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*The Story of Pain: From Prayers to Painkillers* by Joanna Bourke, and: *Pain and Suffering* by Ronald Schleifer (review)

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**Joanna Bourke.** *The Story of Pain: From Prayers to Painkillers.* Oxford: Oxford University Press, 2014. xii + 396pp. Clothbound, \$34.95.

**Ronald Schleifer.** *Pain and Suffering.* New York: Routledge, 2014. xii + 169pp. Paperback, \$34.95.

Pain is an overwhelming experience. It imprisons the one experiencing it in a pitiless and all-encompassing present that can only be fully grasped by the one in pain. From Alphonse Daudet's evocative nineteenth-century notes on pain to Elaine Scarry's canonical *The Body in Pain: The Making and Unmaking of the World*, writers have repeatedly emphasized pain's essentially private and privatizing components. This insight, Joanna Bourke's and Ronald Schleifer's new studies suggest, only tells part of the story. Both studies argue that pain is a sharable event, one that mediates between the private and public. However much the pain-event differs for the one being in it and the one witnessing it (and both authors point out that studies using fMRI technologies suggests that these experiences are actually not that far apart), pain is, as Daudet remarks in passing, experienced and communicated to an "entourage."<sup>1</sup> Pain is—however insufficiently—shared, and this process of transmission always draws on the particular environment in which it is experienced.

"Pain events are inherently social and, therefore, integral to the creation of communities" (46). Bourke makes this surprising claim in her ambitious study. And in her exploration of the many narratives emerging out of these communities—homes, hospitals, and workhouses—she carefully takes apart the many layers of cultural construction that partake in the *expression* of pain, which has been significantly less explored than its alleviation. The sheer diversity and breadth of the exceptionally rich material she examines within the Anglo-American context, from the eighteenth century to the present, and the intellectual vigor of the Foucauldian analysis she constructs in the nine interconnected chapters will certainly make *The Story of Pain* a useful reference work for researchers working on pain from various disciplines. Additionally, this remarkably well-written book presents historical scholarship in an accessible manner, without sacrificing its academic rigor or compromising its meticulously detailed readings.

In Bourke's revisiting of a number of well-established claims about pain, she sets out to turn many of them upside down. At the beginning of this immersion into the community-producing nature of pain stands Bourke's objection to Scarry's view that pain "resists" and

"destroys" language (4). Bourke posits that Scarry has fallen into an "ontological fallacy" by having reified "pain" instead of having focused on the "person-in-pain," who cannot but produce language that may or may not voice that resistance (5). Instead, Bourke's maxim comes from the eighteenth-century English physician Peter Mere Latham's telling prescription, "let pain be spoken of simply as pain" (9), and what she thereby achieves is to preserve pain's "unspeakability," while at the same time emphasizing that this very "unspeakability" is relentlessly spoken about. At the beginning of her third chapter, "Metaphor," this challenge to speech leads her to take to task Susan Sontag's call to avoid metaphors when speaking about illness, because metaphors allow us to "impose (and communicate) some kind of order" onto pain-events (55), an order which, again, reflects a wider frame of reference informed by "the way people experience their worlds" at a particular moment in time (58). Bourke substantiates Sontag's well-known military metaphors of pain with a range of examples that draw on electrical and mechanical images, thereby linking pain metaphors to various stages of industrialization. Different uses of figurative language also reveal different conceptualizations of pain based on gender, religion, and ethnicity. It perhaps comes as no surprise that female sufferers often draw on metaphors from the domestic sphere instead of turning to imagery linked to warfare and industry, and that medical sociologists have found significant differences in the pain-languages used by Italian-Americans and Irish-Americans (85).

Bourke makes peace with Sontag, however, when she turns to one of her less cited short stories, "Man with a Pain," that portrays the difficulty of finding the "right" metaphor for the pain in question. Metaphors of pain construct their own systems of reference, and by teaching us the historical sensibility needed to decipher them, Bourke powerfully claims that pain generates communication, because the "relationship between body, language, and cultural interactions is a dynamic, inter-reactive one" (87). This "inter-reactive" process is also what makes Bourke's study a strong opponent to Cartesian dualism (Bourke uses pain and suffering interchangeably), as "pain undermines mind-body dichotomies" (86). When Bourke proposes to consider the "body-in-pain," a turn of argument that suggests a return to Scarry, the body cannot be distinguished from the mind that inhabits it. Languages of pain are embodied and include gestures and facial expressions, and in our modern approaches to pain that seek to relieve and eradicate it, this body language is made redundant with the use of X-rays, brain imaging, and other technological tests. What thereby

goes astray, as Bourke lays out in the chapter entitled "Gesture," is an expressiveness that used to be not only thought of as diagnostically relevant, but also regarded as an integral part of the healing process. An article from 1904 entitled "The cry of pain" from the *Lancet* suggested that regardless of whether a person-in-pain could hear her own cry, the performance of it, the muscular tension that accompanied it, often resulted in an alleviation of pain (163).

The idea that bodily expression is not only cathartic, but also that pain itself is meaningful and restorative for the one experiencing it, is exemplified in biblical models of suffering and disseminated by religious language. Pain, thought of as a consequence of sin, is understood as having a divine and mysterious purpose, leading to personal improvement and ultimately salvation if endured in silent passivity. But while religious metaphors have largely declined, Bourke cites a 1974 survey, according to which suffering still carries a religious connotation for a majority of American patients (122). God might have been replaced by the physician, but the moral function of pain remains, as the book's chapter on religion proposes. In fact, doctors were reminded in a 1930 article in the *British Medical Journal* that it was their responsibility to inform their patients that the pain they were experiencing might have been a consequence of their moral shortcomings (128).

If new methods of pain relief became partially responsible for voiding the theological calculation of pain's value and its associated expression in language, physicians increasingly came to doubt the value of patients' allusive and misleading pain narratives as part of the diagnostic process. In the chapter entitled "Diagnosis," Bourke examines the move away from pain-talk for diagnostic purposes, the limitations of attempts to measure pain numerically, and the systemized linguistic transposition of pain in the 1960s offered by the McGill pain questionnaire. Her poignant critique of this assessment tool emphasizes to what extent its findings are "untranslatable" and largely based on the "curious assumption that British and American societies are mono-cultural and mono-linguistic" (151). Moreover, the prescriptive aspect of the questionnaire's language often deprives pain language of its figurative richness, especially when "lengthy, narrative-driven stories are jettisoned for (largely) adjectival lists" (153). This reduction, Bourke asserts, is particularly true of narratives constructed by children in pain.

Infants and other "not-fully-human peoples," such as non-Europeans and women, are at the heart of the final and thematically interconnected third part of Bourke's book (193). Based on an exploration of sentience, Bourke examines how "sympathy" and "pain relief"

were—and still are—distributed according to the assumption that pain sensitivity is relative. Bourke masterfully unpacks the racist, classist, and sexist beliefs regarding thresholds of pain, which not only point to underlying power structures, but also determine the distribution of pain relief. The “Chain of Feeling,” an assumption that every creature is endowed with a God-given, relative pain sensibility, originally based on nineteenth-century writings by Charles Bell and George Augustus Rowell, has, Bourke shows, persisted. These prejudiced assumptions are, moreover, often contradictory. On the one hand, an assumed physiological insensibility meant that certain people had less developed and less sensitive bodies; on the other hand, some people were rated inferior based on the opposite reasons, namely that they were overly sensitive. Particularly striking is the example of an African American woman’s labor, which is downplayed in 1916 as “[t]hese niggers make an awful ‘to-do’ about nothing” by an attending nurse (213).

When turning to accusations concerning physicians’ apparent lack of sensitivity towards their patients, Bourke points to the shifting grounds upon which physicians base their self-defenses while proclaiming the innate humanity of their vocation. In this context, she convincingly takes apart the concepts of “sympathy” and “empathy.” Highlighting the extent to which sympathy has been regarded as an inherent moral and bodily quality, Bourke also points to the challenges of empathy, which places health professionals in a constant balancing act between identifying with patients and simultaneously creating and maintaining a distance from them. Bourke raises doubts whether the switch in focus from “sympathy” to “empathy” as a way to think about the physician’s ideal sensitivity towards the patient can undo the inherently “unequal positions” of doctor and patient (268). Bourke furthermore opposes the view that a decline of sympathy coincided with the move from home to hospital medicine, insisting instead that claims of and defenses against insensitivity are part of a longer history of the doctor-patient relationship. Her appeal to proponents of narrative medicine and researchers in the medical humanities to integrate their concerns regarding the importance of storytelling into a wider historical perspective is certainly justified. Given, however, that the material she assesses falls precisely into the time period that saw significant changes in “medical teaching, technologies, or ethos” (269), this claim might have been substantiated further. Nonetheless, the urgency of her call, which permeates the entire book, is poignantly formulated in the final chapter, where she writes that despite the community-producing nature of pain, “there was and still is nothing democratic about pain”

(299). Pain relief is widely available nowadays, but economic and social concerns guide its distribution just as much as moral anxieties and the fear of spiritual dangers. Given recent developments in the areas of pain treatment, it is somewhat surprising that Bourke does not spend more time on palliative and end-of-life care, as these are initiatives that aim to facilitate the wish she formulates in her closing argument, namely, that knowledge of history might allow us to “suffer better” (302).

Ronald Schleifer’s *Pain and Suffering* begins where Bourke ends. Schleifer’s convincing contextualization of the physiological and phenomenological features of human pain addresses topics such as pain asymbolia, chronic pain, phantom pain, and the various treatments available for pain relief that are inevitably less central to Bourke’s historical approach. Schleifer’s book is clearly written and elegantly arranged in three main sections on the nature of pain, the experience of pain, and living with pain, with the final part proposing actual strategies for caregivers faced with patients in pain. This practical perspective informs Schleifer’s overall narrative approach, and the study will certainly be valuable to healthcare professionals, but also to those interested in an introduction to the philosophical challenges of pain and their physiological foundations. The book’s aim is to outline how pain mediates between science and culture—an approach that informed Schleifer’s earlier work on Tourette Syndrome. His taking up of the duality of pain and suffering in the title therefore aims less at outlining an opposition between body and mind than at emphasizing that pain-events imply a converging of scientific and humanistic discourses. This is also where he, like Bourke, challenges Scarry, whose “voicelessness” of pain “does not quite capture pain as a *social* phenomenon” (12), because regardless of the idiosyncratic nature of pain, the scientific event of pain and the human experience of suffering have always also lent themselves to representation.

Schleifer casts a critical eye on Patrick Wall and Ronald Melzack’s influential 1965 gate control theory of pain, which suggested a non-linear transmission of pain. This theory is contrasted with the model of two separate neuro-physiological systems, the Pain Sensory System and the Pain Inhibiting System. Regardless of the model in question, Schleifer argues that it is clear that “rather than just reacting to pain, the brain actually generates messages that influence the perception of pain” (36). Valerie Hardcastle’s *The Myth of Pain* is the primary work he engages in the book’s first section, and while this part sometimes reads like an extended commentary on Hardcastle, Schleifer’s critique

of her and Nicola Grahek's materialist neurological descriptions of pain, the phenomenon of "painfulness without pain" (42), chronic pain, and the tension between the sensation and perception of pain, is always informed and relevant. Of particular interest is the reading of Melzack's later theory of the "neuromatrix," as it is "positing a theory of the experience of 'selfhood' on the basis of the experience of pain" (53). This leads Schleifer to make the case that pain is meaningful for our understanding of personhood, but also allows him to take the distinction between acute and chronic pain seriously. Unlike chronic pain, acute pain ends and can thereby take on meaning or be associated with the positive functions of alarm, protection, and prevention from further harm (94).

Literary accounts of pain, such as those presented in Hemingway, Daudet, and Joyce, are repeatedly turned to as illustrations, and the reading of Emily Dickinson's poem on pain intertwined with physiological and phenomenological literature is certainly a highpoint of the volume. In particular, Schleifer's insistence on the temporal dimension of pain, its "futurelessness" that, as Eric Cassell maintains, "reduces all time to the *blank moment* of pain itself" and thereby unravels the orderly life, is particularly effective (97). Importantly, Schleifer also considers the emotional richness associated with the processing of pain—fear, loneliness, helplessness, guilt, and anger are emotions that not only accompany pain, but actually act as its "intensifiers" (98). For this reason, Schleifer argues, it is important that they are identified and addressed as such in the doctor-patient encounter. Moreover, the emphasis on the emotional diversity of pain also comes with a brief overview of the biases regarding infant pain, gender, religion, and cross-cultural perceptions of pain, but most importantly, perhaps, the focus on emotional diversity allows Schleifer to point to Scarry's emphasis on the fact that pain not only "unmakes," but "makes" the world in its "creation of the necessity to make sense of its harrowing facticity" (103). His discussion of the relationship of pain to religion, and concomitantly the interrelation of pain and pleasure and the creation of meaning, emphasizes that Schleifer shares Bourke's view that pain builds communities. This, it seems, is also confirmed by recent findings in experimental psychology, such as the work of Brock Bastian, which not only shows that painful experiences can promote cooperation within social groups, but also demonstrates that shared pain may itself act as an important trigger for group formation.<sup>2</sup>

While pain can be understood scientifically, it is neither an exemplary nor an Aristotelian definition of pain that will allow us to

come up with a framework for successfully dealing with it from the vantage point of health care, which, as the final section of the book proposes, can only be achieved through the adoption of a functional definition. This approach takes into account the subjectiveness of the experiences of pain while at the same time pointing to how these experiences transform the world of the sufferer. Such a definition might lead to effective pain relief because it would facilitate patient-physician communication about pain, a conversation that should consist of careful and active listening, observation, and the acknowledgement of pain as such. Unlike Bourke, Schleifer is less critical of the historical and hierarchical implications, and the classist undertones, of the concept of “empathy,” which he defines based on an interview with Rita Charon, as the recognition of someone else’s pain and the inherent draw towards engagement with the person in pain, which ultimately leads to a “kind of identification” between physician and patient (140).

Bourke’s and Schleifer’s books record fascinating stories of pain, revealing pain to be a scientific fact as well as a profoundly human experience. The diversity of their perspectives echo Daudet’s poignant words, namely that there is “no general theory about pain. Each patient discovers his own, and the nature of pain varies, like a singer’s voice, according to the acoustics of the hall.”<sup>3</sup> Because these voices often produce cacophonies, we need to become better readers of and listeners to the “acoustics” of pain.

Anna Magdalena Elsner

## NOTES

1. Daudet, *In the Land of Pain*, 19 (this is a reference to the original term used in the French text, translated by Barnes as “those around him”).
2. Bastian, “Pain as Social Glue.”
3. Daudet, *In the Land of Pain*, 15.

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