Migraine as text – text as migraine: Diagnosis and literature

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PART II

The text as patient

Chapter 6

The text as patient

> The telling of events may be just as artful in non-fiction as in fiction – I do not privilege the 'truth' of one genre over another – but it matters to me that the non-fiction work is *signed* as the author's own experience, while in fiction what may be even truer to the author's personal observation is nevertheless held at a distance, recreated in the life of a 'character'
>
> Arthur W. Frank, 1997
> (emphasis in the original)

> Science needs art to frame the mystery, but art needs science so that not everything is a mystery
>
> Jonathan Lehrer, 2007

Introduction

In Part I of this thesis I have argued that a patient (with migraine) can be read as a text and that methods used in medicine/neurology such as epistemology, hermeneutics and semiotics are important to make a diagnosis based on the words of the patient. In addition to these descriptive and interpretative techniques, in some of the chapters, I have discussed approaches that are more 'literary' than 'medical' (e.g. poetical, discourse analytical, rhetorical and philosophical approaches). In the next part I will explore whether this 'reading' and its objects can be turned around: Can a literary text be read as a patient? And if so, can such a text more specifically reveal something about the nature or some of the aspects of migraine? Bal (2009) writes that an interaction between narratology and anthropology is relevant as it 'addresses implicitly the major challenge posed to narratology: that of, precisely, the social embedding of narrative – in other words, its relation to reality' (188-189). The relation to 'reality' is most important. In this aspect, one can wonder what methods or approaches can here be used best, those of medicine, the 'literary' ones, or a mixture of both?

Before addressing these questions, it must be realized that a literary text has more 'layers' than a patient: the text is made by an author, the text itself is told by a narrator, in the text the aspect of focalization rules the story, the characters are actors in the development of the plot, etc.. Whereas in the case of a patient, author, narrator and character are the same, in a literary text these are (almost always) different and clearly distinct entities. As Charon (1992) describes, 'the patient tells the story, in roughly the same way the author creates a work. The doctor listens to that story, decoding it or interpreting it in roughly the same way that a reader makes sense of a written work' (*Build a Case*

117). Of course, there are the readers of that text, but this 'party' I will only address in depth further in its combined role as 'reader' of a patient and a text. Translating the above mentioned different layers of a text to migraine, I will analyze 1): an author with migraine, 2): narrators with migraine, 3): the description of a character with migraine (and how the other characters in that text 'see' the migraine of their 'co-character'), and finally: perhaps most importantly, how literary texts 'perform' migraine in language.

At first sight, the reading of a fictional text as a patient creates two possible, and different approaches: An interpretation that is based purely on the medical information given, or a literary analysis. This 'split' translates into a difference between 'scientific' and 'scholarly' and as such seems to echo the division into the so-called 'two cultures', which was introduced by the writer and scientist C.P. Snow in 1959. According to him, 'the intellectual life of the whole of western society is increasingly being split into two polar groups' (169). At the one pole he considered the literary intellectuals, at the other the scientists, especially the scientists of physics. He described a lack of understanding between these groups, and that they even have 'a curious distorted image of each other' (169). The non-scientists 'have a rooted impression that the scientists are shallowly optimistic, unaware of man's condition' (170). The non-scientists can therefore even develop an anti-scientific feeling. On the other hand, 'the scientists believe that the literary intellectuals are totally lacking in foresight, peculiarly unconcerned with their brother men, in a deep sense anti-intellectual, anxious to restrict both art and thought to the existential moment' (170). As main cause of the division Snow mentioned 'the pole of total incomprehension of science', which gives 'an unscientific flavour to the whole 'traditional' culture' (171). In contrast, scientists 'know of books, though very little. And of the books which to most literary persons are bread and butter, novel, history, poetry, plays, almost nothing at all' (171).

Snow's standpoints have received a great deal of positive commentary, but also criticism. Stringer (1983), for example, speaking from the field of social psychology, blamed Snow of too much focus on texts, and of generalizations, stereotyping, prejudice, polarization and positive discrimination. Arike (1996), on the other hand, agreed with Snow's thoughts and argued that the decades after his two-cultures publication have not been kind to the intelligentsia, as 'the culture of the text has been riding along on wave after wave of crisis brought on by the maelstrom of technological change' (385). For Arike, the crisis was caused by French poststructuralism, feminism, multiculturalism, postcolonialism, and deconstruction (385). In short, the answer of the 'humanities' to scientific progress was diffuse and too much based on 'the methodology and discourse of a literary-linguistic poststructuralism' (385). He even argued that literary culture's failure to attend, in any meaningful manner, to the historically unprecedented scientific, technological, and social transformations of the twentieth century resembles 'a retreat into the safety of bedraggled romanticism' (386). And – even more critical – he stated that 'the scientists and media artists, after all, have a research program, jobs, and funding; the literati seem only to have nostalgia and the lonely burden of defending what seems becoming an elite mode of communication against the onslaught of supposedly vulgar media' (387). Therefore, his advice was to get outside of language and its recursive structures for a perspective that would pay due respect to other modes of cognition.

That was the previous century. More recently, the idea of a two cultures division has been challenged even more, not in the way of polarizing criticism or agreement, but as a positive starting point. Charon and Spiegel (2005), for example, state that 'trying to understand the words with which

sufferers register their experiences consumes and probably unites the clinicians and the scholars in the field' (2005). As another example, Clayton (2002) explores the work of a group of writers who have 'discerned that the relations among science, technology, and literature are shifting' (808). The works of these writers have led to a new genre of contemporary literature that focuses on science and technology (808). In his opinion, it seems that the cultures of technology and the humanities are converging. This will not lead to 'a seamless, integrated culture, in which literary intellectuals understand quantum theory and scientists in lab coats spend their free time reading' (810), but to 'an increase in imaginative writing about science' (812). He thinks that maybe a science of imagination will follow. It seems that in this century there are many more writers than before that have knowledge of aspects of science. Clayton nevertheless concludes that the two-culture split is no longer operative because science has achieved a virtual hegemony over all other forms of discourse. In his vision, literature and the other humanities 'have lost their claim to produce valid perspectives on the world and thus have become irrelevant to the real business of life' (823). So, in his opinion, the division of the two cultures disappears in a 'taking over' of the one by the other. This was already foreseen by C.P Snow, who concluded that 'there seems then to be no place where the cultures meet', but immediately thereafter expressed the hope that 'the clashing point of two subjects, two disciplines, two cultures – of two galaxies, so far as that goes – ought to produce creative chances' (172). Let me repeat what I already quoted earlier, in the words of, or as Deleuze said: 'the encounter between two disciplines doesn't take place where one begins to reflect on the other but when one discipline realizes that it has to resolve for itself and by its own means a problem similar to the one confronted by the other' (cited in Century et al., 10).

An example of such a 'clashing point' – or call it more neutrally a 'contact zone' – of two disciplines, the one from 'exact' science (neurology) and the other from literary 'science' is the basis for my thesis. It has been said that:

> a discursive change has begun to develop across the notorious "two cultures" divide: while literary cultures have taken a renewed interest in recent mind science, the sciences of the mind have begun to draw conspicuously on the descriptive and analytic techniques of literature and philosophy (Gaedtke 274).

So, a mutual understanding seems to develop. For Tougaw (2015), this is based on 'counterfactual thinking', whereas 'science deals in hypothesis, literature deals in the creation of speculative worlds' (*Touching 347*). Frazzetto and Anker (2009) relate this interaction between art and science specifically to neuroscience and the arts and call it 'neuroculture'. They point at the 'neuro' dimension of various domains of knowledge, and at the 'hype around neuroscience' (815). One of the results of this development is a specific category of fiction, which has been called the 'neuronovel.' This is a literary subgenre that 'engages conceptually with recent interdisciplinary developments in cognitive science, neuroscience, psychopharmacology, and Anglo-American philosophy of mind' (Gaedtke 272). The rise of the neuronovel has been attributed to 'the waning of the Freudian direction' (Gillespie 631), and it has also been said that 'the neuronovel tends to become a variety of meta-novel, allegorizing the novelist's fear of his isolation and meaninglessness, and the alleged capacity of science to explain him better than he can explain himself' (Roth 9). Neuronovels deal with 'the bewildering complexity of relations between brain, body, and world' (Tougaw *Touching* 340). It appears that many novelists in the past had already anticipated the importance of this 'contact zone' and followed the discoveries of neuroscience, as – for example – described by Lehrer in his book

Proust was a Neuroscientist (2008). He shows that the imaginations of modernist writers such as Walt Whitman, George Eliot, Marcel Proust and Virginia Woolf already foretold medical/neurological knowledge and anticipated discoveries of neuroscience (vii). Indeed, in their challenge of longstanding assumptions about subjectivity and interiority, modernist writers can be seen as predecessors of those writing neuronovels (Tougaw *Touching* 342). I will come back later in detail to the genre of 'the neuronovel', but first I want to argue that whatever the 'truth' is about the collaboration of the 'two cultures' (science and literary studies), an increase in their mutual understanding will not make our world worse, and maybe even (somewhat) better. Being a neurologist, neuroscientist and literary scholar, I have also learned to see the importance of fiction for my clinical work and I have already tried to explain the importance of literature to my medical colleagues (Haan et al., 2006; Haan and Meulenberg *Migraine*; Haan and Meulenberg *Tuinman;* Haan *Locked-in;* Minnaard and Haan).

In his article on the two cultures divide, Arike (1996) has expressed something that can be important for the present analyses of 'a text as a patient'. The creative chances mentioned by C.P. Snow can be sought in what Arike sees as 'a confusion about and a misinterpretation of what images do, what they are, how they function, whether they are essentially *representations*, or whether they don't do something else entirely' (387; emphasis in the original). Arike sees a passive model of perception of interpretation as less important than the understanding of how words and images 'work' (387), and this 'working' seems an important topic in science as well as in the humanities. I must, therefore, first explain how words 'work'.

Important here is the difference between the 'constative' and the 'performative' use of language, two terms that were developed in the so-called speech act theory by Austin and Searle in the sixties. As Eagleton (2010) describes, Austin 'had noticed that not all of our language actually describes reality', but some of it is 'more aimed at getting something done' (102). Constative language describes something, it claims to make a statement that can be assessed as either true or false (Culler *Philosophy* 504), but performative language 'does' something. It is not true or false, but actually performs the action to which it refers and as such cannot be considered as true or false but as successful or not (504). Performative language 'works', it creates meaning, performs, often dependent on the context of the utterance. It accomplishes the act that it designates (503). Or, as Culler states:

> the constative is language claiming to represent things as they are, to name things that are already there, and the performative is the rhetorical operations, the acts of language, that undermine this claim by imposing linguistic categories, bringing things into being, organizing the world, rather than simply representing what it is (*Literary Theory* 101-102).

In general, scientific language is thought to be constative, but as shown in Part I, it also creates realities, for example in the process of making a diagnosis based on words only. So, it is performative as well. Literary language is mainly performative, but it describes also. Its performative function 'stresses above all the self-reflexive nature of language' (Culler *Philosophy* 508), as 'the utterance itself is the reality of the event to which the utterance refers' (508). As an example of an 'utterance' that creates a reality to which it only refers itself, I have described in chapter 3 the discourse of migraine. In that discourse, it seems that science and literature have much in common, albeit with

different accents. Both create a reality. In addition, in my opinion, it is an example of how the two cultures can come together.

Performative language may be grouped into three categories: 'official' (given force by institutions), 'explicit social' (accepted social mores) and 'implicit social' (given force by peculiarities of context) (Nolan-Grant 863). An example of this distinction is constituted by the word 'yes'. When this word is uttered by the bride during the wedding ceremony it 'performs' the marriage. When used as an answer to the question 'do you want total war?', it creates an intention, but not yet the war. When 'yes' is the answer to the question 'Do you suffer from headache?', it can be performative when uttered by someone who has headache at that moment or who describes a general state, as there may be no actual headache at all. Giving the performative an extra meaning, Culler (1997) stressed the importance of the distinction between 'poetics' and 'hermeneutics' (*Literary Theory* 62). 'Poetics starts with attested meanings or effects and asks how they are achieved'; hermeneutics, on the other hand, 'starts with texts and asks what they mean, seeking to discover new and better interpretations' (62). It is the clear difference between 'do' and 'mean'. The French philosopher Derrida added another aspect to the 'do' and 'mean': he argued that the performative only works as version or quotation of regular formulas (99). In other words: 'language is performative in the sense that it doesn't just transmit information but performs acts by its repetition of established discursive practices or ways of doing things' (99).

These thoughts of a relation between performativity and repetition can easily be applied to (fiction about) migraine, as with the utterance 'I have migraine' someone can express that he or she is suffering from an attack of migraine *at that moment* (performative), but on the other hand is also having the (chronic) disease called 'migraine' (which is in the criteria defined by repetition of attacks, see chapter 2). Derrida asks if a performative utterance can succeed if its formulation does not repeat a 'codified' or iterable form, or, in other words, 'if the formula that I utter to open a meeting, christen a boat, or undertake marriage were not identifiable as conforming to an iterable model, if it were not thus identifiable as a kind of citation?' (cited in Culler *Philosophy* 509). The answer to his question is probably 'no'. The meaning produced by iteration can also be recognized in migraine as every time someone uses the word 'migraine' it refers to the previous uses of the same word, be it an attack or the clinical or subclinically chronic condition. Both uses of the word contribute to its 'performative' working, to the shaping of the reality of 'migraine'. Because this is an important point, in chapter 11, I will come back on the significance of the repetition of the word 'migraine'.

Based on these thoughts, I will analyze the importance of constative (interpretative) and performative (how words 'work') language in a selection of literary works containing a description of migraine. According to Eagleton (2010), 'literary works themselves can be seen as speech acts, or as an imitation of them' (103). The real function of literature is performative (103). An author starts with an empty white page and creates a world out of 'nothing'. I have explained my reasons to choose the paroxysmal disorder migraine for my analysis in Part 1 of this thesis. In addition to its 'constative' part, it is important to realize that descriptive language – such as language about a disease – can 'do' something as well and that even so-called scientific medical language is not neutral or interpretive, but also can create realities. I will first explore (within the borderland of the 'two cultures') whether a literary text can be in some respects comparable with and thus be analyzed in a similar way as subjects of flesh and blood who have a 'problem' (such as a disease). Can a text be symptomatic? Can a text 'perform' a disease?

> What is true of narrative and practical reason is true *a fortiori* of literature. Imaginative literature represents – indeed it epitomizes – a particularly valuable kind of knowing
>
> Kathryn Montgomery Hunter, 1996
> (emphasis in the original)

> What question might a clinician pose to the text?
>
> Rolf Ahlzén, 2002

Patient, text, or both?

At first sight, there are several convincing arguments to answer 'no' to the question of whether a text can be read as a patient. There seem to be considerable differences between a 'patient' and a literary 'text'. Obviously, a patient is a real person, whereas a text is a cultural artifact. A patient consists of an organic body and is 'embodied', and a written text is of 'dry' material, such as paper and ink. Besides, the story of a patient is by definition 'read' currently or retrospectively, whereas the reading of a literary 'text' is a prospective act. Nevertheless, the answer can also be 'yes' as the techniques to make a diagnosis in a patient can also be applied to any other 'text'.

Ahlzén (2002), for example, argues that there are no simplified dichotomies between art and science, but that both are ways of 'approaching reality' (148). What is mentioned by means of language can be the reality of the patient or that of its representation in a text. In line with this, Daniel (1986) compares the patient's history with 'literally fiction in the root sense of a "making" ' (202), and Schleifer and Vannatta (2006) argue that 'there are elements and structures in literary narratives found in novels and short stories that parallel in many ways the narratives that patients tell their doctors' (364).

When we accept these standpoints, clear similarities between a (literary) text and a (real) patient emerge: their common 'readability', but also their 'performative' function. As Daniel (1986) states, 'the reader's experience of a poem, short story, or novel is similar to the physician's encounter with a patient' (195). For Brody, 'the idea that a major difference exists between "real life" and fictional, or literary, first-persons accounts of sickness must be challenged' (*Stories of Sickness* 3). In her article, "On Vivacity: The Difference Between Daydreaming and Imagining-Under-Authorial-Instruction", Elaine Scarry (1995) elaborates further on how words, or what she calls 'the verbal arts' (2), or 'monotonous small black marks on a white page' (2), indeed 'somehow *do* acquire the vivacity of perceptual objects' (2; emphasis in the original). She argues that for perception or interpretation of 'the arts' three phenomena are important: immediate, delayed and mimetic perception. As verbal arts have no actual sensory content, the appreciation mainly depends on its mimetic content (3). Thus, imaginary vivacity is of utmost importance for 'the deep structures of perception' (4), and for this she cites Aristotle who said that 'images are like sensuous content except in that they contain no matter' (5). Indeed, for Scarry, the mystery of how the verbal arts enlist our own imagination in mental actions resembles in their vivacity more closely sensing than daydreaming (8). So, 'the people on the inside of the fiction report to us on the sensory qualities in there that we ourselves cannot

reach or test' (14). If we want to consider a text as a patient, and when a patient and a literary text in some respects seem to belong to the same category, the pivot may indeed be how both are dealing with sensory qualities. How to translate this in constative and performative aspects?

Focusing on pain (migraine), one can argue that the (re-) presentation of pain in literature is difficult, if not impossible. The writer writes and the narrator narrates, but how do they represent pain, when at that particular writing- or narrating-moment they are *not* feeling pain? But also, when they indeed would be feeling pain, how does either of them describe it? And – one step back – how to describe from the outside someone with pain? How can such a text or a fictional one express pain? The answer possibly is that on all levels an act of reconstruction and imagination needs to be performed. According to Scarry, fiction in the form of a written text 'displaces the ordinary attributes of imagining – its faintness, two-dimensionality, fleetingness, and dependence on volitional labor – with the vivacity, solidity, persistence, and givenness of the perceptible world' (22). Here, I will translate this to the 'layers', mentioned earlier in this chapter, that determine a text and that can (or must) be analyzed separately. First there is the author, second the narrator with migraine, third the character described 'from the outside' and fourth the 'performing' text. Here, I will separately discuss these four aspects in the relation of text and pain.

Authors who write about pain can be placed in several categories. First, there are those who write 'ego-documents', in which a 'real' patient relates about his own sickness (see also chapter 4). One can of course wonder what or how much is 'real', and what or how much is 'fiction' in these texts. The reason for the author to write them is often rhetorical. These texts seem to describe a 'reality' and therefore often belong more to the category of the 'constative' (describing 'objective facts'), but they surely also contain 'performative' aspects. A sub-genre of ego-documents is so-called 'autofiction', described as a genre between autobiography and fiction in which author, protagonist and narrator are the same. Marie Darrieussecq calls autofiction 'a fiction of strictly real events and facts' (76). She argues that in autofiction a writer writes 'in the first person of an author-narrator and in his/her name' (76-77). So, these are texts produced by persons who 'really' exists, and who combine 'true' events with fictional ones. In her article "Fiction in the First Person, or Immoral Writing" (2010), Darrieussecq specifically refers to pain, of which she says that it cannot be imitated, but can carve into language a space that until then did not exist. This 'carving' is difficult to define (and Darrieussecq does not try to define it), but seems to emphasize that pain creates something special, and thus is performative.

The popularity of autofiction in the representation of disease might well have to do with the way in which the autobiographical dimension of fiction increases the emotional appeal of the narratives. The idea that there is a truth in the depicted fictional experiences helps to stir empathy. This 'rhetorical' aspect resembles the ideas of writing 'history', propagated by (among others) Hayden White who 'wrestled with the epistemology implicit in writing history' (314), as in history there is also the question of the subjectivity of the witness, the reliability of those who create the record, the problem of representation, the indeterminacy of reality, the criteria of truth, in short: the relationship of history and fiction. About history it is said that it:

> is always a selection and interpretation of those incidents the individual historian believes will account better that other incidents for some explanation of a totality, history partakes quite evidently of the nature of poetry. It is a making. [..] No two historians say exactly the

> same thing about the same given events, though they are both telling the truth. There is no *one* thing to say about anything; there are many things that can be said (Ong 17-18; emphasis in the original).

Now read 'ego-document' or 'autofiction' for 'history' and the meaning stays the same. There is no fixed truth in these narratives. The main technique is that of a pretention of the constative, but the actual production of meaning by words goes in the direction of the performative.

A next category of texts I would like to call 'pure fiction', although it can also be questioned what this is. In general, one knows that one is reading fiction when things 'happen' (are described) that cannot happen in 'reality'. For example, when a text describes someone who can levitate (such as in Paul Auster's *Vertigo*), one knows one is reading fiction. The same can be said of reading about a meeting of two historical persons who lived in different centuries (such as in John Banville's *Keppler*), or of the encounter of historical with fictional persons (such as in Pat Barker's *Regeneration Trilogy*). In addition, a very simple 'definition' of fiction is given by Jonathan Culler (*Deconstruction* 2004): 'if a story starts reporting a character's thoughts, expect it to be fiction' (28). One can also say that 'a work of fiction creates the world to which it refers by referring to it' (Nielsen 145). An alternative definition is to consider fiction as 'language offering propositions which make no claim for truth values in the real world' (Harshaw 229). The latter definition, however, has some pitfalls, especially when one is dealing with ego-documents and autofiction.

Jones (1994) argues that although patients' autobiographical stories have the power of connoting immediacy and authenticity, fictional stories of illness by accomplished writers may be even more emotionally powerful and may also be more pedagogically useful (198). One can question what 'accomplished writers' are, and if 'lay-writers' cannot write as good as them when describing their own problems. Yet according to Jones, 'good writers can present a patient's point of view in a compelling way even when it is imaginatively constructed' (198) and she gives Solzhenitsyn's autobiographically based novel *Cancer Ward* as example. Also, this opinion can be discussed, as one can doubt what 'good writers' are. In the following analysis, however, I will in a way follow her argument and focus on fictional texts of 'accomplished writers', defined as writers whose work has been published and reviewed. Although their works are 'fictional', they offer a challenge to be read with 'medical' (neurological) eyes, as I will show.

Next there is the story in which (fictive) narrators relate about their own pain in the first person singular. A narrator is the inter-textual (textually encoded) speech position from which the narrative discourse originates and from which references to the entities, actions and events that this discourse is about are being made. Concerning narrators, one must realize that the importance of their reliability and unreliability 'arises with respect to every speaking and reflecting participant in the literary act of communication' (Yacobi 113). The choice between these two 'determines not our view of the speaker alone but also of the reality evoked and the norms implied in and through his message' (113). Especially about first-person narratives it must not be forgotten that in fiction there are mainly 'sentences about something that only exists by virtue of the sentences' (Nielsen 135), as they 'produce a fictional world that does not exist independent of these sentences' (145). So, the 'I' is created by means of his 'own' words and the narrator is a strictly textual category, which should be clearly distinguished from the author (who is an actual person; see chapter 7). On top of this, 'all works of representational art – including novels – are "imitations" in the sense that they appear to be

something that they are not' (Rabinowitz 125), although 'fiction emphasizes the fact of the fictionality of a story at the same time it states that the story is true' (Riffaterre xv). As a consequence of this contradiction, this 'layer' must be analyzed with caution, also when someone claims to suffer from migraine.

Third, there are the descriptions of a protagonist with migraine in the third person singular, which stand in contrast to 'ego-documents', 'autofiction' and fictional narrators with migraine. Frank calls these descriptions 'less disruptive' than narratives in the first-person (*Reclaiming* 3). In their 'distance' to the patient, these texts can be compared with medical 'case histories', which are by definition written in the third person, and are mainly 'constative', which is also why one can call them 'diagnostic'. Medical observation is narratively organized and indeed the medical case history seems to borrow narrative forms and strategies from the novel (Pethes 42). Of course, there are differences, mainly because 'the epistemic genre of the medical case history is not determined by external categories such as linguistic rules, rhetorical strategies, narrative structures, or other formal literary features. It is merely shaped by an anticipation of the recipient's expectations' (26). Yet Sigmund Freud remarked that 'the case histories I write should really read like novellas' (cited in Pethes 27). Case histories are often thought to refer to empirical reality, but this can be doubted, as they often include as much imagination or vivacity as fictional texts. They often perform more than they describe, based on their rhetorical nature.

Finally, there is the 'performance' or 'embodiment' of pain by a text. The eloquent question here is whether there are similarities between patients and written texts. In patients, by definition, something is 'different', as what is different or 'wrong' (symptoms or signs) determines their being a patient. Texts are not 'wrong' in the same sense, but they can contain symptoms that can express and also 'perform' aspects of 'difference'. For example, a text can be an expression of pain and thus 'perform' pain. In addition, a text may lack something, and this provokes the need to fill a gap, or another kind of problem in need for a solution. Indeed, Pethes (2014) concluded that 'modern subjectivity, as created by fictional literature, is based on pathological observations' (36). As an illustration of this, Darrieussecq refers to Aristotle who wrote about poetry that it 'needs either a sympathetic nature or a madman, the former being impressionable, and the latter inspired' (74). So, often the madman (or patient) creates the poetry. Grant has argued that 'in a story, characters face a problem, conflict, or difficulty that is somehow resolved in the end' (*Secrets* 181). This strongly resembles the diagnostic process in medicine: before a resolution can take place or treatment can be given, the problem must be determined; a diagnosis must be made. Can the reading of fiction be diagnostic for the problem?

Whereas spoken words are important in the diagnostic practice of a doctor dealing with a patient with – for example – headache, a diagnosis based on a written fictional text also depends on words. The main difference is that the text of a patient can be the diagnosis (as in the case of migraine), but that it in the text as text never can be more than a symptom. For both, however, counts that a 'diagnosis itself is a metaphorical process' (Jutel 6). Words get other meanings, whether spoken by a patient with – for example – headache or written down in a fictional text. There even are novels that are categorized and described as 'diagnostic novels' (Charon *Doctor-Patient* 143). In these, the characters are driven by 'the uneasy certainty that something is wrong' and they 'focus and resolve questions of meaning in their lives through diagnostic enterprises' (143).

Finally, there is another possibility. The language of fiction can become grammatical incoherent and thereby iconic for the disease it depicts. Examples of this are Mark Haddon's *The Curious Incident of the Dog in the Night Time* (autism), or Benjy in the first chapter of William Faulkner's *The Sound and the Fury* (oligophrenia). Here, the disintegration of language and as a consequence also of the narrative resembles the 'chaos-narrative' described by Frank (1995) and the destruction of language by pain as I have described it in chapter 4. One of my questions is, whether the same effect on language can be found in novels including protagonists with migraine.

In the next paragraph, I will focus on this diagnostic work.

> How is it that writers of fiction want to portray *everything* about human experience, while therapists dealing with real people bog down this *or* that metaphor, stance, theory, discourse or movement?
>
> Glenn Larner, 1998
> (emphasis in the original)

How to diagnose (sickness in) fiction?

Howard Brody describes the relation between a patient and a doctor as follows: 'A doctor, I have come to believe, is in essence a literary critic. Invited to hear a tale every time a patient comes to see him, he must evaluate each person's story in the same way that a trained reader would approach a literary work' (Brody *Stories of Sickness* 4). Here, he draws a clear parallel between the diagnosis of a doctor and that of a reader of fiction and points at the selective and associative reading that can occur in both situations. Writing can be compared with a performance, reading with the making of a diagnosis. In this light, it can also be argued that 'imaginative storytelling and role-playing thus give humans relatively harmless opportunities to acquire and improve their capacity for generating and recognizing distinct expressions for significant emotions' (Hernadi 33).

Some important points still need attention. What questions might a clinician pose to the text? How can the words of a fictional text 'perform' a disease? For this I will turn to one of the thinkers in the borderland of structuralism and post-structuralism: Roland Barthes. In his book *S/Z. An Essay* he elaborates on how to read a fictional text, in this case the short story *Sarrasine* by Balzac. By using various literary techniques, he dissects the text in smaller parts in order to show how the words are to be read literarily, but also how they produce meaning, opinion and even ideological standpoints. Barthes' book has been called 'a limitless and unrestricted source of connotation and allusion' (Lamarque 331). Barthes starts with mentioning that 'literature is an intentional cacography' (9), indicating that there is not so much a fictive dialogue between author and reader, but rather a 'countercommunication' (9). Author and reader together 'form' the meaning of the text, they obviously 'perform' it together. For Barthes:

> the reading part is a labor of language. To read is to find meanings, and to find meanings is to name them; but these named meanings are swept toward other names; names to call each other, reassemble, and their grouping calls for further naming: I name, I unname, I rename:

> so the text passes: it is a nomination in the course of becoming, a tireless approximation, a metonymic labor. (11)

This reading technique does not differ much from how a doctor makes a diagnosis (of a patient or a text). The doctor also tries to find meaning and weights the information given in a 'metonymic labor', with 'metonymic' being the style figure that uses the principle of contiguity. The 'problem' is not mentioned directly but is given in pieces to be interpreted and combined as in a puzzle. The words of the patient or of the text are 'rhetoric' or call them 'performative'; they create meaning and a reality. Does, for example, the word 'pain' describe or express something? This obviously depends on the context, as I have explained above for the word 'yes'. In medicine, the 'reading' starts with the anamnesis, which is an evaluation of the total history of the complaints of the patient. The contribution of the patient is performative/rhetorical, that of the doctor mainly constative/analytical (but in its interpretation also performative). Its counterpart in literary studies is called 'close reading'. Broadly speaking, there are no great differences between these two methods, as both mainly depend on a subtle analysis of the meaning of words and other signs, and both use a 'frame of reading', a form of foreknowledge. No reader reads a book without certain expectations (bias) and knowledge; no doctor encounters a patient without medical knowledge (including bias).

The next step in medicine is the physical examination, which is often followed by some sort of ancillary investigation, such as a blood test or a scan. Ideally these are purely constative, and sometimes confirming (within the bias). The additional investigations produce signs that must be interpreted. In literary studies no such technology exists, but a method such as hermeneutics also makes a comparable dissection of a 'text' possible. In medicine, typically, the analysis results in a 'functional diagnosis' (what is the matter with the patient?), an 'anatomical diagnosis' (where is the lesion to be located?) and an 'etiological diagnosis' (what is the cause of the problem?). In literary studies the 'functional' (what is the problem?) and 'etiological' (what is the cause of the problem?) diagnoses can be applied. For the concept of an 'anatomical' diagnosis (where is the problem located?) a metaphorical step must be made in which the text is seen as a body and expressing a kind of 'embodiment'. Here, the distinction between the constative (seeing the words as a representation of some sort of reality) and the performative (realizing that the words create some sort of reality) is important. The 'anatomical' step emphasizes that a text can be seen (read) as a body and as an embodiment.

In line with Barthes' textual analyses of *S/Z*, in her article "Meta-Diagnosis: Towards a Hermeneutical Perspective in Medicine with an Emphasis on Alcoholism" (1992), Bowman writes that 'both the discourse of medicine and that of literature make a representation of something which must come to be understood' (267). For her, 'the truth is reached dialectically' and 'the physician or literary critic will actively participate in the story which unfolds' (271). This active participation in the interpretation of the texts seems like a mutual working of *phronesis*, or 'practical wisdom' (see chapter 1), the notion that in particular circumstances understanding is not 'thoroughly expressed in general rules' (Hunter *Narrative* 304). So, a thoughtful dialogue between text/patient and reader/doctor is needed for an interpretation, as is an appropriate analysis of the 'constative' and the 'performative' aspects of this. There is also a hermeneutical relation between reader and text, which resembles Gadamer's 'fusion of horizons' where meaning is also reached dialectically and also partially by performance. Rimmon-Kenan (2006) even mentions 'the collapse of the body and that of the narrative, the problem of narrating the unnarratable' (241). This break-down could be the

'something wrong' I have mentioned above. A 'collapsed' text is a text that contains analyzable symptomatology. The 'anatomical' diagnosis then is the embodiment of the text that is performed.

So, what does such a text do with the reader? How does such a text create (perform) meaning?

Here, I can give an answer based on a personal experience. When preparing a book and later a book-chapter on Parkinson's disease in fiction (Haan and Meulenberg *Tuinman* 2009; Minnaard and Haan, 2016), I had to re-read several novels containing descriptions of that disease. Clearly, the texts 'performed' differently for me when I was re-reading with different eyes. A different meaning (bias) emerged from the texts in my separate readings. Was it the constative or the performative? In this context the *reader response theory* of Wolfgang Iser is of relevance. In his theory, the reader collaborates with the author in realizing the text, and in any reading-experience there is an implied dialogue among author, narrator, the other characters, and the reader. Or, to quote Biro (2010), 'we can see the consequences of the creative act in literature when an author and reader join together to breathe life into a fictional character, a being made up entirely of letters and words on a piece of paper' (119). This is the performative 'pur sang'. Here again, also Scarry's vivacity is important, especially to give the characters flesh and blood. We can create persons, situations, problems and solutions and 'fiction can be superior to a dry textbook in conveying students to the lived experience' (Lovett 18).

In his article "Pain and Pleasure in Literature" (2005), Conolly gives a possible answer, when he describes the 'pure pleasure theory'. He states that at first it is denied that we can feel painful emotional identifications with fictional characters. This notion is based on the so-called 'paradox of fiction', which points at the inconsistency of the following propositions: '1) we have emotions for fictional characters, 2) we know that they do not exist, 3) it is irrational to have emotions for non-existent objects' (305). It is, however, well known that readers can, and do feel emotions when reading fiction, so although each of the three propositions seem plausible, 'one of them must be false' (305). A possible reason why fiction causes emotions is that the occurrences can be imagined as taking place in reality, conform Scarry's 'vivacity'. Fiction can be read as 'true' and maybe the pain described can be felt as or remind of real pain. Besides, often 'we know more about the inner lives of fictional characters than about real ones' (307), which can also be described as 'the God-like capacity of moving inside and outside people's minds' (Ahlzén 149). Conolly mentions one exception to this rule, which concerns our own inner lives, and concludes that 'when we sympathize with fictional characters, we are really sympathizing with ourselves' (307). Others however argue that 'the reader is left with an overall sense of what it feels to be the character' (Grant *Secrets* 183). According to Biro, when we examine stories about pain, we 'have the opportunity to see things from an omniscient point of view – to see pain from the perspective of both the sufferer and the observer; to see it, that is, from the inside and the outside simultaneously' (166). Here – again – *phronesis* is of importance, based on one's own experience. It is a combination of feeling one's own pain and accepting the pain felt by others.

To describe another stimulus for reading, Grant (2005) goes one step further. For his argument that one of the attractions of reading is a 'mild aversive stimulus' (187), he draws a parallel with a doctor examining a patient with a disease:

> Initially, in diagnosing the disease the physician's inspection and testing of the patient is reinforced by discovery of the nature of the disease. [..] From the outset the disease is

> aversive for the physician, but to eradicate the disease it is necessary that the physician be attracted to the disease, so to speak, and the physician's activities that reveal the disease are reinforced. (187)

The parallel is that the difficulties of a character in a story are an initial source of aversion for a reader, but they become a source of stimulation when the reader reads how the difficulties are resolved. For both a doctor and a reader, before removing the problem, it is necessary to identify, describe, and comprehend the problem (187), which is a method comparable with the assessment of the functional, anatomical and etiological diagnosis as described above. Fleissner (2009) states that 'fiction might be understood as a form of symptomatology' (387), and that the symptom can be called 'a disguise of a buried latent meaning' (389). Important is to realize that this meaning is not fixed, but depends on the (chosen) balance between the constative and the performative.

So, when reading a text as a patient, we need to analyze as Barthes, fuse our horizons with the text based on foreknowledge (bias), and use vivacity to mix our positive and negative emotions in the process of interpretation and giving meaning. Most importantly, we must realize how the words presented 'work', how they 'perform', how they make meaning. For obvious reasons, I will take these important steps as a neurologist and to illustrate how this might work, I first elaborate further on the already mentiond special category of fiction, the 'neuronovel'.

> Novelists and poets describe people better that physicians
>
> Martin 1978

> The latest challenger to the novel's throne might be seen as neurology
>
> Fleissner 2009

The 'neuronovel'

As already mentioned in the beginning of this chapter, a separate category of novels has recently been proposed, that of the 'neuronovel' (Johnson *Consciousness* 170; Burn *Neuroscience* 213; Gaedtke 272; Roth 1; Lustig and Peacock 2013). It 'engages conceptually with recent interdisciplinary developments in cognitive science, neuroscience, psychopharmacology, and Anglo-American philosophy of mind' (Gaedtke 272). These texts are also called 'brain-based fictions', 'cognitive fiction', 'neurological realism' and 'neuronarrative' (Burn *Neuroscience* 213). More provocatively – the whole genre is called to express 'the syndrome syndrome' (Lustig and Peacock 1; Waugh 25). It is described to have 'an entanglement with larger nonliterary interests, inadvertently obscuring the extent to which the syndrome novel and other neurologically informed fictions represent a vibrant contemporary subgenre' (Burn *Mapping* 35). A neuronovel is said to deal with the anthropological figure of the cerebral subject or a character attributed to a cerebral lobe (Burn *Neuroscience* 213). Or, to put it otherwise, 'in imitation of Walter Scott, today an aspiring novelist might seek his subject matter in a neglected corner or along some new frontier of neurology' (Roth 1). One can even call the genre 'neuromania', or 'neuroflirtation' (Waugh 21), or 'a neuro-maniacal obsession with the body

and the brain' (22). In all these senses, however, the concern has also been expressed that naming a syndrome makes it 'objective' and puts an invisible barrier of 'science' around the suffering (25). When that is done, the 'two culture discussion' would be restored. It is thus advised to 'not to be too 'scientific' in defining the syndrome novel' (25), but:

> there is evidently a substantial body of novels preoccupied with the biologization of the self and the medicalization of the mind. Some operate with specific disorders and some do not. Those that do usually involve neurological specialists and explore the construction of a dialectics of health and sickness. (25)

I conclude that neuronovels illustrate contemporary's interest in new problematics and 'often take as their central project the representation of the unfamiliar phenomenological conditions [..] called "the new wounded" – patients who suffer neurological disorders and syndromes such as Huntington's, Parkinson's, Tourette's, Capgras, schizophrenia, and [..] encephalitis lethargica' (Gaedtke 272). After the 'linguistic turn' in the literary field, neuronovels are proposed to fill in the 'vacuum between literature and science' (Lustig and Peacock 2), and to represent the 'neurological turn' in literature (Lustig and Peacock 5; Lovett 170). It is a 'new engagement with neurology' (Lustig and Peacock 4). A list of neuronovels is proposed by Brindley (2013).

The basic principles of the 'neuronovel' can be summarized as follows:

> We might see a novel as a thought experiment; neuroscientists have conversely viewed pathological conditions as nature's experiments. It seems that contemporary writers are conducting a series of experiments to explore our motivations and behaviors. Neurobiology can offer valid but incomplete contributions to our understanding of ourselves, but we will always need explanations that encompass multiple levels of description. (Bracewell 167)

Ian McEwan's novel *Enduring Love* (1997), which deals with a protagonist suffering from the rare neuropsychiatric disorder of Clérambault's syndrome,[41] is said to 'effectively inaugurate the genre of the neuronovel' (Roth 4). The use of neurological case studies in fiction has been inspired by popular scientific writings of well-known neurologists such as Oliver Sacks and Antonio Damasio. Neuronovels can take the form of a third-person account resembling a neurological case-report, or that of a first-person experience then to be read as the account of an 'unreliable narrator' (for further thoughts on this term see above and chapter 7). The descriptions often lack the hermeneutical movement from symptom to cause, which is often compensated for by 'rich descriptions of the often bizarre phenomenological circumstances' (Gaedtke 273). The books of Oliver Sacks, for example, with as prototype *The Man who Mistook his Wife for a Hat*, have therefore even been compared to a Barnum's freak show (Haan et al. *Sacks*). Neuronovels are said to be 'novels stuffed with facts, names, things, impressing the reader with the author's store of "nonfiction" knowledge' (Roth 7). On the other hand, they are novels of consciousness, interiority, linguistic play and estranging description (7) resembling the 'stream of consciousness' novels of modernism. They are thus a combination of constative and performative aspects. But whereas modernist novels described everyone from the inside out, 'the neuronovel refashions modernism as a special case, odd language for describing odd people, different in neurological kind, not just degree, from other human beings'

[41] This syndrome is characterized by the delusional idea of a patient that someone considered to be of higher social and/or professional standing is in love with him or her.

(7). It uses the same 'inside out', but with emphasis of the different, individual and specific phenotypes.

Examples of third-person neuronovels are Ian McEwan's novel *Saturday* (about Huntington's disease), Jonathan Franzen's *The Corrections* (Parkinson's disease), and Umberto Eco's *The Mysterious Flame of Queen Loana* (stroke). First-person accounts are Mark Haddon's *The Curious Incident of the Dog in the Night Time* (autism), Paul Auster's *Oracle Night* (traumatic brain damage), and Luigi Pirandello's *La Toccatina* (stroke), but many other examples can be given (Haan et al., 2006; Bogousslavsky and Dieguez 2013; Lustig and Peacock 2013; Brindley 2013). Neuronovels often describe the altered ways of the perception of the world that arise from neurological disorders, and in this way 'create' new worlds.

Already before modernism, (neuro-) science strongly inspired novelists. For example, in the nineteenth century, the French naturalistic writer Emile Zola based several of his works on the theories of the (neuro-) scientist Claude Bernard (Conti and Irrera Conti 2003). An example is the novel *Therese Raquin* in which a severe neurological case is described, almost in the form of a case-report (Haan *Locked-in* 2009). A reason not to call such a naturalistic novel a 'neuronovel' is because it offers more a phenomenological description from the outside than a description of altered behavior from within. These pre-modernist novels are more constative than performative. This is expressed by the psychiatrist Lisetta Lovettt as follows:

> Psychiatrists and novelists have in common a skill for observation and deduction of motivation or reasons for behavior from careful observation. Unlike most other medical specialties, psychiatry has to rely on accurate identification of phenomenology since it does not enjoy the luxury of falling back on diagnostic tests, of which we hardly have any. We do this by honing our skills in observation and communication. (169)

For this thesis, of course, 'psychiatrists' has to be replaced by 'neurologists'. After this change, however, the meaning stays the same, but only for the category of neurological diseases of which the diagnosis depends on words and not on scans or other 'objective' tests (see chapters 1 and 2). Of this category, migraine is a good example. Indeed, this was illustrated in a recent study (Brainstorm Consortium 2018). Genetic data from several large genome-wide association studies were combined and a comparative analysis was carried out on 265.218 patients with a brain-disorder and on 784.643 controls. It appeared that psychiatric diseases such as major depression, schizophrenia and bipolar disorder had the most genetic overlap with one another. Neurological diseases such as Alzheimer's disease, Parkinson's diseases and epilepsy had much less overlap. Migraine took an intermediate position. This probably means that in psychiatry there is a great overlap between the diagnostic categories as determined by the current (DSM) criteria, whereas in most neurological disorders the diagnosis based on criteria and findings of ancillary tests is much more specific. The diagnosis of migraine, which is based on the words of the patients and artificial criteria, however, appeared to be less specific (or call it accurate) than that of the other neurological diseases.

Some of the literary works described in the following chapters can also be categorized as 'neuronovel'. They include protagonists with a neurological disease called 'migraine', which is why they were selected. In Part I of this thesis, I have tried to explain why migraine is special. It is a disease of which the so-called (constative) 'reality' is mainly based on words. Besides, I have elaborated on its discursive aspects, the relation of migraine with the destruction and/or creation of

words, and its temporal aspects. Here, I will search for comparable and additional topics in a selection of novels, mainly focusing on how words of fiction 'perform' migraine. Butler has argued that 'a performative "works" to the extent that it *draws on and covers over* the conventions by which it is mobilized' (Butler 51; emphasis in the original). This seems a clear 'performative' explanation of the discursive criteria of migraine (see chapter 3). In the next section, I will first discuss the description and 'working' of pain in fiction 'in general', before turning to headache and migraine.

> The enchantment of pain [..] is that it cannot be seen, but is rather assumed to exist as an inevitable, even festive, element of real life or literary action
>
> Javier Moscoso, 2012

> I mean to say, that when the head suffers all the members suffer
>
> Miguel de Cervantes Saavedra, 1605 (cited by Palma and Palma, 2012)

The depiction of pain, headache and migraine in fiction

Both Morris in his book *The Culture of Pain* (1991) and Moscoso in *Pain. A Cultural History* (2012) argue that Cervantes' *Don Quixote* includes one of the first, most important and most influential depictions/embodiments of pain in fiction.[42] Morris writes that: 'Don Quixote lives immersed in an unreal, bookish, idealized realm set apart from the banal demands of everyday life – and the penalty that Don Quixote pays for this neglect of flesh-and-blood actuality is that he rides through the novel like a comic punching bag' (90).

Morris thinks that 'a dialogue between doctors and writers [..] can help to support and to extend the important changes beginning to alter our current thinking about pain' (5), and that a reflection on Don Quixote might help in this process. For example, Don Quixote says that he does not complain of his pain at all, because 'a knight errant is not allowed to complain of any wounds, even though his entrails may be dropping through them' (91). In contrast, his servant Sancho Pancha sighs: 'I must say, for my part, that I have to cry out at the slightest twinge' (91). What we here can conclude is that a pain threshold exists, partially depending on factors from the 'environment'. Moscoso writes that 'Don Quixote's pain becomes diluted in a reading that converts the misfortune and misadventure of others into a source of humor, mockery, and joke' (42). Cervantes describes pain as an essential element of human action. At the time of *Don Quixote*, suffering was accepted as inevitable, being a symptom of the process of death, mourning, sickness, deformity and violence. Don Quixote nonetheless 'chooses life' (42). By accepting pain, he chooses freedom. Unfortunately, it can also be said that he is an example of the fact that 'too much literature may clog up our mental veins and arteries' (Hernadi 26).

[42] The name of this nobleman has been written differently in many publications. The one used here is from the original title of the book: *El Ingenioso Hidalgo Don Quixote de la Mancha* (Miguel de Cervantes Saavedra 1605).

In a descriptive analysis, Fraile et al. (2003) found 91 references to pain in *Don Quixote*, the majority referring to pain caused by trauma. According to Moscoso, the book possesses 'many elements of the new epistemological order: the elusive relationship between words and things, between imagination and memory, or between reality and fiction' (34). For me, obviously, in the light of the present thesis, especially the latter relationship, that between reality and fiction, is of interest. Morris includes his analysis of *Don Quixote* in the chapter "The Pain of Comedy," and explains that the pain of Don Quixote mainly is used to illustrate that he is a brave knight. Traditionally, knights do not complain about or suffer from pain, and therefore Don Quixote 'may not openly complain' (92). Morris further argues that Cervantes here introduces the reader to the central paradox of comic pleasure, and that 'comedy must implicitly include pain in order to overcome it' (91). Moscoso finds this too simple and points at the fact that the 'true' (or call it 'performed') pain of Don Quixote is too often neglected. He argues that Morris forgets that 'Don Quixote does complain that he is in pain, and a great deal' (40). According to Moscoso, 'in the framework of the different forms of configuring reality, pain is one of the least debatable elements' (40). He adds that this is 'not so much from the point of view of the reader – who does not pay attention to the evidence presented – as from that of Don Quixote himself' (40).

I do not follow his argument, since pain is not 'debatable' in readers, writers and fictional characters even when it is 'performed' pain, only expressed in words. For Moscoso, pain 'found a place in all areas of the narrative structure' of *Don Quixote*. First, there is the 'extra-literary reality', reflected by the perfectly identifiable elements in the text that mirror the situation in the society of that time. Then there is the literary reality, which is at the heart of Cervantes' discourse, and that often consists of spells and enchantment. For example, Don Quixote suffers 'real wounds at the hand of imaginary beings' (41). To complete the spectrum, he mentions that Don Quixote has 'the freedom to leave his own story, denying the opposition between literary fiction and lived reality' (42-43).

With the example of *Don Quixote* in mind, other novels portraying protagonists with headache and migraine can be approached. There are protagonists with headache in many novels, from Shakespeare to the present day (Friedman 1972; Patterson and Silberstein 1993; Larner 2006; 2006; 2007; 2008; 2009; 2009; 2010; 2011; 2017; Haan and Meulenberg *Muze* 2009). To give some examples, there are numerous descriptions of characters with unspecified headache in the novels of Jane Austen, most often provoked by stressful situations (Larner 2007). Furthermore, the novels of Stephen King contain many descriptions of protagonists with headache, mainly to illustrate the horrific situations they are in (Patterson and Silberstein 77; Haan and Meulenberg *Muze* 98-100). William Faulkner seems to describe a patient with medication overuse headache in *The Sound and the Fury* (101-102). John Steinbeck's *The Wayward Bus* contains a description of faked 'secondary gain headache', as one of the characters regularly gets headache when she wants to get something from her parents, or 'punish' them (Friedman *History* 661-662; Haan and Meulenberg *Muze* 110-112). In many Dutch *fin de siècle* novels headache is associated with female 'hysteria' (Kemperink 1995), and Harry Potter's anguish can be explained by his suffering from cluster headache (Sheftell et al., 2007),

A remarkable example of 'non-migraine headache' is the (very special form of) hangover headache depicted in Ian McEwan's novel *Nutshell* (2017). The narrator of this remarkable story is an unborn child in his mother's womb. He can hear, but not see, and seems to possess much more than 'fetuslike' knowledge, for example about French wine, history, actuality, politics and the behavior of

the adults that surround him, especially his mother – Trudy (Gertrude) – and her brother in law – Claude (Claudius) – who are going to assassinate his father in a Shakespearean plot. After his mother swallowed a couple of glasses (or 'perhaps a bottle') of Marlborough Sauvignon Blanc ('not my first choice, and for the same grape and a less grassy taste, I would have gone for a Sancerre, preferably from Chavignol') the 'I' and his mother fall asleep. When waking up, they both have a headache that is described as: 'bad enough. But I'm having my first headache, right around the forehead, a gaudy bandanna, a carefree pain dancing to her pulse. If she'd shared it with me, she might reach for an analgesics. By right, the pain is hers' (45).

The fetus seems to know what his mother has to do to alleviate her hangover headache: 'water, she should drink more water', and after pressing his temples sighs: 'Monstrous injustice, to have such pain before my life's begun' (46). Then follows a remarkable contemplation about pain, which resembles that of Wittgenstein described in chapter 1 of this thesis:

> I've heard it argued that long ago pain begat consciousness. To avoid serious damage a simple creature needs to evolve the whips and goads of a subjective loop, of a felt experience. Not just a red warning light in the head – who's there to see it? – but a sting, an ache, a throb that *hurts*. [..] Those felt sensations are the beginning of the invention of the self. [..] God said, Let there be pain. And there was poetry. Eventually. [..] So what's the use of a headache, a heartache? What am I being warned against or told what to do? (46; emphasis in the original)

It seems that here a specific function is attributed to pain (headache). As described in chapter 1, in general, acute pain is considered to initiate evasive behavior and chronic pain is thought to induce protective inactivity favoring recovery (Pitts 275). It can be argued that the human pain system gave evolutionary advantages, as humans can memorize and thereby avoid pain before bodily harm becomes inevitable, and they can transmit information from generation to generation by words about threats to be avoided (276). In the quote of McEwan's *Nutshell*, pain is not only described as a warning signal to avoid damage, but also important for one's consciousness and 'the beginning of the invention of the self'. As also described in chapter 1, according to Wittgenstein, 'a private language, and by extension a private experience, interior and unsharable, would be completely devoid of sense' (cited in Moscoso 5). Here, the private sensation of this unborn child is attached to a meaning produced by a sense of collective credibility ('God', 'poetry'), of which he in fact cannot be aware. Nevertheless, this seems a reference to the beetle we all share and that forms a part of ourself.

Switching from the headache of the fetus, which is an example of so called 'featureless headache' to migraine, it can be said that migraine sufferers can be seen as a special category of the 'new wounded' as described by Gaedtke (272). The various metaphoric aspects of migraine have made it a challenging source of inspiration for a considerable number of novelists and many protagonists with migraine can be found in the literature (Haan and Meulenberg *Muze* 2009; Haan *Metaphor* 2013). There is not only the pain, but also the (visual) aura, phonophobia, photophobia and nausea, and next to that its paroxysmal and unpredictable nature, leading to additional suffering between attacks (such as 'fear of pain' and 'cephalalgiaphobia'), even when one is free of pain.

To illustrate the 'performative' aspects of this disease, I have selected a couple of novels in which migraine plays a major role. I first followed the concept of 'neuronovels' and applied this concept to novels that have migraine as an important and 'scientifically' worked-out theme. My main emphasis

will be on how the works selected 'perform' migraine. I have therefore chosen Siri Hustvedt's *The Blindfold*, James Lasdun's *The Horned Man*, Irvin D. Yalom's *When Nietzsche Wept* and Rivka Galchen's *Atmospheric Disturbances* for further analysis, as these works of fiction – in my opinion – best illustrate the main topics of Part I of this thesis: how migraine becomes 'reality' within its discourse, how migraine can destroy or create language, how time is important for migraine sufferers and finally how the words 'perform' migraine.

I will read the novels as 'medical case histories', as if being confronted with a 'real' patient, who rhetorically performs her or his migraine and whose (pain-) experiences can be described as:

> if a novel happens, it does so because, in its singularity, it inspires passion that gives life to these forms, in acts of reading and recollection, repeating its inflection of the conventions of the novel and, perhaps, effecting an alteration in the norms or the forms through which readers go on to confront the world. (Culler *Philosophy* 516-517)

Important are the shaping role of language, its social conventions, what language does and says, and how to deal with the blurring of the boundaries between fact and fiction (517-518).

The main topics and therefore structure of my analysis will be addressed in the last chapter where the 'real' and fictional parts of my exploration will be compared:

- The constative: How is the diagnosis of migraine made; how is migraine described?
- The performative: How do these texts, one way or another, perform migraine?

But there is more. Based on the (mainly constative, neurological) analysis of the novels, I will try to come to an universal idea of how an analysis of the 'reality' and the 'fiction' (call it the two cultures) of migraine can add to a better understanding of (real or imaginative) patients with migraine. As final step, I will try to put these in a much broader perspective, the notion and invention of a 'migraine self'.

> The narrative need not to be judged true because it corresponds to an external image of the world, but because it is consistent with the linguistic usages current in a given social context, at a given moment in time
>
> Michael Riffaterre, 1990

Towards the 'migraine self': The construction of objective subjectivity

In the first part of this thesis, I cited Bendelow and Williams (1995) who wrote that, 'as well as being a medicalized phenomenon, pain is, of course, an everyday experience linking the subjective sense of self to the perceived "objective" reality' (162). Indeed, subjective experience such as pain can become objective through the appropriation of the patient's testimony. This testimony may be compared with 'fiction', having subjective symptoms without objective signs, but also with 'reality' (we all know that pain can be real).

I used techniques from literary studies to analyze and interpret aspects of 'real' patients with migraine. With 'real' I meant subjects who appeared as such through (the reading of) their texts. In the following chapters, medical analytical techniques will be used to analyze different aspects of novels which depict 'fictional' patients with migraine. The main questions here are how the subjectivity of authors or characters relates to their depiction of migraine, how migraine is, in a sense, constructed by it and whether this can also be explained in a broader way.

Of course, such an analysis cannot be done without combining medical techniques with those from literary studies, as e.g. epistemology, hermeneutics, narratology and semiotics, as I have described. Culler has argued that 'psychoanalytic theory [..] is the most powerful hermeneutic: an authoritative meta-language or technical vocabulary that can be applied to literary works, as to other situations, to understand what is "really" going on' (*Literary Theory* 142). In my opinion other techniques to analyze works of fiction may also explain what is 'really going on' in 'real' life when they depict (parts of) the behavior of a patient with a disease, in this case migraine.

To translate this to my analysis of patients and novels with migraine, I will first 'read' the patients and novels as fictional texts from the standpoint of literary studies, but then interpret them both as the words and deeds of a 'real' patient, read with medical eyes and with medical techniques. It will turn out to be impossible to separate literary and medical elements completely as they appear to strongly overlap. There is a dialectical relation between them, and a combined reading is necessary. An important question is what the medical reading adds to the interpretation of the texts and what can be learned from this to be used in 'real' patients. Furthermore, does the meaning change when literature is read with medical (neurological) eyes?

The literature involved can have different 'functions' in defining migraine:

- It can be a description of patients (authors) about their own disease, as in (literary) 'ego-documents' or in various works of fiction (see above).
- It can describe a disease through a character speaking in the first-person which – by definition – must not be seen as the disease of the author. Such a description can be called mimetic.
- It can be interpreted broader, as a symptom of a disease of society (and then without mimetic relation between text and illness), or of life itself. This can be called 'philosophic'.
- It can provide the core for a construction or modelling of a subject based on the interpretation of fictional texts. It can thus give clues about a 'migraine self'.

Translating this to (the aims of) this thesis, I have included a work of fiction that is the creative product of an author with migraine (*The Blindfold* by Siri Hustvedt) and novels narrated from the standpoint of a protagonist with migraine, which can thus be called mimetic (*The Horned Man* by James Lasdun and *Atmospheric Disturbances* by Rivka Galchen). I will analyze also a 'mimetic' (philosophic) novel in which migraine is described 'from a distance' (in the third-person), *When Nietszche Wept* by Irvin Yalom. Important is the question which symptoms of migraine these texts illustrate and how. For example, I will investigate whether the grammatical order is disturbed, language destroyed, the sense of time lost, or 'reality' fragmented. I will further elaborate on how the texts contribute to the knowledge of 'real' patients and analyze how they 'do' ('perform') migraine.

As said, the next step then is a definition of a 'migraine self'. Here the core symptoms described above are important to model the subject within a certain field of forces. In the case of migraine – as I have argued in chapters 1-5 – this is mainly the loss of words, of time, of reality. The words of the patients are interpreted in artificial language, rules and criteria. It seems that migraine patients feel detached from reality. It is important to realize that in migraine this happens in attacks, which is in contrast with patients who are constantly in pain. The attacks lead to other 'subjectivity' than being in a 'stable' state. This seems to result in ontological uncertainty during and outside attacks. Unique disease-related factors appear to determine the being of the self and the subjective world of the migraine patient. In this sense, it may even be said that migraine can be seen as illustrative for postmodernity in which nothing is certain, and no-one can be certain of his- or her 'world' at any time.