“How can something still appear to work from the outside when its internal systems are operating entirely through an ad hoc assemblage of garbled messaging, rerouting, and shaky foundations? And, how can this ‘working’ be captured in language?” (p. xiii). These are the questions with which Karen Engle opens *Chronic Conditions*, a memoir about Engle's experiences with multiple chronic illnesses.

These opening questions are not new; neither are they settled. How do we put chronic and invisible pain to language? Attempts to capture pain in language and narrative have ballooned into a genre of their own, one nicknamed “Sick Lit.” Leslie Jamison’s sleeper bestseller, *The Empathy Exams: Essays* (2014) responded to a “post-wounded” world by interweaving the author's explorations of her own experiences of somatic pain with her attempts to comprehend the pain of people in wildly different circumstances. Sarah Manguso’s *Two Kinds of Decay: A Memoir* (2008) recounts in elliptical prose her Epstein-Barr sickness. Abby Norman wove her story of endometriosis within a history of dismissed women in pain in *Ask Me about My Uterus: A Quest to Make Doctors Believe in Women's Pain* (2018). Porochista Khakpour’s much-lauded *Sick: A Memoir* (2018) takes readers into her brazenly chaotic world of chronic Lyme. Esmé Weijun Wang reflects on what it means to live with schizophrenia in *The Collected Schizophrenias* (2019), and Meghan O’Rourke has examined her long autoimmune journey in *The Invisible Kingdom: Reimagining Chronic Illness* (2022). This is not to mention the manifold social media accounts devoted to chronicling chronic illness and the accompanying large body of scholarship that tracks and analyzes these social media compositions.

Of course, just because others have written on a topic is no reason not to continue to investigate that topic. In fact, the collective, undaunted will to try to fit pain to language accounts for part of the power of illness memoirs. It's an impossible task, and so many have tried, and yet here is another attempt to capture pain in language, to connect through story. Still—Engle might find that a more
relevant question than whether it’s possible to write about chronic and invisible pain might be to probe what it takes to write about one’s own experience of pain at a time when everyone—in Instagram posts, in touted memoirs, in short articles—seems to be doing so. What does *Chronic Conditions* contribute to the polyvocal space of the chronic illness memoir? My response to this question changed as I read and continued to think about *Chronic Conditions*; in this review, I describe my initial impressions that the memoir might not be pushing questions of pain and language into new territory and how these concerns gave way to a new understanding of work of embodied testimony.

Chapter 1, “Telling Stories Chronically,” begins with an account of Engle’s house, which looks fine when, in fact, its wiring is awry. Engle then accounts for her own body’s poor wiring. She reports on her diagnoses: fibromyalgia, temporomandibular disorder (TMD), and vertigo. The chapter reviews medical definitions of pain and avers that clinical definitions do not capture Engle’s—or, likely, anyone’s—lived experience with chronic pain. However, there is little consideration of the purpose of clinical accounts and metrics for pain; clinical definitions and protocols, such as the International Association for the Study of Pain’s definition of pain, are meant to assist practitioners in diagnosing pain, not capture the complexity of a patient’s own story.

The chapters that follow each tell the story of one of Engle’s interrelated diagnoses. “Foot Notes” begins with another anecdote—this one describes how Engle walked great distances in college, often with a friend, who suffered chronic foot and hip pain. Engle dips into other feet-related memories: her preference for clompy shoes in grade school, her turn to cowboy boots, her engagement with famous walking authors like Ralph Waldo Emerson, Virginia Woolf, and Rebecca Solnit—and then introduces her own foot pain onset and traces this pain to her fibromyalgia diagnosis, secured at age twenty-two. Engle briefly traces some strands of fibromyalgia’s history but devotes most of the chapter to comparison of two visual depictions of the twelve tender points used as a clinical tool to diagnose likely fibromyalgia. I’ll summarize Engle’s analysis here as it is representative of Engle’s reflections on art and literature, woven throughout her memoir.

Engle considers an older adaptation of Jean-Baptiste Regnault’s 1793 painting *The Three Graces* to depict the twelve points, and a nineteenth-century medical illustration used to depict Jean-Martin Charcot’s so-called hysterogenic zones. Comparing the two depictions, Engle writes, “Regnault’s Graces exude a breezy, feminine sensuality in contrast to Charcot’s hysteric with her blocky, wide-hipped and bald body. She reminds me of medic-scientific photography of the period ... using this pseudo-scientific, matter-of-fact frontal view. Regnault’s beauties, who are primarily interacting with each other, seem as though they have just arrived in this intimate circle. I imagine them walking from disparate points in a secret garden to meet each other ... Charcot’s hysteric, by contrast, is rooted and stationary. I can’t image her walking anywhere, ever” (p. 38).

As with many of Engle’s palimpsests of personal experiences and analyses of Western art and literature, I wasn’t sure what the insight was. One medical depiction shows women as occupied in their own worlds, and another depicts the patient as a diagnosable specimen. I wanted to see Engle push this comparison into an argument or an emergent insight.

The next chapter, “JAWS,” opens again with an anecdote; we learn that Engle receives magazines for dental supplies because she once mistakenly ordered two thousand cotton balls to be delivered to her home. We follow Engle on her “diagnostic odyssey” that begins with a clicking jaw and ends with a TMD diagnosis (p. 85). Along the way, doctors advise Engle to reduce her stress,
a recommendation that compels a briefly more political consideration of chronic pain: “The inadequacy of such correctives lies in their purely individual nature. Never have I heard a doctor tell me we need to break the stranglehold of late capitalist neoliberal practices to help people lower the surging levels of cortisol in their bodies” (p. 47). Engle finds momentary respite from a billboard-advertised doctor, whom she consults against her better judgment.

The next chapter, “Spin Cycles,” opens with a cursory reflection on the nature of memory and then tells the story of Engle’s vertigo, the experience that forced her to ask for a medical leave from work. Engle describes in harrowing detail a first day of class in which her vertigo left her unable to teach her confused students. She dismissed the class, lurched back to her office, and then spiraled down another medical morass of pain without solution. Engle again finds fleeting respite in fringe, alternative therapies, but mainly trudges forward into her new reality of “weathering the storms” (p. 79).

In the final chapter, “The Waves,” the experience of chronic illness, and its accretive toll, confronts the reader. Engle mires her reader with lists. We feel the weight of all of the providers and specialists she has consulted. In this visceral chapter, Engle steps away from engagement with Western art and literature and faces more head-on her embodied experiences, the world-narrowing nature of pain, and her creeping despair. In doing so, she describes many experiences that will be bone-deep familiar to those who have also lived with chronic pain and that will provide, for others, a portal into the daily grind of chronic illness.

Engle describes, for example, the fleeting pride that comes with being deemed a good patient: “depending on how the room feels, I may venture to say that I have received a chronic pain diagnosis while reassuring the practitioner that I don’t actually place that much stock in the label fibromyalgia” and relates “there is an energy that leaves the room when you use that word, like air escaping a balloon. It makes everyone tired” (p. 87). She recalls the “sun dappled” hope that can follow a treatment that seems to work, that lets a sufferer experience, momentarily, a “glorious nothing” (p. 55). Engle’s writing about her own experience captures the unresolved grief that comes when she pauses to look back at all the time and money and energy forsaken to pain. Engle mourns that “the expenditure of time, and of money, that has flowed through my hands has amounted to a compulsive repetition of hope and hopes dashed, of waves crashing against a lighthouse. I am tired. And still, something in me insists that this body I inhabit doesn’t have to feel this way” (p. 97).

It was this memorable chapter (“The Waves”) and its reachings—its reaching to describe pain and chronicity, its reaching to be ok with “weathering the storm,” its reaching for connection and meaning outside of tunnel-vision pain, and its reaching for health—that made me reconsider some of my frustrations with the book.

As I prepared to write this review, I had a list of things that I wanted from this book. I wished for engagement with critical disability studies, a field in which many scholars, writers, and activists have grappled with meanings of chronicity and invisible illness. I wanted more political stakes about sickness and disability. I wanted a less Western canon of reference. And I wanted to see Engle situate herself in the burgeoning genre of chronic illness memoir and personal writing. I wanted arguments that pulled together the personal, scientific, historical, and literary to craft an insight.

But maybe my desire for argument and insight—and the book’s refusal of them—was part of the story.

Take the chapters’ opening anecdotes, for example. These stories, usually from the author’s past, her childhood and young adulthood, never really line up with the rest of each chapter, each of which focuses on Engle’s illness progression. In
my first reading, I found the lack of return to these opening anecdotes frustrating. Why had I just read about the author as a child and her friend walking to school? The cotton balls—who cares? Later I saw these stunted starts and shards of memory as part of the project of coming to terms with the self in illness. I found Engle's memoir more insightful when I considered the book less as an attempt to answer the question of whether anyone can write or visualize chronic, invisible pain, as the opening pages claim, and more so as one writer's attempt to make her own life and its unexpected rerouting into the annals of chronic illness intelligible to others, to her readers, and—perhaps most of all—to herself.

Throughout the book, we follow Engle as she collects and weaves together, often in starts and stops, the materials that she knows—art, literature, memories from her childhood—and the materials with which she has unexpectedly become over-familiar—diagnoses, medical textbook images, doctors’ one-liners, alternative and hyped cures, histories of wandering wombs. As readers, we see the way that all of these sources mingle in Engle's world and both sustain her and leave her with dead ends and disappointments. This memoir does not map out full arguments and carefully formed insights. Instead, there's testimony. There's testimony of trying to make one's self intelligible, even in the aftermath of an unrecognizable embodiment. Most of all, there's testimony to how messy, precarious, and unsettling life in a body, especially life in a body in pain, can be.

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