

# WRITING PAIN AS AN ACT OF SELF-INJURY

Nieves Pascual Soler  
Universidad de Jaén

## ABSTRACT

Writing an autobiography is often acknowledged as a therapeutic measure in situations of pain. It allows reintegration of identity—fragmented during illness—provides agency and helps establish a sense of commonality. But for writing to be effective it requires “new style, new composition, [and] surprising imagination” (Kristeva 51). In this essay I examine a corpus of narratives of illness written in English and Spanish and argue that the uniformity of the metaphors and structures used may not only hinder the process of healing but may facilitate the repetition of the experience of pain.

KEY WORDS: Pain, autobiography, therapy, sympathy.

## RESUMEN

A menudo se reconoce la escritura autobiográfica como medida terapéutica en situaciones de dolor. Permite la reintegración de la identidad—fragmentada durante la enfermedad—confiere capacidad de acción y ayuda a establecer un sentido de comunidad. Pero para que esta escritura sea efectiva requiere “un nuevo estilo, nueva forma de composición [y] una imaginación sorprendente” (Kristeva 51). En este ensayo examino un corpus de narraciones de enfermedad escritas en inglés y en español y argumento que la uniformidad de las metáforas y estructuras utilizadas no sólo puede obstruir el proceso de curación sino que además puede facilitar la repetición de la experiencia del dolor.

PALABRAS CLAVE: dolor, autobiografía, terapia, simpatía.

## INTRODUCTION

To Schopenhauer the aim of life is pain. Pain is the norm, he writes (17). Pain to him gives sense to our existence because without pain we would be incapable of experiencing pleasure. It is true that pain is not an exceptional experience. Many people have suffered or will suffer acute pain. To Hans-Georg Gadamer, in fact, we are all patients (98). “¿Es que hay alguien que esté completamente sano?” (“Is there anybody completely healthy?”), wonders Soledad Puértolas (207).<sup>1</sup> It is also true that without pain there would be no occasion for pleasure. But to be a person is not to be in pain, nor is pain everybody’s purpose in life. It seems that only when pain is given a purpose and comes to be meaningful, can life go on.



Indeed, to Boris Cyrulnik in his treatise on resilience, it is only when pain, or the memory of it, can be turned into art that it becomes bearable (13-14).

The experience of pain has been translated in diverse manners. For long, and under the influence of the Christian religion, it has been coded as the key to salvation and knowledge of authentic being. Santa Teresa in *Libro de la vida* tells of a nun deeply ill from mouths grown in her abdomen through which she vomited what she ingested. The novice begs from God that the same gift be granted to her and in less than two years, at the age of 23, in 1538, she contracts phthisis, a condition which opens her body to a deeper knowledge of God's magnificence and new insights into the essence of sin (31). Urgently she sets pen to paper to communicate her doctrine and allow parishioners benefit from it. She, like many other writers (Augustine, Joyce, Freud, Woolf, Shelley, Keats, Mansfield, Stevenson, Nietzsche, Jaspers, Kafka, Proust, Leopardi, Balzac, Juan Ramón Jiménez, Alberti and Aleixandre), considered that some physical discomfort was needed to be industrious and became positively addicted to the pleasures it offered. If aesthetic labour is characterized as a painful act of dispossession that consumes the writer in the process of writing,<sup>2</sup> eventually, however, it always registers as a pleasurable gain, which momentarily satisfies the desire for art/pain but does not extinguish it.

Conterminously, the intensity of pain has become an indicator of punishment and a stigma of moral corruption. Josefina Aldecoa in "Convalecencia y creación" pointedly explains that illness as guilt is even today deeply ingrained within human beings:

El dolor físico y el temor metafísico han teñido la enfermedad de connotaciones especiales de tipo moral, derivadas de las distintas religiones. La enfermedad como culpa está todavía hoy muy arraigada en el ser humano. Algo hemos hecho mal, alguna norma esencial ha sido quebrantada para llegar a perder la salud. Algo ha fallado en nuestra conducta. Un sentimiento de fracaso, de fallo, de inferioridad nos invade cuando nos sentimos enfermos. Al sentimiento de culpa se une el sentimiento de castigo. (21)

Physical pain and metaphysical fear have tainted illness with social connotations of a moral kind, derived from different religions. We have done something wrong, some essential norm has been shattered to lose health. Something has failed in our behaviour. A feeling of failure, of fault, of inferiority invades us when we feel ill. The feeling of guilt combines with a feeling of punishment.

Thus objectified as the truth's negative, far from ennobling human beings, pain distances them from their affects. And because in pain there is no love, no friendship, there is no civilization and no culture (Argullol 117), and pain "isolates

---

<sup>1</sup> All translations are my own.

<sup>2</sup> Michael Serres in *The Parasite* expresses his belief that writing is a transfusion of the living body into language, a process of self-consumption in which "the work parasites its worker" (131).

itself in consciousness, or absorbs the rest of consciousness,” it is literally for Levinas a dead end: “useless, ‘for nothing’ [...] this basic senselessness.” (in Frank 176) Even if such an ethic of pain poses a threat to identity by making the body alien and depriving one of oneself,<sup>3</sup> inasmuch as nobody can suffer for you, instead of you, just as nobody can die for you, pain also confers identity to the individual. In this sense, physical suffering is one of the most private and individuating of experiences, but precisely because of its privacy, it is difficult to communicate, however much sufferers persevere in the impossible task of sharing their pain and making it known. Interestingly, in “Of Sickness in General” Michael Serres draws an inverse relation between illness and speech:

It might have been first believed that health was only the silence of the medical sciences, all astir from speaking of pathology. The normal does not say much, if anything at all; the norm is a line perpendicular to the horizon, the orthogonal, standing up straight, casts no shadow, as little as that of the sun at high noon. What can be said, then, of the right angle and of its farce, except that its efficacy is at the highest point? The normal, like many of our concepts, is a crest, an optimum concept; maximum force and minimum discourse. We speak only of shadows. (197)

Patients often wish to remember and speak about themselves (Gadamer 151), but all they can do is evoke the experience by bringing it into association with something else, never are they able to reproduce it. Although the unheard cry of pain is made visible in the images of Grünewald, Stanzione, Goya, Munch, and Bacon, pain itself, as Argullol argues, escapes pictorial representation:

El dolor es puramente una pintura interior, inexpresable desde el punto de vista del espacio pictórico. Si repasamos la historia de la pintura no hay ninguna del dolor. Hay una pintura de la violencia, de la guerra, de la destrucción, pero no se ha podido pintar el dolor. Munch quiso pintar el grito, eso que Schopenhauer creía que no se podía pintar. Munch quiso pintar el grito. Pero nadie ha pintado el dolor, nadie ha conseguido pintar directamente la esencia del dolor. (144)

Pain is purely an interior painting, ineffable from the point of view of the pictorial space. If we review the history of painting there is none of pain. There is a painting of violence, war, and destruction but nobody has been able to paint pain. Munch wanted to paint the howl, which Schopenhauer thought could not be painted. But nobody has painted pain, nobody has been able to paint the essence of pain.

## 1. WRITING AS THERAPY

The writer does not fare better. As Virginia Woolf conveys so well in “On Being Ill”: “English, which can express the thoughts of Hamlet and the tragedy of

---

<sup>3</sup> Cogently Argullol refers to the vamping power of pain (38).

Lear, has no words for the shiver and the headache [...] and language at once runs dry” (in Bending 84), because on eluding rational frames pain offends social order. However, despite its absolute alterity and the unrepresentability of its representation, we have all been recruited into the notion that its evocation makes for effective therapy. Indeed, art allows intellectualization, dreaming, rationalization and sublimation. On the one hand, pain provides you with a biographical script that you can recreate through art, which in turn is acknowledged to give the empained a sense of self-continuity and coherence. Audre Lorde, in fact, wrote on her battle with cancer “in order to keep me available to myself” (65) and protect the self from being dissolved. On the other, art offers a tool for personal action that counterbalances the little scope for agency felt during the illness. Significantly, after her lumpectomy photographer Jo Spence claimed that she resorted to photography to become the subject of her history “rather than the object of somebody else’s” (140). And on yet another hand, if isolation and marginalization aggravate pain (Puértolas 207), when suffering is made visible by the presence of others, when it becomes available through art, when witnesses attest to our own act of witnessing,<sup>4</sup> it “draws humankind together in a band of communal suffering” (Cameron 82) that offers itself as a mirror of similitude.

In *La medicina y nuestro tiempo* physician Gregorio Marañón argues that pain is diminished when the experience is contained in words and brought to the world (84). Nancy Mairs concurs upon noting that only when pain is voiced, suffering is destroyed. On describing the progression of her multiple sclerosis in “Carnal Acts,” she declares: “I do in fact cope with my disability [...] And I do so, I think, by speaking about it and about the whole experience of being a body, out loud, in a clear level tone” (277). Likewise, on Gilles Deleuze’s view, literature is a health initiative (14). The writer to him is closer to the doctor than to the patient when s/he is able to carve a new syntax, a kind of foreign language, out of the mother tongue (102). Julia Kristeva arrives at a similar insight. Literary representation is “a therapeutic device used in all societies throughout the ages” (24) only when it:

[...] succeeds in integrating the artificial language it puts forward (new style, new composition, surprising imagination) and the unnamed agitations of an omnipotent self that ordinary social and linguistic usage always leave somewhat orphaned or plunged into mourning. Hence such a fiction, if it isn’t an antidepressant, is at least a survival, a resurrection. (51)

I will focus on the ways in which physical suffering is expressed in a corpus of illness narratives written in English and Spanish and published in the last ten years (Argullos; Cameron; Grealy; Hooper; Mairs; Puértolas; Sigler; Suárez). In this

---

<sup>4</sup> When writing our pain we are just witnessing the pain of a former self, an other. The audience during this process is reduced to one.

context, I make the following extrapolations. First, contravening Deleuze and Kristeva, it is perhaps impossible to find your own voice in situations of pain. The rise of illness autobiographies in the wake of poststructuralism certainly bespeaks a rise of individuation, but this pretence of individuation grows proportional to the elimination of the individual. Second, and because of this, an autobiographical text cannot reinforce the process of remission and invite the annihilation of pain. This is yet another fictional trope. Third, not only is pain not devoured with words, but words reinscribe past wounds preventing oblivion, deemed a necessary step in the route to recovery. In this sense, writing may become an act of self-injury. Finally, the reading of narratives of illness might trigger simulation and contagion.

## 2. THE COMPOSITION OF PAIN NARRATIVES

Perceptively Mark Johnson argues that metaphors are grounded in common experience within a culture and that physical experiences are always socially constructed (33). However, despite differences in semantic knowledge, in the description of pain the metaphors utilized are identical in both English and Spanish. The war metaphor is the most frequent. When the victim is able to transform pain into a fight, the invader looks less monstrous (Cyrulnik 23). For Soledad Puértolas in “Locos y enfermos” pain is a knife (198). Incidentally, for Santa Teresa it is shaped as sharp teeth (35). Hollis Sigler dreams it as a killer in her *Breast Cancer Journal*: “I had a dream in which a killer was out there stabbing me. When I went to the police, they said there was nothing they could do to help me. I panicked as I realized I had no one who could protect me from my killer” (69). In *Davalú o el dolor*, pain is metamorphosed into an Armenian devil, or else it is objectified as an army of crabs, scorpions and reptiles so as to make it vulnerable. In this first-person narration on the suffering caused by a cervical injury, Rafael Argullol feels like a general carefully planning a battle (136). Pain also acquires spatial and temporal limits in *Diagnóstico: cáncer* by Mariam Suárez, who constructs her metastatic breast cancer as a fight against an encroaching enemy (13). Likewise, Audre Lorde, an African American woman who succumbed to cancer in 1992 and shares her experiences with diagnosis and later recovery in *Cancer Journals* muses on the affinities which her struggle has with military war. Judith Hooper, for her part, imagines her axillary lymph nodes as “alien invader[s]” and sardonically comments: “Maybe one of the cells got bored and came up with the notion of a mutiny. Screw the system! Viva la revolución!” (269).

Other three metaphors have become conventionalized to the point where their metaphoricality is forgotten. One is drawn from the language of demonic possession. Significantly, Suárez, who believes that the closing word in her book signifies the end of her illness, claims that through her writing she has exorcised the ghosts inside (227). Another relates illness with the partial or total destruction of a ship at sea. “Almost every illness story I have read,” Frank declares, “carries some sense of being shipwrecked by the storm of disease, and many use this metaphor explicitly” (54). Still the third conceptualizes the experience as a journey through

affliction with two bifurcations: cure or inevitable death (Sigler 22). On account of these two paths, Frank proposes three types of illness narratives: the restitution story, structured around health (77), the chaos narrative, which “imagines life never getting better” (97), and the quest narrative, ready to “accept illness and [...] use it” (115).

Paradoxically, all these metaphors are inherited from the medical technology. Paediatrician Perri Klass explains on the war analogy that:

If we are at war, then who is the enemy? Rightly the enemy is the disease, and even if that is not your favourite metaphor, it is a rather common way to think of medicine: we are combating these deadly processes for the bodies of our patients. They become battlefields, lying there passively in bed while the evil armies of pathology and the resplendent forces of modern medicine fight it out. Still, there are very good doctors who take disease as a personal enemy and battle it with fury and dedication. The real problem arises because all too often the patient comes to personify the disease and somehow the patient becomes the enemy. (81)

Be the patient or the disease conceived of as the enemy, the fact is that when you contract a disease, you—who so far have lacked the vocabulary to speak about it—contract the world of that disease complete with all its medical tropes. Clearly, in narratives of illness, a “healthy” narrative voice referred to as “I,” now knowledgeable in diseases, symptoms, diagnoses and cures, witnesses and rationalizes a former self, an other, the patient, through the residues of a medical discourse apprehended during the illness.<sup>5</sup> Explicitly, Mariam Suárez explains in her autobiography on cancer that the people who suffer from long diseases soon become doctor apprentices (92). In this respect, Arthur Frank goes so far as to argue that you are even “taught how to be ill by professionals” (159).

If the experience of pain is described as an invasion that eats the body away, a “sober banquet” in Argullol’s words (35), to imagine the affected organs and the appearance of the patient, writers resort to alimentary products. Lymph nodes metamorphose into “pinto beans” (Hooper 109), and the patient in a bathing suit resembles “a butcher’s diagram of the cuts of beef” (119). Mariam Suárez also confesses that on being told that she was a good candidate for a bone marrow transplant she imagined herself lying face down, cut open like a cow (104). Interestingly, in *Her/She Senses Imag(in)ed Malady*, a collaborative project that Angela Ellsworth and Tina Takemoto began in 1993 when the former was diagnosed with lymphoma, Takemoto conscientiously mimics the signs of illness in her friend using food products: marshmallows and eggs. “Eggs,” she explains, “begin to rhyme the shape of scars as well as the texture of the damaged skin” (121). The food analogy, however, helps entrap the empained into a medicalized system that disintegrates their bodies

---

<sup>5</sup> Of necessity it has to be so. As Sharon Cameron argues: “to be competent to speak of pain is to speak of pain that isn’t yours” (1).

into individual parts. Although the metaphor is powerful because of its association with the faculty of taste—the most imperishable in memory—and its cannibalistic connotations, its constant repetition dilutes the harshness of the reality of pain, and speeds up forgetfulness in the minds of the readers.

To disobey these metaphorical prescriptions and the other generic conventions that define illness autobiographies as such seems an impossible injunction. As it happens, when in intense pain the subject loses language (Scarry 4) and narrative structures, once it ceases, however, the subject seemingly tends to overcompensate the loss by making these structures heavier than before. As it is, the situation of the patient before the illness is always imagined as a state of pre-Fall innocence and consequently translated in biblical terms, as Dante's *Paradise Lost*: "ya mi camilla estaba en las puertas de vaivén, que se me antojaban como las puertas de 'El infierno' de Dante," ("already my stretcher was at the revolving doors, that I fancied as the doors of Dante's hell"), says Mariam Suárez (114). The impossibility of retrieving the life before pain, the illusion to be exempt from natural law, the "this was not supposed to happen at all" (Sigler 22) convention, and the fear of recurrence are inescapable. Always it is during convalescence that the process of writing takes place. Pain has been repudiated,<sup>6</sup> but the narrators have not come out of the shock produced by the illness, because it is not the illness itself but the treatment that most traumatizes.

Periodic checkups at the hospital and enrolment in programs combining support and education follow each other. References to the patients' obsession with reading on the illness abound and translate into long medical and statistical reports (Sigler 25). The allusion to watching as a conscious antidote is also customary: "Debería comer, pero no tengo hambre. Sólo tengo ganas de mirar y devorar con la mirada las imágenes. Sé que eso puede ser el mejor antídoto," ("I should eat, but I am not hungry. I only feel like watching and devouring images. I know this can be the best antidote"), says Argullol (84). In fact, vision substitutes words because through vision the body decreates itself when emphasis is put on the object (Scarry 165). Consciousness of "seeing" also precipitates the collapse of spatial domains and the condensation of the logical course of time (Suárez 142; Argullol 102). Arthur W. Frank, himself a former cancer patient, certifies that "a life with serious illness is out of time, if time is measured by the metronome of social expectation. The illness story creates its own time out of interrupted time, or its own coherence out of

---

<sup>6</sup> It cannot be otherwise because intense pain impedes speech. "Physical pain," says Scarry, "does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language" (4). Lucy Grealy writes that: "Several weeks and misdiagnoses later surgeons removed most of the right side of my jaw as part of an attempt to prevent the cancer they found there from spreading. No one properly explained the operation to me and I awoke in a cocoon of pain that prevented me from moving or speaking (55). Later she ponders on the equation strength and silence (56). On the female insistence on suffering in silence and the usual male exhibitionism in situations of pain, (Bending 101).

incoherence” (65). Listening to music is likewise referred to as an influence on pain control because it facilitates muscle relaxation and releases psychological tension. Humour, serious and literal humour, is ever present as a distancing mechanism (Suárez 136). Having being invited to give a reading at the University of Arizona, Nancy Mairs, then confined to a three-wheeled electric scooter, recalls that:

Having smashed three of my front teeth in a fall onto the concrete floor of my screened porch, I was in the process of getting them crowned, and the temporary crowns flew out during dinner right before the reading. What to do? I wanted, of course, to rush home and hide till the dental office opened the next morning. But I couldn't very well break my word at the last moment. So, looking like Hansel and Gretel's witch, and lisping worse than the Wife of Bath, I got up on stage and read. Somehow, over the years, I've learned to set shame aside and do what I have to do. (276)

One of the best-known reports of healing by means of humour is that of Norman Cousins. According to him, laughter mobilizes the natural defence mechanisms of the body and has biochemical effects not only on the immunological system but on the endocrine, respiratory, cardiovascular, neurological, and musculoskeletal systems as well. This mobilization of the body's defence mechanism is reputed both to have a healing effect and to be health producing.

Insensitive doctors abound: “No one spoke to me, not the doctor who was the paradigm of the cold-fish physician” and who reduces Grealy to mere data. A feeling of physical, sensorial, and spiritual isolation prevails upon her (56). Soledad Puértolas writes on her mother's disease: “¿Cómo marginó la enfermedad a mi madre! [...] Veo que la enfermedad no radica sólo en la persona que la padece. Creo que la enfermedad ha sido decretada por esta sociedad” (“How did illness alienate my mother! [...] I see that illness does not lie in the sufferer. I believe that illness has been decreed by society”) (202). In fact, to Link and Phelan, any state of ill health is not only decreed but created by society: “Societies in part create the disease they experience, and, further, they materially shape the ways in which diseases are experienced.” They add that “the varieties of human affliction owe much to the inventiveness of culture as they do to the vagaries of nature” (471).

The invisibility of the ill person and the infantilization or desexualization of the body in pain are further items of discussion. Paradoxically, the assertion of physicality, and the disruption of the classic mind/body duality are also recurrent (Argullol 11). On reflecting about the prospect of reconstructive facial surgery after childhood cancer, Lucy Grealy explains: “I didn't feel I could pass up yet another chance to ‘fix’ my face, which I confusedly thought concurrent with ‘fixing’ myself, my soul, my life” (54). Precisely because the spirit is thought to be sown to the body, and the mind is forced to know itself as body, there is an emotion of shame at the suffering. Interestingly, shame, which involves “thought of a norm against which one has measured oneself and found oneself wanting” (Nussbaum 146-47), often appears counterbalanced by the experience of being special and a feeling of omnipotence that invariably results in the desire to remain wounded. Explicitly, Lucy Grealy hints at the bonding of victimhood with narcissism and recalls that “rather than spend all my time despairing, though certainly I did plenty of that, I devel-





oped a form of defensive egomania: I felt I was the only one walking about in the world who understood what was really important” (61). This egomania is expanded through identification with victims in Vietnam, Cambodia, Auschwitz and Birkenau:

I was living in an extreme situation, and because I did not particularly care for the world I was in, I lived in others, and because the world I did live in was a dangerous one, I incorporated this danger into my private life. I saw movies about and envied Indians, imagined myself one. Walking down the streets I walked down the forest, my body ready for any opportunity to fight or flee one of the big cats I knew stalked the area. Vietnam and Cambodia were other places I walked through frequently, daily even as I made my way down the school hall, knowing a landmine or a sniper might give themselves away at any moment with the subtle, soft metal clicks I'd read about in the books I frequently took from the library. When faced with a landmine, a mere insult about my face seemed a frivolous thing. (59-60)

Marilyn Hacker in *Winter Numbers* places her personal suffering in the context of the Holocaust and writes in the ninth sonnet: “each numbered, shaved, emaciated Jew/ I might have been. They wore the blunt tattoo,/ a scar, if they survived, oceans away./ Should I tattoo my scar? What would it say?” However, and inasmuch as the rhetoric of narcissism always masks a deeper nihilism, it comes as logical that literary references to Beckett, Sartre and Kafka abound: “As for Kafka, who had always been one of my favourite writers even before the new fashion for him, he helped me in that I felt permission to feel alienated, and to have the alienation be okay, make it bearable, noble even” (Grealy 70).

In Frank's view, this uniformity results from “a commonality of suffering [that] cuts across worlds of race and gender as well as types of disease” (170), i.e. a transhistorical, transnational and transpolitical suffering. He further explains that:

People do not make up stories by themselves. The shape of the telling is moulded by all the rhetorical expectations that the storyteller has been internalizing ever since he first heard some relative describe an illness, or she saw the first television commercial for a non-prescription remedy, or he was instructed to “tell the doctor what hurts” and had to figure out *what* counted as the story that the doctor wanted to hear. From their families and friends, from the popular culture that surrounds them, and from the stories of other ill people, storytellers have learned formal structures of narrative, conventional metaphors and imagery, and standards of what is and is not appropriate to tell. (3)

### 3. THE IMPOSSIBILITY OF A PERSONAL LANGUAGE IN SITUATIONS OF PAIN

In this line of reasoning, and despite Deleuze's and Kristeva's insistence on the healing effect of an artificial and personal language, there seems to be no possibility of a personal language in pain. If pain is the most personal of experiences, it is also the most universal and, in this sense, the one that depersonalizes the subject the most. As it happens, in order to communicate about private experiences we use

sensation-terms that do not have as their meanings personal sensations. These terms in turn mould our personal experiences of corporeality. Maybe in this sense there is no possibility of feeling an original sensation. If, furthermore, in another turn of the screw, and as Hayden White puts it, “the events themselves possess a ‘story’ kind of form and a ‘plot’ kind of meaning” (40), then it can be argued that physical pain imposes its own narrative strategies, reducing thus every story to the repetition of an archaic one, to the copy of a copy. The question then is what conception of agency is involved in the act of narrating pain. Does the individual choose or will his/her action? In a market culture that prescribes illness as the occasion for narrative, on writing an autobiography we submit to the mandate of hegemonic structures, and in submission we partially deprive ourselves of agency. Agency attributes cause, responsibility, and blame, but inasmuch as action is predicated on discursive warrants that provide both a post hoc justification and an ad hoc prescription for it, the individual is dispossessed of cause, responsibility and blame, and therefore s/he is dispossessed of will.<sup>7</sup>

Be that as it may, to Gadamer health abides by the capacity to forget (153) and repress the intuitive idea of death, repress it to the point of feeling that you do not have to die death: “It was a revelation to me,” Sigler admits after having been diagnosed with a stage four breast cancer, “just as it had been to Lorde, how I had treated everything in life as if it were permanent. I ‘forgot’ that I would eventually have to leave my body, which I had viewed as a permanent residence” (21-22). Then, how can the persistent repetition of an archaic story contribute to disremembering? Nietzsche argues that only that which never ceases to hurt stays in memory (61), and one of the ways to keep it there is through writing because to write, as Cixous alleges, is the way not to forget (88). Eventually it is the picture that persists as opposed to the experience itself, to such an extent that Cameron feels unable to recognize the pain outside of her story of pain (3), outside the pain script. In a perverse manner, on evoking her pain in writing Cameron is re-enacting the experience and converting the protection against pain into the repetition of it. On the one hand, the abuse of memory facilitates the repetition of the experience: “El abuso de memoria petrifica el porvenir y obliga a repetir, mucho más que el olvido” (“The abuse of memory petrifies the future and forces us to repeat, much more than oblivion”), says Cyrulnik (129). On the other hand, “writing also insulates the body” (Ellmann 93) and isolation aggravates pain (Puértolas 207). Finally, language creates reality. Such at least is the Biblical story of the creation of the world as told in *Genesis 1. 3*. In this respect Mariam Suárez ingeniously observes that former cancer patients often fall ill when talking pain (22). Evidently, the pain

---

<sup>7</sup> It has not always been like this. In the modern period, in fact, the medical narrative is the master text (Frank 11). It is true that the subject can now choose rebellion and adopt the discourse of objection, but this discourse is also regulated by a set of conventions and sanctioned by the hegemonic order.



language resurrects is an imitation of the former pain of a former self because the original suffering and the intensity of it can never be recovered. As Scarry explains the pain of the other (by which I understand the present self as well as the person outside the sufferer's body) is incommensurable and only "with the best effort of sustained attention" can a shadow of its aversiveness be grasped (4). It is thus lost forever due to a failure in translation, which to Patrick J. Mahony can also be felt as traumatic and consequently become the source of a new wound. The pressure to write well and complete the story are also significant stress factors.

The pain resurrected is thus a falsification. It can be altered so as to be disseminated as a desirable experience in the public mind. Suárez confesses that pain allowed her to give up all human superfluities: "puedo decir que en cierta forma me compensaba haberme puesto enferma, porque pude hacer muchas cosas que de otro modo no hubiera podido ni soñar" ("I can say I was repayed for having been ill, because I could do things I had never dreamt of") (60). But, not only is pain viewed as a gift with potential for deeper knowledge of self and profound understanding and compassion for others (Sigler 33), but it also activates creation (Puértolas 209; Argullol 129), and may even propitiate the apparition of supernatural powers, as Plato defends in *Timeo*. If pain is the route to wisdom and prescience, it logically follows that the empained recreate their terrors in the act of composition in order to recover their lost experience of pain, which in turn represents their pretext for further composition. As a result, "a lot of people have the impression that cancer is little more than a fashion," writes Hooper (131), i.e. a style of behaviour that invites mimesis (Suárez 78).

#### 4. SIMULATION IN READING

Borch-Jacobsen has situated mimesis as preceding identification, which in turn organizes and instantiates identity: "I am another, the other who gives me identity" (9), he claims. In his terms, identification involves self-erasure and must of necessity be sympathetic.<sup>8</sup> Significantly, Mary Ann Doane theorizes the concept of sympathy as a physiological one. To her it "connotes a process of contagion within the body, or between bodies, an instantaneous communication and affinity" (172). It follows that through sympathy contagion might occur. Clearly, Austrian

---

<sup>8</sup> Nussbaum in her treatise on emotions differentiates empathy and sympathy according to the degree of suffering and the cognition of sameness implied. Empathy to her "designates an imaginative reconstruction of another person's experience" (301) and "is always combined with the awareness that one is not oneself the sufferer" (377). Sympathy, by contrast, "suggests a greater degree of suffering both on the part of the afflicted person and on the part of the person having the emotion." (301). Although the terms continue to be slippery it appears that it is sympathy and not empathy that quantifies a higher extent of identification and it is on its grounds that identity can be substantiated.



novelist Thomas Bernhard falls ill when his grandfather, whom he loved dearly, is hospitalized. The possibility of a copy-cat pleurisy is manifest upon his claiming the need to make up an illness in order to acquire conscience of himself and of the world around (57). However true this is, his passage from sympathy to illness is basically his reaction against the profound fear of losing his grandfather, and having less and less of him. As Peggy Phelan argues, “at the heart of mimicry is the fear [...] that [...] ‘the thing itself’ (you, me, love, art) will disappear” (12).<sup>9</sup> Likewise, the fantasy of making the self as other is present in Eve Kosofsky Sedgwick’s narration on her perception of herself after being diagnosed with breast cancer. In the section devoted to her relationship with her friend Michael Lynch, at the time sick with AIDS, she speaks about his white glasses and her “fetishistic crystallization of him through those white glasses” (253). Undoubtedly her susceptibility of the other’s pain is here increased due to the severe pain she herself is undergoing. The other can neither remain other for Sharon Olds, who unconsciously also exposes herself to the contagion “between bodies” looking at her father dying. Already in 1917 Groddeck related how scarlet fever was activated in his body on merely looking at the exanthema suffered by one of his patients. Although he assures the reader that contagion occurred due to his inferiority complex towards Sigmund Freud, a feeling of sympathy towards his client is divined in his narrative: “Estas enfermedades cutáneas [...] sólo aparecen cuando la proximidad de un ser humano comienza a excitarme” (23) (“These skin diseases [...] only appear when the proximity of a human being causes a sensation in me”). He thereby expands the concept of sympathy to both idealized and dreaded images opening the possibility of contagion to those looking at the illness of others outside the person’s emotional circle. In 1887 Jean Martin Charcot and Paul Richer analyzed the element of performance in situations of pain and concluded that after looking at representations of hysteria, patients tended to imitate them and contracted the symptoms. If by merely looking you might simulate<sup>10</sup> and illness and generate in yourself the symptoms perceived, it follows that reading, which is another form of witnessing, might awaken the desire to imitate the symptoms described in those readers predisposed to contract them.

---

<sup>9</sup> Inasmuch as identification implies the incorporation of the other into the self, whom the other cannibalizes till it is erased, it is but a symptom of melancholia, the state of which was defined by Freud as a narcissistic disposition whereby the lost object once introjected by the self feeds on the ego until the latter is totally impoverished (Freud 245).

<sup>10</sup> Jean Baudrillard differentiates between simulation and dissimulation from pain: “To dissimulate is to pretend not to have what one has. To simulate is to feign to have what one doesn’t have. One implies a presence, the other an absence. But it is more complicated than that because simulating is not pretending: ‘Whoever fakes an illness can simply stay in bed and make everyone believe he is ill. Whoever simulates an illness produces in himself some of the symptoms’ (Littre). Therefore, pretending, or dissimulating always leaves the principle of reality intact [...whereas simulation threatens the difference between the ‘true’ and the ‘false’, the ‘real’ and the ‘imaginary’” (3).



Groddeck argues that an illness may be produced by unconscious decisions. Just as the unconscious protects itself against chemical, mechanical, and bacterial attacks, it might also produce the conditions necessary to activate pathogenic germs when specific sensorial impressions arouse contents (affects and presentations) so far repressed. The effect may be produced in the mind by a story or a word stimulus: “de alguna forma se podía provocar experimentalmente la fiebre al pronunciar ciertos nombres o palabras” (21) (“in some way fever could be experimentally provoked on pronouncing certain names and words”),<sup>11</sup> he says referring to a patient suffering from mysterious attacks of fever, in order to conclude that “una sola palabra que logre excitar un complejo psíquico nocivo provoca la misma tos que una inhalación de cloro (25) (“a sole word that manages to excite a noxious psychic complex provokes the same coughing as a inhalation of chlorine”).

But for the individual to contract the symptom s/he must be predisposed in temporal terms: “Al examinar la cuestión de la aptitud para enfermar [...] enseguida se ilumina la cuestión de la disposición temporal” (Groddeck 12) (“On examining the question of the aptitude to contract an illness [...] suddenly the question of temporal disposition is lighted up”). It is inferred from his work that our aptitude increases when we are going through a period of extreme vulnerability. Incidentally, in her *Breast Cancer Journal* Sigler recounts that “As far back as 537 B.C. the ancient and respected physician Galen noted that women who were depressed and melancholy were more apt to get breast cancer than cheerful ones” (41). In 1977, Dr. Lawrence Le Shan found in a controlled study of 500 cancer patients that “childhood isolation and despair, poor parental relationships, establishment in adult life of a strong relationship or job into which much energy was poured, subsequent loss of this relationship or job” leads within a period of six or eight months to cancer (in Sigler 45). In this view, a sole word, and by extension, a whole narrative may generate, when read in vulnerable conditions, impressions that change our bodily functions and activate symptoms of illness.<sup>12</sup>

## 5. CONCLUSION

For writing to be a self-therapeutic measure the singularity of the patient’s voice needs to be reclaimed. Insofar as these narratives adapt the patients to one reigning order of discourse confining them to a state of undifferentiated identity, they are emptied of their supposed efficacy. Certainly, as Butler argues, “To speak within the system is to be deprived of the possibility of speech” (116). Furthermore,

---

<sup>11</sup> Apart from a story, Anne Ancelin Schützenberger considers other stimuli, such as “a medallion, a painting, a piece of furniture, a Bible or a box of letters found in the attic” (67).

<sup>12</sup> The symptoms activated depend, in Schützenberger’s view, on the personal family history. See *The Ancestor Syndrome*.

by remembering suffering, writing resurrects and repeats a former painful situation. Since in this act of composition pain is domesticated and heroicized, it may arouse desire for illness in the readers. At this point I am not even sure of our right to tell our own life experiences.



## WORKS CITED

- ALDECOA, Josefina. "Convalecencia y creación." *Con otra mirada*. Ed. Miguel García-Posada. Madrid: Taurus, 2001. 19-30.
- ARGULLOL, Rafael. *Davalú o el dolor*. Barcelona: RBA, 2001.
- BAUDRILLARD, Jean. *Simulacra and Simulation*. Trans. Sheila Faria Glaser. Ann Arbor: U of Michigan P, 1994.
- BENDING, Lucy. *The Representation of Bodily Pain in Late Nineteenth-century English Culture*. Oxford: Clarendon, 2000.
- BERNHARD, Thomas. *El aliento*. Trans. Miguel Sáenz. Barcelona: Anagrama, 1991.
- BORCH-JACOBSEN, Mikkel. *The Freudian Subject*. Trans. Catherine Porter. Stanford: Stanford UP, 1988.
- BUTLER, Judith. *Gender Trouble: Feminism and the Subversion of Identity*. New York: Routledge, 1990.
- CAMERON, Sharon. *Beautiful Work: A Meditation on Pain*. Durham & London: Durham UP, 2000.
- CHARCOT, Jean Martin & Paul Richer. *Los endemoniados en el arte*. Trans. Ángel Cagigas. Jaén: Colección de heterohistorias, 2000.
- CIXOUS, Hélène. *Three Steps on the Ladder of Writing*. Trans. Sarah Cornell & Susan Sellers. New York: Columbia UP, 1993.
- COUSINS, Norman. *Anatomy of an Illness as Perceived by the Patient*. New York: Bantam, 1981.
- CYRULNIK, Boris. *La maravilla del dolor: el sentido de la resiliencia*. Trans. Gustavo González-Zafra. Barcelona: Granica, 1999.
- DELEUZE, Gilles. *Crítica y clínica*. Trans. Thomas Kauf. Barcelona: Anagrama, 1997.
- DOANE, Mary Ann. "The Clinical Eye: Medical Discourses in the "Woman's Film" of the 1940s." *The Female Body in Western Culture*. Ed. Susan R. Suleiman. Cambridge: Harvard UP, 1985.152-74.
- ELLMANN, Maud. *Starving, Writing and Imprisonment*. London: Virago, 1993.
- FOSTER, Patricia, ed. *Minding the Body*. New York: Doubleday, 1994.
- FRANK, Arthur W. *The Wounded Storyteller: Body, Illness, and Ethics*. Chicago & London: U of Chicago P, 1997.
- FREUD, Sigmund. *The Standard Edition of the Complete Psychological Works of Sigmund Freud*. Vol. XIV. Trans. James Strachey. London: Hogarth, 1955.
- GADAMER, Hans-Georg. *El estado oculto de la salud*. Trans. Nélica Machain. Barcelona: Gelisa, 1996.
- GARCÍA-POSADA, Miguel. *Con otra mirada*. Madrid: Taurus, 2001.

- GREALY, Lucy. "Mirrors." *Minding the Body*. Ed. Patricia Foster. New York: Doubleday, 1994. 53-73.
- GRODDECK, Georg. *Escritos*. Trans. Ángel Cagigas. Jaén: Colección del Sillón de Orejas. 1998.
- HACKER, Marilyn. *Winter Numbers: Poems*. New York: W.W. Norton, 1994.
- HOOPER, Judith. "Beauty Tips for the Dead." *Minding the Body*. Ed. Patricia Foster. New York: Doubleday, 1994. 107-37.
- JOHNSON, Mark. "Introduction: Metaphor in the Philosophical Tradition." *Philosophical Perspectives on Metaphor*. Ed. M. Johnson. Minneapolis: U of Minnesota P, 1981. 3-47.
- KLASS, Perri. *A Not Entirely Benign Procedure: Four Years as a Medical Student*. New York: New American Library, 1987.
- KRISTEVA, Julia. *Black Sun: Depression and Melancholia*. Trans. Leon S. Roudiez. New York: Columbia UP, 1989.
- LINK, Bruce G. & Jo C. PHELAN. "Editorial: Understanding Sociodemographic Differences in Health. The Role of Fundamental Social Causes." *American Journal of Public Health* 86 (1996): 471-72.
- LORDE, Audre. *The Cancer Journals*. San Francisco: Spinsters/Aunt Lute, 1980.
- MAHONY, Patrick J. "Toward an Understanding of Translation in Psychoanalysis." *Journal of the American Psychoanalytic Association* 28 (1980): 461-75.
- MAIRS, Nancy. "Carnal Acts." *Minding the Body*. Ed. Patricia Foster. New York: Doubleday, 1994. 267-82.
- MARAÑÓN Gregorio. *La medicina y nuestro tiempo*. Madrid: Espasa-Calpe, 1957.
- NIETZSCHE, Friedrich. *On the Genealogy of Morals*. Trans. W. Kauffmann & R.J. Hollingdale. New York: Vintage, 1967.
- NUSSBAUM, Martha C. *Upheavals of Thought: The Intelligence of Emotions*. Cambridge: Cambridge UP, 2001.
- PHELAN, Peggy. *Mourning Sex: Performing Public Memories*. London & New York: Routledge, 1997.
- OLDS, Sharon. *The Father*. New York: Knopf, 1992.
- PUÉRTOLAS, Soledad. "Locos y enfermos." *Con otra mirada*. Ed. Miguel García-Posada. Madrid: Taurus, 2001. 191-210.
- SANTA TERESA. *Obras completas*. Burgos: Monte Carmelo, 1998.
- SCARRY, Elaine. *The Body in Pain: The Making and Unmaking of the World*. New York & Oxford: Oxford UP, 1985.
- SCHOPENHAUER, Arthur. *Meditaciones sobre el dolor del mundo, el suicidio y la voluntad de vivir*. Trans. Carmen García Trevijano. Madrid: Tecnos, 1999.
- SCHÜTZENBERGER, Anne Ancelin. *The Ancestor Syndrome: Transgenerational Psychotherapy and the Hidden Links in the Family Tree*. Trans. Anne Trager. London & New York: Routledge, 1998.
- SEDGWICK, Eve Kosofsky. *Tendencias*. Durham: Duke UP, 1993.
- SERRES, Michael. *The Parasite*. Trans. Lawrence R. Schehr. Baltimore & London: Johns Hopkins UP, 1982.
- SIGLER, Hollis. *Breast Cancer Journal*. New York: Hudson Hills, 1999.
- SPENCE, Jo. *Cultural Sniping: The Art of Transgression*. London & New York: Routledge, 1995.





SUÁREZ, Mariam. *Diagnóstico: cáncer*. Barcelona: Galaxia Gutenberg, 2002.

TAKEMOTO, Tina. "Open Wounds." *Thinking through the Skin*. Ed. Sara Ahmed & Jacquie Stacey. London & New York: Routledge, 2001. 104-23.

WHITE, Hayden. "Historical Emplotment and the Story of Truth." *Probing the Limits of Representation: Nazism and the "Final Solution"*. Ed. Saul Friedlander. Cambridge: Harvard UP, 1992. 37-53.

