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Migraine as text - text as migraine: Diagnosis and literature

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Chapter 11

Conclusion:

Performative and the migraine self

Was fragen sie nach meinen Schmerzen?

Wilhelm Müller, 1823-1824; Text
used by Franz Schubert for his song
“Die Wetterfahne” (*Winterreise*)

It is no longer a question of that by which the disease
can be recognized, but of restoring, at the level of
words, a history that covers its total beings

Michel Foucault, 1994

Many kinds of histories, for example the history of the world, or – on a much smaller level – that of an individual migraine-patient, mainly get their meaning through their representation in words and through a subsequent interpretation of those words (see chapters 1 and 2). The adequacy of this representation depends on what Korsten (2005) calls ‘a double attitude to language’ (260).⁵⁴ On the one hand, language is insufficient in its depiction of what really happened or what is the case, and on the other, it is powerful enough to shape histories and produce realities (260). So, the least one can say is that there seems to be a delicate balance between the description of a ‘reality’ and the creation of this ‘reality’ with words.

In line with this, in this thesis, I have posed the questions of how language both describes and produces the reality of migraine in an individual sufferer and what the analysis of fictional texts that include a description of migraine can add to this. In both instances (a real patient suffering from migraine or a fictional text dealing with migraine) the ‘performative’ function of words in relation to pain is crucial (see chapter 6). For migraine in daily reality, the words of the patients mainly get their meaning through their repetition in a patient’s mind, between patients and their fellowmen, between patients and other patients, between patients and doctors, and between doctors and doctors. The stereotypical and repetitive nature of how patients describe migraine has been acknowledged. It is through repetition that words and descriptions turn into the ‘reality’ of the ‘diagnosis’ by means of artificial criteria (see chapter 3). For a doctor, making a diagnosis of migraine is difficult, as it entirely depends on what patients say. Nevertheless, an unconditional belief in, and correct interpretation of their words are crucial for the diagnosis, treatment and prognosis.

⁵⁴ Translated from the Dutch by me (JH).

In Parts I and II of this thesis I have focused on the words of patients with pain and migraine and not on their readers. Of course, I had to mention the role of the reader now and then, for example when mentioning the role of the doctor (in several chapters), that of 'phronesis' (chapter 1) and the role of the reader in interpreting descriptions of sickness in fiction (chapter 6). The diagnostic process of doctor/reader includes epistemology, hermeneutics and semiotics as described in chapters 1 and 6. Nevertheless I have focused more on the construction of the 'patient as text' than on the specific function of the reader of those texts. Of course, both sides cannot exist without one another: there is no text without a reader and no reader without a text. Yet my emphasis lays on how migraine was *expressed*.

A consequence of this is an emphasis on the performative. This notion comes from so-called 'speech act theory' that, after starting out as a philosophy of language, traveled to other fields (Culler *Philosophy*; Butler). As may be clear, the speech act theory deals with the problem of how language acts. Instead of language referring to reality (called 'constative', see chapter 6), the performative implies that language has a shaping force. It shapes history and creates reality. Important for my thesis is how words and texts 'create' or 'produce' something and how they 'work'. The important point is that words do not only 'perform' when they are uttered by a real patient, but also when they are part of invented situations such as in fiction. So, in combining part I and II of this thesis, I hope to show hereafter that not only 'the relationship between the writer and the reader and the relationship between the patient and the doctor have much in common', as argued by Charon (*Doctor-Patient* 144), but that they are virtually the same when one realizes the importance of the performative qualities of the texts that are presented. Of course, there are the caveats not to interpret the patient as a text too uncritically (see chapter 1) or to read fictional texts as descriptions of the 'reality' of their author/patient (see chapter 7). Nevertheless, both types of text 'perform' and thereby create some sort of reality.

In chapter 1 I described that the central question of this thesis is defined by the interstice between medicine and literary studies: 'What is the relation between pain and language?' In chapter 2 I tried to justify my choice of migraine as a distinct topic to study this question in this interdisciplinary field, with as main arguments its unique paroxysmal nature and specific additional symptoms. Considering that there is indeed such a field, it is obvious for me that this also concerns the border between part I and II that connects the texts of 'real' and those of 'fictional' patients. What I have tried to show is that both have many common aspects. The performative power of words is the most important aspect.

My study led me to conclude that one must not see medicine and literary studies as two completely separated cultures, but as cultures that can work together and strengthen one another. The emergence of so-called neuronovels in which cognitive science, neuroscience, psychopharmacology, philosophy and literature are combined is an example of such a strengthening bond (see chapter 6). My own daily practice is another. To further illustrate this, I have tried to make many cross-references between the 'medical' (I) and the 'literary' part (II) of this thesis.

As I have shown in chapter 4, pain (and migraine) can destroy, but also create. This creative power is part of both the medical and literary processes of how words describing migraine have a performative force; how they not only 'work' but can be of help. In what follows, I will first elaborate

on this performative power, of which I gave an introduction in chapter 6. For now, my emphasis will be on 'iterability' and its role in migraine.

Language is never innocent

Sigmund Freud cited by
Suzanne Fleischmann, 1999

Iterability and the performative use of language

According to Butler (1997), humans are beings who require language in order to be; they are 'in some sense, linguistic beings' (1). For her, 'we do things with language, produce effects with language, but language is also the thing that we do' (8). In my opinion, she is right that words 'perform' and thereby create. Many utterances not only describe a given reality, but also change or even create the reality they are describing. An important question is whether this is also the case with words about migraine.

As already described in chapter 6, in his article "Philosophy and Literature: The Fortunes of the Performative" Culler calls the performative 'an utterance that accomplishes the act that it designates' (503). He does not only find questions about the constitutive force of language in general of great importance, but also that of literature as a performative act and mentions a simple test to determine whether an utterance is performative or not. The test is to put the word 'hereby' before the verb of a sentence in the sense of 'I hereby promise...' or 'I hereby order you...' and then consider its meaning and effect. Following Austin, Culler distinguishes locutionary acts (the act of the speaking of a sentence), illocutionary acts (the nature of the acts we perform by speaking the sentence – the 'hereby' mentioned above) and perlocutionary acts (the acts aimed at or accomplished by performing the illocutionary act; those that are performed as a consequence of the words). Translating this to literature (considered here in terms of fiction), one can say that 'the literary utterance, too, *creates* the state of affairs to which it refers' (506; emphasis in the original). It brings characters and their actions into being; one can call this the 'world-making' force of language.

Culler also pointed at Derrida's addition that the performative depends on its iterability and citationality (509). Words conform to an iterable model when they are identifiable as a kind of citation. In their repetition from one situation to the next the words get their meaning. Language is performative in the sense that it doesn't just transmit information but performs acts by its repetition of discursive practices or ways of doing things (Culler *Literary Theory* 99). Indeed, also for Butler the performative must be repeated in order to work (147). The performative then has two aspects. First, 'literary works claim to tell us about the world, but if they succeed they do so by bringing into being the characters and events they relate' (Culler *Philosophy* 510). Second, literature does not do this out of the blue. It depends on already existing words, descriptions and conventions, and contributes to a repeatable repertoire. In other words, literature creates through referring to a state that came before, that is, and will come after. Thus, it can be said that 'once a convention is set, and the performative participates in a conventional formula – and all the circumstances are appropriate – then the word becomes the deed' (Butler 146).

In this light, both word ('fictional migraine') and deed ('real migraine') depend on repetition to become events. For Butler, there is a 'discursive performativity' which she does not see as a 'discrete series of speech acts, but a ritual chain of resignifications whose origin and end remain unfixed and unfixable' (14). In her opinion, there is always also 'a deliberation that precedes that doing, and that the words will be distinct from the things that they do' (44). This is what she calls 'politics of the performative', a phrase that reflects the fact that words, whether or not deliberately chosen and depending on the effect wanted, have the power to organize worlds. A word does not only signify a thing, but also can enact it, and this can be 'politically' determined, whether unconsciously or rhetorically, with a certain goal in mind (see also chapter 3).

The theories of Austin, Derrida and Butler are specifically fruitful in relation to migraine which in both its 'real', 'fictional' and 'rhetorical' state depends heavily on repetition of words that are interpreted through a discourse. Or, as Culler has put it for such a discourse in general:

a work succeeds, becomes an event, by a massive repetition that takes up norms and, possibly, changes things. If a novel happens, it does so because, in its singularity, it inspires a passion that gives life to these forms, its acts of reading and recollection, repeating its inflection of the conventions of the novel and, perhaps, effecting an alteration in the norms of the form through which readers go on to confront the world. (*Philosophy* 516-517)

This can indeed be also be held to be true for migraine, as not only words, but also their *repetition* in different circumstances defines this disease. Before I turn to this repetition, and the patterns it connotes, I need first to be more specific about the performative force of words of, or on, migraine.

Not only literary language but also medical language shapes social reality because of its performative character

Laurence B. McCullough, 1989

Fiction emphasizes the fact of the fictionality of a story at the same time it states that the story is true

Michael Riffaterre, 1990

The performative use of migraine language

Consider the utterance 'I hereby state that I have migraine'. Resulting from the unique paroxysmal (acute) and chronic nature of migraine there are two separate performative possibilities in this situation. Patients can refer to the chronic disease called 'migraine' according to the criteria (see chapter 3), or to the fact that they actually have an attack of migraine at the moment of the utterance. In chapter 2, I have described the situation of 'real' patients uttering to have 'migraine' at a moment of not having an attack. They can look into the sky for words to describe the remembrance of past pain. In such a performance, a new world has to be created with words on a new ontological level. This situation can be called theatrical in its need to re-stage what happened, and this is mainly caused by the rhetoric need of the patient to describe the suffering and anguish as accurate as possible to get recognition of the listener or reader (in this case: a doctor). In this situation, language

is indeed used in a performative way. Although those patients are not having migraine at the moment of the utterance of their words, their words aim at recognition of the chronic (and paroxysmal) state they are in. Their words perform not their actual, but their general state. Indeed, 'a person who does not have headaches can *talk* of headaches' (Fiser 11; emphasis in the original). The behaviour of patients who actually are in an attack is completely different and can better be defined as dramatic. They do not 'look into the sky', but instead try to hide from their surroundings. It is also very likely that their words are changed, or maybe even destroyed, due to the state they are in (see chapter 4).

Similar rhetorical and performative situations in- and outside an attack can also be found in fictional texts. Of the novels analyzed in chapters 7 to 10, three are in the first tense, which seems to be an explicit icon for performative language. The fourth (*When Nietzsche Wept*) is in the third tense, but this text also has performative aspects, as I have argued and will show in more detail below. It appears that all four novels illustrate a different aspect of the performative in relation to migraine.

In Hustvedt's *The Blindfold* (chapter 7) the narrator (Iris) describes her migraine-attacks in the past tense. She relates from a distance how she was admitted to the hospital because of her migraine, as the pain was permanent and sometimes brutal (91). Nevertheless, she felt guilty of not having a more serious disease, calling herself 'a migraineur', who is someone with a not very serious disease. The words of this narrative do not directly perform migraine in the sense of describing it from within an attack but refer to the status of being a 'migraineur'. About this word ('migraineur') it can be said that its 'power is understood on the model of the divine power of naming, where to utter is to create the effect uttered' (Butler 32). Calling oneself 'a migraineur' is such a form of naming which certainly can be seen as performative.

The Horned Man (chapter 8) is also in the past tense, but it ends in the present tense. The migraine-attacks are described from within, how they were experienced at the time they occurred. The past tense and the feeling of surprise and alarm caused by these attacks ('I hadn't experienced this phenomenon since I was twelve or thirteen'; 25-26) add to the feeling of estrangement and horror of this novel. The words that describe the attack 'perform' it for the reader. The words of the narrator are even performatively effective in terms of a diagnosis of migraine. The fact that the narrator of *The Horned Man* in one instance addresses a certain 'you' directly, forms a special aspect of this 'performative'. Speaking to a 'you' in or outside fiction is always more performative than descriptive. In the case of *The Horned Man*, the 'you' can be the (extradiegetic) reader or a fictional character within the diegesis. Whatever or whoever the 'reading subject' is, both options confirm the performative aspects of this text.

The narrative of the novel *Atmospheric Disturbances* starts in the middle of a migraine attack. In the beginning of his narrative, the narrator Leo utters, 'my migraine occluded the edges of my vision' (3). This is of course an important remark, which makes that the remaining narrative must be interpreted in the context of his disturbed vision caused by migraine. Nevertheless, Leo does not consider himself as a patient, although he has disturbing migraine. In the course of the narrative, he describes several other attacks, one of which is 'terrible' (229). Now, a diagnosis and consequent naming of 'migraine' resembles 'name-dropping' and 'word-dropping', comparable to what was described in the article "What's in a Word: The Distancing Function of Language in Medicine" (Mintz 1992, see chapter 9). The word 'migraine' can indeed 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 determines it. This is another example of how words do not describe but ‘create’. On the other hand, for 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). Indeed, Leo mentions his ‘migraine’, but thereby also seems to take distance, in this case from himself. Nevertheless, by mentioning this word he performs having migraine. Indeed, for Butler, ‘to be called a name’ is one of the conditions by which a subject is constituted in language (2). Someone thought to suffer from migraine can be in the category of those ‘presumed to be already named’ (29). In *Atmospheric Disturbances* the utterance ‘I hereby state that I have migraine’ gets a special meaning. The sufferer describes that he is actually having an attack at the moment of the utterance, and this clearly is a performative act.

Unlike the three novels mentioned so far, *When Nietzsche Wept* is narrated from a third-person perspective. Nevertheless, this text also has performative aspects. Migraine is not described from within, but from the outside through the focalization of the protagonist Joseph Breuer. The patient, Friedrich Nietzsche, describes to Breuer that he had monstrous, crippling headaches with nausea, vomiting, anorexia, disgust for food, and fevers (Yalom 55). Considered in terms of a constative, the question would be whether this was truly the case. Considered in terms of the performative it is the description that is fortuitous in that Breuer believes this to be the case and acts likewise. He reacts to the words of the patient (by trying a ‘talking cure’) and to his ‘deeds’ (in this case the attacks). Nietzsche’s words and deeds perform by letting Breuer perform. This is performative language from one fictional character to another within the diegesis.

In conclusion, there is a pivotal performative quality in the depiction of migraine in the works of fiction selected. My next step will be to trace a repetitive, or recurring *pattern* in this performative quality. That is: I will come to define a ‘migraine self’ (as announced in chapter 6). To define this notion of a self, I will try to combine aspects of the ‘patient as text’ and the ‘text as patient’, with ‘patient’ here specifically meaning ‘patient with migraine’.

A coherent autobiography, a chronicle of self, links
your past to your present and perhaps your future.
Morals, behavior and believe exist between the lines.
We are the tales we tell.

Jules Montague, 2018

Model is the key word here

Michael Riffaterre, 1990
(emphasis in the original).

The migraine self

For Bourke, pain ‘participates in the constitution of our sense of self’ (*Story 5*) and in line with this Hustvedt argued that her pain determined the borders of her own self (see chapter 7). On the other hand, other scholars have argued that (chronic) pain has a debilitating effect on the patients’ sense of self (Lavie-Ajayi et al., 193). In this dichotomy, I take as intermediate standpoint that the pain of migraine can destroy but also create (see chapter 4). As described in chapter 6, my final aim is to make a model for analyzing novels depicting migraine that can also be used for an analysis of real patients, and thereby come to the core symptoms of what I want to call a ‘migraine self’. I aim to link this subjective sense of self to a perceived ‘objective’ reality, to which ‘fiction’ contributes next to ‘reality’. The questions posed were how the subjectivity of authors or characters relates to their depiction of migraine, how migraine is constructed by the words used and whether this effectively leads to a ‘migraine self’.

First, however, for a possible definition of the ‘self’ I will return to fiction:

Your self, you say. There’s a coincidence. I’ve been giving some thought lately to the mystery of the self. Some say it’s an organic element or process embedded in neural structures. Others insist that it’s an illusion, a by-product of our narrative tendencies. (McEwan *Machines* 70)

These words are ‘spoken’ by Adam, a synthetic human who is one of the main characters in Ian McEwan’s novel *Machines Like Me (and People Like You)*. Although not science but fiction, I will use them because they implicitly refer to the ‘two cultures’ discussion (see chapter 6). Indeed, also the ‘migraine self’ must be a combination of language (narrative) and biological features. To come to an application of this definition, I will first analyze fiction (the four novels of chapters 7-10) and then add themes from ‘real cases’ (as described in chapters 1-5).

The Blindfold (chapter 7) seems to provide several aspects that, taken together, would constitute a migraine self. First, there is the feeling of guilt. The novel clearly describes that there is not only the ‘guilt’ of having another attack (too much wine, chocolate, etc), or of having a disease that has no high rank in the ‘prestige hierarchy’, but also includes the feeling of guilt caused by the fact that language becomes inadequate to describe the experience of pain. Second, there is the loss of vision caused by migraine. Although this is mainly due to the visual aura of the attack, it becomes a broader topic as the hole that occurs in an attack becomes a hole in reality. For this patient it causes ‘a feeling that I was no longer a whole’ (*Blindfold* 179). This feeling reflects the falling apart of the subject with migraine. The dichotomies that define the dynamic of this falling apart are the subject’s being in and outside of an attack, head versus body, body versus mind, words about pain versus having pain, etc. Most important, however, is the inability to express one’s pain in words, what I have called the signifier/signified problem. Hustvedt adds to this that patients and doctors often speak different languages. This causes a double barrier between the pain one feels and (medical) ‘reality’. Next comes the stigma of having migraine and being a ‘migraineur’. In this novel it takes the form of ‘auto-stigmatization’ which closes the circle as it produces a feeling of guilt on another level. In *The Blindfold* time is reversed and depicted as a circle. The sense of time of the narrator is disturbed. This reflects the disturbed sense of time of ‘real’ migraine patients. For migraine patients there may be two ‘now’s’ (see chapter 5) and this further adds to their insecurity. In response, sometimes, only one thing remains to be done, as is expressed by Hustvedt in *The Shaking Woman*, who states: ‘don’t fight migraine anymore, but embrace it’ (176), see also chapter 10.

The Horned Man (chapter 8) illustrates that a narrator with migraine should be believed unconditionally, despite an 'intrinsic' unreliability. Lawrence's words not only seem unreliable, but now and then even become incoherent, probably due to his migraine. In fact, his narrative is also a demonstration of a double artificiality: that of the (invented and sometimes incomprehensible) metaphors of migraine and of its (invented) discourse. Here the words of Riffaterre may come to mind: 'Words may lie yet still tell a truth if the rules are followed' (xiii). Lawrence may lie, but with respect to his migraine he is able to capture its true nature. By using the present tense now and then, his text is in a way reflecting the 'presentism' described in chapter 5. His narrative can in addition be seen as a strong longing for an externally visible sign as proof of his reliability and on a meta-level as proof for his 'migraine'. This need I consider to be part of the 'migraine self.' In that sense, *The Horned Man* can even be read as a call for the (urgent) need to develop a biological test for migraine.

Galchen's *Atmospheric Disturbances* (chapter 9) starts in the middle of a migraine attack and also ends with an attack. Therefore, the texts can be read as the description of one long attack, or of having 'chronic' migraine. One of the first aspects the narrative illustrates is that within an attack, or due to migraine, the point of perspective of a migraine-patient can be limited and distorted. Borders of space, time and ontology are misjudged. Migraine is presented as a simulacrum and a 'shade' of reality, including the misinterpretations of one's own pain, and through distorted feelings such as allodynia and synesthesia. Then there is the emphasis on the eternal return that also characterizes migraine (see chapter 10), as 'attacks will repeat itself, in variations' (238). It is obvious that things have happened before the start of this narrative and it is very likely that something is going to happen after its last words. Unlike Lawrence, the narrator in James Lasdun's *The Horned Man*, 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. He denies both diseases and his denial of having migraine indeed can be part of the 'migraine self' as it is sometimes seen in some patients, who refuse to acknowledge that they have a serious disease. Leo's combination of diseases does not lead to a 'quest', but in the end he needs to make a choice between 'the best of all possible worlds'. As migraine cannot be causally treated or cured one must indeed make 'the best of it'. Or, one must love his fate.

When Nietzsche Wept offers various other possible contributions to the migraine self. The novel emphasizes that ('eternally recurring') migraine can be seen as unavoidable and meaningless suffering, but also that this can be turned around into the giving of benefit and even of pleasure. Important is that pain indeed seems to be able to be at the basis of forms of creation, as described in chapter 4. *When Nietzsche Wept* is based on 'true' philosophy and 'true' migraine, and its most important contribution is that it describes one of the philosophical ways of dealing with migraine, namely in terms of an 'amor fati'. This is also the choice made by the protagonists of *The Blindfold* and *Atmospheric Disturbances*.

On the basis of the aspects derived from these works of fiction and in the light of the considerable overlap with the aspects dealt with in chapters 1 to 5, a proposal for a 'migraine self' can be made. It consists of the following core characteristics.

The self of someone suffering from migraine can be defined by:

- 1.) a loss of subjectivity;
- 2.) a loss of words, of grammar, of language in general;

- 3.) a loss of the sense of time;
- 4.) a loss of perception, and by consequence of an independent sense of reality;
- 5.) a loss of stability in between attacks, as one is never sure when a new attack will materialize.

The words of migraine patients are as a Wittgensteinian beetle in a box, as they must be interpreted in a common but artificial language. Only through rules and criteria they become 'reality'. Ironically, it also appears that migraine patients lose their place in 'reality', due to their altered ways of perception – of light, sound, smell, touch and time. As a consequence, they can lose their sense of an individual center; there is no 'fixed' point anymore. It is important to realize that in migraine this happens in attacks, which is in contrast with patients who constantly have pain. The attacks lead to another aspect of the 'self', namely that there is no 'stable' state. One can never be sure of the future and there is always the fear of forthcoming pain, or so-called cephalagiaphobia. So, also the periods between the attacks are characterized by suffering and ontological doubt. Still, this may also lead to increased creativity and liveliness and even to *amor fati*. Seen as such, three separate forms of subjectivity may be distinguished in migraine:

- 1.) the subject of being in an attack;
- 2.) the subject being outside attacks;
- 3.) the subject having the 'chronic' condition of migraine which includes a possibly life long on-off situation.

I must emphasize here that migraine does not lead to a *loss* of self – on the contrary. It does, rather, determine and enhance the self's status. I gave an example from fiction illustrating the importance of headache (of a hangover) in chapter 6. In Ian McEwan's novel *Nutshell* headache is presented as being important for 'the beginning of the invention of the self'. Fiction is not fictitious here, but rather indicative of a more general state. Some examples of how migraine can lead to the notion of a 'real' self are given in chapter 4. There, the poems of Jane Cave Winscom demonstrated her narrative composition of a self 'who has overcome this enforced silence to speak about the experience of head pain'. By writing her poems she succeeded in 'the construction of a self who is able, somehow, to express the inexpressible'. Likewise, Roland Barthes appeared to need his bodily pain to be himself. He did not present migraine as something that destroys, but that produces a feeling of 'self'. Siri Hustvedt too was curiously attached to her migraine and wrote 'the headaches are me and rejecting them would mean expelling myself from myself' (*Shaking* 189). So, migraine is important for the 'self', and determines its status. And there is more.

The 'migraine self' can even be considered as a symptom of a historical condition, in terms of a postmodern ontological uncertainty. There are > 10% of subjects in Western society that suffer from such an altered ontological state. In migraine there are unique disease-related factors that determine the being of the self and the subjective world of its sufferers. More in general, it can be argued that migraine can be seen as symbolizing a state of affairs that has been defined as postmodern: a state, in which nothing is certain, in which language is both a last resort and an untrustworthy vehicle of representation, in which no-one can be certain of his- or her 'world' at any given time. As already hinted at, with migraine being unavoidable for its sufferers, the only productive way to deal with this might be 'amor fati'.

As long as the context can change as easily as the weather, the life span of a scholarly conclusion is not much longer than that of a cloud

Ellen Spolsky, 2002

Our own ideas, too, will seem painfully out of date sooner than we might care to admit.

Katherine Foxhall *Migraine* 2019

If tomorrow someone succeeded in producing a cost-free, fool-proof pill (with no side-effects) conferring lifetime immunity from pain, we should have to begin at once reinventing what it means to be human

David B. Morris, *How to Read* 1987

What if?

My attitude towards my own efforts throughout this study and in the conclusions of this thesis is ambivalent. On the one hand, as a medic, I hope that tomorrow a diagnostic test for migraine becomes available, and that the diagnosis will not depend on words and artificial criteria alone anymore. Next to that, I also hope that soon a causal and complete treatment for migraine will be developed. On the other hand, such a biological test would make more than 90% of the words of my thesis superfluous and result in an almost complete ‘victory’ of science over literary culture in this matter (see chapter 6). Besides, an eradication of the disease migraine would definitively make my efforts not more than a nostalgic exercise and above all completely useless. More important, however, it would force > 10% of subjects in the Western society to redefine their subjectivity and even their ‘self’. For, as I may have made clear, migraine is not just a disease that people suffer from but that defines their very being. They are defined by their migraine. As long as we do not enjoy the luxury of being able to fall back on diagnostic tests and certainty, we must rely on our skills in observation and communication and in this communication the words and metaphors of the patient are of central importance. The reading of patients as a text – and as this thesis suggested, the reading of texts as patients – is only possible by means of a literarily trained skill called *phronesis*. It involves the practical wisdom that makes the fortuitous interpretation of signifiers without signified possible, and that may even give some insight as to what kinds of beetles are living (or crawling) in other people’s boxes.