

COMPANIONS IN THIS AGE: A STUDY OF PAIN IN CANADIAN LITERATURE

COMPANIONS IN THIS AGE: A STUDY OF PAIN IN CANADIAN LITERATURE

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*I shout love at petals peeled open
by stern nurse fusion-bomb sun,
terribly like an adhesive bandage,
for love and pain, love and pain
are companions in this age*

- Milton Acorn

*Practically everything should be seen as itself pure and simple, so far as we can
comfortably see it, and at the same time not as itself, so far as we can
comfortably see it, and then the two views should be combined, so far as we can
comfortably combine them. If we cannot comfortably combine them, we should
think of something else.*

- Samuel Butler

*Yes for a time they held as well
Together, as the criss-cross'd shelly cup
Sucks close the acorn: as the hand and glove:
As water moulded to the duct it runs in:
As keel locks close to kelson –
Let me now
Jolt
Shake and unset your morticed metaphors*

- Gerard Manley Hopkins

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INTRODUCTION: PROVOCATIONS FOR THE CANADIAN MEDICAL HUMANITIES

In addition to being a practising physician with a focus on adolescent and adult mental health, I am also a practising poet interested in representing affective disability for a constructive purpose in society. Switching between these two hats, I have daily truck with the restorative powers of narrative and poetic representations of recovery and loss. My third hat – that of a scholar interested in representations of medicine in Canadian literature as well as the pedagogical use of narrative within Canadian medicine – creates a complex set of interrelated interests and entanglements that are uniquely suited to conceptualize the problems people have when seeking to describe and ameliorate painful experience. These problems become ones physicians encounter daily in their clinics, but usually on biomedicine's terms. I want to change that, and this dissertation tries to encourage a reorientation towards other kinds of knowledge and knowing, especially in the case of pain.

A negative biomedical definition locks pain into a corresponding negative register of expression. It is no surprise that this definition tracks exactly with the medical model of disability in which impairment is placed in the body of the disabled person and their life can only be conceived of as a deviation from an able norm. But what would happen if not necessarily negative representations of pain experience could be developed? Would they alleviate suffering in the real world by freeing pain experience from obligatory suffering? Metaphors structure our experience. By extension, metaphors either serve to reinforce or disrupt normativity. The creation of not necessarily negative metaphors both

based within and without the body could act to alleviate suffering structured by the present hegemonic metaphorical regime.

To resist the power of biomedicine and possibly improve the plight of persons in pain, I will engage in – to borrow a term from biomedicine – a “multivariate analysis” that considers metaphor, disability studies, intersubjectivity/witness studies, and Indigenous knowledges as its interdependent variables. I will conduct a performative, as opposed to representational, analysis of canonical and contemporary Canadian poetry and fiction using terms and concepts from the aforementioned fields. This performative strategy is meant to follow in Shoshana Felman and Dori Laub’s footsteps, attempting to add to a theory of a nonrepresentational but performative relationship between art and culture. Perhaps this theory is one that can make key insights between pain and intersubjectivity beyond those of the linear, representational kind.

Settler-Indigenous relations are a key instance of intersubjectivity theorized in this dissertation for good reason. In “Learning to See Relationally,” a chapter in Robert Ross’s *Indigenous Healing: Exploring Traditional Paths*, Ross describes an encounter with an Anishinaabe grandmother, writing that “[t]o her, the real essence of Creation lay in what was going on *between* things” (italics preserved, 8). Ross’s book (mentioned in more detail later in the dissertation) is cheering to me because it seems as if there is a possibility of understanding that is building on the settler side in Canada.

Indigenous Knowledge is derived from the land. But so is metaphor, as Steven Pinker has posited: “the methodical use of metaphor in science shows that metaphor is a

way of adapting language to reality, not the other way around, and that it can capture laws in the world, not just project comfortable images upon it” (qtd. in Donaldson 14).

Is the distance between pain, land, and literary studies too far? If it seems so to the reader of this dissertation, perhaps someone who has already experienced pain and who will be treated for pain in the future, then that very distance shows why a humanities-based aesthetic approach is important. Telling the story of the etymology of the words “pain” and “aesthetics” is to enact the argument I make about pain: that it can be theorized and treated by literature by turning away from medical discourse. As Rob Boddice explains in his wide-ranging *Pain: A Very Short Introduction*, “Modern English has separated out pain (a physical feeling of hurt) from suffering, with all of the latter’s emotional connotations” yet in the ancient world, there was no “clear distinction between pains of the body and pains of what we might call an emotional nature” (6). After explaining some of the Greek and Latin terms from antiquity that combine physical and emotional dimensions of pain, Boddice clarifies his point by admitting that vernacular English, too, preserves the linkage of emotion and pain, but that the medical and philosophical project of biomedicine has been to insist and enforce a dualism of mind and body to our collective detriment, resulting in a medical discourse that separates sensation from suffering as a means to isolate consciousness from physiology. This is as odd as would be separating the “concepts and speech and thought” from “*logos*” (6). It is on this exact point that I make this dissertation’s stand against biomedicine, already rightly critiqued by so many already in terms of its responsibility for the current plight of persons in pain. But whereas Boddice calls the language to express pain a mere “epiphenomenon”

of pain experience (108), I maintain that the language we have to express pain is not only a representation of the problem of pain but a key part of the problem that needs to change. We have a long way to walk pain back, for the etymology of the English word “pain” is *poena*, Latin for punishment.

The Greeks linked medicine to aesthetics, or *aisthetikos*, which means “aesthetic, sensitive, sentient,” making the word for the study of art linked to both sensation and consciousness. Furthermore, the antecedent form is *aisthanomai*, which means “I perceive, feel, sense.” Thus, how we interpret art – and pain – connects with our larger ways of being in the world. Pain is in need of an aesthetic approach for not only treatment but also the purposes of interpretation and definition. These three different processes inform one another and allow pain to be wrested from ineffectual, unproven, and even harmful conventional treatments, definitions, and practices.

When defined as pain lasting for more than three months, chronic pain is common (Harstall and Ospina 1). A review in 2012 suggested that 15-29% of the Canadian population experiences chronic pain (Fischer and Argento 192). Unfortunately, the outcomes for pain management are poor (Kamper et al. 1). Medical management of chronic pain may even be worsening the problem: globally, Canada is the second-highest per-capita consumer of opioids (*UNODC* 30); Ontario has seen a 250% increase in opioid-related emergency department (ED) visits from 2005-2011 (*The Way Forward* 10); and some First Nations in Canada have declared a community crisis owing to the prevalence of the harms associated with prescription drugs (Graveland n. pag.). Another problem of pain management’s lack of efficacy is economic: chronic pain costs the

Canadian economy in the tens of billions a year in lost productivity (Phillips and Schopflocher 44). Why is Canadian society's prescription drug problem escalating? Why is the benefit experienced by patients in medical pain management regimes so modest? Part of the explanation lies in the fact that the responsibility for pain management in Canada largely rests with physicians who overwhelmingly approach illness from a biomedical perspective.

With the advent of medicine's pathophysiological gaze in the eighteenth century, great strides were made in diagnostics and therapeutics for all kinds of diseases. Specifically, pain moved from a previously theological and humoral model into one understood to arise from disordered neurological function. Though the mechanics of pain signalling have been worked out in great detail, pain management lags behind other modern diseases with sophisticated techniques for management (.ie., endovascular intervention, transplantation, grafting, and cancer-arresting pharmacologies). An ill patient with a common disease has a pretty good chance of being recognized as such and being properly treated by Western medicine, creating the expectation in the average person that the same acumen and efficacy apply to chronic pain. But the efficacy is non-transferable, meaning that the advances made in other branches create a problem of perception in the public. One can see, then, how the public health epidemic of prescription opiate abuse isn't exclusively medicine's fault. Though biomedical hubris forces physicians into diagnostic and curative postures, doctors are also put in a position to manage a problem they are expected to fix by a society that doesn't want to come to grips with the intractability of the problem. Physicians are just the people who have to

deal with the greater problem of wishful thinking: *doc, take this pain away like you fixed my cataract*. To reverse the rising morbidity and mortality of chronic pain, we must change how we think about pain as a society. This dissertation signals both the necessity and the means of that change through an interdisciplinary approach that involves medicine, literature, and history. Specifically, I will rely upon and borrow from the discourses of biomedicine, pain medicine, Narrative Medicine, medical history, literary studies, disability studies, and metaphor studies that are themselves reflective of a larger collaborative change in contemporary culture that has been ongoing for some decades. The distinctiveness my study possesses in an increasingly crowded field of humanities-based treatments of pain is that it is the first written by a physician and a poet who understands the metaphoric basis of the problems posited by people seeking relief. For the most part, I focus on white, Western narratives, although I also include a chapter on Indigenous modes of representing pain in order to bring these two epistemologies into a dialogic space. These analyses are exploratory, not definitional. From them I issue invitations for all manner of healers, poets, teachers, and laypersons to enter into this crucial dialogue about renewed practices of responding to those experiencing pain and suffering.

Theorizing Pain and Narrative

Before proceeding too far down the change agenda, I will define my usage of biomedicine in a politically conscious way that acknowledges the fraught and contested place in which I am conducting my research. In “Makayla’s Decision: The Exercise of Indigenous Rights and the Primacy of Allopathic Medicine in Canada,” an article that

appeared in *The Canadian Journal of Native Studies* in 2015, biomedicine is defined as possessing a “universality and objectivity” based on “the application of a hypotheticodeductive process of reasoning (verifying hypotheses through observation)” that is itself “inferred from a body of ascertainable facts” (Hanrahan and Wills 216). The authors of this paper correctly note that biomedicine possess “an epistemic and social privilege that other beliefs, such as those founded on local knowledge, do not” (216). Staying within the preserves of biomedicine for a moment, I will define the term “chronic pain” and differentiate it from “acute pain.” Acute pain is the adaptive kind humans experience upon breaking a bone or cutting their hand. Some call this nociceptive pain. It is of limited duration and does not persist after the body has healed. In contrast, chronic pain has a temporal dimension that is long. This can be, depending on the source, pain that lasts 3 months, 6 months, or up to a year. Chronic pain also has a functional dimension in that it is, as some medical sources term it, “non-biological” in that it no longer (if it ever did) serves an adaptive signalling purpose, persisting after the body has (ostensibly) healed. Neuropathic pain is probably a useful distinction to make for medical personnel, but does it matter much to the person in pain?

In his well-known study *The Culture of Pain* published in 1991, David Morris praises the advent of tertiary pain clinics as inaugurating a revolution in the treatment of pain.¹ Multidisciplinary was supposed to be a check upon the medicalization of pain as a mechanical problem of faulty biological wiring. Countering the biomedical model, Morris

¹ Morris was not the only voice calling for change in the humanities in that decade. See Isabelle Baszanger’s *Inventing Pain Medicine: From the Laboratory to the Clinic* (1998) and Roselyne Rey’s *The History of Pain* (1995).

advocated for increased attention to the social, environmental, and cultural contributions to the pain experience. To add, in a complementary sense, to the multidisciplinary approach, Morris wrote from his position as literary studies scholar, examining the representations of pain in texts that included those of Tolstoy and De Sade in order to reinfuse meaning into pain experience. Yet the multidisciplinary approach was prominently advocated for by John Bonica at the first international symposium on pain as long ago as 1973 (Arnaudo 101), a duration that anticipates the subsequent lack of revolution post-1991. Morris's arguments were too radical for a discipline that, until recently, thought preferentially in terms of the scientific method (just like Western culture does); the arguments were also too radical for a culture that prefers its quick fix from a profession inclined to offer real ones for many other conditions. In this, society and medicine meet at the level of desire: both the profession and populace prefer the curative even though particular experiences of pain are irremediable. As a direct result of this toxic desire, Canadians are now dying at an unprecedented rate from opiate overdoses.

The problem of chronic pain is bigger than the question of who manages it. How society thinks about pain is the larger problem. Instead of the universally acknowledged pain-as-noxious-experience formula, pain must be reconceived as a not-necessarily-negative-experience, one inherent in, as opposed to, life. Though I do not wish to overvalue suffering, it is possible that people undergo pain for a purpose; pain may not make biomedical sense but yet it has meaning, especially in the context of suffering and shared vulnerability. Within this changed perspective, a modification in expression is required, for when it comes to language, pain is expressed in destructive terms that

concentrate in metaphors of weaponry and damage. This wrongfooting leads to many destructive consequences. As Elaine Scarry acknowledges, “A great deal . . . is at stake in the attempt to invent linguistic structures that will reach and accommodate this area of experience normally so inaccessible to language” (6). Pain, conceived of as a battle or struggle from which one should emerge victoriously, can result in diminished lives for chronic sufferers, lives of isolation, resentment, and depression. Yet pain may be understood as part of physical and spiritual ongoingness (Martina Miles; Einat Avrahami; Arthur Kleinman); or to bring into view the disability studies perspective of Eli Clare, one might “resist the assumptions that our bodies are wrong and broken” while refusing to accept extreme pain – Clare’s “chronic fatiguing hell pain” – as “healthy” (53).

As Clare explains, a biomedical “normal” and “abnormal” seem to be both important and also distractions in the face of a need to for suffering to be ameliorated. Therefore a “hell pain” need not be problematized as a metaphor in all cases. People in pain using the language that they think is descriptive and useful need not be chided for their metaphors; nor does pain need to be celebrated or sanctified as a virtuous, diverse experience. Notwithstanding the philosophic and metaphoric definitions of pain, pain defines how we are in the world. Pain not only has a character, it informs our characters, and over the course of a lifetime, experiencing it is inevitable. Pain is us and we are pain, and narrative captures this subjectivity.

Bad backs, broken bones, burns, arthritis, earaches—as a family physician, I encounter the patient in pain every working day as a cog in the medical machine. For most patients, pain is transient, lasting as long as the average causal illness. For some,

pain transforms into a chronic problem that alters identity to the point of dysfunction. I take a history because a patient's symptoms and signs must be contextualized within a patient's life; otherwise, I treat a disease and not a person. In this way, I resist the dominant Western medical model of "biomedicine" defined by Nikolas Rose in *The Politics of Life Itself: Biomedicine, Power, and Subjectivity in the Twenty-First Century* as "technomedicine, highly dependent on sophisticated diagnostic and therapeutic equipment" that is "fractured by a complex division of labor among specialists" (11).

Quoting Foucault, Judy Segal offers this complementary definition:

biomedical discourse [. . .] is, conventionally at least, characterized by a thinness in descriptions of patient experience, a tendency to measurement and quantification, and an embrace of the mores of Foucault's clinic, where the "individual in question was not so much a sick person as the endlessly reproducible pathological fact to be found in all patients suffering in a similar way" ("Interdisciplinarity" 20).

David Morris observes that "[o]ur culture—the modern, Western, industrial, technocratic world—has succeeded in persuading us that pain is simply and entirely a medical problem. When we think about pain, we almost instantly conjure up a scene that includes doctors, drugs, ointments, surgery, hospitals, laboratories, and insurance forms" (1-2).

Biomedicine's success was easy in this regard because it was already hegemonic in contemporary life. Authority over pain is firmly in the hands of physicians. I work against the dehumanizing processes of diagnostics and therapeutics by talking to patients. I follow in the wake of a small institutional – what Clare might call "medical-industrial" – shift away from biomedicine that is reflected in the rise of interdisciplinarity and the

medical humanities. It is a shift owed to the recognition that biomedicine strips patients of personhood and thereby works to worsen recovery. As Segal has written, in a vein uncomfortably similar to biomedicine itself (for the identification of pathology and the prescription of fix in moral language is a hallmark of traditional medical practice):

“Narrative . . . gives meaning and texture and humanity to what might otherwise be just cases” and is the “corrective to biomedical discourse” (“Interdisciplinarity” 20). Narrative can do this, but it can also become too much of a tool.

In “Being a Good Story,” the first chapter in the *Health Humanities Reader*, Arthur Frank relates the story of a man with prostate cancer, who “asked what [Frank’s lecture] meant when [he] was in pain all day, scarcely able to move.” Frank remarks to the reader that “[h]is life at that point seemed completely rooted in his ill body, and that body offered only pain, little more of capacity or interest” (13). Acknowledging the difficulty of the distinction he was trying to form, Frank suggested to the man “that he was well enough to get to this meeting, and so maybe he could find other ways to re-create a life around his pain.” Frank acts as a grim pedestrian at the crossroads of any illness: “[o]ne of the most difficult messages to convey without seeming to blame people is that they do have a basic choice: either allow illness to determine their lives [. . .] or seek the energies to sustain a life that is more than illness” (13). The story that Frank tells is that of the impertinent pain of an active sufferer whose identity has been determined by their symptoms. This is not a “good” story to tell to make people feel “good” but it is a good story to tell nevertheless, for it constitutes a crossroads all ill persons face: am I more than this illness, or is this illness me? Deriving meaning from suffering makes all

the difference, *is* the very distinction with a difference that Frank encouraged the man to make. And yet it isn't the whole story, for Eli Clare would report the inherent value in stating how things are independent of Frank's latent pathologization. Clare's testimony comes from the lived experience of witness and suffering, and might suggest that the report from hell is intended to be heard and not relegated to a category of dysfunction. Who needs to recreate their lives when the current experience is enough, not requiring alteration or re-framing by well-intentioned ableists?

As creatures who crave narrative, human beings *want* to make empirical sense of their pain even though, in many cases, chronic pain results from no preceding trauma or identifiable disease. Chronic pain is a narrative force that could provide meaning in the life of the sufferer; Frank and Clare offer two distinct approaches to making meaning of pain: Frank's is a more diagnostic and taxonomic approach that encourages reparation and recovery, Clare's a more affirmational, resistant concept that validates experience as it is lived. To maintain, as Western biomedicine does, that chronic pain is inherently meaningless, as a subjective sensation without actual damage occurring, constitutes a harmful kind of wishful thinking—a double injury, in fact. Western culture expresses pain in negative terms and then denies meaning to chronic pain through the etiologizing medical gaze. This practice obscures a very great negative meaning for pain in Western culture: pain (which can only be negative) is conveniently uncoupled from its economic and social causes.

The value of narrative² in the health research and clinical arenas is now widely accepted, though not funded by granting bodies at a level even remotely close to that of traditional biomedical research. That is an unfortunate state of affairs. In *The Wounded Storyteller*, Frank describes the problem faced by the ill: “Seriously ill people are wounded not just in body but in voice. They need to become storytellers in order to recover the voices that illness and its treatment often take away. The voice speaks the mind and expresses the spirit, but it is also a physical organ of the body” (xii-xiii). Though Frank refers here to actual patients and nonfiction narratives, his principle can be usefully applied to works of fiction in which suffering characters struggle to articulate their stories as means of asserting their identity, but also of healing—to heal that “physical organ of the body.” To bring a medical authority into this discussion, in *Narrative Medicine: Honoring the Stories of Illness* (2006), Rita Charon writes that “When we human beings want to understand or describe singular people in particular situations that unfold over time, we reach naturally for narrative, or storytelling, to do so” (vii). Much evidence suggests that when physicians represent illness in narrative, care is improved; representation matters in a practical, measurable way for both patients and doctors (Charon, Hermann and Devlin 345).

The most oft-cited authority in the humanities is Virginia Woolf, sufferer of chronic migraines and a writer of immense aesthetic achievement. Typically, a particular

² Though my focus is Narrative Medicine, there are many other diverse forms of therapeutic engagement with narrative. These include art therapy, music therapy, and Indigenous traditions such as sweat lodges, dances, and bead work.

comment of hers is often brought into the introductory paragraphs of humanities-based scholarly studies of pain. I continue this tradition in order to ultimately destabilize it:

. . . to hinder the description of illness in literature, there is the poverty of the language. English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver and the headache. It has all grown one way. The merest schoolgirl, when she falls in love, has Shakespeare or Keats to speak her mind for her; but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry. (16)

Part of the reason for the common invocation of Woolf in scholarly work is that she correctly identifies that the English language lacks the words to describe pain beyond bare rudiments if looked at in a restricted, metaphor-based way. However, Woolf doesn't recognize the important narrative resources that move beyond the idea that a word, or a metaphor, are the *sine qua non* of pain expression. As Elaine Scarry explains in *The Body in Pain* (1985), when we feel pain, we have certainty: we know we are in pain, just as we can never be certain that anyone else knows (4). But how can we help others to know? How can we help ourselves to understand our pain? Literature creates imaginative fields of possible expression. Such expression is constructive in itself, but further beneficial effects result from that expression. In narrative, pain often finds enactment, not bodily tethering; pain becomes experience, sentience, a creative statement of "I feel."

David Morris contends that the distinction between physical pain and psychological pain is meaningless. Morris calls such thinking "the myth of two pains." Notwithstanding the linguistic truth of his contention as explained above, I

wholeheartedly agree with him, based on my clinical practice and witnessing of persons suffering from chronic pain who develop affective comorbidities. Yet –like Woolf – I think that the representation of emotional pain in Western literature is common. Vernacular expression of pain states has never wanted for conflation of the material and the immaterial. I’ve therefore focused on physical pain for analysis in the non-Indigenous novels I analyze – acknowledging that the distinction set up between the binary of ‘physical’ and ‘psychological’ is questionable, but nevertheless useful – due to their relative rarity in the settler canon. As opposed to the medical quest of dualism facilitated by technological innovation in the past three centuries, our representations have tended to not keep pace in that regard. In deliberate contrast, I’ve focused on emotional pain in the Indigenous novels I analyze not because Indigenous persons don’t experience physical pain (that’s silly) or because they experience more emotional pain than settlers (some do, some don’t, though there is the component of nation-wrought intergenerational trauma to consider). My decision isn’t based in essentialism or racism, but rather because physical pain in Western epistemologies is desperately in need of a rethink in terms of its representation in narrative, as will be seen; in certain Indigenous novels, the reparative means to restore balance, heal emotional and spiritual wounds, and thereby health is overtly represented. I think it quite unwise to insist on a complete parallel analytical track anyway, owing to the ills that the quest for physical isolation of pain have wrought; pain is pain.

This dissertation considers the work of Ojibway author Richard Wagamese in some detail and these are the words with which he opens his essay “The Path to Healing”:

“I am a victim of Canada’s residential school system. I never attended a residential school, so I cannot say I survived one. However, my parents and my extended family members did. The pain they endured became my pain too” (*One Story, One Song* 27). In the introduction to *One Native Life*, a book of creative nonfiction, Wagamese writes about wanting to reclaim his identity for his “own healing.” He continues, “I’d suffered abuse and abandonment as a toddler. My terror was magnified in foster homes and in an adopted home where I lived for seven years. For a long while afterwards I tried running away, hiding or drinking excessively to shut out the pain” (3). I think Wagamese’s pain as described here is welcome for study alongside that of Dr. Hullah’s patients in Robertson Davies’s *The Cunning Man*. Such a comparison would be of benefit to Western medicine, but that benefit is not meant to encourage the institutionalization of traditional medicine. Instead, I’m hoping to level the hierarchy imposed by colonialism and suggest the oddness of Narrative Medicine as a popular recent pedagogy existing alongside the ancient practice of Indigenous Story Medicine. I also invoke psychological pain representations in narrative as often using a particular kind of metaphor that is positive,³ a critical practice well suited to Wagamese’s own description of his work in *One Native Life*: “The stories in this book are positive. They embrace healing. They reflect an

³ This positivity is built into epistemology. Consider a Mi’kmaq conception of “mental illness” using the Medicine Wheel: “Within the framework of the Medicine Wheel, mental illness cannot be reduced to the presence of a physical disorder, it is the interconnectedness of mind, emotion, spirit, and body [. . .] The Aboriginal wellness model involves the physical, emotional, mental, and spiritual aspects of a person in connection to extended family, community, and the land” (Vukic 69).

empowered people, and they deserve to be told [. . .] Stories are meant to heal. That's what my people say" (4). My work does not operate within what Denzin and Lincoln call "critical indigenous inquiry" which "begins with the concerns of indigenous people" and which "is assessed in terms of the benefits it creates for them" (*Critical Methodologies and Indigenous Inquiry* 3). My research is, instead, a hopefully constructive dialogic space opened up between two different epistemologies of health by a settler scholar. I trust that the profound respect shown Indigenous traditions is seen as the necessary process whereby that the conditions for that future dialogue might occur.

Narrative Medicine is a branch or strain of medical practice that considers story not only as central to diagnosis and treatment but also as a relational technique that works to improve outcomes. Originating as a reaction to the hegemony of biomedicine and its evacuation of narrative from clinical encounters (and the many ills that followed), Narrative Medicine now encompasses a broad range of practices that include (but are not limited to) reflective self-analysis conducted by health-care providers through the composition of written narrative; analysis and discussion of video; and studies which seek to quantify improvements in care through narrative-attuned practitioners. But for the purposes of this dissertation, Narrative Medicine designates the practice of interpreting patient stories in order to effect patient healing. More specifically, as explained by Charon, Narrative Medicine constitutes "medicine practiced with these skills of recognizing, absorbing, interpreting, and being moved by the stories of illness" (*Narrative Medicine* 4).

Charon's idea is not new. At the turn of the 20th century, Sir William Osler exhorted students to pay attention to what patients told them. A century before that, Benjamin Rush wrote, "Pay attention to the phraseology of your patients, for the same ideas are frequently conveyed in different words" (qtd. Gilman 92). Yet what some call the "narrative turn" in health care was required because of biomedicine's ascendancy. The narrative turn started in "the 1980s and 1990s" and "saw a narrative renaissance in medicine, nursing, and related disciplines" (Crawford et al. 60). Since the late 1990s, many Western medical schools have looked to representations of suffering and care in literature as a means of creating better physicians, a change prompted by regulatory bodies (Crawford et al. 3). Medical schools made their own changes in response to the public's perception of physicians as unfeeling automatons, but change came from within too. Physicians burnt out by biomedicine participated in the discipline's re-investment in meaning because the same de-narrativizing force that stripped their patients' illness of nuanced social meanings made care of such patients less meaningful. Everyone was suffering. Now, Narrative Medicine is an emerging field in the health humanities and is commonly used to redress compassion fatigue in both medical and allied health practitioners.

One hopes that it might also be used to improve cultural competency in medical schools. Several Canadian medical humanities programs (University of Alberta, Dalhousie University, and the University of Toronto) use literature as part of their pedagogy. The rationale behind using Narrative Medicine in medical schools is that familiarity with suffering in literature creates more empathic practitioners by the end of

the training period. This familiarity helps prevent a decline in compassion as medical students enter their clinical years. Charon's prescriptive panacea in *Narrative Medicine* is as follows: "Narrative medicine can help answer many of the urgent charges against medical practice and training – its impersonality, its fragmentation, its coldness, its self-interestedness, its lack of social conscience" (10). Yet if this is so, there has yet to be a systematic and scholarly adoption of Narrative Medicine curricula in Canadian schools. Thus far, such training is largely reserved for Columbia's paying enrolees.

The symbolic rise of the field is reflected in the recent development of pedagogical texts meant to promulgate this philosophical orientation to medical practice. *Health Humanities* by Paul Crawford (2015), and *The Health Humanities Reader* (2014), edited by Jones, Wear, and Friedman, are widely taught British and American resources whose editors seek to "introduce and integrate the humanities into science – and clinically based curricula such as medicine, nursing, pharmacy, and allied health programs" (Jones 1). This collection of essays by several authors includes diverse contributions from the fields of literary studies, dis/ability studies, gender and feminist studies, critical race studies, aging studies, mad studies, bioethics, and science and technology studies. In both collections, Arthur Frank is the only Canadian contributor, and there is not a single Canadian literary text, film, or artwork considered in the book outside of Frank's well-known corpus. Even though extrapolating findings in the health humanities from the UK to Canada makes nominal sense in that there is a socialized health system, the UK is much whiter and lacks an Indigenous population; for its part, the US lacks a truly socialized system.

Pioneering Canadian studies on pain include Madelaine Hron's *Translating Pain: Immigrant Suffering in Literature and Culture*, a text that includes represented body language as a communicant of pain. In addition, Judy Segal's *Health and the Rhetoric of Medicine* offers rhetorical analysis as a useful way to analyze pain (especially her chapter on migraine as a disease category). Yet Segal's analysis is rooted in already present medical rhetoric that constructs "pain" from a position of assumed critique, one based in dyadic interaction between two parties (patient and doctor). I prefer to use an intersubjective lens. There is a growing corpus of Canadian scholarly health humanities texts on other topics, including Julie Robert's *Curative Illnesses: Medico-National Allegory in Quebecois Fiction* (MQUP, 2016) and Amelia DeFalco's *Imagining Care: Responsibility, Dependency, and Canadian Literature* (UTP, 2016), but as yet there is no sustained analysis of the literary basis and experience of pain in Canada throughout the nation's history, nor are there many interdisciplinary models of how to conduct investigations in the medical humanities for Canadian physicians or literary scholars. Canada needs methodologies in the health humanities, otherwise this exciting, nascent field will languish in utilitarian applications of narrative analysis in the context of clinical encounters, ultimately devolving into a larger neoliberalist narrative of improving outcomes.

Do the health humanities methodologies that arise in different countries make for a perfect fit in Canada, with its relatively underdeveloped health humanities infrastructure as compared to America and the United Kingdom? Is it not important that Canadians develop a health humanities scholarship of their own? Because I am familiar with the

institutional varieties of racism, misogyny, homophobia, ableism, and especially classism by dint of my medical work in several Canadian provinces over the past twenty years, I fear that the marginalized would not receive their current level of care in the absence of a socialized system that, through its monopoly as payer, forces physicians to operate within the system. It is the system that must not only be questioned but also contextualized from a stance of skepticism and complicity. If Narrative Medicine is an essential part of the health humanities, then it stands to reason that the larger Canadian narrative, as well as the individual Canadian narratives and aesthetic acts that fall within that larger narrative, are important to think both with and through.

The Limits of Narrative Medicine

In this dissertation, Narrative Medicine is conceived of affectionately as a benign despotic ruler over terrain that should be more democratically ruled by the larger interdisciplinary community of health humanities. Narrative Medicine is a remedial, and not revolutionary, force that can only partially give back to medicine what it lost during its biomedical turn. It cannot repair the field of medicine because it resolutely operates within it and not outside of it or *with* it. I am not interested in championing Narrative Medicine as a method but rather in remediating the deployment of Narrative Medicine, a deployment which has yet to find extensive engagements in the Canadian context or within the genres of fiction and poetry. Like Angela Woods in “The Limits of Narrative: Provocations for the Medical Humanities,” I also have found that in Narrative Medicine contexts “[t]oo often particular kinds of narrative are presented as transcultural, transhistorical truths of the human experience, a view that operates at the expense of a

more historically and anthropologically grounded approach to understanding the cultural specificity of idioms of distress” (74). The problem is baked into the epistemology. Think race when considering the following quote by Charon that attests to the power of narrative to provide “comprehension” and “understanding”:

Narrative knowledge is what one uses to understand the meaning and significance of stories through cognitive, symbolic, and affective means. This kind of knowledge provides a rich, resonant comprehension of a singular person's situation as it unfolds in time, whether in such texts as novels, newspaper stories, movies, and scripture or in such life settings as courtrooms, battlefields, marriages, and illnesses. (1898)

Just what is “narrative knowledge” in the identity context? Isn't it as odd a concept as a logicoscientific quantification of identity? The claim is a truth claim, and the claim is being made by a powerful white woman. The crux of the problem faced by Narrative Medicine when it comes to identity is found somewhere in the word “knowledge” as it is used in Western medicine. Though Charon's redefinition of “knowledge” includes components from affect, cognition, law, and story, and is therefore a real opening up of the term beyond biomedical certitude and narrowness, the tendency to look upon a text as a repository of data to be mined is intact. Cloaked this activity in the rhetoric of “knowledge” or “understanding” remains, to say the least, perilous in the context of identity when non-experts are doing the teaching.

This question comes to mind: What does medicine know about the social sciences and humanities? Speaking of CanMEDS, what the Royal College of Physicians and

Surgeons of Canada identifies as “a framework that identifies and describes the abilities physicians require to effectively meet the health care needs of the people they serve” (“CanMEDS: Better standards, better physicians, better care” n. pag), Ayelet Kupar et al. reminded medical educators in 2017 that the “majority of the six of the CanMEDS roles are based in the social sciences and humanities (SSH) rather than in bioscience” yet the medical curriculum remains one “comprised primarily of bioscientific knowledge (159).”⁸ The authors mention that “[r]esidents and their programme directors have especially identified concerns about overly simplistic approaches that are often employed to teach the non-Medical Expert roles and many clinician-educators claim simply not to know what to teach to support these roles” (159). Kupar et al.’s paper is, I believe, the first attempt to construct a pedagogy to address the non-medical expert CanMEDS roles, surveying social scientists and humanists in order to “identify the knowledge needed in medical curricula to train physicians who meet Canadian societal expectations of physician competency, as represented by the CanMEDS framework, and to disseminate, legitimate, translate, implement and evaluate the implementation of those findings” (159). By sticking with the topic of identity here, I’m providing just a single example of a Narrative Medicine blind spot, but I trust that a brief case has been made that, if they were retained, scholars could provide quality control for the Narrative Medicine pedagogues.

Health humanities scholars already do critical work on race and gender (albeit outside of dedicated homes; for example, Dr. Carla Rice of the University of Guelph is a Canada Research Chair in Care, Gender, and Relationships, and obesity is a special area

of interest for her, but what might be accomplished if there were a special department of like-minded, motivated interdisciplinary scholars?). How can the insights developed by scholars like Dr. Rice be distributed to Canadian physicians? The gap across disciplines is wide and differences in jargon enforce that distance. In their introduction to the *Health Humanities Reader*, Jones, Wear, and Friedman identify four reasons why the health humanities matter: (1) an aesthetic approach to texts can improve the interpretive skills of physicians, (2) moral reflection is encouraged, refined, and enhanced, (3) empathy is developed, and (4) an “intellectual practice of the humanities, which enables and encourages fearless questioning of representations of caregivers and patients in all their varieties, challenges abuses of power and authority, and steadfastly refuses to accept the boundaries that science sets between biology and culture” (3-4). As a scholar, I recognize the merit behind the first three points and as a medical educator I fight in the biomedical trenches attempting to promote these goals. Yet as a scholar I see the fourth point as the most complex operation, one whose promise is relatively untapped in Canada. No one complains about basic science research being conducted as part of a general pursuit of knowledge, but health humanities research when limited to 1-3 will only ever be instrumental, a series of tools designed to improve care that are only as good as the tools. What if the tools are wrong? What if health humanities research were freed from outcome as the best possible (and paradoxical) driver of good outcomes? What if health humanities research proceeded outside of the gravitational pull of Narrative Medicine? What if the scholar-critics of medicine were also its practitioners?

I try to answer and enact answers to such questions in this dissertation, offering to scholars a possible model of interdisciplinarity that involves my experience of medical practice and a medley of methodologies. Notwithstanding medical sociology and medical history, my multidirectional strategy is necessitated by the relative lack of scholarly work in the medical humanities in Canada and the need for a field to be created so that interested scholars could investigate and practice care that is experimental and relational rather than diagnostic and medically curative. Even in Canadian medical schools that encourage learners and practitioners to engage in narrative practices of listening and responding to individual experiences of suffering, what remains to be put into practice is an aesthetic approach that prioritizes affective and intersubjective exchanges. Because there has not been much of an interdisciplinary conversation happening between medicine and the humanities in the scholarly sense in Canada (unlike the situation in America and especially the U.K.) involving the discipline of English, this dissertation has spent some precious space attempting to articulate its own context before it can accomplish goals like analyzing Canadian narratives and poems.

Defining Canadian and Indigenous Literatures

What do I mean by “Canadian literature”? Canadian literature is an amalgam or super-category of national, transnational, and Indigenous literatures. I conceive of Canadian literature to be a blend of settler lit, Indigenous lit, and the literatures of various diasporas, though I recognize the tensions inherent in claiming Indigenous writing, for example, under the ostensible sign of nation. For me, “Canadian” is a word that applies to all persons existing within a certain space above the 49th parallel and/or writing about that

space; and yet this spatial definition is a partial one. “Canadian” is also a word with stateist implications, and so I use the word to designate all whose lives are determined or shaped by their interaction with the legal apparatus of Canadian law. This definition properly brings forward colonial power and thereby includes Indigenous people who must negotiate the Indian Act by resisting it and whose lives are still being determined by the Canadian legal system.

I am sensitive to the need to listen to how Indigenous peoples and scholars, such as Daniel Heath Justice (Cherokee Nation), define the term “Indigenous literature.” As he writes:

The capital “I” is important here, as it affirms a distinctive political status of peoplehood [. . .] [t]he proper noun affirms the status of a subject with agency, not an object with a particular quality [. . .] and it affirms the spiritual, political, territorial, linguistic, and cultural distinctions of those peoples whose connections to the hemisphere predate the arrival of intentional colonizing settlers and conscripted and enslaved populations from Europe, Africa, the Pacific, and other regions. (6)

In their introduction to *Indigenous Knowledges in Global Contexts: Multiple Readings of Our World*, George Dei, Budd Hall, and Dorothy Rosenberg define “indigenous knowledge” as “a body of knowledge associated with the long-term occupancy of a certain place. This knowledge refers to traditional normal and social values, as well as to mental constructs that guide, organize, and regulate the people’s way of living and making sense of their world” (6). Heath Justice cautions that he is “suspicious of claims of universal values between all Indigenous peoples around the world, as such broad

assertions too often gloss over real and meaningful distinctions between communities, regardless of whatever else they may share” (27). It can be a mistake to lump all Indigenous people together without consideration of their own significant differences and I do give in to temptation on occasion in this dissertation to make some important (but necessarily reductive) epistemological comparisons.

Justice’s definition of “literature” is not as clear-cut as his definition of “Indigenous” and this is on purpose. To begin with, he insists on “literatures” plural, not singular. He problematizes the prestige attached to written literature over oral literature in the colonial context. He comes closest to an explicit explanation when he writes, “Literature as a category is about what’s important to a culture, the stories that are privileged and honoured, the narratives that people – often those in power, but also those resisting that power – believe to be central to their understanding of the world and their place in relation to it” (20). The meaning of this definition entirely reflects my preference to resist enfolding Indigenous literatures within the category of Canadian literature. Instead, I juxtapose and place them in relation. I have tried, following the example of Willie Ermine, to inhabit an “ethical space of engagement” (194).⁴

Provenance and Chapter Summary

In Chapter One, I establish the theoretical frameworks that direct the analysis in subsequent chapters. Medicine might call my method here a “multivariate analysis,” but a humanist would recognize that I am already engaging in a metaphor. Not surprisingly for a poet, the chapter brings into the conversation the field of metaphor studies. One of the

⁴ See p.74-77 and p.94.

venerable fields of study in literature, metaphor was memorably defined by Aristotle in his *Poetics* from 335 BC. From there, metaphor as a concept has been refined and added to by countless scholars, though the 20th century demonstrated remarkable growth. Prominent scholars like Frederich Nietzsche, I.A. Richards, Max Black, George Lakoff and Mark Johnson began to move beyond defining metaphor and instead began to think of how and why metaphor works for people. In particular, I rely on the thinking of Nietzsche and Lakoff/Johnson in the 20th century and Donaldson in the 21st to show that metaphor is more valuable as a subject of scholarly inquiry than several humanities studies on pain view it to be. I conceive of metaphor *as* metaphor, as a process-bridge between different, but not so disparate, fields of scholarly inquiry like Levinasian-inspired intersubjectivity in the field of trauma and witness studies, the field of Narrative Medicine, Indigenous place-thought, and thinking about alternative embodiment from disability studies. All of these fields will be introduced in their turn in the chapter, but the point therein is less to formulate a list of theoretical jumping off points and instead to show how the assembled frameworks enhance one another, mirroring my experience of being a poet-doctor-scholar.

In Chapter Two, I apply metaphor and intersubjectivity lenses to early and canonical Canadian texts like John Richardson's *Wacousta* and Susanna Moodie's *Roughing it in the Bush*. Because systems of metaphor operate in concert with society's dominant ideologies, I show how metaphor studies remain a useful path of inquiry in this era of Canadian narrative, in particular due to a still-prevailing Christian iconography. I organize this inquiry under the existential metaphor of silence, which I define as a

paradoxical representation or signalling of a lack of speech or communication within a text. As will be shown, novelists use this lack as a comment upon their characters' subjectivity.

In Chapter Three, I extend my inquiry into a contemporary realm by analyzing more recent Canadian novels that include Timothy Findley's *The Wars*, Catherine Bush's *Claire's Head*, and Richard Wagamese's *Keeper 'n Me*. The existential metaphor of silence continues to organize analysis, but this metaphor takes a much different path in novels of the modern era. Because Canadian narratives adopt the modernist path post-WW1, I demonstrate how novelists have used temporal complexity to expand the possible representational repertoire for pain while also keeping metaphor in view by showing how metaphor itself is scaffolded and diversified into symbol and system.

In Chapter Four, I juxtapose Narrative Medicine and Indigenous knowledges, two independent and separate traditions that have much to say to one another – while respecting their difference. I start by engaging with a rare Canadian novel that thoroughly engages with medical practice, Robertson Davies's *The Cunning Man*, demonstrating its near-purity as a Narrative Medicine text. I engage with the novel to flag it for other medical humanities scholars for analysis; to demonstrate how Narrative Medicine can be deployed in a scholarly fashion to analyze a novel; and to highlight its compatible representation of Western and Indigenous medical traditions. The second half of the chapter tries to think through the Indigenous concept of story, Indigenous medical theory of pain, and Indigenous place-thought in order to theorize a pain experience that is quite different than the clinic-apocalyptic one, but also an approach to healing that is holistic.

Because most of the substrate for analysis in the dissertation has been narrative, Chapter Five focuses on poetry and the specific qualities it possesses for the expression of pain experience. I try to push scholarship forward on the subject of disability studies and pain by using poetry because it is relatively understudied due to the field's preference for narrative. In the Canadian context, there is no study that surveys the narrativistic representations of pain, let alone the subcategory of poetic strategies to represent pain. Sally Chivers's chapter "Survival of the Fittest: CanLit and Disability" in the *Oxford Handbook to Canadian Literature* is sound in theoretical perspectives and as a historical survey of representations of disability in Canadian literature. Yet Chivers brings forth for analysis canonical prose by Margaret Atwood, Timothy Findley, Anne Marie MacDonald, Guy Vanderhaeghe, and Thomson Highway without considering poetry in detail.⁵ Madelaine Hron does important disability studies work in Part II of her *Translating Pain*, examining a whole metaphoric system, but in fiction and not poetry.

The American context is similarly focused. Tobin Siebers insists on the positive valence of non-normative bodies. He argues in *Disability Theory* that disability is a "minority identity" that is "pertinen[t] . . . to the human condition" and is valuable for "as a critical concept for thinking about human identity in general (3)." I am in alignment with Grace Kehler, who characterizes "disability studies as an ontological aesthetic that seeks to trace the mutually constitutive relations between individual psychosomatic experience and ways of knowing and being in the world. Often DA sets out to

⁵ Thus the dissertation can be thought of as a complex dance with many of the ways narrative is deployed in the medical context.

problematize experience as well as notions of natural and normal” (personal communication). The special contribution of disability studies to narrative has been to consider narrative in terms of embodiment as mimetic effect. In this way, form becomes not just an alternative reflection or product of human experience, but also a generative, positive process. The point has progressed to gospel in formal analysis of works by disabled authors. The emphasis in disability studies on alternative embodiment creates certain difficulties that can work against persons in pain, and poetry is one way to recoup what is lost with the focus on the materiality of the body and its interaction of the world as this manifests in narrative. Somewhat discomfiting to me as a scholar is the interpretation of texts with a pathophysiological gaze, connecting the problem-body with a problem-world. Although disability studies constructively resists the medical model of disability, the process of some scholars is uncomfortably in alignment with medical diagnostics in making their case, and poetry is less about the positing of argument and the formation of direct connections than about the creation of relational space in which things just are. Germane to my inquiry when interpreting poetic texts is Siebers’s theorizing of pain as a possible “beginning of compassion” (“In the Name of Pain” 190)– recalling the Levinasian ethic. In addition to making this argument for a broader disability studies, I bring into the conversation a subject of great importance in contemporary Canada, specifically Indigenous cultural trauma wrought by colonization and the means whereby it is expressed in poems. Such works act to challenge and possibly reconcile the different actors in colonization. As a decolonizing action of my own, I deliberately focus in the

final section of the chapter upon the poetry of the Mi'kmaw peoples for they are one of the three First Nations communities that long predated my provenance as Maritimer.

In order to discover how pain is, *qua* Seibers, the beginning of compassion, let us now look at how a medical humanist might try to approach their subject of study using various methodologies.

CHAPTER ONE

FIELDING: HUMANITIES FRAMEWORKS FOR MEDICINE AND CANADIAN LITERATURE

In this chapter, I will place all of my theoretical lenses on the table. Levinasian intersubjectivity, metaphor, Indigenous place-thought, Narrative Medicine, and tools from disability studies will use pain as their substrate. The objective will be to show how generative these perspectives might prove to be if they were permitted to complement biomedical, de-narrativizing approaches.

Context One: Levinas and Pain

Literature and pain share a propensity to plunge readers, patients, and health care providers into difficult situations. If the difficulty seems disproportionately weighted to the “real world” and its inexhaustible supply of suffering, then this dissertation can be read as a means to reclaim and renovate the means of expression of pain in the “real world.” How we talk about being in pain informs our being in pain, and literature is a uniquely evocative – albeit not directly corresponding – means to capture the subjective experience of pain which, in that “real world,” often tends to be either a silent expression or one which coheres around metaphors of weaponry and damage, making for self-representations of destruction.

The problem we have as individuals is not only the “how” of caring for one another, but also that we do not know – and are constantly discovering – what it means to care for one another. Frank’s observation cited in the Introduction that the ill have a problem “not just in body but in voice” was written in reference to actual patients and nonfiction narratives, but his principle also applies to works of fiction in which suffering

characters struggle to articulate their stories as means of assertion of identity, but also of healing – to heal that “physical organ of the body.”

This context is not, per se, a recapitulation of ethical imperatives which are relatively straightforward and quite familiar to biomedicine as bioethics. As J.M. Bernstein writes,

Ethics begins with the image of another, who already matters to me, in such pain as to require my intervention, my doing something: protecting, healing, or providing solace; and thence to the recognition that the causing of pain by me in some fundamental manner would deny her, deny or suppress her intrinsic worth. Without empathic identification with others ethical life could never begin. (xii)

This is straightforward and also limited reasoning. Contrast this fundamentally self-interested position with the position taken by Emmanuel Levinas in his well-known essay “Useless Suffering” (1982) in which he calls suffering a “passivity,” “precisely an evil,” and a “pure undergoing” (92). Initially proposing that suffering is “intrinsically useless” and “for nothing” (93), Levinas focuses on (problematically) extreme situations by mentioning “intolerable lumbagos” and “the tortures experienced by certain patients stricken with malignant tumours” (93). Like medical discourse, Levinas uses terminology that is negative in connotation and fact. Pain becomes a closed loop, a hell of pain-without-exit. Hans-Georg Gadamer has noted that we use the word “experience” for suffering that has a meaningful result in which something is learned or gained. Indeed, a corrective for pain experience in modern culture can be found in Gadamer’s contention

[t]hat experience refers chiefly to painful and disagreeable experiences does not mean that we are being especially pessimistic, but can be seen directly from its nature. Only through negative instances do we acquire new experiences, as Bacon saw. Every experience worthy of the name thwarts an expectation. Thus the historical nature of man essentially implies a fundamental negativity that emerges in the relation between experience and insight. (356).

If pain were viewed as something possibly productive, as Gadamer suggests, then the negative implication of the word “negative” might be removed and pain outcomes might improve as a result. Consonant with this thinking is Steven Tudor’s channelling of Levinas when he writes that “[r]eal suffering . . . has nothing ‘worthwhile’ in it” (15). In this way, “experience” can be claimed in the pain context as something positive which is only accessed through destructive means. What strikes me as more troublesome is Tudor’s (and Levinas’s) strange focus on titanic suffering and the crisis of consciousness faced by persons in extreme suffering as inherently useless; furthermore, who is to say what “real suffering” is? Distinctions are hard to make and judgements even more problematic.

Nevertheless, there is a framework in which pain does exist outside of destruction and rather in terms of compassion. Levinas ventilates his discussion of pain by suggesting that the actual purpose of pain is to present the “possibility of a half opening, and more precisely, the possibility that wherever a moan, a cry, a groan or a sign happen there is the original call for aid, for curative help, for help from the other ego whose alterity, whose exteriority promises salvation” (93). “The other” becomes audience, promise of relief,

and chief beneficent of the call because “the other” is sought for the benefit of “the other” *and not explicitly for the self*. Levinas writes that “pure suffering, which is intrinsically senseless and condemned to itself with no way out” (93) can be remediated when “a beyond appears in the form of the inter-human” (94). By virtue of being observed in another, suffering finds its real subject and thereby becomes the imperative of empathy. Inter-human connectivity is the consequence of Levinas’s theorized “bond of human subjectivity” (94). Tudor takes care to distinguish between this “extrinsic” purpose of suffering as a good, whereas there is an “intrinsic meaningless and unjustifiability” to personal suffering (16) – something bad. Yet as someone engaged in multiple recovery communities, I see no practical benefit in such a division, nor the validity of the distinction itself. Indeed, the massively influential Kelly Oliver in *Witnessing: Beyond Recognition* argues for a less striated means of relationality that does not police the boundaries of self as indivisible or distinct, for such ideas create oppositional models of subjectivity that, when scaled up to communities and nations, recapitulate such oppositions as domination, torture, and war. Oliver, building on the philosophical work of Levinas and the trauma theory of scholars like Dori Laub, reframes the concept of witness as that which exceeds pathology and the reparative address of “othered subjectivity”: witness, Oliver contends, necessarily serves as “the basis for all subjectivity” (7). Bearing witness becomes a site of possible connection, communion, and community for all – a rejection of destructive models, or a reconstitution of them into a new organization that recognizes in a positive process its larger positive life. Focusing on the positive in this sense is not a cliché, but rather a radical act in the world of medicine and moral

philosophy, the former incapable of conceiving of pain as not-necessarily-bad because it presents a validating occasion of intervention and the latter terrified of encouraging greater immorality by investing pain with purpose.

The inter-human bond is also one forged by Scarry. Writing on torture, Scarry states,

An act of human contact and concern . . . provides the hurt person with worldly self-extension: in acknowledging and expressing another person's pain, or in articulating one of his nonbodily concerns while he is unable to, one human being who is well and free willingly turns himself into an image of the other's psychic or sentient claims, an image existing in the space outside the sufferer's body . . .

lessen[ing] the power of sickness and pain. (50)

As I will discuss in the next section, Scarry's contention is a recapitulation of Levinas's ethic. Inter-human connection between characters is another way pain can be represented beyond the sign of the weapon. Rita Charon writes the following in *Narrative Medicine*: "Such fundamental aspects of living as recognizing self and other, connecting with traditions, finding meaning in events, celebrating relationships, and maintaining contact with others are accomplished with the benefit of narrative" (vii). Because pain entails a narrative, it possesses all of the functions Charon attributes to narrative in her book: the self-certainty deriving from the fact of pain; the tradition of certain kinds of suffering (including religious suffering); the provision of pain with protective (in acute situations) and nonsensical (in chronic) meanings; and the creation and refinement of relationships based on pain. The vehicle of the inter-human tale is narrative, and my focus in Chapters

Two and Three is on fictional narratives because fiction has been an under-researched genre in the medical humanities.

Levinas's concept of ethics is recapitulated by Jill Robbins in *Altered Reading: Levinas and Literature* as a "putting into question of the self by the infinitizing mode of the face of the other." This "putting into question" creates a series of processes that permits a "nonhabitual, ethical response to the face as generosity and language" (xiii). Robbins characterizes Levinas's concept of ethics and responsibility as "nonvoluntaristic and nonvolitional. Responsibility does not emanate from the initiative of a subject; it chooses me before I choose it" (xv). In other words, how we should care for one another is a question that is anticipated. Shoshana Felman and Dori Laub refer to "literature and art as a precocious mode of witnessing – of accessing reality – when all other modes of knowledge are precluded" (xx). This is an anticipational, apprehensional methodology of extending provisional empathy into hypothetical, contingent domains. This is a more radical idea than that of sympathy or evolutionary biology which would have it that "to suffer with someone – to be sympathetic or compassionate – implies that there is the possibility, at the individual or societal level, of offering succor, as well as a sense of moral duty to follow through" (Boddice 63). With Levinas, we are no longer in the territory of the golden rule nor of increasing reproductive success through altruistic action. Throughout the second and third chapters, I use literature as a means of detection and encounter with pain that well persons might otherwise not have until forced into what Susan Sontag memorably called "the kingdom of the sick" (3). Such texts can provide an intersubjective means of apprehending pain and suffering without the requirement of

lived experience, though they place similar ethical demands upon the reader as if they were faced with such demands for attention and care in real life.

Context Two: Metaphor

The intersubjective ethic is operative in metaphor in both the etymological and contextual senses, for metaphor is from the Greek *metapharein*, means “to carry across,” and when reading this thesis, one will quickly apprehend that the surrounding context for metaphor in Canadian literature is often a Christian ethic of suffering that, unsurprisingly, is often expressed itself in metaphoric terms.

Before proceeding to the context-specific case of pain, I wish to define what I mean by “metaphor.” My understanding of metaphor is heavily influenced by the work of the Canadians Northrop Frye and Jeffery Donaldson. It is from Frye that I consider metaphor as a relation between words in space and I take from Frye his definition of metaphor as $A \neq B$. From Donaldson, I take the idea that metaphor is “both a form and a process” (9) that is Levinasian in nature, that the “me-ta” prefix originates in Mycenaean Greek that means “together with” that has a likeness and unlikeness, or a polarity, built within: “When we recall that ‘with’ itself suggests both ‘towards’ and ‘against’ (such that to stand ‘with’ someone is not the same as to ‘withstand’ him), our sense of the myriad tensions, transgressions, and bonds involved in metaphor is refreshed” (35). In short, metaphor is not – and I have grown to despise this epithet during my time spent in graduate seminars – “just metaphor” but it is an inherent property of language that puts things and entities in relation to one another so as to both say what the relation is, what

the new understanding might be, what the similarities are, but also what the differences are.

In her landmark study on pain, Elaine Scarry memorably pointed out that pain finds its way into language almost exclusively through metaphors of weaponry and damage (15). In “Pain and Metaphor,” an article published in *Medical Humanities*, I supplement this idea with the contention that pain is conceptualised and expressed through negative and destructive metaphorical clusters that have been appropriated by physicians and entrenched with supplementary neurological metaphors. I argue further that the incredible accumulation of detail concerning pain pathways is dependent upon these destructive metaphor systems. I am part of a chorus of scholars that have pointed out “the remarkable endurance of this kind of metaphor for describing human pain experiences. It is as if there is no literal way of giving utterance to pain, and that these images of harm are all we have to turn to” (Boddice 40). In her important study, Roselyne Reye writes

the manner in which pain is expressed – either in a reserved, contained fashion, or disclosed in an explosion of wails and moans – has a direct relation to the way in which pain is actually borne and, in the fullest sense of the term, to what is actually felt. The very act of proclaiming one’s pain, beyond what is actually manifested and beyond the meaning it projects, has a direct effect on the reality of the experience.”

(4-5)

I write a dissertation in complete agreement with Reye. Indeed, I take up her challenge that “the various ‘idioms of pain,’ beyond the symptoms they describe and the diagnoses

they serve to establish, remain a fruitful province for further consideration by physicians and sufferers alike” (5), but I am relatively rare among humanities scholars by focusing on specific pain discourses (metaphor, for example) as key sites to address and rectify unnecessary suffering.

The medical understanding of pain is reliant upon certain theoretical constructs that might be distant in time yet are influential in effect; elaborations upon these theories with experimental knowledge and minute elaboration of physical detail—the so-called ‘mechanistic’ view of pain—do not change the metaphors we use to understand the physiological information. Because the benefit of consulting a medical practitioner skilled in the treatment of pain is modest, the accumulated data constitute a meaningless ubiquity, an edifice of medical knowledge that offers an illusion of authority. In the conclusion to *The History of Pain*, Reyne diagnoses a key impediment to progress that is inherent to the paradoxical nature of the metaphor of progress:

Since approximately the 19th century, every actual – or potential – patient has held the basic conviction that medicine is a science rather than an art, and the success obtained in the course of the 19th century with anesthetics and in areas other than in pain relief has meant that patients and physicians alike have shared this faith in the powers of medicine [. . . O]nly those unfamiliar with all the progress achieved might consider they were sharing an illusion.” (329)

That medical authority derives from knowledge that is based on destructive metaphors should make anyone suffering from pain circumspect. The problems of a metaphor-

centric focus are explained briefly here so that the subsequent chapters can offer some solutions for the problem of the expression of pain experience.

In *Metaphors We Live By*, a seminal text on metaphor, George Lakoff and Mark Johnson define metaphor as “a way of conceiving of one thing in terms of another, and its primary function is understanding” (36). All disciplines resort to metaphor for the means of their understanding, and Lakoff and Johnson demonstrate how pervasive metaphorical thinking is, but also that much of our metaphorical thinking is based on arbitrary conventions that aren't preserved across cultures (a project taken up in only a preliminary way in the pain context thus far). Nietzsche noticed a strange property of metaphor in “On Truth and Falsity in their Extramoral Sense”: “What therefore is truth? A mobile army of metaphors, metonymies, anthropomorphisms: in short a sum of human relations which became poetically and rhetorically intensified, metamorphosed, adorned, and after long usage seem to a nation fixed, canonic and binding; truths are illusions of which one has forgotten that they *are* illusions” (5). Disciplines progress according to the strength of their metaphors, and those metaphors are fated to become so familiar that they transform into illusions, if they are even thought of at all. Nietzsche adds that in an earlier age, it was *language* which has worked originally at the construction of ideas; in later times it is *science*. “Just as the bee works at the same time at the cells and fills them with honey, thus science works irresistibly at that great columbarium of ideas, the cemetery of perceptions, builds ever newer and higher storeys; supports, purifies, renews the old cells, and endeavors above all to fill that gigantic framework and to arrange within it the whole of the empiric world” (10). The scientific edifice will stretch past the sky like an endless

erector set but it is still built on a core of metaphor. But what if the metaphors are inherently limiting, or even counterproductive?

The problem Nietzsche's "man of science" faces is that "the impulse towards the formation of metaphors, that fundamental impulse of man" withstands and is even used to interpret the "regular and rigid new world" that comes from the pursuit of knowledge and truth according to the scientific method. Scientific ideas, Nietzsche explains, are constantly confused by the construction of "new figures of speech, metaphors, metonymies" such that the "existing world of waking man" is ultimately rendered "motley, irregular, inconsequentially incoherent, attractive, and eternally new as the world of dreams is" (10). Part of the problem inherent in this marriage of metaphor and scientific knowledge is that individual metaphors exist within "a whole system of metaphorical concepts—concepts that we constantly use in living and thinking. These expressions, like all other words and phrasal lexical items in the language, are fixed by convention" (Lakoff and Johnson 54). The scientific disciplines use their own cosmologies of metaphor with which to produce and disseminate understanding, and medicine's central pain metaphors that marshal a mobile army of truth are of weapons and damage, as per Scarry, but also metaphors of neurology that include doors, keys, wires and circuitry.

One thinker above all others is responsible for creating this legacy. Rene Descartes (1596–1650), taking his cue from Aristotle, elaborated on his theory of dualism in *The Passions of the Soul* (1649). The title and style of argument of this text are Aristotelian. Descartes likened the body to a machine and wrote that the mind is

controlled by the soul, which he felt resided in the pineal gland (in opposition to the accepted view in his day that the soul resided in the heart). Descartes maintained that the nerves of the body were acted upon by the pineal gland through the medium of cerebrospinal fluid (an improvement, in biomedical terms, over Hippocrates' humoral theory) that suggested control over the body comes from the brain as mediated by neural structures. Descartes inaugurates the neurological metaphor for understanding pain, a development which reaches an apogee in the modern day. Ironically, Descartes' writings are densely metaphorical. Even his theory about pain perception is expressed in metaphorical terms: he maintains that pain travels from site of injury to the brain "just as, pulling on one end of a cord, one simultaneously rings a bell which hangs at the opposite end" (*Treatise on Man* 34). As per Morris, a culture's metaphorical system of nerves and pain is born. But like Aristotle, Descartes' thinking gets simplified in its recapitulations over time, sidelining the complexity of pain in the process.

I find this a great irony, for the strict dualism of Descartes is so easily thrown around in Humanities contexts as an obvious mistake. Descartes is renowned as *the* great splitter of mind and body, *the* great dualist, but this perception is actually a disservice to his thought. Again, context is key, a fact literary scholar Jan Frans van Dijkhuizen demonstrates while writing about representations of pain in late mediaeval English literature. Consider the passionate fusion of mind and body in Descartes' *six metaphysical meditations wherein it is proved that there is a God and that man's mind is really distinct from his body*:

[T]here is nothing that this *my Nature* teaches me more *expressly* then that I have a *Body*, Which is not *Well* when I *feel Pain* [...] And by this *sense* of *Pain*, *Hunger*, *Thirst*, etc. My nature tells me that I am not in my *Body*, as a *Mariner* is in his *Ship*, but that I am most *nighly conjoyn'd* thereto, and as it were *Blended therewith*; so that *I* with *It* make up *one* thing; For Otherwise, when the *Body* were hurt, *I*, who am only a *Thinking Thing*, should not therefore *feel* Pain, but should only *perceive* the Hurt with the *Eye* of my *Understanding* (as a *Mariner* *perceives* by his *sight* whatever is broken in his *Ship*). (quoted in Dijkhuizen 97-8)

Clearly Descartes was not as absolute about the division between mind and body as is commonly perceived: pain complicates his otherwise strict dualism. Analysing the passage above, van Dijkhuizen asserts that pain “throws into doubt the very distinction between mind and body/matter which (Descartes) has first attempted to construct, since it points to the inescapable fact of human embodiment. Pain, more than any other physical sensation, confronts us with the fact that we do not just have bodies, but that we *are* our bodies” (12). Writing that his body and mind are ‘Nighly conjoined,’ Descartes understood that pain complicates strict categories, making his pain concept much like that of Aristotle and the IASP, but constituting—as per the conventional narrative—an increment of progress. The scientific process selects certain findings and metaphors to create the narrative of progress, but the truth of our metaphors suggests a much more fertile field before the husbandry. Pain was and is more complex than our current metaphors allow.

Following Descartes, pain theorists included sensory and affective experience in their formulations but these remain abstract up to the present day. In the absence of real understanding or knowledge, the physiology of pain receives exquisite refinement instead. In the modern era, we talk about pain in the language of science, but the language of science remains, at bottom, the language of metaphor, readying “as if” formulations to masquerade as authoritative knowledge. The “as if” formulations are comprised of neurological metaphors for understanding pain – including the influential gate control theory of Ron Melzack and Patrick Wall, two researchers working at the Montreal Neurological Institute. This revolutionary articulation of pain theory—betraying a reliance upon metaphor in its very name—was presented as follows:

We propose that (i) the substantia gelatinosa functions as a gate control system that modulates the afferent patterns before they influence the T cells; (ii) the afferent patterns in the dorsal column system act, in part at least, as a central control trigger which activates selective brain processes that influence the modulating properties of the gate control system; and (iii) the T cells activate neural mechanisms which comprise the action system responsible for response and perception. Our theory proposes that pain phenomena are determined by interactions among these three systems (974).

Laurence Kirmayer interprets the theory like this: “[t]he key insight was the notion of central control of peripheral processes: that afferent control occurs at many different levels” (“On the cultural mediation of pain” 68.) Note the complexity of the gate-control construct as rooted in anatomy and concept. What is proposed is not one wire connected

to another wire (i.e., nerve A connects to centre B) but rather a multimodal, regulated system. The gate-control theory created an experimentally testable concept of pain that initiated a revolution in the understanding and treatment of pain. Kirmayer adds that the gate control theory “provided a natural conceptual framework to begin to integrate cognitive, psychological and ultimately social and cultural processes” (68). As much of an advance as the gate control theory was, it is no more complex than a metaphor about policing a door. It is important to state this fact because complexity is often explained through the use of metaphor to provide understanding. What can be lost, what can seem illusory, is the basis of understanding. The complexity remains as science but the metaphor hides in plain sight as a commonplace. Our inconspicuous metaphors control our understanding but we are not aware of it. We amble through pain as unconscious beings (figure 1).

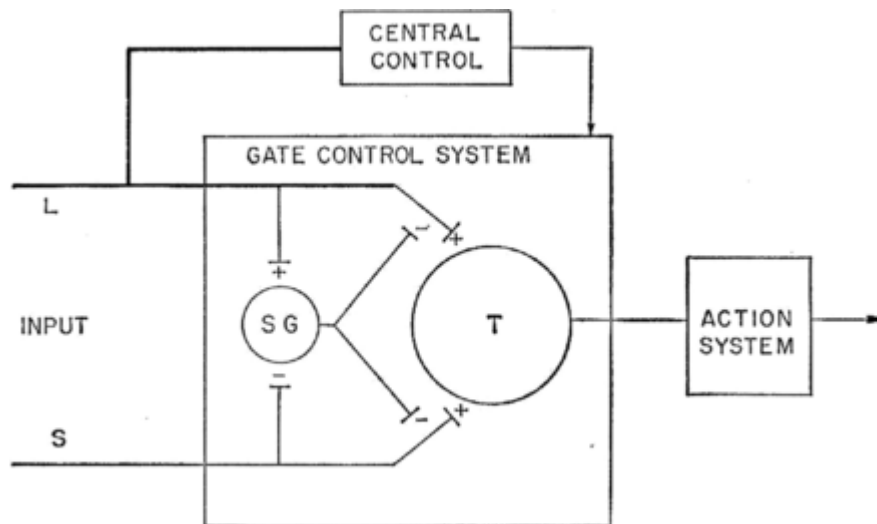


Figure I. A schematic of gate control theory. Adapted from Melzack and Wall (1975)

But what if the metaphors used to express pain experience changed? It is possible, because in the Early Modern era, pain metaphors were different. In Descartes' day and long before that, Christianity provided the Western world with a hegemonic pain discourse other than the medical. By building an iconography around Jesus Christ, Christianity used Christ's last days after re-entering Jerusalem (tellingly titled the 'Passion' in English) in a framework of human suffering—that pain serves as a conduit to God, that suffering intensifies one's relationship with the maker. This relationship was presented as a pleasurable and even erotic one, the most widely-known example perhaps being Gian Lorenzo Bernini's (1598-1680) statue "The Ecstasy of St. Teresa" (1647-52). In Christianity, the incarnation generally affirms the body as continuous with spirit – making Christ and believers themselves nighly conjoined to the Son of God, but also their own biological materials and psyches. This is a concept that resists segregation of matter into animate and inanimate, the relegation of biology into tissue, which pushes against the binary of bodies (animate) and weapons (inanimate) that damage those bodies. Finally, the pain concerning kenotic emptying in Christianity corresponds with that of witness theory in which the experience of pain at the time of sacrifice and death announces the self as for the other. Joanna Bourke is exactly right when she writes that the rise of secularism has "made militaristic metaphors extremely prominent in contemporary pain narratives. In a period where many people do not believe in a 'self' that survives the death of the body, pain is an attack on the individual's most fundamental identity. It was the ultimate 'enemy'" (77). Perhaps there is a difference between an evil in the religious and secular senses, for pain had an instructive purpose even if aversive in the religious sense.

For example, pain was the consequence of error, or was meant to morally instruct the sufferer. In the secular sense, pain can be “reified as an evil in itself” (Bourke 127). This is at least as problematic as the Christian attitude.

The Christian attitude towards pain is more positive than the contemporary attitude of the clinic. As can be intuited from the unpacking of secular and religious metaphors, ignoring politics (religious, secular, and otherwise) in the conceptualisation of pain is to ignore the maimed, war-torn world that pain makes. It is probably not a coincidence that ignoring the political context of pain also precludes the possibility of making a significant difference for suffering persons. If pain were permitted a not-negative dimension while preserving the fundamental aversive character of pain, would our politics change for the better? Asking such questions really gets to the heart of what pain means, and what pain means depends upon period, although the political implications of those meanings are constitutive.

Mechanistic discourses are possibly inferior to religious ones in terms of articulating pain because of their inherent lack of meaning beyond the biomedical. When modern-day Rene burns his finger, he knows that physical pain is the result of peripheral receptors that send a signal from the periphery to the brain⁶, as well as top-down processes modulating that same signal, as well as (perhaps) a God overseeing the process. But Rene also knows much more that science doesn't know yet: Rene knows he can reach for certain medications that will give him analgesia (he knows he can thank the

⁶ As will be shown, the process can be viewed as metaphorical. I put this footnote down in order to, once again, hold a place for this notion of a stimulus being “put for” something in order to develop the notion later. Call it a material metaphoric footnote.

mechanistic discourse for that) *but* if he wishes to make sense of his pain, his knowledge of the spinothalamic tract won't help him. If the fire was due to poor enforcement of building codes, if Rene lost his job due to a global financial crisis, if he turned to state-taxed alcohol in order to numb his pain, and inadvertently left a cigarette burning in bed, resulting in extensive burns, then knowing that wire A leads to wire B won't help Rene cope on the burn unit. He has a problem of meaning, not a problem of neurology. Meaning is inherently bound up in metaphor and Rene needs better metaphors to reflect the complexity of his plight. The bind is, all Rene has in terms of that which is bequeathed by contemporary culture are damage and weaponry metaphors. But this can change: Donaldson summarizes a main contribution of Lakoff and Johnson as explaining how “[t]he main difficulty is not that we have metaphors . . . but that we don’t *know* they are metaphors” (italics preserved, 48). Donaldson adds, “If we could recognize how associative thinking goes into our reasoning on a subject, we would become infinitely more empowered in using the language with wisdom and care” (48). It would be wise to devise new caring metaphors for pain, and to use Donaldson’s term, that is a “metaphoric initiative” of my dissertation – to counteract the dismissal of “just a metaphor” as a coercive and power-denying act, regardless of justification. For Indigenous creation stories do contain metaphors, of course⁷ – it’s “just” that the isolation of the metaphors as metaphors misses the point of such stories.

⁷ Archibald quotes Walter Lightning (Samson Cree) describing his mentor, Wapaskwan, thusly on creation stories:

There is a “surface” story: the text, and the things one has to know about the performance of it for others. The stories are metaphoric, but there are several levels

Yet metaphor is very much the point of some western definitions. Pain was first codified by the International Association for the Study of Pain (IASP) in 1979 as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” (Merskey 250). A single sentence long, this abstraction cannot convey what pain *is*, what it *feels like*.⁸ It also is firmly in the epistemological realm of injury and injuriousness, a fact that has certain obvious implications that medicine prefers to elide. In a note section following the definition, a “psychological” valence of pain is acknowledged as being accepted for the purposes of inclusion:

Many people report pain in the absence of tissue damage or any likely pathophysiological cause; usually this happens for psychological reasons. There is no way to distinguish their experience from that due to tissue damage if we take the subjective report. If they regard their experience as pain and if they report it in the same ways as pain caused by tissue damage, it should be accepted as pain. (250)

of metaphor involved. The text, combined with the performance, contains a “key” or a “clue” to unlock the metaphor. When a hearer has that story, and knows the narrative sequence of it, there is another story contained within that story, like a completely different embedded or implicit text. (84)

⁸ The definition can be thought of as metaphorical in a key sense: as Donaldson explains in *Missing Link*, the release of chemicals at the site of tissue damage is “put for” the fact of the damage itself, so that the brain can do something with the information. If no cascade of nerve signals is initiated, there would be no “symbol” of the damage itself, hence a kind of ignorance on the part of the brain that could not be selected for in evolutionary terms. The body needs a metaphoric signal to be “put for” the fact of damage.

Although the authors are somewhat considerate for including psychological pain in this note, strict terms are nevertheless set: psychological pain must be expressed in terms of damage to qualify as pain. Furthermore, the definition resides in an ill-fitting biomedical frame for it prefers objective verification (“in the absence of tissue damage or pathophysiological cause”) but in said absence, it accepts subjectivity – even though the qualifying note begins with the declarative statement “Pain is always subjective” (250). My point is that not that “psychological” and “somatic” pain should be equally weighted, since I largely reject the individual categories as exclusive anyway; I argue instead that biomedicine will always misplace subjectivity on the road to verification, making biomedicine a suspect gatekeeper of pain experience in culture. Another indication of the poor fit comes in pain textbooks (like John Bonica’s *Management of Pain*) that recount selected medical history. Such books often point out that, like previous ages, the current definition of pain includes the parameter of emotion, maintaining a historical continuity with definitions of pain in previous ages, seemingly taking pain back from the clinical, hyperphysiological viewpoint of the 19th, 20th and 21st centuries. In practice, these textbooks vend a superficial history that doesn’t bother to define the terms they are using from previous ages.⁹ In totality, the discipline of medicine’s definition of pain – called “always unpleasant” (250) in the note – functions as a negative one restricted to metaphors of damage. The definition is inadequate, for as Lakoff and Johnson show, our metaphors can work to increase or decrease understanding. It may be that the popular discourse around pain—pain as negative experience as expressed by metaphors of

⁹ For more elaboration, see my article “Pain as Metaphor: Metaphor and Medicine.”

weaponry and damage—is, in metaphorical terms, the ‘wrong road.’ If pain can only be negative, then pain will only be used for negative purposes and have negative effects.

My critique of the IASP’s definition is preceded by Daniel Dennett’s famous paper “Why You Can’t Make a Computer That Feels Pain” published in 1978. In the paper, Dennett displays a masterful awareness of then-contemporary pain physiology and computer programming as he conducts a thought experiment in which he walks through the difficulties inherent in creating a computer that experiences pain. At bottom, the problem Dennett identifies is definitional, showing the “incompatibility of well-entrenched intuitions” about pain, core among them being the following assumptions:

- (1) Pains are essentially items of immediate experience or consciousness; the subject's access to pain is privileged or infallible or incorrigible.
- (2) Pains are essentially abhorrent or awful – 'Pain is perfect misery, the worst of evils... ' (447)

In addition to serially unpacking many other difficulties, Dennett’s paper shows how “[e]fforts to capture both of these 'essential' features in a theory of pain are bound to fail; theories that contrive to maintain both of these claims do so only at the expense of equally well-entrenched claims from other quarters” (447). The problem, Dennett says, lies in our heterogenous concept of what pain is and in our equally heterogeneous acceptance of the many possible accounts of pain. Following the definitional impulse too far and insisting on standardization leads to Dennett throwing up his hands and recommending that scientists give up on

all 'essential' features of pain, and letting pain states be whatever natural kind states the brain scientists find (if they ever do find any) that normally produce all the normal effects [. . .] These will be discoveries based on a somewhat arbitrary decision about what pain is, and calling something pain doesn't make it pain. This is especially true of pain, for one of our intuitions about pain is that whether or not one is in pain is a brute fact, not a matter of decision to serve the convenience of the theorist. I recommend against trying to preserve that intuition, but if you disagree, whatever theory I produce, however predictive or elegant, will not be by your lights a theory of pain, but only a theory of what I illicitly choose to *call* pain . . . [h]uman beings and animals could no more instantiate the true theory of pain (there being none), which lands us with the outrageous conclusion that no one ever feels pain. But of course we do. Human suffering and pain cannot be whisked out of existence by such an argument. The parochiality of the concept of pain protects us but not robots (or Martians or lower animals) from the skeptical arguments, by fixing the burden of proof: an adequate theory of pain must have normal human beings as instantiations, a demand that presupposes the primacy, but not the integrity, of our ordinary concept of pain. (italics preserved, 448-449)

The brilliant cognitive philosopher concludes that pain is what we say it is, anticipating Scarry's later contentions about skepticism and phenomenology. The satire inherent in the passage is telling – on the road to defining pain, the pilgrim gives up and enlists animals and aliens in his satire. Yet, since pain is what we say it is, and since there are obvious drawbacks to limited definitions that constrain possibility not to averseness but to

damage, I argue that what is lacking in the IASP definition is a dissenting possibility: an allowance for transcendent effects of pain experience, for how this undeniably unpleasant experience has useful results for individuals and for society. Why not say pain is not entirely expressible in terms of damage? Why not, as the Leonard Cohen song says, “Forget your perfect offering / There is a crack in everything (there is a crack in everything) / That's how the light gets in” (“Anthem”)?

Perhaps the problem is a chronological one, for acute pain is a message of actual tissue damage, whereas chronic pain is usually a pain signal without ongoing damage. (Even so, the language used here—one of ‘damage’—implies a lack of value for the affected body part, a state of affairs contested by the burgeoning field of disability studies and its concept of alternative embodiments.) But the possible positivity of chronic pain, and its metaphorical roots in acute situations, is a subject that can be taken up in another forum. For now, it is important to recognise that the IASP definition is influential and provides the dominant metaphor for the whole branch of pain medicine. It is also important to keep in mind that, for the remainder of the dissertation, I mean “chronic pain” when I use the word “pain.”

What is often ignored by medical professionals is the part of the IASP that defines pain as an ‘experience.’ In present-day North America, pain is a clinical experience that is relegated to medicine for alleviation. In *The Culture of Pain*, David Morris asserts that “[t]he vast cultural shift that gives the story of pain its hidden plot centres on the eradication of meaning by late nineteenth-century science. . . [w]e are the heirs of the transformation in medical thought whereby we think of pain as no more than an electrical

impulse speeding along the nerves” (4). Medicine and the public use hegemonic metaphors to comprehend pain. Morris’s text shows how the inherently metaphorical understanding of pain absorbed by the larger public came into effect. Yet the evolution of pain theory and its basis in metaphor constitute a real narrative of progress. Textbooks like John Bonica's *The Management of Pain*, considered a standard in the field, briefly narrate the history of pain medicine in a single chapter before voluminously providing modern management principles. In their abbreviated historical sections, such textbooks present pain as moving from a primitive to a sophisticated understanding. In anatomical, physiological and biochemical terms, this is incontestable. Yet in a paradoxical way, the progress narrative has been, as per Nietzsche, obliterated by the metaphor of progress. Progress *becomes* the narrative, obscuring a truth which I hope to show is one of vast, systematic and elaborate oversimplification as encouraged by a metaphorical understanding that conceals its nature as metaphor. Though neurological metaphors have assisted with the accumulation of scientific knowledge, their enshrinement as the means of understanding pain has had a terrible cost. We think of pain in terms of nerves, but nerves are not experience and nerves are not necessarily emotion. Nerves are not pain.

Yet medicine is not the only discipline I critique in terms of its “treatment” of pain. Laying the blame for the predicament of pain in the modern era at medicine’s door would be too easy. A recent scholarly trend in the humanities is to treat metaphor as old news in the study of pain. Important studies by Bourke and Susannah Mintz usefully explicate the difficulty of finding a language for pain. Yet, I contend, they treat metaphor too hastily and thus miss its potential in intersubjective exchanges about pain—exchanges which,

like metaphor itself, bring into proximity two distinct entities. Bourke argues that Scarry's concept of pain as language destroying is "an extreme version of reification" (4):

Scarry has fallen into the trap of treating metaphoric ways of conceiving of suffering (pain bites and stabs; it dominates and subdues; it is monstrous) as descriptions of an actual entity. Of course, pain is routinely treated metaphorically and turned into an independent entity within a person, but, for Scarry, these metaphors are literalized. 'Pain', rather than a person-in-pain, is given agency. This is an ontological fallacy. (5)

I am not so sure. Though pain metaphors are called "agency metaphors" for a reason, my clinical experience suggests that investing an "it" with "itness" is a productive act that is not equivalent to providing "itness" with destructive agency, as Bourke argues. Through personification, one can offer a crucial resistance – pain can be identified as separate from personal identity and externalized in order to lessen its power. Furthermore, metaphors matter more in *The Story of Pain* that Bourke realizes. Her invented analytical tool is derived from a comment by Wittgenstein that she narrates as follows:

Simply put, he continued, the problem is "how the connection between the name and the thing set up? This question is the same as: how does a human being learn the meaning of the names of sensations? – of the word 'pain' for example."

Wittgenstein (who frowned on philosophers who posited hard-and-fast theories) modestly suggested "one possibility," that is, "words are connected with the primitive, natural expressions of the sensations and are used in their place. A child has hurt himself and he cries; and then adults talk to him and teach him

exclamations and, later, sentences. They teach the child new pain behaviour.” He imagined an interlocutor interrupting him with the question, ‘So you are saying that the word ‘pain’ really means crying?’ “On the contrary,” Wittgenstein continued, “the verbal expression of pain replaces crying and does not describe it.” (6)

This “putting for” phenomenon is – if not technically a written word and thereby a metaphor – what Jeffery Donaldson would call borne of the metaphoric initiative. I do not see a difference between Wittgenstein’s language game and metaphor at bottom.

Rather than underestimate or definitionally misplace metaphor, Susannah Mintz in *Hurt and Pain* criticizes metaphor outright as a limited means to communicate pain, theorizing instead many other ways pain is expressed through literary means. Mintz bypasses metaphor on the way to discovering the “new,” but an opportunity is missed to continue to grapple with why pain metaphors are the way they are. Mintz rejects metaphor as a useful avenue of study. Metaphor, that combinatorial urge, the force that fuses knowledges and unknowings, should be up to the task to convey experience, since it readily does so in every other aspect of experience; yet it fails in its task in regular pain discourse as practiced by suffering persons other than in expressing severity via the valence of damage and weaponry, and this failure is one that needs to be kept in mind. Metaphoric expression offers opportunities not only for improvement, it also exists as a paradox contradicting Mintz’s “pain-as-epistemological-nodal-point” idea in which pain “forces us to question what we think we know about our bodies, our status in the world, and our relations to others (4).” Though this is true enough, the failure of metaphor to properly do these things nevertheless suggests a language-resisting property that persons

in pain may not be able to know other than the certainty that, qua Scarry, they are in pain. The knowing may be beyond ascertainment or perhaps it is instead an abdication on the part of scholars who suss out more complex representations that persons in pain do not use in their regular speech. Mintz relies upon metaphor to justify her preference for narrative, explaining that “[w]hat [she is] investigating is essentially pain *in* metaphor rather than *as* metaphor” (8). The objective here is to not have pain be “[d]eployed to concretize some other, more abstract badness” (8). My problem with this is the limited understanding of what metaphor *is*, what it *does*. Metaphor can be metaphorized as Wittgenstein’s “seeing-as”; it is so much more than Mintz’s prescribed “seeing-only.” Ironically, Mintz unwittingly metaphorizes metaphor as process here, which is, of course, the very definitional spirit of metaphor, a combinational process based in the word’s etymology, *meta* and *pharein*: literally, to “carry across.” Metaphor is not a concretization of abstract badness; it is a reflection of a destructive tendency to convey an understanding of pain in negative terms. The problem is not metaphor itself, but rather the metaphors used (and why they are used). Discarding metaphor is to discard an important front for change; and not recognizing the sticky tendency to rely upon fixed metaphoric expression when it comes to pain is to ignore the conventions of language people in pain cannot so easily escape. Why does the damage and weapon convention exist? Should we throw away the very useful finding that thus far in the Western world, humans have largely limited their metaphoric expression of pain to destructive metaphors? What happens if we stick with this squeaky wheel and ask what would happen if we had different metaphors? If we thought of damage and weaponry metaphors as the “dead metaphors” that

Donaldson calls “commonplaces” or “tropes” that “have occurred so often that we scarcely see them as metaphoric bonds at all, but just stable realities in our midst (the leg of the table, the eye of the storm, etc.)” (112), then what is the implication of living with suffering expressed by such “dead metaphors” and what if, as Donaldson wonders, we had poets “who, like good chemists, seek to comprehend and even reinvent the realities we inhabit, who search tirelessly for the more surprising and unusual combinations that will produce new metaphors, new substances, new realities we might yet *live by*” (italics preserved, 113)?

Why are our metaphors the way they are? The answer has something to do with knowledge and unknowing that might be the key to better descriptions of pain experience, or perhaps a fuller understanding of why pain is beyond language in some way. Unlike Mintz, I am not so quick to “take as a starting point not some inherently elusive quality in pain but instead a contemporary context in which pain is almost exclusively the domain of medicine” (10). The history of pain medicine, for example, surely has something to do with present practice, just like the history of bodies in pain has something to do with the experience of present bodies in pain. I insist on examining said elusiveness because the elusive quality is probably the reason for Mintz’s described relegation of pain to biomedicine in the contemporary moment. If religious models were the main interpretive and meaning-providing models in the early modern era, for example, and the rise of scientism and secularism has toppled religion in the contest for supremacy of discourse, one would apprehend that to jump ahead to the present moment, neglecting historical conceptions of pain, ruins interpretations of the present. Inexpressibility and elusiveness

are not necessarily negative phenomena, and the groundwork for answering this tough question presents itself in my study. This is where trauma studies and witness theory become useful in Chapters Two and Three, trading knowledge for ethical response.

Context Three: Different Samenesses Between Narrative Medicine, Indigenous Knowledge, and Pain

Elizabeth Cook-Lynn (Crow Creek Sioux) explains that Indigenous stories, including creation stories, “record Native views while investigating philosophical formulations” in order to “tell one generation of listeners what the previous generation has come to know through the long tenancy of the tribe in a specific geography” (“History, Myth, and Identity in the New Indian Story” 330). This same formulation is corroborated in an Anishinaabe context specifically focused on health (Anderson 19). Indigenous creation stories and Christian myths are not equivalences, and yet they both do similar kinds of work (albeit in different ways) by instructing cultural members how to be in the world and by showing what an ethical relationship is to that world. In the same fashion, Narrative Medicine is not the same as Indigenous Story Medicine, and yet they both do similar kinds of work, albeit in different ways. I use the term “work” pointedly, for as Jo-Ann Archibald (Sto:lo Nation) writes, “our stories and storytelling” need “to be taken seriously” – they constitute “cultural work” that “includes speech, story, and song” (3-4). Archibald also includes work that is “witnessed by the guests” (4). Characters in Indigenous creation stories are more doings as opposed to beings, according to Archibald (6). Metaphors are instances of doing too, and the work they can do in a healing context is important. Reflecting upon a storytelling session, Archibald writes, the “power created

during the storytelling situation” is “interrelational as it move[s] among the storyteller and story listeners in the storytelling situation. This interaction create[s] a synergistic story power that ha[s] emotional, healing, and spiritual aspects” (100). Daniel Heath Justice argues that “*relationship* is the driving impetus behind the vast majority of texts by Indigenous writers – relationship to the land, to human community, to self, to the other-than-human world, to the ancestors and to our descendants, to our histories and our futures, as well as to colonizers and their literal and ideological heirs – and that these literary works offer us insight and sometimes helpful pathways for maintaining, rebuilding, or even simply establishing these meaningful connections” (xix). Map to one another and map of each other as relational reparation: perhaps we are again in the realm of a meta-metaphor here, in which the combinatorial property of metaphor is put for intersubjectivity. Wellness is nevertheless an important concept within story and is embedded in the process of storytelling.

A different situation arises in Western medicine and its neo-adoption of narrative methods to provide an analogous supportive context in therapeutic sites. I wish to bring Narrative Medicine practice into relation with Indigenous knowledges, specifically in relation to Indigenous concepts of the purpose of narrative and the method of healing. The Indigenous respect for story as healing agent precedes the late-20th century rise of Narrative Medicine.

Western medicine, too, has much to gain from promoting respectful, relational forms of knowledge above the more common practice of dividing experts from patients. In their seminal paper, Marie Tervalon and Jann Murray-Garcia call for cultural humility,

which “in clinical practice is best defined not by a discrete endpoint but as a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves” (118). They further define cultural humility as a multidimensional process that requires continuous engagement “in self-reflection and self-critique [by] lifelong learners and reflective practitioners,” that encourages “physicians[to] bring into check the power imbalances that exist in the dynamics of physician-patient communication by using patient-focused interviewing and care,” and that “maintain[s] mutually respectful and dynamic partnerships with communities” (118), items that are already part of Indigenous creation stories as processes. Western medicine, however, has a different concept of narrative knowledge, one that exists in as a secondary measure, as a restorative, rather than the inherent model of Indigenous contexts. In “Narrative Medicine: A Model for Empathy, Reflection, Profession, and Trust,” Rita Charon defines narrative knowledge as containing “cognitive, symbolic, and affective” components that “unfold in time” (1898). Narrative competence matters, Charon says, because if it is lacking,

the patient might not tell the whole story, might not ask the most frightening questions, and might not feel heard. The resultant diagnostic workup might be unfocused and therefore more expensive than need be, the correct diagnosis might be missed, the clinical care might be marked by noncompliance and the search for another opinion, and the therapeutic relationship might be shallow and ineffective. (1899)

If cultural humility is a process, then why is knowledge a thing, existing within a “competency” to use and maintain it? Why is not also a process? To recast William Carlos Williams’s famous phrase from “Asphodel, that greeny flower” (318): just as men die from a lack of what is found in poetry, patients die from a lack of narrative humility in their physicians. To recast again: patients die from a lack of poetry in their physicians. Charon advocates for physicians to use the tools of narrative analysis—attending to matters such as plot, character, etc.—to assist them when interacting with patients so that the patient’s story, as told to the physician, constitutes an opportunity to create understanding and affective bonds between storyteller and listener. This opportunity should not be missed because of the nature of the problem posed by illness itself.

Charon maintains that “fundamental aspects of living as recognizing self and other, connecting with traditions, finding meaning in events, celebrating relationships, and maintaining contact with others are accomplished with the benefit of narrative” (*Narrative Medicine* vii). It is at least of nominal interest to understand how Indigenous concepts of self and other, traditions, finding meaning, and relational practices can suggest how Western medicine might humbly renovate itself.

Indigenous peoples have used narrative as their means of accumulating and disseminating knowledge, a preference for narrative that is immediately apparent in a typical Haudenosaunee greeting. For example, Brian Maracle’s version of “First Words” (which will be unpacked in a moment) offers gratitude to the universe, revealing relationships between humans and their surrounding material-spiritual context. Because the concept of medicine is inherent to the Indigenous creation stories, and because it is

ritually expressed in narrative form, health among Indigenous peoples has this narrative base: for the Indigenous person to be well, they must understand their story and its context in other stories. Narrative competence for Indigenous peoples is perhaps even more important in its context for this idea, if permitted an application in this other context, allows for the transmission of epistemology, not just medical intervention.

That the colonial project disrupted the lives of Indigenous peoples and tried to eliminate aboriginal narratives from history is linked to the relatively high rates of morbidity and mortality in contemporary aboriginal peoples. By attempting to de-story aboriginal people through forced resettlement, conversion to Christianity, residential schooling, and other forms of structural racism, settlers attempted to silence the ways Indigenous knowledge is preserved and transmitted. But this is just the second injury. The first is articulated by the National Collaborating Centre for Aboriginal Health as “the diseases and conflicts of colonization” that “devastated Indigenous populations and their systems of Indigenous health knowledge” (“Setting the Context: An Overview of Aboriginal Knowledge” 3) Before European contact, “Indigenous peoples of Canada had fully functional systems of health knowledge that were practiced within the contexts of their specific ways of knowing and being” (3). The main colonial weapon (other than disease) was land theft. Disconnection from the land meant losing the relational ways of life produced by connection to the land. As Jo-ann Archibald writes in *Indigenous Storywork*, “If we become disconnected, we lose the ability to make meaning from Indigenous stories” (ix). De-storying meant not only disrupting these ways of knowing and being, it also meant continuously destroying them. At present, the Collaborating

Centre for Aboriginal Health points out what should be familiar to most Canadians: “First Nations, Inuit, and Métis peoples continue to experience considerably lower health outcomes than non-Aboriginal Canadians. On many health indicators, First Nations, Inuit, and Métis peoples continue to show a disproportionate burden of disease or health disparities” (3).

Canadian medicine in the 21st century prefers and produces knowledge in the form of organized facts and data. The benefits to settler society from this approach have been immense and include massive improvements in health, at least in terms of white communities living in proximity to tertiary care centres. But there have been costs, such as a dehumanizing tendency to lose sight of a person in favour of identifying and managing disease. Narrative medicine is a reaction to this loss, an effort to heal medicine itself. Narrative Medicine tries to reinject the importance of story in the diagnosis and treatment of illness because story was largely evacuated by biomedicine’s privileging of quantifiable data over qualifying background. It is, in a sense, a reactionary phenomenon and therefore limited in comparison to traditions that never let go of narratives as important contributors to health.

Canada’s founding system of knowledge (Indigenous) and settler-colonial myth system (Judeo-Christian) have different visions of health and this difference is manifested in the respective literatures when it comes to pain. In addition to the fact of first contact in 1534, Cartier shaped the direction Canadian literature by invoking Christian myth to organize space, referring to Canada as “the land God gave to Cain” (86) after describing the terrain this way: “it should not be named the New Land, but [a land of] stones and

rocks frightful and ill shaped, for in all the said north coast I did not see a cart-load of earth, though I landed in many places. Except at Blanc Sablon there is nothing but moss and small stunted woods” (86). Because this anecdote forms part of CanLit’s mythology, I will examine the biblical story of Cain in some detail to understand the implications for pain as a concept and experience in Western life, but also how it has a special relevance in the Canadian context based on Cartier’s colonial coinage. I will also complicate it by creating an ethical space of engagement with Indigenous creation story. To emphasize the importance of such myths as foundational to ways of being in the world, Jo-Ann Episkenew quotes Thomas King in *Taking Back Our Spirits* that “myths continue to wield enormous power, even ‘in a predominantly scientific, capitalistic, Judeo-Christian world governed by physical laws, economic imperatives, and spiritual precepts’” (3). Though the power of story is in many ways a shared value, one of the major contrasts between the two traditions is how the indigenous appreciation of story becomes a determinant of health.

Though pain as concept appears earlier in the story of Genesis¹⁰, the story of Cain and Abel in Genesis 4 has the most relevance for my purposes. In it, Cain, the first born

¹⁰ The first appearance of pain in Genesis is gendered and has metaphorical basis in labour. Following the Fall, in 3:16 (all quotes taken from *King James Bible Online*), God is narrated as follows: “Unto the woman he said, I will greatly multiply thy sorrow and thy conception; in sorrow thou shalt bring forth children; and thy desire shall be to thy husband, and he shall rule over thee.” For women, Eve’s punishment meant pain, confirming the Latin derivation of our English use of the word. For Adam in Genesis 3:17-20, the consequences are expressed in another form of labour which is, instead, fruitless:

And unto Adam he said, Because thou hast hearkened unto the voice of thy wife, and hast eaten of the tree, of which I commanded thee, saying, Thou shalt not eat of

of Adam and Eve, slays his younger brother Abel in a field. Cain lies about the murder to God, who is not deceived; in response, God says, “What hast thou done? the voice of thy brother's blood crieth unto me from the ground” (*King James Bible Online* 4:10). In retribution, God curses Cain: “When thou tillest the ground, it shall not henceforth yield unto thee her strength; a fugitive and a vagabond shalt thou be in the earth” (4:12). Cain protests that the punishment is greater than he can bear, and fears that he will be killed should anyone meet him; to prevent this, God sets “a mark upon Cain, lest any finding him should kill him” (4:15). This mark is curious in that it is not specified, creating a similar set of conditions for recognizing a person in pain. Though Cain is not physically marked upon his body, he yet has an indication placed upon or within him; so too the person in pain often does not have a physiognomic tell, like a maimed or missing limb, but rather has softer signs like facial expression, mood, and changes in position. When taken in this context, Cartier’s reference probably meant that he found Canada to be a

it: cursed is the ground for thy sake; in sorrow shalt thou eat of it all the days of thy life;

Thorns also and thistles shall it bring forth to thee; and thou shalt eat the herb of the field;

In the sweat of thy face shalt thou eat bread, till thou return unto the ground; for out of it wast thou taken: for dust thou art, and unto dust shalt thou return.

The implications of work without result upon land could bear out more thought in comparison to Indigenous place-thought; I’m tempted to follow another path to consider settler industriousness and extractivism based on this exhortation to be productive; but for now I present the ordinary concept of pain in the Western Christian tradition as one that is punitively gendered. For women, in terms of childbirth; for men, in terms of fruitless labour.

barren, unforgiving land; nevertheless, he seeded the ground in metaphorical terms by claiming it for God (his account of an erection of a cross in the same text is infamous) and by linking the soil to the Christian framework around pain. From the vantage point of almost 600 years later, the paradoxes and ironies of the comparison are many. Colonizers were indeed vagabonds with respect to Indigenous people, and the comparison of the future settlement to the first biblical murderer seems oddly appropriate as Canada's national scandal continues to unfold. In these senses, the literal place of our pain is the settler nation: how sterile a perspective as compared to the Indigenous world-view!

Compared to Western modes of thought, Indigenous knowledges function according to a distinct epistemology. I tread on ground not my own here, but also my own in a very fraught sense, and thus with respect I bring into my argument the tradition of Indigenous Place-Thought, in which essentialism is not a bugbear but is instead a condition of life. Marie Battiste (Mi'kmaq) and James (Sa'ke'j) Youngblood Henderson (Chocktaw) write that "Since most modern Eurocentric contexts reject the idea of intelligible essences in an ecology, they rely on arbitrary definitions that have no relationship with the life forces that Indigenous peoples use to understand life" (36). Zainab Amadahy and Bonita Lawrence (Mi'kmaq) concur with this formulation and offer a broad summary of Indigenous epistemology: "Probably the most fundamental principle of many Indigenous cultures is human interdependence with other life-forms in nonhierarchical ways" (116). This assessment is in alignment with my own reading of the Genesis myth in which I consider Eve and Adam as destined to struggle with their own physicality that results from their preference for sovereignty over responsibility.

Essentialism is a no-no in Western thought, yet it is a key tenet of Indigenous thinking. Battiste and Henderson continue: “Eurocentrism rejects the idea that the human mind can understand an ecology through these life forces (36).” The Western tradition is, instead, to classify, categorize, taxonomize. Battiste knows what’s behind the rules of this tradition: “The system of classification and the definitions used within it are based on the desires or purposes of those who created the system. The definitions are judged to be valid if they advance the desires or purposes of the people who fabricated them, allowing them to measure, predict, or control events (36).” Thus Indigenous knowledges and their intrinsic basis in narrative have productive differences and similarities with Narrative Medicine, the latter being a medical practice designed – no matter how benignly intended – to know, understand, control. Charon largely echoes Battiste’s critique of Eurocentrism when she writes,

Unlike scientific knowledge or epidemiological knowledge, which tries to discover things about the natural world that are universally true or at least appear true to any observer, narrative knowledge enables one individual to understand particular events befalling another individual not as an instance of something that is universally true but as a singular and meaningful situation. (*Narrative Medicine* 9)

Yet the difference between Narrative Medicine and Indigenous story medicine appears in the very next sentence: “Nonnarrative knowledge attempts to illuminate the universal by transcending the particular; narrative knowledge, by looking closely at individual human beings grappling with the conditions of life, attempts to illuminate the universals of the human condition by revealing the particular” (9). It is this aphoristic phrasing, and

creation of a category and its alternate category, that reveals the difference. Indigenous Story Medicine does not exist in opposition to Eurocentric practice; narrative is simply its basis, and the claims made by Charon are clear, cogent, delimited, and operate within a sponsoring taxonomizing philosophy that demands precision and efficacy. In Indigenous knowledge, the mystery to the inherent relationality is preserved; the provisionality of understanding is the dominant process. Battiste and Henderson write that the Mi'kmaq “carry the mysteries of our ecologies in our oral traditions, in our ceremonies, and in our art; we unite these mysteries in the structure of our languages and our ways of knowing” (9). For the Mi'kmaw, language is not reducible to semiotics and linguistics. The distinctions to be made are not in terms of knowledge-claims, but rather being-claims. Language is instead a local practice that exists in relationship to land, animate matter, inanimate matter, and other people. Bernie Francis, Member of the Maupeltu First Nation, and Trudy Sable, settler-scholar based in Halifax, write in *The Language of This Land, Mi'kma'ki* that Mi'kmaq expresses “landscape” as “sentient, ever-changing and in a continual process of becoming” (18) but that the relationship between language and land is reciprocal: “language and cultural expressions that arose from living within a fluid and changing landscape” both “mirrored and communicated multiple layers of reality” (22-3). In a conversation between Francis and his settler mentor, the linguist Doug Smith, Smith paraphrases Francis as follows: “[in the] Mi'kmaw world view [. . .] the world is perceived primarily as flow or flux, movement as opposed to the Indo-European noun-centred languages which objectify the world” (30). Battiste and Henderson add, “Indigenous peoples regard all products of the human mind and heart as interrelated

within Indigenous knowledge. They assert that all knowledge flows from the same source: the relationships between a global flux that needs to be renewed, the people's kinship with the other living creatures that share the land, and the people's kinship with the spirit world" (41). In another venue, she writes that the "Mi'kmaq language exists as the essential base of knowledge and survival. More than just a knowledge base, Mi'kmaq language reflects a philosophy, a philosophy of how we shall live with one another, a philosophy of how we treat each other, and how all things in the world fit together" (*The Mi'kmaq Anthology* 147). Without indulging in Western epistemology and engaging in generalization, for I think that instead I'm pointing out shared ways-of-being as informed by reciprocal relationships tied to land, my partial reading of Indigenous scholars and their scholarship suggests that Battiste's view is a consensus one. For example, Nishnaabeg scholar Leanne Betasamosake Simpson writes,

To me, this is what coming into wisdom within a Michi Saagiig Nishnaabe epistemology looks like – it takes place in the context of family, community and relations. It lacks overt coercion and authority, values so normalized within mainstream western pedagogy that they are rarely ever critiqued. The land, aki, is both context and process. The process of coming to know is learner-led and profoundly spiritual in nature. Coming to know is the pursuit of whole body intelligence practiced in the context of freedom, and when realized collectively it generates generations of loving, creative, innovative, self-determining, inter-dependent and self-regulating community minded individuals. It creates

communities of individuals with the capacity to uphold and move forward our political traditions and systems of governance. (“Land as Pedagogy” 7)

In a later comment, Simpson suggests something that emphasises difference itself within Indigenous knowledge: “Meaning then is derived not through content or data, or even theory in a western context, which by nature is decontextualized knowledge, but through a compassionate web of interdependent relationships that are different and valuable because of that difference” (11). Beth Brant (Mohawk) in *Writing as Witness* goes to the heart of an irony with respect to the nexus of Indigenous pain and Western epistemology: “[H]ow the dominant culture loves to quantify suffering and pain! And how well it has worked to divide us from each other and from our self” (21). This web of ideas meshes with the theory of metaphor, which tries to postulate similarity and difference in the same relational act.

It has resonance with settler epistemologies too. Intercultural work can be done by attempting to appreciate Indigenous knowledge while acknowledging the limitations built into the prospect of settlers reconciling with Indigenous peoples while power differentials are the context for that reconciliation. Settlers like me need to keep in mind the *difference* part of any metaphor argument they make about Indigenous peoples and knowledge. As Battiste writes, “Meeting the responsibility of challenging **[imperialism’s]** frameworks is not just a task for the colonized and the oppressed; it is the defining challenge and the path to a shared and sustainable future for all peoples” (12). It is in this spirit that I make my attempt to articulate an Indigenous concept of pain and contrast its difference with that of the dominant Western definition. According to the settler-scholar Daniel Coleman

in “Indigenous Place and Diaspora Space: Of Literalism and Abstraction,” difference “is not a rupture or disjunction; difference is a meaningful relation” (63). Let me illustrate this observation by looking to one cultural conversation that involves writers of disparate locations and experiences. Both Coleman and I – settler-colonialists – take our cues in part from the work of Cree philosopher Willie Ermine, who derives his concept of “ethical space” at least in part from Roger Poole, an Anglo-European literary theorist. Drawing directly on Poole’s *Towards Deep Subjectivity*, Ermine writes out a constructive theory of difference in his article “The Ethical Space of Engagement”:

The space is initially conceptualized by the unwavering construction of difference and diversity between human communities. These are the differences that highlight uniqueness because each entity is molded from a distinct history, knowledge tradition, philosophy, and social and political reality. With the calculated disconnection through the contrasting of their identities, and the subsequent creation of two solitudes with each claiming their own distinct and autonomous view of the world, a theoretical space between them is opened. (194)

To open up this space, a good place to start is with Indigenous creation stories. Creation stories advocate a social contract; adjacent to and dependent upon that social contract comes a different concept of health and wellness of the individual and society. In terms of health, Indigenous use of myth and story is an oral tradition which, by an astonishing margin, predates the very recent Western construct of Narrative Medicine. For the Indigenous peoples of Turtle Island, story has always been an important way of understanding wellness. As Amadahy and Lawrence write,

Creation Stories, for example, emphasize the interdependence of two-leggeds (human beings) with the plants, animals, sun, moon, and the land itself. In the *Rotinosoni* (Iroquois) Creation Story, Sky Woman and the land animals, sea creatures, and winged ones cooperated and had different roles in the formation of Turtle Island and in growing food that sustained the human lives that came afterward. (italics preserved, 116)

This is in keeping with Jo-ann Archibald's formulation of "holism" that "refers to the interrelatedness between the intellectual, spiritual (metaphysical values and beliefs and the Creator), emotional, and physical (body and behaviour/action) realms to form a whole healthy person" (11). The concept is symbolized by concentric circles which include the "animal/human kingdoms, the elements of nature/land, and the Spirit World" (11). Common amongst Indigenous peoples is the aim "to attain a mutual balance and harmony among animals, people, elements of nature, and the Spirit World. To attain this goal, ways of acquiring knowledge and codes of behaviour are essential and are embedded in cultural practices; one practice that plays a key role in the oral tradition is storytelling. Some stories remind us about being whole and healthy" (11). She adds further that "stories have an ability to soothe, to heal" (98). For his part, Daniel Heath Justice says stories can be "noxious, bad medicine" (2) and they can also be "good medicine, too. They can drive out the poison, heal the spirit as well as the body, remind us of the greatness of where we came from as well as the greatness of who we're meant to be" (5).

Before I go too far with the inevitable contrast of traditions, I acknowledge a warning provided by the Anishinaabe scholar Vanessa Watts, who writes

In an epistemological-ontological frame, Indigenous cosmologies would be examples of symbolic interconnectedness – an abstraction of a moral code. It would be a way in which to view the world – the basis for an epistemological stance. From a Haudenosaunee worldview, this is what happened [. . .] This traces Indigenous peoples not only as epistemologically distinct but also as a gateway for non-Indigenous thinkers to re-imagine their world. In this, our stories are often distilled to simply that – words, principles, morals to imagine the world and imagine ourselves in the world. In reading stories this way, non-Indigenous peoples also keep control over what agency is and how it is dispersed in the hands of humans.

(26)

This is a view held by other Indigenous scholars, including Jeannette Armstrong, who writes that she “question[s] the use of the word ‘mythology’ as a way of approaching and categorizing Syilx oral story. I argue for the adoption of a better term to contextualize or ‘textualize’ the oral literatures of the Okanagan as a container for the transmission of the knowledge of ‘good’ relationship by humans as an integral part of the natural world” (“Literature of the Land – an Ethos for These Times” 346). Indeed, to contest the point materially, Armstrong uses a Nsyilxcen word as substitute for “myth.” Similarly, Archibald quotes Wapaskwan via Walter Lightning as follows: “The way to interpret those stories has never been clear to the literate, academic community until recently. The stories are not just “texts,” or narratives that deal with sequences of events in a linear progression of events” (83). The consideration of Indigenous and Western epistemologies as unknowable unto one another is a separate debate – like Ermine, I prefer to

demonstrate difference productively as a strategy to understand things better – but I acknowledge this productive warning offered to settler extractionists and I posit my ideas about Indigenous concepts of pain tentatively, with the honest goal of showing a possibly better relationship for settlers with pain, though the implications of the different philosophies are, to me, quite clear. Although I am inclined to accept Donaldson’s belief that “The shifting properties of metaphoric relation can go a long way in helping us to understand different kinds of knowledge, indeed different kinds of knowing” (52), I will not go so far as to substitute Narrative Medicine for the Indigenous Story Medicine, nor to force one to interact with the other in order to arrive at anything approaching “knowledge.”

Despite the aforementioned qualifications, I do not wish to understate the importance of these implications which require much further research. To simplify: conventional Narrative Medicine does not claim to heal or even constitute its methods and process as “therapy.” It does strongly endorse itself as a method to better understand patients and to improve relationships with them, and following from that *might* be an improvement in care; but it does not go so far as to endorse itself as a form of bibliotherapy which medical literature suggests has an equivocal benefit at best. Yet the idea of story as actual, effective medicine is wholeheartedly endorsed by Indigenous scholars like Jo-Ann Episkenew. When discussing Beatrice Culleton Mosionier’s *In Search of April Raintree*, Episkenew writes: “Having experienced the foster-care system first-hand and having close personal contact with other foster children, Culleton Mosionier combines imagination with experience to give voice to the inner lives of her

siblings and of the many foster children who are unable to articulate their own stories” (112-3). Moreover, Episkenew claims that “It is through her writing that Culleton Mosionier is able to transform residual pain into text, which she can examine and eventually understand. In this way writing can be therapeutic” (113). The argument here is straightforward, literal, and essentialist: Culleton Mosionier suffered, she wrote about it, and this process helped her.¹¹ Episkenew reinforces the point by quoting Culleton Mosionier on her intentionality, framing that quotation with this observation: “Culleton Mosionier is cognizant of the healing potential of fictional narratives” (113). The next step is a very large one:

By sharing her characters’ experiences through their reading of this novel, readers share in both Culleton Mosionier’s pain and her healing. For the Indigenous readers who share Culleton Mosionier’s experiences in the child-welfare system, the novel has become a vehicle of healing that validates their experiences and provides an opportunity for critical reflection and catharsis. (113)

Jo-ann Archibald quotes Leslie Marmon Silko on the Laguna Pueblo “communal concept of the healing power and influence of story”:

The old folks said the stories themselves had the power to protect us and even to heal us because the stories are alive; the stories are our ancestors. In the very telling

¹¹ Other Indigenous scholars have a different view. For example, Leanne Simpson in “Land as Pedagogy” has a complex figuration of theory as experiential, intersubjective, and in process. If metaphor were allowed into the contrast here, Episkenew takes the position of an empiricist dosing story equivalents to patients, whereas thinkers like Simpson recognize the stories to be animate things, being both one’s own and also not. Therefore there is not a hegemonic “Indigenous” fixity of thought underwriting static and single practice.

of the stories, the spirits of our beloved ancestors and family become present with us. . . [t]he old-time people always say, remember the stories, the stories will help you to be strong.” (qtd. in Archibald 27)

To round out this very Western arrangement of proofs, I offer two more: Ojibwa storyteller Basil Johnston writes that “Words are medicine that can heal or injure” (Archibald 19). Beth Brant has written in *Writing as Witness* that “You see, [Indigenous writing] feed[s] our communities. These flowers give us survival tools. I would say that Native women's writing is the Good Medicine that can heal us as a human people” (9). Episkenew, Silko, Johnston, Brant, and (taking into account earlier quotes from) Archibald herself make an argument that is outside of an admittedly dated albeit influential Eurocentric, death-of-the-author framework because such a stripping of autobiography is to depersonalize, to decontextualize, to mar the place where story comes from. This argument is somewhat closer to, but still outside of a (more recent) Eurocentric trauma studies view that the individual not only speaks from a position of solitude but also for an “us” because the relationality inherent to story need not occur under a pathological banner (trauma = wound). The argument is also outside a fuzzy bibliotherapeutic “books are good for you” moral framework. The differences between Story Medicine and Narrative Medicine are not restricted to members of Indigenous communities who might need the novel as literal medicine, but, as Episkenew explains, also settlers who need to learn of privilege as a medicine:

reading *In Search of April Raintree* [potentially] ensnares these readers in the world of the Raintree family and provokes them to vicariously share the pain that

generations of Indigenous people have felt. Settlers are forever transformed by the emotions that inevitably arise when they begin to understand that one of the legacies of colonialism is the position of unearned privilege that they enjoy in contemporary neo-colonial society. *In Search of April Raintree* engages its readers on an emotional level and transforms their understanding of the world. (114)

With the phrase “vicariously share the pain” we might be, if viewing things in a comparative manner, in the likeness of a Levinasian philosophy, but the practical benefits of reading a book (“forever transformed”) go so far beyond what has been proven in studies performed by settlers that one has to wonder less about the reasons why they are different (for those are entirely predictable based on an understanding of Indigenous and Western epistemes) but moreso what possible benefit to therapeutics might be gained by an epistemic reorientation by Western uses of narrative in healing.

Recitation of the “first words” often begin important gatherings of members of the Haudenosaunee Confederacy. An interpretation will follow, but before I make an interpretation, I preface that with these first words: as a white settler Canadian man living with dis/ability, I have a strong basis for speaking and interpreting the New and Old Testaments of the bible. My basis is an assumed one – I grew up in a Christian environment and assimilated Christian (specifically: Catholic) ideas through formal and informal means. But assumptions are dangerous when explaining Haudenosaunee creation stories because I don’t have the same familiarity with the story—*it’s not mine*. The most transparent thing I can do is write from the perspective of outsider comparison,

of setting (but not settling) Mohawk story next to Christian myth. By being explicit about this approach, I offer respect.

I provide the Mohawk narrative in summary, relying upon Brian Maracle's short version found in Cynthia Sugars's and Laura Moss's *Canadian Literature in English*. This particular creation story was chosen because, as Lisa Brooks (Abenaki) writes in "Digging at the Roots," the Haudenosaunee creation story is "one of the most widely known indigenous narratives of creation" because "[s]everal Native writers have published versions drawn from communal oral narratives" (237-8). Using the Maracle source primarily because it appears in an important Canadian literature anthology published by two prominent scholars, and drawing from a wealth of published analysis of the story, I hope to present an engagement with the Indigenous interpretation of the creation story.

The frame of the Mohawk story inaugurates a sense of profound difference from Christian myth: rather than starting with a masculine deity, it starts with a woman. Hierarchy is different, too: the woman learns of herself through conversation with Creator. Her knowledge comes not from proscription, transgression, and punishment, but instead by being attentive and listening to story.

The god-figure implores his "children" to listen well and then tells the story of creation, which involves a female spirit in the sky getting sick. This spirit seeks "medicine" from a "shining tree" in order to get better. At the base of this tree are roots that the spirits in the sky-world use to get well. A hole is dug to acquire some of these roots. The spirit looks in the hole. Unable to see the bottom of the hole, she leans in a

little further and eventually falls in. She tries to gain purchase, but only grasps at roots and herbs that can't stop her from falling. The female spirit then falls into the world the woman in the frame narrative is hearing about right now, a world of fish and fowl that break the sky-spirit's fall and allow her to rest on a turtle's back. The herbs and roots that the sky-spirit still has in her hands eventually become the earth and its vegetation. The sky-spirit gives birth to a daughter who, in turn, grows to give birth to twin sons. A womb-narrative unfolds in which the peaceful son fights with the restless son, ending with the bad son refusing natural order and rending a hole in his mother's side in order to be born. The mother's dead body becomes a kind of vegetable tree that not only serves as a food source but also as medicine for when subsequent generations of Iroquois are sick. The good-minded son somewhat resembles Abel in the bible (a comment once disdainfully made by Brebeuf in order to establish equivalence and then superiority), another righteous son betrayed by his brother, yet he also shares aspects of Cain's story in that he is cast out of his grandmother's home. After being cast out, he tries to prepare the world for the arrival of human beings by creating many of its creatures. His work is constantly undone, or complicated, by the work of his Cain-like brother. The good son asks his created humans for daily gratitude to be shown for his work. He informs them they are mortal, and he says he will see them in the sky-world one day.

Such a theology differs from Christianity in productive ways, but the following analysis of such differences keeps Watts's important warning in view. To begin with, it is less authoritarian. Although the sky spirits are powerful beings, the one seen in the narrative relates his information in the form of story. He makes no other demand than that

gratitude be expressed for his work and for the earth itself. The presence of medicine in the creation story—originally divine medicine for divine beings that becomes the earth’s vegetation—foregrounds a concept of health rooted in the natural environment. The substance used to heal the gods becomes the substance that greens the earth. Unlike in the Bible, the Abel-like figure lives, and triumphs; the Cain-like figure also lives, but is banished. Both of these creation stories construct relational patterns and norms, but differently: the Christian myth imposes a gendered hierarchy, a basis for interaction between men and women with assumptions about power and punishment; the Mohawk creation story begins with woman and insists on the interconnectedness of all things.

The homologies between the Christian myth and Mohawk creation story come with crucial differences. For example, out of pain and suffering comes not incessant toil and procreation (Cain’s fate) but creation: in the Mohawk creation story, the humans are informed that they are standing on the dead body of the mother killed by the bad-minded son. The earth, more than a desecrated zone that calls out a failure of relationality (murder), as in Genesis, holds the transformed, organic body of ancestors. Furthermore, the creatures of the earth were created by a force of goodness. These creatures were only later challenged by other creatures meant to vex these good things. In contrast with the teachings of the Catholic church from my childhood, there is no original sin, and the forces of good and evil are in balance, not existing as an unresolved mystery. Watts summarizes a few more differences that are crucial from the Indigenous perspective:

In the [story of Sky Woman], the relationship between animals and this female is regarded as sacred and ritualized over generations. This relationship also becomes

the foundation for future clan systems, ethics, governance, ceremonies, etc. In the former, the female becomes responsible for all the pain of childbirth and resentment for being cast out of paradise. The interaction of Eve and the Serpent results in shame and excommunication from nature. Additionally, future dialogue and communication with animals becomes taboo and a source of witchcraft. (25)

Lisa Brooks also offers some strong comparison:

Rather than emerging from a void of existence filled by a divine male creator, the earth materializes through the interrelated activity of its inhabitants. Moreover, the creation of the earth requires thought. The story emphasizes the resourceful intelligence of all the water animals, and of Sky Woman herself. The thinking that results in creation is cooperative, drawing on the insights and abilities of all the members of the community to solve the problem at hand [. . .] Sky Woman tells an important story about the potential in imaginative inspiration and the power of group deliberation. Only through the interaction of both of these processes can the earth be born. (238)

In a preamble, Maracle mentions that an important part of the creation story is its refusal of silence. Part of the recitation specifically mentions the sick. The story's emphasis on medicine, the crucial relationship of medicine to the genesis of the world, and invocations to the sick in the opening address before the story recitation insists on a communal relationship, a healthy social body meeting together and engaging in ritual. The point of the story comes, in one sense, in offering the story, but another point is to show how to reconcile with death according to the natural order of things. Like the story of Genesis,

the Mohawk creation story makes sense of the world and of us; the story is the world in time rendered with symbol, emotion, and relational truths.

The concept of “story” is not the same in Western and Indigenous healing traditions and Chapter Four productively juxtaposes these two traditions. Drawing on both Narrative Medicine and borrowing from Indigenous knowledges that theorize narrative (such as Marie Battiste’s *Protecting Indigenous Knowledge and Heritage*, Jo-Ann Episkenew’s *Taking Back Our Spirits: Indigenous Literature, Public Policy and Healing*, and Jo-ann Archibald’s *Indigenous Storywork*), I demonstrate how pain is an experience not in keeping with Eurocentric bioinformatics, how it is always already part of an Indigenous framework of healing rather than a sign of dysfunction.

Context Four: Disability Studies and Pain

A reader of this dissertation might feel that, based on the material covered so far, the best means of expression for pain is prose narrative. As a poet, I feel compelled to give the last word to poetry by considering nonlinear poetic resources of pain expression that do not follow rules of narrative, conducting this examination most thoroughly in Chapter Five. It is the poet in me that is sensitive to a preference for narrative within disability studies, a preference that is one of the reasons why pain lacks a poetics within the field. The prominent critical disability theorist Michael Bérubé, for example, has written that “disability demands a story” (43). Thomas Couser concurs: “[w]hereas the unmarked case (the “normal” body) can pass without narration, the marked case (the scar, the limp, the missing limb, or the obvious prosthesis) calls for a story” (604). By analysing narrative, disability studies critics have discovered several toxic tropes that enter into mainstream

stories involving disability – for example, the “supercrip” and the “disabled villain” – but what can a study of poetry offer? Might establishing a poetics open up, as Alice Hall wonders in *Disability and Literature*, “a reconfigur[ing of] the ways in which we think about the form of literary texts as well as their content” (13)? When Lennard Davis maintains that “When one speaks of disability . . . [it] immediately becomes part of a chronotope, a time-sequenced narrative, embedded in a story” (*Enforcing Normalcy* 3), does one not wonder what happens in the often-achronological genre of poetry? What about thinking of disability in terms of nation?

The American disability scholar Petra Kuppers’s “Towards a Rhizomatic Model of Disability: Poetry, Performance, and Touch” from 2009 is an early Western attempt to articulate a poetics of disability with pain as a subcategory, relying upon Deleuzoguattarian concepts so as to “hold a wide variety of experiences and structured positions in moments of precarious productive imbalance” (223). She formulates “a model in which the extrinsic and intrinsic mix and merge,” explaining that these coalesce in her “physical and psychical being” when she is “in pain, and cannot walk up the stairs, and wish[es] for a painkiller[.]” Such thinking makes “tak[ing] pride in . . . difference” possible while simultaneously “feel[ing] unable to speak of the nature of [her] discomfort, cannot find the words, but find comfort in the company of others whose pain might be different, but who somehow feel sympatico” (225-6). The Delezuian approach has been taken up by many other disability scholars, including Margret Shildrick. The reason is embedded somewhere within the definition of “crip” as a verb. As well-phrased by Sally Chivers, the verb embraces

a fluidity of structure in order to maintain a critical disability consciousness. Rather than charting the locations of disability as formed by social oppression, as a response to a hostile physical and social world, a crip approach starts from the site of disability in order to destabilize a persistent reliance on identity politics and to imagine not just survival, but survival in a world newly accessible because of alternative structures. (884)

Fluidity and destabilization are shared partial objectives of Deleuzian analysis, yet the results are fluid and destabilizing readings that (purposely) don't cohere. Though I acknowledge the value of the Deleuzian approach in other contexts, idiosyncrasy is not my objective. Moreover, new theoretical models more suited to the study of pain have emerged such as intersubjectivity (which I will discuss later in this chapter).

A rare sustained attempt to articulate a poetics comes in "The Poetry of Pain," the first chapter of Susannah Mintz's *Hurt and Pain*. The chief subject and object of Mintz in the chapter is to demonstrate how various poems of the past five hundred years demonstrate selfhood, subjectivity, and intersubjectivity. Mintz formulates several strengths of the poetry genre: because poetry can be achronological, "pain may be disconnected from the causal narratives we rely on for a sense of order and control" (19); "poetic pain often mediates or paradoxically alleviates struggles between self and other" (19); Mintz refers to personification and speaker strategies that uniquely embody pain (19). The interpretation of individual works (chiefly Donne and Dickinson) is conducted at a virtuosic level, yet as I've already mentioned, Mintz has an unnecessary antipathy towards metaphor: "If we resist the critical tendency to read pain metaphorically – if pain

doesn't always stand in for something else [. . .] then what sort of suffering do we encounter here, and how has prosody made it happen?" (24). When Mintz repeatedly insists that poems are the vehicles that are especially privileged to represent "pain *as* pain" as opposed to something else, there is a willful resistance to comprehension of metaphor and a misunderstanding of the genre of poetry itself. What Mintz's readings do show are the limitless possibilities of interpretation in the context of pain expression in the poetry genre, but moreso the non-generalizable method of her interpretation, for the meaning made of the sense of the poems is dense (individual poems receive very long close reads) instantiation only. This curious finding that poems are both privileged and limitless in their possibilities for conveying pain is duplicated in my own subsequent readings of various poems by Canadians, suggesting that the interpretation of pain is especially associative and open – reflecting the protean, intersubjective, and relational nature of pain itself.

Other than Koppers's readings of select poems and Mintz's unsystematic but perceptively idiosyncratic coverage of 500 years of English-language poetry, a poetics of pain has not been established in the wider global disability context, nor in terms of a national lens. In addition to the field's preference for narrative, another reason to account for the lack of a disability pain poetics might be what Mark Osteen has identified as the social model's "neo-Cartesian duality – its separation of body from mind, of impairment from disability" (4) leading to non-robust theorizations of suffering and pain that "concentrate almost exclusively on physical disabilities" (4). This problem gains an exponent with the classical segregation of the medical model within disability theory,

where medicine is often cast in the role of opponent and not collaborator. Such collaborations are impeded by biomedicine, which possesses a negative definition of pain.

Even when international scholars move beyond narrative and engage with poems as poems, there is an understandable preference for analyses of poems and poets whose formal bodies align – ironically suggesting a hierarchy of poems that “fit.” For example, the editors of the landmark anthology *Beauty is a Verb* write in their preface,

While *Beauty is a Verb* includes many views of disability, we hope to consistently consider the social model of disability. It is for this reason that we primarily chose poets who have a visible disability. In this the poets’ difficulty becomes twofold: a struggle with physical limitations (which, in themselves, can be a construction) coupled with society’s critique of the non-normative body. We mean to explore not only what it means to have a genre called “Disability Poetics,” but to look at poetry influenced by an alternate body and how this intersection forms a third language.

(15)

A hierarchy is thus established in a formative anthology. In “Voice and Poetry,” the penultimate chapter of Alice Hall’s *Literature and Disability* (2016), the poets who come in for analysis have physical deficits which manifest themselves in their poems. Hall’s chapter considers pathological processes that somehow destabilize communication – like in the work of Norma Cole and the late Tomas Tranströmer, both of whom had strokes. Both poets problematize the concept of speech as the venerated conduit or representative of thought. Cole, who delivers her work with speech deficits relating to the stroke productively, displays speech as an altered conduit. In the words of crip poetics theorist

Jim Harris, such substrates “celebrate disabled experience, and to explore the possibilities of the new poetic forms that are generated from the perspectives of ‘abnormal’ bodies and minds[.]” (qtd. in Hall 156).

The most obvious way to demonstrate such a point is by focusing on visibly embodied conditions, as is the case in *Beauty is a Verb*'s “Toward a New Language of Embodiment” chapter, where experimental poets are included with the explicit rationale that “disability is manifested directly through physical connection to the writing. Rather than explaining an individual story, bodily condition is manifested through the form” (17). Both form and content matter, but other things matter in addition to these two materials. While crip poetics works to express the body-mind continuum as experienced by visibly disabled persons, those with less localizable or invisible pains might struggle with – even be invisibilized by – such representational techniques.

The trouble with a concretist-embodied disability aesthetics in the case of pain is that pain is a very poor fit. Consider Tobin Siebers's materialist conception of aesthetics in which the human body “is both the subject and object of aesthetic production” when in contact with the sensations of other bodies (*Disability Aesthetics* 1). Compared to the sensation of pain, bodies are relatively easy to represent in poems, just as it is straightforward to present images of a non-normative human body and engage that non-normativity in such production, just as it is easy (but unpleasant) to be the subject of the medical gaze in real life. It is harder to create an aesthetics of what is immaterial, there being no directly-mapping and confirmatory coordinates with which to verify representations in the real world. Yet the real world is what crip poetics prefers, and with

some justification. Jim Ferris's seminal essay "Crip Poetics, or How I Learned to Love the Limp" is quoted in *Beauty is a Verb* as follows: "Disability poetry can be recognized by several characteristics: a challenge to stereotypes and an insistence on self-definition; foregrounding of the perspective of people with disabilities; an emphasis on embodiment, especially atypical embodiment; and alternative techniques and poetics" (22). This sequence of elements does reflect the field's development: first, the challenging of stereotypes; then an emphasis through representation of the lived experiences of disabled persons in non-negative registers; then a demonstration of "atypical embodiment" that in the literature seems to represent most of what is offered as a poetics; and *then* a poetics.

Yet the work typically done on poetry in disability studies often focuses on form in that predictable way: form is juxtaposed or fused with body. (Deaf poet? Then ASL presents meaningful formal possibilities for expression, etc.) On the one hand, these are important connections to make. But on the other hand, it's obvious to maintain that disrupted forms and dispersed forms are meaningful embodiments when deployed by certain individuals whose metaphors conceptually correspond with their non-normative bodies. Pain destabilises such concretist assumptions, but so does the longstanding historical precedent for formal disruptions by the French avant-garde that predates the crip poetics movement by over half a century, precedents that continue in the present by the temporarily able-bodied. In this light, the potential meaningful embodiments of crip poetics might read as a gruesome latter-day graft of physical form with poetic form. A final problematic is the fact that, as Sharon L. Snyder explains in "Infinities of Forms: Disability Figures in Artistic Traditions," "a disability source will often anchor

explanations for artistic origins even as it will seem to explain away other motives” (174). What if the other motives are important to include in the poetics? It is important to note that chronic pain is often not localizable in a pathophysiological sense and can lack an inciting injury. For this reason, Chapter Five will take a deliberately non-representational approach to the interpretation of poetry, engaging with poems in a performative, co-creational method to answer questions like: what supplements and alternatives are needed in the disability studies context for theorizing pain experience beyond the body? Does pain adopt a recognizable form? Where is the place of pain?

Putting these contexts in relation

All of the theoretical contexts I’ve provided so far exist in relation to one another and can be expressed in terms of one another – and perhaps the salient common denominator is metaphor. For example, the Levinasian ethic of witness in the case of pain supposes that there is a person in pain and an “other” who is present, or who is presupposed to receive communication. This is inherently a metaphorical formulation – a “source” and a “target” that is changed by the nature of likenesses and unlikenesses that are shared. To make the case even more strongly, Donaldson considers interactive metaphor, in which one thing is identified with another (his favourite example is Burns’s “love is a red, red rose”) as a form of “identity with” in which one “think[s] of two things as one thing and wrestl[es] with the tension of properties moving towards and against one another” (51). To witness another is to not substitute them, but to interact somehow with their experience and yet have an experience that is not the same. To bring Donaldson and Ermine in parallel alignment a little more, I quote Donaldson referring to the ideology

behind metaphors and the necessary understanding of those possible ideologies without censoriously forbidding the making of metaphors in the first place: “the recognition of identity *and* difference is an important part of the work [poets] accomplish” (emphasis in original, 116).

Although Eurocentric science is brought in relation to Indigenous knowledge at some peril here, I cite Pinker’s concept of metaphor as something that exists because of the land and its properties, not because of “laws.” Perhaps, though, these laws are worth thinking of, for as Donaldson writes, “there is a transforming and informing initiative at work at the heart of physical reality . . . that is hidden *from* observation *in* observation [. . .] [and] particularly at the higher end of physics and mathematics [. . .] inquiries along these lines, in a new scientific spirit, have been offered for upwards of a century” (emphasis in original, 26). And as scholars of Indigenous Knowledge and Place-Thought know, physicists have relied upon Indigenous concepts of non-linear reality to explain quantum mechanics, something that Northrop Frye alternatively expressed in a definition of metaphor, which he called “an effort to extend our being into the external world, to break down the wall between subject and object and start currents of verbal energy flowing between them” (*Northrop Frye on Religion* 101). What seems especially compatible between metaphor studies and Indigenous Knowledges is a shared awareness and prizing of semiotics and semantics. Donaldson writes,

When words are set in relation to one another, their meanings change. One can study those meanings. That’s semantics. But their meanings change when we put them *in relation* to one another. Something happens in our minds when we put signs

together. There is a reaction and a result. That's the semiotics, the study of signs and their behaviour. The study of semiotics points us in the direction of a psychology of metaphor. (34)

Though Donaldson was referring to metaphor generally and not the Mi'kmaw language specifically, his statement that metaphor “reflects a world of interdependent relationships, a world in constant motion, metamorphosing and filled with the potential for new patterns, new shapes and a variety of conscious beings with whom one interacts” (28) seems to me to map quite closely to the processes said to be inherent to Mi'kmaq by Mi'kmaw linguists. Though Lakoff and Johnson suggest that metaphor is inherent to cognition and the English language, this clearly takes what Donaldson calls the “metaphoric initiative” to the next level.

Thinking of the next level facetiously as the meta-level, Narrative Medicine is quite easy as a supra-category to include all of the other contexts because it is nonspecific to begin with (or so goes my critique) and inherent to narrative is metaphor, a very obvious proposition. Deriving a poetics of pain within the field of disability studies sticks out, structurally speaking anyway, as the relative sore thumb in this dissertation by virtue of a single chapter taking up the field. Yet it is a thumb I wish to remain somewhat sore as I feel it should call attention to itself in order to attract more scholarly engagement with disability outside of the (for the field) normative lens of alternative embodiment. Nevertheless, the final chapter is, in another sense, of a piece with the theory woven throughout the rest of the dissertation. For example, the resistance offered by disability studies to biomedicine, or what Eli Clare calls “the dualism built into Western culture”

(xvi) seems in philosophic alignment with critiques made within Indigenous knowledge; moreover, there are, as Clare explains, connections between racism and ableism, one of which is their entitlement that leads white people to co-opt Indigenous spiritualities tangling into the ableist stereotypes that bestow disabled people with spiritual qualities”

(6). Finally, the chapter concerns poetry, and metaphor is, albeit not the entirety of poetry’s spirit, certainly an animate part. Furthermore, disability is the inevitable outcome for any human who lives long enough, and I personally view the field as a place where all literary theories and arguments can be contested for what they are not saying about the body – even disability studies can be questioned for what it prefers to say about the body, as I do in my final chapter.

With the case thus made for a fusion of contexts, we are ready to consider metaphor and intersubjectivity in early Canadian literature.

CHAPTER TWO

PAIN IN EARLY CANADIAN LITERATURE: METAPHOR AND LEVINAS

Physical pain has no voice, but when it at last finds a voice, it begins to tell a story.

— Elaine Scarry, *The Body in Pain*

A commonplace about biomedicine is that it strips illness of meaning. A familiar redress on the part of the medical humanities is to provide meaning to those who suffer. The editors of *Health Humanities* write that

[a] consideration of meaning is central to both the humanities and healthcare because people ascribe specific values and purpose to their experiences, conduct and relationships. Matters are made meaningful when people understand and make sense of their actions, feelings, and thoughts. Often this occurs through people creating narratives about themselves and events in their world. (Crawford et al. 4)

Though biomedicine tries to reduce the body to data, often leaving meaning as a casualty in illness experience, the problem is intensified in the case of pain – as the editors of *Health Humanities* acknowledge when, of all possible illnesses the body can suffer, they specifically mention pain in their introduction and paraphrase the work of Elaine Scarry: “[f]or her the body’s capacity to suffer is fundamental to the construction of culture and society. Our pain, she suggests, is at once the most irreducible of subjective experiences and the most incommunicable. For example, pain is rarely rendered in detail in most novels, yet haunts the warp and weft of human cultures” (5). Part of this perception is attributable to medicine’s use of negative (damage/weapon) and neurological metaphors to the detriment of people in pain. The elision of the uncertain and hypothetical nature of

metaphor in favour of the illusion of authority and competence has done pain sufferers a disservice. The affective component has been lost in the accumulation of mountains of mechanistic detail, as has the unstable nature of the understanding provided by science. Although negative and neurological metaphors explain pain to some extent, they are not sufficient. Other metaphors are necessary, as is realising the contribution of narrative to the study of pain and its possible provision of meaning. Pain is more than neurological metaphor. Pain is what we say it is over time. Pain is also the context in which we feel pain, and that context need not be a clinic-apocalyptic one of damage, weaponry or live wires.

Elsewhere, and providing more context for the above argument, I have critiqued the common and permitted representations of pain as a determinant of negative outcomes (“Pain as Metaphor”). In this dissertation, I advocate for moving beyond destructive representations of pain in order to demonstrate constructive representations of pain. The impoverished language people have to discuss pain remains a very real impediment to the relief of suffering, and metaphor should not be dismissed so easily for it is the language I hear every day in my clinic. Susannah Mintz’s study *Hurt and Pain* is consonant here. Like me, Mintz reflects on the baked-in “pain is bad” biomedical premise that creates necessarily poor outcomes; she also examines authors who “consistently write their way out of a monolithically bad pain, making the story of pain other than a devastation of ongoing subjectivity” (4). We agree that pain is not only a way of knowing and that “pain can be uttered” (4). We also share the view that the instances of pain expression we both identify “resist more than they reiterate familiar tropes of pain as destructive” (6). The

originality of my study is tripartite: (1) I explore the Canadian substrates of representations of pain; (2) I take a more taxonomic approach to literary device and pain expression as they occur in narrative; and (3) critically, I insist on maintaining the relevance of metaphor study to pain expression despite the contemporary preference for analysis of narrative because there *is* something fundamentally inexpressible about pain as reflected by its metaphoric expression.

To appreciate the context of current pain expression, we must appreciate its history – including the paradox that pain often manifests in literature through *silence*. This work is not without precedent. For example, in Chapter Nine of *Translating Pain*, Madelaine Hron thinks through silence in the writings of Czech immigrants to the West. Hron stratifies the relative obviousness of pain representations, stating that there is “an explicit rhetoric of pain (the body) and more implicit rhetorics of suffering (culture) . . . [and] an even more elusive form of rhetoric – that of silence” (188). This chapter is in alignment with this signal stratification, and is also in agreement with Hron when she writes “That pain is not readily transparent or easily translatable does not mean that it does not exist” (206), but I build on Hron’s work by closely analyzing textual instances of silence in Canadian Literature, trying to schematize a system in which the metaphor operates, as opposed to reflecting upon the theme or the reception of silence in paratextual literatures and cultural commentary (Hron’s main focus).

In narrative, the presence of silence and silencing because of pain does certain kinds of representational work that are distinct from lived suffering, for “real” pain does not require articulation to be present and an effect of pain is often to silence the sufferer.

An examination of pain in narrative with the organizational frame of silence as an existential metaphor can provide a meaningful framework for the experience of pain. As it happens, examining the representations of pain in early Canadian literature offers some insight into recuperating pain experience in the present.

The Canadian cultural context for silence is dependent upon the time period under consideration because there are, generally speaking, two categories of silence used to represent pain in Canadian literature that are organized by the temporal schism that comes upon the conclusion of the First World War.¹² The archive I've selected in this chapter includes titles from a large time span, including one of the first acts of Canadian literature (*The Voyages of Jacques Cartier*) to canonical 19th century novels (*Wacousta*, *The Golden Dog*) to 19th-century Quebecois novels in translation (*Canadians of Old*) to a 19th-century science fiction novella (*Strange Manuscript found in a Copper Cylinder*) to the very well-studied 19th-century creative nonfiction hybrid (*Roughing it in the Bush*) up to the borderline of the early 20th century with a YA novel (*Anne of Green Gables*). My archive is generically heterogeneous in order to cover a large amount of ground but also to demonstrate the applicability of the theory over the large range of time and genres. Lost in this kind of analysis are specific generic contributions to pain expression.

First, I will explain the Canadian cultural context for silence and pain by reinterpreting the Canadian literature anecdote that, in a metaphoric sense, sponsors this entire book—Cartier calling Canada “God’s gift to Cain” (Cartier 86). Invoking the work

¹² A larger argument is required for substantiation of this observation, an observation derived from reading many novels from the Canadian literature archive, though the books I analyze will corroborate the point.

of Lucy Bending, I consider silence as an organizing metaphor as it relates to Christianity in all of the aforementioned texts. Placed in conversation with the metaphor of silence and the Christian ethic is a Levinasian-inflected analysis (intersubjectivity). I conclude with the principle of “reading pain in” vis-à-vis *Anne of Green Gables* as a metaphor for Kelly Oliver’s ideas on intersubjectivity.

In Genesis, Cain murders his younger brother Abel. The King James Version sets a vivid scene: Abel’s blood “crieth” to God “from the ground” (*King James Bible Online* 4:10). In such verses, a reader sees how violent sin finds expression through inanimate matter. Abel’s pain is given literal testimony—it *speaks*. Whilst receiving his sentence from God, Cain complains, “My punishment is greater than I can bear” (4:13). Cain perceives future suffering (pain he will incur) and foresees that he himself will be murdered by anyone who meets him. In answer, God protects Cain in a curious way: he places a “mark upon Cain” (4:15) that is not denoted as visible or invisible, it just *is*. Like Cain’s mark, the representation of pain in literature can be visible (fictional or real torture scenes with grimaces and screams) but it can also be invisible, as “subtil” as the garden serpent that initiated human migration in Genesis 1. Pain can be as subtle as a stoop or standing still, as unobtrusive as moving as little as possible due to a chronic pain condition. Pain can be even more covert when taking representation as silence.

The Canadian settler narrative contains much industriousness, and probably the ur-Canadian literary theme involves the unforgiving landscape. Correspondingly, one of the dominant critical themes is the Frygian-Atwoodian “garrison” and “survival” mentalities representing a northern clime with little arable land. If Canada is the literal

“land God gave to Cain,” this suggests labour-intensive geography as a site for Canadian pain. The place we experience pain is, in a sense, a geography of pain experience; similarly, a body feels pain according to localization because neuroanatomy works according to the same principle as the real estate market: location, location, location. The process of neurology is the integration of symptoms and signs in order to determine the level or site of a lesion. With this in mind, the provenance of one of our first explorers christening his discovery, a section of what would become Canada, as a forsaken geography is meaningful: Cartier sets the Christian terms for the place where the drama of Canadian pain will unfold, how pain is experienced up to the present day.

Just as pain is universally regarded as noxious, instances of silence in the Old Testament are presented by its various authors of as negative. Diarmaid MacCulloch writes in the first chapter of his *Silence: A Christian History* that in the Old Testament, silence is “not often a quality to be sought, dwelt on in meditation or commended” (19). To reclaim the positive valence of silence as a spiritual practice, MacCulloch spends the rest of his book documenting the positive instantiations and effects of silence in the Christian tradition, and he even unearths some “minority report” (34) instances of positive silence in the Old Testament after careful exegesis. This arc mirrors that of my own pain project: silence is not necessarily negative, and the same holds true for pain.

If sensory experience were the only means of detecting the presence of pain in fiction, a reading of Canadian novels published before the First World War would query a

literature lacking in significant pain content, an archive in which pain seems to be silent.¹³ In truth, the absence of description of pain in terms of sensory and cognitive data offered by narrators *is* vanishingly small. Much of the pain in nineteenth-century texts is denoted simply: versions of the word “pain” appear like tombstones to mark their plot on the human body. Yet the use of the word “pain” is actually complex: there is a relative de-emphasis upon pain as thing. The blunt noun “pain” rarely appears naked in novels of the period, coming more often with the suffixes “ful” and “fully” attached. The significance of this complex usage is that pain in early Canadian literature is less noun than adjective and adverb, less thing than modifier, more vehicle or influence than an entity in itself. In other words, pain is conditional, preferring to show itself in a cloak of first remove. As adjectives and adverbs, these forms of the word curiously embody pain as a process, acting on nouns and verbs to change them and their subjects. This process-phenomenon is like the adverbial contention made by Bourke earlier, only not in a metaphorical sense, but a literal one. Pain is actually an adverb here.

Though the events described in early novels such as *Canadians of Old, Wacousta*, and *Strange Manuscript Found in a Copper Cylinder* involve lots of warring and wounding, the number of discrete person-in-pain representations are few. Why, then, aren't there more representations? There are, just not in the terms we prefer. Inference and interpretation need occur with the larger framework of Christian theology kept in view. Unlike the original reading public of the novels, we read from a 21st century

¹³ In Chapter Three, attention will be paid to contemporary novels that engage more directly with sensory experience.

subjectivity. We possess the chauvinism of late modernity, a habit identified by Daniel Coleman in *White Civility* as leading to “dismissal of early Canadian writing as hopelessly romanticized and unrealistic” (37). Coleman’s follow-up list of mischaracterized texts includes John Richardson, William Kirby, and Philippe-Joseph Aubert de Gaspé, three writers who will be considered later in this chapter and who are essential to understanding silence as a representational strategy for pain in Canadian literature. The strategies put in action by those early Canadian authors to represent pain are detected by applying insights gained from Lucy Bending’s *The Representation of Pain in Late Nineteenth Century English Literature* to the Canadian context, an application justified by the intense affinity English settler-colonial authors would have had with empire.

Bending shows several methods Victorian authors used to represent pain. In addition to the incarnational experience described in the previous chapter, Bending shows that English Christian authors depicted “a beneficent God [who] inflicted pain both for the pragmatic reason that it short-circuited serious bodily dissolution by prompting individuals to start back from the source of pain, and for the metaphysical reason that it kept errant humans on the straight and narrow” (1). Furthering this premise of pain as potentially generative, Bending notes that pain “was also recognized as a spur to action. The sight of painful suffering in others was assumed to prompt onlookers to charitable action, whilst suffering in oneself became a measure of the degree to which one was found wanting” (47-8). The use of these Christian representations of pain appear repeatedly in pre-WW1 Canadian texts. To focus exclusively on destructive metaphor,

then, is to neglect the Christian iconography expressing pain, which consequently leads to missing the point of the representation of pain altogether in this era, for pain was understood at that time as a function of God's justice. As Bending explains, "This insistence on suffering in silence [. . .] reverberates as a trope denoting just such Christian fortitude throughout Victorian fiction [. . .] Silence is heroic; complaints irreligious, arrogant, and self-aggrandizing" (99-101). Therefore even chivalric bravery (chock-a-block in the martial moments of *Canadians of Old* and *Wacousta*) and silent suffering feed back into this representational matrix. This inherent British reticence, a cultural mandate to "keep a stiff upper lip," encouraged authors to avoid extremities of emotion or emoting in bulk. Authors of the period had characters suffer, but characters didn't reflect at length upon suffering save through acceptable Christian bromides that can be productively organized under the metaphor of silence.

For example, John Richardson's novel *Wacousta*, a fictional version of Pontiac's siege of Fort Detroit in 1763, is vigorous in terms of its descriptions of battle and physical activity, but does not consider the physicality of pain in much depth. Though the word "pain" occurs seventy times in the text, overwhelmingly deployed as "painful," "painfully," and "pained," it appears only nine times as itself. Pain is less experience and more a modifier of experience, and the "pain" represented in almost all of these instances refers to psychological pain, not physical pain. Hyperbolic, declared, and a somewhat one-dimensional suffering is the preferred mode of representation as an externalized, glorious, chivalric rectitude.

Janie Beriault shrewdly examines the novel through an “eighteenth-century Eurocentric formal aesthetics” which considers conventions of “the sublime and the picturesque,” (190) a strategy at odds with postcolonial historicization, the tradition Beriault describes as the dominant mode used to interpret the text thus far. Beriault provides some interpretive tools that permit an appreciation of interiority as constructed at the time, and her alternative period-specific interpretive method grants an appreciation of Wacousta as a character who “transgresses both racial and spatial boundaries, and thus disrupts a stable sense of place and identity by resisting the process of being aesthetically, physically, and interpretively contained” (190). Beriault’s concept of Wacousta’s character has an uncommon homology with the capture of pain experience. Naturally, Richardson’s writing does *not* try to create an interiority we are trained to recognize, yet the cause of Wacousta’s ability to “move between, and surpass the bounds of, physical spaces” (192) is his history of pain, as will be discussed momentarily.

Pain is not developed as a sensation or personal experience because the point is not to acknowledge pain as anything other than purposeful suffering coming as a result of right action, such as when Captain Haldimar mourns his dead son: “The Governor passed his hand for a moment over his brows. It seemed to those around him as if the mention of that guard had called up recollections which gave him pain; and it might be so, for his eldest son, Captain Frederick de Haldimar, had commanded the guard” (Richardson 35-6). Frederick’s death was suitably heroic, occurring during duty. According to what I will call a matrix of pain that occurs as a result not necessarily of intersubjectivity but occurring as a natural consequence of pain and its emplotment effects in any text, the

dead Captain de Haldimar was killed as a consequence of the pain of Wacousta. The Captain's death was a deliberate part of Wacousta's revenge upon the elder de Haldimar and his perceived theft of Wacousta's intended bride.

A consideration of the metaphor of silence adds nuance to the villain Wacousta, for Wacousta does not experience physical pain, but experiences *painlessness* instead. In this rich scene describing his return to the Ottawa encampment during the siege of Detroit, Wacousta notices a wound on his shoulder:

Glancing once more triumphantly round the circle, who sat smoking their pipes in calm and deliberative silence, the latter now observed the eye of a young chief, who sat opposite to him, intently riveted on his left shoulder. He raised his hand to the part, withdrew it, looked at it, and found it wet with blood. A slight start of surprise betrayed his own unconsciousness of the accident . . . (246)

In a process that recalls the work of Levinas on intersubjectivity, the wound is not registered by Wacousta until it captures the attention of others. This passage suggests that the experience of pain always raises the question of whether our shared vulnerability is both the site of, and the occasion for, our relationality. As Laub maintains, "For the testimonial process to take place, there needs to be a bonding, the intimate and total presence of an *other* – in the position of one who hears. Testimonies are not monologues; they cannot take place in solitude. The witnesses are talking to somebody: to somebody they have been waiting for a long time" (70-1). In this case, Wacousta's own body is a witness to him, displaying a wound he cannot appreciate until his body is witnessed by others.

Trying to profit from his wound, Wacousta asks the young chief if this is the first time he has ever seen blood. The young chief responds, "Does my brother feel pain?" (246) as a taunt. And the answer to the question would have to be no, not physical pain, anyway. Wacousta's incredible stamina, strength, and resilience are a key part of this narrative: without them, he could not be as effective a villain. I will return to pain as a paradoxical resilience in Chapter Three's consideration of Timothy Findley's *The Wars*.

Wacousta is a figure capable of psychological pain only, a man consumed and transformed by revenge, made monstrous by the loss of his fiancée at the hands of his former friend, the elder de Haldimar. He relates most of his history to Clara, the captured daughter of de Haldimar, in Chapters IX-XI of Book 3. As he does so, he comments, "Brief must be the probing of wounds, that nearly five lustres have been insufficient to heal" (487). Wacousta is the physically enhanced result of unassuaged psychological pain that retains physical supremacy because of his wound's incurableness. He refers to his tale as a "monstrous truth" and shocks his audience by falling into tears when recounting the painful moment when he realizes he has lost his love because it seems "more appalling, in one of his iron nature" (488). Wacousta himself fashions a weaponry metaphor for pain in psychological terms: he likens the experience of seeing his former fiancée transfer her love to de Haldimar as "like boiling lead upon my brain" (490). More of these metaphors come when he rhetorically asks himself, "What agonies of mind I endured,—what burning tears I nightly shed upon a pillow I was destined to press in freezing loneliness" (493). Wacousta grows "considerably in stature at this period" (494) after losing his fiancée. Therefore the source of his pain – metaphorized at one point as a

“heart of fire in which [a] deep sense of injury had taken root” (494) – is also the sponsor of a terrible physical power. He becomes “gigantic” (80), possessing a “bitter energy” (495). This change inverts the usual path followed in fiction: physical pain causing psychological disability (the trajectory we will see in Catherine Bush’s *Claire’s Head*, discussed in Chapter Three) or psychological pain eventually expressed as physical pain (Robert Ross’s burns in Timothy Findley’s *The Wars*). In Wacousta’s case, psychological pain creates physical improvement, and also “provide[s] a way of turning the plot” (Bending 93), just as Bending discovers in novels of Victorian England and Susannah Mintz unpacks in the narratives of Eula Biss, Sharon Cameron, Tim Parks, Lynne Greenberg, and Hilary Mantel. It is also an interesting inversion of Miriam Bailin’s contention in *The Sickroom in Victorian Fiction* that “Emotional crises articulate themselves with great lucidity and promptitude on the bodies of those who experience them” (10) but only in terms of bodily breakdown and eventual recuperation in the sickroom. Wacousta is not broken but rather physically augmented by his pain. Yet we know him only through this extended scene in which he witnesses himself in his own monologue and is witnessed by others, addressing them and responding to their listening and anticipated reactions. Levinas supplies the rationale here. A foundational figure of trauma studies, ethics, and intersubjectivity, Levinas (translated by Felman in *Testimony*) writes that “[t]he witness testifies to what has been said *through* him. Because the witness has said ‘here I am’ before the other” (emphasis in original, 3). The witness to suffering is important, but this importance is in part derived not only from the content of Wacousta’s message, but the fact of his message. The account he has is one that is, crucially, a tale of

a process that enacts as it unfolds, that creates a call that can be answered. As Felman writes of the Levinasian position, “[b]y virtue of the fact that the testimony is *addressed* to others, the witness, from within the solitude of his own stance, is the vehicle of an occurrence, a reality, a stance or a dimension *beyond himself* (italics preserved, 3). The plight of witnessing to one’s own personal illness is that of vulnerability. This vulnerability can be a possible gift to another who hears or sees the suffering individual, creating the only silver lining possible (outside of the neoliberal rhetoric of “resilience”) for sufferer and caregiver alike: a crisis-motivated reinforcement of shared tenuous being and a switch to celebration of precarity, a preference for living life with a secret knowledge. As Laub and Felman put it, “from the eruption of an evil that is radically incurable” is “the imperative of bearing witness” (5) that becomes a philosophical and ethical correlative of a situation *with no cure*. To speak as a poet for a moment: we need not only take comfort from our wounds. We can sing them, as Wacousta does – growing strong. Unlike Wacousta, we can try not to be murderers. Yet we can try to understand Wacousta, too, by appreciating his testimony – his account does not square with the account of the elder de Haldimar, and to understand his pain (which is complex, as it is the absence of physical pain in the presence of great psychological pain) is to acknowledge that there is more going on with him than mere evil – a moral judgement that is the period’s equivalent, perhaps, of the contemporary relegation of pain to meaninglessness.

The resistance against meaninglessness is one that need not proceed as a program to recuperate religion in contemporary life, but rather can proceed along ethical lines.

Responding to suffering can be seen as a simple human need that is witnessed by another or others. As Steven Tudor writes in *Compassion and Remorse: Acknowledging the Suffering Other*, “[m]oral experience is without beginning, has no founding moment. We are ‘always already’ in the midst of moral experience, engaged with others, with the world, and with ourselves as matters of moral concern, as things that matter to us in moral ways” (1). The same precondition influences our writers and their representations of human agents because our writers are part of a larger system of exchange involving symbols and signs conducted according to some general rules. As Tudor explains, “the matters that engage us are not merely (and not always even at all) certain kinds of sensation or empirically describable objects or states of affairs” but “a world of *meaningful* or *significant* matters, which thus engage our *understanding* as much as excite our senses” (italics preserved, 2). This same precondition is operative in readers. “In the case of compassion,” Tudor says, “the self stands as witness to the Other’s suffering” and “the self is in some way ‘claimed in response to’ the Other: the compassionate witness to suffering is ‘called upon’ to respond to what she sees” (1). That story repeats itself, over and over again, in Canadian literature in terms of pain, as has been shown and as will be shown.¹⁴ Yet there are problems in the simplistic self-other divide, which I will come to shortly.

¹⁴ I trust I am not employing a simplistic method along the lines Jill Robbins warns against when she writes that “[l]iterary criticism, whether it is conceived as the determination of a work’s meaning or as an analysis of its formal structures, would be derivative upon Levinas’s more originary question of the ethical . . . Levinas’s philosophy cannot function as an extrinsic approach to the literary work of art, that is, it cannot give rise to an application” (xx).

The lack of pain physicality holds true with other texts in the period, such as in *Canadians of Old* when it is accompanied by invocations to a higher power who offers purpose to suffering (an otherwise inscrutable master): “God who is good, sends your suffering, because he has infinite joys in store for you” (159). Reading Canadian literature up to the First World War reveals an outlook that considers suffering according to Bending’s described formulae; self-reflection is ungodly in the face of future infinite joy provided by a life in Christ.

Despite this seeming silencing effect, something interesting repeatedly happens in the early Canadian novels as a group: they represent pain by documenting the relationship between pleasure and pain together – pain and pleasure possess an intersubjectivity. Pain often does not exist without an acknowledgement of its pleasant twin, and this is a finding not mentioned by Bending. Some examples: (1) *Anne of Green Gables*: “For Anne to take things calmly would have been to change her nature. All ‘spirit and fire and dew,’ as she was, the pleasures and pains of life came to her with trebled intensity” (245); (2) *Strange Manuscript Found in a Copper Cylinder*: “Never till you came was Almah happy with us; but since you have come she has been a different being, and there has been a joyousness in her manner that I never saw before. You have made her forget how to weep; and as for yourself, I hope she has made your life in this strange land seem less painful, Atam-or” (131); (3) *Canadians of Old*: “One day of that delirious joy which seems as acute as physical pain” (139). Perhaps the pain-pleasure axis stems from the old Christian proscription against despair; perhaps instead it comes as part of the work ethic that stresses productivity. But what if the link arose from an understanding that these writers

of “less narrative complexity” knew better than we do today, that we should represent pain with pleasure and vice versa because, as with real life, the two co-occur and inform each other?

Such positive representations have occurred in our early history. Susanna Moodie has a lot to say about pain using the language of mentorship, self-improvement, and compassion. Much of the previous analysis of pre-WW1 texts holds true for *Roughing It in the Bush* with respect to the Christian ethic of suffering. Moodie repeatedly self-identifies as a Christian woman, so it is not surprising that she insistently stresses the spiritual benefits of suffering. Yet Moodie’s memoir proves to be different from other texts examined in this thesis in many other respects. Pain is less “silent” in this nonfiction work featuring child death, starvation, poverty, and wounding; *Roughing It* possesses not only scenes where one would expect pain to be present, it also creates a suffering subjectivity more developed than the prose romances of the pre-Confederation period. Because Moodie’s text is remarkable, I focus on her text as a particularly rich instance of a “pain text” and offer this richness as a remedy of quantity for the relatively smaller, and inferential, material covered to this point. As a work of nonfiction, Moodie’s text foregrounds Moodie as narrator save for a few chapters written by her husband. She composes a less cinematic narrative than *Wacousta*’s sweep, a less dogmatic romance than *The Golden Dog*, and engages more in daily toil than that represented in either text. Moodie’s diaristic reflections consider herself in the world of her own making and of her own powerlessness, whereas the interiority of any of the characters in the nineteenth

century novels is not supplied in detail, resorting to stock attributes associated with particular heroic archetypes.

The first instance of the word “pain” in Moodie’s account shows her complex relationship with the subject, a stance slightly different than that taken by other texts that either tether the noxiousness of pain with spiritual invocations or balance them with optimism. In Chapter 1, she writes, “How ardently we anticipate pleasure, which often ends in positive pain!” (29). This sentence modulates Moodie’s desire to disembark the boat that transported her from England to Grosse Isle and constitutes a radical fusion: the reader sees “positive” and “pain” juxtaposed. Even if what is meant is “certain pain,” the word choice is a good stage upon which to unpack a host of subsequent non-destructive uses by Moodie. Taking a page from Bending’s major study, it is possible that Moodie was aware of writings on the intensity theory of pain sensation that were in circulation around the time of composition of *Roughing It*. I transcribe Francis Galton’s formulation of the theory from Bending’s text:

Sensation mounts through a series of grades of ‘just perceptible differences.’ It starts from the zero of consciousness, and it becomes more intense as the stimulus increases (though at a slower rate) up to the point when the stimulus is so strong as to begin to damage the nerve apparatus. It then yields place to pain, which is another form of sensation, and which continues until the nerve apparatus is destroyed. (qtd. in Bending 62)

Even pleasure can become pain according to intensity theory if it is intense enough—demonstrating a complexity of representation that Moodie has to a greater degree than

other authors of the period. Though Francis Galton is not mentioned in *Letters of a Lifetime*, the selected edition of the letters Moodie composed over her lifetime, edited by Carl Ballstadt, Elizabeth Hopkins, and Michael Peterman, the letters suggest that she was conversant with medical practice of the era that was informed by Galton's ideas. The following two passages appear in the aforementioned text, the first from Moodie to Katie Vickers: "[S]orry for your poor useful fingers. Have the Doctors ever tried electricity for them. It is a cruel pain, that horrid rhumatic, or flying gout, but people often live to be very old with it" (310). The second instance occurs in a letter to her sister Catherine:

I am so sorry for poor dear little Jose. Tell dear Susy, that I saw a girl of 15 at Belleville perfectly cured of this horrid disease, by receiving a shock of electricity, every day for 3 weeks. Reylid, the dentist, took Mr. Moodie and myself, several times to see him administer it on Carrie Pritton, the butcher's daughter. It is good for the jerking paralysis which acts just like St. Vitus Dance. (331)

Moodie's suggestion of electrotherapy and observation of the practice suggest that her literary representations of pain might be governed not only by the prevailing metaphors of damage and wounding, but also by an understanding that the "body as machine" meta-metaphor so prevalent in all of medicine need not always entail negativity and destruction.

In "'The Casket of Truth': The Social Significance of Susanna Moodie's Spiritual Dilemmas," John Thurston writes that

Moodie's writing is also dotted with allusions of oneiromancy and 'the truth of phrenology.' Among 'Amusements' in Belleville, she mentions lectures 'on

mesmerism, phrenology, biology, phonography, spiritual communications, &c.’ These are ‘half-supernatural sciences on which so much is advanced, and . . . so little is at present understood.’ Mesmerism and phrenology, once treated as empirical sciences, became connected with spiritualism. Animal magnetism and electro-biology, other terms for mesmerism, reveal its perceived relation to another invisible force, electricity, the secrets of which were being unlocked. (n.pag)

For her part, Moodie’s sister, Catherine Parr Traill, “connects spiritualism with ‘wonderful inventions and discoveries’ she had witnessed, and writes of ‘that mysterious wire, that now conveys a whispered message from one end of the Province to the other with lightening swiftness” (Thurston n.pag). Moodie’s husband John composed the poem “The Magnetic Telegraph” which reads in part, “The world is now alive, — filled with a living soul, / With veins and nerves far stretching thro' the whole, / The Railroads — veins — the nerves — the Telegraph” (n.pag). There is a suggestive neurological-metaphor awareness amongst the Moodies and Traills that, albeit not strong enough to constitute proof of Moodie’s certain awareness of pain physiology, suggests that a familiarity is at least likely, and that the letter to Katie Vickers and her sister reflects awareness of then-innovative treatment for pain that is in synchrony with the developing specificity theory of the time. Again, metaphor is not just metaphor; as Jeffery Donaldson explains in *Missing Link*, metaphor is part of the scientific process, informing the process as much as it explains the process. Throughout history, metaphors have been “discovered” to have an uncanny scientific reality concerning the processes they sought to bring into human understanding.

Most importantly in terms of representations (and not historical proofs of Moodie's scientific knowledge), Moodie initially represents pain using experiences laden with expectation, consummation, and relief, these sometimes forming the point of the experience of pain in *Roughing It*. This view is not as surprising as it seems, because the Christian view of pain presupposes a purpose somewhere within the experience and therefore is already not necessarily negative. Pain is present to learn a lesson or to develop character. For example, in Chapter 7, Moodie describes how real poverty sets in but also how satisfaction comes from independence. She interchanges pain and pleasure when she writes,

We found that manual toil, however distasteful to those unaccustomed to it, was not after all such a dreadful hardship; that the wilderness was not without its rose, the hard face of poverty without its smile. If we occasionally suffered severe pain, we as often experienced great pleasure, and I have contemplated a well-hoed ridge of potatoes on that bush farm, with as much delight as in years long past I had experienced in examining a fine painting in some well-appointed drawing-room.

(376)

This paragraph might appear to be a case of the Protestant work ethic asserting itself, that life is by definition hard and one must get on with it. As Bending explains, "it was widely understood that [. . .] physical suffering lay at the root of human existence. The readership of a novel was clearly expected to share such assumptions, not least because that very readership was expected to share, to some extent at least, the experience of pain itself, as well as the conventional ways of responding to it" (89-90), which was to endure.

Nevertheless, Moodie does do the work of specific representation in excess of the assumption Bending points out—the reader is not simply left to do the work of assuming “Yes, that’s how it is.” Moodie distinguishes herself at the level of representation, not merely recapitulating the Christian/cultural representational strategies of the period. Note the symmetrical nature of the passage: pain is “severe” and pleasure is “great”; a painting is “fine” and a potato ridge is “well-hoed.” This parallelism establishes a rate of exchange: pain and pleasure exist in an aesthetic economy, and pain creates rewards equal of pleasure that in any ordinary circumstance is its own reward. Off the top, then, and continuing throughout the remainder of the text, Moodie represents pain with more complexity than the men in this chapter. That Catherine Bush in the next chapter also constitutes a masterful representational artist when it comes to pain suggests a gendered nature to the representation of pain that I would like to investigate in a further study.

Frequent descriptions of suffering are the primary means by which Moodie represents pain, as in Chapter Four of Book II when she sketches a disastrous episode in which her entire family is severely ill. Her husband is delirious, a daughter is near death, and, as Moodie gives birth to a son, she reflects,

It was a melancholy season, one of severe mental and bodily suffering. Those who have drawn such agreeable pictures of a residence in the backwoods never dwell upon the periods of sickness, when, far from medical advice, and often, as in my case, deprived of the assistance of friends by adverse circumstances, you are left to languish, unattended, upon the couch of pain. (340)

This created subjectivity through narrative—specifically, a reticent understatement of suffering and its *undergoingness* in relative isolation—sends the signal of pain in addition to the obvious appearance of the word “pain” at the end of the quoted section above. Moodie mints a new metaphor for pain – that of pain as “couch” – moving beyond the concept of pain as a weapon/damage metaphor, transforms pain into setting, or into the place (supposedly convalescent) where pain is experienced in the land God gave to Cain. This strategy is not specific to Moodie: as Bending explains, “much of the pain in Victorian fiction became so much an indicator of other qualities [. . .] that its physical reality was often lost. It is important, in understanding Victorian representations of pain, to take seriously the claim that metaphors of pain as lover, as music, as dotting pet, are attempts both to express the reality of painful bodily experience and to provide means of understanding and enduring such physical suffering” (91).

Naturally, painful bodily experience seeks representation just as it seeks alleviation, and these two processes are related. The deployment of Christian iconography and overt representation of belief, indeed, the representation of entire communities of Christian faith, offers a “treatment system” for pain. Though the Christian church as institution has problematic legacies, Javier Moscoso in *Pain: A Cultural History* suggests that at least such communities offered a more positive vision of pain than the clinic. Moscoso argues that pain existed so that one could develop sympathy with Christ’s self-sacrificial sufferings on the cross in the Passion. Contrasting a hypothetical painting of martyrdom from the Early Modern period with a hypothetical contemporary representation of mindless violence, Moscoso writes, “pain was never the end of the

story, but the beginning; it was not shown for entertainment or to encourage consumption, but as an educational process which allowed the establishment of communitarian ties and shared histories” (31). This interpretation can also fit easily with the story in Genesis 1 and 2. Moscoso contends that representations of “[o]ur contemporary body” are “destructive” but that representations of “the medieval body” are “constructive” (32). Moscoso’s critique follows the lead of Ivan Illich, who in *Medical Nemesis* memorably pointed out that in traditional ways of dealing with pain that “enable individuals to transform bodily pain into a personal experience, any culture provides at least four interrelated subprograms: words, drugs, myths, and models” (144). Such models include models like “the Buddha, the saint, the warrior, or the victim” that have been lost in favour of pharmacology. For Illich, “The duty to suffer in their guise distracts attention from otherwise all-absorbing sensation and challenges the sufferer to bear torture with dignity” (145). Illich doesn’t mince his words: “The medicalization of pain, on the other hand, has fostered a hypertrophy of just one of these modes – management by technique – and reinforced the decay of the others. Above all, it has rendered either incomprehensible or shocking the idea that skill in the art of suffering might be the most effective and universally acceptable way of dealing with pain” (145).¹⁵ The modern trade-off is potent

¹⁵ It is depressing to read Illich and look on 2018. In a sense, what I have to say about pain management by physicians was stoked into a fireball by Illich in his “The Killing of Pain.” He identifies the following as evil’s root: “There is no historical precedent for the contemporary situation in which the experience of personal bodily pain is shaped by the therapeutic program designed to destroy it” (139). Illich also largely anticipates Scarry’s assertions about the curious epistemology of pain, in contrast with some recent scholars who feel Scarry goes too far when privileging pain as a singularity. Illich says, “In an extreme way, the sensation of bodily pain lacks the distance between cause and experience found in other forms of suffering” (141).

analgesics for pain relief (and a higher risk of addiction) with a consequent focus on sensation, subsuming cultural models that transmute pain.

Moodie's use of religion as it concerns pain is positive in the way Moscoso and Illich contend. She writes in Chapter 3, "Religion teaches man to bear his sorrows with becoming fortitude, but tears contribute largely both to soften and to heal the wounds from whence they flow" (73). Uniquely, Moodie valorizes affect and the bodily expression of same as a means of enduring pain. Though Bending maintains that religion encourages stoic stability in order to withstand life's insults, and that faith is itself physically and mentally restorative, Moodie yet allows for the expression of sorrowful experience to be curative. In other words, emotion is neither purged nor shamed, but instead is valued for its contribution to resiliency. For Moodie, pain is a psychological stimulus for resilience: religious and emotional experience collaborate and coexist.

There is a secular analogy to make between 19th century intersubjectivity constructed around Christian religion found in Canadian novels and the 21st century model of intersubjectivity proposed by Kelly Oliver. The 19th-century intersubjectivity model within Canadian literature is one that is largely structured by religion. Characters and the action occur in a moral framework that coordinated by a relationship with God, or at least with the principle of God in the background, just as this principle would be in the lives of the readers of *Wacousta*, for example. In a literal manifestation of this principle, Bourke demonstrates in *The Story of Pain* that the "spiritually productive work of pain was also said to have an impact on *witnesses* to suffering" (emphasis in original, 99). Intersubjectivity is not just perceptions and the constructions of experience based on the

affects and narratives of others reconstituted within the self and the self's own affects and narratives – intersubjectivity has a dissolving and all-pervasive force, that being the additional relationship with a ubiquitous God that insists on compassionate relationships with neighbors and the poor.

When compared with this unstable triangulation between self-other-and-supreme, a balance that somewhat dissolves the boundary between self and other in the strictest sense, Kelly Oliver's work in *Witnessing: Beyond Recognition* does similar work with some key differences. Oliver's reorientation, or rather dissolution, of the subject-other axis in favour of using "the notion of witnessing" as "an alternative description of how subjectivity is formed and sustained" is one that "implies within it the normative force of ethical obligations" (11). For Oliver, the Levinasian responsibility to the other becomes a responsibility *with* others. We understand the world through an intersubjectivity that has within it a response-ability – a call, urge, or motive to respond to others. This is a normative notion of human life, and is detected in Moodie's prose, but it resolves a key problem in Levinas's model of subjectivity and a problem inherent in the 19th century that often based its othering projects on religious politics.

Oliver's formulation is closely related to the problem of pain as it exists in language and human bodies: "if the operations of recognition require a recognizer and recognizee, then we have done no more than replicate the master-slave, subject-other/object hierarchy" (9). If pain is only permitted an oppositional relationship to the body and human subjectivity, and our subjectivity itself can only be created in oppositional terms, then we have a problem expressed in exponents.

Taking Oliver's cue, and notwithstanding Christian iconography and ethics as ways to read pain in, texts from this period also create zones of empathy. To speak as a physician for a moment, "reading in" pain – to suspect its presence in every clinical encounter – is a practice defensible on the basis that simple sensitivity is required not only for the purpose of intuitive diagnosis but also because doctors are supposed to be sensitive to subtleties. For example, to not "think pain" as doctors are supposed to "think TB" in the presence of cough is to not have a high index of suspicion. Not to have such an index is not only to miss a diagnosis but also to miss the point of why patients see physicians in the first place. "Reading in" pain is another way of saying that the texts I analyze will be read with a Levinasian approach; to use a metaphor, as the proverbial "other" I'm extending an extra long antenna to receive the pain signal prose and poetry might be emitting. In a way, this practice could be thought of as a focused application of Narrative Medicine's more general close reading method.

Compassion is based in action, and trying to understand the pain-based motivations of others in the absence of evidence of wounding has benefits. For example, to recognize Anne Shirley in *Anne of Green Gables* as a physically and emotionally abused domestic orphan-slave prior to arriving in Avonlea is to reconcile authorial understatement with the agony once suffered by Anne. It is also to avoid the Christian framework of the novel, which Ann F. Howley argues is significant, in that "Anne's spiritual life is intimately linked to her intellectual and emotional development" (395) that, to speak in a secular vein for a moment, is entirely provoked by the pain she has and will experience. Past pain lies behind Anne's mischievous exuberance and anti-

authoritarian shenanigans in the present. Though Lucy Maud Montgomery doesn't describe Anne's pre-Avonlea experience in great detail, the provided details in Chapter Five sketch enough of the experience to mark Anne as a wounded child: Anne reflects that she would have liked it if her mother, who died when Anne was three months old, had "lived long enough for me to remember calling her mother" (86). She informs Marilla that her father died four days afterward, creating the dilemma of what was to be done about infant Anne. At first, Anne is raised by her family's former maid, Mrs. Thomas, who "was poor and had a drunken husband," and Anne "helped look after the Thomas children—there were four of them younger than me—and I can tell you they took a lot of looking after" (87). Mr. Thomas dies, forcing Anne to be passed off to a "Mrs. Hammond from up the river" who, through reported dialogue, is shown to be interested in Anne because Anne "was handy with children." This handiness is important, for Mrs. Hammond "had eight children. She had twins three times" (87). Even this environment proves unstable, for Mrs. Hammond's husband dies, the Hammond family is dispersed, and Anne is sent to live in an asylum. This is not the first severe sick ransom presented in the book – the first being, of course, the death of Anne's parents that seals her fate.

Just as the reader might – calling to mind Oliver's intersubjectivity ethic – Marilla reflects upon Anne's story as follows: "Pity was suddenly stirring in her heart for the child. What a starved, unloved life she had had—a life of drudgery and poverty and neglect; for Marilla was shrewd enough to read between the lines of Anne's history and divine the truth" (88-89). Anne's pre-Avonlea experience is a silence that speaks loudly through Anne's behaviour in the remainder of the novel, including perpetual fears of

abandonment and her ultimate refusal to abandon Marilla, her sick adoptive parent.¹⁶

Marilla witnesses Anne's painful history and decides to let Anne stay with her and Matthew, creating the ethical model that Anne uses to remain with Marilla at novel's end.

In summary, the representational strategy of silence-as-pain in the early Canadian literary works was one that often operated according to Christian and cultural modes, drawing from a larger social base of images and principles, possibly to reinforce those same modes in readers. Pain was not a concrete "thing" but a basis to invoke a religious matrix. But this representational strategy changed after WW1 when (as Scarry's chapters on the process of war and torture show) silence became the desired end-point of pain. WW1 offered a plethora of real life instances in which people suffering from illness and injury were silenced by death. Scarry shows how totalitarian regimes use pain as a tool to create silence in enemy groups and populations. In this circumstance, the impoverished language inherent to pain (*viz.* metaphors of weaponry/damage) meets greater impoverishment through deliberate silencing. Pain, so difficult to enter into language in the first place, *becomes* the tool to strangle utterance.

In real life instances in which people suffer from illness, silence is often the end-point of pain. Metaphorically speaking, people "lose their voice." Death, maiming, and trauma all act to cow dissent in the torture demographic (actual tortured bodies and from there the effects spread to the larger populations vulnerable to torture). In narrative, pains from illness and the extreme pain of torture are described and dramatized. The acts and

¹⁶ Yet the pain escapes pure undergoing when it finds productive use by Anne, the child slave, to rescue the life of a child in Chapter 18 due to her superior knowledge of croup, a knowledge acquired only because of her domestic servitude.

diagnoses that cause pain are represented to an audience. Even if silence is the end-point of the represented act, as when de Haldimar is agonizingly scalped by Wacousta, the represented act is nevertheless pain rendered as experience, as a visible force:

It appeared, however, the ill-fated officer had struggled much in the agonies of death; for the left leg was drawn up into an unnatural state of contraction, and the right hand, closely compressed, grasped a quantity of grass and soil, which had evidently been torn up in a paroxysm of suffering and despair [. . .] the plumed hat fell from the head, and disclosed, to the astonishment of all, the scalpless crown completely saturated in its own clotted blood and oozing brains. (58)

This point about representation and process cannot be stressed enough. If pain is an experience, then part of representing the experience is representing the originating act. Although the purpose of torture in one sense is to silence dissidence (and to create the conditions to eradicate the prospect of dissidence—a greater silencing), the dramatization of torture in novels and the insistent deployment of silence in such narratives is, paradoxically, a means to express pain. In addition to Moodie’s explicit representations, the more subtly represented “silent” suffering of characters can become a communication of pain wherein the use of the word “silence” indicates the presence of pain. Recognizing such positive metaphoric valences is the first step in providing people with innovative metaphors that need not be of weaponry and that can involve the body but which do not insist on damage. If desire, pleasure and the good life entered into contemporary medicine's concept of pain, then our metaphors would not be the same. As a corollary, our IASP-mandated “experience” of pain would not be the same.

CHAPTER THREE

PAIN AND MODERN CANADIAN LITERATURE

In this chapter, I will show how contemporary Canadian novels move past the Christian framework in order to represent pain experience while maintaining a continuity with the metaphor and intersubjectivity concerns of Chapter Two. The modernist creation of self-reflexive interiority and postmodernism's metanarrativistic construction provide authors with new representational strategies that permit my analysis to strike off in new directions. Speaking in broad strokes, pain finds narrative representation in this period because of the advent of realism and its descriptive powers (and with reference to social realism, the deliberate coverage of difficult subjects.) Evelyn Cobley unpacks these changes very well in "Postmodernist War Fiction: Timothy Findley's *The Wars*" and I do not recapitulate them here. Instead, I analyze specific ad-hoc narrative strategies employed to represent pain experience. After discussing the metaphor of silence as it manifests in Canadian novels published in the 20th and 21st centuries, I follow a path like that of Susannah Mintz in *Hurt and Pain* in which I analyze several novels and demonstrate how pain enters into narrative beyond metaphor, but the context is different (Canadian) and the strategies discovered are also different. These strategies include a complication of metaphor into symbol, opiates as facilitators of narrative, trauma narration, and the deployment of medical discourse.

Since novels are sorely understudied in the medical humanities, I have selected the following for my archive: Charles Yale Harrison's *Generals Die in Bed* (1930), Earle

Birney's *Turvey* (1949), Timothy Findley's *The Wars* (1977), Richard Wagamese's *Keeper'n Me* (1994), Anne Michaels's *Fugitive Pieces* (1996), Catherine Bush's *Claire's Head* (2004), and Karen Connelly's *The Lizard Cage* (2005).¹⁷ On the other hand, the genre of pathography – “a form of autobiography or biography that describes personal experiences of illness, treatment, and sometimes death” (Hunsaker Hawkins 1) – has been studied (albeit not *fully* in the Canadian context, despite the ongoing work of disability studies scholars) more than illness novels that deal with pain. The editors of *Unfitting Stories*, a key Canadian scholarly collection on pathography, contend that the relationship between “account's form to the story told” has “importance,” that “the two are inseparable” because “the shape, style, and central metaphors of the narrative govern its interpretation” (28). A key difference between fiction and nonfiction pathography comes at the level of interpretation: the novel doesn't necessarily have the “storyteller . . . constructed as a persona, and the implied reader [. . .] encoded as an ultimately sympathetic audience” (28).

Though the novelist wishes for a receptive audience much like the pathographer's, the motive to write is not necessarily the same as that formulated by Hawkins for pathographers: “People write about their experience of illness because they expect to find readers. It does not matter that they do not know who the reader is and will not (in most cases) find out what his or her response was to their book—they write so that others will read what they wrote” (*Unfitting Stories* 125). If, as Helen Buss suggests, the

¹⁷ For readers of this dissertation who hoped for a historicization of the pathography field in the Canadian context, I conducted a partial one in an issue of *Canadian Literature* 228/9 and I refer those interested to that source.

memoir creates a “provisional and contingent subjectivity unable to buy into traditional constructions of the self” (34), fiction might also be invested in creating a provisional and contingent subjectivity, albeit one less referential to experience. (In both cases, the truth being told may be an affective one, rather than an empirically verifiable one.) With fiction, readers do not require a real-world referent. We can invest our imaginations in the pain experience, which is a particularly creative act that might be the missing ingredient in medicine’s biomedically tethered recipes and their ostensibly verifiable truth and existence somewhere in the “real world.” If memoir is a direct portal to pain representation because the condition is already part of the narrative—indeed the condition is often the impetus for the narrative— then fiction deals with pain not as “the story” but rather uses pain to tell “the story.”

I provide a quick caveat that many more novels could have been included in this study. For example, Karen Connelly’s *The Lizard Cage* could be rounded out with Margaret Atwood’s *Bodily Harm* and Ian Colford’s *The Crimes of Hector Tomás* due to their mutual coverage of torture; yet I did not tilt the table of analysis to torture because pain in this study would become a subcategory of the larger representational sampling that I hope my study represents. Catherine Bush is also not the only Canadian author to share a biographical overlap of chronic pain (migraine) with her fictional subject (migraine sufferer). In *Little Sister*, Barbara Gowdy writes a novel in which Rose, the main character, extensively experiences what the novel calls “silent migraine” (11). This novel is the first in ten years from Gowdy because, as Susan G. Cole explains in *Now Magazine*, “[s]he’s had excruciating – and mysterious – back pain for over 10 years and

has travelled the world trying to alleviate it, with no success as yet” (n. pag.). More work could be done to correlate Gowdy’s and Bush’s work (indeed, Gowdy sounds much like Rachel from *Claire’s Head*), but to go further along those lines would inevitably wrest my interest in a relatively unstudied field (fiction) back to a more pathographical direction. Again, I choose to consider a wide variety of physical pain with and without biographical correlates in order to provide as broad a sweep as I can, in the hopes that future scholars will do further work along specialized lines like the kind already mentioned.

In a pioneering paper in *Studies in Canadian Literature*, Laura Moss addresses the relative lack of engagement with fiction in discussions of Narrative Medicine and points out that fiction could play an important role in teaching narrative competence:

[M]uch fiction is conditional, based on the question “what if?”[. . .] A fictional story provides a space to creatively probe uncertainty, to draw out the repercussions of mistakes, to work through the consequences of actions, and to imagine different ends [. . .] Because stories allow for polyvocality and a plurality of outcomes, they are potent sites to engage debates about tough dilemmas in medicine. (8)

Pain is among the toughest problems medicine has to deal with. What if the writing (and study) of fictional narratives that consider pain could result in a reduction in the number of bodies in pain? What if the cultural emphasis on pain expression were switched to “What if?” questions, as per Moss, and not the “As if” metaphoric comparisons pointed

out memorably by Scarry?^{18,19} Moss is perhaps the first to ask such questions in the Canadian context. Anne Whitehead of the UK asks if, rather “than subscribing to a dominant impulse toward meaning and control” a scholar might “also benefit from what the literary can reveal to us about what it means to live in a condition of uncertainty” (Crawford et al. 115). Rather than interrogating a text from the perspective of control or mastery via the imposition of order upon narrative events in pathographies, a “more expansive sense of the literary might, then, potentially open up a more integrated approach to literature . . . [that] enables us to address medicine’s own inherent

¹⁸ Moss makes pointed criticisms about Vincent Lam’s metaphor-rich representations of pain in *Bloodletting and Miraculous Cures*: “As Lam writes about the woman’s dangerously dilating body, he renders pain poetically. No other suffering in the book is as gendered, and none is rendered as prettily. As a literary critic, I balk at the aestheticization of the woman’s body in pain and think about how Lam participates in a long history of rendering hurt women in metaphorical terms” (22). Moss isn’t incorrect, although I suggest that the aestheticization is not limited to the male gender when representing the female body (Margaret Atwood’s representations in *Bodily Harm* are a case in point) and that the use of metaphor, or the poetic rendering of pain, is not necessarily a negative thing in and of itself. Such attitudes reflect the general scholarly antipathy to metaphor studies when it comes to pain. In his study, Donaldson mentions “that ideological readings in criticism have commonly worked along these lines. We take a writer’s language, his associative vocabulary, and we examine the latent political or historical implications of his syntheses” (115). In this light, Moss’s objection actually reflects the *value* of interpreting metaphor use. Moss adds in a pedagogical moment that I salute, “Crossing disciplinary lines, such gender criticism could be used in a medical classroom to lead to important discussions about gendered and potentially dangerous attitudes in medicine” (22). If only . . .

¹⁹ I beg for the reader’s forgiveness here in what will be my only double-footnoting of a point. The temptation proved too strong, as the point was too rich to resist. In *Missing Link*, Donaldson suggests that the “What if?” hypothesis is, actually, an inherently metaphorical line of thinking: “When you say A is B, something happens. You have to rethink what you thought you knew. Many metaphor theorists, Richards and Ricoeur among them, tend to treat this rethinking as a form of hypothesis, a ‘What would happen if?’ idea, not as a claim that *actually* obtains in the objective world we believe we live in” (italics preserved, 178). Perhaps new metaphors and new outcomes will form part of a new story of pain experience.

uncertainties, and the skills of interpretive reading that it accordingly requires of its practitioners” (Crawford et al. 115). Hunsaker Hawkins explains the pathography genre “as the artistic product and continuation of the instinctive psychological act of formulation. It gathers together the separate meanings, the moments of illumination and understanding, the cycles of hope and despair, and weaves them into a whole fabric, one wherein a temporal sequence of events takes on narrative form” (qtd. in Crawford et al. 40). As a “reformulation of the experience of illness,” this narrative form is yet governed by historical events, making the story less a reading experience of “what will happen” and more one of learning “what did happen” – akin to the usual historical process for any health care practitioner interested in finding out how a person came to present for care.

What if our health practitioners engaged with patients and literature in a non-utilitarian way in which empathy was a side-effect of imaginative interpretation and prediction, rather than the sanctimonious purpose of engagement in the first place? If empathy came out of the process as a byproduct, then would practitioners face less burnout? What if patients incorporated multiple stories, allowing meaning to “develop a dynamic quality which is not exclusively based on the participant’s experiences, but evolves in a process of co-creation, where the individual responds to those around him or her as well as the stories they encounter” (*Health Humanities* 7)? What if an engagement with story occurred to create, as Brown and Augusta-Scott have argued, “alternative story possibilities” (qtd. in Crawford et al. 126)?

As a reader familiar with Canadian literature will quickly intuit, most of the novels in my archive are thematically engaged with conflict and war. The reason for this

is simple: as Scarry has memorably said, war is an “activity of reciprocal injuring, where the goal is to out-injure the opponent” (63). Such novels offer rich and frequent means of pain representation, yet the novels chosen do not constitute a study of “pain in or of war” per se. Including novels that cover conflict offers an opportunity to study pain in a variety of settings. One exception is *Claire’s Head*, included in this analysis because it engages thoroughly with pain in a way that the other novels do not, and because it is the first Canadian novel to represent pain on every one of its pages. The other exception is *Keeper n’ Me*. Wagamese’s debut novel also does not deal with service in wars but does constitutively represent colonial violence. *Keeper n’ Me*’s inclusion shows that, like the white settler novelists gathered here, silence is used metaphorically by an Indigenous author, but with a different context for its meaning.

The metaphor of silence in post-WW1 novels

I begin with the organizing metaphor of silence. As in the 19th century, the presence of silence in narrative has a positive dimension as a representation of pain. Karen Connelly’s *The Lizard Cage* is one example of a book that tries to make silence speak, a representation of pain beyond the sign of the weapon. According to Scarry, a human body that undergoes intense pain also undergoes a destruction of “self and world, a destruction experienced spatially as either the contraction of the universe down to the immediate vicinity of the body” (35). World, self, and voice are obliterated through torture. Silence is dramatically enacted throughout *The Lizard Cage* as a monastic testament to the body. Indeed, the novel can be thought of as a record of the arduous body, a fictional document that records the indignities dealt to Teza and to other bodies ground down by the military

dictatorship of Myanmar (including other prisoners, the general populace, and even the regime's employees).

Despite the novel's concretization of secret written testimony circulated from Teza out of the jail, pain in the novel speaks most often through the representational system of silence. In page after page, the voicelessness of Teza equates with pain. Other than the final success of smuggled testimony occurring at novel's end, pain in "the cage" or prison cannot be communicated to the wider world. All it can do is be borne silently. This fact finds ultimate embodiment in Teza's broken jaw. Coming as a result of Teza's defiance during a search by prison authorities for pen and paper, the fracture silences Teza. For the 174 pages of the novel that come after the beating that breaks his jaw, the fracture leaves Teza in so much pain he literally cannot speak: "He sleeps because he cannot cry, and he cannot cry properly because he cannot open his mouth. Whenever he moves his mouth in any way, the pain takes his head and breaks it open, from jaw up into skull, a round bone under a sledgehammer. The tears amass inside him like pus" (200). Silence as a consequence of state-dispensed violence is repeatedly stressed in the narrative. Pain finds expression in Teza's silence rather than in his voice, and his silence is considered a pain-experience by the narrator:

Until Handsome broke his jaw, Teza never realized how much he spoke aloud: long minutes in monologue, or in discussion with the ants and the cockroaches and the copper-pot spider. One of the worst things is not being able to talk to himself and hear his own voice. This affliction is different from the physical pain, but there are moments when it's almost as difficult to bear. (236)

In the novel, Teza comes to understand that the written word, as the proxy of his voice, has power. He also understands that his silenced voice is a source of power for the regime. The narrator recognizes silence comes from the practice of torture: “Men have often reduced his voice to gasps and weeping. They have crushed the power to speak from his body, from many bodies” (138). This power is suggested to be impermanent: “But words written down outlive the vulnerability of the flesh. His songs still fly through the air like swallows. Recorded words can be passed along” (138). Though the regime uses Teza’s body to amplify its own voice, to embellish its “insignia” of power (Scarry 19), Teza knows that resistance in the form of singing or writing can extend past the silence of his vulnerable body and become like the oft-invoked swallows that enter and leave the cage of their own free will. Silence is the vacuum, but once the vacuum is filled with an account of the body, power is threatened.

Though *The Lizard Cage* features some intentional infliction of physical and mental forms of pain by state officials, it might seem odd that a novel featuring torture and terror prefers to represent pain through the use of silence. In one sense, this corroborates Scarry’s contention that the language of physical pain is limited and restricted. But Scarry’s boundaries on the language are transgressed by Connelly’s linkage of acute physical pain to overarching silence and powerlessness. By creating a different representational system, Connelly satisfies a challenge posed by Scarry: “In the long run, we will see that the story of *physical pain* becomes as well a story about the expansive nature of human *sentience*, the felt-fact of aliveness that is often sheerly happy,

just as the story of *expressing* physical pain eventually opens into the wider frame of *invention*” (italics preserved, 22).

Silence often does not, in narrative, remain as simple silence – the word deployed and made to work in a literal fashion. Many novelists complicate the close bond between silence and pain by representing silence as an existential metaphor for pain. Like Connelly’s *The Prison Cage*, Timothy Findley’s *The Wars* tries to make silence speak.

Though the iterations of represented silence are infinite, the means whereby silence becomes a paradoxical communicant have a shared basis in death that is described by Scarry: “only in silence do the edges of the self become coterminous with the edges of the body it will die with” (33). To develop this idea more, I focus on two connected scenes from Findley’s *The Wars* and use the organizing lens of intersubjectivity which what we know about ourselves is a transaction or flow of the knowledges of others.

In “‘What is There Left to Say?’ Speech and Silence in Timothy Findley’s *Dinner along the Amazon*,” Heather Sanderson analyzes the motifs of speech and silence in Findley’s first short story collection. She identifies several purposes for the author’s deployment of the motif: it can signal “the difficulties in articulating words; the narratives turn the reader into a listener who seeks out the meaning behind the words and in the silences” or the motif can be used to serve a narrative concerning “the performance of social and private roles” (78). In the following scenes from *The Wars*, Findley’s silence motif is used to represent pain. The first scene of interest begins with noise occurring around the margins of a demarcated silence. Robert Ross sits with his injured friend Harris. Near death, Harris sleeps while breathing in a labored, noisy fashion. While Ross

waits, his mind is full “of music and it was hard to sit there on his death watch and not tap his toes” (94). Reflecting on Harris’s imminent death, the narrator says, “There was nothing to be done but listen” (94). Immediately after that line, “laughter down by the doors” sounds and Lady Barbara d’Orsey appears, but the laughter stops “when she came around the corner,” meaning when d’Orsey enters. As can be seen, Findley creates a metaphorical sound stage that emphasizes an incredible silence that is about to occur, a silence-event cued by Robert Ross’s soundless witnessing of the man Lady d’Orsey is visiting, a former lover “entirely encased in bandages [. . .] Robert had already been intrigued by his silence” (95). With the sound of silence struck once again, a key paragraph arrives, transcribed in full due to the importance of its sound-staging:

Barbara stood at the foot of the bed and looked at the man without speaking. The aroma from her flowers filled the ward. The profile she turned to Robert was unsmiling. She held the flowers the way that wreaths are held—as an emblem, not as a gift. Taffler went to the head of the bed and leaned down over the man to speak. Barbara took a deep breath and closed her eyes. Whatever it was that Taffler said, it went unheard by anyone except the man in the bandages. Robert could see he was straining to reply—but no words came: not even a whisper. Finally Taffler touched him on the shoulder as a signal they were going and, collecting Barbara, he left quite suddenly without turning back and without even nodding in Robert’s direction. Barbara still held the flowers and her expression was as blank as that of someone drugged. When they’d gone Robert could feel the man in the bandages ‘screaming’ and the sensation of this silent agony at the other end of the room was

finally so strong that Robert had to go and get one of the nurses. When she came and had administered some morphine she thanked him for his quick response. She told him the man had been trapped in a fire and his vocal cords destroyed when he'd swallowed the flames. (95-96)

The scene's power is reliant upon our deafness: we do not know what passes between Lady D'Orsey's new lover and her injured old one. We cannot hear what Taffler says to the man we later learn is Captain Villiers. And yet we *see* what happens—we see Lady D'Orsey's ambivalence in her expressions and gestures. We watch her speak not a word to her former lover. Most of all, we see the effect in a man rendered voiceless because of inhalational injury. Villiers enters into a great distress, a distress communicated to Robert Ross as the “silent agony” that he witnesses. The narrator describes Villiers's reaction as “screaming” in scare quotes. Because of Ross's compassionate intervention due to his ability to perceive an excruciating silence, analgesia is administered to Villiers by a nurse. The scene has a coda voiced by Lady Juliet d'Orsey, the surviving sister of Lady Barbara, that suggests that the self only comes into alignment with the dying body in the enforced presence of silence: “Robert sat by Harris day after day and day after day Barbara and Taffler came to see Jamie. This is the hardest thing of all for me to admit about my sister. Her silence in Jamie's presence. Was it cruel? Of course it was. Not to let him hear her voice. Nothing was left of him, you know. Nothing but nerves and pain and his mind. No voice—no flesh. Nothing. Just his *self*” (102). Thus the point is not the words *said* to Villiers by Taffler, but the words *not said* to Jamie by Lady Barbara; the point is silence as both representation of and inflictor of pain. Ross, the careful witness of his friend

Harris, sees the drama in its first instance across the room. Because he is himself a wounded caregiver—a failed watcher of his elder sister with hydrocephalus— he is attuned to the communicative silence. In this way, narrative scored by silence offers representations of pain.

To take *The Wars*'s representation of silence in a slightly different direction in order to connect it with an early and canonical Canadian novel, I transcribe the following scene involving a consideration of a photograph of Robert Ross as a soldier:

Dead men are serious – that's what this photograph is striving to say. Survival is precluded. Death is romantic – got from silent images. I lived – was young – and died. But not real death, of course, because I'm standing here alive with all of these lights that shine so brightly in my eyes. Oh – I can tell you, sort of, what it might be like to die. *The Death of General Wolfe*. Someone will hold my hand and I won't really suffer pain because I've suffered that already and survived. In paintings – and in photographs – there's never any blood. At most, the hero sighs his way to death while linen handkerchiefs are held against his wounds. His wounds are poems. *I'll faint away in glory hearing music and my name. Someone will close my eyes and I'll be wrapped around in flags while drums and trumpets-bagpipes march me home through snow . . .* (italics preserved, 44-45)

Findley's close attention to sound is apparent in this passage, too – “silent” and “sighs” and “hearing music and my name” and “drums and trumpet-bagpipes” all contribute to the din, or lack thereof. A superficial paraphrase is that the narrator is simply satirizing the romance of death in the war context, and that reading isn't wrong. Yet look at how

pain is presented in this passage using chronology as an interpretive lens. The photograph of Ross transmits knowledge to the narrator in the present narrative moment (“that’s what this photograph is striving to say”) but it also causes the narrator to project into the photographic subject’s then-time when the photo was taken (“I’m standing here alive with all of these lights that shine so brightly in my eyes.”) A more interesting time signature occurs when this past-projection throws itself into the future (“oh – I can tell you, sort of, what it might be like to die”) that becomes the heavily satirized moment of a romantic death parade in which the dead man is somehow still able to sense the action. If following Scarry’s logic of pure suffering, in which severe pain reduces us down to inarticulateness, or Laub and Felman’s links between silence and annihilation in *Testimony* (135), there is just the present eternity and obliteration of self-hood, a reduction of consciousness into pure sensation; but the narrative construction of pain reflects the more complex temporality of past, present, and future when it comes to the unfoldingness of pain and its influence upon memory and the present.

Bound up in this chronology and pain-experience is an echo of *Wacousta* that is called to mind by the satirical death parade. Note the reflexive moment in which the narrator, invoking death, experiences analgesia instead: “I won’t really suffer pain because I’ve suffered that already and survived.” Therein is *Wacousta*’s recipe for physical transformation. *Wacousta*, of course, was deadly serious in his aim to destroy De Haldimar’s happiness, and he ended up dead himself. Independent of these concordances is the larger point that the lack of blood or represented pain in Benjamin West’s painting and in the photograph of a strapping Robert Ross suggests that there is no pain to be

experienced in morbid and mortal circumstances. This romantic social construction of heroism has certain consequences, including not only the enlistment and coercion of soldiers, but also the creation of villains like Wacousta who function as a superhuman warning against following Nietzsche's famous dictum ("That which does not kill me, makes me stronger") too far.

Silence can also have nuanced pain signalings outside of Eurocentric interpretive models. Though *Keeper n' Me* will be discussed in much more detail in Chapter Four, I include an introduction to it here because it represents silence in a way unexplored by the other (white) novelists studied in this dissertation. Richard Wagamese's debut novel uses silence as a metaphor for pain in terms of intergenerational trauma, making for less of an existential metaphor described in elsewhere in this chapter and more of a metaphor for loss. Indigenous epistemologies co-constitute land with being and spirit, and the land has animacy as do people and their faith; thus, silence as a metaphor for pain in the sense of genocide, massive theft of land, and loss of Indigenous knowledge points to settler-colonial practice as the originary weapon but it is, in another sense, the wound that matters. In this way, silence becomes a metaphor of bodily damage in which the "body" is a public or community body. As Jo-Ann Episkew maintains,

Silence leads to isolation, causing many Indigenous people to suppress their feelings, believing that they are alone in their experiences and responses. The effects of emotional repression on emotional and spiritual health are long lasting.

Reading literature by other Indigenous people who share their same experiences and

who are able to articulate their feelings about those experiences can be a healing experience for both writers and readers. (16)

By invoking “silence as pain” in this way, by insisting on the wound as voicelessness and displacement, one is signaling not only the site for healing to take place but also the means of that healing.

Keeper’n Me is the story of the protagonist, Garnet Raven, an Ojibway lost to his family and taken to a series of foster homes at three years old. He loses his connection to Indigenous knowledge as a result, and his life is a tumultuous one until he returns to the White Dog Reserve in northern Ontario where he reconnects with his family and is trained in traditional Indigenous knowledge by the tribal elder Keeper.

The manner of the reconnection with and reclamation of Indigenous identity is partially achieved through story, and this is the focus of Chapter Four. For now, I will make the case that silence is deliberately represented as a metaphor for pain, and that silence is also understood as an indicator that healing needs to take place. In the second chapter of the novel, Garnet provides the following monologue:

According to Keeper, there’s two kinds of silences us men like to use more than anything sometimes. There’s the smoldering, angry kind we use instead of our fists and there’s the big, open, embarrassed kind we fall into when our mouths can’t move through the motions our hearts are going through. Learning how to work through both of them’s likely the biggest struggle us men have, Indian or not. Keeper says the real warriors in our circles are the ones who never surrender to silence. (127)

Garnet's anecdote frames his relationship with his older brother, Jackie, and with his community upon his return. As Garnet says on the next page, the people of White Dog were suspicious of him upon his return because he was "walking around acting white." To the people of the reserve, he constitutes a case of internalized whiteness. As Garnet puts it himself, he serves as a reminder of the threat from outside: "our people can be pretty suspicious at times . . . some . . . really wrestled with wondering whether I really belonged here and if I was still carrying around an Indian heart after all I'd been through" (128). In a comment that seems to be at odds with the interfusional identities of Indigenous people living off-rez in cities, he adds, "Anyway, lotsa Indians nowadays get swallowed up in the influence of the outside and look like all-around brown but not carrying a brown heart anymore. Our people have a hard time accepting that and so have a hard time accepting those kinda people" (129). Garnet is not only in pain from his own cultural displacement, but he is in pain while trying to learn the ways of a community in the pain visited upon them by hundreds of years of settler-colonialism and its inculcation of internalized shame. Keeper lists the numerous ways that an Indigenous person can be disconnected from their heritage, and the list includes residential schools, gradual assimilation, and destruction of traditional parenting because of alcohol and drugs (129-30). Yet the loss that results need not be permanent, for there is a process set out in which healing can occur: "Keeper says the ones like me and the ones that changed gradual are the easiest to bring back, but the others all gotta work through their hurt, shame and anger before they really get back home to themselves" (130). The novel describes but also *is* Garnet's journey to self-reclamation, but part of it occurs in the midst of a skeptical

“silence” on the part of other community members that “hurt the most” (131) when levied against him. This silence evaporates when Garnet is seen changing, most obviously when trying to relearn his language.

Silence occurs within his family as well. Though almost all of his close relatives accept him upon his return, his elder brother Jackie “had a big, brooding silence whenever we were around together. After awhile I think we just gave up trying to get through and we settled into that awkward kind of silence that can make strangers outta brothers” (132). Silence finds direct representation several more times in the brothers’ relationship (134, 138, 142, 152) until the reason for Jackie’s silence is revealed: Jackie “hated himself for not being able to stop” Garnet’s forcible removal from the family. Garnet reflects that “I figured I was the only one who ever really had a hard time because of my being taken away. But from what Stanley was saying and from what I could see, there was a different kind of pain seeping outta my brother Jackie. A throbbing kinda ache in the bones” (139). To heal the reason for the silence, Garnet consults with Keeper and develops a tradition-based strategy to address the wound. Garnet adopts the mentality of a bear and wishes to be bear-like around his older brother. When it works, Jackie and Garnet have a cathartic moment in which Jackie admits his hatred of his own trauma and that of his people:

I spent all my life hatin’ them motherfuckers. Hatin’ them for takin’ you away, hatin’ them for killin’ my father, hatin’ them for makin’ our people suffer, for lyin’ to us, makin’ promises they never fill, for keepin’ us down, for all the kids that die ev’ry year on accounta they can’t get what they need to live, ev’ry one of our

people that drink themselves to death, ev'ry beaten-up wife, ev'ry welfare cheque, and hatin' every damn social worker, cop, shrink, politician, judge, doctor making money off our people's suffering. Hated them for all of it, man, all of it. After a while I just hated anything havin' to do with white. (155)

Jackie and Garnet reconcile despite the aftermath of the trauma visited upon them and their people, and what is remarkable in terms of representation in this novel is that silence has a double purpose: it is always co-deployed as a metaphor for pain but also as the motivation – and means – for healing. In Wagamese's nonfiction work *One Story, One Song*, an anecdote is told about the author travelling with the elder Jack Kakakaway when seeking sweetgrass for “medicine time.” Wagamese writes, “There was never a lot of conversation between us when we were out on the land. Jack believed that moving in silence was the best way to hear the land speaking to you. So we were content just to walk and allow our senses to become attuned” (22). The means of and motive for healing will be discussed more extensively in Chapter Four.

Findley, Connelly, and Wagamese are by no means the sole modern Canadian authors who represent silence-as-pain. By recognizing the different ways pain can be represented (including paradoxical ones like “silence” and “expressivity”) and by carefully attending to the intersubjective means of these representation, health care providers and scholars can do the clinical and cultural work required to validate and *re-*

*mean*²⁰ pain experience. But the time has come to leave silence to its silence and turn to other metaphors.

The Use of Symbols

Because work in the field of pain studies has largely bypassed metaphor, I wish to demonstrate how a metaphor-centric approach can yet reveal new methods of representation. Symbolization can constitute a non-negative register of pain experience. Symbols are more complex than the simple metaphors of weaponry and damage that are baked into the vernacular. Colloquial expression of pain by real people needs refreshment with alternative means of expressing pain experience. The analysis that follows is inspired by a lifelong practice of metaphor and relational thought as a poet but is also heavily influenced by *Missing Link*, Jeffery Donaldson's landmark text in the field of metaphor studies. The two novels I will consider are Charles Yale Harrison's *Generals Die in Bed* and Anne Michaels' *Fugitive Pieces*.

Though metaphors have distance between comparators –think the knife responsible for a “cutting” pain and the body receiving that metaphorical blade – it is symbol's unstated suggestion, as opposed to the relative explicitness of metaphoric comparison, that can liberate micro-representations of pain from weapon and damage metaphors. Donaldson defines metaphor as a “*missing link*, an active relation between elements in space” (emphasis in original, 8). This definition is compatible with the definition of symbol insofar as a comparison is made, an active relation is formulated, but

²⁰ To “re-mean” in the sense I've used the term is to re-invest pain experience with meaning in the face of its modern divestment of personal meaning in favour of biomedical explanation.

the spatial coordinates are not fixed. The *Oxford Dictionary of Literary Terms* defines “symbol” as “anything that stands for or represents something else beyond it—usually an idea conventionally associated with it” (n. pag). The dictionary goes on to mention that a symbol is “a specially evocative kind of image; that is, a word or phrase referring to a concrete object, scene, or action which also has some further significance associated with it” (n. pag). It is exactly this (metaphorically speaking) greater conceptual-spatial distance from idea and symbol that has great utility in the representation of pain.

Evidence of such a strategy is found throughout Canadian literature, and I begin with Charles Yale Harrison’s “unjustly neglected” (Clausson n. pag.) novel about the First World War. In *Generals Die in Bed*, pain is symbolized as footwear—specifically, the army boots of the average soldier. In his introduction to the Potlatch Publications edition of the novel, Robert Nielsen establishes the primacy of this symbol: “The dominant motif is the foot of the soldier. Sore and injured feet are mentioned often, becoming a powerful symbol of the crippling effect of the First World War on the spiritual evolution of man” (n. pag.). I wish to broaden Nielsen’s analysis by arguing that the symbol is also a representation of pain. Assisted by Scarry’s work on pain and metaphor, I base this argument on the increased distance between symbol and meaning versus metaphor’s close meaning proximity. In other words, if metaphors of weaponry and damage work proximally on the body, then the negative sense will remain strong, but that sense can lessen if symbols are untethered from the body.²¹

²¹ This argument falls apart when considering that many weapons can be used from great distances in modern warfare. But I think the concept remains a useful one, especially

From the beginning of the text, the symbol is described in negative terms. The first instance of the symbol comes on page 10, in which the narrator's boots are described as "dreadfully heavy." The next instance of the symbol (cited by Nielsen) is "Frye [. . .] is suffering with his feet" (15). Nielsen's interpretation of the symbol as representing "the crippling effect of the First World War on the spiritual evolution of man" is plausible, but in the word "suffering" a critic has all one needs: feet and its branch parts of the symbol matrix (boots, heels) imply *pain*. Much more corroborating evidence is found within the text that establishes the distinction between metaphor and symbol in the context of pain. Near the end of the novel, the narrator reflects that his "boots are twisted and hard after being wet. They cut into my feet. Every step I take shoots a pain up my leg. I limp as I march" (205). Here we have both the directness of metaphor—the familiar association of boots/legs and pain according to the metaphor of damage—but also symbolic distance: it is the boots that are "twisted and hard." Boots are not just coterminous with their fleshly contents because boots in the general narrative are a symbol: they appear repetitively, deliberately, are not directly compared to anything, and yet symbolize pain. In this sense, the boots become what could be called a "second skin," bringing to mind Jay Prosser's comments on what skin is and does in the context of pain:

It is a phenomenological function of skin to record. Skin re-members, both literally in its material surface and metaphorically in resignifying on this surface, not only race, sex and age, but the quite detailed specificities of life histories. In its colour,

since people do not tend to employ metaphors of weaponry and damage that involve distance killing and injuring.

texture, accumulated marks and blemishes, it remembers something of our class, labour/leisure activities, even (in the use of cosmetic surgery and/or skincare products) our most intimate psychic relation to our bodies. Skin is the body's memory of our lives. (52)

For the soldiers, boots are their lot as fighting men, and they record their journey through a wounding world. Like skin in Prosser's conception of that organ, the largest of the body, the soldier's boots become in excess of a single meaning and function.

Symbolization offers significant differences from metaphors of damage which, in this instance, would require boots to be damaged in some way. These differences have just been theorized in a preliminary fashion by me. Even though Scarry has yet to deliver on a promise in her introduction to *The Body in Pain* that she will write "a separate treatment" on the "wholly distinct set of perceptual complications" entailed in metaphors of bodily damage (16), one of her findings on weapons can be extrapolated to the damage context. While writing of the human tendency to invest the condition of pain in weapons themselves, since weapons are external to the body and can act to "objectify [pain's] felt characteristics," Scarry is careful to identify the problem inherent to the practice as the resultant instability of language: "While the advantage of the sign is its proximity to the body, its disadvantage is the ease with which it can then be spatially separated from the body" (17). This is where the conceptual distance offered by symbol begins to show an advantage. Not only is the symbol slipperier and more multivalent, able to register several affective and cognitive meanings at once that can be positive in addition to symbolizing the pain series of meanings, it also doesn't require explicit spatial coordinates – thereby

circumventing the initial body-linkage process that proves so problematic later, when the metaphor is separated from the body so to speak. For example, an example cited by Scarry, Homer's "feathered arrow" that is "freighted with dark pains" (Book 4, line 85), is an example of how the weapon becomes the suddenly sentient inanimate object, the actual arbiter of pain, when it is of course the marksman – the human agent – who is responsible for causing pain. In the case of a symbol, the development of an obscuring of agency (and thereby responsibility) is not necessary. Pain can be symbolized by anything, and there may be yet-unexplored positive implications by skipping the intermediary, the bearer of pain that is too easily exchanged as an inanimate proxy for responsibility. The inherent instability is not morally problematic because symbol is not necessarily a weapon that implies intimacy with the body. Scarry theorizes a directionality for agency metaphors, writing "[e]very weapon has two ends. In converting the other person's pain into his own power, the torturer experiences the entire occurrence exclusively from the nonvulnerable end of the weapon" (59). She then describes an increasingly uncomfortable trajectory in which the torturer moves closer to the vulnerable end of given weapons. By closing this distance, the torturer begins to recognize the pain of the tortured; Scarry explains that torture's requirement is, therefore, for inflictors to remain on the nonvulnerable end, impervious to the plight of the person in pain by converting their pain into an illusion of power—a gravitational pull that prevents a default slide back to consideration of the other. In other words, weapons separate wounders from wounded by distance and it is a distance that can be closed. In the case of symbol, the distance is not linear; this can be advantageous in that there isn't polarity, an infliction/victim axis.

Much effort is expended in society to render the distance separating perpetrators and victims greater than it actually is. A newscast might mention “virtual war” in the context of a missile hitting a school, suggesting that casualties in a non-Western context can be better explained as an error inherent to technology and not as decision by human actors. Technology is not the only metaphor domain in play; we can speak of “ethnic cleansing” as another euphemism intended to launder the practice of genocide by actual people killing other people using their hands. In a subsequent chapter on war, Scarry explains the self-evident purpose of war—“to alter (to burn, to blast, to shell, to cut) human tissue” –and takes some time to show how “the structure of war itself [requires] that injuring be partially eclipsed from view and will invariably bring about that eclipse” (64). Metaphors of weaponry and damage are explicit comparisons and possess an inherent advantage themselves in that they refuse that eclipse; they are manifestations of the experience of pain. In a man’s hand, a gun is proximate, just like the comparison inherent in agency metaphor; yet the conversion of metaphor into symbol and the freeing of the comparison from the directionality of wounder-wounded offer an opportunity to not make the same mistake over and over. No longer will we slide so easily to the victim and identify with them in the presence of the weapon or do what is equally easy, depending on our sympathies, to slide to the non-vulnerable end and welcome the metaphor as a representation of power. If, as Donaldson contends, metaphors are an “active relation of elements in space” (8), then symbols are no less active comparisons in the same space and are also more radical comparators: they float free with greater valency of meaning.

Perhaps the symbolization process in the case of pain is possible only with metaphors of damage, as in *Generals Die in Bed*, for metaphors of weaponry have direct relationships to the actual infliction of pain. As such, they might only ever be seen as weapons, tools designed to cause damage that are too close to the aforementioned axis. Trying to make a weapon into a symbol would result in the literary equivalent of a snakes and ladders game in which the reader is constantly moving back and forth between the two possibilities. Even if a weapon is a defensive weapon, it cannot help but also return to its nature as weapon. However, a different effect occurs when the symbols don't have a basis in weaponry.

As symbols of damage, the boots/feet in *Generals Die in Bed* are complex calls for empathy that are not easily walked back to an originating weapon along the aforementioned axis. These are boots that, admittedly, are once represented in the text as a weapon (92), but overwhelmingly the boots imply that the soldiers in the narrative are in pain. (In some ways the book is less a war narrative and more a quest for comfortable, functional footwear.) The bodily association of these boots—their purpose is to protect feet and the most memorable appearance of the symbol is when a soldier finds a pair with rotting feet inside—is inherently harder to translate into a representation of power. Furthermore, boots are a symbol in close proximity to the earth, a piece of equipment that, unlike a sword or gun in the hand, does not always imply injury. The other half of the partnership, “feet,” become the corporeal referent for pain in the novel, yet a weapon can't be separated from the recognition of pain in the same way boots can be unlaced. Working through the text are the obvious biblical connotations of pilgrimage, willed and

willful movement, vulnerability, and, especially, hospitality in the form of footwashing as a welcome to a stranger. A Levinasian dimension appears in that the act of welcome signals putting the other before the self. For these reasons, symbolization is a method of pain representation that lacks the inevitable problems of weaponry and damage metaphor. Language need not signal destruction when pain is being represented; it can also signal protection and care.

The greater distance at work in symbolization is taken to productive lengths by Anne Michaels in *Fugitive Pieces*. By creating a symbolic system encompassing many disciplines (and not necessarily the human body), Michaels's novel takes several steps away from problematic metaphors. Michaels links geology, archaeology, and translation into a symbolic system meant to represent the pain of history. This abstract pain is symbolized as a literally painful history only partially recovered through investigation. Though Sherrill Grace had a different version in mind when she theorized war texts using a "landscape as memory" metaphor, I am in alignment with her contention that *Fugitive Pieces* provides "an image of the broken ground of our history as we recall and rework it. This metaphor effectively captures the sense in which history is like a field hiding stones/stories that continue to surface and, as they surface, they *change* the story, alter the landscape, make room for new, for more, stories, and allow us to see/hear the repressed, forgotten memories" (31). Grace lets "image" and "metaphor" stand for what, over many books and hundreds of instantiations, accumulates to the level of a symbol; but other than this distinction, our critical visions of *Fugitive Pieces* are compatible owing to the close relationship between trauma (her focus) and pain (mine).

The narrative of *Fugitive Pieces* is conscious of the symbolic system it works with, as shown when a main character is represented as often “appl[ying] the geologic to the human, analyzing social change as he would a landscape” (119). Sentences like these (and there are many) suggest that Michaels takes up a challenge of making visible the subterranean, a project also important to Scarry, who avers:

When one hears about another’s physical pain, the events happening within the interior of that person’s body may seem to have the remote character of some deep subterranean fact, belonging to an invisible geography that, however portentous, has no reality because it has not yet manifested itself on the visible surface of the earth.

(3)

Though there might be a problem inherent in the concept that the invisible need be made visible in order to be verified, Michaels takes the unusual tack of using non-weapon metaphors to make that interior pain visible at the level of the narrative surface. In “Liquefactions: River Floods and Tides of Memory in Anne Michaels’ *Fugitive Pieces*,” Catalina Botez writes that “[t]he interconnectedness of psychological wounds with geological wounds demonstrates the ethics of nature – a kind of co-healing of persons and places across generations and landscapes” (23). Many passages demonstrate Michaels’s complex representation of pain in this very fashion, so I will be selective. The pain signal is first sent on the opening page that provides the novel’s frame:

During the Second World War, countless manuscripts—diaries, memoirs, eyewitness accounts—were lost or destroyed. Some of these narratives were deliberately

hidden—buried in back gardens, tucked into walls and under floors—by those who did not live to retrieve them.

Other stories are concealed in memory, neither written nor spoken. Still others are recovered, by circumstance alone. (1)

Michaels presents narrative itself as disrupted – even annihilated – by war, and such narratives are lost or discovered depending on circumstance. Though *Fugitive Pieces* thematizes trauma, the manner in which this is done is not through fragmentary formal structure, as in *The Wars*, but rather via the poetic work of symbol. One of the main characters in the novel, Athanasios Roussos, is a geologist who provides lessons like this to Jakob, his foundling son (and the narrator):

I listened to Athos recount not only the history of navigation – heightened dramatically by ancestral anecdote, pictures from books and maps – but the history of the earth itself. He heaped before my imagination the great heaving terra mobilis [. . . h]e moved from geology to paleontology to poetry. (21)

Athos is a man able to conjure whole trades and disciplines into narrative. Time becomes a force interpreted by geology: Jakob admits, in thrall to Athos, “I was transfixed by the way time buckled, met itself in pleats and folds” (30). There is much, much more of this deliberate symbolic work to be found in the novel.

Thus far, I’ve shown through quotation how Michaels renders geology as a symbol of time in which humans are both interpreters but also participants, bringing to mind Merleau-Ponty’s comment from *In Praise of Philosophy And Other Essays* that “[t]here is a kinship between the being of the earth and that of my body” (190). The novel

continues to develop this thesis, rendering geology a kind of narrative substance: “The present, like a landscape, is only a small part of a mysterious narrative” (48). Soon the narrative expands to one of testimony of trauma, as when Athos describes bodies preserved by peat: “There, they were anchored with birch and stones to drown in the acidic ground. Time stopped. And that is why, Athos explained, the bog men are so serene. Asleep for centuries, they are uncovered perfectly intact; thus they outlast their killers – whose bodies have long dissolved into dust” (49). The truth lives in time. In this carefully constructed novel, even the site of Athos’s meeting with his foundling is significant, for at this site Athos was working to preserve the ancient city of Biskupin. Yet the site is “overrun by soldiers” who “burned records and relics,” who “demolished the ancient fortifications and houses that had withstood millennia. Then they shot five of Athos’s colleagues in the surrounding forest. The others were sent to Dachau” (51). Thus we see how the recovery of history is disrupted by human activity, how human beings can opt for the intentional burial and fragmentation of what was lost, recovered, and partially lost again. And in this case, the losing I mention is not just archaeological, but actual human lives—a fact that becomes the impetus for Athos’s life’s work, an uncompleted text called *Bearing False Witness*:

Bearing False Witness plagued Athos. It was his conscience; his record of how the Nazis abused archaeology to fabricate the past. [. . .]he job of Himmler’s SS-Ahnenerbe – the Bureau of Ancestral Inheritance – was to conquer history. The policy of territorial expansion – lebensraum – devoured time as well as space.” (104).

Athos, a man who sees time in rock, crafts a narrative meant to reclaim time from lies. His testimony is one of pain, testimony borne of the need to tell in a novel described by Mei-Yu Tsai as “plac[ing] an essential emphasis on the importance of communal and affective bonds in the transmission of testimony between family members and between generations of survivors” (51).

In time, archaeology and geology in the novel articulate affect: “We long for place; but place itself longs” (53). And through the poetic work of Jacob as he labours as a translator of ancient texts, geology becomes eloquent narrative: “The landscape of the Peloponnesus had been injured and healed so many times, sorrow darkened the sunlit ground. All sorrow feels ancient. Wars, occupations, earthquakes; fire and drought. I stood in the valleys and imagined the grief of the hills. I felt my own grief expressed there” (60). Indeed, Jacob is aware of “the power of language to destroy, to omit, to obliterate. But poetry, the power of language to restore: this was what both Athos and Kostas were trying to teach me” (79).

The novel is populated with characters who excavate history, be it personal or communal, and the excavations occur on archeological sites, or in books, or in rock formations. Yet these symbolic systems meant to represent history and its discovery/loss ultimately do work back to the human body, as happens when Jakob receives counsel that Athos requires care for depression, responding: “Athos is like his beloved limestone. The sea will dissolve him into caves, dig holes into him, but he lasts and lasts” (78). To name just one other instance, in this case when Jakob mourns Athos’s passing, “His arteries silted up like an old river. The heart is a fistful of earth. *The heart is a lake . . .*” (117).

Thus, the representative steps away from the human body are numerous, but ultimately Michaels does return to the body to represent pain, for it is the history of our bodies that is contested in the geological, archaeological, and literary discoveries of the characters.

Scarry cautions that “The very temptation to invoke analogies [. . .] is itself a sign of pain’s triumph, for it achieves its aversiveness in part by bringing about, even within the radius of several feet, this absolute split between one’s sense of one’s own reality and the reality of other persons” (4). Yet in Michaels’s metaphorical hands, pain is continuously unearthed and made material through actual physical unearthing. This results in a sense of experience not split, but somehow fused.

Michaels’s symbolization of pain in literary narrative is more complex than the metaphorical representation of pain in everyday language; symbolic representation is, itself, a possibly positive thing that can cause writers like Nielsen to theorize that boots and feet are represented as anti-war images; and that the distance of the symbol from its implied meaning creates space for possible meaning, whereas metaphors will always have their proximate negative tethers.

Trauma-narration

Bequeathed to the world by modernists like Joyce and Woolf, the narration of consciousness – the so called “stream-of-consciousness” technique – has created an opportunity for the representation of pain at the level of style. In this section, I will examine two Canadian war novels to demonstrate the fidelity and success of the strategy, though I prefer to call the technique in this context “trauma-narration.” Findley’s *The Wars* is kept in view in order to show that the authorial strategies employed to represent

pain are various, even within the same text. Earle Birney's *Turvey* is included here in the hopes that other scholars reading this analysis will take up the novel as a substrate for studying the intersections of medicine and literature, for the novel also functions as the first Canadian text that represents a (mal)functioning comprehensive health care system.

Qua Scarry, "Physical pain does not simply resist language but actively destroys it" (4). Scarry further qualifies the destructive force of pain as possessing a propensity to fracture: "pain . . . centrally entail[s], require[s], this shattering of language" (5). The quality of pain to break apart experience suggests that there may already be a methodology built-in to literary studies in order to study pain: trauma studies.

The noted trauma theorist Cathy Caruth corroborates this inference when, in *Unclaimed Experience*, she argues that trauma is articulated in "a language that is always somehow literary: a language that defies, even as it claims, our understanding" (5). Pain and trauma, then, somehow seek to evade language.²² This is not surprising since painful stimuli are the author of the complex experiences known as trauma. Indeed, in metaphorical terms, pain and trauma are cousins: metaphors of damage and weaponry are the usual expressive henchmen of pain, and trauma has its roots in the Greek word for wound. Caruth contends that trauma is a narrative and, concordantly, I maintain that pain is a narrative. I wish to think in narratological terms about specific scenes in just the two

²² A caveat: the "unspeakability" of trauma experience has been noted by some theorists as an overvaluation of the Western version of the experience. For example, see Stef Craps et al.

named novels to keep length manageable, for in truth there are countless Canadian texts that employ this narrative strategy.

Perhaps Timothy Findley's *The Wars* is the ur-text of conflagrational trauma in Canadian literature. In *Landscape and Memory*, Sherrill Grace observes that "It is only after 1977, and with the attention Findley brought to the First World War with *The Wars*, that the slow process of filling in [Canada's] literary history and critical blanks could begin" (23). According to Grace, Findley's trauma narrative is responsible for the integration of traumatic experience in the Canadian imagination. In a metaphorical sense, it is the function of trauma narratives to "heal pain" for they offer narratives that wounded readers can apprehend and feel themselves into.

Above all else, it is the form of *The Wars* that makes it an indispensable trauma text. According to Roger Luckhurst, trauma texts are "experimental, fragmented;" they refuse "the consolations of beautiful form, and [are] suspicious of familiar representational and narrative conventions" (81). In his Introduction to this novel about the First World War, Guy Vanderhaeghe writes, "Findley builds a magnificent construction from scraps. The picture he presents is never whole and complete, yet it is all the more evocative, all the more transfixing because we are constantly made aware of its brokenness" (xii). Accordingly, I will show three ways Findley uses brokenness to represent pain.

The first is the most obvious: *The Wars* is composed of small narrative fragments. Poetic renderings of scenes stutter and make chronology jagged. The meaning of the fragments qua fragments is simple: this narrative is broken, with the further implication

by Vanderhaeghe that the form “mimics the fractured lives of soldiers and civilians shattered by war” (xii). For its part, the narrative proper insists on this meaning, such as when Marian Turner discusses Ross with the narrator-historiographer: “I guess you saw them all as beautiful because you couldn’t bear to see them broken. The human body—well—it’s like the mind I guess; terribly unimpressive till you put it in jeopardy. Then it becomes such a delicate thing—like glass” (12). Finally, instances of physical trauma result in wounded characters uttering strange, disconnected sentences as they die, like Robert Ross’s friend, Harris:

“Where I swam, there was a shelf. I used to walk to the edge of the shelf and sit with my legs dangling down. I’ve no idea how deep it was. Sitting on the shelf at low tide, my head was just above the water. Then I’d slide. Like a seal. Out of the air and into the water. Out of my world and into theirs. And I’d stay there hours. Or so it seemed. I’d think: *I’d never have to breathe again*. I’ve changed. It changes you. But the thing was—I could do it. Change—and be one of them. They aren’t any friendlier—the fish, you know. But they accept you there.” (93)

Ross witnesses this strange oration at the bedside, thinking that he “didn’t know, sometimes, what to do with Harris’s sentences; where to fit them in his mind, or how to use them. He only knew they went somewhere inside him and they didn’t come back out” (93). Ross is therefore a witness to his friend’s trauma as well as someone who internalizes it as personal meaning, thereby becoming a strange, corporeal translator of traumatic experience.

The second way is metafictional: *The Wars* foregrounds its own creation by presenting an unnamed archivist who serves as the guiding consciousness narrating the tale, a consciousness that “slyly confesses a restricted knowledge and transparently speculates about what may or may not have actually happened” (xv). Such extemporized comments that defocalize from Robert Ross are what Sherrill Grace summarizes as the narrator’s “depart[ures] from his tapes, interviews, historical facts, documents (like letters and photographs)” (123) and such breaks are hallmarks of trauma narratives.

Findley’s fragmented form is a choice in alignment with Caruth’s contention that “trauma is not locatable in the simple violent or original event in an individual’s past, but rather in the way that its very unassimilated nature—the way it was precisely *not known* in the first place—returns to haunt the survivor later on” (4). Even though the fragments are given an arrangement, no real conclusions can be drawn about the enigmatic protagonist Robert Ross who, as Vanderhaeghe notes, moves through the novel largely without interiority (xiv). It is the job of other characters to reflect on Ross, and their ability to perceive that his motivations are, because of the limited third person view, finite. The exponents of unassimilated narrative here – fragments as fragments within further fragments dispersed in a non-linear tale – signal the localization of trauma and representation of trauma at the level of narrative itself.²³ If *The Wars* were linear and cohesive, the simple tale of a young Canadian going to war, being changed by events, and

²³ Another exponent comes when considering specific scenes, like the one where in Ross shoots a horse with a broken leg on the transport ship. These have what I call slant narration, a deliberate nonlinearity meant to heighten the intensity of the narrative events as they are simultaneously represented in prose more difficult to apprehend in terms of sense (ie. 59-61). See my analysis of *Turvey* for more on this point.

eventually losing his mind could not offer the richness of the traumatic process afforded by trauma narration.

The third way is subtler in terms of effect. Findley tethers the narrative with two repeating fragments (beginning, and near novel's end) that, as duplicates, should offer a way to stitch the fragments together. This repeating image of a traumatized Ross in the midst of what readers come to know as great grief—his liberation of doomed horses, only for those horses to be immolated—remains an isolated fragment until a reader encounters its repetition at the end of the novel. In its later context, the fragment is slightly more expansive. The second iteration offers more understanding, but at the same time it also resists resolution. This fact satisfies the quintessential criterion of trauma narrative: unresolvability. As Caruth writes, summarizing Freud,

the wound of the mind—the breach in the mind's experience of time, self, and world — is not, like the wound of the body, a simple and healable event, but rather an event that . . . is experienced too soon, too unexpectedly, to be fully known and is therefore not available to consciousness again until it imposes itself again" (3).

Thus, even the *same* event, retold in the *same* narrative, is somehow re-known but still not fully known in a cracked narrative that can't be put back together again. This is but one evidentiary example of Caruth's claim that "story of trauma is inescapably bound to a referential return" (7), but there is another, more affectively charged referential return in the narrative: the repetitive depiction of suffering on the part of horses in the novel. Much like in Anna Sewell's *Black Beauty*, horses become symbols of life, wounding, and pain.

Though Connelly's *The Lizard Cage* and Catherine Bush's *Claire's Head* also contain sections of trauma-narration, part of the reason I have selected Birney's *Turvey* is to show that trauma narration is not restricted to registers of tragedy and sorrow; it can also be found in humour. *Turvey* is described by Donal Smith as a novel which focuses on "the relationship between the Everyman hero and the vast, labyrinthine, sclerotic bureaucracy" that "affords endless opportunity for comic invention" (1627). This includes invention in a medical context. In *Turvey*'s second medical chapter, "Turvey Becomes a Casualty," Private Turvey (suffering from cholera) undergoes what Birney calls a stereoesophoscopy but what is, in terms of actual medical procedure, probably a rigid sigmoidoscopy. The relevant part of the scene begins like this:

"All done with mirrors." The voice had that phoney ring which Turvey had noticed in dentists just before they stab the drill into a nerve. "Little mirrors inside this tube do the looking for me. And a little airpump to dilate the bowel. Wonderful invention. No knives. No operations. Only last a jiffy. I just take a look with this tube . . . hmm . . . like . . . *this!* (241)

The doctor's staccato speech, the strangeness of his impersonal, mechanistic description of the device's workings, the italicized "this" at the moment of known infliction of pain, and the purposeful, repetitive use of ellipse—all work together to inaugurate a moment of trauma.

In time, Private Turvey is scolded by the doctor for moving and almost breaking his instrument. He is then held down for the procedure. The doctor continues:

"I'll pump . . . Hmm . . . Convolution acute here . . . *Whump!*"

Turvey never knew how many hour-like minutes passed before he was released from the triple grip of Tom's two hands and the doctor's anal telescope. It was long enough for him to understand and to duplicate all the grunts and howls he had heard through the partition. And when he made his first unbelieving steps into the freedom of the anteroom and back to the corridor he could understand the look on the other patient's face. It was the stare of a man who has not only experienced the ultimate indignity of his life but who still believes himself to be walking with a stereophagoscope permanently imbedded in his innermost recesses. (242)

Again, repetitive ellipses signal a textual break in chronology, a filled space of unknown duration that punctuates broken dialogue. Chronology collapses: Turvey endures an eternity of agony as the procedure is performed, and he also repeats the noises he had just heard while the patient before him underwent the same ordeal. In a moment of Levinasian recognition, Turvey heard the cry of pain and, through his own experience, comes to identify and understand that cry intimately. He is altered by the pain: he walks differently, he knows something new, but it is a knowledge of unbelief.

Though Birney's bathroom humour is funny—even the doctor's comment about an acute convolution is, in Birney's fictional universe, a satirical comment about Turvey's convoluted medical adventure—it proceeds according to the standard narrative descriptions of traumatic experience (ellipse, italics, collapse into achronology) alluded to by Luckhurst. I contend that these are strategies to represent actual physical pain, and their existence in a humorous register suggests that, though they are truly painful experiences, there is something comic about the human condition and the experience of

pain within that condition. Sanctimony and pain need not – and should not – be requisite co-occurrences.

Medical discourse

As yet in the dissertation, I have yet to discuss a novel whose whole point is the representation of pain. The reason is simple: to my knowledge, no other Canadian novelist has engaged with pain as the *materiél* of their fiction before. Catherine Bush's *Claire's Head* (2006) invokes pain on every page and demonstrates how a novelist can write about pain without resorting to familiar "as if" formulations, instead choosing to represent pain through every option open to the novelist: plot, character, image patterning, and especially the use of medical discourse (by which I mean the deployment of biomedical terminology and treatment regimes.) Bush's ingenious representations of migraines engage with medical discourse around pain, including pharmacologies and imaging modalities, in order to address power relations between patients and the medical profession.

Using a narrative that focalizes on a female migraine-suffering protagonist, *Claire's Head* is the tale of Claire Barber and the search for her missing sister, Rachel. Rachel disappears in the midst of a desperate quest for relief from intense migraines. Claire, too, suffers migraines, but of less severity than her older sister Rachel. The novel focuses on Claire while she tries to discover the whereabouts of Rachel, moving from Canada to the US, Sweden, and Italy. Claire's travels are conducted in the context of her own quite substantial pain—pain which, significantly, is not much helped by medical providers.

By representing pain in a literary narrative that captures an imaginary human life, Bush resists the biomedical discourse's presentation of pain as a purely negative experience. The author will show how her characters are with one another by representing them in pain with one another. Because of pain, they will seek and find one another. Alyson Patsavas has investigated the ways medicine reinforces certain social assumptions about pain, including "that it is a fate worse than death" and "that it invalidates the lives of people with disabilities" (5). Tobin Siebers argues that culture follows the lead of medicine: "pain represents for most people a source of terror and an affront to human dignity. Nothing seems more horrifying to human beings than to imagine a lifetime of future suffering" ("In the Name of Pain" 183).

After identifying migraine as a "neurological condition" during a promotional interview, Bush admitted that one motivation behind writing the novel was to explore "the ways we use neurological models to help explain ourselves" ("Q&A" n. pag.). Bush presents the discourse around migraine in this interview as a biomedical discourse, adding that people use the discourse to interpret identity. David Morris supports this contention, writing that "our culture—the modern, Western, industrial, technocratic world—has succeeded in persuading us that pain is simply and entirely a medical problem. When we think about pain, we almost instantly conjure up a scene that includes doctors, drugs, ointments, surgery, hospitals, laboratories, and insurance forms" (2). Morris adds, "[b]ecause of its dominant position in our culture, [medicine] tends automatically to suppress or to overpower all the other voices that offer us a different understanding of

pain” (2).²⁴ Medical discourse *is* hegemonic in contemporary life, and authority over pain is firmly in the hands of physicians and clinics.

In another venue, Bush describes *Claire’s Head* as a “neurological mystery,” thereby fusing medical discourse with literary genre (qtd. in Richards n. pag). Bush’s adoption of biomedical discourse is signalled textually and paratextually. She engages with a broad range of writings on the subject of pain: she thanks Morris in the acknowledgements section; epigraphs for the novel come from famous migraine sufferer Charles Dodgson and chronic pain sufferer Alphonse Daudet; she alludes to neurologist Oliver Sacks in the text; and she utilizes anecdotes and theories from medical antiquity.

The challenge Bush faced when writing within the biomedical frame of reference is reflected in the fact that the book has two distinct versions. The hardcover version of *Claire’s Head* was published in 2004, but Bush made significant revisions to the softcover, released in 2006. According to Ann Jurecic, a scholar of illness narratives, an imaginative work that tackles nontotalizing pain invites revision:

writers who have produced memoirs about such manifestations of pain suggest that the primary problem they face is not how to find language for pain, but rather how to make readers receptive to stories of pain. Their question is not how to find words for pain, but rather, who will listen and what will they hear? (44)

In a piece explaining her motivations for revising the novel, Bush notes that “every writer confronts the difficulty of shoehorning nonverbal experience into those neat little bootlets

²⁴ Ominously for me, his sentence continues: “. . .including voices of dissent within medicine.”

that we call words” (“Ever Revise” n. pag). Faced with the difficulty of writing pain, of literally “shoehorning nonverbal experience” into words, Bush felt the first version of the book “could have gone further,” that greater “emotional clarity within the characters” could be achieved. With revision, one can improve the fidelity of the rendering. The changes in the second version start on the first page, though the bulk occur in the second half of the book and, crucially, the book has a different ending: as Bush puts it, “same people in same place, different thing happens” (“Ever Revise” n. pag). In a literal sense, the narrative of *Claire’s Head* differs over time just as the meaning of pain changes over time. This revision process enacts what non-totalizing pain does to human beings: the story changes as we change. I use the second edition of *Claire’s Head* as a substrate for analysis because this version is more explicit about pain behaviours.

Bush exposes biomedical discourse from within by depicting bodies in pain that encounter doctors without real benefit and that ingest pharmaceuticals that provide little relief. Her characters abandon conventional medicine in favour of alternative cures, and the plot of the novel focuses on bodies in pain seeking one another rather than seeking relief from physicians in white coats. The point of encountering physicians in *Claire’s Head* is not to obtain relief but rather to narrate the clinical discourse, such as the migraine pain theory (84), and to find clues about the whereabouts of Rachel. Analgesia is not the objective since the pain represented in the novel is intractable. Clinics are presented as irrelevant rather than negative. Doctors are asked to provide a different kind of history, an account of their encounters with Rachel as a person.

Representing pain from within medical discourse resists Scarry's contention concerning the restricted language of pain that is relegated to destructive metaphors and that is inherently language-destroying. An obvious way Bush names pain is to provide a medical "name" or classification: migraine. In the first few pages of the book, we learn that Rachel is missing, that she was recently speaking to a medical specialist in migraines, and that the last time Claire had heard from her, she was in the grip of a migraine. The word "migraine" constitutes a disease category, but in our culture "migraine" is a familiar pain code, medical shorthand into which many symptoms and effects are packaged. But Bush resists the dehumanizing medical gaze as formulated by Michel Foucault in *The Birth of the Clinic* (1974) by creating rounded, sympathetic characters that suffer migraines. The linkages characters in pain make with one another constitute inter-human connectivity that imbues pain with meaning, but using medical names for chronic pain conditions is a valid, albeit limited, way to represent pain.

Bush also uses medical discourse to represent pain via pain behaviours. First formulated in W. E. Fordyce's influential textbook, *Behavioural Methods for Chronic Pain and Illness* (1975 but an all-new version published in 2014), pain behaviours include moaning and groaning (paraverbal), grimaces and postural positions (nonverbal), and even avoidance of activity. Narratologist and physician Rita Charon acknowledges these behaviours in *Narrative Medicine* (2006) when recalling the immigrant demographic of her patient population early in her career: "I came to understand that what my patients paid me to do was to listen expertly and attentively to extraordinarily complicated narratives—told in words, gestures, silences, tracings, images, laboratory test results, and

changes in the body” (4). Similarly, nonverbal signs of pain are taken up by Hron, who contends that one of the “pain languages” is the outward manifestation of “body signs” that constitute “nonverbal neurological, physical, and/or psychological symptoms” (40). Hron encourages literary scholars to move beyond Scarry’s influential theorization of the difficulty of representing pain: “The scarcity of a direct language of pain does not mean that there is no viable mode of expression for their pain; rather, like translators, writers must engage in a variety of representational tactics to render their suffering understandable to readers” (41). Bush’s solution is to use medical discourse in an aesthetically productive way but also to represent the suffering of characters as visible through behaviour. Claire’s pain mannerisms recur throughout the book, providing a visible dimension to otherwise unseen pain. To quote one example from a great number within the text, “Claire pressed her fingers to the point above her right eyebrow that ached, touched the three points across the top of her head” (265). This simple example contrasts with more complex ones in the novel, like the control rituals recounted through analepsis, in which an eight-year-old Claire

peeled off her socks. The radiator beneath the window was sheathed in an aura of heat. She pressed her right foot against it. Her skin and muscle flinched. She persisted. She counted to ten, pulled her foot back, and examined the pink flush growing on her sole. The stinging swelled and receded. No other sensation existed as she did this. Then she tried the same with her left foot. (24-5)

The close details here—“skin and muscle” flinching, the chronology of counting to ten, the description of resultant damage with the “pink flush growing on her sole”—all lead to

Scarry's "unmaking of the world," the obliteration of consciousness from perceiving anything other than the body. As Claire says, "no other sensation existed" during the ritual. Claire's burning behaviours (reported to be repetitive and ritualistic) are presented by the narrator as ordering, explaining that "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 world is unmade, but migrainous pain is unmade also. The list of pain behaviours—both self-inflicted and not—is lengthy, including avoidant ones like environmental proscriptions and dietary restrictions.

Another obvious representation of pain behaviour in *Claire's Head* involves interactions with pharmacology. In order to get through the day, Claire uses medication: she is depicted taking pills orally; on one occasion, she refers to her "vile pharmacopoeia" (207); and in one scene she receives parenteral medication (141). The use and seeking of drugs implies the presence of pain and is a representational strategy that not only signals pain but also represents an active search for relief – and thereby agency. Other pain-relief strategies also signal pain and agency in the novel, such as nonpharmacological treatments like acupuncture or massage therapy. The latter leads to Rachel's romantic relationship with a masseur named Brad Arnason. Thus, Bush complicates the ways she represents pain by tasking those methods with more than just a single function. By including positive romantic relationships as a "side-effect" of a character's paramedical treatment regime, Bush suggests that desire might be a way to resist the negativity of the medical discourse.

Speaking of side effects: pharmacologies also form an image pattern within the narrative. The “medicalized” image pattern comprises pharmacological, neurochemical, and neuroanatomical terms. *Claire’s Head* lists a migraine pharmacopeia of the novel’s era (drug names include propranolol, Imitrex, amitriptyline, 222’s, Zomig, and Anaprox). Central neural structures are named, including the “trigeminal nerve” and “brain stem” (47). Neurotransmitters are mentioned in the midst of a doctor’s oration on migraines (84). Theories behind the etiology of migraines are considered. Other medical elements include hospitals, doctors, fMRI and PET Scans, the McGill Pain Questionnaire, and famous figures from medical history like Wilder Penfield (81). The frequent use of such references and allusions signals that there is underlying pain that requires recognition, if not treatment; that the bevy of meds and the famous medical pioneers form prestigious entries on a list, but no material relief.

Perhaps the lack of relief, mirroring the real-world context, is not necessarily just a realistic representation of the fraught clinical outcomes suffering persons experience. The lack of relief signalled by engaging with biomedical practitioners, methods, treatments, and institutions suggests that Bush represents pain by directly adopting biomedical discourse at certain moments in the narrative. These moments concentrate around the character Rachel, who is often depicted as speaking as if she herself were a physician. For example, at one point Rachel tells her mother, “It’s not clear what we’ve inherited, whether the migraines are genetic or if it’s some neurological predisposition, something in your physical makeup that’s been passed on, and the headaches themselves are a kind of learned behaviour, a body language” (193). If medicine cannot provide

relief, then adoption of the language of medicine to describe and theorize one's own suffering is a way to obtain control and, perhaps, relief. Patient proficiency with medical discourse remediates power imbalance, a positive factor in light of medicine's relatively modest ability to ameliorate chronic pain. If a better outcome cannot be had on biomedicine's terms, then at least a redressal can occur as a first step.

This redressal is an important political programme within the field of disability studies. *Claire's Head* features a progressive notion of disability. Rachel, Claire, and Sylvia Barber are three related female characters who find themselves at the high, middle, and low ranges of a spectrum of disability. The *Routledge Handbook of Disability Studies* (which uses the WHO's definition from *The International Classification of Impairments, Disabilities, and Handicaps*) defines disability as "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being" (Watson et al. 15). Disability, the consequence of frequent, unpredictable, severe pain, is central to the medical profession's negative conception of illness. Characters who lead lives with and not despite pain make for a representational strategy of pain that moves beyond the sign of the weapon. Restriction, lack, and impairment all possess negative connotations, but *Claire's Head* resists a totalizing negative claim—Bush represents dis/ ability and medical disability in productive contrast with one another.

Rachel meets the medical model's negative definition of disability. As a freelance writer, she has a flexible occupation that allows her to complete assignments on her own schedule. Her harrowing, daily pain is described through Claire's perspective in detail—a

pain state that worsens as the narrative progresses. Depression, a known complication of chronic pain and disability, is part of Rachel's story (15, 39), as is a recovering addict to the barbiturate Fiorinal (110). Yet migraines have more than a present occupational impact on Rachel. Her occupational future is diminished by the onset of migraines, as it prevents her from undertaking medical studies:

Long ago, Rachel had talked about becoming a doctor, even a neurologist—
towards the end of high school and during her first two years at university. She had
taken a range of science courses and done well but backed away from the idea of
medical school in the end because, she said, her migraines were too disruptive. She
did not think she had the stamina for it. (71)

Rachel's interest in medicine contrasts with her father, Hugh Barber's. At one point, Hugh was a medical student, but quit before graduating. Hugh's departure from medical school is ambiguously portrayed in the novel—the reasons could either be disillusionment resulting from the traumatic death of a patient or the stress of Sylvia's first pregnancy (100, 232)—but the tension this biographical fact provides is undeniable. If Hugh left school ostensibly because of Sylvia's pregnancy, then Rachel's arrival can be twisted as the "reason" for Hugh's not becoming a doctor. Yet at one point in the narrative, Rachel wants to become a doctor in part to help the family with its migraine problem, making a comment in this regard that is antagonistic to her father. Rachel asks Hugh, "Why didn't you stick it out at medical school? We could certainly have used a doctor in this family" (72). Unlike her father, who had the ability but not the desire, Rachel's frequent, recurring, severe pain episodes were too disruptive to allow her to undertake medical

studies, even though she had both the interest and the aptitude. Instead, Rachel works as a popular medical writer, often writing about pain, just as the author of *Claire's Head* has done. The novel resists the institution of medicine by having its characters abandon pursuing the profession as a career; furthermore, the negative implications from the facts of disability are resisted by the positive, affirming lives of the novel's suffering characters who love one another. Rather than dysfunction, the people in pain depicted in *Claire's Head* (specifically: Claire and Rachel) lead meaningful lives when supported by others. They go where they need to go and live largely how they wish to live, with pain.

Pain takes on an emplotment role in the novel. Bush has written paratextually that “part of the specific challenge of the novel was making the experience of headaches central to the narrative, not occasional but woven deep into the fabric of the characters’ lives” (“Ever Revise” n. pag.). During an interview, she stated that: “I wanted to write a novel in which migraines were not only an aspect of character but also were integral to the plot and to the actions of the characters at many levels” (“Q&A” n. pag.). To meet this challenge, *Claire's Head* tasks pain with agency, making it positive and productive. Pain makes things happen. In “The Path of Pain,” Susannah Mintz has looked at the role pain adopts in narrative in various canonical and non-canonical texts but the approach is oddly less of a narratological one and more of a thematic close-read. In what follows, I will look at specific instances in which pain not only makes things happen, but also how pain makes things happen.

The first example of the plot-moving aspect of pain occurs at the start of the novel. Brad Arnason meets Rachel through his work and the novel is set in motion with a

phone call from Brad to Claire about Rachel's disappearance. Without pain causing Rachel to seek physical relief by massage therapy, Brad would have no need to call Claire. Another important example occurs later in the novel when Claire enters Rachel's apartment to obtain clues as to her sister's whereabouts. Upon entering, Claire interrogates Rachel's environment from a pain perspective: "Her pillows lay one atop another the way she piled them when she had a headache so that she could lie with her head raised" (31). After investigating the medicine cabinet and counting its drugs, Claire decides that there might be "some premeditation—a determination, even before setting out for Montreal, not to return . . . [w]hile careless about some things, Rachel would never let herself get caught without medication" (34). The reader learns crucial information from interrogating an environment from the perspective of pain: yet another way pain is represented beyond the sign of the weapon. Rather than read how the body is hurt, we learn of the travels of the body as it survives pain.²⁵

These travels are painstakingly described. Scarry argues that pain is unsharable, but Bush's novel contests the popular understanding of Scarry's thesis through credible, convincing narrations of being in pain. The first overt description of pain comes early in the novel and does much to support Scarry's idea: "As Claire hung up the phone, the right side of her temple began to pulse. A point in the centre of her scalp. A second one at the base of the bone above and behind her right eye. Another point at the base of her skull,

²⁵ For further development of this point, see Sabrina Reed's "Immobilization and Agency: Reflections on Pain Management in Catherine Bush's *Claire's Head*," in which the author discusses travel in more detail throughout the novel, working with an (unstated) non-destructive metaphor for pain: as an alternately mobilizing and immobilizing force.

beneath the occipital bone, on the right” (19). Though this description of pain has precision, it is limited. Localization is all it attempts. Bush soon pushes past that limitation by lingering with pain, paying close attention to not only location but also character and severity. In this way, she is attuned to medical discourse as expressed by the McGill Pain Questionnaire, a powerful and widely used tool invented by Ronald Melzack and Warren Torgenson in 1975 that assists patients in describing their pain. Bush embeds her precise descriptions within narrative, thereby enhancing the descriptions of pain by providing context, ultimately creating pain-state narrations. These narrations permit a reader to move past location, character, and severity into emotional and situational contexts of the pain, thereby aestheticizing the medical discourse. Consider the following:

Everything outside her was reduced to surface. Suitcase. Floor. Thatched roof. She didn't experience auras but there were other forms of sensory distortion. Bright objects were spiked, sunlight an anathema. Odours heaved towards her: smoke, the miasma of car exhaust. She could identify things but was incapable of providing any context for them or making their relationships clear. Heat. Sky. Stefan's back. The burning point behind her right eye. Walk to the van. Part of her remained mute.
(140)

Such narrations slow time down to an excruciating, ever-present moment replete with perceptual disturbance, sensory overload, and an overmastered body. We move beyond adjectives and adverbs, beyond metaphors of weapons and damage, and into a rendered world of space, time, and motion.

Bush also writes pain on the level of the inter-human. As mentioned earlier in the dissertation, Emmanuel Levinas calls suffering a “passivity,” “precisely an evil,” and a “pure undergoing” (157). Initially proposing that suffering is “intrinsically useless” and “for nothing” (158), he then links suffering with pain. Like Scarry, Levinas prefers to focus on intolerable situations by mentioning “intolerable lumbagos” and “the tortures which are experienced by certain patients stricken with malignant tumours” (158). As in medical discourse, Levinas uses terminology that is negative in connotation. Pain is presented as a hell of pain-without-exit. Yet Levinas does not end with the closed loop. As I noted in my first chapter, he suggests that the actual purpose of pain is to present the “possibility of a half opening, and, more precisely, the possibility that wherever a moan, a cry, a groan or a sigh happen there is the original call for aid, for curative help, for help from the other ego whose alterity, whose exteriority promises salvation” (158). If salvation is too grandiose an outcome, the possibility of salve is offered not only to the suffering person but also to the person responding to the call. Levinas writes that “pure suffering, which is intrinsically meaningless and condemned to itself without exit” (158), can be remediated when “a beyond takes shape in the inter-human” (158). When observed in another, suffering finds its real subject and empathy becomes an imperative. Pain itself becomes the “bond of human subjectivity” (159) theorized by Levinas.

Inter-human connection between characters in narrative is another way pain can be represented beyond the sign of the weapon. Characters in pain and characters who recognize the pain in others create the matrix of inter-human connection that can be

represented in an unfolding narrative. As Rita Charon writes in *Narrative Medicine*, “fundamental aspects of living as recognizing self and other, connecting with traditions, finding meaning in events, celebrating relationships, and maintaining contact with others are accomplished with the benefit of narrative” (vii). Using this framework, the experience of pain need not be almost wordless, as per Scarry, but rather ready for unlimited dramatization and development.

Disability narratives are often less about endings than exploring meaning-making inside of suffering, but what is interesting about *Claire’s Head* is that the meaning made inside of suffering connects on a process-level with its revised endings. As Charon writes in her textbook for physicians, “The plots that we encounter and create in medical practice are very practically and irrevocably about their endings. They point to human ends, using their geometries to understand or to imagine the vectors of life, the plottedness of life . . . and the narrative connections among us all” (51). Bush states that pain is integrated into her plot, and plots must end or “exit” (“Ever Revise” n. pag.). Pain has an exit in the novel—it works between people outside of a framework of pure suffering and makes a bold statement at the end of the book. In both the hardcover and softcover editions, the prose slightly changes when Claire ultimately finds Rachel. But a substantial change occurs in the second edition, in which Claire observes Rachel from a distance after finally finding her: “Rachel did not seem to be in pain. She did not look anguished (no finger rubbing the skin beneath her right eye)” (317). This additional piece of data demonstrates that Claire is assessing her sister for pain behaviours, which has

important implications for, *pace* Charon, the powerful, vectorless end of the novel's second version.

At the end of the first edition, Rachel notices Claire watching her. Rachel touches Claire wordlessly, and then drives away from the retreat. This is a less satisfying ending because the lack of communication between the two sisters in this circumstance is implausible—the open ending is a thwarted one. The second edition, however, features an ending in which Claire, rather than being noticed by Rachel, simply observes her sister. Claire then makes a choice— she decides to leave Rachel in a place where Rachel seems to have found “a certain calm” (317). This ending is sanctioned by Claire's earlier identification of Rachel's pain-free state and her resultant satisfaction that Rachel is behaving pain-free. Claire, having spent the entire novel looking for her sister, can now leave her sister with a partial answer to the question, “What is the place of pain?” (169). The place of pain is not as much with Rachel anymore. The place of pain is where pain takes Claire as a result of her decision not to make contact with Rachel, the place of “a deeper sensation, as of something letting go” (318). Claire lets go, and in so doing, a different book is made.

In this circumstance, “letting go” is a wholly positive act, yet medicine's negative concept for “letting go” is palliation. The human end to this narrative is one of pain that is opened up to an unknowable future. The open (and positive) end presented by *Claire's Head* resists the negativity of medical discourse via an unresolved conclusion the new space of the spiritual healing centre in Mexico. “Letting go” in this sense does much to assuage Tobin Seibers's pointed analysis that pain suffices as “one of the most pervasive

and insidious justifications of disability oppression” (“In the Name of Pain” 184) that often result in “irrational and often heinous acts against disabled people” (190). By presenting the ongoingness of pain experience outside of a moral register, in the groundedness of a person who has made an accommodation in their own selves with their pain, Bush offers a character for whom the fact of pain itself makes no case for euthanasia.

Although the mechanics of metaphor might seem too esoteric a topic for health care practitioners, the fact is that language is inherently metaphorical and an awareness of the uniqueness and function of the metaphoric initiative might improve their work.²⁶ Doctors inclined to read novels like the ones discussed in this chapter won’t revolutionize their understanding of the physiology of pain, but by learning that pain is a narrative, they might be better able to address the pain of patients and possibly alter physiology. For their part, patients would see themselves represented in narrative as people who live with, and in some respects transcend, negative stereotypes about disease/disability. Novelists would discover the richness of pain as theme and subject and write more narratives involving pain. Scholars might take on the many guises of pain in Canadian fiction and generate comprehensive inquiries that consider pain in terms of gender, sexuality, race, class, and faith over the course of the entire history of Canadian literature. Privileged definitions like the IASP’s may change to include cultural dimensions, and, as Simon Williams has

²⁶ For a practical description of the benefits of the improvisational use of metaphor in medical practice, see my “The Practice of Metaphor.”

written, “other more positive renderings of pain” could become “possible” (74). Research could then proceed with biomedical researchers and humanities scholars working collaboratively. Reshaped in this way, pain transcends negative sensation, symptom, and disability, and instead becomes a story about interhuman connection.

Yet another pain can be reconceived – or, rather, a way pain is conceived in Indigenous epistemologies – is not only in terms of relation with others, but also in terms of relation with land. This will be the focus of Chapter Four.

CHAPTER FOUR

TREATING PAIN: SETTLER LITERATURE'S NARRATIVE MEDICINE AND INDIGENOUS LITERATURE'S STORY MEDICINE

Métis scholar Jo-Ann Episkew's *Taking Back Our Spirits* is a landmark text that demonstrates how story is, at a conceptual level, *medicine* which is reparative to individuals and to Indigenous communities affected by the policies of settler-colonialism. Episkew explains how many of the contemporary illnesses and social ills that disproportionately affect Indigenous people –including addiction, mental illness, high infant mortality, murder, and suicide – are a result of the de-storying effected by the dominant settler culture. Her text beautifully explains that Indigenous stories have been used to locate what she describes as a “wound” (12) on the body of Indigenous consciousness as a result of first contact and how those stories act to heal the wound through decolonization of settler culture for the settler readership, but also how such stories do important healing work within Indigenous communities, assisting Indigenous people to reassert their own health-giving epistemes and thereby reconstitute the social body politic. The intervention I make in this chapter is to bring the settler-colonial field of Narrative Medicine in conversation with Indigenous story medicine in order to discover shared principles, while remaining attentive to the distinct onto-epistemological implications of these frameworks and to their impact on people in pain. I do not present Indigenous Story Medicine as monolithically “better” than Narrative Medicine, for in some of their homologies lie shared problems, at least at the level of theory, but I do wish

to challenge Western colonizing approaches of recent development with originary practices that are ancient. I also wish to incite interest in further research into Indigenous Story Medicine for the benefit of traditional practitioners and Indigenous people by pointing to its presence, ongoing usage, and efficacy – not only for the benefit of the colonizing Western medical system, for I do happen to think that system could benefit from accessing Indigenous knowledge in an appropriate way²⁷, but also for the benefit of Indigenous people and practitioners. I make this provisional claim from my reading of several sources on Indigenous health and medicine, including the National Aboriginal Health Organization’s foundational document *Traditional Medicine in Contemporary Contexts*, in which scholar Vandana Shiva is quoted while vigorously critiquing the modern movement away from a “plurality of knowledge systems” to “a hierarchy of knowledge systems” (qtd. in Hill 4) as wrought by colonialism. As a settler scholar, I clearly benefit from the Indigenous knowledge deployed in this dissertation, but I try to engage in reciprocal relations by challenging Western medical dominance while also pointing out to Western medicine (which has cared for me, educated me, and provided me with a livelihood) that there are many changes that could be made that could bring back balance for the good of all. If deployed successfully, such a structure would, as is advocated in “Building True Capacity: Indigenous Models for Indigenous Communities,” “go beyond cultural competence and partnerships between Western institutions and indigenous community groups to . . . creating frameworks based on community values

²⁷ For example, the disaster surrounding the referral of Makayla Sault to Children’s Aid by oncologists at McMaster University in 2015 might not have happened.

and indigenous perspectives not typically included in Western models” (Chino 597). I do not write out a path to such a functioning institution, but I do add to the conversation as to how to accomplish the objective by actually doing that kind of work.

To begin with, the spectre of “research” must be addressed. In a moment of theoretical alignment with my own work, Denzin and Lincoln explain the problem of “qualitative research” in terms of a metaphor “for colonial knowledge, for power, and for truth” that

works this way: Research, quantitative and qualitative, is scientific. Research provides the foundation for reports about and representations of the other. In the colonial context, research becomes an objective way of representing the dark-skinned other to the White world. Colonizing nations relied on the human disciplines, especially sociology and anthropology, as well as their field note-taking journaling observers, to produce knowledge about strange and foreign worlds. (4)

Because of how “research” abetted colonialism’s “long and anguished” excesses, it became “a dirty word” (4). There is great skepticism amongst many Indigenous scholars about the claims made by anything cloaking itself as “evidence-based” – including, as Denzin and Lincoln do, the meta-analytical “Cochrane models” (4). I share this skepticism and feel obligated to point out, from a stronghold of so-called evidence-based medicine at McMaster, that the philosophy has become another metaphor that works like this: gospel spreading amongst biomedical acolytes and adherents. My research does not occur within an evidence-based paradigm but it also does not reject or discard the paradigm; I feel that many different ways of knowing can be brought into dialogue for

constructive purposes, but as a de-colonizing act one must first, before making that dialogue occur, acknowledge the problems inherent to taxonomizing that led to the oppression of societies not ascribing to the philosophy used to steal their lands.

Another item that must be addressed early is the problem, noted by Hill, of participating in the conversion of Indigenous healing practices “into commodities. We are now entering a new era with the selling of what was traditionally considered sacred knowledge offered to all for a fee” (*Traditional Medicine in Contemporary Contexts* 14). The problem is well-captured by Beth Brant who, after discussing with a friend a ridiculous attempt at “Dolphin-channeling” by a white woman, points to the epistemological poison inherent in the idea of providing Indigenous therapies to capitalism: “We laughed together over this latest attempt to colonize our belief systems, but under the laughter was anger. It's not enough that they appropriate *us*, they also want to subsume the spirit of all living things” (26). By subsuming that spirit, the therapies are eradicated – what Brant calls “the colonizing of spirit *and* spirits (28). My objective is not to evangelize Indigenous medicine as a technique or tool to improve outcomes for colonials, by colonials but rather – and using a high colonial allusion here for irony –to demonstrate to medical institutions that there is more to heaven and earth than is known in their philosophies. Ideally, medical institutions should have medical humanities departments with Indigenous scholars and I write this chapter with that dream in mind – there being no medical humanities departments in existence in Canada as I conceive the term.²⁸ By involving Indigenous scholars in this way, there would be a built-in defense to

²⁸ See Conclusion.

prevent the institutionalization of traditional medicine within biomedicine, a general recommendation of Hill (28). Another of her recommendations, the “development of incentive policies for medical universities, alternative therapies, naturopath colleges and Aboriginal post-secondary institutes to work towards medical programs that would expose students to diverse approaches to medicine” (*Traditional Medicine in Contemporary Contexts* 27), might be brought closer to reality should my dream be realized.

Pain as Conceived by Different Epistemologies

As already stated, the biomedical definition of pain was first codified by the International Association for the Study of Pain (IASP) in 1979 as “an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage” (Merskey 250). A single sentence long, this abstract definition does not convey what pain actually is—what it feels like—and, as has been shown in Chapter One, it is a definition that depends on destruction. That pain can have positive elements is a minority view in Western culture, where pain is always already undesirable, a clinical experience relegated to the discipline of medicine for alleviation. Because biomedical definitions are expressed in pathological terms, it is understandable that poor outcomes are the lot of patients with chronic pain. But it is not fair to place the blame entirely on medicine, for it is a general problem of vocabulary that leads to medical definitions that are problematic. By focusing on metaphors of damage and weaponry, we focus on destructive metaphors with destructive consequences. The IASP defines pain as an “experience,” but the resources available for sufferers to convey pain experience are

limited by the degree of their pain, the lack of vocabulary to describe pain, and their talents as narrators. How can pain experience be rendered?

Narrative – and Narrative Medicine practice – is a way to escape the consequence of such a pathology-connoting definition within the Western system, but because narrative definitions of pain are not generalizable, dependent as they are on the uniqueness of individual experience, medicine continues to prefer the laboratory-researchable biomedical definition of pain. My objective in writing this chapter is to interrogate the Eurocentric episteme-driven practice of generalizability that is, by design, destructive to individual specificity, as Marie Battiste and James Henderson maintain:

The quest for precision and certainty is a typical Eurocentric strategy. Eurocentric scholars impose a definition, attempt to make it apply universally, then, when it fails to comply with any universal standard by deductive logic, quibble over its meaning. This is the strategy of the language system that is not attached to an ecology or to its intelligible essences. It is a strategy explicit with the appropriating narcissism of Eurocentric thought (Livinas 1961). Using their artificial tools of classification, the colonizers attempt to Europeanize all knowledge and heritage, even when they are extending beyond their knowledge into the unknown. (36)

I therefore write in praise of idiosyncratic and individual narrative, if not in complete praise of Narrative Medicine practice.

One process that conveys experience is narrative, defined in the *Oxford English Dictionary* as “an account of a series of events, facts, etc., given in order and with the establishing of connections between them” (def. n. 2a). In contrast with the settler

context, the Indigenous definitions of narrative I have been able to find are neither so concise and dry, nor are they so decontextualized, insisting on the dynamics between listener and storyteller (e.g., Simpson 113) and thinking of narrative more in terms of process than as thing. This distinction will subtly wind its way through the remainder of this chapter as I discuss *The Cunning Man* and *Keeper 'n Me*.

Narratives (including literary pain narratives) convey the multiplicity of experience by including the body's emotions, sensations, and memories. This complexity rescues the body in pain from silence and situates it in a context of comprehension. Although narrative skills can help the doctor better treat her patient, narrative competence, where the physician can interpret the story well, is difficult to obtain. Scarry presents the challenge of narrativizing pain as formidable. Pain's "resistance to language" is because its "utter rigidity . . . is essential to what it is" (5). Scarry explains this resistance as follows: "Physical pain—unlike any other state of consciousness—has no referential content. It is not of or for anything. It is precisely because it takes no object that it, more than any other phenomenon, resists objectification in language" (5). Where it does become objectified in the settler context is in terms of weapon metaphors that try to convey a sense of character that thereby provides experiential meaning. In the Indigenous context, with a host of literary narratives and poems attesting to the pain inflicted by the violence and theft of colonialism, and with a landmark text (Episkenew's *Taking Back Our Spirits*) that attests to the value of healing pain through reading narratives about trans-generation pain, there does not seem to be such a problem.

Though the character of pain offers clues to diagnosis for the Western medical practitioner, it also offers an opportunity to sense the patient's larger life—their own character, their role in a larger narrative of family and society. Pain is but a sentinel symptom in the suffering human being. Pain must be interpreted through narrative in order to comprehend not only the patient's predicament but pain itself: by attending carefully to what physicians call the patient's history (narrative), a doctor learns the implications and manifestations of pain. A doctor learns of what the patient fears and what the pain means – meaning being one of the “major ‘trending topics’ in present-day medical research” (*Health Humanities* 7). The latter is critical when trying to understand chronic pain, a problem that modern medicine classically approaches with a wasteland narrative that represents a meaningless pathophysiological phenomenon, a bodily nonsense run amok. Perhaps something can be learned from the Indigenous stories of survivance (to use Gerald Vizenor's term) for the settlers in chronic pain exist in a society that tries to evacuate meaning from their suffering by means of biomedicalizing their plight – a form of colonial violence, if you will, inflicted upon colonial bodies. With so many chronic pain patients and so few fictional narratives of chronic pain, I suggest a page might be taken, with respect, from Indigenous practices in this regard.

In his classic work *The Wounded Storyteller*, Frank describes the problem faced by the ill when he writes, “Seriously ill people are wounded not just in body but in voice. They need to become storytellers in order to recover the voices that illness and its treatment often take away. The voice speaks the mind and expresses the spirit, but it is also a physical organ of the body (xii).” Though Frank refers here to actual patients and

nonfiction narratives, his principle is naturally applied to works of fiction in which suffering characters struggle to articulate their stories as means of assertion of identity, but also of healing—to heal that “physical organ of the body.” This chapter will attempt to bring such a healing tradition as constituted by Narrative Medicine in conversation with Indigenous story medicine as these medicines appear in their respective literatures.

With its advent in the 1980s, Narrative Medicine is a relatively young field as compared to traditional Indigenous healing practices that have leveraged story to heal for millennia. In the present day, Narrative Medicine is taught primarily at conferences that are based in pedagogy first developed at Columbia University’s Narrative Medicine program. Certificates are typically offered to students for completing a weekend or, sometimes, a week’s work. There are typically two “levels” to instruction – a “basic” level and an “advanced” level (“Workshops” n.pag.). Although “intense,” the workshops are not immersive or total as per the dictates of their underlying Western epistemology. What is being learned is a *specific* field of knowledge – the application of interpretive methods to medical practice.

As an epistemology, Indigenous medicine seems to have never suffered the excavation of meaning and relationality that biomedicine, with its origins in the eighteenth century, wrought on the Western medical tradition.²⁹ Relationality is built into

²⁹ This is a statement that pertains to philosophy, for in actual life, traditional medicine has of course been affected by settler-colonialism. In “Traditional Medicine in Contemporary Contexts,” contemporary traditional medicine is described as “fragmented and through colonial history has been hidden by Indigenous Peoples from church, government, and educational institutions for fear of retribution or even imprisonment” (6). This point recurs again and again in other documents, such as “Traditional Anishinabe Healing in a Clinical Setting.” However, with centuries of governmental

Indigenous medicine because Indigenous knowledge proceeds according to relationships with land and people that are inherently dialogical. According to the Anishinaabe-Haudenosaunee scholar Vanessa Watts, the essentialism inherent to Indigenous thought maintains that “[o]ur truth, not only Anishinaabe and Haudenosaunee people but in a majority of Indigenous societies, conceives that we (humans) are made from the land; our flesh is literally an extension of soil” (27). Furthermore,

Our cosmologies (and the theories within them) are righteously different and cannot be separated from the stuff of nature. When an Indigenous cosmology is translated through a Euro-Western process, it necessitates a distinction between place and thought. The result of this distinction is a colonized interpretation of both place and thought, where land is simply dirt and thought is only possessed by humans. (32)

The philosophical difference between the impulse to classify soil types (Western mode) rather than considering one’s self co-extensive with land is vast and gets to the heart of the difference between Narrative Medicine and Indigenous Story Medicine, though one can go too far in assuming homogeneity within these binaries.³⁰ In the former, there is a

attempts to suppress Aboriginal cultures, traditions and spirituality, traditional healing went underground. Furthermore, assimilation practices such as the residential school system made it difficult to pass traditional knowledge on to subsequent generations and disruptions in the education of traditional practitioners occurred in many communities. As a result, the knowledge of traditional healing was eroded or became dormant in many communities (Maar and Shawande 19). Unfortunately, many Indigenous persons no longer know the ceremonies, plant medicines, and stories necessary to effect traditional healing.

³⁰ This dissertation is informed by my Catholic background which, in my opinion, simply did not care about the environment, as much as I could tell. I speak of a specific location: the branch plant of St. Vincent de Paul Parish in Oromocto, NB. The tent of Christianity is broad and there is no question that land-loving and land-tending cultures practising Christianity came to Canada. For example, Mennonites fleeing Russian authority became

defined, specific knowledge applicable to clinical situations in order to improve outcomes. No matter how relational the practice is intended to be, an objective is to apply a technique. In the latter, story is already part of the self, and that self is necessarily inseparable from the animate world.³¹

Before getting too far in developing this contrast, I will define the term “Indigenous medicine” by providing the following definition from *Traditional Medicine and Contemporary Contexts*:

There is no uniform approach or generic label assigned to traditional medicine; rather, it is an acknowledgment of the geographic and cultural diversity within Indigenous knowledge. The examination of traditional medicine includes articulating an Indigenous knowledge approach to understanding what traditional medicine is and why it historically existed outside dominant institutions, biomedical models, and Eurocentric paradigms. (Hill 3)

colonizers of land, “settling” on Métis territory in the prairies; which is to say one can go too far in accusing settler-colonizers with Christian backgrounds and practice of being pure extractivists with no theological or spiritual relationship with land. There are nuances. But the end result is *almost entirely*, in terms of the appropriation of land and its benefits, on the settler side, making a case that spending too much time pointing out nuances in a country dominated by environmentally destructive technology and the ills of toxic capitalism moot. Our current circumstances were authored by proffering the Bible to Indigenous peoples and thereby colonizing their minds. Western cultural practice and Indigenous cultural practices can be discussed in general terms while acknowledging that there are significant differences within the “Indigenous” and “Christian” categories. We must keep in mind, too, the principle of distinction without difference.

³¹ In the Bible, the first people are also made from soil, suggesting that there is some common ground to be found between Indigenous knowledge and in the essence, if not the application, of that settler tool of colonization.

The same document quotes the WHO definition of “traditional medicine” as “the sum total of knowledge, skills, and practices based on the theories, beliefs, and experiences Indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement of treatment of physical and mental illness” (Hill 3). A little later in the document, and quoting the work of Castellano, the definition crystallizes more in a quotation by Castellano that argues that traditional healing practices are “personal, oral, experiential, holistic” and are “conveyed in narrative or metaphorical language (Hill 5). Because of the plurality and diversity of knowledges, however, there is a reluctance to codify what “traditional medicine” is as a monolithic term: “[o]ften the term ‘traditional medicine’ is loosely applied to a variety of diverse activities that are not always uniformly acknowledged among Indigenous practitioners and their clients” (Hill 6). Finally, even the term “traditional medicine” itself is suspect, because it “is a British colonial concept, disliked by many Indigenous groups” and “Academic and institutional scholars introduced the term to Indigenous Peoples of North America. Most Indigenous groups would have relied on a complex set of medical practices and beliefs referred to simply as ‘medicine.’ Only the Europeans, with a mandate to separate and prioritize beliefs that were not their own, utilized the term ‘traditional.’” (Hill 7). Yet an overarching principle informing Indigenous medicine is an emphasis on “the ties to land, language, and culture. The natural environment shapes the medical expertise and practices employed by each Indigenous group” (Hill 10). Rupert Ross, a settler with fairly robust relations with some Indigenous communities, observes that Indigenous medicine focuses “on relationships . . . it [is] natural to see that the

relationships between human, animal, plant, and earth/water aspects of Creation are fundamentally those of dependency. . . [w]e become, in our own eyes, dependent on the health of everything else” (10-11). Such relational principles can be categorized as the philosophy of holism, which (of course) has its definitional place in Western medical thought but for which I prefer to return to Jo-Ann Archibald’s definition first quoted in my Introduction:

An Indigenous philosophical concept of holism refers to the interrelatedness between the intellectual, spiritual (metaphysical values and beliefs and the Creator), emotional, and physical (body and behaviour/action) realms to form a whole healthy person. The development of holism extends to and is mutually influenced by one’s family, community, band, and nation. (11)

In comparison to an originary concept of health like the above, Narrative Medicine, as a late-20th-century action to recoup what was lost upon biomedicine’s ascendancy, tries to give back what was stripped or evacuated from medical practice. This theme is sounded repetitively in medical journals that publish articles on Narrative Medicine, such as in the April 2018 issue of *Canadian Family Physician* which states that

In this age of consumer medicine, doctors are frequently criticized for their lack of caring and for not addressing patient concerns. The rise in hospital medicine, the growth of medical technology, the incursions of government and medical insurers into health matters, and evidence-based medicine (EBM) have all had negative effects on the importance of the patient narrative. (Zacharias 287)

Even so, biomedicine is part of the Narrative Medicine framework. As the same author emphasizes in the context of addressing criticisms of Narrative Medicine as a soft and non-medical way of addressing primarily “psychosocial needs,” it is “important to remember that from an NBM perspective, the biomedical is just as much part of the narrative as the psychosocial” (287). Contrast this balance of biomedicine and Narrative Medicine (which strikes me as biomedicine in costume) with Indigenous medicine’s use of stories to try to restore harmony and balance to relationships within an ecology that pre-existed the current imbalance.³² Indeed, the major therapeutic interventions, consistent across many different Indigenous health initiatives like the National Native Alcohol and Drug Addiction Program, the RedPath Program, and Hollow Water’s Community Holistic Circle Healing Program, are designed to restore balance to suffering individuals: working with “decolonization therapy” in which traditional Teachings are provided, these forms of healing “restore the spiritual centre of what colonization took away” (Ross 225).

³² It is important to mention that I do not contrast traditional medicine with biomedicine for the purposes of advocating for transformation of Western medicine into a more holistic version of itself; only that the philosophies underpinning these systems are different, and that traditional medicine argues only for itself as itself whereas Narrative Medicine argues for itself using biomedical referents deployed in contrast with biomedicine. It, too, argues for itself as itself, but unwittingly in terms of a separate other that is not so separate. Though “traditional” and “Western” medicine can be integrated to good effect as demonstrated in “Traditional Anishinabe Healing in a Clinical Setting: The Development of an Aboriginal Interdisciplinary Approach to Community-based Aboriginal Mental Health Care,” I am wary of institutionalizing Indigenous medicine and do not advocate this in any way. I do advocate the hiring of Indigenous scholars and traditional healers in a medical humanities department for possible beneficial pedagogical effects for both settler and Indigenous students, *but not for the purposes of clinicalizing their knowledges.*

Living a spiritual life is seen as both reflective of and providing health, and such a life is accomplished by living in accordance with traditional practices in a variety of (i.e., rez and city) contexts. Yet ill health was visited upon Indigenous peoples through the loss of their knowledge that was itself the consequence of the disruption of transmission systems, and the main curative acts represented in many artistic works by Indigenous persons is the restoration of Indigenous knowledge in persons in need of that knowledge because of spiritual and physical ill health – as Episkenew makes clear:

Indigenous literature . . . functions as ‘medicine’ to help cure the colonial contagion by healing the communities that these policies have injured. It accomplishes this by challenging the ‘master narrative,’ that is, a summary of the stories that embody the settlers’ “socially shared understanding.’ This master narrative is, in fact, the myth of the new Canadian nation-state, which valorizes the settlers but which sometimes misrepresents and more often excludes Indigenous peoples. (2)

Episkenew magnificently unpacks various Indigenous narratives to demonstrate this central principle at work, building on the work of Bonnie and Eduardo Duran’s idea of the “soul wound” visited upon Indigenous peoples by colonization. Episkenew quotes them as describing a “core essence” as “the fabric of the soul and it is from this essence that mythology, dreams, and culture emerge. Once the core from which the soul emerges is wounded” – which, to say the least, became the case upon first contact – “then all the emerging mythology and dreams of a people reflect the wound. The manifestations of such a wound are then embodied by the tremendous suffering that people have undergone since the collective soul wound was inflicted half a millennium ago” (8). It is in this sense

that pain and Indigenous life meet this dissertation, for Episkenew, the Durans, Ross, and countless other scholars conceive of Indigeneity in terms of a metaphor of damage inflicted by settler-colonialism, but this is a metaphor with a difference, for in Indigenous representations this representation tends to be co-represented with a remedy that is always already present within the individual and community and that has been drawn upon in pre- and post-contact times to heal. For as Jeannette Armstrong has written, again using the directly stated metaphor of damage, “although severe and sometimes irreparable damage has been wrought, healing can take place through cultural affirmation” (“The Disempowerment of First North American Native Peoples” 244).

I would therefore like to expand the concept of Story Medicine to include the operative means of the Indigenous knowledge system itself. In Narrative Medicine, no matter how contingent and relational the framework is presented as, story can be likened to a special substance that is first interpreted, then prepared, and finally ingested by a patient. Despite cunning, symbolic divestments of power on the part of Narrative Medicine theorists like Rita Charon, at bottom Narrative Medicine is about bringing people back to health or helping them endure ill health with narrative as an applied *thing*. Narrative Medicine may be a practice (and therefore a process) but it nevertheless still works with narrative as something dispensed because it operates within an epistemology based on drawing distinctions, categorizing, and isolating. A therapy is conducted between persons and insight is gained – a formula not incompatible with Indigenous story medicine, for Indigenous healing practice as depicted in many narratives can be interpreted as proceeding along these lines – albeit the interpretation would need to

isolate the larger epistemology that underwrites the practice.^{33,34} Even so, some Indigenous theorists have presented story in this way, replete with Western medical phrasing. Episkenew quotes Terry Tafoya of the Warm Springs and Taos Pueblo nations as explaining that “stories are a type of medicine and, like medicine, can be healing or poisonous depending on the dosage or type” (13). *Yet in Indigenous knowledges, narrative is already the basic way information is disseminated and narrative is conceived of as Being*. Archibald writes that stories are “told and taught to children, that storytellers [learn] the stories not only from master storytellers but also by being closely connected to land, that stories can become a teacher, and that we can live life through stories” (101). In this way, healing was always already possible (philosophically speaking – the disruption and disconnection of settler colonialism can prevent Indigenous people from familiarity with Indigenous knowledge based on displacement) should an Indigenous person

³³ Keeper can be thought of as a Narrative Medicine practitioner who dispenses to Garnet the necessary narratives and interpretive guidance in order to be well (although both of them are, of course, doing much more than this).

³⁴ Story medicine is story medicine only as long as there is also a functioning network around the story. In “Traditional Medicine and Restoration of Wellness Strategies,” a paper from 2009, Dawn Martin Hill summarizes the work of Suzanne Stewart, who, after including “storytelling,” listed the following models of Indigenous healing: “advice from elders; facilitating interconnectedness with family and community; healing circles led by professionals and Elders; ceremonies” (39). Hill recognizes that for Indigenous communities and peoples to be healthy, they must “restore balance in all areas of life, including education, raising self-esteem, claiming their identity, asserting their dignity, learning their traditions, customs and spiritual teachings, and letting go of pain” (37). Isolation of health into a silo is ridiculous for in Indigenous communities “healing is holistic, inclusive of improving mental, emotional, psychological, and spiritual states. The improvements of economic, political and social standings are interlocked with holistic aspirations of traditional healing practices” (37).

suffering the pain of settler-colonialism want to return to a balance with land as mediated by story, the pedagogy that comprises Indigenous knowledge systems. (In the Western tradition, healing is largely a medicalized matter.) Episkenew goes some distance to making this claim, though not all the way, by invoking the work of Willie Ermine, a Cree philosopher first mentioned in the Introduction of this dissertation. Ermine is paraphrased as maintaining that “sacred stories” are “not only spiritual stories but are themselves spirit” and that such stories “enter into the listener and transform that person” (15). It therefore follows that if stories are necessary medicine for the spirit, and that the body itself is comprised of story – for her part, Episkenew writes that “We *are* our stories” (13) and for his part Thomas King writes “The truth about stories is that’s all we are” (2) – just as the land provides the necessary knowledge that is understood in narrative terms, then the suffering Indigenous person contains, comprises, and is part of the medicine they require in order to be well. That Episkenew’s contention is a metaphor is meaningful not only from the poetics of the Eurocentric view and a scholar-poet clearly excited by metaphor use, but also from the point of view of Indigenous epistememes that seek to always place matter in relation to other matter.³⁵

Epistemologies at Work in Two Novels

I have chosen Robertson Davies’s *The Cunning Man* and Richard Wagamese’s *Keeper’n Me* as my primary archive in this chapter. The resulting interaction between a

³⁵ To return to metaphor studies for a moment, I do not detect a world of difference between the metaphoric thought of Donaldson who writes “This is what knowledge is: a vast network of relations” (38) and Indigenous theorists like Battiste and Francis, although there is certainly a very different set of relations being hypothesized.

settler-authored text and an Anishinaabe-authored text strikes me as a place to begin to challenge Narrative Medicine with the epistemological differences that Indigenous stories produce and are produced by. In doing so, I hope to question the philosophical underpinnings of Narrative Medicine itself. What might happen if Narrative Medicine practitioners approached ill persons with a different set of assumptions, expectations, and methods? Are there both productive *and* uncomfortable similarities between Story Medicine and Narrative Medicine?

Though there are a large number of texts in Canadian Literature that concern health and wellness, perhaps none other is as overtly narrative-medicine driven as Robertson Davies's *The Cunning Man*. In this novel, narrative has agency in terms of health and I include it less as a text that represents pain and more as an irresistible substrate of analysis because of its very conscious foregrounding of narrative as a healing force. *The Cunning Man* is a settler-authored novel that breaks with conventional biomedical practice and, as will be seen, offers not only a good stage upon which to discuss Narrative Medicine, but also a good preliminary to discussing Indigenous Story Medicine.

To return once more to Frank's well-coined term, the protagonist, Dr. Jon Hullah, has a keen awareness of story as a "physical organ of the body" (*The Wounded Storyteller* xii). Davies's novel follows Hullah from his childhood in Sioux Lookout to his undergraduate studies at the University of Toronto, and from there to his career as a police surgeon, a wartime physician, and an unconventional internist. The stories that circulate in this novel are not only narrative acts meant to effect healing in other

characters, they are also often dispensed by a physician or are received by a physician – just like the contemporary practice of Narrative Medicine.

I contend that Robertson's creation, Hullah, is the quintessential practitioner of Narrative Medicine as theorized from a white, liberal, Christian outlook. Hullah describes his physician-self this way: "I am not unknown to the medical world as a man with a few uncommon ideas about disease. I've published a handful of papers which have attracted attention, and I have earned a somewhat murky reputation as a diagnostician" (57). As I will show, it is the "uncommon" methods which make Hullah so quintessential a practitioner of Narrative Medicine. In "The Anatomy of Influence: Robertson Davies' Psychosomatic Medicine," Cynthia Sugars anticipates my argument about the primacy of narrative in the novel: "In this work, Davies hands us a modern-day Burton in the form of a doctor who psychologizes the illnesses of each patient by, so to speak, reading them like a book. Everything related to anatomy and medicine becomes textualized" (75).

Though the frame of the novel is a mystery story in which Dr. Hullah is interviewed by a reporter about an incident that happened a long time ago involving the good doctor and one of his childhood friends, the novel is digressively episodic, using the conceit that Hullah writes his own autobiography in a "Case Book" described by Hullah as a "narrative" (19). In the Case Book, Hullah explains his medical methodology thus: "I suppose if I were driven to describe my method of work I would call it a type of psychosomatic medicine by which I attempt to bring about change in the disease syndromes through language, and therefore through reason. And sometimes . . . in that fibrous darkness below reason" (247). The text provides a plethora of garrulously

narrated biographical instances that enact this medical methodology. Though many other anecdotes in the book could stand for analysis, I will examine only three. The first involves Hullah's serious childhood illness because, as Hullah says, "My illness . . . coloured all my thinking" (37). As will be seen, it is an illness that unfolds through two frameworks: one of a perspective of a practitioner of Narrative Medicine and the other a tolerance/sympathy to non-Western or "alternative" medical methodologies, in this case Indigenous medicine.

In Sioux Lookout, the young Hullah develops scarlet fever in an era before antibiotics and comes quite close to death. His physician, the pathetic Dr. Ogg, ineffectually manages the critically ill boy. Because Hullah's temperature rises to alarming levels, he's put in a bath to induce hypothermia. This fails: "[a]t last the thermometer rose to 106, and Dr. Ogg told my parents that I was not likely to live overnight" (28). White western medicine therefore fails both in terms of the provenance of its representative (Ogg's a literal "failure") but also in terms of its therapeutics. Enter another kind of medicine: "some Indians began to appear on our lawn, outside my bedroom window; they made a clearing in the snow and set up a tent, a simple affair of poles leaning inward and bound at the top" (28). The reservation "wise woman" (28), Elsie Smoke, enters the shaking tent. Dr. Hullah is then treated by the invocations of this practitioner of indigenous medicine:

Not a sound or a sign of life came from the tent, until about ten o'clock, when bird-calls began to be heard from time to time. Bird-calls, on a night in the dead of winter; what could that be? After a time the bird-calls were intermingled with low

animal cries, in which the howl of a wolf, not at full strength but low and as if at a great distance, was predominant. And then the tent began to shake, and it shook and it shook as if it would fly into the air. The bird-calls and animal voices gradually tapered off, and a very low drum-beat was heard in their place.” (29)

This drum beat becomes “hypnotic” (29) and it somehow penetrates the comatose Hullah’s consciousness, causing him to get out of bed and look out the window. In consequence, he has a spiritual experience: “And there, I cannot tell for how long, I huddled on my knees, in my nightshirt, staring at the shaking tent and listening to the drum beat” (30). The next morning, Hullah’s fever begins to clear and he is on his way to recovery. The implication is that Elsie Smoke’s intervention was curative.

Smoke leaves without asking for a fee or thanks, but Dr. Ogg arrives to claim his victory. When challenged about his prediction the night before by Hullah’s mother, Ogg says “I know, Mrs. Hullah, but I thought it best to prepare you for the worst. But I never gave up hope. Not personally, that’s to say. That has been my watchword, always. Never give up hope” (30). With this contrast, conventional medicine is represented as shambolic, untrustworthy, and opportunistic. Not to mention misogynistic and racist, for when Mrs. Hullah mentions what Elsie Smoke did last night, Dr. Ogg responds, ““Damned interfering old slut,’ he said, with a very red face. ‘Her and her shaking tent and her damn-fool rubbish! I’d have her run out of this place if she wasn’t on the reserve and a little bit outside the law. She just keeps up superstition and gets in the way of the advance of science’” (30). Yet Smoke in the novel is shown to possess a more efficacious pharmacopoeia than the tonics Ogg prescribes to the housewives and alcoholics of Sioux

Lookout. Smoke provides an alternate path for Hullah the future healer. Hullah's childhood illness is a gift that makes him simultaneously aware of the hypocrisies of medical science as well as the efficacy of spiritual interventions. These two advantages are, in addition to his skill with narrative, responsible for Hullah's uniqueness as a physician.

The clarity with which Hullah renders character in his Case Book is the method that truly makes the physician. Hullah's illness anecdote front-loads Dr. Ogg's status of being a "drunk and a failure" (26), details about his marital history (he's a cuckold), and a fairly extensive background on the prevailing social conditions which permitted Ogg to function as a quasi-legal bootlegger. Rather than offering his own symptoms in minute detail, Hullah prefers to adumbrate his own illness in retrospect by offering perceived biographical details of the medical practitioners who treat him. It is the constitutive narrative investment in others, Hullah's ability to situate illnesses (including his own) within narrative form, that is his mark of distinction as a medical practitioner.

As is conventionally advised in Narrative Medicine seminars, Hullah tries to learn *who people are* before he can learn *how they are* ill. To stick with Ogg's example: Hullah lingers with Ogg as a foolish incompetent who valorizes science in the Sioux Lookout scenes: "Science rules the world, Jon. Hitch your wagon to science" (46). Yet the biomedical Ogg doesn't "know very much, and had not added anything to his knowledge since he received his degree" (48). Hullah learns anti-lessons from Ogg: "he taught me what a bugaboo Science can be in the mind of a man who, whatever his ill-luck and his limitations may have been, was simply a fool" (49). But if Hullah seems satisfied with the

simplicity of that easy narrative, he soon complicates it by recognizing that Ogg “made it possible for me to look at sick people professionally, without either pity or contempt”

(49). There is good in Ogg, and since meeting Ogg he has

met so many fools who were vastly more learned than Doc Ogg, and a few holy fools whose lives provoked awe and sometimes terror, and score of common or garden fools who nevertheless managed to muddle their way through life, skating on the very thin ice that divided them from any real knowledge of themselves or the world about them, without once falling through, that I do not regard the term “fool” as dismissive or even severe. (49)

Here Hullah takes Ogg’s example and runs it through a lifetime’s memory of other examples, humanizing Ogg by threading the country physician’s basic problem through greater and lesser instances. Paragraphs like the one above channel a compassionate understanding of human frailty – Narrative Medicine writ into wisdom.

We see Hullah’s uncommon spiritual attunement and facility with narrative announce itself with the first illness Hullah treats. Concerning boarding school classmate Charlie Iredale’s incipient mastoiditis, Hullah declares the primacy of this experience in his life: “Without my being in the least aware of it, this illness of Charlie’s was the strong influence that led me to become a physician, and the rather special kind of physician I am” (86). Note that Hullah’s not talking just of being a physician, but more than that—a physician of a “special kind” who is sensitive to narrative.

Charlie’s illness is complex in part because it is rendered in narrative terms, not as mere diagnosis. Briefly: he needs to pass certain exams in order to have the career in the

church that he wants, but he is unable to pass certain subjects due to a lack of aptitude. Though Charlie studies extremely hard, he becomes ill (anorexia, headaches) over the period of study. Because he knows he is afraid of failure, he attributes his symptoms to fear. Charlie sees a school physician who, not unreasonably, also chalks up the problem to stress. But Hullah sees things differently: “I understand now that Charlie was very ill—far worse than I could possibly know at the time—and that what ailed him could have led to quite possibly fatal mastoid infection, and was at the moment sinus infection of a kind that cried for immediate attention. It would not have taken much of a turn in his illness to kill Charlie” (86). With this statement, we apprehend the medical acuity of the nascent physician in Hullah, the observational knowledge of symptoms that inspire diagnosis in the context of narrative awareness. We learn that Hullah the kid has what it takes to be a doctor, that he sees what others can’t see (and in language that is presciently medical). Because he perceives Charlie’s fear, his extreme effort to succeed, and his predisposition to fail, he integrates that knowledge with Charlie’s symptomatology and concludes that “[i]t wasn’t his body that was betraying him, and it wasn’t possible for his mind to bully his body into subjection. It was something else, some more profound and radical Charlie that was trying to keep him out of a contest in which he would certainly be hurt” (86).³⁶ Psychology and physical symptomatology inform Hullah’s diagnostics but he also uses something more “profound and radical” in the same formulation: Hullah’s apprehension of Charlie’s spirit. He elaborates that the nature of the illness can be found in “another element, too subtle to be purely physical and too profound to be wholly mental” (87-8).

³⁶ This idea chimes with my discussion of bpNichol’s “Third Hand” in the next chapter.

Hullah maintains that a “Third Charlie” is at work that makes him see the exams as “a wretchedness like a prolonged martyrdom” (87). Before even graduating secondary school, Hullah practises a narrative form of medicine at a high level.

The concept of “firsts” is strong here—this anecdote is meant to be meaningful. For example, Hullah practises his “first physical examination”: he takes Charlie’s pulse, looks in the oropharynx, and auscults the heart with an improvised device. He then saves his first life (Charlie’s) by ensuring he gets proper care, escorting Charlie back to his home in Eastern Ontario where Hullah engages more Narrative Medicine practice. On arrival, Hullah meets Charlie’s family. Hullah conducts a family-history-in-narrative, noting the detached distance between Charlie and his parents. Hullah collects voluminous information concerning the biography of Charlie’s parents, a long digression that shows how Charlie’s parents could allow Charlie to have a surgical procedure for his mastoiditis without being present (both parents are disinterested). Without the background provided by Hullah’s history-taking, their choice to let Charlie get an operation without them would not only seem callous, it would be out of place in the actual narrative. It would also form a disconnect with Charlie himself, for Charlie’s passion for God wasn’t created by parental maliciousness and coldness, but rather by cordial, pleasant distance—by the plausibility of excuse.

Charlie’s required sinus surgery can’t be done with anesthetic. Asked what might help him tolerate the surgery better, Charlie suggests that someone could read to him; since his parents can’t be present, Hullah is his choice. In what is the first instance of bibliotherapy in the book, Hullah reads to Charlie one of the books Charlie loves, a book

Hullah is, in the context of the narrative, already privileged to know. One of the surgeons puns about this anesthetic technique, “A novel sort of anesthetist. Ha, ha” (94) – the young Hullah is, even if facetiously, presented by the medical professional responsible for managing pain as another professional alleviating pain through narrative.

That Hullah has an eye for detail and an interest in context is indisputable. As he reads during the procedure, Hullah notes Charlie crossing himself under the OR protective sheet—a detail likely not interpreted by the OR staff: “in that moment I understood what this meant to him. It was martyrdom. He would offer up his suffering to the glory of God” (95). Trying to understand what patients think and do is the point of Narrative Medicine, but also of existence itself, and Charlie’s connection with his maker is his defining attribute. Hullah relentlessly collects evidence of this.

Charlie survives his illness, makes it through the exams, and becomes a clergyman; Hullah becomes a physician, but explains his lesson about his witnessing of Charlie’s serious illness experience in this way:

doctors do not always know what is going on in the mind of a patient, and there can be great fear of death when experiencing something which does not, in truth, bring death close. I know that, after long years of practice, when understanding the patient has been my principal concern. The relationship of the patient to Death is not by any means the same thing as the medical probability of recovery. (95)

Death and the fear of death in an individual patient are not the same things, but to understand that distinction is to make the understanding of others a primary concern. To understand others as a physician in the utilitarian sense, Narrative Medicine is a useful

tool. Hullah himself remarks later in the book, “if you took a little time to talk to [patients]—which as a student you rarely had an opportunity to do—you discovered that they were indeed suffering, and that often the suffering was simple fear” (165). This is the discovery doctors must make not to have narrative competence only, but any competence at all.

A third key episode in the book that shows Hullah’s narrative competence concerns Hullah’s treatment of victims of friendly fire during the Second World War. Himself traumatized by being caught in a half-filled bathtub for four days due to a bomb explosion after a period of intense work, Hullah requires more sensitive duty. As part of his own convalescence, he is sent to a hospital to take care of men who were injured by their own side, men who naturally find it quite difficult to adjust to their disabilities because of the manner in which those disabilities were acquired. He summarizes the Army’s opinion of such patients as “bed-wetters” and asks himself, “What was I to do?” (222). He finds an answer in narrative. “I talked, of course. I saw every man for an hour or part of an hour three times a week. When I say I talked it would be more accurate to say that they talked, for their cauldrons of resentment and fury against fate, against the Army, against anything and everything were seemingly inexhaustible” (222). This eventually works because Hullah knows he “was doing something just by listening and accepting whatever role the rage of these men imposed” (223) on him. Though their predicaments remained the same, Hullah remarks that “they were born with a better courage” (223). At this point we see Hullah’s spiritual aptitude: he says, “it became apparent that this rage, this disillusion, this disappointment was not what it seemed. It was

the duct through which flowed an unhappiness and a pathos that lay at the very bottom of the spirit” (223). Because of Western biomedical epistemology, not many Western physicians are prepared to discuss spirit or to theorize patients in this way.

So far, Hullah learns the stories of the men; by listening, he helps. But he needs something else to dispel the malaise and arrives upon what he calls his “Good Idea”: he creates a program of bibliotherapy in which he reads to the men at 8 am every morning for an hour. After the readings, there is much discussion in Hullah’s individual sessions with the men. What began as a medically supervised period of pure spiritual ventilation becomes reflection and identification with the narratives Hullah reads, improving morale and alleviating the disabled men’s malaise. This experience is identified by Hullah as “the direction in which my later medical practice was to go” (232)—suggesting that Hullah applies the same narrative awareness to his own life, that insistence on meaningfulness that is a spiritual principle. The similarity and differences of such a practice with that of Indigenous concepts of the use and function of story in terms of health will be made clear in the subsequent discussion of *Keeper N’ Me*.

Not only a text that enacts Narrative Medicine, *The Cunning Man* is a self-confessed bildungsroman of a physician: “I really must put on the brakes or this Case Book, which I intend only as an *aide-mémoire*, will turn into one of those German Bildungsromanen, about the growth of the human spirit. Yet I suppose I cannot wholly escape it” (175). As such, it offers, within anecdotes, some fine advice to all physicians about physicianship. The starting point is to practice Narrative Medicine on one’s own self:

Should I take the advice I give [patients] and, instead of resorting to cathartics and blasters of one sort and another, search my mind for the origin of my undue retention? This is what I would advise them to do. Physician, heal thyself. . . I am writing in my Case Book, a handsome leather-bound volume I bought a long time ago, when I first went into private practice, thinking to fill it with a record of my work. . . it shall not be wasted. I shall become my own *Case*. Physician, etc. Take your own medicine. (118)

And Hullah does; the Case Book is the fictional evidence, so to speak. Also found within the “Case Book” that is *The Cunning Man* is much practical advice about how to obtain and interpret narratives: “How many interviewers, I wonder, have any conception of the complexity of the creature they are interrogating? Do they really believe that what they can evoke from their subject is the whole of the ‘story’? Not the best interviewers, surely” (20). Hullah introduces so many characters in his life with full, rounded histories that one expects the perfect interviewer is like Hullah, aware of his limitations, cautious to not preempt judgement: “you can’t really form an opinion about somebody until you have seen the place where they live” (97). For if one doesn’t see the home, then one can’t understand how “the malaise of one family member can infect a whole household and rob it of its spirit. . . [t]his is one of the things not always recognized about illness; many people other than the obvious victim may be strongly affected” (132). Hullah also questions what constitutes an illness (a fundamental question). Interrogating his function as physician, he writes, “Was I an apostle of health, and if so what was health? If it was bodily well-being, that was a reasonable if not a simple answer. But if it included mental

well-being, or spiritual well-being, the whole thing became greatly complicated. There are people who must have their poisons, or they are not themselves” (245). Again, Hullah advocates for the recognition of personhood in the context of the patient’s own conditions of health.

The compatibility of the fictional Hullah with Indigenous ideas about healing is probably not coincidental, for Hullah not only owed his life to an Indigenous practitioner, he also recognizes the value in Indigenous approaches to health because he apprenticed himself to a medicine woman as a child and learned through observation. Like Davies, albeit grounded in a different epistemology, Richard Wagamese insists on the value of narrative as a reparative force in *Keeper n’ Me*. Indeed, it is a theme throughout the entirety of his work. In *One Story, One Song*, a book of reflective essays, Wagamese writes

We are all story. That’s what my people say. From the moment we enter this physical reality to the moment we depart again as spirit, we are energy moving forward to the fullest possible expression of ourselves. All the intrepid spirits who come to this reality make that same journey. In this we are joined. We are one. We are, in the end, one story, one song, one spirit, one soul. This is what my people say.

(2)

And in *One Native Life*, he writes “We heal each other by sharing the stories of our time here” (181). There is so much direct representation of story as a knowledge transmission system and as a method of healing in *Keeper n’ Me* that only a partial examination can be attempted, and choices must be made about how to focus the discussion. I have decided to

consider the text as an opportunity to contrast Indigenous storifying with that of Narrative Medicine practice when the presenting problem is pain, aware that much more could be said about health and the Indigenous concepts of non-linear time, about health and the functions of Indigenous creation stories, upon the role of settler medicine in the novel, and much else. In a moment, I will restrict myself to instances of care and story as they occur in the novel. But first, I must introduce significant differences between the Western biomedical approach to pain and that of Indigenous medicine.

As already outlined, the biomedical approach is easy to indict as the cause of much of the suffering for people in pain. Dualism is a problem when it comes to pain, for pain reveals its inadequacies in countless ways. Chronic pain can occur without injury and without confirmatory neuroimaging findings. For many, there is as yet no physiological explanation. I could go on and on, but the point of this chapter is not to list the many ways biomedicine is not up to the task of ameliorating this special kind of suffering, but rather to demonstrate a difference between a restricted definition of pain as part of a philosophical tradition of specialism and subspecialism, of taxonomizing, of defining essence itself as isolable, with a different epistemology – one that is uncomfortable with strict definition, emphasizing the interconnectedness of all. In traditional medicine, which functions within Indigenous knowledge systems, there is a holistic concept of pain as both emotional, spiritual, psychological, and social. In Western medicine, there is etiology, pathophysiology, and pharmacology. The differences here are vast and they lead to certain kinds of representation in literature, but to provide what I see as a major difference (speaking from the point of view of a Western physician for a

moment): Western medicine is constantly on a quest to discover an injury as causal for pain conditions (and can spend many thousands of dollars on a fruitless diagnostic imaging search) whereas traditional medicine is entirely comfortable proceeding upon a restoration of balance without a relentless identification of injury.

As I first mentioned in Chapter Three, Wagamese's Garnet Raven is spiritually bereft and in pain until he returns to the White Dog Reserve and reclaims his Indigenous identity through cultivation of kinship ties, re-learning Ojibway, and incorporating Indigenous knowledge and ceremony into his life – exactly as is recommended by Episkenew, Hill, and Ermine. Wagamese himself writes in *One Native Life* of the many different programs he had tried as a young man in order to gain serenity and be well, programs of a religious and spiritual nature, all of which failed. Then he met Albert Lightning, a

Cree traditional teacher and elder who had been a political leader at one time. When I met him, he was leading a workshop at the Indian Ecumenical Conference in Morley, Alberta. I talked to him for a long time one night. I told him about my search, about the hollowness in my chest and in my life.

He taught me about ceremony that night. He took some tobacco, sweetgrass, sage and cedar, told me about the properties they represented and about how living by those principles was the true Indian way. (198-9)

I include this particular moment of reconnection between Wagamese and Indigenous healing knowledge because it is the originating point of his subsequent immersion in Indigenous ways and teachings. Wagamese names several other elders as his instructors

in Indigenous knowledge over the course of his published corpus. Just as Wagamese the person required instruction from elders, Garnet also requires instruction. Garnet's teacher is a tribal elder named Keeper, and Keeper is the figure in the novel who uses story to heal and protect his people. Keeper is the closest thing White Dog has to a "Midewewin" (96) – Kim Anderson defines the Midewewin as a "spiritual society of the Anishinaabek" (9) –for he received partial instruction from Garnet's grandfather, presented in the novel as the "lasta the people round here really knew about Midwewin" (98). Owing to his importance as an agent of healing, Keeper is the first one to speak in the novel, and on page two he states his role in life: "The outside world goes crazy all the time, findin' new ways to do old things, forget the teachin's their own old ones taught. But us we listen all the time. To old guys like me. Always talkin' anyway, might as well listen, eh?" (2). Keeper is an elder who knows many of the stories required to teach his people, but he is also presented as someone who listens in order to understand, who has been trained by his elders to listen in order to understand. In the very next paragraph, he presents the importance of shared knowledge as a result of storytelling as a preservation tool: "What I mean is, us we always had our storytellers. The ones who come and listen to the old men and the old women when they talk. Listen hard, learn the stories, then go tell everyone same thing. That way the old days are never gone for us, see? Always got a storyteller to pass those old teachins' down. Works good long as there's old guys like me" (2). Explicitly, stories – and the relational knowledge encoded within stories – are presented as a way to encourage and maintain health: "S'why it's so important for old guys like me to be passin' on what we know. . . I'm talking about passin' on the spirit of all those

things. If you got the spirit of the old way in you, well, you can handle most anythin' this new world got to throw around. The spirit of that life's our traditions" (54). The fictional principles here are restated in essay format in the Introduction to *One Story, One Song*:

When you break the connection that binds you to money, time, obligations, expectations and concerns, the land enters you. It transports you. It takes you to a common human time in each of our cultural histories when the land was filled with magic and teachings. The land spoke to all of us then. It whispered. It told stories, and those who came to it most often learned to hear that voice through the closed skin of their eyes, the soles of their feet, the palms of their hands as they rested upon stone and tree and earth and water: the storytellers. (2)

Therein, in narrative form, is the epistemological difference between story medicine and Narrative Medicine. Dr. Hullah might be able to restore balance to people thinking holistically, and he does (his clinic nurse acts as a masseuse for some patients; she also washes them; Hullah often offers unconventional, spiritual advice to them; etc.) but it is a holism circumscribed by the boundaries defined by Western practice. Traditional medicine – part of the larger Indigenous knowledge – is profoundly interconnected with matter in a way Western medicine – and Hullah – do not understand or deploy.

Indigenous knowledges are acquired by means other than recorded information sorted into taxonomic categories. As Garnet relates in reported dialogue, "That's what Ma says. Says that magic's born of the land and the ones who go places in life are the ones who take the time to let that magic seep inside them. Sitting there, all quiet and watching, listening, learning. That's how the magic seeps in" (11). Indigenous knowledge is based

on ecology and relationships within that ecology, and to offer story medicine for the benefit of others is to have a similar understanding of such relationships. Keeper offers a macro-level contrast in world views at one point in the novel:

Always thinkin' they know what's best for people. But it's not their fault. When you quit lookin' around at nature you quit learnin' the natural way. The world gets to be somethin' you gotta control so you're always fightin' it. Us we never fight the world. We look around lots, find its rhythm, its heartbeat, and learn to walk that way. Concrete ain't got no rhythm, and steel never learned to breathe. You spend time in the bush and on the land, you learn the way of the bush and the way of the land. (53-4)

Keeper's understanding as quoted above is in line with Battiste and Henderson's explanation of Indigenous knowledge as relational and understood/expressed in terms of ecology:

Mutual relationships exist among all forces and forms in the natural world: animals, plants, humans, celestial bodies, spirits, and natural forces. Indigenous peoples can manipulate natural phenomena through the application of appropriate practical and ritualistic knowledge. In turn, natural phenomena, forces, and other living things can affect humans. Everything affects everything else. (43)

Keeper is exactly this kind of story medicine practitioner, leveraging story to encourage Garnet to conceive of balance as his way to health, a way that itself is made of story (traditional knowledge delivered as story). Battiste and Henderson corroborate Keeper's ideas about balance when they explain the Indigenous concept of harmony as “a dynamic

and multidimensional balancing of interrelationships” in “ecologies” and “[d]isturbing these interrelationships creates disharmony; balance is restored by applying appropriate actions and knowledge” (43). Ross, a settler scholar, emphasizes the concept of the medicine wheel and its “four directions,” divided into physical, mental, spiritual, and emotional components, as a basic concept that encourages health through balance – a balance so fundamental to the concept of health that to be “out of balance” is to be, by definition, “unwell” (51). The medicine wheel philosophy is complex and can only be covered superficially in this dissertation chapter– I lack the training and relational understanding to be able to present it as an authority – but as a foundational philosophy of wellness, it is important to mention and to present it (using settler epistemology) as a relational schema of equilibrium.³⁷ It is various depending on particular nations and has pliable usage and can be extended beyond personal health to an organizational principle for life, which perhaps returns us to what and who is defining “health” in the first place, since the definition in Indigenous frameworks cannot be so easily isolated.³⁸ According to

³⁷ Please see appendix for a version of the Medicine Wheel that appears in the Moving Forward Together conference held in Oshweken in 2016. I also point a philosophical relation of the Medicine Wheel to the Hippocratic philosophy of the four humours, which albeit quite fantastic and unsupportable as a Western, scientific practice, is nevertheless a philosophy compatible with holism. Humoural theory also connects the spiritual and the bodily, the material and the immaterial, and insists on balance. It strikes me as strange that a philosophical system that strongly influenced Western Medicine up until the 18th century seems so inimical to biomedicine today. I present this relation not as a contest between traditions but as common philosophic ground obscured by relatively recent history. I also think the easily staged Western-medicine-as-biomedicine opposition, when presented in a binaristic fashion (“biomedicine = bad and holistic medicine = good” is too simple.)

³⁸ For example, in *One Story, One Song*, Wagamese describes the book’s symbolic structure as “presented in four sections, based on the principles our traditional teachers sought to impart: humility, trust, introspection, and wisdom. Those four principles are the

the wheel, health can be brought about by bringing about right relations with self and others, with self and land, as exemplified in traditional teachings; and the wheel's holism is not only a manifestation of difference with Western reductionist medical philosophy, it is also has a profound difference with respect to chronology. As Ross explains, the Wheel also is used to represent the four directions of the compass, the four seasons of the year, meaning that "the importance of time is replaced by the importance of position. The central question becomes *where* you are instead of *when* you are" (47). In other words, barring individual community differences, an Indigenous philosophy of health is built more on a relationship to physical place and less on the abstraction of time. This has important narratological implications vis-à-vis Narrative Medicine in which plot is relatively important to think through, whereas in Indigenous Story Medicine it is the right relationships in space that have more relevance.

Such differences between Narrative Medicine (and the larger epistemology underwriting the system that sponsors it, Western medicine) and Indigenous story medicine cannot be overemphasized. According to Battiste and Henderson, Indigenous thought does not conceive of a separation between science, art, religion, philosophy, or aesthetics; they maintain that "such categories do not exist" (43). Therefore, a drug or a story is inseparable from the world and cannot be thought of as an isolate, thereby creating certain problems for "Eurocentric researchers" who "may know the name of a herbal cure and understand how it is used, but without the ceremony and ritual songs,

cardinal points on the Medicine Wheel, and they represent the essential qualities each person needs to cultivate to live a principled life" (5).

chants, prayers, and relationships, they cannot achieve the same effect” (43). In order to get well, an Indigenous person needs not only story medicine but also the larger cultural context that sponsors the medicine. In order to create wellness, the Indigenous medical practitioner carefully offers story designed to heal and restore balance to one who has been encouraged through immersion to listen to elders. The practitioner of Narrative Medicine isolates certain features of a story and tries to connect them and provide insight to patients. There is much that is the same to the principle – story can be a good – and to the method – both carefully proceed using tailored story – but the underlying basis of the practice is entirely different.

It is this underlying basis that makes the difference for the person in pain. For example, Indigenous knowledge is, by definition, “highly localized and it is social. Its focus is the web of relationships between humans, animals, plants, natural forces, spirits, and land forms in a particular locality, as opposed to the discovery of universal ‘laws’” whereas “Western scientists, by contrast, concentrate on speculating about and then testing global generalizations, with the result that they know relatively little about the complexities of specific, local ecosystems” (Battiste and Henderson 44). Implicit in the idea of pain in the Indigenous context is the specific sufferer and their relationship to land and community. Implicit in Narrative Medicine is a Western physician who is still trying to satisfy biomedical imperatives regulated by their medical colleges while trying to use narrative to provide meaning to patients in pain. Yet in the Indigenous person in pain, narrative was always already there in traditional medicine, even if lost to or stolen by colonialism (but whether it can be re-accessed is entirely a different question.) Medicine

is always social in the Indigenous context, and I intend “social” to mean what it designates in Indigenous knowledge, which is a relationship with land and ecology as animate beings, whereas in Western medicine one must typically work to recover the social. In *Keeper n’ Me*, the difference is mostly implicit, but it can be explicit, such as when Garnet recognizes that “There’s lots of traditional thinking buried deep within each story and the longer you spend thinking about it the more you learn about yourself, your people and the Indian way” (145). To engage with story in this way, suggests Wagamese, is to *be* healthy. And much of the means to this path of health is to be silent (see Chapter Three), to listen to story, and to think as Wagamese advocates when he discusses the habit of elders to pause after being asked questions before they give answer (*One Story, One Song* 25), or when in *Embers*, his book of personal meditations, he writes

I am my silence, I am not the busyness of my thoughts or the daily rhythms of my actions. I am not the stuff that constitutes my world. I am not my talk. I am not my actions. I am my silence. I am the consciousness that perceives all these things.

When I go to my consciousness, to that great pool of silence that observes the intricacies of my life, I am aware that I am me. I take a little time each day to sit in silence so that I can move outward in balance into the great clamour of living. (15)

Silence is a recurring topic in *Embers*, a book described by *Quill and Quire* reviewer Wayne Arthurson as about “the theme of healing” – healing as a “process” and “the question of what needs to be healed in the first place” (n. pag). To use a metaphor, silence seems to be the means by which Wagamese was able to reconstitute the Indigenous identity that healed him – not only the consumption of teachings or the forging of

connections, all of which were necessary but also a willingness to want to know the self through others by listening, watching, and being spiritual.

As Terry Tafoya has already been quoted as saying, some stories are poisonous – especially those given to Indigenous peoples by settler-colonialist culture. Garnet, assimilated into white culture because of his entry into the foster-care system at the age of three, describes how he learned of Indians through the racist narratives of the dominant culture prevalent in movies, books, comics, and television: “We were either heathen devils running around killing people or just simple savages who desperately needed the help of the missionaries in order to get straightened out and live like real people. There weren’t any other kind of stories.” (18). His education in these narratives was quite successful from the point of view of settler-colonialism, for he refers to how his kin “still kinda embarrassed me” (36) whenever he encountered them prior to his visit to the White Dog Reserve as an adult. Yet to exclusively zero in on the damage inflicted by settler-colonialism and the recuperation possible through reconnection to Indigenous identity is a limitation, for Story Medicine can rebalance more than the originary “soul wound.” *Keeper ‘n Me* is analyzed by Episkenew as a text which articulates the pain of Indigenous displacement, and truly the novel offers no shortage of passages like this one, in which Garnet explains himself to others:

I told them about the foster homes and how even though you always had full run of things you never ever felt like people really wanted you around. Talked about being a loner and how it felt better most of the time to be moving around instead of

sticking somewhere and settling down like other people. Talked about all the empty Christmases or of being shipped off to another home for a couple weeks while whoever I was staying with went on summer vacation. Talked about how all those things leave little holes in your gut and how eventually they all turn into one great big black hole in the middle of your belly and how on lonely nights it still felt like the wind was blowing and whistling through me. (33)

Here, pain is not only situated in the person of Garnet, but also in Garnet's parents, who "started hanging with the drinking crowd in Minaki, trying to forget their hurt in the bottle" (71). Episkenew's unidimensional reading of *Keeper n' Me* uses the frames of intergenerational trauma and the pain of displacement, reflecting upon Wagamese's own personal history of foster homes and how it corresponds with that of his character Garnet Raven. She correlates Wagamese's personal data (parents survived residential schools; adopted into white homes at an early age; survivor of drug and alcohol abuse; etc.), obtained from Wagamese's autobiography *For Joshua* with the fictional work *Keeper n' Me* so as to create a template for individual and communal healing. Indeed, the case is reinforced by Wagamese himself, for in *Keeper n' Me* he uses the names of his own siblings when filling out Garnet's family (see "The Forest, Not the Trees" in *One Native Life* for confirmation.) Yet the means of that healing is viewed by Episkenew at a macro level, and somewhat rigidly, in which Wagamese is presented as "creat[ing] works of imaginative fiction to help him come to terms with his experiences and his pain" (138). For example: "In *Keeper n' Me*, Wagamese attempts to reframe his personal myth by creating an alternate narrative, a narrative of healing. Wagamese uses his imagination to

reinvent the narrative of his subsequent reunion with his birth family and home community” (145). Somewhat lost in such an approach is the rich narrative means by which healing occurs, a reconstitution of knowledge that was interrupted and disrupted by settler-colonialism. If anything, Episkenew’s argument about Wagamese and the reconstitution of Indigenous identity he fictionalized in *Keeper n’ Me* can only be strengthened with “more data” provided by Wagamese himself in subsequent autobiographical writings, such as “The Path to Healing” in *One Story, One Song*. Yet such an analysis is about outcome more than it is about process, and that is unfortunate because there seems to be – from the point of view of this settler – no quick way to reconnect with land and community in the wake of settler-colonial violence. In the same sense, there is no quick way to appreciate the “good medicine” of some Indigenous stories without imbibing them in full and without thinking them through in non-instrumentalist terms. With Episkenew’s focus, the rich narrative means of recovery is lost. To demonstrate what I mean, and to do so in an already compromised way for I can deal only in a fragment, I provide the following description of Garnet’s father, who died of alcoholism, from the point of view of Garnet:

He was a traditional man and his life was lived on the basis of the Indian way. The wounds carved into him by losing his children were deep and festered a long, long time. No amount of drinking would wash them away or even soften the scars so he could be comfortable. Nothing could have cut so leanly and deeply as the shedding of my father’s family” (72).

Not only representing the trauma of a man losing his family and the resultant palliative embrace of alcohol, this passage reveals an important interpretative lens to assess the severity of the wound: with an emphasis placed on kinship, the pain experienced by a man not only unable to live with his family but also unable to live with them in the traditional way, results in an unrecoverable situation. The wound inflicted on such a person living in such a way cannot be healed, or at least poses a substantial difficulty to rebalance. Garnet's father consequently "lived like a wounded bear in his tiny shack across the river. There was no approaching and no helping. He just lived with his wounds and bothered no one" (72). Focusing on instances of internalized whiteness in the text, Episkenew's singlemindedness – in which Indigenous narratives are mobilized to discuss the pain of displacement, with the stated motivation that reading them can decolonize settlers as well as heal Indigenous people suffering from displacement – seems as prescriptive as Narrative Medicine. What about details that don't fit biographical grafting or reinvented fantasy bildungsroman? What about the fact that the white physician in the novel, Doc Tacknyk, a man who is living in balance and respect with his Indigenous neighbors on reserve, shares the name of the Ukrainian family Wagamese was lovingly adopted into when a young child? (See the "Language of Fisherman" in *One Native Life* to appreciate the profound effect the Tacknyks had on the author.) Isn't this act of naming somehow less about Wagamese as living person with a history and more about how goodness and kindness is persistent, an actual healing force? What about essays like Wagamese's "My Left Arm" in the same book, which document not only spiritual injury

but also physical disability as a result of injuries visited upon his body by his relatives who had suffered the trauma of residential schooling? For example, Wagamese writes

My left arm remained ugly to me until I learned to see if differently. It took a therapist to get me there. Together we penetrated the dense clouds of memory, working through the name-calling, insults and pitying looks. I learned to appreciate the things that I had learned to do despite the great wounding. . . We heal. Indian and non, we heal. But we must risk being vulnerable to get to the glistening bone of truth – that we are responsible for our own healing. No one else can get us there . . .

(228)

The essay's depiction of injury and a resulting lived experience with stigmatized disability shows how much interaction with Western-minded trauma and anxiety therapists it took to work through. For him, healing was more complex a process than a simple prescription (though difficult act) of reconnecting with his roots – it also took “the love, care, and guidance of Dr. Charles Brasfield of the North Shore Stress and Anxiety Clinic in North Vancouver, British Columbia, or, in earlier times, of Dr. Lyn MacBeath” (*One Native Life* x). As holistic societies, Indigenous people have long sought an integrated balance between Western and Indigenous traditional healing so the point I am making is not the oppositional “Wagamese sought out Western medicine, so there!” Indeed, he might have found the same help through a traditional healer, should he have been positioned to receive help from one. Instead, I'm making the point to encourage subsequent scholars to take up literary criticism as it pertains to health in Indigenous

literature and to read it holistically, too – to bring multiple theoretical lenses to bear upon the texts under the thematics of health.

Re-establishing balance is complex and slow, and the manner in which this is accomplished is not explored by Episkew other than as a category or outcome that could be called Restoring Indigenous Identity, something that is a utilitarian given. This is why I haven't engaged in much Wagamese biocriticism in order to authenticate, in a sense, the lived experience with the fictional representation. That strikes me as an act rooted in Western epistemology (i.e., "Take the history"). Instead, I have preferred to correlate Indigenous knowledge and the principle of story-as-medicine as demonstrated in Wagamese's first novel with that of Narrative Medicine to productively challenge the corrosiveness of knowledge-as-power and present instead a way of healing that is represented as (1) an openness to learn and (2) developing connection to kin and land. My argument here is that kin ties, land, and humility inform narrative in a way that Narrative Medicine cannot process, being outside of Indigenous knowledge – and to its detriment.

Even so, the fact remains that the main reparative act for Indigenous people according to countless sources (including those existing in clinical literature) is to develop, reconnect with, or spread culturally specific teachings. My interpretation of Episkew might yet be another instance of Western epistemologies sneakily reasserting themselves, but as I've been learning from Indigenous people in my classes at McMaster, Indigenous writing need not only be interpreted with a decolonizing lens. It is much more than that – and I am grateful for all of this learning.

It is my hope that the readers of this chapter have encountered an operationalization of Ermine's ethical space of engagement vis-à-vis Narrative Medicine and Story Medicine. I have my concerns about Narrative Medicine (chief among those: the practice is far too casual and capitalized for my liking, a pedagogy mill churning out briefly exposed practitioners to engage in limited interpretations so as to improve their care acts and selves) but I trust that the critique has occurred with respect shown to the differences between both Story Medicine and Narrative Medicine with an appreciation of both and their respective situatedness. This chapter is, in part, an attempt to bring interpretive methodologies from the discipline of English into the fold of Narrative Medicine while engaging with Narrative Medicine on its own terms (I am a physician who is interpreting texts using close reading), but also to critique Narrative Medicine's epistemology as is proper in scholarly discourse. (Narrative Medicine is not scholarly enough, period.) The critique is augmented by thinking through a different knowledge system that also uses story to effect health, that of traditional medicine. That there are other concepts of using narratives for the purposes of healing that not only shows the limitations of Narrative Medicine, but also the limitations of Western epistemologies when it comes to healing. All patients in the Western world could do with more relational thinking and less pharmacological fantasy.

CHAPTER FIVE

BETWEEN BODIES: A POETICS OF PAIN

Chronic pain is a special case for both medicine and disability studies, one that demonstrates the urgent need for collaboration between humanists, social scientists, and medical professionals. Pain can inform a larger disabling illness or be the disability itself, making it a slippery entity in that it is, as per the definition of chronic pain by the International Association for the Study of Pain, “an experience” rather than something constituted by objective verification. Though the previous chapters have shown how narrative is useful to represent pain experience, there are certain drawbacks to narrative that are oddly consonant with biomedicine: narratives (realist ones, anyway) align with Western epistemologies that seek to classify and achieve objective truth. Poetry is a more relational method that I suggest resembles thinking around Indigenous ways of knowing.

With the exception of the work of Susannah Mintz on the poetry of Vassar Miller and John Donne, as well as limited coverage on Miller by Jill Essbaum in the important American anthology *Beauty is a Verb*, pain has been somewhat of an outsider to the disability poetics movement. That movement focuses on narrative as the substrate for alternative embodiment analysis. This chapter has several moving parts, then: it surveys canonical Canadian poets in order to show several poetic strategies for pain representation; it attempts to bring pain more into the fold of disability studies: and it engages with Indigenous knowledges in order to try to understand a Mi’kmaw poetics of pain. In the Indigenous context, I argue that a relational awareness is to already be

thinking of one's place on the land and the land as one's place. Thinking of indigenous literatures is an important decolonizing act and as a Maritimer, I have deliberately included poetry by Mi'kmaq women so as to start, in the metaphorical sense, a change in the settler home.

Towards a Poetics of Pain: A Start

I would like to construct a preliminary poetics of pain as it manifests in Canadian literature using poems written coincident with the rise of disability studies as a field – meaning from the 1960s on. I restrict my archive chronologically in this way for several reasons, the first being the aforementioned homology; the second being the rise of Canadian nationalism and the development of what is regarded by some as a distinctively 'Canadian' literature; and the third being that an analysis of contemporary poems seems to be a productive place to start. A poetics is contingent upon era, and an analysis of Canadian poems from the pre-Confederation period or post-Confederation period to World War One would each provide different results, although using the model of a period-dependent intersubjectivity would provide a possibly useful organizing principle. Using the Canadian nation's metaphorical body of literature allows for inroads into a poetics of pain outside the main hub of disability studies (America).

In "Scars in Disability Culture Poetry: Towards Connection," Petra Kuppers suggests that "[s]cars, pain, wounds and the places where they are born are strong subjects in crip poetry, as they both embody and make available to discourse the knitting together of meaning out of breath, flesh and language" (141). Scars even function as "connections to more than self can open up to another magic, another hope" (145). Rather

than marks of destruction, Kuppers invests scars as sites of connection and “production” that “are not signs of negativity and loss or reminders of victimhood” (148). Kuppers is careful to acknowledge that such scars also reflect “the very real pain that many disabled people live through both physically and in their encounters with institutions” (148) but her theorization of scars as *not necessarily negative* metaphors of connection (and literal “connective tissue”) connects with the work of Emmanuel Levinas and thereby to intersubjectivity.

In a metaphoric sense, pain becomes Kuppers’s “connective tissue” between human beings. The zone of contact between two individuals sharing their experience is not necessarily representable as linear, as coherent – it can be an especially narrative-resistant space, though connections and transfers occur. Thus, poetry is, in an achronological way, a genre well-suited to capture pain experience. Dori Laub writes that traumatic events take “place outside the parameters of ‘normal’ reality, such as causality, sequence, place and time. The trauma is thus an event that has no beginning, no ending, no before, no during and no after” (Felman and Laub 69). Poetry that conveys pain experience will be operating along similar lines, possessing “a quality of ‘otherness’” that “puts it outside the range of associatively linked experiences, outside the range of comprehension, of recounting and of mastery” (69). Although Laub maintains that one of the therapeutic goals of psychoanalysis for the trauma sufferer is to take such experience and forge it into a linear account with appropriate affect (69), there is a therapeutic benefit in appreciating the natural, non-associative genre and forms that such experience adopts. Patterns can emerge that might lead to greater integration; there is also a relief in accepting the non-

associative as itself, as a way of expressing experience that needn't be intelligible, that is cause for affective identification on its own, nonlinear terms. We can apprehend one another in ways not restricted to logic. Poetry is singularly suited to this task, a form of “precocious testimony” that “becomes . . .

the very principle of poetic insight and the very core of the event of poetry, which makes precisely language – through its breathless gasps – speak ahead of knowledge and awareness and break through the limits of its own conscious understanding. By its very innovative definition, poetry will henceforth speak *beyond its means*, to testify – precociously – to the ill-understood effects and to the impact of an accident whose origin cannot precisely be located but whose repercussions, in their very uncontrollable and unanticipated nature, still continue to evolve in the very process of the testimony. (Felman and Laub 21-2)

It is this nonrepresentational, performative means of “speaking beyond means” that is the special interest of this section of my dissertation.

The Canadian Canon and Intersubjectivity

“Intersubjectivity” is defined by the *Oxford Companion to Philosophy* as

the status of being somehow accessible to at least two (usually all, in principle) minds or “subjectivities.” It thus implies that there is some sort of communication between those minds; which in turn implies that each communicating mind is aware not only of the existence of the other but also of its intention to convey information to the other. The idea, for theorists, is that if subjective processes can be brought

into *agreement*, then perhaps that is as good as the (unattainable?) status of being *objective*—completely independent of subjectivity. (“Intersubjective” n.pag.)

Habermas approaches a definition of intersubjectivity with the following:

the term “intersubjective” no longer refers to the result of an observed convergence of thoughts or representations of various persons, but to the prior commonality of a linguistic pre understanding or horizon of the lifeworld – which, from the perspective of the participants themselves, is presupposed – within which the members of communication community find themselves before they reach an understanding with one another about something in the world.” (355-6)

For the purposes of my analysis, the “agreement” mentioned by the *Oxford Companion* and Habermas’s “prior commonality” can be metaphorized as “meeting” – two subjectivities interacting to create a possible constructive zone where pain is apprehended and possibly empathized with. This is a more complex method than seeing pain in metaphor only; as explained in Chapter Two, it amounts to “reading pain into” any text in which there is a physical or affective aversive phenomenon. In the rest of this chapter, I will “read pain into” various Canadian poems in order to demonstrate the utility of the method.

Precisely locating pain can be a difficult business, and bpNichol’s masterful prose poem from called “Sum of the Parts” (1988) demonstrates the difficulty faced by the patient. Beginning as it does with “So many things inside me I am not in touch with. So many things I depend on that I never see,” Nichol’s poem contends that the interiority of the body is, to someone without exposure to anatomy labs or operating suites, essentially

a mystery. To the non-professional, the physical self is somehow other: if you're lucky, "you never get to meet" the diseased body part, but luck means you also don't get to hear "the real organ music" that is "the harmony . . . the way different organs play together, work, and that level beyond consciousness of which all consciousness is composed, the real unconscious, the unseen." If disorder forces the mixed benefit of corporeality to the fore, unfortunately the "real organ music" during wellness is a song we both depend on as we fail to apprehend it. If we can't locate our organs when healthy, how can we know them when we are not well? Is pain a true signal?

Nichol continues this melancholic interrogation by admitting that he can "do the research, read the books" but he can't know his organs as a medical professional would. Nevertheless, he conducts his own research using his own body because of ailments he faces. He moves to two specific medical investigations in the final segments of "Sum of the Parts." In the penultimate segment, he undergoes what is a radioactive Iodine "thyroid scan" for a "goiter." While on the table, the speaker "think[s] about [his] thyroid" and feels his "nose itching" and also a "dry throat." After these relatively simple sensations, he suddenly becomes "aware" of his thyroid "tho I couldn't see it." It is this imaginative feeling-into process conducted during a medical investigation representing the thyroid gland as radiograph that gives the speaker an acquaintance with his organs on a visceral level.

Test results are a second-hand measure of knowing; a first-hand measure is an anatomic pathology result of biopsied flesh; but Nichol needs a mysterious knowledge that is "third hand." In the final segment, we move to pain as the means for third-hand

knowledge: “After I threw my back out I had more X-Rays. X-Rays of the lumbar sacrum region.” Nichol remains worried about his ignorance of organ music: “You live your whole life making do with only the reflections of certain parts, making do with simply the names of your inner organs, their descriptions in books, while all around you are people who may actually have seen them, know directly what you only glimpse third-hand.” He privileges the knowledge of “Doctors and Nurses” and even goes so far as to resist metaphor and denigrate his personal knowledge when writing of “blood flow” and “heart pulse,” a knowledge based in literature, by arguing “these aren’t just metaphors you know these aren’t just similes. It is a discipline.”

And yet the poet is about to pull off a coup, which requires backing up to explain. In the middle movement of the poem, he explains that reading in books won’t apprise him of his individual anatomy, the parts of him that make Nichol uniquely Nichol. Medicine’s textbooks “name the organs and the names are the same they’re not the same organs as the organs sitting here inside me – the bpNichol liver, the bpNichol kidney” and this failure seems to be presented as Nichol’s. As a reader of mere books on anatomy, he can’t *know* his own organs . . . but the same ignorance is possessed by medicine because medicine generalizes knowledge. Nichol seeks the help of a doctor in this movement for an unexplained ailment and he is afraid that the doctor might try to learn that specific “bp” knowledge about him, but this doesn’t happen. What happens is the speaker-patient is told, “Collect yourself!” Though delivered as an imperious command, it is received as an instruction for the self to heal itself, to hear its organ music, to listen and recalibrate the sum of its parts. The poem continues, “And you do. And he doesn’t. Which is how

you want things to be.” It is the self in this poem, without privileged knowledge of anything other than the self, that is responsible for its own healing.

This key middle movement connects with the poem’s terminus in which the speaker, immediately after insisting on the relative worthlessness of metaphor to the literary individual in the face of concrete medical knowledge, maintains “We learn to see with the third eye, to listen with the third ear, to touch the unknown with the third hand, to walk down the dark streets in search of the hidden, the unseen” (*The Alphabet Game* 235). Nichol provides a poem that is the literal “third language” hoped for by Jennifer Bartlett in *Beauty is a Verb* when she describes the motivations of the that anthology as “look[ing] at poetry influenced by an alternate body and how this intersection forms a third language” (15). Nichol’s “we” is not a medical we but rather a community using the aforementioned “third-hand glimpse,” a community that practices the real discipline of understanding outside of specific knowledges like anatomy and physiology. It is this seeing, listening, and touching of things unknown that reconstitutes the self. The difficulty inherent in locating pain is that it occurs in individuals and, as per Scarry, to be in pain is to “have certainty” and to observe someone in pain is to “have doubt” (13). One reasonable interpretation of “The Sum of the Parts” is that the person with the certainty of pain needs to determine a location for their suffering themselves, and this certainty of pain is somehow derived from a “third-hand” understanding of “organ music” when well. The “third-hand” is also, critically, an intersubjectivity arrived at between Nichol and his health professional.

Like many other works that deal with pain, Alden Nowlan's "The Boil" (1976) also represents the bodily site of pain as wound (staying in the zone of damage) and describes location with exactitude, the speaker's "thumb / and forefinger / rolling tight" against the boil of the title (and formally enacted on the page via lineation, as will be seen in a moment.) Yet Nowlan's poem builds on the idea of location-awareness as a kind of knowing, and therefore power, by representing control through a deliberate intervention: "then / forcing the spear / of twisted cloth / under / the ripe core / of the boil." As an intervention, the "spear" exists in the realm of weaponry metaphor, and subsequent lines of the poem persist in that mode by mentioning "prying" and "burning." The purpose of the intervention is to be

at last
 master
rather than
 servant
of the pain. (206)

As Nowlan biographer Patrick Toner maintains, the poem is Nowlan's attempt to "impose his will on . . . time and place" (11). This intervention creates a paradox of a wound healed by weapons: as the poem says, a wound made "clean" through deliberate action that, because of control, allows the speaker of the poem to find "pleasure" in the experience.

The overall procedural framework of the poem is not new, for any narrative or poem that represents surgery and the instruments used during a procedure somehow represents the phantom side of weaponry. Yet control over the process by the subject who finds physical and psychological healing, not to mention pleasure, is a potent way to jar

thinking away from “pure undergoing” – this is a poem that doesn’t require an intersubjective model for positive reframing, but I include it because it comes from an intergeographic place shared by the Mi’kmaq – and to provide a sufferer with agency in our culture of destructive agency metaphors.

Literary activists renovate pain metaphor through agency. The Prince Edward Island-born poet Milton Acorn was a committed socialist from the outset of his writing career. Acorn was a member of the radical Canadian Liberation Movement and a recent paper in *Canadian Literature* acknowledges him as a “staunch labour-oriented people’s poet” (Schmaltz 96). Though Acorn’s socialism is well-known, what is not is how he imbued a favourite symbol, the human brain, with triple function: (1) to be the literal “target” of oppression; (2) to be the site where oppression can be resisted; and (3) to be the place where both productive and destructive pain are experienced as a result of (1) and (2).

“The Fights,” an early Acorn poem from his first full-length work, *The Brain’s The Target* (1960), provides the title of the collection by starting with the emphatic line “What an elusive target/ the brain is!” On a basic representational level, the poem is a dramatization of a boxing card:

Come to ringside, with two
experts in there! See each step or blow
pivoted . . .
See muscles wriggle, shine
in sweat like windshield rain. (17)

In a larger sense, “The Fights” is also an allegory for capitalism, given that the two boxers as “targets are set up to be knocked down / for 25 dollars or a million” according to a

“game of struggle.” The speaker exhorts the consumers of packaged violence not to watch a “TV picture” but rather to visit the event in person by “Com[ing] to ringside” to witness the point of boxing: to subdue an opponent by serially striking the head.

Some lines later, the brain gains additional symbolic valency: more than the neural structure in an athlete’s head, the brain becomes a “target / with its hungers and code of honour.” The diction suggests not just athletic “hungers and code” but also economic appetite and the consequent compromised morality that Acorn explores in many of his other works. As part of the economics of boxing, smaller cards must be held in “stinking dancehalls” and “the forums of small towns” where “punches are cheaper” – the bodies participating are more eagerly damageable.

Acorn advocates for something other than a systematized “game of struggle”–the human condition– by writing, “We need something of its nature / but not this.” The speaker knows what’s left of combatants is something “less than human.” With the brain as its dominant symbol, “The Fights” makes a simple argument: man must reject economic enslavement in order to be man.

Elsewhere, Acorn’s brain symbol is used in a more complex way: to present itself as indestructible because of its refusal to participate in an economy of harm. “I’ve Tasted My Blood,” Acorn’s signature poem, begins,

If this brain’s over-tempered
consider that the fire was want
and the hammers were fists.
I’ve tasted my blood too much
to love what I was born to. (35)

Acorn's poem begins with its speaker's brain that, if supposedly "over-tempered," is actually still able to absorb more because the "fire was want"—somehow *lacking*. Though fists once struck this brain amidst a poetic matrix of metalworking/industrial metaphors, the past harm was not absolute or even effective since the result was the levying of a pain ("I've tasted my blood too much") that Acorn rejects and agitates against: he refuses to "love" the social condition he is "born to." This declaration of dissidence echoes throughout the rest of the poem (and is eventually restated at its end) as it moves on to document the domestic enslavement of the speaker's mother and the death of "playmates" in the Second World War. Moving from "The Fights" to "I've Tasted My Blood," the parameters for social dissent broaden. The speaker's conditional If-brain ("*If* this brain's overtempered") recognizes the brutal social circumstances he is born in; it is the same brain that rejects those circumstances and demands relational repair.

Pain is implied in the previous two "brain" poems but is not directly stated. I connect pain, socialism, and Acorn's neurological symbol with his non-canonical "Poem With Fat Cats in the Background" (1969). As can be gleaned from the title, this is a socially engaged poem. It documents the speaker's ideas about the relationship between poverty and charity, beginning with a scene involving hobos: "Hungry men, their grins tight with embarrassment, / move by clever steps to intercept me / on the spit-grey downtown streets" (49). Acorn lived much of his life as the kind of hungry man he describes in the poem, living out of the Waverly Inn in Toronto. This biographical fact is indirectly declared by the subsequent (and deliberately ironic) lines, "With my wrinkled shoes, my coat ill-used and borrowed, / I wonder how they know me." Acorn describes

the attempts of the “hungry men” to persuade him to give them money. They use manipulative gambits to make him feel “the pain of knowledge,” that “This is real . . . This is a man!” This is the shared humanity of donor and receiver, of easy reversal, that forms part of the required painful recognition.

What happens next in the poem is key: Acorn rejects the social contract of gratitude wherein he is thanked for his donation. Though a “worried arithmetic’s blown out of [his] brain” – meaning his mental calculations about the small amount of money he must subsist with, and the possible metaphorically “suicidal” implications of the act in light of his already impecunious circumstances – he nevertheless gives the hungry men his money. He refuses to “shake hands” with them because of his intense identification with their plight, resenting being “[m]ade a partner in Man’s indignity” and wanting instead “nothing but a curse” as his reward. Through a neurological symbol, social ills, and personal protest, “Poem With Fat Cats in the Background” is a place where painful acknowledgements of complicity, and futility, but also solidarity occur. In this broad territory somewhere is the location not just of pain, but also of the obligation to care for one another that is based in intersubjectivity.

To close out the analysis, I turn to a direct engagement with pain as entity by Leah Lakshmi Piepzna-Samarasinha, a self-identifying “queer, sick, and disabled nonbinary femme writer” who transmutes the chronic pain of fibromyalgia into poetry in “Bad Road” (2017). The poem begins,

you mean well, but
when I say I hurt when I say some part of
my body hurts and you say *oh, did you do something?*
I hear *what did you do?* As is, it's your fault,

there's cause and effect and there's a simple
story, and if $a + b = c$ we can fix it
fast.

An intersubjective matrix is created through a “you” and an “I” in dialogue. Piepzna-Samarasinha immediately problematizes the idea of injury as precondition for pain as well as the biomedical preference for the mechanical fix. For her, “there's no simple story in this body.” Narrative is not enough, as demonstrated by the remainder of the poem that achronologically metaphorizes the human body outside of familiar body-as-machine formulas and into body-as-affectively-mixed-journey (“She is forty miles of perfect bad road”) that is less about outcome and more about a process of becoming, a wisdom:

I love every jounce on this bad, bad
underfunded budget cut frost heave road
not everyone's car can make it down;
 you gotta know
 how to drive it

Piepzna-Samarasinha situates her pain amidst a wider worldly dailiness and ongoing indifference:

I could tell you I moved to brooklyn for love but there's a lot of stairs here too
I could read you the particulate matter of the air, that they're spraying for pesticides
today
that I ran out of the fish oil that greases my knee into smoothing,
and I don't know
- but does anyone want to hear all that?
The staying chant
the recitation
of everything that's happening in my body, and their body,
and the park's body, and on the subway huffing diesel and cigarettes

This is not a titanic pain of certainty that screams in negative metaphor, but rather a pain of coexistence and recognition that all our individual stories are supernumerary and overflow the small container of collectivity. “Bad Road” also posits pain as a natural

phenomenon “(I say I intimate with pain tides / This ground not steady!)” that isn’t meant to be easy or simple (“Why would it be?”). Piepzna-Samarasinha powerfully connects her current pain to layers of a painful past: “Sometimes the place where my mama threw me into the wall / at three and broke my sacrum talks to me.” Such painful moments connect within the poem to articulate a Whitmanian comprehensiveness of body: “Some days my ass leaks tidal marsh, briny river / Some times everything everything / everything every thing.” To generate a Poetics of Everything Pain is impossible. My poetics is necessarily partial, and fills less of a need than poets like Piepzna-Samarasinha accomplishing the radical work of reconfiguring pain experience. We need language called into being by technique, for we are waiting in want of a useful means of expression, one that includes alternative embodiment but also “everything / everything every thing” else. Until then, why not read poems and narratives as invocations for us to care for one another; why not see our texts as the place of our pain, as pain offered as possible understanding? Why not sing our verses to give care? Poems are the saving context for metaphors that poets will improve in time. I now turn to a consideration of a special valency of pain that exists in the Indigenous context.

Shalan Joudry and a Mi’kmaw Poetics of Health (Because Pain)

Before specifically addressing the subject of a settler’s version of Mi’kmaw poetics, I wish to point out a relation between poetry as a genre and Indigenous languages in general. Marie Battiste and James Henderson attest that Indigenous languages are “verb-centred” whereas non-Indigenous colonizing languages tend to be “noun-centred” (40). This verb-centring results in a language that “identifies objects and concepts in terms of

their use or their relationship to other things in an active process” (50). Such a difference creates a different way of understanding how one is in the world. Battiste and Henderson argue that the verb-orientation “focuses on the processes, cycles, and interrelationships of all things” over the noun-centric English and its emphasis on materiality. An interesting contrast between English and another verb-based Indigenous language, Nsyilxcen, is offered by Jeannette Armstrong:

I experience Nsyilxcen as closer to ‘visualization’, or, as some highly fluent speakers have put it, ‘more like a movie I’m watching than like thinking in English words.’ I experience English as a structuring of words which then produce understanding through reference to bare bones or abstract concepts, that in turn produce a reality – images created by adding descriptor words” (“Literature of the Land – An Ethos for These Times” 349).

Armstrong proceeds to show how a single word, “table,” is an abstract sign in English meant to stand in place for all of tablehood whereas the word in Nsyilxcen has a prefix that means “flat surface,” a root (“eating”), and a suffix (“instrument-for-using”) that, as Armstrong points out, “conjures up images of *what the table does in relation to people in the real world*” (italics preserved, 350).

Such table-talk evinces the difference between Eurocentric and Indigenous ways of relating to the world. Speaking as a poetry critic, the old tools taken from Eurocentric poetics and rhetoric have functioned as my way of knowing the world, of obtaining knowledge about the processes of the world (and not as a way to extract knowledge from the world as *thing*.) In contrast with the linguistic norms of everyday speech, I might say

that in poetry, the “verbatism” of nouns has been proceeding apace for centuries in Western and non-Western traditions; but poetry is, of course, a special space for such play to occur. (Gerard Manley Hopkins is probably the most obvious, and contextually relevant, instance that comes to mind.) My understanding of poetry is less generic than disciplinary and consequently I think in a relational way about people, places, and things because this is how poetry proceeds, how poetry *is*. Though poetry can make arguments *about*, my own practice and preference is to read poetry not as argument, but as *being-with*. My worry is that this personal version of reconciliation, dependent upon reciprocal relations and ethical engagement with Indigenous literatures, is perceived as appropriative and part of a larger settler manoeuvre to “reconcile” without reparation. My motivation in writing and reading is to try to understand, not to preclude meaningful and difficult conversations that need not merely accept the past as past. My motivation in writing is to allow knowledges to mingle, but with an awareness of their historical and contemporary difference. We must be with the past in this present.³⁹ As Oliver urges us, I embrace the “[a]dress-ability and response-ability” that “are at the roots of subjectivity,” hoping to

³⁹ Reconciliation, however, is often a word reflecting an unrealistic and unserious dream on the part of settlers; and it is, admittedly, a rather fanatical focus of settler scholars. In *Why Indigenous Literatures Matter*, Daniel Heath Justice points out that Indigenous texts “are at least as concerned with developing and articulating relationships with, among, and between Indigenous readers as they are with communicating our humanity to colonial society” (xix). In other words, the point of the writing is not solely to reconcile white guilt and complicity with Indigenous pain. The point is the creation of beauty. Wagamese writes in a similar vein in “The Path to Healing” that reconciliation “is a big word” that “requires truth and true humility, on both sides. As Aboriginal people, we have an incredible capacity for survival and endurance as well as for forgiveness. In reconciling with ourselves, we find the ability to create harmony with others. That is where it has to start – in the fertile soil of our own hearts, minds and spirits” (31).

undo the damage wrought by the “objectifying operations of oppression and subordination” (7).

To do this, I should point out that the recommended distance between epistemologies differs depending on the observer. A few scholars maintain absolute segregation of principles. For example, Kimberly Blaeser (Ojibway) of the White Earth Reservation in Minnesota writes that “The insistence on reading Native literature by way of Western literary theory clearly violates its integrity and performs a new act of colonization and conquest” (69). More commonly, many of the accounts of the Indigenous Knowledges and Eurocentric ontological-epistemological divide set up binaries in which there is no shared practice, merely complete difference – on the one hand, relational being in connection with land and on the other an extractivist, taxonomizing monologue. For example, in Vanessa Watts’s “Indigenous Place-thought and Agency amongst Humans and Non-humans (First Woman and Sky Woman go on a European world tour!),” several pages are taken up with a productive contrast between world views, but certain traditions within Eurocentric thought that seem similar, if not ontologically equivalent, are ignored.⁴⁰ The implication is that there is only difference that should be defended. Christian mysticism and Indigenous ways of knowing may not yield a comfortable comparison, given Christianity’s use as a colonizing tool by settlers,

⁴⁰ Such binaristic comparisons often occur proximate to warnings about the need to protect Indigenous knowledge from the depletions and extractivism of settlers. I agree with the need to protect Indigenous knowledges and well understand the necessity of the warnings but I do worry about some of the consequences of purifying the propriety of analysis.

yet Ermine's theory of the ethical space of engagement offers a rationale for undertaking that comparison.

Some Indigenous scholars have written about the inappropriateness of Eurocentric analyses of Indigenous texts proceeding without balance. For example, Lisa Brooks acknowledges a fraught validity of “acquiring textual knowledge” in fields that adopt racial categories (“African American, Chicano/a, and Asian American”) and then using “the tools of critical theory as they exist within mainstream cultural studies” to fashion a comp-litesque approach to Indigenous literature. Such a practice is “all well and good, except when it is privileged over the current efforts of many Native studies scholars to emphasize the depth and breadth of indigenous intellectual traditions” (234). It is in the spirit of productive engagement with and prominent disclaimers about my position as settler-scholar then, that I wish to bring Indigenous poetry and the subject of pain into my analysis with my positionality as settler respectfully foregrounded.

According to the Introduction to the collection *Indigenous Poetics in Canada*, one major component of Indigenous poetics holds that narrative and performance are important pedagogies that act as a source of living memory for communities. Through the performance of poetic narratives, community members are educated as to how to be well with one another. This purpose – to foster and reinforce community – works concurrently and constructively with other purposes, such as the development of spirituality and the cultivation of a decolonizing impulse. An important purpose is also healing, a recuperation necessitated by settler-colonial violence and theft. This generality is applicable to the Mi'kmaq case: elder Murdena Marshall affirms that “our traditions, our

knowledge of Mi'kmaq history and our secrets of life are oral" (51). Because I am a white settler, I cannot claim to have a full comprehension of the meanings of Indigenous stories at the level of gesture, intonation, and language, yet intercultural work is important. In many ways I am following the footsteps of white male settler Robert Ross in his *Indigenous Healing: Exploring Traditional Paths* when he explains his own shedding of colonialist biases and interactions with Murdena Marshall: "In her view, I first had to gain a deeper appreciation of how aboriginal people saw Creation and the position of humankind within it" (4). I therefore attempt to participate in a broader conversation, conducted for the benefit and inclusion of all communities, by analyzing certain Indigenous poets and poetries but focusing primarily on recent Mi'kmaq poetry texts. In the spirit of this dissertation, I begin with nation, considering both settler poets and one of the most recognizable living Indigenous poets, Armand Garnet Ruffo; thereafter I move to the debut collection of Bear River First Nation poet Shalan Joudry, *Generations Re-Merging* (Gaspereau, 2014), and the collaborative chapbook *I Got It From An Elder: Conversations in Healing Language* (Gaspereau, 2007) by Marilyn Iwama, Murdena Marshall, Albert Marshall, Ivar Mendez, and Cheryl Bartlett. The focus of my analysis in both the overview of Indigenous pain poetics under the tense sign of Canadian nation as well as in the Mi'kmaw case is to consider pain as it is metaphorized as cultural trauma – an approach that permits consideration of metaphor *qua* metaphor but also as intersubjective, relational practices by individuals harmed by colonialism.

This chapter's topic sequence makes metaphoric sense in that it chimes with the origins of the Canadian nation (a traumatic birth from the perspective of Indigenous

peoples) but also because the pain experienced by Indigenous peoples as a result of colonialism lacks a concrete place in the body, just as chronic pain in biomedical terms often lacks a concrete/discrete pathophysiological lesion. In other words, the habitual elusiveness of pain finds a metaphorical correspondent in the cultural trauma of Indigenous persons – especially in terms of the destruction wrought by residential schools – as written out in the work of many poets; these include Louise Halfe (Saddle Lake Cree), Chris Bose (N'laka'pamux), Jeannette Armstrong (Syilx Okanagan), and the Armand Garnet Ruffo (Ojibwe). Metaphors of healing and transcendence abound in such works. Ruffo has written that cultural trauma is part of “the psyche” (*Texts and Contexts* 302) but also that strength can be drawn from collective pain. Ruffo’s poem “Power” makes this case well, asking in its first line “From where does the Power come?” The answer is not given as “pain” straightaway; instead, the answer is situated in the gaze of “old ones” who see power in a series of images:

in a moment of desert twilight
in a basket of slithering snakes,
lumbering in a white-tipped bear,
flying in a crow that speaks

That the knowledge of the location of power exists in elders is important: they are the ones with the greatest exposure to pain, the longest witnessing. Pain is not just seen in animal imagery—the elders also “see it in you.” This cultural transmission is an investment on the part of the elders, who have historically witnessed trauma and who yet recognize strength in those who come after. The power spoken of in the poem is something that requires caution—after all, we are told to “Beware.”

Endurance requires stamina as well as an ability to beware in the present. “Power” is part of a conversation that is always happening in Canada. For example, in a groundshaking moment for the Canadian nation, some key figures in Canadian media joked about creating an “appropriation prize” for a writer who could best steal and repurpose cultural tropes. The jest was made in response to a rising Indigenous power in the Canadian nation and the increasingly effective resistance Indigenous voices are posing to others who wish to tell Indigenous stories. In a moving and widely-heard interview on CBC radio that centred on the “pain in [his] community” exacerbated by “hav[ing] to re-argue for our value as human beings, on our own land,” Jesse Wente, Ojibwe, broadcaster, and Director of Canada’s Indigenous Screen Office, explained how responsibility and community create this kind of power to preserve and protect:

I wish there were so many more stories written about Indigenous people. But those stories come with responsibility. Indigenous people know this all too well, we are beholden to our communities. When we say these things, we know exactly who will hold us responsible. Who is that for non-Indigenous writers, when they don't have these connections to the community? Do they truly understand the reason that these stories are sacred? (n. pag)

As Wente knows, colonial power takes. Using a voice with the power to name sufferers and exterminate the speaker’s kin, Ruffo’s poem continues:

In the voice
that calls four times your name
when wife and children
are murdered.

But it is also a power that comes from an internal voice, a survivalist power that exchanges weaponry (bullet) for breath:

Tells you
No bullet will harm you
(as none ever does)
as it breathes
into you. (304)

It is the weaponry that becomes organic in a scene of painlessness that is the poem's concluding moment of power: what maims and kills is made powerless to injure, demonstrating that inherent to the destructive metaphors for pain is resistance to destruction, is indestructibility. To modify Nietzsche's "What does not destroy me, makes me stronger" from *Twilight of the Idols* (8), what can hurt us can make us stronger – or as Wente says in his interview in a moment that does not convey the sheer pain communicated by Wente through a halting, breaking voice: "If anything [the resistance to the appropriation prize] proves our strength as a community and our endurance. Don't mistake my emotion here, or my civility anywhere, as weakness. This is our strength, this is me being in touch with my ancestors and feeling them sitting beside me" (n. pag).

In the introduction to *Indigenous Poetics in Canada*, Gail MacKay is quoted as follows: "Indigenous poetics reach beyond western literary theoretical orientations to bring Indigeneity to the forefront of all factors being considered" (McLeod 11). This means that Indigenous identity (to use a Western term – perhaps "epistemology" is more accurate, to avoid spectres of genetics and blood quantum) is the major determinant of Indigenous poetics. When asked what it means to be an Indigenous poet by fellow Mi'kmaq Shannon Webb-Campbell, Shalan Joudry, has said that

I identify [as an indigenous poet] because I make choices every day about practicing Mi'kmaw culture. Every day I question how to live out my responsibility to my Mi'kmaw ancestors, my Mi'kmaw community today, and future Mi'kmaq. I identify as part of the Mi'kmaw collective because the history, community, and culture permeate through almost everything that makes up me. Therefore, when I write, I am being guided and inspired by all of these things. I write as an indigenous poet not because my mind wanted to, but because I have no idea how else to be. Other poets who live their indigenous identity or responsibility to their history, community, culture, and future are also indigenous poets. (n.pag)

The impulse to foreground or acknowledge indigenous identity in conversations that occur in settler media (the above interview was published on the *Canadian Women in the Literary Arts* website) is part of what has become a standard process in Indigenous scholarship and life – not only to decolonize, but to project Indigenous identity in order to protect it and provide a recuperative communal space for Indigenous identity. Apropos here is Vizenor's definition of "survivance": a sense of native presence over absence, nihilism, and victimry"; it is "an active sense of presence over absence, deracination, and oblivion;" it is "the continuance of stories, not a mere reaction, however pertinent. Survivance is greater than the right of a survivable name" (1). This function can be accomplished directly through the political poem in which appropriation and genocide are represented, as in Jeannette Armstrong's work, but it can also be accomplished indirectly by means of gentle conversation. Shalan Joudry's "Eastbound by Train" is an example of the latter:

between pages of sorrow I've kept waxberry
bundled with fir sap and ki'kwesuaskw
i collected before leaving the east

i've been on the road for eight years
gathering small gifts for medicine pouches
but the lessons of self-defiance
don't seem to fit in among the others

i tell this stranger these things
and somehow my speech fades

from the opening doors i smell fresh rain
among the pines and remember Banff
when I danced
as alive as the Atlantic waves

he said he didn't believe we could turn against ourselves
holding mirrors in place of truth
cocoon and come out the other side singing

did i share too much you wonder
my poetry so private
my medicines too dry now to show others
without crumbling
this is npisun

i remember the smell of pine sweeping in
and how soothing it was to fall asleep to
one hand in the middle
of writing this (18-9)

On the evidence of being reprinted four times at the time of writing of this essay, Joudry's debut volume *Generations Re-Merging* has found its audience. This particular poem is part of an initiative meant to juxtapose, if not reconcile, divergent views about Indigeneity held by Indigenous and non-Indigenous persons. As reflected by its frequent mention of medicine, this mournful poem of healing places a speaker who has travelled westward, and who is now returning to the east by train, with a (probably white) male

who is her brief audience. Travel and living elsewhere are significant themes: by invoking them, Joudry participates in a phenomenon remarked on by settler scholar Daniel Coleman: “Indigenous literatures in English have more often explored the confusions of identity and the traumas of exile than they have the authenticity of continuous existence on a literal, ancestral land (“Indigenous Place and Diaspora Space” 9). The poem moves from a personal ideal of loss – that of the speaker’s “pages of sorrow” and her careful collection of healing medicines before heading west – to self-reflection when the speaker remarks that the “lessons of self-defiance / don’t seem to fit in among the others,” meaning that the speaker, being at odds with herself, and possibly her own Indigenous heritage, doesn’t sit well with other, more constructive impulses that manifested as the speaker “gathering small gifts for medicine pouches.” As Joudry has said in the interview with Shannon Webb-Campbell, “[M]y poetry is a personal medicine” (n. pag). That the speaker is at odds with herself signals a malalignment with trying to heal and help others. Reflecting on herself in this way causes the non-Indigenous man to remark that “he didn’t believe we could turn against ourselves / holding mirrors in place of truth / cocoon and come out the other side singing.” His speech is reported dialogue, which is a key point in a poem read from the perspective of decolonization. The statement is poetically ambiguous – it could mean that he believed Indigenous persons wouldn’t be at odds with one another, that they will heal (as evidenced by “he didn’t believe we could turn against ourselves”); but it (probably) means that rather than truly reconciling with their own pain, they may just demonstrate their wounds to one another without purpose and not achieve any real benefit. This ambiguity, when analyzed using a decolonizing lens, allows non-

didactic interpretations of relationality between Indigenous and settler populations, a level of meaning that is surplus to relatively simpler activist poems (though both kinds of poems have their place.) The speaker may be in the presence of a sympathetic ear here, but she may not, the difference being the danger of life itself. The poem's close is also a decolonizing gesture in that it uses the speaker's symbol of home – the wind – to situate and “soothe” the speaker's body in space. The end also situates the speaker in an act – that of writing a poem that serves as vehicle to, among other things, decolonize Canada.

The poem is meant for different communities: one is Indigenous, as mentioned by Joudry in the Campbell interview: “I also wanted to write some poems for Mi'kmaq. I wanted a few of these to ring more profoundly for other Mi'kmaq readers, knowing the experience I was describing and I didn't feel the need to translate the meaning” (n. pag). In the words “a few of these,” Joudry signals an awareness of her settler audience too. “Eastbound by Train” is aware of both audiences at once, mentioning “medicines too dry now to show others / without crumbling.” Thus, Joudry is intentionally bringing together different communities in this poem for the purposes of healing, but it is a drawing together that strategically relies on the primacy of Indigenous terminology and ways of knowing (“npisun”) so that a necessary redistribution can occur as part of reconciliation. That npisun means “my medicine” in English demonstrates that the healing not only involves Indigenous and settler communities, but that it is intensely personal for Joudry – that it involves herself too. Reading a poem with a decolonizing lens does much to avoid a simplistic interpretation of the work by otherwise educated readers, to whom the poem might appear familiar. Readers of free verse of the past 110 years would recognize the

loosely lineated, irregularly stanzaed and first-person “I” speaker recipe. But because this poem forms part of an oral performance meant to be delivered to an audience, a purely textual analysis misses the point. Much (not all) Indigenous poetry is meant to be performed and transmitted. The “I” a white western reader might take for granted in a poem is not the same “I” appearing in Joudry’s work – a point that cannot be emphasized enough in this context. As Battiste and Henderston maintain, “Indigenous knowledge is so much a part of the clan, band, or community, or even the individual, that it cannot be separated from the bearer to be codified into a definition” (36). Joudry’s “I” is relational in a way alien to Eurocentric readers.

Communal motivation is the defining element of Indigenous poetics described by many of the contributors to *Indigenous Poetics in Canada*. They not only thematize community but also show how it operates in poems as a process in which reader/listener and writer/performer are enmeshed in an experience that exists in a web of time and larger relationships. As Alyce Johnston writes in “Kwadây Kwańdur—Our Shagóon”, “Social enactment of storied songs and ceremonies ingrains pedagogy filled with a collective, spatial reflexivity—a look back into a landscaped past to know our narrative futures. Essential to this understanding is that we belong to the trails that memory ancestors and, in turn, features knowledge of this landscape through narrative genres of stories, songs, dances, and ceremonies (McLeod 137). Pain cannot be understood in the Indigenous context without also considering land. James Sinclair contends much the same in “The Power of Dirty Waters: Indigenous Poetics Niigaanwewidam”:

Indigenous Poetics . . . is embedded within the language, stories, and names our ancestors handed down to us. Within these words reside not only our cultural and spiritual inheritances and legacies but also our intellectual and narrative traditions. Indigenous poetics are critical gestures of articulation and voice, words that create and define us. They are offerings of relationship given to beings throughout Creation to share space and time with us, and maybe even some food. They represent an ongoing commitment to tie our world together and contribute to it via the methods we've been given in this life and the next. In other words, Indigenous poetics are the intricate and intellectual acts of gifting words full of breath, rhythm, and expression in the hopes that they will be accepted in a world constituted by language. (McLeod 207-8)

As I understand Sinclair, words and their use form part of a tradition of previous usage on the part of ancestors. These words assist, define, and nurture relationships to the environment and to people. Such words are part of a verb-centered grammar that is oriented to the description of relationships with land and constitute knowledge for which there is a responsibility to share. Murdena Marshall points out that showing respect to one's elders – having health relationships – is a “value with the highest esteem” and is “the most important of all. . . [t]heir years of searching, listening, experiencing, and understanding all that is bodily, emotionally, and spiritually possible, grants them the wisdom and strength needed by our youth to become good Mi'kmaq” (54). This usage is operative in Joudry's “That Leaving Night,” in which a speaker starts by narrating the scale of the problem in terms of the destruction of caregivers and generations:

there is no medicine for this
despair like an infection
devours the young first
and with the exhausting of time
the medicine people who were standing
among the fallen
holding everyone up
fall
ill
unto it
and we're carrying them out of their beds
where they had meant to rest

so much sickness
so many weary
so far worn

we were born communal beings
now we've convinced ourselves separate is best
building walls for security
keeping the neighbour's voices out (28)

The “communal beings” exist now in a separateness encouraged by colonialism, yet the workings of this effect of destruction of communal ties occurs along a trajectory of lack of healing. The healing infrastructure which for Indigenous peoples was once relational, supportive, and spiritual got overwhelmed. As a result, caregivers became ill and communal values were circulated less. The sick came to care for the sick, reflecting an innate willingness to care but a lack of expertise as a model that vouchsafes generations for their futures.

A poetics of health comes into view through this insistence on strengthening Mi'kmaq community, culture, language, and knowledge. The extraordinary text *I Got It From An Elder* is apropos here, for it explains what is known as the “healing tense” – a mode of Mi'kmaq language that both denotes and enacts healing, that embodies the

relationships between persons who heal by caring for each other. Dr. Marilyn Iwama, a Métis and Mennonite poet who, at the time of the chapbook's publication, worked as an Integrative Science Research Fellow at Cape Breton University, poetically transcribed many hours of a taped conversation between neurosurgeon Dr. Ivar Mendez and Elder Murdena Marshall. The conversation was about the "healing tense" of the Mi'kmaq language. Iwama then spoke directly with Elder Murdena and Elder Albert Marshall about the healing tense to round out the collaborative text.

I Got It From an Elder is a nonlinear interweaving of conversations with interspersed, glittering aphorisms that attempt to define, yet largely refuse to define in English, what the Mi'kmaq "healing tense" is. Gaspereau Press describes the text as a "poetically shaped collage of conversations about the healing tense in the Mi'kmaq language, and an attempt to integrate indigenous and Western ways of knowing."

The closest the text comes to a Western-ish definition of the healing tense is:

Imagine walls around an Elder, a room, a box big enough to hold one.
Angles are too precise, too permanent for *spirit*.

Healing language as a place you enter, a thing that touches.

Ritual substitute: naming the *mostly not* to imagine what *mostly is*. (n. pag)

This poetic-essay structure is comprised of individual lines that contain whole ideas, lines that seem to follow one another and which are developments and elaborations upon the idea of a space around a knowledgeable person which is infused with "spirit." As a form of poetic knowledge, the fragment can be abstracted to mean that the "healing tense" is relational in terms of environment, that healing itself is an actual space, and further that it involves a conscious adoption of positivity.

Humorous and complex spiritual work is conducted between Murdena, often the speaker in *I Got It From an Elder*, and an Elder whom Murdena learns from, one who doesn't exactly instruct Murdena. Rather, this unnamed Elder engages in a method in which Murdena, with a minimum of clues, investigates questions herself. The Elder speaks elliptically, providing clues using the Mi'kmaq language she is trying to master:

So he said

you know it's a place.

Of course I know, I have a little bit of linguistics, not a whole lot. This is a locative word, place. Because of the *kati*. You'll say *kati*, this tells you it's a place. And this is the verb for *kesisp'atu*, this is a verb for wash, clean, purify, or get rid of the impurities. And then, this is who tells you who is doing what. Someone is doing something. Someone is washing or purifying. This is a verb. But in the Mi'kmaq language you can take any verb and turn it into a noun or you can take any noun and turn it into a verb.

He said, that's what it is.

So we were sitting there together like this and I said

this is what I think it says
to me, this is what it means.

This place.

He says, you're right. (n. pag)

The above is more than a conversation – it also enacts a means of knowing. Jo-ann Archibald explains that in order “to learn the highest degree of cultural knowledge, one could go to an Elder or someone not yet an Elder who understands and who lives the ‘good’ cultural traditions” (13). Carl Urion, a Métis scholar, is quoted in Archibald's *Indigenous Storywork* as maintaining that all knowledge is produced within “the

relationship between a person of moral authority and another person” which itself “creates the discourse; it is created anew in each generation, it changes, but maintains its stability and internal organization” (18). For healing to occur, story can be used to demonstrate and repair relationships.

The beautiful part of the poetic representation is that the meaning of the “healing tense” *does* carry across despite the lack of explicit definition. In “Two-Eyed Seeing and the Language of Healing,” a companion academic article to *I Got It From an Elder* with many of the same co-authors⁴¹, Iwama posits that “two endangered Mi’kmaq linguistic forms,” the “healing and spiritual verb tenses,” are related (4). She adds that the “journey into the healing potential of language is an inexorable course through spirituality” (8). Iwama asks Elder Murdena the following question: “So [**the healing tense**] says just as much about the relationship that’s been going on in the circumstances as it does about that action?” Murdena responds, “Yes. Yes. It does need an audience. It does need players. Otherwise it doesn’t make any sense. So, it’s a queer tense” (13).

To better demonstrate what the healing tense is, the specific and dramatized example used of a lack of health in *I Got It From an Elder* is a rupture of family ties as a result of intoxication. The choice is deliberate as a decolonizing one – Murdena explicitly mentions that one of the worst things to be called by settlers is a “drunk Indian.” In *I Got*

⁴¹ And one that explains two-eyed seeing as, in essence, very much like Ermine’s idea of theoretical space opened up by emphasizing difference: “Two-Eyed Seeing neither merges two knowledge systems into one nor does it paste bits of Indigenous knowledge onto Western. As Bartlett et al stress, ‘Two-Eyed Seeing adamantly, respectfully and passionately asks that we bring together our different ways of knowing to motivate people, Aboriginal and non-Aboriginal alike, to use all our understandings . . .’” (5).

it From an Elder, a son lies to his mother that he is not drunk and the test is, in a way, a means of understanding how healing can occur through language after this rupture. In time, the son returns to his mother and uses a *-nek* suffix in his verb tense. Murdena describes how he is received by his mother:

As long as it's that *-nek*, when the tense is *-nek*, your attitude has to change, to soothe his spirit and reinforce his spirit, that he is forgiven and loved. He could lose complete hope.

And it's very important that the person in charge, that the mother or the father has to watch him – and the rest of the family – that there is no injury to the person who's trying to become better, healed.

Healed in a way that he's back, reinstates himself back into the family. (n. pag)

The “healing tense” is clearly a tense that requires more than *-nek* as a suffix. In “Two-Eyed Seeing,” Murdena states that in the healing tense,

You have to take full responsibility of your actions. See, in the Mi'kmaq world you have to give recognition to everything. Misdeeds good deeds past deeds. You know? Anything. You have to give that acknowledgement. Everything that you do, you have to acknowledge it. And the listener, if he's a Mi'kmaq speaker, will understand at which state of reality are you in. Healed in a way that you're back. Reinstated into the family. If you don't go into that tense you cannot heal, you will not have healed. . . It's got to be a confrontational process. When you go into that tense somebody has to hear you. So they know you're beginning to heal and therefore their attitude sort of wants to, has to, change to accommodate you. (11)

Elder Albert clarifies that “the only time where healing tense is applicable” is “any action that is not sociably . . . acceptable,” that is not “how [one should] treat your family, your

community, your tribe and your nation” (11). Elder Murdena adds that the tense occurs as part of a “confrontational process. When you go into that tense somebody has to hear you. So they know you’re beginning to heal and therefore their attitude sort of wants to, has to, change to accommodate you” (12). Iwama also clarifies that the healing tense “says just as much about the relationship that’s been going on in the circumstances as it does about that action” (13). Thus, community and spirituality work as concepts in this tense, which Murdena admits can be translated into English as also a simultaneity of “‘past,’ ‘present,’ ‘future,’ ‘long past,’ ‘long long past’” but that this conversion into English misses the point, that the tense is more a dramatization of “Mi’kmaq Consciousness” (14). Iwama eventually states the impossibility of translating the tense functionally: “In the case at hand, there is no healing tense in English” and there is a “lack of linguistic equivalents” (17). The tragedy facing Mi’kmaq culture, of course, is colonization’s deliberate encouragement of the loss of Mi’kmaq language, depriving the Mi’kmaq of a traditional means to heal.

My understanding of this tense is, admittedly, imperfect. Iwama helpfully reports Elder Albert’s opinion on “the capacity of Western methods alone to explain the spiritual aspects of ontology” like this: “there is no explanation” (8). It is therefore impossible for me to explain and fully understand the tense. Elder Murdena writes in *I Got It From an Elder* that “there’s nothing to compare it with in English” except, inadequately, the concept of “remorse.” Elder Albert says in “Two-Eyed Seeing” that translations can’t “maintain the essence of that concept. And if translated into another language, there’s got to be a percentage of it that’s going to be fabrication.” Yet the poetics of healing are

intelligible to a settler mind through a recognition that the repository of Indigenous knowledge exists in narrative that is as bodily in nature as is its oral means of expression. *I Got It From an Elder* is a narrative-based text intended to be performed, that is itself the transcribed record of voices. Similarly, Shalan Joudry's work has a strong narrative drive and several of the pieces exist as orally-delivered pieces on Youtube. Neal McLeod writes,

Through an embodied sense of awareness, one is about to link one's own experiences with a larger narrative structure. Through this embodied understanding, one is able to expand one's own understanding and also, in a small way, the larger collective memory. Often this embodied memory involves everyday experiences and events. Stories are not abstract and cut off from the living world around, but completely enmeshed in the concrete world of sensations and physical connections. Embodied memory is the connection to sensations of the body, and also the connection to the sensations of the land. (93)

To be embodied and narratively aware is to recognize stolen land and one's place on the land – a story that is hardly abstract, and one dependent on the collective memory as it is propagated by stories. The bodily root of story and the community purpose, both pedagogical, relational, and spiritual, has an obvious connection with the contemporary predicament of Indigenous peoples and the theme of healing – a nexus emphasized when Joudry comments about her own work to Webb-Campbell that “As an oral or written storyteller, I consider my audience and what they need from me. I was taught that stories can be medicine or tools to teach and this is how I see my role as a storyteller” (n.pag.). In

an interview with rob mcLennan, she emphasizes the role of narrative as medicine by answering a question about the function of writers in a culture: “I was taught many wonderful ideas about the role of the writer/storyteller/poet in a community or culture. Some, like other arts, are the mirrors by which we can see ourselves or each other a bit more fully or with more meaning. Some are prophets or medicine people bringing us visions of the past or the future for us through stories and writing” (n.pag). The Mi’kmaq’s strong preference towards orally delivered and narrative-driven poetry creates (and is created by) conditions that generate or engage community. This also means that the kind of poetry can be tutelary as well as spiritual. Lee Maracle writes that “Spiritual concatenation between poet and listener is quintessential to the articulation of oral poetry, and the governing poem rests on the achievement of this concatenation on the level of spirit” (McLeod 308) which in turn has a “place in the body politic and culture of the people.” Maracle warns white readers and scholars not to think of the overlaps and reciprocal relationships simplistically, for they possess rich resonances for the culturally informed listener – and I do not mean to simplify other than to summarize, which is extreme simplification in one sense but in another is identification of difference that can be celebrated and appreciated. And to that end, let me conclude with a celebratory analysis of the recitation-friendly conclusion to Joudry’s *Generations Re-Merging*, specifically the second part of “Song of the Linguist”:

the most sacred treasures from creation are void of name
they come shaped and we make use of them
of medicines
of landscapes
of shared time

if we take this circle and smudge
the vow of trust
give each other the precious gift
of time and space
then together we allow each other to heal (61)

The decolonizing element in the first line is the lack of possession inherent to the “void of name” idea, that what is “most sacred” and of use to people is not possible to claim for one’s self. The plural “we” that is this poem’s platform seizes a reader’s attention, but its elements build upon that “we” by naming several elements that contribute to a shared sense of being, such as “medicines” and “landscapes.” The naming occurs in actual ceremonial terms “circle and smudge” and is meant to create the conditions for mutual healing which are, crucially, a matter of giving gifts that have already been given before (“the previous gift”). Such gifts are not about individuality and origination but rather re-circulation and providing respectful witness (“allow[ing] each other to heal”).

The poem becomes more insistent, compelling its audience through the use of imperative:

close your eyes brothers
sing it out
and let that be medicine to walk away with
close your eyes sisters
listen to each other’s stories
and let that be medicine to walk away with (61)

Less insistently, Murdena in *I Got It From An Elder* says in the poem “The Linguist,” “I think this is the one we only use when we’re talking about / spiritual things, I said, like dreams or visions or you’ve had a spiritual / experience and you use this” (n. pag). The healing tense not only creates poetry designed to convey narratives of healing, but it is that healing – as conducted on and by the spirit. You use this.

I write in (compromised) solidarity with Indigenous ideas about narrative and healing. The oral delivery of such messages is a different kind of dosing with the effect of improving social relations, and thereby social well-being. The messages of Shalan Joudry and the group that produced *I Got It From An Elder* are spiritual ones, for all readers to strengthen communal ties as tightened through art. What I find unique about Indigenous poetics is that it exists as a meeting-place where orality, community, decolonization, pedagogy, and spirituality operationalize as poetry to achieve healing – as assisted by a verb tense that is the stage where healing occurs. In contrast with Western epistemology, pain by definition cannot be separated from the place it occurs and from kin relations. The site of healing is always already built into the body as a restoration of relationships with land and people. Although pain outcomes are notoriously under-researched in medicine, the different concept of pain and the traditional means of healing in the Indigenous context would make for a fascinating contrast between approaches.

As Joudry writes at the end of her text, as the final word: onward. Onward to a shared understanding of mutual relation and how the place of our pain need not be “treated” only under Western epistemology but rather it can be restored using Indigenous epistemology.

CONCLUSION

An unusual feature of my writing practice is the production of conclusive statements and sections long before the body of an essay or argument is made. I tend to know what I mean in advance of that knowing – let's call this intuition, or perhaps spirituality – and skip ahead to the good part in the impatient glee of thinking. Then the long, slow work of building an argument occurs – and often I see how my conclusion must change, but also how it functioned as something to work toward. In a sense, the conclusion is a metaphor for how nothing is ever finished, nothing is ever done. Even death brings perpetual work and change, as I've learned from experiencing the death of both of my parents during my dissertation. My mother and father are dead, and yet they will never die – they loom and change as I think, forgive, and determine my own relation to them as time passes.

Yet this dissertation did not follow the usual pattern that I have outlined above. Because I am a doctor, I knew that chronic pain was something being treated poorly by my those in my profession. I personally witnessed the opiate crisis unfold in Ontario after the liberalization of prescription of opiates for chronic non-malignant pain. I was complicit in this problem, and as time passed I increasingly developed misgivings about the destruction I witnessed. As a result of opiates, families broke apart and people lost their jobs. Leaving these bad outcomes out of the equation, the subjective impressions of my patients didn't seem to improve either. Years removed from the problem, I reflect now that I do not think my chronic pain patients benefited from their opiates even on their own terms.

I came to suspect that not only was medicine unsuited to the treatment of pain, I began to understand that its philosophic underpinnings meant it was also inimical to fixing the problem it had played a large role in creating.⁴² Motivated by this line of thinking, I conducted some preliminary reading on the topic, learning that the perceived unsuitability was not a *problem of medicine* but rather (1) a *testimonial to the difficulty of rectifying pain experience* as well as (2) a *societal problem* and (3) a *definitional problem*. By now, a reader knows – and people with chronic pain know – that that pain is hard to eradicate. (By now, a reader also knows that thinking in terms of “eradication” is a biomedical wish and such a view likely predicts a stickier, more intractable pain experience.) This is not hard to understand. But the societal problem, based in the relegation of pain to biomedicine for alleviation, is a much harder thing to understand. It

⁴²I have never spent a day after developing this suspicion in which I breathed more easily, thinking my concerns were unfounded, for I’ve only watched things get worse. For example, at the time I write this paragraph, April 9 2018, I have just read the morning *Globe and Mail* over breakfast. Inside, an article by Paul Taylor with the headline “My doctor won’t prescribe me opioids for my severe pain” included parts of a conversation with Jason Busse, an associate professor in the Department of Anaesthesia at McMaster University. Busse is also the lead author of recently-published Canadian guidelines around opiate prescribing for chronic non-malignant pain. I’m pleased that McMaster is taking some kind of lead for addressing a large problem, but I’m also quite skeptical that medicine can effectively address a problem it is not epistemologically oriented towards. In this instance, I feel it is like the police investigating the police, but evoking a more sinister conflict of interest than that. As documented in the article, the current situation in Ontario is one of a pendulum swing in which doctors are understandably afraid to prescribe opiates in the face of discipline by regulatory colleges. Patients who were on opiates are being unilaterally scaled back to arbitrary maximums with resultant impairment of function and compounding of harm by seeking out supplementation with supply from the street. Therefore doctors, operating in good faith according to rules they are supposed to apply, are now reducing the amount of opiates they prescribe out of fear of professional sanction while their college tells them that as long as they follow rules, they will be fine. Yet it is the system that got us all in this situation in the first place.

requires explanation – which this dissertation *in toto* provides – but it also requires a different world view, for people prefer pain to fit into the biomedical regime because they expect biomedical results. Biomedicine has paid such dividends with other conditions. Why can't it fix pain? The final, and perhaps most fundamental problem, is probably the author of the rest. What, after all, is pain? Medicine has a rating scale for severity. Medicine understands character, location, radiation, aggravating and alleviating factors. Medicine has interventions like blocks and drugs. But what can medicine tell us about experience? Why are persons in pain in so much trouble when they go to the doctor?

This dissertation is a series of answers that come in the form of explanations of the philosophies at work that create the problem as well as a series of explanations of the different ways that pain is conceived. To start, if pain is considered to be an originary experience with an implicit call for relief from another, we immediately have a means and rationale to move beyond destructive metaphors. But . . . poets must also answer the linguistic challenge outlined in this dissertation and discover better metaphors, ones that acknowledge the averseness of pain while avoiding implications of damage to the body. Indigenous concepts of health and wellness provide a model for settlers to reconceive their preferential divestment of pain management to medicine. Instead, settlers could try to think of what their pain means to them and how a more balanced relationship with their surroundings might offer alleviation. Pain also can be contextualized in environments, bodies, and affects using the field of disability studies. In doing so, we learn that pain is not only sensory experience, but also bodies in experiential and affective contexts.

Admittedly, the discipline of medicine is unlikely to change in the face of a single dissertation. Therefore, a subsidiary goal of mine is simply to show what the humanities can do for medicine outside of the familiar domains of history and sociology. Even including those domains in the general concept of the medical humanities, I ask: how much of contemporary Canadian medical practice is situated within the methodologies of the humanities? How often does, say, a medical school receive critique from a humanities scholar? How much do such scholars interact with medical school pedagogues? It is my passionate belief that Canadian medical schools should contain serious humanities capacity – which requires funding, administrative support, and curriculum time. In showing how one topic can be approached using my discipline of English, I hope to demonstrate to medical educators what can be brought to the table. Physicians are capable people but expertise in the arts and the Humanities is not so easily acquired. Having persons with high-level humanities training will change medical schools – and my discipline of medicine – for the better.

The transformation I call for in medicine could not occur without a demonstrated competence in English, and therefore this dissertation is intended also to appeal to my humanities colleagues in search of an interdisciplinary model for approaching scholarly work that involves medicine. So much has been done in medical history, sociology, and anthropology in Canada that I want the same benefit to accrue to medicine from many other possible disciplines. Much work must still be done in North America to catch up with the vibrant scholarly medical humanities ecology in the UK.

In my ideal concept, a Canadian medical school would contain a medical humanities department overseen by *scholars* in the humanities – including Performativity studies, Classical scholars, English, History, Sociology, Philosophy, Anthropology, and Music – who could engage with medical students, residents, and staff so that more could be offered learners than the casual close reading offered by Narrative Medicine pedagogues. This would require collaboration between Faculties of Arts and Medicine, but the collaboration would pay dividends – increasing enrollment in humanities faculties and enhanced education in medical faculties. Things would be brought into a better balance. In the case of pain, I hope, at the least, that the provocative claim that medicine may not be the best way to seek alleviation will make a small positive change.

In many ways, Narrative Medicine has ironically become an obstacle to change in medicine by functioning as a familiar and falsely democratizing force in which people (almost always doctors) use their ability to read signs to presume expertise in interpretation. Admitting narrative medicine into the tent was relatively easy for the discipline of medicine because physicians can claim, even if only nominally, a competence in humanities practice on account of their ability to read. I concede Narrative Medicine its instrumental place, but I fear so much more can be done to improve medical education and the humanities themselves by putting already-available talent in Humanities and Bachelor of Health Sciences faculties to use. This dissertation is intended to spur medicine to deal honestly with its students and provide them with the expertise it routinely does with specialist physician teachers.

If this conclusion strikes some as an oddly aversive note to land on, then I trust that the careful work done in the preceding chapters establishes a credibility; that my 18 years of medical practice also establish a credibility; and that my growing dissatisfaction, based on close observation, with the relegation of the humanities in medical education to the controlled and superficial pedagogies of Narrative Medicine be allowed its airing here, in a place where I can polemicize a little. (Like the Guantanamo general and the judge say to one another in the Aaron Sorkin's film *A Few Good Men*, "I believe I've earned it.") More can, and should, be done for learners (and thereby for patients) than pretending expertise in a scandalously limited way and calling it "medical humanities." Let's open the door, wide, and create cohorts of medical students who might revolutionize what being a doctor *is* and *means*. Humanities departments, perhaps you could create reciprocal flow in which space is made for medically inflected work. There certainly is enough change to go around and no dissertation can claim to be comprehensive even on a single topic. Just on the topic of pain alone, an investigation into the gendered politics of pain and whether the historically misogynistic treatment of female patients in pain has some sort of correlate in literary representation would be interesting. (Historically, women were thought to overreport their pain whereas men were considered to underreport. My own suspicion is that Canadian women *do* write more often about pain experience than men, but this is merely an anecdotal and unsystematic finding based on my familiarity with the works of Connelly, Bush, Atwood, and some others. I also suspect that this is a constructive act of resistance and agency.) An investigation into the physical dimension of pain and traditional medical systems

represented in novels like Lee Maracle's *Ravensong* and *Celia's Song* is work that needs doing. I've many more ideas myself, and not enough time.

My mother never wanted me to give up on medicine when it treated me so poorly during my training, pathologizing me as a student, making me out to be bad when in fact I was simply unwell with bipolar disorder. She hated me talking on the phone from Halifax about quitting school and just writing full-time. But now that I think of her again, in the final paragraph of this dissertation, I realize I've managed to do both. I'm grateful for that, for the people who have trained me thus far, and for her. (Also that things have changed quite a lot – medical faculties are much more supportive of their students.) If she hadn't been there, I would not be alive. But then the same could be said of so much in my own case – of poetry for certain, and medicine. All is goodness. Rest in peace, lady who was born and who died in New Brunswick, Elizabeth Margaret Neilson. And for my father, you never rested and I do not condemn you with that wish. For you, I trust that the pain is less.

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