



Emily Waples //

Emily Dickinson, we know, did not title her poems. But when Mabel Loomis Todd and Thomas Wentworth Higginson set out to publish their first edition of Dickinson's work in 1890, four years after her death, they took this liberty. What contemporary readers of R.W. Franklin's edition may now know as poem #760, "Pain—has an Element of Blank—," Todd and Higginson chose to title "The Mystery of Pain."

Because what could be more mysterious, after all, more obscure and inscrutable, than the body's intangible interiors?

Sarah Ramey narrates her unwitting entry into these perplexities in *The Lady's Handbook for Her Mysterious Illness*, a self-described "gynecologic and colorectal memoir" (3) published this past March. Joining an expanding canon of contemporary annalists of the chronic and/or cryptic illness—Sarah Manguso, Jennifer Brea, Johanna Hedva, Porochista Khakpour, Esmé Weijun Wang, Meghan O'Rourke, Amy Berkowitz—Ramey (known in other circles as the musician Wolf Larsen) chronicles a years-long odyssey with inexplicable and excruciating symptoms, harrowing encounters with providers, and attendant medical trauma. Simultaneously sprawling and sparse—occupying hundreds of pages yet punctuated by terse one-liners—Ramey's memoir contributes to a growing body of autobiographical work addressing the gendered dimensions of "mysterious illnesses": in particular, the constellation of ill-understood autoimmune disorders and chronic pain

conditions—fibromyalgia, chronic fatigue syndrome (CFS) or myalgic encephalomyelitis (ME), mast cell activation syndrome (MCAS), postural orthostatic tachycardia syndrome (POTS), hypermobile Ehlers-Danlos syndrome (hEDS)—that tend to disproportionately affect women.

Not to be outdone by the classificatory jargon of biomedicine, Ramey proposes an acronym of her own: WOMI, “woman with a mysterious illness.” This codification characterizes an identity category that coheres not only in the experience of embodiment, but in the experience of marginalization and abuse by the medical establishment, like the “health-care gaslighting” perpetuated by the dismissal and normalization of women’s pain—a practice, we might note, that is leveraged in especially insidious and damaging ways against Black women. Stark disparities in treatment and research leave WOMIs like Ramey thrust into the territory that biomedicine has left uncharted.

With its tongue-in-cheek title, Ramey’s book both evokes and challenges a long-established history of medical self-help writing. Domestic manuals of the “Every Man His Own Doctor” tradition have long sought to equip lay readers with the knowledge necessary to diagnose and treat their ills; John Ball’s *The Female Physician, or, Every Woman Her Own Doctress* (1770), for instance, aimed to illuminate “all that is necessary to be known in the CURE of several DISORDERS to which the FAIR SEX are liable”—in other words, to engage in the demystification of gendered complaints. In the nineteenth century, American women health reformers like Elizabeth Blackwell and Mary Sargeant Gove Nichols similarly implored their sex to self-diagnose and self-treat, while largely attributing the “degenerated” state of women’s bodies—and the American body politic broadly—to factors like poor ventilation, lack of exercise, tight-lacing, and decadent diets: in other words, to the artificialities of civilization they saw as progressively vitiating a “natural” state of health.

While Ramey’s “handbook” is at its core a memoir, steeped in the subjective and the idiosyncratic, it also ventures into “semiprescriptive territory”—“a very fraught and uncertain part of the mystery illness story,” as she acknowledges (286). For instance, Ramey includes acronymized advice like JERF (“just eat real food”): a rejoinder to the gut-disordering effects of the Standard American Diet, or SAD (340). In doing so, she echoes the injunctions of the health manuals of a century and a half ago, which warned against the “mischief” arising from “the heterogeneous mixture of articles which so often characterizes American diet” (Blackwell 77); as Nichols asserted in her *Lectures to Ladies on Anatomy and Physiology*, “Our object is to become convinced what diet is best for us, what is most conducive to us, physically, mentally and morally” (150).

The appeals for self-healing persist as the illnesses do—and as the inefficacy of medicine does, prompting the impetus Ramey articulates: “Dang it all—I want to save you” (287).

Like any medical mystery, *The Lady’s Handbook for Her Mysterious Illness* enumerates efforts to identify an etiology, a key to bodily mythologies: “Occam’s razor. A label. A name.” (37). For a WOMI, Ramey explains, being bestowed with a diagnosis “is useful and such a relief when it first happens. She gets the long-wished-for-name, a way to communicate to others, a Wikipedia page of her very own. She is valid, she is real, and she has found the secret scroll to prove it” (106). Indeed, the desire

for exoneration—to be reassured that one is “not a fibber, not an exaggerator, not a hypochondriac, not a malingerer” (106)—has assumed special significance in the digital age, as social media has not only contributed to increased visibility of chronic illness and the creation of communities of care, but also spawned a “politics of disbelief” propagated in spaces like the notorious subreddit *r/illnessfakers*. And yet the mechanisms of demystification are fraught, Ramey shows: the tidy diagnosis does not guarantee healing. Sometimes medicine, to borrow from W.H. Auden, *makes nothing happen*.

And the patient? Well, she *survives*, somehow. *A way of happening, a mouth*.

The uncertain spaces and temporalities of chronic illness—the narratives unmoored from a teleology of either healing or dying—will also be familiar to students of the nineteenth century, the era of hysteria. Alice James—the OG WOMI, if you will—was well-versed in this kind of liminality: “And then these doctors tell you that you will die, or *recover!* But you *don’t* recover,” she complained in her diary in 1890, age forty-two; “I have been at these alternations since I was nineteen and I am neither dead nor recovered” (142). Eight months later, she would ecstatically report of having received the grim diagnosis of breast cancer, an untreatable disease that would kill her within a year: “Ever since I have been ill,” she explains, “I have longed and longed for some palpable disease, no matter how conventionally dreadful a label it might have, but I was always driven back to stagger along under the monstrous mass of subjective sensations” (206).

Similarly undone by a “monstrous mass of subjective sensations,” Ramey reclaims the hysteric by refiguring her as the Heroine: the Persephone prototype whose narrative is characterized not by the heroic quest, but by the darker “story of descent” (220). Yet of course, as Ramey’s narrative itself illustrates, this does not necessarily mean that the Heroine emerges from the mystery; sometimes, she only comes to inhabit it: “enlightened to perceive / New Periods—of pain.”

Cover Image: Jan Steen, “The Sick Woman.” *Wikimedia Commons*.

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