s just a coincidence. No connection. There is no real system of meaning in the universe. After all, I’m hardly unique” (ix) and the second being “You see, the New Agers, much of the alternative medicine and self-help industry, and all those psychoanalysts are right. All pain has some meaning. Everything in life happens for a reason, so we can *grow* [original italics]” (ix). At first, these two models seem to align themselves with the different treatment paradigms she follows, the former being Western medicine and the latter

being Eastern medicine. Often, treatments dictate what a pain means because they propose a narrative of cause and effect, where *a* is responsible for *b* by means of *c*. As she develops a spiritual approach to pain management, one might think she would side with the latter and want to see her pain in way that is personally meaningful, but she instead turns in the opposite direction. Her spiritual approach allows her to accept and detach from her pain without necessarily believing there is a reason for its existence.

Kamen learns that chronic head pain is probably just the cause of an individual's neurochemistry, for which an individual can do little to change. Even if the pain is a part of oneself, that does not mean that one is personally responsible for its existence. In trying to find a reason for her pain, Kamen ends up blaming herself even when no amount of lifestyle changes have an affect on the pain. Her doctors are prone to the same behaviour. If treatment is not successful in either model, she has found that her health practitioners are more likely to give personal meaning to her pain, whether by telling her she has the headache because of her personality, her stress levels, her own desire to be sick, or her lifestyle choices. Her search for a cure has also been a search for meaning, and she learns that meaning can hinder her ability to live with chronic pain. One of the lessons Kamen must learn by the end of the text is that pain does not necessarily have meaning, and this knowledge ultimately helps her accept it as a part of her life. She explains at the end of the memoir,

I continue to find no meaning in the pain itself. (I find the Headache to be as profound as a malfunctioning car alarm that just won't shut off, which is probably the best metaphor I've heard for chronic pain.) Instead, I'm striving to follow my more natural instincts to

find meaning in life beyond the pain. I'm talking about meaning that is more piercing, more pulsating, more blazing, and more bracing than any headache. (318)

She invokes Susan Sontag's work *Illness as Metaphor* (1978) several times in the text, endorsing the argument that turning illnesses into metaphors of moral dysfunction promotes faulty generalizations about patients and leads to self-blame. Theorists of illness narratives do not like Sontag; most rightly observe that we cannot think outside of metaphor, and that using metaphor to articulate how we feel is an important way in which we communicate difficult situations and help others understand (Hawkins 22-3). In the study of pain, one might certainly point out that metaphors are one of the primary devices we use to communicate how a pain feels. What Kamen likes about Sontag's argument is its attention to the relationship between metaphor and meaning. Metaphors can act as vehicles for culturally pervasive mythologies surrounding illness. Metaphors, Sontag implies, are not transparent modes of representation, but add meaning to an illness that may have any number of potential effects for sufferers. A metaphor always has an author, and it always has an agenda as well.

Having experienced self-blame, Kamen advocates a type of spiritual approach that demythologizes the pain. Part of her education in pain management has been to let go of a need to find meaning in her pain. In doing so, she admits that she does not always have control over how she feels. When we locate the meaning of an illness, we locate its cause, and in successfully treating that cause, we achieve an image of control. Her active search for a cure has been an attempt to gain control over the pain, and her quest leads her to the realization that she does not control it. Instead of controlling the pain, Kamen learns how to manage it, which proves to be a far more satisfying strategy.

Desert Pilgrim: En Route to Mysticism and Miracles

Mary Swander's memoir about her experience with faith healing is a good example of the alternative medicine pathography described by Hawkins. In the alternative medicine pathography the author has become disenchanted with traditional Western medicine when medical doctors give the author little or no hope for recovery. The author then has success with an alternative therapy that usually involves the patient's attitude as a large factor of the treatment. "The books" explains Hawkins "reveal a patient population empowered by a belief in the nearly limitless capacities of the mind and the emotions to facilitate healing, and eager to find some objective correlative in holistic therapies to the inner resources of psyche and spirit" (9). Having survived five car accidents and a poorly timed bout with the flu, Swander is diagnosed with central cord syndrome and myelitis; in addition to chronic pain from the car trauma, she suffers pain from an infected spinal cord. After being given an unhelpful prognosis by doctors and after watching her mother die of breast cancer, Swander decides to try a combination of herbs and faith healing guided by an eccentric Russian Orthodox priest. With a job opportunity in Albuquerque, New Mexico, Swander moves from Iowa to New Mexico and investigates the folk healing traditions practiced in the area. In an impoverished part of the city she gets herbs from a *curandera* – a healer – and is mentored by the local priest. Her journey is both literal and figurative; she first travels to a different state that facilitates her healing and she undergoes an internal journey in which she regains faith in her religion. Through her visits with the healer and the priest, Swander learns that she must have faith to heal.

Raised Catholic, Swander abandoned most of her religious beliefs as a young woman. The brand of religion she embraces in New Mexico is a combination of the Christian mystical tradition and Buddhist philosophy. Interspersed in the primary narrative are discussions about the

mystics, women healers, and even the Spanish Inquisition. The priest's ancestors were Spanish *conversos* – Jews who converted to Christianity during the Inquisition - so the priest uses the Jews' journey out of Spain due to religious intolerance and Christopher Columbus's journey to America as allegories of Swander's symbolic journey. By the end of the story, Swander is not completely healed but her pain has been diminished and she walks without a cane. The true transformation is internal – she not only gains a very deep faith in the Christian mystical tradition, but tools to manage her health. She writes

Was I pain-free? No. Would I ever be lonely again? Yes. Would I ever again fall into the dark night of the soul? Yes. For if I'd learned anything from Father Sergei [the priest] and Lu [the healer], my guides, my teachers, my healers, I'd learned to recognize the rising and falling patterns in my physical health, in my emotional and spiritual well-being. I had learned to recognize the patterns as they churned back in history in my own family, in the family we call humankind. (315)

At the end of the memoir Swander is prepared to move back to Iowa. She discovers at this time that the priest is terminally ill with liver cancer and will soon die. Swander and Father Sergei thus symbolically carry out the biblical story of Jesus's life and death, where Jesus heals the sick and dies for the sins of the people.

Unlike in *Horizontal Woman* where the author talks of inhospitable geographies, *Desert Pilgrim* conceives of geography as a catalyst of positive change. She is somewhat of an immigrant who has no problems at customs and is welcomed into the new territory. Swander's understanding of the role of pain in Catholicism provides an interesting contrast to that in

Ansary's *Limbo*. Both these texts are heavily informed by Catholic teachings on pain. While Ansary emphasizes Catholicism's hostile attitude towards sufferers of chronic pain, Swander finds Catholic belief and a life of chronic pain to be remarkably compatible. She points to the mystics and martyr saints for whom pain was a mark of piety and proximity to god. What a comparison of these two texts suggests is that religion – Catholicism, in the least – offers a rather dynamic opinion of the meaning of physical pain, open for interpretation. Like any good belief system, there is contradiction that stands as proof of a wide variety of interpretation and the absorption of varying opinions and experiences. Where secular theorists have struggled to find meaning in pain, religious figures can produce a multitude of meanings. Religious beliefs frequently hinge on ideas about pain; C. S Lewis argued that a theory about pain is essential to a theological paradigm, and Levinas argued that giving meaning to pain served theocratic societies. Whatever an author's beliefs, the discussion of religion in the pain narrative is always shorthand for discussing potential meanings of pain and their relative compatibility with one's experiences.

A Meaningful Journey

Swander's journey in New Mexico is provoked by her desire to define her pain and its utility in her life. The narrative follows the author's internal development so closely that, as I was reading this book, I found myself wondering how bad her pain really was. She notes very few objective changes in regards to her body, and devotes very little space to pain description when she reaches New Mexico. My reaction to this text suggests why some authors try so hard to describe their pain – if they don't, readers begin to doubt its existence and severity.

As a motivation for the journey, Swander laments the loss of her childhood faith and revisits the Christian mystics and their concepts of pain. She explains,

I knew that St. John had been in solitary confinement for years, that St. Francis had received the stigmata, that St. Teresa had been so ill she'd been left for dead. I remembered how these mystics had allowed their solitude to take them down a different path, where they found an interconnection with all beings, a life of love and giving ... I couldn't reconstruct the specifics of the mystics' biographies, but I knew that all of them understood the same basic truth: that suffering can either pull you inward, turning you guarded and bitter, or it can push you up out of the underworld, out of the "dark night of the soul," to another level of consciousness where, as the Buddhists say, we can find the jewel in the lotus of the heart. (22)

Swander opts for a rather democratic approach to her pain; instead of asking "what does it mean?" she asks "what can it mean?" She gives herself options and chooses to pursue a path characterized by the more attractive option. Faith begins as a strategy for Swander that she needs to treat her pain in a constructive manner. While she does not see her injury as a punishment for the loss of faith, she see faith as a constructive approach to healing.

At the encouragement of a doctor, New Mexico quickly becomes the catalyst for this treatment. The repetition of "travel" and traveling analogies describes her movement away from pain and her movement towards a meaningful cure.

Travel away from all of this, I told myself. Carry yourself away. I was going away, literally going away, to New Mexico, although I didn't much want to take that road. I wanted just to stay put, but no one could do anything for me in Iowa. The doctors couldn't do anything, that was certain. I knew that New Mexico had a long, ancient healing tradition. Perhaps I could connect with healers there. I could try faith healing.

(32)

The phrase "carry yourself away" refers to the story of Saint Christopher who unknowingly carries the baby Jesus across a body of water. Swander invokes this story several times as an archetypal healing journey. By carrying the baby Jesus, Saint Christopher saves Christ (her mentor also notes it as Christopher Columbus's namesake). Swander sees herself as someone both in need of carrying and responsible for the precarious walk across the water.

Encouraged by the healer to say a prayer before taking herbs and by the priest to strengthen her faith in god, Swander is given a pain treatment program that is actually rather unique. The idea that pain can be treated through faith assumes that a cure does not come from the outside in (such as a pill put inside the body), but from the inside out (a feeling that affects your worldview). Similar to Kamen's journey, Swander's quest requires a long-term commitment and a unified belief system. Swander's treatment is consistent with Hawkins's explanation of New Age medical philosophy, based roughly on the idea that the body and mind generate both illness and cure. It operates, she says, under the assumption "that the body has the ability to heal itself and that it will do so if certain conditions are maximized, such as maintaining hope and eliminating toxins from one's diet and environment" (Hawkins 128). It

also promotes the active involvement of patients in their own care, as opposed to the passive and obedient patient required of the medical model (129).

While she does not gain complete relief from pain, she gains religious faith that helps her live with pain. She questions her pursuit of this path multiple times in the text, continually reevaluating the legitimacy of faith healing. As she continues to doubt, it becomes clear that Swander not only has a problem with pain, but a problem with faith. Her quest is as much about her desire for a compatible religion as it is about curing her chronic pain.

Chronic pain serves almost as metaphor for lack of faith. Ansay and Kamen both criticize this type of metaphor in their memoirs, claiming that it works to blame the sufferer for her condition. This is the type of metaphor that Levinas and Sontag argue against. Swander seems to prefer a framework in which her pain has meaning and in which she has the power to control it through her own beliefs. Faith is an interesting metaphor for control in regards to chronic pain, as it involves having the control to give up control to a higher power. It is quite similar to Kamen's embrace of acceptance, which also requires having the control to admit you don't have control. As her story progresses, Swander's loyalty to the idea of faith healing gets stronger, and her belief in a higher power increases at the same rate. In the epilogue, the priest says to her in a sermon "It was her faith that healed her" (329). While Swander is not completely cured physically, she has been cured emotionally of an analogous loss she suffered as a young woman.

Doubt, Revisited

The subject of faith healing in this book allows us to revisit the feeling of doubt. My own reader-response provides a good example: in short, I doubted the efficacy of faith healing. Before I opened the book, I was already doubting its premises and when I closed the book after the last page I was still doubtful. I had already decided that a person's mental state can affect the

trajectory of healing but does not produce radical, long-term change. I had not, in a conventional sense, dismissed the narrator's pain, but I was participating in a culture that is quick to ascribe a false consciousness to anyone whose pain does not conform to a particular belief system. Faith healing is controversial; it states that unqualified faith in the benevolence of a divine power will cure the body of any ill. Swander began her journey with a lack of faith both in Western medicine and divine power. During her spiritual journey she gains back her religious faith. There are two conversion stories in this book; the first is Swander's conversion and the second is the conversion of the implied reader. The narrator begins the story much as I did, that is, doubting faith healing. Throughout the text, she repeats how difficult it is to accept the premises of faith healing as if mirroring the doubt of the reader. In the process of her own conversion, she relates the incremental improvements in her pain and the overall betterment of her mental state to the reader as if to provide the evidence that would change the reader's belief as well.

The text sought to transform my doubt – staging perhaps the most vigorous assault on doubt in all of the memoirs in this study. In trying to convince the reader, the text transforms the reader; the transformation narrative ideally stages both the transformation of the narrator and the transformation of the reader. Because every reader approaches a text differently, I have called this phenomenon the transformation of the implied reader. The implied reader begins the text in a state of doubt, which is challenged and transformed in a manner consistent with the narrator's transformation. While my own beliefs about faith healing were not radically transformed, I found myself arguing with the text, rationalizing my position on the matter; my beliefs were confronted, and I was fighting against the book's attempts to convert me. Our beliefs about pain are imbedded in particular worldviews, and when confronted with pain we confront a worldview. When we doubt pain it is because we doubt a worldview that is not our own. Pain takes us back

to our core beliefs, things we do not suspend with ease. Indeed, pain shakes us at our very core.

Conclusion: Creating Stories / Creating Pain

The connections we make between pain and the experiences surrounding it create a constellation of meaningful events. Pain fits into our world in multiple ways. It demands our attention, frequently surfacing above everything else of importance, so we sometimes come to isolate it from our lives, disconnecting it from a system of meaning. The imposition of a narrative structure for pain creates connections, associations, patterns, and repetitions that double as a coherent textual world. Autobiographical narrative is creative in the strong sense of the word – it builds an idealized world in which we are doubled as cohesive beings. Many of the authors in this study discuss the writing or composition of their memoirs in the text, some going as far to explain why they decided to write a memoir. The inclusion of this material reminds us of the palliative motivation behind the material, what we could call the “writing cure.” The writing cure addresses the epistemic and social problems of pain that are analogous to the problems addressed by medical treatments. Narrative medicinists are integrating narrative studies into their practice in recognition that the services medicine traditionally supplies are not comprehensive in their ability to treat illness in a broad sense of the term. The concept of pain or suffering could be considered a rarified form of illness in general; it describes a bodily state that is inherently problematic and disordered. While conceived of today as a medical problem, our interpretations of pain connect to ideas about individuality, humanity, and the universe.

Conversely, we saw little mention of painful experience in the memoirs in chapter three where the authors used strong narrativity. We saw an author’s frustration with writing in chapter one, and we found that a lack of narrativity seemed to best encode the pain of pain in chapter two. Narrative does not encode the temporal quality of pain: an experience that lives in the

present and is vitiated in the past. Perhaps the monotonous “ahhhs” and “ooohs” that Scarry found in Victorian literature were not admissions of lack but commitments to representing pain as a stubbornly present event. These sounds are the exterior of present pain; they are crude and unformed like experience of the *now*, and they lack the control, beauty, and peace of traumatic recall and narrative memory. Indeed, they restore the *pain* of pain.

While I have focused on autobiography, a further study on pain narrative might ask if these conclusions can be drawn from fiction. Scarry herself started with fiction, in which she found a lack of adequate description. I’ve suggested in this study that we envision a more dynamic language of pain that puts to use the broad spectrum of our critical literary skills. I will make the preliminary suggestion that we could find many more tropes used to discuss pain in fiction, as every character in pain is in pain for a reason. Each fictional world will be governed by a different set of rules with regards to how or why a character is in pain. If attitudes and theories about pain index our entire worldview, then the location of pain in a piece of fiction may be used to sketch the dynamics of the fictional world of a text. Narrators in memoirs have pain because their authors have pain, but a fictional character’s pain is guaranteed to be meaningful from the start. Using fiction, we can look anew at the ethical theories on the representation of meaningful pain, and ask what types of ethical responsibilities and debates an author engages by inventing pain in fiction. What does it mean to invent pain? This is not a straightforward question. There are many ways in which we might instrumentalize pain in fiction, and the language of pain used in these autobiographical narratives may be a good starting point to launch inquiries into the meanings of pain in fictional contexts.

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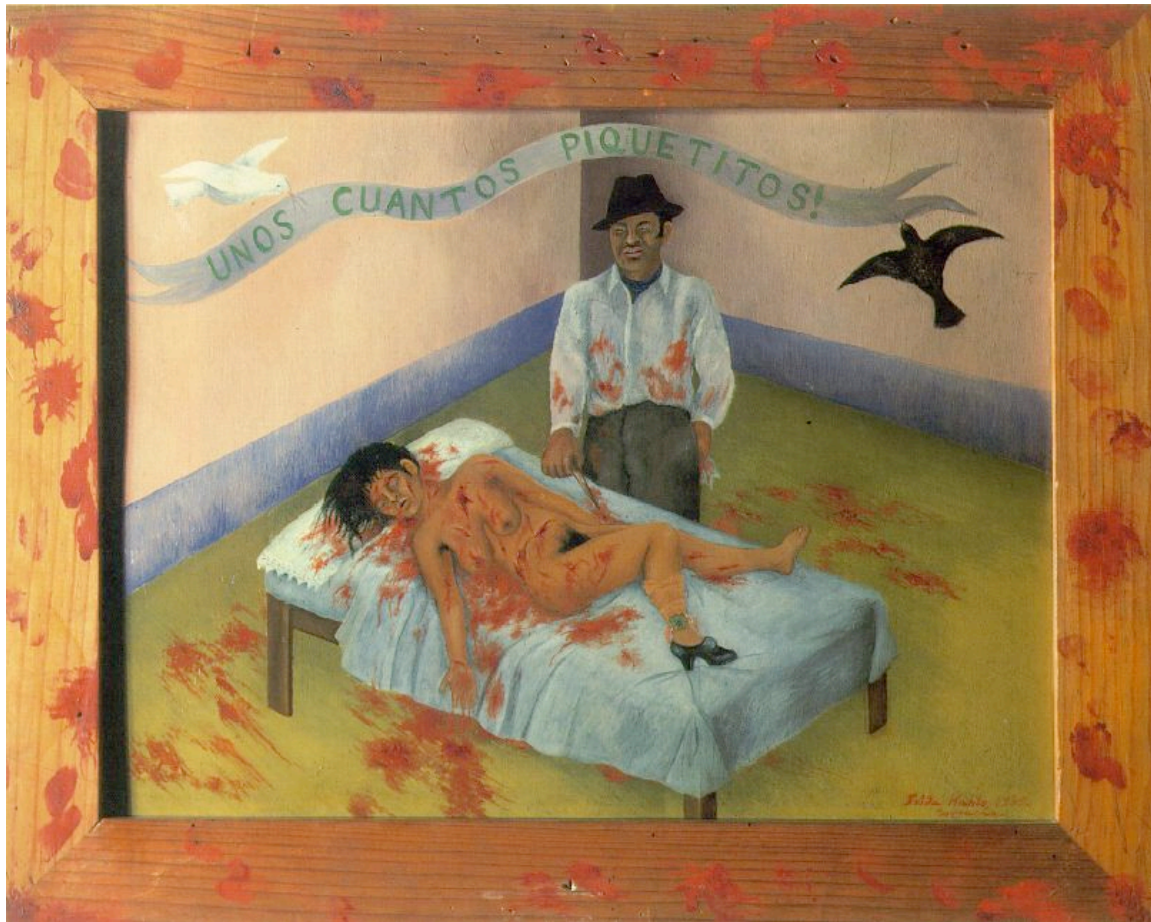
Appendix

Figure 1:



Frida Kahlo
The Broken Column, 1944
Oil on canvas, mounted on masonite 40 x 30.7 cm
Museo Dolores Olmedo
Patiño, Mexico City
(Reprinted from: Souter 124)

Figure 2:



Frida Kahlo
A Few Small Nips, 1935
Oil on metal, 38 x 48.5 cm with frame
Museo Dolores Olmedo
Patiño, Mexico City
(Reprinted from: Souter 62-3)