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Migraine as text - text as migraine: Diagnosis and literature

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Citation

Haan, J. (2020, May 13). *Migraine as text - text as migraine: Diagnosis and literature*. Retrieved from <https://hdl.handle.net/1887/136966>

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Title: Migraine as text – text as migraine: Diagnosis and literature

Issue date: 2020-05-13

Chapter 10

Eternal recurring and amor fati in Irvin Yalom's When Nietzsche Wept: Migraine and the self as doubling double

I have given a name to my pain and call it dog

Friedrich Nietzsche cited by Elaine Scarry, 1985; David B. Morris, 1993; Arthur W. Frank, 1995; Joanna Bourke, 2014; Melanie Thernstrom, 2010; David Biro, 2010

History is fiction that *did* happen, whereas fiction is history that *might have* happened

André Gide, cited by Irvin Yalom, 1992 (emphasis in the original).

It is well known that the philosopher Friedrich Nietzsche, who lived from 1844 to 1900, suffered from debilitating headaches. Many scholars mention that he gave his pain the name 'dog' and in this way tried to take distance of it by describing it as having 'dog-like attributes such as being faithful, obtrusive, shameless, entertaining, and clever' (Frank *Storyteller* 116). By doing this, Nietzsche could 'scold it and vent his bad mood on it, as others do with their dogs' (116)⁵¹. So, he took (some) distance from his pain by giving it a name, by attaching a word to it, thereby making it controllable. It even seems that he tried to replace the signifier 'headache' by one with a clear signified such as 'dog'. By doing so, for Frank, 'the parent for the quest story is Nietzsche, who named his pain and thus gave it a use, making it an opening for himself and to others' (*Storyteller* 180). As described in chapter 1, a 'quest narrative' describes a search for health; the sufferer accepts the illness but seeks to use it (115). That is what Nietzsche did. As I will argue, Nietzsche used his headaches in several different ways.

There are many articles that describe and discuss Nietzsche's headache (Kain *Skepticism* 1983; Sax 2003; Orth and Trimble, 2006; Kain *Horror* 2007; Owen 2007; Hemelsoet et al., 2008; Koszka 2009; Danesh-Meyer and Young 2010; Perogamvros et al., 2013). It was long thought that his headache was part of an infection with *Treponema Pallidum* (the cause of syphilis), but there are many arguments against this (Sax 49-50; Orth and Trimble; Hemelsoet et al 12; Koszka 163; Danesh-Meyer and Young 967-968; Perogamvros et al 176). There is now consensus that he suffered from a severe form of migraine (Sax 49-50; Orth and Trimble 440; Hemelsoet et al 10; Danesh-Meyer and Young 969; Perogamvros et al 176). His self-described headache came in attacks that lasted between 4 and 44 hours, but occasionally were longer, even up to 6 days (Hemelsoet et al 10). He often had to lie in

⁵¹ In his book *Untimely Meditation*, Nietzsche writes 'The dog's joyful greeting. Its sad attunement when left behind' (cited by McNeill 58). It is not known whether he is referring to his migraine here, but it could be so.

a darkened room due to sensitivity to light and also suffered from nausea (Danesh-Meyer and Young 967). Once, Nietzsche counted 118 days of (migrainous) headache in the previous year (Orth and Trimble 440). This means that he was not suffering from ‘chronic migraine’ – a diagnosis made when someone suffers from at least fifteen headache days per month of which at least eight with migraine-characteristics (see chapter 3) – but from ‘frequent episodic migraine’ (International Classification of Headache Disorders 2013; 2018).

In general, it is considered tricky to identify past diseases and make retrospective diagnoses in historical persons. A good example is Vincent van Gogh, who received more than 20 different medical diagnoses based on his works and behavior (Ter Borg and Kasteleijn-Nolst Trenité 2012). Another example is the suggestion that Pablo Picasso suffered from migraine, which was later rejected (see chapter 4). Cunningham discusses the questionable legitimacy of retrospective diagnoses in his article “Identifying Disease in the Past: Cutting the Gordian Knot” (2002). He warns for the use of modern concepts of disease backwards in time, and even calls this ‘sources of unjustified assumption’ (15). Foxhall (2014) gives the example of how in retrospect the abbess Hildegard of Bingen, who lived from 1098 to 1179, was diagnosed with migraine. As migraine leaves no physical, structural or other measurable traces, a possible retrospective diagnosis had to be based on other information and in the case of Hildegard the diagnosis was made on her drawings. In 1913, these were ‘recognized’ as being ‘migrainous’ and since then it was believed that she suffered from migraine. The neurologist Oliver Sacks adopted this view, which was, however, seriously challenged (Foxhall *Making*; Haan et al. *Sacks*).

In Nietzsche’s time, the term ‘migraine’ had a meaning that was different from its current use, as the current criteria (see chapters 2 and 3) obviously did not yet exist. Nevertheless, in his writings, Nietzsche described headache that came in attacks and lasted between 4 and 44 hours. During attacks he had to lay in a darkened room due to sensitivity to light and suffered from nausea. Based on this, a retrospective diagnosis of migraine is still not ‘proven’ but remains very likely in the light of the current criteria. So, from now on, I will base my arguments on the presumption that ‘Nietzsche’s migraine’ existed.

Nietzsche’s migraine is one of the most important sources of inspiration for the novel *When Nietzsche Wept* (1992) written by the American psychiatrist Irvin Yalom. It describes how a fictional character called ‘Friedrich Nietzsche’ deals with and ‘uses’ his migraine. He seeks and accepts the help of a person called ‘Josef Breuer’, historically an eminent Viennese physician and psychotherapist *avant-la-lettre*, but here of course also a product of fiction. Nietzsche and Breuer never actually met (Yalom 307; Gillespie 632). For his migraine, Nietzsche had consulted many physicians throughout Europe, but never the famous and eminent Josef Breuer (Yalom 309). Nevertheless, Yalom brought these two together in a fictional form with a focus on Nietzsche’s migraine. It appears that a ‘double doubling’ emerges. The first doubling is within the diegesis: the Nietzsche’s described in- and outside attacks are very different. The second is that of the real and the fictional Nietzsche, both suffering from migraine. It seems that when Nietzsche is talking about himself, he is talking himself into a ‘migrainous’ being, as I will show. Here, I will analyze what the importance of these doublings is for the conceptualization of ‘migraine’.

To do so, I will first summarize the story of *When Nietzsche Wept* and then reflect on the specific role of migraine in the text and its association with the philosophy of the 'real' Nietzsche. Special emphasis will be given to the performative aspects of the description of migraine.

.. in the innumerable words spoken by men – whether they are reasonable or senseless, demonstrative or poetic – a meaning has taken shape that hangs over us, leading us forward in our blindness, but waiting in the darkness for us to attain awareness before emerging into the light of day and speaking

Michel Foucault, 1994

The fictional Nietzsche

When on holiday in Venice, the Viennese physician Josef Breuer is approached by a woman called Lou Salomé, who asks his attention for Friedrich Nietzsche, a friend of hers, because he suffers from severe headaches and has already consulted in vain 24 other physicians to get relief. She is afraid that the mental state and severe migraine of her friend might drive him to suicide. Although Breuer is not enthusiastic by taking up the treatment of this unknown person as 25th doctor, he allows Lou Salomé to visit him in his office in Vienna after returning from his holiday. At this meeting a couple of weeks later, he is even more attracted to this beautiful woman, and 'caught himself gazing at his visitor's bosom rather than at her face' (19). Shortly thereafter – and maybe because of this – he promises her to take up Nietzsche's treatment, although he at first hand fails to see how he as a general medical doctor could treat someone suffering from despair of the mind. At the end of their encounter, Lou Salomé demands that her role has to remain a secret for Nietzsche.

At his first appointment with Nietzsche, Breuer's secretary announces him as having 'a gentleman's bearing but not a gentleman's grooming. He seems shy. Almost humble' (49). After meeting Nietzsche, Breuer agrees with the description and sees 'something curiously insubstantial about his body, as though you could pass your hand through it' (50). He learns that Nietzsche has traveled a lot through Europe as a consequence of his illness.

At the end of this consultation, Nietzsche has three questions: 'Will I go blind? [...] Will I have these attacks forever? [...] Do I have a progressive brain disease [...] which will kill me young like my father, drive me into paralysis or, worse, into madness or dementia?' (65). The questions fascinate Breuer. He decides to accept Nietzsche as his patient and after some hesitation from Nietzsche's side (and after a severe migraine-attack, see below), their treatment sessions start.

After a discussion with his young friend Sigmund Freud, Breuer chooses to apply a kind of 'talking cure' for Nietzsche's despair, as he has already used it in some other patients. This approach, however, at first seems not very successful in Nietzsche's case, as Breuer has to admit, 'please don't misunderstand me, Professor Nietzsche, your words are beautiful and powerful, but when you read them to me, I no longer feel that we're relating *personally*. I grasp your meaning intellectually: yes, there *are* rewards of pain – growth, strength, creativity' (180; emphasis in the original).

After some therapeutic encounters, the doctor – patient relationship of Breuer and Nietzsche is reversed. First Nietzsche expresses that, ‘my time will come again, Doctor Breuer, my illness never strays too long or too far. But now it’s *en vacance*, let’s continue our work on your problems’ (184; emphasis in the original).

The ‘problem’ of Breuer is that he is unhappy in his marriage and feels trapped by the responsibilities towards his family. His despair is augmented by his fascination for a female former patient who he has tried in vain to cure from her hysteria by means of the same talking cure he intends now to use on Nietzsche. After Nietzsche has mentioned his ‘problem’, Breuer takes ‘refuge in a new thought: maybe he could help Nietzsche better by letting him help himself’ (199). As a consequence, the two men are going to counsel one another.

So, first Breuer is not going to try to treat Nietzsche’s migraine, which is (by definition) not apparent during most of their encounters (but ‘*en vacance*’), but Nietzsche is going to heal Breuer’s despair. It appears that Breuer experiences great relief by unveiling his inner thoughts to Nietzsche, whose main advice is to make clear choices, for example to leave his wife and children for his former patient. It indeed seems that Breuer follows this advice, makes-up with his wife and leaves Vienna, but this whole scene turns out to be a long dream, elicited by hypnosis applied by Freud (271-272). In fact, Breuer decides not to follow Nietzsche’s advice, but stays with his wife.

In the next treatment-session Breuer explains to Nietzsche why he is not going to follow the advice to leave his wife. His fascination for his female patient has ended after the hypnosis-session. He is ‘cured’ and does not need treatment anymore. Nietzsche responds with, ‘in the beginning [...] I was embarrassed for you – never had I heard such candid revelations. Next I grew impatient, then critical and judgmental. Later I turned again: I grew to admire your courage and honesty. Turning still further, I felt touched by your trust in me’ (283-284).

After admitting that he cannot bear loneliness any longer, Nietzsche is haunted by the fear that he will die alone and that his body may not be discovered for days or weeks after his death, he also reveals that he had been dishonest with Breuer and has been hiding his love for Lou Salomé. It becomes apparent that part of the source of his despair lies in her unanswered love. Then tears run down his cheeks, and he raises his head to face Breuer directly, saying ‘that is my confession and my shame. Now you understand my intense interest in your liberation. Your liberation can be *my* liberation’ (287; emphasis in the original). Now, Breuer on his part admits that he had met Lou Salomé and that she was the main reason for his first appointment with Nietzsche.

After an emotional dialogue, the two men forgive one another for being dishonest. Nietzsche rejects Breuer’s offer to come and live in his house to be treated further. The two men decide to end their therapeutic relation (-s). Breuer is cured and Nietzsche has found the strength to go on. The novel then ends on the following note:

At noon, on 18 December 1882, Josef Breuer returned to his office, to Frau Becker and his waiting patients. Later he dined with his wife, his children, his father- and mother-in-law, young Freud, and Max and his family. After dinner, he napped and dreamed about chess and the queening of a pawn. He continued the comfortable practice of medicine for thirty more years but never again made use of the talking cure.

That same afternoon, the patient in room 13 at the Lauzon Clinic, Eckart Müller, boarded a fiacre to the train station and thence traveled south, alone, to Italy, to the warm sun, the still air, and to a rendezvous, an honest rendezvous, with a Persian prophet named Zarathustra.⁵² (301)

Earlier that day, during his emotional dialogue with Breuer, Nietzsche got a migraine aura, which was immediately and successfully treated by his doctor. In the next paragraph I will deal with Nietzsche's migraine and its importance for this novel. It will become clear that Nietzsche is very different in- and outside an attack. The described self of this fictional character is doubled, and this double-ness is pivotal for my analysis of migraine.

Pain sharpens the understanding and
strengthens the mind

Franz Schubert cited by Ian
Bostridge, 2015

Nietzsche's migraine: Cerebral labor pain

The first description of Nietzsche's headache in the novel is given by Lou Salomé when she approaches Breuer in Venice. She describes his complaints as:

Headaches. First of all tormenting headaches. And continued bouts of nausea. And impeding blindness – his vision has been gradually deteriorating. And stomach trouble – sometimes he cannot eat for days. And insomnia – no drug can offer him sleep, so he takes dangerous amounts of morphia. And dizziness – sometimes he is seasick on dry land for days at a time. (5)

Back in Vienna, Breuer discusses the description of these symptoms with his young friend Sigmund Freud, and adds that the patient is, 'extremely ill and has already stumped two dozen physicians, many with excellent reputations. She described to me a long list of his symptoms – severe headaches, partial blindness, nausea, insomnia, vomiting, severe indigestion, equilibrium problems, weakness' (44).

He concludes that this is a 'bewildering clinical picture' and challenges Freud to make a diagnosis, who suggests multiple sclerosis, an occipital brain tumor or lead poisoning, to which Breuer adds hemicrania and delusional hypochondriasis, or that the patient maybe has two separate diseases. So, he considers the diagnosis of migraine ('hemicrania') already on the basis of a description by a friend of the sufferer alone, without seeing or speaking to the patient at all.

Then follows Breuer's first encounter with Nietzsche, who carries with him a briefcase containing a heavy folder crammed with papers about his previous medical consultations. Breuer says that he prefers to 'read a play before reading reviews' (51) and Nietzsche immediately agrees as in his

⁵² Frau Becker is Breuer's secretary; Max is his brother-in-law; the Lauzon Clinic is where Breuer has internalized Nietzsche for the treatment; Eckart Müller is the pseudonym under which Nietzsche was admitted there (Yalom 46).

opinion 'interpreters of texts are *always* dishonest' (52; emphasis in the original). About his illness, he remarks that its most important feature is that it always awaits him (53). After Breuer has asked him to describe everything in his own words, the complexity of Nietzsche's ailments surprise him. His notes fill page after page with a gruesome collection of symptoms such as:

monstrous, crippling headaches; sea-sickness on dry land – vertigo, disequilibrium, nausea, vomiting, anorexia, disgust for food; fevers, heavy night sweats which necessitated two or three nightly changes of nightshirt and linen; crushing bouts of fatigue which at times approximated generalized muscular paralysis; gastric pain; hematemesis; intestinal cramps; severe constipation; hemorrhoids; and disabling visual problems – eye fatigue, inexorable fading of vision, frequent watering and pain in his eyes, visual blurring, and great sensitivity to light, especially in the mornings. (55)

These symptoms come in attacks. Nietzsche also describes that 'there have been times when, on the day before an attack, I have felt particularly good – I have come to think of it as feeling *dangerously good*' (56; emphasis in the original). Typical attacks last from twelve hours to two days and sometimes, especially after a longer attack of several days, Nietzsche feels refreshed, cleansed. He then explodes with energy. Then his mind 'swarms with the rarest of ideas' (56). Breuer concludes that 'such a situation – the majority of one's days a torment, a handful of healthy days a year, one's life consumed by pain – seems a natural breeding place for despair' (57), but Nietzsche does not agree. He argues that this may be true for some people, but not for himself, saying that, 'Despair? No, perhaps once true, but not now. My illness belongs to the domain of my body, but it is not *me*. I am my illness and my body, but they are not me. Both must be overcome, if not physically, then metaphysically' (57; emphasis in the original).

Here, he makes a Cartesian distinction between body and mind. Then, he compares his headache with pregnancy and taps his temple, saying that inside his head there are books, his head is pregnant with books, 'books almost fully formed, books only I can deliver. Sometimes I think of my headaches as cerebral labor pain' (57). He must admit, however, that this 'cerebral labor pain' also dictates his life in a negative way (60).

Not long after his first encounter with Nietzsche, Breuer speaks to Freud again. The latter is ashamed to still not know the diagnosis of this patient. Breuer now is certain that it is:

Hemicrania, or migraine. And don't feel ashamed about not thinking of it: migraine is a house-call disease. Clinical aspirants rarely ever see it because migraine sufferers seldom go to the hospital. Without doubt [Nietzsche] has a severe case of hemicrania. He has all the classical symptoms. Let's review them: intermittent attacks of unilateral throbbing headache – often familial, by the way – accompanied by anorexia, nausea and vomiting, and visual aberrations – prodromal light flashing, even hemianopsia. (79-80)

Breuer is not only certain of the diagnosis, but also of its cause, which he considers to be stress. He proposes to Nietzsche the talking cure and ergotamine for the individual attacks. At first, Nietzsche refuses, but then he gets a severe migraine-attack. Because of this, Breuer is warned by the proprietor of the 'Gasthaus' where Nietzsche stays that his guest is very sick. Breuer finds him in an almost comatose state clad only in his underwear noticing that:

The enamel basin on the floor next to the bed was half filled with blood-tinged, light green vomitus. The mattress and Nietzsche's face and chest glistened with dry vomitus – no doubt he had become too ill, or too stuporous, to reach for the basin. [...] Nietzsche looked moribund: face gray; eyes shrunken; his entire body cold, pallid, and pockmarked with goose pimples. His breathing was labored, and his pulse feeble and racing at one hundred fifty-six per minute. Now Nietzsche shivered, but when Breuer tried to cover him with one of the blankets frau Schlegel⁵³ had left, he moaned and kicked it away. Probably extreme hyperesthesia, Breuer thought: everything feels painful to him, even the merest touch of a blanket. (127)

Breuer notices that the patient also has hyperesthesia to sound and light and concludes to 'bilateral spastic migraine' (127). Part of the patient's symptoms (mainly the stupor) must have been caused by the ingestion of chloral hydrate. After treatment with nitroglycerine and a massage of the temples, Nietzsche recovers. Breuer goes on with his regular work in his office and when he returns after a couple of hours, he finds Nietzsche awake and asks how he feels. "Not pleased" – Nietzsche's voice was soft and his words slurred – "to be living. Not pleased. No fear of darkness. Awful, feel awful."

Breuer's treatment apparently had aborted the attack, but still Nietzsche utters 'Am I living? Dying? Who cares?' (130). Now, Breuer realizes that deep inside Nietzsche there must be a 'second' or 'double' person in despair. To his relief Nietzsche now agrees to undergo his treatment and to be admitted to his Lauzon Clinic, where he visits his patient almost every day to apply his talking cure.

It now has become clear that there is a great difference between the Nietzsche in- and outside the migraine attacks. When not having migraine, he is confident, dominant and authoritative. During an attack his words become sparse, he is dependent on others and deplorable. So, Nietzsche's fictional self is 'doubled' in a sort of Dr. Jekyll and Mr. Hyde manner. At the same time, Breuer's situation is doubled also. He switches from being a doctor to being a patient and back. At one time, he is a person in despair and shortly thereafter a 'life-saving' doctor. This switch is enhanced during their last encounter, when Nietzsche gets a second migraine attack: "My head – I'm seeing flashing lights – both eyes! My visual aura." Breuer immediately assumed his professional persona. "A migraine is trying to materialize. At this stage, we can stop it. The best thing is caffeine and ergotamine" (288).

Here, Breuer clearly switches to the role of doctor. The treatment applied by Breuer indeed aborts the attack. He watches Nietzsche to recover. 'Thank God for the migraine! He thought. It forces Nietzsche, even for a short time, to remain where he is' (290).

There is not much doubt about the diagnosis of migraine, as depicted in this novel. The sufferer has attacks of severe headache with nausea, vomiting and sensitivity to light and sound. He also has visual auras (288) and allodynia (tactile stimulation felt abnormally strong; see chapter 9). This is a 'clear-cut' case of migraine according to the current criteria, but there are some remarkable aspects. First, the doctor (Breuer) was able to make a diagnosis of migraine ('hemicrania') already before he had seen the patient at all, purely on the basis of the words of an acquaintance. This emphasizes the importance of words to make this diagnosis (see chapter 2), which can be made even without seeing the patient. Another remarkable aspect is that the doctor (Breuer) later is able to witness (two) actual migraine attacks. This is remarkable as nowadays patients with migraine only visit the

⁵³ The wife of the owner of the 'Gasthaus'.

outpatient clinic when not having an attack ('When you see them, they do not have it. When they have it, you don't see them'; see chapter 2). Migraine-patients tend to cancel their appointments when having an attack, and house-calls for individual migraine-attacks (such as that of Breuer) are virtually never been made anymore.

From the above, it becomes clear that in migraine there is some sort of 'doubling': being in- or outside an attack. Below, I consider an analogy of this doubling in the 'real' and 'fictional' Nietzsche.

Rightly or wrongly, Freudian theory regards the fundamental motivation of all human behaviour as the avoidance of pain and the gaining of pleasure; it is a form of what is philosophically known as hedonism

Terry Eagleton, 2010

Nietzsche: The doubling of 'real' and 'fictional' migraine

Next to the doubling of the self of a fictional character with migraine described above, another doubling can be detected not so much in, but *through* this text. *When Nietzsche wept* includes many aspects of the philosophy of the 'real' Nietzsche that are important in relation to his migraine and the 'doubling' of the 'traces of reality'. So, migraine is intra- and extradiegetic (see chapter 7, note 2). Of these traces, I will discuss *amor fati*, eternal recurrence, pain as benefit and the 'real' Nietzsche's standpoint on suffering in relation to the fictional Nietzsche and his migraine.

It has been argued that Nietzsche's severe migraine not only has had a marked effect on his life, but also on his philosophy (Owen et al 626). Especially of *amor fati* (to love one's fate), one of his most important philosophical constructs, is said that it was 'conceived primarily from his attempts to cope with, understand, and overcome his own painful illness' (626-627). It seems that 'his migraines, which debilitated him every few days, were part of the reason he approached philosophy as he did, through some bursts of thought and writing rather than the long and patient treatment that characterizes most philosophical treatises' (Nehamas *Reply* 144). Furthermore:

there is no reason to think that it makes sense to imagine Nietzsche without his headaches but with the works he actually did produce, and so there is no reason to think that a life without headaches would have represented a "better possibility" *for him*. Without the headaches, there is no way to know whether Nietzsche would even have become a philosopher in the first place or whether he would ever have written anything. (144; emphasis in the original)

In his book *The Gay Science*, Nietzsche reflects on his poor health. He remarks that 'sickness and pain can eliminate "trust in life" and make life a "problem" and he then contends that this need not one make "gloomy"' (cited by Brodsky 48; emphasis in the original). Nietzsche uses a metaphor from the battlefield, writing that 'if one endured, if one *could* endure this immense sum of grief of all kinds while yet being the hero who, as the second day of battle breaks, welcomes the dawn and his fortune, ... this would surely have to result in a happiness that humanity has not known so far' (48;

emphasis in the original). In my opinion, this metaphor can be read as referring to his migraine, as he not only mentions his 'sickness and pain', but also the welcomed dawn and happiness of the second day. Indeed, most migraine-attacks resolve after sleeping and therefore last one day.

There is a paragraph in one of his other books (*Ecce Homo*) that indeed suggest a relation between his migraine and his creativity, when Nietzsche writes that:

in the midst of the torments that go with an uninterrupted three-day migraine, accompanied by laborious vomiting of phlegm, I possessed a dialectician's clarity *par excellence* and thought through with very cold blood matters for which under healthier circumstances I am not mountain-climber, not subtle, not *cold* enough. (cited by Shepherd 23; emphasis in the original)

Shepherd sees this as 'the ability of this sickly variety of health to produce clear thinking' (23), the 'sickly variety of health' being migraine. This interpretation does suggest that Nietzsche's migraine did not destroy but fostered creativity (see also chapter 4). In line with this, one step further, in *Ecce Homo*, Nietzsche wrote about amor fati 'that one wants nothing to be different, not forward, not backward, not in all eternity. Not merely bear what is necessary, still less conceal it... but *love* it' (cited in Kain *Horror* 53; emphasis in the original). In addition, in *Zarathustra*, Nietzsche wrote: 'The will is a creator. All "it was" is a fragment, a riddle, a dreadful accident... until the creative will says to it, "But thus I willed it." Until the creative will says to it, "But thus I will it; thus I shall will it"' (cited in Kain *Skepticism* 374). To turn a 'thus it was' into a 'thus I willed it' is to accept fate fully, to love it and this obviously included his migraine. Amor fati is indeed the idea that we should love our respective fates and respond positively to being told by a demon that our fate had recurred and will recur eternally, exactly as it has been (Brodsky 35). The latter thought forms the concept of 'eternal recurrence'. In Nietzsche's words (from *The Gay Science*) the demon informs one that he or she will 'have to live once more and innumerable times more; and there will be nothing new in it' (cited by Brodsky 37). Or, in other words, from the same book, 'the eternal hourglass of existence is turned upside down again and again, and you with it, speck of dust' (37-38). Amor fati has been called the best response to eternal recurrence, and maybe also to recurring pain.

The Nietzsche of *When Nietzsche Wept* also seems to associate eternal recurrence with migraine when he says 'my whole life has become a journey, and I begin to feel that my only home, the only familiar place to which I always return, is my illness' (51). He then explains his ideas about eternal recurrence to Breuer as follows:

Josef, try to clear your mind. Imagine this thought experiment. What if some demon were to say to you that this life – as you now live it and have lived it in the past – you will have to live once more, and innumerable times more; and there will be nothing new in it, but every pain and every joy and everything unutterable small or great in your life will return to you, all in the same succession and sequence. (Yalom 249)

This is an almost literary quote of Nietzsche's words from his book *The Gay Science* as cited above.

In his article "Nietzsche, Eternal Recurrence, and the Horror of Existence" (2007), Kain also uses this quote, but slightly changes Nietzsche's original words, with a certain reason. He changes his words to:

now imagine that at your worst moment, your loneliest loneliness, a demon appears to you or you imagine a demon appearing to you. And this demon tells you that you will have to live your life over again, innumerable times more, and that everything, every last bit of pain and suffering, *every last migraine*, every last bout of nausea and vomiting, will return, exactly the same, over and over and over again. (55; my emphasis)

Kain introduces migraine in Nietzsche's text about eternal recurrence and elaborates further on a possible association of eternal recurrence, amor fati and migraine. In an earlier publication he had already suggested such an association, arguing that the doctrine of amor fati might have been based on Nietzsche's response to the suffering of migraine (*Skepticism* 374). Nietzsche was often ill, confined to bed, unable to work because of his migraine and he was unable to fight it. Perhaps his solution therefore was to turn 'thus it was' into 'thus I willed it' (374). Kain wonders why this has been overlooked by all the commentators, as:

try to imagine yourself with a migraine. Imagine yourself in a feverish state experiencing nausea and vomiting. Imagine that this sort of thing has been going on for years and years and that you have been unable to do anything about it. Extreme care with your diet, concern for climate, continuous experimenting with medicines—all accomplish nothing. You are unable to cure yourself. You have been unable to even improve your condition significantly. You have no expectation of ever doing so. Suppose this state has led you to see, or perhaps merely confirmed your insight into, the horror and terror of existence. (*Horror* 55)

How to deal with such a situation, with this horrible disease? Sit still and suffer? One may also curse the demon and love one's fate and deal with it. One can also invent amor fati and try to be productive.

It has been said that Nietzsche's view seemed to oscillate between sickness and health (Domino 295). Sometimes he is in the kingdom of the healthy and at other times in that of the sick, which strongly resembles Susan Sontag's 'dual citizenship in the kingdom of the well and in the kingdom of the sick' (*Illness* 7; see also chapter 2). It also reflects the double situation of many 'real' migraine patients. In line with this, Nehamas (2014) cites Nietzsche, who wrote that:

what I am to image recurring is whatever I find significant in my life. Insignificant events are, precisely, events whose occurrence does not make a difference [...] By contrast, significant events are those that do make a difference [...] Those are the events that I would want (or not want) to recur if I were to live again. (cited in *Reply* 143)

Nehamas connects these words with eternal recurrence in general, but it can also be argued that Nietzsche is writing about migraine here. Indeed, he 'could face the thought of the eternal recurrence with the attitude I *could* have had a life free of chronic debilitating headaches – but my *actual* life is the one I would crave again' (143-144; emphasis in the original).

An additional question raised by Nehamas is why Nietzsche would prefer his actual life to a life that was in every other respect identical with his but without his debilitating headaches or said in other words whether a life free of migraines would represent a 'better possibility' for him. Maybe the answer is that 'things are never equal in this context. Nietzsche's migraines cannot be what the thought of the eternal recurrence presupposes and, more importantly, one of his *reasons* for

affirming his actual situation in all its detail' (*Reply* 144; emphasis in the original). So, the 'real' Nietzsche decided that he would not change one single detail of his life, including not one moment of pain. He decided to love his fate. The 'fictional' Nietzsche had no choice, as he was 'fixed' in black words on a white page. For both, migraine leads to the doubling of their selves, and it can even be suggested that this doubling due to migraine is at the basis of Nietzsche's philosophy. My question, however, is whether this doubling is pivotal in the light of a migraine self.

Every disadvantage has its advantage
Johan Cruijff, undated

The benefit of suffering

Suffering pain is generally considered in a tragic light, and by consequence connotes tragedy. Morris describes 'tragedy' as follows: it 'is the literary form that takes as its main social function an extended meditation on human pain and suffering' (*Culture* 246). An important question here is, whether tragedy described as such can also be turned around and whether one can even benefit from it. One of Nietzsche's famous quotes is, 'the most suffering animal on earth invented for itself – laughter' (Morris *Culture* 79). So, maybe suffering can create some sort of benefit and pleasure, or it can even also give strength, as according to Nietzsche, 'what does not kill me makes me stronger' (195). Indeed, pain and in his case the headache of migraine does not only destroy but can create also (see chapter 4).

The character Nietzsche indeed sees some benefit in his migraine. As he says to Breuer, he sometimes feels refreshed and cleansed after an attack (Yalom 56). At those moments he explodes with energy, gets inspiration and at the question whether he in any way profits from this misery, he answers:

I have reflected on that very question for many years. Perhaps I do profit. [...] You [Breuer] suggest that the attacks are caused by stress, but sometimes the opposite is true – that the attacks dissipate stress. My work is stressful. It requires me to face the dark side of existence, and the migraine attack, awful as it is, may be a cleansing convulsion that permits me to continue. (95)

About the consequences of this, the character Nietzsche also says that:

If you choose to be one of those few who partake of the pleasure of growth and the exhilaration of godless freedom, then you must prepare yourself for the greatest pain. They are bound together and cannot be experienced apart! If you want less pain, then you must shrink, as the stoics did and forgo the highest pleasure. (179)

So, there is no doubt that both the real and the fictional Nietzsche saw some benefit of (their) pain, but with some sacrifices.

Indeed, in real life, migraine also seems to have the peculiar characteristic of sometimes giving benefit. For example, for both Roland Barthes (chapter 6) and Siri Hustvedt (chapter 7) it seemed to add something to their lives. They both seemed to need their migraine to be the one who they

were/are. It is known that many migraine-patients 'miss' their attacks when their migraine is effectively treated or for some other reason stays away. For example, for Biro's (virtual) migraine patient Rachel, who has had attacks for as long she can remember 'in a strange way, the pain is like an old friend' (79-80), although their encounters 'never get any easier' (80). When, however, an 'expected' attack does not come, she feels uneasy, unreal. For Scarry, pain may even exist as the primary model of certainty (4). After many years of suffering, the absence of the familiar pain feels like a void. In a recent survey among 11.266 patients with severe migraine who did not respond to preventive treatment, 57% mentioned at least 1 positive aspect of living with migraine (Martelletti et al). Among these, 11% thought that migraine had made them stronger. Thus, migraine seems not only to 'destroy' or 'create', but the presence and absence of attacks also seems to determine the identity of the sufferers, which in some cases can be seen as a kind of benefit.

Nietzsche was accustomed – and during his frequent migraine attacks obliged – to lie still for long periods of time. He wrote in *Ecce Homo*: 'Sickness gradually liberated me [...] and likewise gave me the right to a complete change in my habits. [...] It bestowed on me the compulsion to lie still, to be idle, to wait and be patient. ... But all that means, to think!' (cited in Parkes 58). This is another example of a relation between his headache and his work, and another with the suggestion that his migraine has had some sort of positive influence, as is the issue here. He was forced to think. Or, as he has written in *Nietzsche contra Wagner*, 'only great suffering is the ultimate emancipator of the spirit' (cited by Kain *Horror* 50).

Still, headache means suffering and Nietzsche has written elsewhere that 'all pain is per se, and especially when in excess, destructive [...]. Mere pain can destroy life' (cited by MacDonald Critchley *Citadel* 180). So, there must be some balance between destruction and creation. In "Nietzsche, Eternal Recurrence, and the Horror of Existence", Kain elaborates further on this duality. He not only mentions the importance of suffering in Nietzsche's work, but also the creative influence of migraine on Nietzsche's thoughts. First, he cites Nietzsche, who said that 'all we can expect as human beings is to suffer' (cited in *Horror* 49). Nevertheless, human beings can deal with suffering as long as it is not meaningless (49). Nietzsche wrote in a letter: 'Around 1876 my health grew worse. There were extremely painful and obstinate headaches which exhausted all my strength' (49). It seems that he suffered a lot. It can be concluded, then, that 'the philosopher who introduces eternal recurrence, the philosopher who believes in *amor fati*, is the very same philosopher who also believes in the horror of existence' (55; emphasis in the original). So, there is not only benefit of migraine, but also its horror.

Eternal recurrence, as that of migraine, may be part of the horror of existence and 'most people would assume that a life of intense pain and suffering is not at all the sort of life it makes any sense to want to live again' (56). Nietzsche, however, tried not to become a slave of his illness. In this context, it is important to make a distinction between suffering and meaningless suffering. As described, people cannot bear meaningless suffering and so they give it a meaning by means of a symbol, metaphor, or any signifier (like 'dog') or the interesting sounding description 'migraine', which has a pseudo-objectivation in the form of artificial criteria (see chapter 3). In the chapter "The Meanings of Pain" of his book *The Culture of Pain*, Morris (1991) sums up some possible other meanings that one can give to the suffering of pain, for example that it came from the Gods or that it is a punishment for something. It can also be 'deeply social', as it is in large part been constructed or shaped by culture (38).

In their article “Nietzsche and the Dilemma of Suffering” (1999), Johnston and Johnston further elaborate on the relation between pain and suffering. They emphasize that in Nietzsche’s thoughts about suffering the most important issue is that ‘one has to “suffer well”, in order to self-overcome’ (187). Internal, individual ‘positive’ suffering can be life-affirming. ‘Nietzsche propagated positive suffering and ‘a Yes-saying without reservation, even to suffering, even to guilt, even to everything that is questionable and strange in existence’ (188). Indeed, in his book *Human, All too Human*, he argued that: ‘When a misfortune strikes us, we can overcome it either by removing its cause or else by changing the effect it has on our feelings, that is, by reinterpreting the misfortune as a good, whose benefit may only later become clear’ (cited in Johnston and Johnston 189).

The question is then whether suffering belongs to illness or to health. Johnston and Johnston point out that suffering does not stand alone, that it is always related to something. Specifically, they point at the thoroughgoing connection of suffering with *amor fati*, and in this context cite Nietzsche’s words from *Ecce Homo*:

my formula for greatness in a human being is *amor fati*: that one wants nothing to be different, not forward, not backward, not in all eternity. Not merely to bear what is necessary, still less conceal it ... but love it. So, to love one’s fate means to find all distress, all pain, all suffering as authentic, meaningful, and ultimately beneficial. (190)

One can wonder how to adjust this to pain returning again and again as in migraine. Nietzsche sees this (double) dualism of pain – no pain as self-overcoming, self-creating, allowing joy, suffering and pain ‘to be willed again and again, in a constant process of self-creating’ (190). He clearly refers to the paroxysmal nature of migraine. His self is thus doubled, leading to continuous self-creativity, or call it invention, after each attack.

As expressed by the character Nietzsche in *When Nietzsche Wept*, ‘yes, I should bless my illness, bless it. [...] Personal suffering is a blessing – the training ground for facing the suffering of Existence’ (Yalom 96). What can be concluded is that the words of the ‘fictional’ Nietzsche almost always are near-identical to those of the ‘real’ one, which adds to the notion of ‘doubling’ of reality and fiction here. This leads to the important question what kind of text *When Nietzsche Wept* is in its relation to the perhaps thin line between fiction and reality. In order to answer this question, I will analyze the text in the context of its focalization.

We can never find the correct interpretation of reality. Knowing is like reading an interpretation into a text, or the disappearance of the text under the interpretation, or perhaps simply interpretation without an actual text

Friedrich Nietzsche cited by Philip J. Kain, 1983

Focalization in When Nietzsche Wept

In contrast to the novels described in the previous 3 chapters, *When Nietzsche Wept* is not written in the first-, but in the third person. As explained by Bal (20-21), however, so-called third-person texts are also uttered by a speaking subject, by an 'I' (see chapter 7). Both in first-person and in third-person narratives the narrator is the producer of the sentences and of the narrated world. Thus, it can be said that 'third-person narrative and first-person narrative are both characterized by not having a narrator who speaks *about* something, but rather an impersonal voice that creates the world to which it refers' (Nielsen 145-146; emphasis in the original). In *When Nietzsche Wept*, the narrator never refers to him- or herself as a character in the story, so he or she must be categorized as an 'external narrator' (Bal 21). The text does not display linguistic markers signaling the presence of a speaker. Nevertheless, the narration of *When Nietzsche Wept* is not 'neutral'. The 'external' narrator always follows the thoughts of the character called Breuer and never those of the one called Nietzsche, Freud or Salomé. Only Breuer's thoughts, emotions and opinions are described 'from the inside'. So, the focalization virtually always lays with him. The reader knows what Breuer knows, sees, thinks and feels. Breuer can therefore be called 'a character-bound focalizer' (Bal 25). The reader sees most of the occurrences through his eyes. The character called Nietzsche is only described 'from the outside' and we only learn about him by means of descriptions of the external narrator, the opinions of Breuer and through a literary reproduction of Nietzsche's words, when they are presented in 'direct discourse'. In addition to this, there are in the text the words of two different Nietzsches, those of being in- and outside an attack, but still only heard by Breuer.

The question can be asked to what genre a novel with this kind of focalization belongs. In general, one can say that 'based on experience, we generally assume that our competence as readers includes the ability to attribute a given text to the appropriate genre' (Pihlainen 47-48). This is, however, not so easy in the case of *When Nietzsche Wept*. It is clear that the novel must be categorized as fiction, as we can read Breuer's thoughts. And, as 'a story starts reporting a character's thoughts, expect it to be fiction' (Culler *Deconstruction* 28; see also chapter 6). In other words: when an idea or metaphor used by the narrator is 'shifting over into the language or thoughts of the character described we become aware of the fictionality of the text' (Pihlainen 53). The fact that the focalization lays with the fictional character called 'Breuer' makes *When Nietzsche Wept* fiction. The novel must thus be analyzed as such and not as 'real' history. Nevertheless, in the text references to 'real' persons are included and there are descriptions of historical associations, such as those of Breuer and Freud, and of Nietzsche and Lou Salomé. Besides, Nietzsche's theories about amor fati, eternal recurrence and suffering are also 'real', and one must not forget the real 'history' of his migraine. Although Nietzsche and Breuer never met and that part of the story is invented by the author, there are aspects which suggest that the novel is not 'pure' fiction, as it is partially based on historical events. So, the text is not only fictional, but also referential. Here, in that sense, we seem to deal with an example of epic fiction, as the subjects of enunciation ('external narrator' and/or 'character-bound focalizer') narrate something that exists independent of the enunciation (Nielsen 134-135). The narration must be about something that existed prior to its narration, and one of these 'somethings' is Nietzsche's migraine.

When Nietzsche Wept probably cannot be called a historical novel as most of the occurrences described never really took place. A historical novel 'essentially shows us historical reality as seen through the eyes of (fictitious) people living in the past' (Pihlainen 54), and this is not the case in this novel. It can also be argued that 'literature of testimony is [...] often imbued with an authority based on the classical idea of authenticity: the person speaking is that person who saw these things'

(Margaronis 139). The third-person narrator of this novel pretends to be present during the occurrences, but there is so much focalization through Breuer that the authenticity can be doubted. The problems of a historical novel can be described as:

To write a historical novel is to enter a no-man's land on the borders of fact and fantasy. All fiction is written on this territory, but when the work explicitly engages with historical events – when it is part of the writer's project to reimagine them – the ground becomes a minefield of hard questions. What responsibility does a novelist have to the historical record? How much – and what kinds of things – is it permissible to invent? For the purpose of fiction, what counts as evidence? What are the moral implications of taking someone else's experience, especially the experience of suffering and pain, and giving it the gloss of form? (138)

All of these questions can surely be asked for *When Nietzsche Wept*. Yalom takes responsibility for the historical record by modelling most of the characters described to persons that 'really' existed, and especially by using Nietzsche's migraine. The thoughts and deeds of the characters, however, are purely fictional. As 'moral implication' of describing Nietzsche's pain, one can point at the fact that it gave him suffering, but also pleasure and inspiration.

Maybe the novel can be called *postmodern* as it plays with the borders of fiction and reality. Breuer never met Nietzsche and the reproduction of his thoughts must have been invented, considering that he never wrote them down exactly as presented here. Alternatively, maybe the novel is then better called an 'alternative history', 'alternate history' or 'allohistory' which is a genre of fiction in which the author speculates on how the course of history might have been altered if a particular historical event had had a different outcome (Collins Dictionary; Rosenfeld). Although the occurrences described are very intriguing, it is not very likely that they would have changed the lives of Breuer and Nietzsche if they had really occurred. For Breuer the therapeutic encounter with Nietzsche did change nothing in his life and Nietzsche probably would have stayed the same Nietzsche, writing the same books. In French there is also the so-called 'exofiction', described as a category of novels inspired by the life of a real person, which also includes inventions such as fictional dialogues and internal monologues. *When Nietzsche Wept* fits well in this category, but this does not add much to the question of its 'meaning'.

Maybe, however, the text can best be seen as 'historiography', which is described as the process of 'fictionalizing the facts' (Philainen 39). In historiography the difference between a historian and a novelist results in differences in the text. Whereas a historian aims at a narrative that is as 'true' as possible, a novelist does not (49). Nevertheless, one can argue whether there is a fundamental difference between the fictional and historical narrative. It can even be asked whether 'real' history exists, as also in history there is the question of subjectivity of the witness, the reliability of those who create the record, the problem of representation, the indeterminacy of reality and the criteria of truth (White 314). So, history and fiction 'share a strong reliance on imagination' (Philainen 50) and thus cannot be fully separated. In this context, an important issue is the referentiality of the text, reflected in its extratextual, extradiegetic and intertextual associations. Whereas 'the process of narrative construction is quite similar in both literary and historical narratives, the difference that referentiality brings is reflected in the narrative form, or rather, in the system of signification that the narrator employs' (42). Nevertheless, reference and 'truth' do not provide sufficient criteria for the separation of historical narratives from historical novel (48). Even 'true' history needs some

fictionalizing to become a readable and understandable text and 'stories are invented, not found, and their invention by historians is structurally continuous with the efforts of authors of fiction' (White, cited by Pihlainen 39). In both historiography and literary fiction stories are constructed rather than rediscovered.

In the kind of fiction such as *When Nietzsche Wept*, one knows that the occurrences described are not true, but that they are partially based on facts from reality and could have been true. *When Nietzsche Wept* can thus be seen as a double, or mixed historiography as the history of Nietzsche and Lou Salomé (and Nietzsche's migraine) on the one hand is historical and that of Breuer and Freud also. So, *When Nietzsche Wept* is not pure fiction as it does not only refer to itself and therefore is not a 'closed' text, but it also refers to extradiegetic historical or historiographical occurrences. The most important extradiegetic facts are that the persons named Nietzsche, Freud, Breuer and Lou Salomé really existed, that they did what they did, suffered how they suffered and thought how they thought. In addition, there are intertextual references to and literary quotes of several of Nietzsche's works. In the light of this thesis, the 'real' and 'fictional' migraine are very important also, stressed by the fact that their 'historical' descriptions, as emerging from 'historical' texts, virtually do not differ from their 'fictional' description in the novel. It can be concluded that *When Nietzsche Wept* is a mixture of fact and fiction, but with an emphasis on fact as long as migraine is considered. It is the migraine that has led to the concepts of eternal recurrence, amor fati and the benefit of suffering.

As said, *When Nietzsche Wept* contains a mix of fiction and non-fiction. In his book *Nietzsche. Life as Literature* (1985), Nehamas argues that the 'real' Nietzsche 'looks at the world in general as if it were a sort of artwork; in particular, he looks at it as if it were a literary text' (3). This 'not only provides him with a literary model for many of his views but also motivates him to create what we may well call a literary product' (4). Nehamas even calls Nietzsche 'a creature of his own texts' and 'a literary character who is a philosopher' (8). So, even in 'real life', Nietzsche might have been 'double': a real and a fictional character created by words. The result of this is a strong connection between literature and life, enhanced by Nietzsche himself who is 'notoriously unwilling to accept any straightforward distinction between fact and fiction' (165). According to this logic, or getting this logic to its ultimate consequence, in *When Nietzsche Wept*, Nietzsche has become a literary text himself. According to Nehamas, 'literary objects, and in particular literary characters, are constituted simply as sets of features or effects that belong to no independent subjects' (5). He is right, but not for Nietzsche's migraine. One of the most important features of the fictional Nietzsche is how he deals with his migraine. This was, however, also important for the 'real' Nietzsche, who had to live and construct his fate.

In their migraine-elicited doubling, the fictive Nietzsche offer important contributions for the construction of a 'migraine self', which I will define in the last chapter of this thesis.