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# Immobilization and Agency: Reflections on Pain Management in Catherine Bush's Novel *Claire's Head*

SABRINA REED

SUFFERERS OF CHRONIC PAIN might agree with G. Thomas Couser that “bodily dysfunction is perhaps the most common threat to the appealing belief that one controls one’s destiny” (9). Severe pain can restrict the mind by making it hard to think of anything else, and it can immobilize the body when movement intensifies discomfort. As Elaine Scarry has eloquently noted in *The Body in Pain: The Making and Unmaking of the World*, “intense pain is also language-destroying: as the content of one’s world disintegrates, so the content of one’s language disintegrates; as the self disintegrates, so that which would express and project the self is robbed of its source and its subject” (35). Since “the person in great pain experiences his own body as the agent of his agony” (47), not only can pain impede thought, will, and action, but also it can be felt to work actively *against* one’s sense of self by sabotaging mind and body from within. Such is especially the case for chronic pain.<sup>1</sup> Whereas acute pain caused by physical insults such as surgery or a broken limb causes much anguish, it is often mitigated by the expectation that it will end. Chronic pain, in contrast, can have no foreseeable conclusion, and thus the sufferer experiences an ongoing sense of being out of control, subject to the whims of a body and mind somehow turned against the self. According to the Canadian Pain Society, “one in five Canadian adults suffer[s] from chronic pain,” with an annual cost to the Canadian economy of billions of dollars; yet in spite of the immense cost of chronic pain, with its emotional and physical suffering, lost productivity at work, greater risk of suicide, and burden on the health-care system, many do not understand the toll that it takes on its victims.

In her novel *Claire's Head* (published in 2004 and revised in 2005),<sup>2</sup> Catherine Bush, herself a migraineur (“*Claire's Head* — Q&A”), describes the complex predicament of those who endure chronic pain from migraines: the loss of control over one’s life, inability to articulate

one's condition to others, and constant search for a way to alleviate pain, in spite of a growing sense of futility. Through her protagonist Claire Barber's experience, Bush describes "the migraineur's dilemma, the invisibility of the pain, how few obvious traces it left, how difficult it was to diagnose or describe" (62). The novel shows, for instance, how chronic pain challenges the comfortable illusion that success in life is based upon volition and that we are largely free agents when it comes to decisions on where we work, where we live, what we study, and what we eat. Having lived with migraines since childhood, Claire is hyper-aware of "the part that pain had played in [her] choices" (106). Thus, the novel addresses the question: if someone makes a decision based upon the need to avoid chronic pain, can he or she be said to have made a free choice? As Angela Mailis-Gagnon and David Israelson explain, "intense pain mobilizes strong emotions, an incessant search to get rid of the problem, anxiety, worry, depression, anger and despair. And all these make our experience of pain more intense" (102). In keeping with their theories, *Claire's Head* examines how chronic pain at once limits possibilities, leading the sufferer toward immobilization, and increases the likelihood that the individual, frustrated by unsuccessful health interventions, will search for alternative treatments and therapies, creating a paradox between immobilization and agency.

*Claire's Head* tells the story of two sisters, Claire and Rachel Barber, both of whom suffer from debilitating headaches that meet the definition of chronic, rather than episodic, migraines: "≥ 15 headache days/month" (Stokes et al. 1059). Commonly prescribed medications such as Tylenol 3, Elavil, Zomig, and Imitrex do not always relieve the symptoms, and therefore the sisters are often in the grip of intractable pain. Although alike in their experience of migraines, the sisters are different in character. Rachel is an adventurous and widely travelled freelance journalist, whereas Claire is a cartographer who uses maps "to give the world order" as she deals with "the riot of sensory signals" caused by her migraines (10). The story begins when Rachel has been missing for nearly three months. Driven to desperation by excruciating pain, she was researching treatments for migraines in the weeks before her disappearance, so Claire decides to follow her sister's research trajectory in an attempt to track her down. As Lisa Salem-Wiseman has noted, "Claire's attempt to find Rachel necessitates 'a leap into disorder,' a monumental step for the cerebral, organized cartographer, who was

drawn to her profession by a need ‘to bring a little more clarity and form to the chaotic world’” (7). Claire neglects her boyfriend, her job, and other family commitments to follow her sister from Rachel’s home in New York City to a Montreal pain clinic, a mind-body practitioner in the Netherlands, a spa in Italy, a pain conference in Las Vegas, and finally a meditation centre in Mexico.

Although Rachel has always been self-absorbed and unconcerned about how her actions affect others — she disappeared without warning once before — Claire feels bonded to her because they are sisters linked through pain. When Claire reads Rachel’s pain diary, she understands “the catatonia and internal wildness of complete despair. . . . You cannot see the way out” (235-36), and she intuits how Rachel’s peripatetic travels are “in the spirit of trying everything before giving up” (227). Since her sister has also written that she would sacrifice “anything if it made the pain go away” (242), Claire worries about what she would do to be migraine-free. Fear that Rachel would commit suicide rather than suffer continued pain helps to explain why Claire risks her relationship with her partner Stefan, her ties to her younger sister Allison, her job, and her health to find Rachel.

Structurally, the novel itself vacillates between immobilization and exploration, mirroring the searching and static behaviour of chronic pain sufferers. Claire actively searches for her sister, and Bush recounts the places that her protagonist visits and the migraine treatments she (and earlier Rachel) tries. But Claire’s migraines are triggered, among other things, by travel, so her agency in the search for Rachel is constantly interrupted by enforced stillness as Claire lies in yet another hotel room, incapacitated by pain so severe that she can barely get up to take a pill. The novel is full of motion, yet it also bogs down, as its title indicates, in Claire’s *head* (Salem-Wiseman 7-8), dwelling on detailed descriptions of pain that become repetitious as the book draws to a close. When Claire perceives “the frightful solipsism of her pain, her helpless absorption in it” (281), she acknowledges how her anguish shrinks her world so that she becomes, literally, centred on herself and thus largely incapable of either physical or psychological motion. For her, time runs “along two parallel tracks: pain time and ordinary time. . . . Pain time did not progress: you fell into it as into a ditch, you followed it like a fractal shoreline that, at any scale, repeats and repeats itself” (76). Some readers have thus commented that the book’s descrip-

tions become tedious as “we learn every detail and mood associated with migraines, page after page after page” (Scheer), though perhaps, as one reader suggests, “the repetition might be annoying but that’s the point. Frequent disabling headaches are bothersome and do interrupt the plot — whether it is the plot of fictional characters or real people” (Smyres).

In *Claire’s Head*, one significant image exemplifies this interplay between moving forward and coming to a halt: a ship capsized by overwhelming waves. In his seminal work *Migraine: Revised and Expanded*, which Bush used to research her novel and acknowledges for its “neurological insight” (*Claire’s Head* n. pag.), Oliver Sacks says that “the migraine reaction tends to be characterised by passivity, stillness and immobilisation” (206). The capsized ship metaphor suggests that Bush agrees with this assessment. “When a migraine came on,” Bush writes, “the pain swelled, like the sea over a small boat, overwhelming the horizon. It wasn’t just in the head, but down one side of the body. All of you felt disturbed, helpless, assaulted” (4). Claire speculates on her migraines, “and . . . when she was capsized into them — the headaches always took her by surprise” (21). She feels more acted on than active, a passive victim besieged by a powerful force. Yet even though she feels helpless to prevent her migraines, she also searches for a link between cause and effect, because if she knows what to avoid she might be able to prevent future attacks. Bush writes that “Surely part of the pain was its apparent randomness, the state of not knowing what had tossed her overboard, yet the part of her brain not wholly occupied with sensation searched for meaning, to draw a line between pain and trigger” (196). Claire’s confusion, sense of self-blame, and search for cause and effect reflect patients’ and doctors’ searches for meaningful ways to understand pain and its complexities.

Since Bush consulted a number of texts on pain while writing *Claire’s Head*, and writes that “possibly Rachel had gone to Montreal to track down Ronald Melzack” (62), it is not surprising that the novel problematizes belief in a one-to-one correlation between stimulus and response. In their groundbreaking article “Pain Mechanisms: A New Theory” (1965), Ronald Melzack and Patrick D. Wall challenged two dominant theories of pain that had been “the subject of bitter controversy since the turn of the century”: “specificity theory” and “pattern theory” (971). Specificity theory, as outlined, notably, by René Descartes, postulates pain impulses “traveling from the site of injury to the brain” (Morris

270) and activating a pain response, “just as by pulling at one end of a rope one makes to strike at the same instant a bell which hangs at the other end” (Descartes, qtd. in Melzack and Wall 972; Morris 270). Descartes’s theory makes experiential sense, which explains why it was the dominant theory until Melzack and Wall’s publication in 1965. We connect, for instance, touching a hot stove with a pain response. When Claire casts about for migraine triggers, she is thinking in Cartesian terms: input (food or action) leads to output (migraine).

However, as Claire knows from experience, not all pain occurs in such a logical manner. Specificity theory does not account for differing levels of pain in response to the same stimulus (why a blister can be excruciating at one moment and then go unnoticed if one has to run from a charging moose). Nor does it explain pain that continues when nerves have been damaged (causalgia) or when the body part in question is no longer present (phantom limb pain) (Melzack and Wall 971-73). In the early twentieth century, pattern theory attempted to address the weaknesses of specificity theory, but as Melzack summarizes, “there were several different pattern theories and they were generally vague and inadequate” (“Gate Control” 129). Whereas specificity theory concentrated on nerve fibres transmitting stimuli to pain receptors in the brain, pattern theory focused on pain receptors reacting at the site of the injury itself (Melzack, “Gate Control” 129; Melzack and Wall 973). Neither theory, however, postulated “an explicit role for the brain other than as a passive receiver of messages” (Melzack, “Gate Control” 129).

In contrast, Melzack and Wall hypothesized that pain was not only composed of “ascending” signals from a source of pain *to* the brain but also processed *in* the brain and transformed into “descending” signals that could alter how pain was perceived. As Wall summarized in 1978, “the brain receives messages about injury by way of a gate controlled system which is influenced by (1) injury signals, (2) other types of afferent impulse and (3) descending control” (3). For example, an injury signal, such as a stubbed toe, might be alleviated by a secondary afferent (ascending) impulse such as jumping up and down. Melzack and Wall also noted that “the amount and quality of perceived pain are determined by many psychological variables in addition to the sensory input” (972). Soldiers, for instance, could receive serious wounds but report minimal pain, “presumably because they were overjoyed at having escaped alive from the battlefield” (972), or athletes might push beyond

their limits near the end of a race, sublimating pain that would stop most other people (Mailis-Gagnon and Israelson 77). In other words, Melzack and Wall complicated our perceptions of pain by showing that pain includes emotions, conflicting physical stimuli, perceptions, and attitudes, not just physical triggers. Such a theory helped to explain why the same stimulus could be experienced differently — as Wall puts it, pain’s “wild and variable relation to the stimulus which evokes it” (2).

In tacit support of Melzack and Wall’s conclusions, *Claire’s Head* provides many examples of complex pain responses. For instance, Claire experiments with countervailing pain, intentionally causing pain in one part of her body in order to minimize it in another. Near the end of the novel, for example, when her friend Brad gives her a massage, she thinks, “the sensations he created were painful, almost unbearable at times, and perhaps masochistically she wanted this series of countervailing pains” (270). Similarly, during migraines, eight-year-old Claire presses her feet to a heat register until she can no longer bear it, achieving distraction from the pain in her head and a feeling that she can control her pain rather than be a passive victim of it (Salem-Wiseman 7). As Bush writes of Claire’s self-harming actions, “the pain was hers, no one’s but hers. She controlled when it started and when it ended, and this produced a satisfaction so deep it became exhilaration” (25). Her mother is understandably shocked by this behaviour and makes her daughter stop. However, Claire’s experience shows that pain has an emotional element. Claire finds migraine pain unbearable because she is at its mercy, but the burn pain is “exhilarating” because it is under her control. Later, in a desperate jest, she tells Brad, “hit me on the head with a hammer” (283), an example of an afferent signal that can distract one from the central experience of pain.

Ironically, though pain research has become increasingly focused on the diversity of pain triggers and responses — Melzack now speaks of “the neuromatrix theory of pain” and the “body-self neuromatrix” (“Evolution” 85; “Future” 629) — popular culture often falls back on specificity theory. So, for most of the novel, does Claire herself. In North America, for example, advertisements expose us to a “magic bullet” approach to medicine: a woman who has trouble walking cavorts with her grandchildren after taking anti-inflammatories, and a man dances happily with his wife, with a promise of bedroom frolics to come, after taking Viagra. Obviously, one should not discount how

drugs help people to overcome suffering, but Claire's experiences suggest that our drug-oriented culture mistakenly leads us to expect that there is a way to cure everything but cancer. As Steven Manners writes in *Super Pills: The Prescription Drugs We Love to Take*, the approach of "for every bug there is a drug" promises that each medical problem has "a solution however complex or elusive it might be" (2). He continues that "the idea of a magic bullet has persisted because it's a necessary bit of medical folklore. It addresses a very deep-seated need: to believe we can be healed, cured, free of pain" (2).

Although Claire has lost faith in what she calls "her vile pharmacopoeia" (207) of prescription drugs, vitamins, and over-the-counter remedies, like many others she continues to search for the one special drug or treatment that will alleviate her symptoms. Bush writes in *Claire's Head* that "there were times when Claire, pitching towards a headache, hung all her hope on a Granny Smith apple, because someone had told her there was something in green apples that counteracted migraines" (41). Whether as simple as an apple or as complex as a multiple drug regimen (33-34), these varied therapies all present hope of freedom from pain. Two things push Claire forward in her quest for relief: the fact that some remedies work, at least sporadically, and her desperation to escape from her condition. The novel thus suggests that the more resistant an ailment to treatment — and chronic migraine pain is notoriously resistant — the more likely one will try multiple approaches to pain management in the hope that something — or *anything* — will work.

Yet, as John F. Rothrock writes, and as Bush would likely agree, "Migraine is not poliomyelitis . . . a self-limited disease caused by a single and identifiable infectious agent and possessing a uniform pathophysiology. Instead, we are attempting to understand and manage a chronic disorder that afflicts many millions, [and] pursues a highly variable and unpredictable clinical course" (1189-90; ellipsis in original). Practitioners who treat migraines and those who suffer from them might also appreciate the novel's examples of idiosyncratic treatments. As Rothrock asks, "has anyone not experienced those days wherein the CM [chronic migraine] patient who enjoys a dramatically positive response to treatment with topiramate is followed by a veritable legion of those whose presenting histories are virtually identical but who fail the drug due to intolerance, lack of efficacy or both?" (1188-89). As Claire muses, trepanning, waltzing, taking herbs, and having sex are some of



the ways in which individuals have controlled their pain: “the ways in which people were freed from pain sometimes seemed as mysterious as their pains themselves” (178).

Paradoxically, while actively seeking a cure, Claire also limits her life in order to avoid pain. She is “aware of each subtle fluctuation of sensation within her head, her body” (56), constantly vigilant as she attempts to avoid anything that triggers her illness. She does not go to movies or bars because the loud noises and smells might start a migraine reaction. She is afraid to travel because airplanes bring on headaches, and she has an extensive list of forbidden foods. Although her partner, Stefan, longs for children, Claire is afraid of pregnancy because it might exacerbate her migraines. She is particularly frightened of it because Rachel had a child and then could not take care of her. During one of her many severe migraines, Claire tries to account for her symptoms: “Was it the milk? Or possibly the strawberries, or the bananas? Was it something in the water? Was she made more susceptible by frustration or despair at the hopelessness of her search for Rachel, her worry or her torpor of the day before? . . . Had the indulgence of allowing herself to feel well, capable of being healed, set her up for a fall? Had she lacked faith?” (196). Claire tries to impose order on her illness by finding a one-to-one correlation between actions and symptoms, but the range of her conjectures suggests that her migraines cannot be controlled through her actions alone. Even as Claire searches for a cause-and-effect relationship, she vacillates between polar opposites: physical or mental causation, an obvious or hidden trigger, despair or hopefulness.

One consistent theme in her deliberations is her self-blame — what could *she* have done to prevent her affliction? Claire knows, however, how random life events can be. Several years before the novel’s opening, her parents were killed in a freak accident involving a luggage cart and a malfunctioning escalator. Bush writes that, “until her parents’ deaths, when she was twenty-six, Claire had always taken comfort in statistical odds,” but when her parents die in an accident too bizarre to be predicted she fears that “the world was ruled by randomness” (46), that there is no way to protect herself from accidental death or even a severe headache. Her dilemma receives medical confirmation from Oliver Sacks, who speaks of how he had his patients keep headache diaries, only to find that “such calendars might, indeed, reveal particular (and often unsuspected) *causes* of migraines . . . but, as often, would fail in

this regard, and reveal that the situation was not a cause-and-effect one, but rather one of *provocation* — the setting-off of attacks, at a certain point, by stimuli which, at other times, would be ineffective and trifling” (139). The complex interplay of emotion, physical predisposition, and immediate triggers that can set off a migraine is so diverse that “there ceases to be a linear relation between stimulus and response, and we can no longer speak in terms of cause and effect — the behaviour of the system becomes nonlinear, once it has passed a critical point” (139).

Since migraine sufferers such as Claire and Rachel cannot always show what caused them to get sick, they illustrate an additional problem that can plague chronic pain sufferers. As Mailis-Gagnon and Israelson point out, chronic pain still invokes “the concept of mind versus body,” a categorization that “allows people to think that chronic pain may be either ‘real’ or ‘imaginary’” (10). Especially when people experience pain not associated with a physical lesion (head and back pain are often in this category), they might find their discomfort questioned by those who believe that “pain may be exclusively generated by one’s thoughts, imagination or psyche and may have no physical origin at all” (10). In her article “Making Poetry of Pain: The Headache Poems of Jane Cave Winscom,” A. Elizabeth McKim writes of how “the silence imposed by the severe pain of headache and the isolation caused by its invisibility render it more difficult to explain to others and therefore more difficult to legitimize. Added to the burden of the pain, then, is the burden of unsharability. And sharability — making pain knowable to one who is not actually experiencing it — is necessary to the legitimizing of pain” (103). Claire and Rachel are well aware of the hidden, and therefore questionable, nature of their suffering. As Rachel puts it, “perhaps we with our invisible pain are the most desperate” (228).

Readers of *Claire’s Head* might thus intuit another reason for medical agency among sufferers from chronic pain — one that relates to the difficulty of pinning down its sources and its effects. Michael Ondaatje’s line “wounded without the pleasure of a scar” (96) expresses a difficult truth: for many, pain exists only when there is a visible wound. It might be easier to feel sympathy for someone who, for example, has a mangled arm than to empathize with someone who suffers from the pain of a phantom limb. In the first case, the proof of pain is emblazoned on the skin; in the second, it is expressed through an absence. The sisters in *Claire’s Head* know that others might question the severity of their

pain and perceive them to be malingerers (76), eager to avoid work or other commitments by pretending to be sick. Migraine sufferers can be particularly prone to such accusations, for their pain is literally “all in their heads,” with the negative connotations of psychosomatic illness or faking that the phrase implies (McKim 99).

Yet, according to a Statistics Canada fact sheet, “in 2010/2011, an estimated 8.3% of Canadians (2.7 million) reported that they had been diagnosed with migraine.” In addition, “a global study ranked migraine eighth in years lived with disability, a measure of the burden of disease” (Ramage-Morin and Gilmour). The gap between the statistics on migraine and the doubts that Bush describes in her novel illustrates Scarry’s assertion that “to have pain is to have *certainty*; to hear about pain is to have *doubt*” (13).

On top of this, the sisters suspect that their loved ones resent how their migraines impact *them*. As David B. Morris points out, “a pain that lasts for months or years . . . begins to wear out everyone’s patience and goodwill” (73). Claire worries, for example, that Stefan becomes frustrated when she won’t go to movies or bars with him because her illness curtails his pleasure. And she certainly feels guilt that her fear of pain and disability prevents her from acquiescing to his desire for a child. Claire asks herself, “how much of another’s pain can anyone bear?” She decides that “everyone has limits” (148) to empathy. In this regard, her obsession with finding Rachel goes beyond concern for a much-loved sister. Rachel and Claire mirror each other’s pain and hence give credence and belief to each other. They have even, in response to Melzack’s McGill Pain Questionnaire,<sup>3</sup> come up with what they call the Barber pain scale, their private reckoning of the severity of their headaches. Because of their similar migraine experiences, Rachel and Claire form an alliance that excludes their migraine-free younger sister, Allison. They believe that Allison, who is raising Rachel’s child and has two children of her own, cannot understand their ambivalence about having children or the circumscribed lives that they lead because of their headaches. Thus, when Claire has to choose between staying home, aligning herself with Stefan and Allison, or continuing her seemingly fruitless search for Rachel, she chooses her elder sister because she represents a part of herself. As Bush writes, “Rachel had always resolved the problem of doubt. She was there like a mirror, her evident pain proof of the substance of Claire’s” (281). Similarly, Claire feels at ease with

Rachel's ex-boyfriend, Brad, because he suffered from severe rheumatoid arthritis as a child and therefore doesn't question her pain. In comparison, Stefan "would not have been as calm as Brad. His anxiety — his helplessness in the face of her greater helplessness, his need to be useful — would have permeated the room and infiltrated her" (283), making her feel responsible for his anguish as well as her own. Brad, on the other hand, is a kindred spirit who doesn't make her feel guilty for being ill.

Claire's search for empathy also applies to her relationships with health professionals. Morris describes, for instance, the dilemma of "thick-folder" patients who "shuttle from specialist to specialist, in a revolving door of referrals, seen so often by so many different doctors that finally no one really sees them" (67). Faced with an insidious belief that practitioners do not understand them, individuals with chronic pain seek yet another doctor or treatment because the lack of a visible reason for pain causes self-doubt and mistrust of the empathy of others. To what extent is the sufferer of chronic pain, then, looking for understanding as much as for drugs? To what extent do medical or alternative treatments provide relief by validating that the individual's suffering actually exists? As Claire follows the trail of her sister, she visits the practitioners whom Rachel has visited and, until the end of the novel, tries the treatments that Rachel has tried. Cynics might scoff at Rachel's, and then Claire's, visits to the "mind-body" healer Ariel, who believes that "nearly everyone who came to him had a wound, and it was his job to locate it. Then he had to find the wandering spirit in the world and bring it home to the body" (168); however, he acknowledges that such a wound exists, even if there are no physical signs to prove it. In this sense, medical agency can be linked to the need for affirmation. Claire seeks Rachel partially because she validates her illness, but Claire also receives support from the practitioners whom she sees.

By the novel's conclusion, Claire, following in her sister's footsteps, has visited four countries in a few weeks and tried cures including massage, acupuncture, herbs, pharmaceuticals, hydrotherapy, and mind-body relaxation. But her migraines continue and in fact become worse as the stress of continued travel and Rachel's absence catch up with her. Claire finally finds her sister at Temazcalli, a meditation and health resort in Oaxaca, Mexico, where Rachel has lived for the past three months in "the most extreme retreat. She does not speak to anyone" (312). It seems that her answer to the questions in her pain diary —

“what will you give up to be free of it?” and “how much more can I give up?” (239) — is to remove her migraine triggers (stress, noise, smells, foods, relationships) by renouncing her former life. Such behaviour is in character for Rachel, who, during a previous migraine crisis, transferred care of her daughter to Allison. Now renunciation of her former life is complete, for during her three months at Temazcalli she has not let her daughter, sisters, boyfriend, or employers know where she is.

In the first version of the novel (2004), Claire approaches Rachel, who acknowledges her presence and then moves silently through the gate into the retreat enclosure. In the second version (2005), Claire, not wanting to interrupt the silence, withdraws before Rachel can see her and allows her sister to pass through the gate undisturbed. Claire notices that “Rachel did not seem to be in pain. There was a fluidity to her movements. She did not look anguished” (317). If, as suggested earlier, the experience of chronic pain creates a paradox in which the sufferer both limits his or her life in an attempt to avoid pain and widens his or her life in an attempt to find a cure, Rachel has chosen the narrow path. In a nod to Melzack and Wall, she literally shuts the gate behind her, restricting the pathways that might increase her pain.

Yet, if one considers meditation and mind-body integration a type of alternative therapy, one could also say that Rachel has chosen to travel inward and hence widened her spiritual experience even as she has circumscribed her bodily existence. Although not necessarily connected with her form of renunciation, meditation is increasingly becoming an accepted alternative therapy for chronic pain. Alberto Chiesa and Alessandro Serretti discuss how “the cultivation of ‘mindfulness’ (i.e., the development of a particular kind of attention characterized by a nonjudgmental awareness, openness, curiosity, and acceptance of internal and external present experiences, which allows the practitioners to act more reflectively rather than impulsively)” (83), can help some people to cope with, or even lessen their perceptions of, pain. What Joshua A. Grant calls OM (open monitoring) techniques of meditation (which include mindfulness practices) can help to control pain by lessening self-judgment (57) and “decoupl[ing] the monitoring of aversive stimulation from the processes that lead to it being labeled or experienced as pain” (59). In other words, if one can accept pain and recognize that it exists without judging oneself or reacting negatively, then one can lessen its effects. Chiesa and Serretti state that,

“although MBIs [mindfulness-based interventions] do not consistently modify pain perception, they provide beneficial modifications to the relationship of patients with their symptoms, enhancing acceptance and reducing concomitant depressive symptoms” (90).

Whether Rachel has chosen to shut out the world or escaped into a deeper reality, Claire too must make a choice. Should she embrace her sister’s decision to control stimulation and desire so as to lessen, if not eliminate, her migraines? Or should she acknowledge that her migraines will likely continue but can be managed in the context of her life in the world? One could say that Rachel chooses mindfulness in retreat, whereas Claire chooses mindfulness in her daily life. As she intuits her sister’s calm, Claire experiences “a deeper sensation, as of something letting go. She had done what she needed to do, done all that she could do for Rachel. She could not follow her any farther” (318). After years of relying on her sister for validation and empathy, Claire realizes that she must forge her own path, and her journey ends with acknowledgment that she must return to “the hurly-burly of the world” (318). But she will return to her ordinary life having accepted that she cannot map her concept of order onto a random world, even when it comes to her own pain. After experiencing excruciating migraines in several different geographical locations, Claire realizes that “She was giving up on the idea of a cure. She would find an accommodation with her pain, make a place for it. . . . If she concentrated only on pain’s constraints, she would lose sight of what it had given her, lose sight of part of herself. Free of her headaches, there would perhaps be less of her” (304).

As both Anne Hunsaker Hawkins and G. Thomas Couser have noted, many non-fictional illness narratives (autopathographies) are teleological. The ill person journeys for a time in a hell-world of suffering but emerges cured, or he or she fights a battle with an illness and achieves victory. Couser calls this the “comic plot: according to some evident standard, the protagonist is better off at the end than at the beginning” (91). To an extent, *Claire’s Head* exemplifies this “comic plot,” for both Claire and Rachel have reached a sort of equilibrium by the novel’s end. Their peace, however, is limited by their condition. At some point, Rachel might have to leave the quiet, contemplative lifestyle that she currently enjoys and return to her job and family. After all, she has a six-year-old daughter who misses her birth mother and, the novel tells us, has suffered because of her neglect. Monetary factors might

also force Rachel to leave Temazcalli. There is no guarantee, though, that her migraines will remain in remission if she goes back to her old life. Similarly, Claire has gained an understanding of her migraines, but nothing at the end of the novel suggests that she will now be migraine-free.

Scarry has commented that pain is “to the individual experiencing it overwhelmingly present, more emphatically real than any other human experience, and yet is almost invisible to anyone else, unfelt, and unknown” (51). Perhaps it is a rationalization to think that pain is transformative and contributes to growth, but Claire, in seeking an accommodation, expresses a method of dealing with chronic pain increasingly endorsed by many within the medical pain-management community. Key to modern pain treatment is the knowledge that patient and practitioner must work together to structure ways of living with pain. Migraine sufferers seek alternative medical treatments at a rate much higher than the general population,<sup>4</sup> and as *Claire’s Head* might suggest to readers, they look for alternatives not only because they are desperate for relief, and “desire to exercise control over their pain management” (Ware 219), but also because they require validation and acknowledgement that their symptoms exist. Back in the world, Claire will likely continue to find multiple approaches and practitioners to help her deal with her migraines, but she will also recognize that she is not a passive participant, but an active player, in her treatment.

Hunsaker Hawkins writes that “if the model of patienthood in biomedicine is one of passivity, in alternative medicine the model is one of agency” (126). Claire’s narrative suggests that, as Mailis-Gagnon and Israelson put it, “to live with chronic pain means living with limitations. People with chronic pain often can no longer do what they used to do, but life is still beautiful and worth living if one can accept limitations and work around them” (259). As an artistic rendering of what it is like to experience chronic pain, *Claire’s Head* accurately summarizes both the hope and the despair of the sufferer, her constrictive urge to withdraw from anything that can trigger pain, and the corresponding desire to find new treatment options. Although not a scientific study, the novel provides insights into why those who live with chronic pain can simultaneously limit their worlds and expand their treatment horizons.

## NOTES

<sup>1</sup> “Pain is divided into two broad categories: acute pain, which is associated with ongoing tissue damage, and chronic pain, which is generally taken to be pain that has persisted for longer periods of time. . . . The point at which chronic pain can be diagnosed may vary with the injury or condition that initiated it; however, for most conditions, pain persisting beyond 3 months is reasonably described as a chronic pain condition” (Lynch, Craig, and Peng, “Challenge” 3).

<sup>2</sup> *Claire’s Head* has an interesting publishing history. The novel was originally published in hardcover in 2004, but Bush substantially revised it before it was published in paperback in 2005. She calls the revision “substantive” and writes that “most of the work occurred in the second half of the manuscript, where the interior balance of the book felt off, though there are changes right from the first page. I even changed the ending (same people in same place, different thing happens).” She continues that “I’m glad that the novel has gone out in the world in a version closer to the novel as I envisioned it” (“Ever Revise”). I have therefore chosen to use the revised 2005 text for this essay.

<sup>3</sup> Melzack published the McGill Pain Questionnaire in 1975. It asks patients to rate their pain using “seventy-eight descriptive words and a zero-to-five pain-intensity scale” (Jackson 21).

<sup>4</sup> “Overall, 49.5% of US adults with migraines/severe headaches reported using at least 1 CAM [complementary and alternative medicine] therapy within the prior 12 months, representing an estimated 13.5 million adults, compared with 33.9% without migraines/severe headaches. . . . Adults with migraines/severe headaches remained more likely to use CAM than those without these conditions” (Wells et al. 1091).

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