

INTRODUCTION

At the end of the mind, the body. But at the end of the body, the mind.

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AIN IS AS elemental as fire or ice. Like love, it belongs to the most basic human experiences that make us who we are. Perhaps pain is most like love in that it comes and goes of its own accord, as if obeying laws from whose knowledge we remain almost totally shut out. Yet our lack of knowledge continues to recede. Every year—now sometimes every month—researchers uncover new details about the secret life pain leads within us. It is thus easy to believe, as science has argued for the last hundred years, that pain is no more than a particularly complex signal broadcast over nerves leading from the site of injury to the brain. The injury in effect creates the pain, and it goes on creating more pain until the injury heals.

This book tells a related but very different story. It describes how the experience of pain is decisively shaped or modified by individual human minds and by specific human cultures. It explores what we might call the historical, cultural, and psychosocial construction of pain.

This story, which cannot be disentangled from our growing knowledge of the human nervous system, must be gathered together from episodes scattered throughout human history, across cultures and across time.² We need to begin in the present, however, with a fact so fundamental that (like the purloined letter hidden in a place too conspicuous for notice) it seems pointlessly obvious. Our culture—the modern, Western, industrial, technocratic world—has succeeded in persuading us that

pain is simply and entirely a medical problem. When we think about pain, we almost instantly conjure up a scene that includes doctors, drugs, ointments, surgery, hospitals, laboratories, and insurance forms.

Doctors, of course, who can serve here as shorthand for the entire system of modern health care, play a large role in the cultural construction of pain because the scientific worldview of medicine so thoroughly dominates our society. Yet the story of pain cannot be reduced to a neat parable about biomedical progress. Pain, I want to argue, is always more than a matter of nerves and neurotransmitters.

Certainly we can take comfort in assuming that pain obeys the general laws of human anatomy and physiology that govern our bodies. The fact is, however, that the culture we live in and our deepest personal beliefs subtly or massively recast our experience of pain. Normally the shaping force of culture and belief passes almost unobserved. Like upright posture, our everyday experience of the world seems so natural—so “given”—that we take it for granted. It is less our pain than our culture, however, that draws us irresistibly toward the medicine cabinet, as if pills and tablets held a kind of magnetic, eternal attraction for the unseen torments of a bad back. The story of how our minds and cultures continuously reconstruct the experience of pain demands that we look beyond the medicine cabinet. Medicine, in fact, because of its dominant position in our culture, tends automatically to suppress or to overpower all the other voices that offer us a different understanding of pain, including voices of dissent within medicine.

It is my premise in this book that we need to achieve a new understanding of pain that allows us to recover the voices that mainstream medicine has rendered more or less unheard. This new understanding must not perpetuate in reverse the errors of the immediate past and foolishly suppress everything that recent biomedical research has taught us. What we need is a dialogue among disciplines that normally do not speak to one another. Clearly, one of the major voices in this dialogue must belong to doctors, nurses, researchers, clinicians, and everyone connected with the medical understanding and treatment of pain. These medical voices, however, will need to enter into conversation with a wider, more scattered, neglected community of voices speaking (with less authority but no less insight) about pain.

The voices most often neglected belong of course to patients. Yet theirs is most often an evanescent, oral testimony difficult to recover except, as

I have tried here, through interviews. We also need to recover the voices that speak most effectively for patients in the essays, poems, novels, plays, and other genres we call literature. I will thus speak of writers as a convenient shorthand term referring to the numberless nonmedical voices normally shut out from contemporary discussions of pain. Writers in fact express a range of knowledge and experience for which the person struggling with pain quite often cannot find the words. Most important, they tell a story about pain that differs significantly from the traditional medical account and helps to reveal its limitations. Such voices suggest that pain is never the sole creation of our anatomy and physiology. It emerges only at the intersection of bodies, minds, and cultures.

The writers who give voice to an otherwise often inarticulate discourse about pain also create a body of error and misrepresentation along with their knowledge. Pain passes much of its time in utter inhuman silence, and writers who describe something so inherently resistant to language must inevitably shape and possibly falsify the experience they describe. There is no completely pure or innocent account of pain untouched by the constraints of writing—including scientific writing. Yet writers also offer a unique resource because they use language in ways that, paradoxically, acknowledge (without necessarily falsifying) the silences and inarticulate struggles we most often completely overlook. But they do more. They also allow us to examine various moments—specific historical junctures—when pain thrusts above the plane of silent, blind, unquestioned suffering in which it ordinarily lies concealed.

The specific subjects I treat here cannot hope to constitute a full history of pain. No one could bear to read or write such an impossible study.³ Because pain leads its existence mostly in secret, in silence, without leaving written records or eloquent testimony, our main evidence in documenting the historical life of pain lies in fragmentary episodes and in scattered moments. Such fragments nonetheless prove fully adequate to support the claim that what surgeon René Leriche in 1937 aptly called “living pain”—pain experienced outside the laboratory and not reduced to a universal code of neural impulses—always contains at its heart the human encounter with meaning.⁴

It is the neglected encounter between pain and meaning that lies at the center of this book and that the voices captured and created in writing from Homer to Beckett so powerfully help us to recover. The story they tell—unfolded here through a series of fragments and vignettes—cannot

follow a straightforward sequence from beginning to end. Pain holds too many byways and secret passages. The end is not yet in sight, the beginning lost in untraceable prehistoric origins. Still, as we look around us, exploring the back alleys and listening to neglected voices, it is possible to detect the outlines of a general movement or plot. The unique pain we feel today has its basis, in effect, in a cultural shift so immense that we can grasp its implications only by stepping back from the present—only by questioning our normal assumptions and exposing their roots in the recent past.

The vast cultural shift that gives the story of pain its hidden plot centers on the eradication of meaning by late nineteenth-century science. The great breakthroughs in anatomy and physiology by Bell, Magendie, Müller, Weber, Von Frey, Shiff, and other nineteenth-century researchers created the scientific basis for believing that pain was owing simply to the stimulation of specific nerve pathways. We are the heirs of the transformation in medical thought whereby we think of pain as no more than an electrical impulse speeding along the nerves. In fact, this powerful medical myth has influenced our lives almost as crucially as the great political and social revolutions that have changed our government, education, and sexual habits.

What we feel today when we are in pain, I want to claim, *cannot* be the same changeless sensations that have tormented humankind ever since our ancestors crawled out of their caves. Our pain, now officially emptied of meaning and merely buzzing mindlessly along the nerves, is the product of its own specific modern history. The story of the modern reconstruction of pain, however, does not end with the recognition of our unique position within time. We are not doomed to wait passively for the latest wonder drug concocted to interrupt the transmission of pain impulses. Pain, after all, exists only as we perceive it. Shut down the mind and pain too stops. Change the mind (powerfully enough) and it may well be that pain too changes. When we recognize that the experience of pain is not timeless but changing, the product of specific periods and particular cultures, we may also recognize we can *act* to change or influence our own futures.

“Man is an apprentice, pain is his master”: so wrote nineteenth-century French poet Alfred de Musset.⁵ Let us assume, at least for the immediate future, that we cannot forswear our biological relationship to pain. The concept of masters and apprentices, nonetheless, belongs to an earlier

stage of human social history. Can we never abandon a cultural training in pain that now proves erroneous, outdated, and misguided? Can we never free ourselves from the myths and errors of nineteenth-century science? I want to emphasize that I am *not* suggesting we reject our hard-won biomedical knowledge about pain: that way lies folly. What we need, instead, is to supplement and to enrich it with a knowledge gained from the neglected voices—within the history of literature and within the newest laboratories and clinics—that we have trained ourselves, like mere apprentices, not to hear. With the help of this additional knowledge, I am convinced, we can begin to recover some of the individual control over pain that as a culture we once possessed and too hastily gave up.

This is not meant to be an argumentative book, but an argument should nonetheless emerge from its deliberately indirect style. Let me thus try to summarize here in the strongest terms several of the crucial claims that will reappear more like musical themes than like propositions in a chain of logic. First: that chronic pain constitutes an immense, invisible crisis at the center of contemporary life. Second: that traditional Western medicine—by which I mean not so much individual doctors and researchers as an entire scientific-medical worldview that permeates our culture—has consistently led us to misinterpret pain as no more than a sensation, a symptom, a problem in biochemistry. Third: that our present crisis is in large part a dilemma created and sustained by the failures of this traditional medical reading of pain. Fourth: that by taking back responsibility for how we understand pain we can recover the power to alleviate it.

My aims follow directly from these basic propositions. I want to show that the traditional misreading of pain as no more than a problem in biochemistry is now under direct challenge by a revolution in contemporary medical thought symbolized most vividly by the emergence of the pain clinic. I also want to show how a dialogue between doctors and writers (between medical and nonmedical voices) can help to support and to extend the important changes beginning to alter our current thinking about pain. Pain in such a rethinking will emerge as far more than a matter of electrical impulses speeding along the nerves. We will recognize that our biochemistry is inextricably bound up with the personal and cultural meanings that we carve out of pain.

The future of pain will reveal its shape distinctly only if we recover and understand the past. It is the past that helps us understand how we

got where we are now. It is where the future begins. The past not only contains many of the raw materials from which we will construct the future, much as medieval builders created new structures by recycling the stones cut by their vanished precursors. Like an antique photograph, the past also allows us to recognize the crucial differences that set us apart from our ancestors. We see ourselves a little differently by comparison. It is only a knowledge of past pain that will allow us to understand the future *as* future, not just the present in disguise.

Pain, we know, is such an immense, almost oceanic subject that even a large book cannot avoid leaving much undone. Thus my argument that pain is always historical—always reshaped by a particular time, place, culture, and individual psyche—cannot finally be historical enough. I simply cannot work out all the differences distinguishing, say, Victorian hysterical pain from Nazi Holocaust pain, or pagan Stoic pain from medieval Christian pain. To do so would require descending fully into the thick texture of everyday life in numerous diverse communities from the pre-Socratics to the postmodern era with their complex economic and social contradictions. The result would be a phantom history of the world. My exploration is above all an effort at synthesis: a selective, strategic engagement with the key moments of the past as a means for helping us understand our experience today, when millions of people—despite all our research—find themselves alone, disabled, and dispossessed by pain.

A synthetic, integrative work such as mine, I should add, aims at virtues that complement the more analytic procedures of various historians, theorists, and medical researchers. For example, undoubtedly the boldest recent analytical and theoretical work is Elaine Scarry's *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985). Scarry views pain as the unseen basis for every act of cultural creation, from a wool overcoat to Keats's "Ode to Autumn." A theory so inclusive—developed with learning and argued with skill—requires careful consideration, but what it does not require here is a full counter-theory concerning the origin and development of human culture.⁶ Scarry in fact has very little to say about recent medical research into pain, about the crucial medical distinction between acute and chronic pain, or about the vast literature that falls outside her focus on torture, war, Marx, the Old Testament, and human creativity. The virtues of her admirable book need to be supplemented by other approaches and by other bodies of knowledge about pain. Indeed, people in pain today owe no small amount

of their torment to the lack of a cultural understanding that combines the insights of numerous fields now separated by specialized vocabularies and divergent theories.

My exploration of the conflict between medical and nonmedical understandings of pain is in one sense a study in cultural change. As an emblem of change we might think of Immanuel Kant sitting up late at night in Königsberg, at the end of the eighteenth century, with his toes glowing red from an excruciating attack of gout. Kant's method for dealing with his affliction was to concentrate with all his might on one object, no matter what. He would think, for example, of the Roman orator Cicero and of everything that could be thought in connection with the name of Cicero. Through this method he was so successful in banishing his pain that in the morning he sometimes wondered whether he had simply imagined it.⁷ True, Kant as a philosopher no doubt possessed unusual powers of concentration. The crucial point, however, is that he did not merely distract himself, as if watching a sitcom. Nor did he sit fretting about his health. He employed the full force of his mind. In effect, he employed a resource for opposing pain that we have almost completely forgotten how to use.

There is much to learn by revisiting persons such as Kant who do not share our own cultural assumptions about pain. I hope my shifting focus, with a fluid movement across periods and topics, will finally create a richer dialogue of voices than an exact chronology or narrowly restricted focus. My aim is a book that deliberately crosses boundaries and mixes categories, because such risks are necessary to help move us toward a new understanding of human pain. This process of change is already at work both inside and outside medicine. It promises to put each of us on different ground as we encounter the old antagonist lurking within us. Pain on this new ground will not be understood solely as a medical problem involving the transmission of nerve impulses but rather as an experience that also engages the deepest and most personal levels of the complex cultural and biological process we call living.