Book Reviews

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Honeyman, Susan E. Child Pain, Migraine, and Invisible Disability. New York: Routledge.

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Honeyman's book offers a unique insight into the world of those who suffer from pain, particularly children who endure the challenges and anguish associated with migraine pain. For centuries, people have suffered from this ailment, however few have recognized it as a problem for children. In fact, as Honeyman points out "the needs of children in pain have traditionally been minimalized or overlooked" while adult pain has been recognized and dealt with in a more diligent fashion by the medical establishment. In other words, adult pain tends to be emphasized, while the pain of children tends to be considered less intense. Using information obtained from thirty respondents, as well as relying on her own experiences with migraines, Honeyman delves into the individual circumstances surrounding those who have suffered for years from migraines. Along with these personal migraineur[i] accounts, the author introduces the reader to the history of migraine pain, the medical establishment's reaction, and to various literary and visual sources (past and present) that illustrate the prevalence of migraine pain in popular culture.

As discussed by Honeyman, child pain has been ignored not only by the general public, but also by medical professionals. Even if a child is suffering debilitating agony, this agony has been silenced due to the widespread belief that "children do not feel pain in the same way that adults do" (p. 28). In fact, it was stated in the book that until the late 1980s, "infants underwent major surgery without anesthesia and no post-operative pain medication" (p. 28). The only drug that was administered to them at the time was one that paralyzed them throughout the surgery. They remained awake, and painfully aware of what was happening to them. Honeyman goes further in her analysis and points out that by the mid-2000s, children were still being under-medicated and not provided with enough pain relief after surgery. Ironically, at the same time, tens of thousands of American children were being over-medicated with performance-enhancing drugs and Ritalin (for those suffering from ADHD). This leads the reader to question why medication is continuously being withheld in some situations and yet is readily available in others? Interestingly enough, it seems that for pain sufferers, medical beliefs and policy are very slow to change.

One problem with trying to identify child pain is the fact that babies and toddlers are not able to verbalize the pain that they are feeling. As such, it is left up to adults to recognize non-verbal cues, many of whom do not pick up on the signals. In other cases, the pain may be hidden in that the child that is experiencing the pain may come to quickly realize that if he or she moves her body or turns her head too quickly, the pain level will increase significantly. As a result, the child remains quiet and still and to the adult eye, the child seems to be healthy and serene. Another reason as to why child pain is difficult to diagnose is that some children believe that their parents will dislike or hate them if they are ill. Children are cognizant of the fact that they are expected to be healthy like other children. This belief puts pressure on the suffering child to conform to societal expectations of good health.

With migraine pain, Honeyman indicates that there are some discernible symptoms including “moderate or severe unilateral head pain, nausea/vomiting, photophobia, [and] phonophobia,” as well as “hallucination, partial blindness, or paralysis” (p. 10). While studies have been done estimating the number of adult migraineurs, how often they experience migraines, and how much time their illness has affected their jobs and the country’s economic activity as a whole, child migraineurs have received little attention. Therefore, migraine pain is more closely associated with adults rather than with children, even though research has identified the fact that many adults first experienced their first migraines when they were children (i.e., before the age of twelve). The author remembered her first migraine occurring while she was in Grade 4. As discussed by Honeyman, various situations within the school setting triggers children's migraines such as general school stress, exam stress (before, during or after), as well as the times when teachers assign heavy workloads. Other potential triggers included a lack of sleep, increasing use of technology, and the drinking of soda pop (which contains high levels of sugar). When the children's diets were modified or therapeutic changes in their lifestyle occurred, the incidence of suffering from migraines decreased. They also tended to decline when the children were on holidays. Even though some children found respite from time to time, there were others who continued to face problems when trying to receive assistance for their ongoing pain. Often, when they self-reported, child migraineurs were confronted with skepticism, told that they were lying, or that they were exaggerating. In short, they were treated with suspicion and not taken seriously.

In order to obtain a fuller understanding of societal attitudes towards migraineurs, Honeyman introduces the reader to a comprehensive analysis of fictional accounts and folkloric visualizations relating to migraine episodes. From analyzing religious history in "The Master and Margarita," to 19th century Spain in "Fortunata and Jacinta," to a 1950s Tunisian household in "The Silences of the Palace," to 1940s California, USA in "The Wayward Bus," the author illustrates how prevalent migraine sufferers were among the population by identifying characters who suffered from migraines in the stories or visualizations. Issues of marginality were also discussed in various literary examples, as was the lack of sympathy for those children who had experienced migraines. In addition, as stated by Honeyman:

> We do not usually see a child with migraine or even a child in pain as a subject, especially in a legitimizing narrative focalized through their experience. Instead, they serve as objects to reflect the metaphorical 'pain' of others, or at least their migraine performs it. (p. 82)

One of the most noteworthy aspects of this book is the personal reflection of the author as depicted in the Afterward (pp. 166-177). Honeyman sets out the timeline of her life beginning with the difficulties of her birth, the chronic kidney infection she had when she was three years old, as well as the migraines she experienced throughout her childhood. She expressed surprise to find out that not all people suffer from migraines, embarrassment when she had to excuse herself from activities because of 'headaches' (which she felt sounded like a lame excuse), and unhappiness when she asked herself, "Can people really love something – someone – that nature has spurned?" (p. 167) Honeyman tells of the triggers which led to her migraines such as drinking Kool-Aid and how she associated the colour red with pain. She discussed the never-ending pain of being a child migraineur and how she wished over and over again that she could live a pain-free life. After years of suffering, she spoke of how her wish finally came true when she tried a new medication, Triptan, when she was in her early twenties. With her pain relieved, she indicated that she could finally live a better life. Her excitement over this change was evident when she stated that, "her twenties were a blast."

Honeyman's book is a unique one as it provides an in-depth analysis of a medical condition that many people know very little about. The book's strength is in the historical background that is provided, the narratives of the thirty individuals that she spoke with, and the societal reactions, expectations, and literature that surround this illness. In addition to being an informative book that lays out the realities of children and adults living with migraines, is the author’s description of her own life as a migraineur and how she coped through all of those years in pain and despair. In terms of style, Honeyman’s book is well written, set out in a logical fashion and is a compelling read. I highly recommend this book especially for academics and students involved with sociology, psychology, child development, law (particularly those interested in children’s rights) as well as those in the medical field.

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[i] As set out on page 7, Honeyman has created the term ‘migraineur’ as she feels that this term is less ”patheticizing” as compared to such labels as “person with migraine,” “migraine sufferer” or “victim of migraine.”