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## **Migraine as text - text as migraine: Diagnosis and literature**

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## Chapter 9

### *Migraine as simulacrum: Ontological logic of the narrative self*

#### *Rivka Galchen's Atmospheric Disturbances*

How do characters in a novel recognize one another or come to know what another is thinking? Can they know what another sees *them* thinking? Does the recognition of the other show them something yet unseen?

Rita Charon, 2011  
(emphasis in the original)

Language becomes the site of possibility  
Marc André Fortin, 2016

In contrast with the epistemological quest dominating Lasdun's *The Horned Man* (see chapter 8), Rivka Galchen's novel *Atmospheric Disturbances* apparently mainly includes questions of ontology, which therefore cannot be 'solved' epistemologically at all. Thus, in my opinion, this implies a shift from a modernist way of approaching the world of the text to a postmodern one.

*Atmospheric Disturbances* seems to describe the thoughts of a disturbed mind, but this is not certain. The narrator is a psychiatrist put down with a psychiatric disease he is not aware of, which makes the text multi-layered and complex. It appears that migraine plays an important role in the narrative and is crucial for the portrayal of the narrator and his mind. In this chapter, I will analyze how migraine is described and what importance it has for the narrative. My conclusion will be that the whole text can be read as one prolonged migraine attack. The issue here is not so much a matter of (confused) knowing as in *The Horned Man*, but of (confused) being.

As said, major issues in this text are formed by questions of ontology. What is the world of the narrator? Why does he sigh, 'but there I went again running into the wrong text simply because I felt intimidated by the lack of context for the simulacrum's words'? (Galchen 225). What does he say here about his 'own' world? What about that of the 'simulacrum'? And does he tell us anything about our own world? And, lastly, what is the role of migraine? In this chapter, I aim to provide an answer to these questions. To do so I will have to first give a summary of the very complex story and then analyze the migraine of the fictional patient.

If a story starts reporting a character's thoughts,  
expect it to be fiction

Jonathan Culler, 1983

### *The story*

Leo Liebenstein M.D., the narrator of *Atmospheric Disturbances*, describes himself as 'a fifty-one-year-old male psychiatrist with no previous hospitalizations and no relevant past medical, social, or family history' (5). In the weeks before the start of his narrative his work had been particularly focused on a patient called Harvey, who was thought to be psychotic. This Harvey believed that he had special skills for controlling weather phenomena and that he was employed as a secret agent of the 'Royal Academy of Meteorology'. He also believed that an opposite group called the 49 Quantum Fathers 'ran self-interested meteorological experiments, in uncountable parallelly processing worlds' (12). According to Harvey, 'the Fathers can move between the possible worlds, [...] like they can go to the world that is like this one but Pompeii erupts ten years later. Variables are altered' (12). He at times disappeared for days to weeks and at his homecomings he often found he had 'cuts and bruises he could not explain, occasionally even signs of severe nutritional deficits, once including cerebellar dysfunction' (13). Harvey claimed that the 49 Quantum Fathers 'had abducted his father many years ago, stashed him away in a parallel world' (14). He had been unsuccessfully treated by a number of other psychiatrists for his psychosis and his mother had approached Leo to ask him to take up his further treatment. She had read one of Leo's scientific articles (on 'ontological insecurity') and thought that Leo could help her son. It appeared, however, that she had misread the article completely. Nevertheless, Leo took up the challenge and tried to help Harvey finding 'the path back to the consensus view of reality' (14). However, his regular psychiatric treatments also failed and because of this he thought of an alternative treatment (with the help of his wife Rema). They developed the plan to let Harvey know that the 'Royal Academy of Meteorology' really existed and that they communicated with him on behalf of this organization. Besides, they pretended that Leo was a secret agent of this 'Academy' himself. In order to prove to Harvey that he had a real link to the 'Academy', Leo randomly chose from a list of names that of Tzvi Gal-Chen, a specialist on meteorology with the single-doppler radar, to serve as his alleged contact with the 'Academy'.

The actual narrative starts when one day Leo realizes that the woman who had just entered his room 'looked exactly like my wife' (3) but was not his wife. He thinks that she is a simulacrum, someone who has replaced his own Rema. He has the feeling that 'something was extraordinarily wrong' (3). Well, indeed there is something seriously wrong as Leo appears to suffer from so-called Capgras' syndrome, without, however, realizing it. In this psychiatric syndrome, which is one of the so-called 'delusional misidentification syndromes' (Barrelle and Luauté), the patient sees persons in his or her surroundings as impostors, replacing the loved ones. A famous example of a patient with this syndrome is the British painter Richard Dadd, who lived from 1817 to 1886. He killed his own father as he saw him as an impostor or alien. He had to spend the major part of his life in an asylum because of the murder (Allderidge 9-37). In line with this, throughout *Atmospheric Disturbances* Leo calls the woman who claims to be his wife 'replacement', 'ersatz', 'impostress', 'lookalike', 'substitute', 'doppelgänger' or 'copycat', but most often uses the word 'simulacrum'. In the medical literature about the Capgras' syndrome the descriptions 'simulacrum' and 'copy' are used interchangeably, but according to Deleuze and Krauss (1983) there is an important difference

between these two. For them, the simulacrum is 'not a degraded copy, rather it contains a positive power which negates *both original and copy, both model and reproduction*' (53; emphasis in the original). So, '*Copies* are secondhand possessors, well-grounded claimants, authorized by resemblance. *Simulacra* are like false claimants, built on a dissimilitude, implying a perversion, an essential turning away' (47; emphasis in the original). For Deleuze and Krauss, the simulacrum therefore implies 'great dimensions, depths, and distances' (49). It includes a differential point of view.

Two days before Rema's 'disappearance' Harvey also had disappeared. Leo interprets this as 'in retrospect I feel confident that the seeds of tragedy were sown in what I had originally misperceived as a (kind of) light comedy of errors' (11) and he starts a search for the 'real' Rema and for Harvey. Very soon, the contact with Harvey is restored, but he is unable to find Rema.

What becomes increasingly clear is that Leo has become a victim of so-called 'ontological doubt'. He appears not to be able to distinguish the different 'worlds' he is in. For example, one day he has the sensation to wake up from a 'poor and hectic slumber during which I'd suffered a dream in which what was happening to me was exactly what was actually happening to me' (38). So, there was no distinction between this dream and 'reality'. He also complains that 'I further estranged myself from myself' (23) and acknowledges that his own perception is a 'lonely point of view' (50). He even realizes that 'there'd be two of us. An I and a me' (51). He searches for 'something to identify [...], something that would prove, across the worlds, that I was really me' (228). It is remarkable that Leo, being a psychiatrist, does not realize the psychotic state he is in himself. This raises the question how someone suffering from Capgras' syndrome would judge someone with Capgras' syndrome. In *Atmospheric Disturbances* this question is addressed when Rema, the 'simulacrum', asks Leo 'I just want to know if you read the articles about the misidentification syndromes. And I want to know what you are thinking. What you are thinking of them. The articles. I'm being patient and not even asking you what you are thinking of me' (207).

Leo's answer is that he has read the articles, but he does not go into details of their meaning. Rema has to do with an enigmatic explanation with a double negation when Leo says: 'it wasn't as if they told me anything I hadn't already considered' (208).

Both Leo's interaction with Tzvi Gal-Chen and his own invented contact with the 'Royal Academy of Meteorology' turn out to be very complicated. It appears that this 'virtual' scientist has really existed. He died in 1994, long before the occurrences of the actual narrative, but Leo appears to be able to communicate with him, by email and phone. He admits that:

what did intellectually shame me was the vivid realization that I had devaluated the evidence of Tzvi's death. I'd breezed right past it, had simply resigned myself to it. But if I was communicating with a dead man – it did seem I was – then the world was radically different from what I had thought. (173)

Leo talks about 'the influence of dead fathers' (119), and that 'maybe it turns out that we've been speaking to the dead' (148). In order to investigate this, he writes to Tzvi that he 'had recently received the news that he was not alive', and gets the immediate reply: 'Oh. Yes. That is true in most senses' (148). Later, however, he acknowledges 'Tzvi's recent return to absentia' (225), but still the simulacrum needs to convince him:

All she was trying to say was Tzvi Gal-Chen was dead, and that we should therefore find it strange that I had communicated with him. At least, I think that was all she was trying to say. But that had become, for me, maybe the least of many mysteries, one that mattered to me only as a door to other possibilities, only as a passage through which I followed. Not as a thing unto itself. (234)

When one is reading the text, the question emerges how this story will end. Will Leo spend the rest of his years in an asylum, like Richard Dadd? Will he find his true Rema? Will he pass over to 'the other side' through one of the doors of ontology? No, none of this all. He gradually begins to appreciate the simulacrum's attention, attempts and presence, realizing that:

as time passes, I will begin to wonder how far my collaboration with the simulacrum might, or could, or should, or shouldn't go. Perhaps we'll eventually find ourselves wholly making believe as if she is the original Rema, as if nothing had happened. That is perhaps what we were meant to do. Be partners in solving a poorly defined crime. Appear normal. (237)

Leo realizes that 'this alternative life of mine will be a small but fitting memorial to my life with Rema' (238), but also that 'I could have fallen in love with this woman, I'll realize, just meeting her at that very moment, even if there was no history between us. I'll tell her that. Or something to that effect' (239). He has the feeling that the life he is living with the simulacrum is 'real', and that 'Tzvi will be wearing plaid pants. He will be holding an uncrying baby. He will acknowledge us – the recognition, the uncanniness, the whole situation – very discreetly' (239).

This story turns out to be not a quest for 'healing', then, in the sense described by Howard Brody in his *Stories of Sickness* (2003). It is also not a restitution narrative (returning to the healthy state), or a chaos narrative (in which the sufferer has no control or oversight), but a quest for something else, for finding the 'real' among different separate possibilities. There appears to be a fourth option: 'the optimal'. Leo indeed chooses for 'the best possible world' in which he is not a patient, but also not completely 'normal'.

*To say something is in fact (at least in part) to do that something*

Irene Kacandes, 1993  
(emphasis in the original)

### *Having migraine but not being a patient*

As described, Leo does not consider himself as a patient; he has no 'past medical history'. Nevertheless, at the start of his narrative he mentions having migraine which at that moment occludes the edges of his vision (3). So, he seems to suffer from migraine but apparently does not consider this as a relevant disorder. Anyhow, for the 'Rema-like' woman who enters his apartment the sight of him is sufficient to ask: 'you are having your migraine?' (4). Obviously, his 'migraine' can be seen from the outside. As a response to this question Leo holds a hushing finger to his lips. He thinks: 'maybe hamming up my physical suffering, but also signing truly, because I was terrified,

though of precisely what I could not yet say' (4). He reacts in this way as next to his 'migraine' another problem has emerged: Capgras.

It thus becomes clear that Leo suffers from two diseases. He seems to realize that he has 'migraine' but considers this to be not relevant himself. He also has Capgras' syndrome but does not realize this as an intrinsic part of this condition. This raises the question whether these diseases in any way can be linked.<sup>50</sup>

Of his 'migraine', he does not give much details. He calls the first attack 'a slightly fragile state' (7), and feels 'a bit unbalanced, a bit homuncular', before the headache returns 'that had earlier, unexpectedly, and without my even noticing, ebbed' (9). Although he sees the one who claims to be his wife Rema not as her, he has to admit that 'her general idea – how we can misinterpret our own pain – [...] was very right' (21). This misinterpretation apparently not only refers to his (physical and mental) pain, but unconsciously also to his 'other' disease. Not much later, he lays himself down, and shortly before falling asleep experiences 'the unhappy *dèjà-vu* of having lain [...] down in just the same way not so many hours earlier' (29). It seems that not only his wife has 'doubled', but also (his perception of) time. After some hours sleep, he wakes in 'star busting pain – with a numb and tingly left hand' (29). The pain disappears, but returns, when 'a high-pitched pain, like a thousand tiny moths, began to collect behind the front of my skull, accelerating, advancing' (40). This pain is so severe and 'growing dizzying' (41) that he has to sit on the floor. Not much later, he utters: 'I saw red. Or beigey stars with red auras, receding' (47). This remarkable sentence starts, ends and then proceeds. This is not just a narrative description of migraine, but a reflection of how someone with migraine can feel. There is uncertainty about the color perceived (red or beigey), a fragmentation of the sentence that describes 'reality' and – most importantly in the context of this thesis – a destruction of (fluent) language (see chapter 4). Then the lips of the simulacrum looked 'like bas-relief, exaggerated and grotesque' (47). It is clear that Leo is unable to see his environment as it 'really' is, not only because of his Capgras' syndrome but also because of his migraine.

A second attack of migraine seems to announce itself a couple of days later, when Leo feels nauseous and sick, and has the sensation of 'an incipient migraine, and that is the main thing I'm trying to say' (96). It is not clear whether the attack really and physically breaks through, but shortly thereafter he thinks:

I hear other voices, maybe some of them my own, pointing out the Orwellian nature of Silence Is Health. But I respond with: well, let's not aphorize. Maybe politically, yes, nations should remember, the world should remember. But the individual sufferer should not have to. Let the sufferers run. They have a good chance of dying before any grief catches up to them. Myself for example: if Rema had, say, died rather than just disappeared, well, I wouldn't be turning over in my head the problem of such unresolvable pain. (97)

It is difficult to understand what Leo's words mean. It seems that he is trying to say something in the context of his migraine, reflecting his difficulties of the use of language. The 'silence is health' can be explained from the perspective of the doctor, meaning that the patient goes well or that the

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<sup>50</sup> There are, in the medical literature, indeed some descriptions of patients who suffered from migraine as well as from Capgras' syndrome (MacCallum; Bhatia; Fuller et al.).

patient's pain is too severe to talk. Besides, in this quote, Leo seems to associate physical with mental pain. It is possible that he refers to his other syndrome, which causes him to hear 'other voices' and to associate the unresolvable pain in his head with Rema's disappearance. Anyhow, here again, migraine and Capgras seem to be related.

Then a third attack occurs: 'I could feel twitching in my face, and itching in my scalp, and laughter in my diaphragm. The room was too much there. I could feel the color of the wallpaper – burgundy – invading' (192).

Now the color is 'burgundy', and not 'red' or 'beige'. There seems to be either a confusion of perception, or one of words in association with migraine.

Shortly thereafter, Leo feels the 'powdery softness of my button-up shirt, and the fullness of the veins of my feet' (192). This resembles the so-called 'allodynia' of a migraine attack when sensory stimulations indeed can be felt more strongly than 'normal' ones. In addition, the 'feeling' of the color of the wallpaper could be interpreted as so-called 'synesthesia' (the perception of an external stimulus through another sensory modality; for example, hearing music when seeing colors). Synesthesia has indeed been described as a symptom of migraine (Alstadhaug and Benjaminsen 121).

At the end of the story, Leo claims he has developed a 'terrible migraine' (Galchen 229). He has to lay in his bed with the lights out and the shades down, and the whisper of the simulacrum seems like shouting. He utters that 'the feeling inside me was inhabiting a dark and uncanny fairy tale' (229) and speaks of 'the yellowness of my headache' (229), which is a matter of synesthesia again, and a new color. He describes himself as a man on his deathbed. The attack resolves, but Leo is not soothed. He is sure that 'this will repeat itself, in variations' (238). The reader is not further informed about this look into the future, as the narrative ends here, but that Leo's migraine will repeat itself even outside the borders of the narrative seems very likely, but only if it indeed is migraine. Anyhow, 'migraine' is a link with occurrences after the end of Leo's narrative and as such forms a new ontology. Therefore, it is important to determine how 'real' his migraine is, within the diegesis, but also for the reader.

To dissimilate is to pretend not to have what one has.  
To simulate is to feign to have what one doesn't have  
Jean Baudrillard, 1994

### *The question of 'real' migraine*

The question now emerges of what Leo calls 'migraine' really is migraine and if so, on what ontological level he suffers from it. He describes terrible headaches, but nowhere mentions the duration of the attacks, or if the headache is throbbing or pulsating. It is also not clear whether it is unilateral or bilateral, but in one of the attacks the pain seems to be in the midline, as Leo describes it as being 'behind the front of my skull' (40). There are, however, some arguments supporting a diagnosis of migraine as during one of the attacks Leo feels nauseous and sick (96) and his last attack seems to be accompanied by photophobia and phonophobia, as the lights must be turned off and whispering seems like shouting (229). Besides, the first attack occluded the edges of his vision (3), and he later speaks of 'beige stars with red auras' (47), which indeed could refer to a migraine aura.



The same is true for the numb and tingly left hand (29), as tingling in an extremity is frequently reported by migraine patients, often in the form of a so-called 'cheiro-oral syndrome' (tingling in the hand, lower arm and cheek). As Leo is a doctor, he might be familiar with the current criteria for the diagnosis of migraine (see chapter 3), although this would be much more likely if he would have been a neurologist instead of a psychiatrist. Anyhow, the diagnosis of 'migraine' is 'dropped' soon after the start of the narrative, without much explanation. For this diagnosis, however, important information is lacking at this time. For example, it is of importance to know since when he has been having these attacks and how often he has them. Maybe Leo is one of those sufferers who just calls every headache 'migraine' just to give it a name or avoid the less interesting diagnosis of 'tension-type headache' (see chapter 3). It can also be that he uses the word 'migraine' as a parallel to that of the word 'simulacrum', on which more below.

Leo's diagnosis-dropping of the word 'migraine' resembles the 'name-dropping' and 'word-dropping' described in the article "What's in a Word: The Distancing Function of Language in Medicine" by Mintz (1992). The word 'migraine' can be seen as an example of those words in medical language that create a distance between what is 'really' the case and what is said (223). By using such a word or diagnosis, language is not a mirror of reality, but merely determines reality. Words do not describe reality (in a structuralists sense), but 'create' reality (for example in the form of a post-structuralist discourse, see chapter 3). Here we deal with a doctor-patient (who does not consider himself a patient), who 'drops' the diagnosis of 'migraine'. Uttered by a 'doctor' it can lead to the notion that the diagnosis is 'true' and that 'being able to use a word to describe an object or condition instills a false sense that we have come to understand that object or condition' (224). The situation can also be described as the 'fatal tendency to be satisfied with words instead of trying to understand things' described by Schopenhauer (224), or Nietzsche's suggestion that 'there is a negative relation between language and understanding' (224). In Nietzsche's opinion, words are used where ignorance begins and can inject meaning which is not originally there. By such 'diagnosis-dropping' (also by 'doctors'), the patient is 'dehumanized' (225) and the words used can be described as 'objectifying linguistic feature' (226). The characterization of diseases as nouns (e.g. 'migraine') contributes to this 'linguistic distancing' (225). A disease becomes 'a thing that is attached to a body; the body has an illness in which the person does not participate' (226). When a doctor declares a patient to be a 'migraineur', the distance is further enhanced (see chapters 2, 3 and 7). Then, the patient becomes in some way accountable for the disease (226). The patient becomes the (words of the) disease and in its most extreme form the words 'create' the disease.

Here, Leo claims to suffer from 'migraine' himself. As expressed by Butler (1997), 'to be addressed is not merely to be recognized for what one already is, but to have the very term conferred by which the recognition of existence becomes possible' (5). Is the function of the words or the self-diagnosis the same when a doctor uses it? For doctors, a 'fixed' diagnosis can create a distance from their patient for which often metaphors or pseudo-Greek or Latin terms are used. Leo calls his own agony 'migraine' and thereby also seems to take distance, in this case from himself. Besides, he does not seem to recognize his own – and more important – other (psychiatric) disease, even being a psychiatrist himself. The word 'migraine' is put by Leo without any further explanation. It seems like a fact. He ignores that 'migraine' is also a diagnosis of consensus, just like many diagnoses in his own profession, such as those of depression, schizophrenia, psychosis and anxiety disorder.

Indeed, he utters that:

investigating the origin of particular “errors” could, theoretically, solve the proverbial problem of distinguishing the prophet from the madman: if the “psychosis” were text, whom would you surmise to be the author? If the text reflects the fears, desires, or expectations of the “afflicted,” then most likely he or she has authored his or her own vision. (Galchen 159-160)

One step further, he provocatively states that, ‘if a story seems too random, or perhaps too brilliant, for a “madman” to have conceived of it himself, they consider that the “author” might be reality and the “madman” just the reader. After all, only reality can escape the limits of our imagination’ (160).

Within this imagination there is migraine which is a consensus view of reality produced by artificial criteria (see chapter 3) and next to this consensus there is Capgras which obviously has escaped his imagination (but which is seriously influenced by it). *Atmospheric Disturbances* has been called a novel ‘stuffed with facts, names, things, impressing the reader with the author’s store of “nonfiction” knowledge – and, on the other hand, a novel of consciousness, of interiority, of linguistic play and estranging description associated with high modernism’ (Roth 7). It ‘exhibits the perils of this mixture of objective (medical) realism with an attempt to write a novel of subjectivity’ (7). It has also been called ‘the flight of a damaged mind’ (7), and as such it is a clear example of a ‘neuronovel’.

In this (neuro-)novel, however, two separate diagnoses appear: one neurologic and the other psychiatric. The diagnosis of Capgras’ syndrome almost seems the opposite of that of ‘migraine’. Migraine is a diagnosis of ‘consensus’ by applying the current criteria (see chapter 3), but in Capgras’ syndrome a consensus is principally not possible. Someone has an opinion without any proof or external references, and there are no official psychiatric criteria for the diagnosis as it is much too rare for that and maybe also because it must be very difficult to recognize this syndrome of disturbed recognition. Therefore, Capgras is ‘dumped’ in the category of delusional misidentification syndromes (Barrelle and Luauté). So, whereas the diagnosis of ‘migraine’ is already mentioned (‘dropped’) on the first pages, the eponym ‘Capgras’ is not mentioned in the text at all or recognized by any of the other characters. There is only a subtle reference to the syndrome as it is described in another novel, *The Echo Maker* (2006) by Richard Powers, when Leo utters:

As I spoke, I noticed the wrong mental image blooming across the radar screen of my mind, wrong because although *I knew very well* that Crays referred to supercomputers, I pictured instead a thousand long-necked birds. Craning their necks? Or is *cray* a type of bird? Or was I just thinking of *cranes*? Like herons? “Forget,” I added, “about forecasting; even nowcasting is near impossible”. (Galchen 90; emphasis in the original)

In *The Echo Maker* there is indeed an important role of cranes, which symbolize the coming and going of tides in contrast to the ‘here and now’ of someone with Capgras’ syndrome. It is a narrative told in the third-person point of view by the sister of a man who gets the syndrome after a severe car-accident leading to cerebral damage. In that text, making the diagnosis is rather easy, but in Leo’s case, described from the inside, it is much more difficult. As said, none of the characters in *Atmospheric Disturbances* seems to think of this disorder. They obviously are part of what Rabinowitz calls the *ideal narrative audience* (see chapter 8). Leo himself, however, at times senses that something is wrong with him, for example when he thinks: ‘it struck me – as if it hadn’t struck me before, or with more particulars than before – to analyze my situation as if it were not my situation but, instead, a patient’s’ (51). It also seems important that he realizes that in his condition looking

into the future ('forecasting') is impossible but reflecting on the 'now' ('nowcasting') is impossible as well. His condition is determined by Capgras and migraine and both make his future unpredictable. His 'now' is uncertain as well, but this is probably more due to his migraine than to Capgras. As described in chapter 5, in migraine there are two 'now's', one being in- and the other being outside an attack. For Leo there is something wrong, but one can wonder in which ontological frame this should be placed. To increase the uncertainty, later, he admits that:

I didn't entirely believe myself either. [...] If I heard voices. If I had a fever. Or any neurological signs. Or feelings of grandeur. Or if all the articles in the newspaper seemed to bear messages especially for me. Even just if the weather had been on when the simulacrum turned on the TV, and if I took that fact too seriously – even then, I would have doubted myself, wondered about the selectiveness of what I noticed. But none of that was happening. (70)

He thinks of the possibility of 'the likelihood that I could contribute my perceptions to illness, to psychosis even' (157). These perceptions refer to Capgras and migraine, but the 'nowcasting' can only refer to migraine's two 'now's'. Then he realizes that, 'when Rema disappeared, I chose to take myself on as my own patient, so I asked myself, did I "write" this new world, or was I just reading it? Reading what was "in reality" actually there?' (160). Here, the 'reading or writing' is important about what is intradiegetic and what extradiegetic (see chapter 7, note 2). The passage seems a *mise en abyme*, with its reference to an extra-textual disease: migraine.

It becomes clear that the badly informed reader has to deduce the medical diagnosis (or diagnoses) and in fact everything that is going on in the created world(-s) of this narrative from distorted and incomplete information and 'dropped' or 'un-dropped' diagnoses, and has to place this in a certain perspective of intradiegetic and extradiegetic matters. What seems to be important here are the various possible forms of perception.

The simple fact of having a first-person narrator with a neurological disability is a positive thing, in that it forces the reader to question the structures of normativity which usually prevail

James Peacock, 2013

### *A matter of perception (-s)*

*Atmospheric Disturbances* has been called 'a novel of perception' (Fortin 535), as the narrative is presented from the view of a patient with Capgras' syndrome. The reader can never be sure what is 'reality' and what 'psychosis'. The narrator is – by definition – subjective because he is put down as being human and in addition presented to suffer from a neurological and a psychiatric disease that affect his perception of reality. This is the reason that Roth (2009) considers *Atmospheric Disturbances* the prototype of a 'neuronovel' (see chapter 6), as it expresses the thoughts of a disturbed mind. Burn (2013) places the novel in the category in which:

the disordered mind reformulates the complex world so that its basic axioms, rather than its elaborate superstructure, are brought to the center of the novel's circle of experience. Having made – by psychological fiat – the familiar strange, such novels probe, in traditional fashion, the root conditions of modernity: what is a wife? A job? Or even the meaning of modern experience? (43)

To 'probe' the root conditions of modernity can lead to the conclusion that we deal with a postmodern text, mainly because of the prominent theme of ontological doubt. It can thus also be said that Leo's vision is narrowed simply because he is presented as the prototype of a human being in general and that his delusion could be interpreted as an allegory of the universal condition of being able to see 'reality' only subjectively (Roth 8). It can indeed be argued that everyone sees his own reality and that a common 'reality' does not exist. There is no simple 'right' or 'wrong', or 'true' or 'false'. *Atmospheric Disturbances* 'plays with postmodern conceptions of reality in order to question the consensus view of reality in a number of different manifestations, including the text itself' (537). It can be argued, however, that Leo is a more unreliable narrator than other authors, because of his (assumed) psychiatric condition. An example of his unreliability can be found in his first claim to have no relevant medical family history, whereas he later describes one of his mother's mental problems as 'often she'd run bathwater, set the kettle for tea, and go out for a walk nearly all at once, and when she did this it was usually I who had to stop the bathwater's running, turn off the kettle before the whistle blew' (Galchen 68). This suggests some forgetfulness and can point at (incipient) Alzheimer's disease and this surely seems a relevant disorder.

Remarkably, at the end of the narrative, Leo even admits his own unreliability by remarking that, 'I didn't actually believe a word of what I said. Even if I did, briefly, that would have been purely on account of my distorting neurological state' (230).

The 'neurological state' he is aiming at contains 'migraine' and Capgras' syndrome, the one indeed being more neurological and the other more psychiatric. However, Leo sees 'migraine' not as a 'relevant' disorder, as described above and ignores his Capgras. His view – or call it perception – is not only narrowed by Capgras' syndrome but also by his migraine.

Leo's lie or mistake about his mother fits in Rabinowitz's definition of an unreliable narrator, who 'tells lies, conceals information, misjudges with respect to the narrative audience' (134). Leo's statements are untrue not by the standards of the real world or of the authorial audience (see chapter 7), but by the standards of his own narrative audience and his own 'narrated world'. In some passages of the text, it indeed seems that Leo addresses the readers directly, as if he tries to convince them of his 'reliability'. In his rhetoric, he says things like: 'I should explain now' (Galchen 8), 'I should explain about the lying' (15), 'I can see now that I should not have been surprised' (96) and 'I should explain' (141). When he says: 'I was not alone in my deficient understanding of the situation' (226), he seems to indicate that there must also be someone else who understands it wrong: is it the reader or the simulacrum? Here, he seems to follow Yacobi (1981), who argues that 'the self-conscious narrator already wields rhetorical tools, takes care to cover his tracks, and shows some concern about his image' (124).

Important in *Atmospheric Disturbances* is that the words and thoughts of Rema are never presented directly, but always as they are remembered and reproduced by Leo. This adds to her being a simulacrum. Who knows what she 'really' has said or what she thinks? The situation seems as that

expressed by Culler (1997), who states that ‘a story told from the limited point of view of a single protagonist may highlight the utter unpredictability of what happens: since we don’t know what the other characters are thinking or what else is going on, everything that occurs to this character may be a surprise’ (*Literary Theory* 91). In one passage, Leo seems even to refer beyond his own world when he says that ‘since I could not detect my authorial hand in my strange new world, I could only conclude (at least, so to speak, with  $p \leq 0.05$ ) that it was perceived accurately’ (Galchen 160). According to Fortin, the novel ‘questions how we read, and why we read into what we are reading, through a narrative articulation of difference in individual perceptions of the world’ (535). Part of Leo’s perception is formed by his ‘authorial hand’, but it does not become immediately clear what he means with that.

Then, to complicate things further, there is the scientist Tzvi Gal-Chen, Leo’s invented contact with the ‘Royal Academy of Meteorology’, who had described in his scientific publications the single-Doppler radar as opposed to the dual-Doppler. This appears to reflect another matter of perspective, as, ‘Doppler effect refers to distorted perceptions, and Doppler radar’s utility relies on savvy interpretations of these distortions that, properly understood, enable a more accurate understanding of the real world’ (Galchen 45). Here, one must realize that the perception of reality can be seen as in Plato’s cave. We do not see ‘reality’ directly, but only secondarily in the form of shades. This seems also to refer to the misreading of Leo’s publication by Harvey’s mother and Leo’s own misreading of Tzvi-Galchen’s work and his Capgras. Furthermore, a misreading of ‘reality’ as in Plato’s cave is illustrated by Leo when he describes that:

something clouded over my handheld electronics’ moonlight glow, and I turned to see what, although my pupil’s contraction near blinded me, I made out the silhouette of the simulacrum. [...] and the feeling was of my mind tripping along an infinitely winding and meaningless path. (151)

Here, Leo sees the shade of the simulacrum (who is a ‘copy’ of his loved one). Likewise, the image of the ‘electronics’ is a copy of a copy, or a simulacrum of a simulacrum.

Shortly thereafter he remarks that:

The basic point – which can also be illustrated by considering the phenomenon of the blind spot – is that with any incomplete perception – and needless to say all perceptions are incomplete – the observer “fills in” by extrapolating from experience. Or from desire. Or from desire’s other face, aversion. Or basically, we focus fuzzy images by transforming them into what we expect to see, or what we wish we could see, or what we most dread to see. (158)

This seems an idle ‘quest’ for what is real. For Fortin (2016) ‘the search for the “real” Rema and the attempts at meteorological predictions are connected through the distorted appearance of an object that always already conceals itself from view’ (548). There seems to be no real Rema, as ‘the sense of loss that Leo feels at the disappearance of Rema and the appearance of a simulacrum is representative of the failure of the scientific quest of objectively understand the material and physical world in which human beings exist’ (548). This is also true for migraine, which is a diagnosis based on artificial criteria (see chapter 3). As said, it is a consensus view of reality.

Then, the perspective becomes even stranger. Tzvi Gal-Chen, the 'real' member of the Academy, 'randomly' chosen by Leo and Rema to convince Harvey that they are members of the same institution, was 'in reality' Galchen's father (Fortin 540). He was a real meteorologist and his scientific publications indeed included one on "Errors in Fixed and Moving Frame of References: Applications for Conventional and Doppler Radar Analysis" (540). The novel starts with a quotation from his work (Galchen 0) and he is also in the acknowledgements (241). So, Leo's fictive membership in a fictive organization to create a bond with Harvey results in an association with an 'invented' and 'fictive' person, who appears to have been 'real', as he even was the father of the author.

After my analysis of this enigmatic novel, I do not have an answer to many of the 'ontological' questions, and I realize that this confusion may indeed be the intention of the author. I have, however, specific thoughts on the 'migraine' presented, which leads to a specific question: that of the role of migraine in the ontology of the sufferer, and its function as a possible simulacrum of reality. On this, I will speculate further hereafter.

Whereas representation attempts to absorb  
simulation by interpreting it as a false representation,  
simulation envelops the whole edifice of  
representation itself as a simulacrum

Jean Baudrillard, 1994

### *Migraine as simulacrum?*

Leo mentions his 'migraine' at the first page of his narrative and later mentions it several times again. He even once sighs, 'I began to feel a particular kind of nervous, as when an unwanted thought makes its steady migrainous progress towards the surface, a sense of rising water' (91). There would be no 'real' understanding of his migraine if the reader of this text would not know what migraine is. It seems that some foreknowledge is needed, but the perspective of the reader is not an issue here. In this text, the 'fictional' existence of 'migraine' must already have been established before the start of this narrative and in my opinion its main importance lies in it being named. In the words of Butler 'there is already an addressee, prior to the address, but given that the address is a name which creates what it names, there appears to be no "Peter" without the name' (32). Her 'Peter' does not exist without his name, and this is also the case with the 'migraine' here. The naming is a linguistic guarantee of its existence, or 'to utter is to create the effect uttered' (32). So, here the migraine already existed, and its importance lies in its use of what it does with perception. It seems that not one of Leo's words, thoughts or perceptions can be considered as 'real', except for his words about migraine, but only when one accepts this signifier without signified and the discursive boundaries which give this diagnosis its meaning (see chapter 3). All of this does, however, not solve the problems of his level of perception, his ontology.

As there is no biological test for migraine (see chapters 2 and 3), the diagnosis must always be made indirectly and based on consensus. In that sense, the diagnosis can indeed be seen as a 'shade' of a reality that cannot be perceived directly. So, as in Plato's cave, the shade of migraine is a simulacrum. It looks like something, but without direct proof of what it really is. There are no external signs for

migraine except for the words of the patient, but these are only metaphors. The shade becomes doubly shaded when the word 'migraine' is uttered by a fictional character. Remarkably, the 'simulacrum' Rema recognizes Leo's 'migraine' at first sight (Galchen 4), apparently because there are some externally visible signs. The recognition of migraine by a fictional simulacrum (which is a pleonasm) even adds another layer of ontology.

Migraine must have existed before the narrated world of this text, as Leo recognizes (names) it. Rema existed also, as otherwise he could not have remembered her, named her and compare her with the simulacrum. According to Velleman, 'parts experienced seriatim are bound together in an order of significance' (19). This can refer to the fact that Leo recognizes migraine due to its repetition, which resembles an 'eternal return' imposing on 'similarity and resemblance' (Deleuze and Krauss 54). Rema is not recognized at her return, but still there is her ongoing existence, although in the form of the memory of her 'real' existence and subsequently also of that of her as a 'simulacrum'. Whereas in this way her 'existence' is a continuous one (but in different forms), that of migraine appears in attacks. It is an on-off situation. Due to the single-perspective nature of Leo's narrative, a filling in of it in the story using extratextual knowledge, including the past and the future of the migraine described, is tempting and includes the repetition that is implicit in the word 'migraine'. Leo indeed seems to challenge such a mechanism in which the observer 'fills in' by extrapolating from experience. Indeed, everyone focuses on 'fuzzy images by transforming them into what we expect to see' (Fortin 544). This refers to readers (who are not an issue here), but also at what the text creates through its performance.

In *Atmospheric Disturbances* it is first illustrated that the point of perspective of a migraine-patient can be limited, altered, or even lost due to the disease. This adds to my previous conclusion that migraine can create misjudgments of time (see chapter 5). This and other misjudgments are further enhanced by the words of the patients, who need them to create their artificial or discursive 'reality', but also by medical language that creates a distance between what is concluded (diagnosis-dropping; stigmatization) and what is 'really' the case. It can be argued that 'migraine' is a simulacrum as it is a 'shade' of reality. The contours can be seen, but what it really is remains uncertain. Alternatively, it can also be said that migraine creates a 'reality' without original. In both possibilities, one can speak of a simulacrum. On top of this, someone can misinterpret one's own pain (Galchen 21), making it even more complex. There are also other issues of misinterpretation, such as 'allodynia' (feeling stimuli too strong) and synesthesia (perceiving a stimulus from one domain of perception in another domain). Besides, in migraine, 'forecasting' seems impossible, as no-one can look into the future. In addition, also, 'now casting' is difficult also as a migraine attack alters the possibility to think clearly about the 'now'; there may even be two 'now's' (see chapter 5). On the other hand, there is the 'eternal' return that characterizes migraine, thus creating some sort of 'certainty'. The double perception of time as described in chapter 5, is illustrated in this novel when Leo experiences 'the unhappy déjà-vu of having lain [...] down in just the same way not so many hours earlier' (29) and in his notion that the attacks 'will repeat itself, in variations' (238). They all have a beginning and an end (as otherwise, they would not be called 'attack'), which is – of course – also true for a fictional text and the 'existence' of its characters: they all have a beginning and an end. Here, however, even that 'fact' is challenged, as one of the characters is the 'real' father of the author and therefore also exceeds the boundaries of this text. On top of this, migraine 'existed' before the narrative and will exist after it.

As this narrative starts and ends with migraine, it can be considered as an attack, which has by definition a beginning and an end. Unlike Lawrence, the narrator of the previous chapter, who tries to explain his migraine and other things happening to him, Leo is in the ontological world of having an attack and at the same time suffering from Capgras' syndrome. In spite of that, he seems to have no urge to explain the things happening to him, as he appears to understand everything that is going on in his (own) world. But here and there he expresses some doubt. So, *Atmospheric Disturbances* is not about (searching) certainty as in chapter 8, but about ontological doubt. As all 'patients' must be believed unconditionally (see chapters 1 and 2), Leo must be also. The remaining question, however, is in which ontological world he is: the world of Capgras or that of migraine? It is obvious that things have 'happened' before his narrative starts and it is very likely that things will 'happen' after his last words. In both cases this might be migraine.

The text has the logic of a neuronovel, as it describes a neurologically altered way of perception of the world, in this case arising from two separate brain disorders. These combined altered perceptions in a way create several new worlds, and no-one knows on which level they are 'embodied'. *Atmospheric Disturbances* describes embodied reality that cannot be grasped at the level of representation because it explores ontological confusion. For all parties involved (including the reader) it creates some sort of ontological drive. The novel indeed reflects what migraine-patients feel during their attacks (see chapters 2-5). So, *Atmospheric Disturbances* can be seen as symptomatic for their ontological situation, their doubt. The text is, *performs*, a migraine attack.