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Introduction: Perspectives on Pain

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Throughout history, pain has been understood to be a universal yet intensely personal experience. For the eighteenth-century faithful, the agonies arising from a cancerous tumour might have been interpreted as a divine gift, an opportunity to submit fully to God's will, or even to be purged of sin. For the worn out mill-worker of the nineteenth century, the pain of a mangled arm caused by malfunctioning machinery could have been understood as an unjust punishment. Today's marathon runner may view pain as an endurance test, a barrier to be pushed through and past; a necessary means to a triumphant end.

Pain has meaning, which is formed out of the complex interactions taking place between the body, mind, and culture. As a result, it differs from person to person, social group to social group, and it changes over time and space. It is profoundly influenced by personal beliefs as well as social mores and temporal contexts. Sufferers from the past have grasped metaphors in order to convey their despair — 'a hundred windmills [...] turning round in my head', a 'blank whirlwind of emotion', 'a well of red, flowing anguish' — giving pain scholars insights into the subjective experiences of these historical 'actors'.¹ Such utterances, fragmented though they may be, provide chinks in the opaque veil of time that help us to connect with the past and understand how this 'thing' called pain has been — and continues to be — constructed through history and within different cultural contexts.

Unravelling the complex meanings of pain through rhetoric — whether expressed in texts, art, gestures, or performance — counters the assertions of literary scholar Elaine Scarry. In her influential and impressively scholarly monograph *The Body in Pain* (1985), Scarry claims that the experience of pain is unshareable because it is a private, subjective event that 'does not simply resist language but actively destroys it'. Physical pain, she continues, 'has no referential content. It is not *of* or *for* anything' and as a result it 'resists objectification in language'.² While this theory has been vigorously refuted by a growing number of historians and literary scholars, it has opened a rich new vein of scholarship, which has turned the focus away from pain as an entity in and of itself towards the narratives of 'people-in-pain'. Suffering bodily pain, we know, *can* generate language and creative expression.³

Scarry's incursion into pain territories was followed ten years later by the publication of Roselyne Rey's *The History of Pain* (1995). Rey took a long view, studying concepts from Graeco-Roman times until the 1950s. Concentrating primarily on changing scientific ideas around pain, the resulting monograph can seem somewhat narrow and one-dimensional.⁴ By contrast, literary critic Lucy Bending has examined change over a far shorter time period and produced a more layered and nuanced monograph on pain in the late nineteenth century.⁵ *The Representations of Bodily Pain in Late Nineteenth-Century English Culture* (2000) draws on literary and medical texts, as well as religious tracts, to illustrate how, while bodily pain is generally considered to be a sensation shared universally by all, it is experienced and communicated differently by each individual, depending on their position in society and the cultural context within which they exist.

The most recent historical monograph to be published on pain is Javier Moscoso's *Pain: A Cultural History* (2012), which sets out to reveal processes grounded in the arts, science, and in legislative practices that have shaped the cultural meaning of pain experiences from the Renaissance to the present day.⁶ Through an analysis of art and written narratives, Moscoso's book emphasizes the performative nature of pain as it is enacted in, for example, the torture chamber, the sick bed, and the operating theatre. This long pain drama twists and turns between the central actor, who is the person in pain, and the sympathetic or impassive onlooker, as each seeks to inculcate pain with meaning and value.

At the Birkbeck Pain Project, we are building on this body of scholarship by examining narratives of pain left both by pain sufferers and witnesses from the mid-eighteenth century to the present day. By analysing the language used to describe and express the sensation of pain within contemporaneous discourses, we can further our understanding of its subjective experience and cultural construction. Joanna Bourke (Principal Investigator) began the process of setting out the Project's perimeters in her first published essay that specifically addresses the topic, 'Pain and the Politics of Sympathy, Historical Reflections, 1760s to 1960s' (2011).⁷ She has subsequently deepened her analysis of pain narratives, examining them within a new theoretical perspective of pain as a 'type of event', as a way of being-in-the-world. Pain events are unstable, she argues. They are historically constituted and reconstituted in relation to language systems, social and environmental interactions, and bodily comportment. Crucially, pain is not an intrinsic quality of raw sensation; it is a way of perceiving an

experience. Pains are modes of perceptions: they are not the actual injury or noxious stimuli, but the way we evaluate the injury or stimuli. The historical question becomes, therefore: how has pain been *done* and what ideological work do acts of being-in-pain seek to achieve? By what mechanisms do these types of event change?⁸ This argument makes it clear that, although the Project's starting point is the contorted body, any attempt to separate somatic from psychological suffering is futile. The two are mutually inclusive, constantly reconstituting and redefining each other.

I

Body, Mind, and Culture

This issue of *19* has channelled our attention into the long nineteenth century. Some contributors have focused on rhetorical expressions of pain, while others have examined changing attitudes, primarily within the scientific and medical worlds. All probe beneath the surface to deepen our understanding of the meaning, utility, and 'value' of pain, collectively demonstrating a distinctive shift in the role of suffering during this period. The earlier belief that pain was a gift from God, providing a natural warning mechanism to protect the body from danger, as well as discouraging sin and crime through physical punishment, was, according to Lucy Bending, subsumed by a new concept of pain as an unwanted entity to be alleviated and treated (Bending, p. 2). While we agree broadly with this claim, we believe that the mid- to late nineteenth century accommodated *both* religious and scientific discourses, which were in a state of flux in many as the suffering individual constantly renegotiated one with the other. For example, the idea of pain as warning mechanism was illustrated by René Descartes in his well-known drawing 'The Path of Burning Pain' during the late seventeenth century, but continued to influence mind-body theories during the nineteenth century. **Joanna Bourke** has chosen this as the first of seven art works in 'The Sensible and Insensible Body: A Visual Essay' to demonstrate how the translation of pain into tangible images brings it into the public consciousness, raising the spectre of bodily suffering as being virtually intrinsic to the human condition.

At the turn of the nineteenth century, when pain was believed to have a strong social function in terms of extracting 'truth' through torture or dealing with errant behaviour through physical punishment such as flogging, debates around the humanity of

such methods were fomented. **Jeremy Davies** brings this into sharp focus in his essay on Jeremy Bentham who defended the use of torture for interrogational reasons, despite his ambivalence as to whether or not physical pain really could exert irresistible control over its victim's will. A central theme running through this piece charts the transformation in Bentham's theory of torture during the latter decades of the eighteenth century and its implications for Bentham's wider philosophical work. Indeed, it is fascinating to read how Bentham's utilitarian case for torture anticipated contemporary arguments that are still being debated.

To this day, pain continues to play a powerful role in many of the world's religions. While Christian justifications for pain were challenged during the nineteenth century, they remained useful for many adherents (Bending, pp. 52–81). **Carmen Mangion** explains a number of shifts in the religious discourse on the utility of pain: for example, martyrdom stories and physical mortification were less relevant as models for Catholic understandings of pain. Drawing on the biography of a Catholic nun, Margaret Hallahan, who spent the last years of her life in excruciating pain before she died in 1868, Mangion explores how Christian, and particularly Catholic, ideas on the utility of pain and coping with pain were adapted to *unwanted* pain. Pain, she argues, contributed to Hallahan's public (as well as private) identity; her corporeal suffering and its meanings were intrinsic to her life story. Hallahan's painful illness was used to affirm her sanctity but also became an epistemological tool used to define, reproduce, and reify Catholic ideals of living with pain-filled unwanted somatic suffering.

The Hallahan biography was published a year after her death during a period that was witnessing the major scientific turn of the nineteenth century. A profound transformation was taking place from the earlier practice of humoral medicine, which allowed the person-in-pain to be viewed and treated holistically, to new theories that conceptualized the body as a mechanism. New specialisms emerged, focusing the gaze of the obstetrician or the neurologist on certain parts of the body, reducing the individual to little more than a single organ or system. Furthermore, the physician no longer had to rely on the questionable subjective accounts of his patients. Instead, new technologies were at his (and more rarely her) disposal, enabling him to base his diagnosis on objective facts, bringing about a shift from the person to the disease, from the 'suffering individual' to the medical 'case' (Bourke, 'The Art of Medicine', p. 2421).

In the latter half of the nineteenth century, pain was increasingly reduced within the scientific community to little more than a symptom of a disease or injury. As Bending explains, ‘physiologists worked towards connecting the pain of the body with the body itself’ (p. 1). Objectified and discussed as an entity in its own right, seemingly with agency, it was stripped of social or cultural meaning. As **Daniel Goldberg** has shown, whether or not chronic pain was believed to exist without the presence of an identifiable lesion in late nineteenth-century America is as contested an issue today as it was then. In his article, Goldberg explains that while chronic pain did become invisible to some physicians, others were highly aware of and sensitive to the suffering of their patients. Indeed, American neurologists believed that if a patient was in pain, a lesion must exist, even if they were unable to detect it. This is an important point, and a valuable contribution to current debates around the implications of lesion-less pain.

Arguably, the most significant development in surgery was the introduction of anaesthetics during the 1840s, emboldening surgeons to perform ever more complex and invasive operations that might previously have been too traumatic for the patient to bear. Ether and chloroform permitted the surgeon to cut at his own pace, the insensible body before him rendered passive and immobile, like a corpse (Bourke, ‘The Art of Medicine’, p. 2421). No longer required to endure the pleading screams of agony, and all that this implied, the surgeon’s attitude towards pain inevitably changed in relation to shifting concepts of empathy, sympathy, and compassion. **Rob Boddice** explores the interplay of different species of compassion with regard to physiological practices in the final decades of the nineteenth century. Drawing on the lexicon from which ideals of late-Victorian compassion were formed, he illustrates their contested nature, demonstrating how physiologists developed their own concepts of compassion based on the theories of Darwin and Spencer. Within this purview, he examines the historical specificity of antivivisectionist compassion as well as ways in which pain in the laboratory was conceptualized, experienced, and managed ethically.

There is a vast nineteenth-century literature on pain, mainly written from clinical and scientific perspectives, but a great dearth of extant first-person pain narratives. This is particularly the case in respect of those written by people on the margins: the socially and economically disadvantaged who were often believed, on account of their class, ‘race’, and gender, to be less sensitive to pain (Bending, p. 4). **Mary Wilson Carpenter** demonstrates this point in her analysis of an evocative account of the cruel treatment

imposed by a medical student on Margaret Mathewson, a young woman with tuberculosis who became a surgical patient of Joseph Lister at the Royal Infirmary of Edinburgh. Through a close comparative analysis of two texts, both written by Mathewson, Wilson Carpenter demonstrates how, rather than being silenced and submissive in her role as a charity patient, Mathewson confidently articulated her own pain narrative. Within it, she described how Lister not only encouraged her to play an active part in understanding and treating her own condition, but to find her own voice and report maltreatment by the sadistic dresser.

II

Mind, Body, and Culture

While Margaret Mathewson's account provides an example of excruciating pain being inflicted by a brutal medical student, **Sarah Chaney** turns the focus towards those who inflict pain on themselves. Her article addresses the ways in which self-inflicted injury was understood during the late nineteenth century and argues that no clear distinction was made between bodily and mental suffering during this period. She traces the pathologization of self-inflicted injury from earlier philosophical approaches to a somatic model of self-mutilation that was advanced, in particular, by the German neurologist and psychiatrist Wilhelm Griesinger. To broaden the debate around how such injuries might have been understood, Chaney draws on records of asylum patients. During a period when insanity was increasingly believed to be grounded in physical aetiologies, it is not surprising that self-mutilation was seen as a response to physical, rather than emotional, pain. This somatic approach also permeated psychological models of self-inflicted injury developed by Richard von Krafft-Ebing in his concept of 'sexual anaesthesia', as well as William James's association of anaesthesia with the absence of emotion.

While many studies examine the psychological and cultural components of somatic pain, very few have focused on physical pain experienced by people with mental disorders. Chaney's research into self-mutilation is one example. Another is **Louise Hide's** work, which draws on delusional accounts in asylum case-books to gain a deeper understanding of the experience of pain in patients with *tabes dorsalis*, an agonizing form of tertiary syphilis. Hide bases her argument on the notion that some tabetic patients with mental symptoms experienced delusions that were misinterpretations of felt sensations.

Delusions are formed out of culturally constructed metaphors and, as such, Hide argues, can be read as pain narratives that provide invaluable insight into patients' subjective experiences of pain.

III

Conclusion

In this issue of *19*, we have set out to show how the understanding of pain — its uses, role, and function for the individual and society — changed dramatically over the nineteenth century. While there is no denying the existence of a biological component of pain in many cases — that all-important lesion — the experience of pain remains subjective and intensely cultural, too. Through ever-changing biomedical theories, socially constructed discourses, and the embodied consciousness, pain forges identities, and identities re-forged and reshape the felt experience of pain. Pain is a tightly interconnected and constantly shifting mesh of the physical, the psychological, and the cultural — continually reforming and redefining the person-in-pain.

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¹ Joanna Bourke, 'The Art of Medicine: Languages of Pain', *The Lancet*, 379 (2012), 2420–21 (p. 2420).

² Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985), pp. 4–5, emphasis in original.

³ Numerous works providing a cultural perspective on pain have been written by scholars across disciplines. In addition to those already cited in this introduction, the following key texts are noteworthy: David Biro, *The Language of Pain: Finding Words, Compassion, and Relief* (New York: Norton, 2010); *Pain and its Transformations: The Interface of Biology and Culture*, ed. by Sarah Coakley and Kay Kaufman Shelemay (Cambridge, MA: Harvard University Press, 2007); Esther Cohen, *The Modulated Scream: Pain in Late Medieval Culture* (Chicago: University of Chicago Press, 2010); Esther Cohen, 'The Animated Pain of the Body', *American Historical Review*, 105 (2000), 36–68; Esther Cohen, 'Towards a History of European Physical Sensibility: Pain in the Later Middle Ages', *Science in Context*, 8 (1995), 47–74; Arthur Kleinman, *The Illness Narratives: Suffering, Healing and the Human Condition* (New York: Basic Books 1988); Ronald Melzak and Patrick D. Wall, *The Challenge of Pain* (London: Penguin, 1982); David B. Morris, *The*

Culture of Pain (Berkeley: University of California Press, 1991); Susan Sontag, *Regarding the Pain of Others* (London: Hamish Hamilton, 2003); Susan Sontag, *Illness as Metaphor* (London: Allen Lane, 1979); Lisa Wynne Smith, 'An Account of an Unaccountable Distemper: The Experience of Pain in Early Eighteenth Century England and France', *Eighteenth-Century Studies*, 41 (2008), 459–80; Andrew Wear, 'Perceptions of Pain in Seventeenth Century England', *Society for the Social History of Medicine Bulletin*, 36 (1985), 7–9.

⁴ Roselyne Rey, *The History of Pain*, trans. by Louise Elliott Wallace (Cambridge, MA: Harvard University Press, 1995).

⁵ Lucy Bending, *The Representation of Bodily Pain in Late Nineteenth-Century English Culture* (Oxford: Clarendon Press, 2000).

⁶ Javier Moscoso, *Pain: A Cultural History* (Basingstoke: Palgrave Macmillan, 2012).

⁷ Joanna Bourke, *Pain and the Politics of Sympathy, Historical Reflections, 1760s to 1960s* (Utrecht: Universiteit Utrecht, 2011).

⁸ These themes are developed in a number of published and forthcoming publications by Joanna Bourke, including: *Being-in-Pain: Historical Reflections from 1760 to the Present* (Oxford: Oxford University Press, forthcoming, 2014); 'Pain: Metaphor, Body, and Culture in Anglo-American Societies between the Eighteenth and Twentieth Centuries', *Rethinking History* (forthcoming, 2013); 'Rhetorics of Physical Pain in British and American War Memoirs from the 1860s to the Present', *Histoire Sociale/Social History* (forthcoming, May 2013); 'Pain Sensitivity: An Unnatural History from 1800 to 1965', *Journal of the Medical Humanities* (forthcoming, 2013); 'Sexual Violence, Bodily Pain, and Trauma: A History', *Theory, Culture and Society*, 29 (2012), 25–51; 'Pain, Sympathy, and the Medial Encounter Between the Mid Eighteenth and Mid Twentieth Centuries', *Historical Research*, 85 (2012), 430–52.