

Essay 5. What insights about the body can be gained through anthropological approaches to pain? Noëlle Rohde

Essay prompt: same as in essay title

Studying pain in the realm of biomedicine paints a very clear picture: nociception or pain reception is caused by a nerve ending sensing a mechanical stimulus and sending the information to the brain in order to invite a reaction (Freudenrich 2007). If the stimulus disappears, so should the pain response. If the pain persists, we are presented with chronic pain which the British Pain Society characterizes as serving ‘no useful purpose’ and ‘just annoying’ (British Pain Society 2016) – in short, a simple fault in the system that we call the body. While it is nowadays acknowledged in biomedical science that pain instantiation is shaped by our emotions, these are characterized solely in terms of the activity of ‘good’ and ‘bad’ neurotransmitters (ibid.). This not only puts in place a strong mind–body dualism but also reduces both components of the dichotomy to mere matter.

Such a strictly physicalist view is both overly simplistic and woefully inadequate for capturing the lived experience of pain. Anthropological approaches to the latter help gain a more fine-grained picture that does justice to a concept so fleeting and multi-faceted. Moving away from generalized biological claims about all bodies, the study of pain narratives and corresponding ethnographies challenges some of the conceptions that are at the very heart of biomedical pain research. It fundamentally questions the mind–body dualism without lapsing into psychophysical reductionism, problematizes our understanding of the body as a tool, challenges the social, cultural and political dimensions of the body, and overthrows common conceptions of personhood, self and identity.

While acute pain can be explained effectively by biomedicine, chronic pain seems to defy its very logic. As was mentioned above, the British Society of Pain seeks to describe it by employing the metaphor of a very powerful computer in which the ‘messages get confused’ (British Pain Society 2016), leaving the brain incapable of understanding the signals properly. Studying the narratives of those affected by chronic pain highlights the fact that such a description fails to correspond to its embodiment and uncovers a variety of insights about the body that would not have been gained by employing a biomedical view.

Anthropological perspectives on pain can help us gain understandings of the political and social dimensions of the body. In her anthropological perspective on contemporary India,

Veena Das (1995) focuses particularly on the body becoming a site of both criticism and remembrance through pain. She argues that, by carrying the signs of mutilation, bodies become testimonials of injustice done to individuals and, drawing on Kleinman and Kleinman (1991), states that bodies can thus offer a critique of historical wrongs where speech cannot or may not do so. An interesting observation in this context is that of agency.

By acknowledging that bodies can recount tales of injustice, we can easily conceive of cases where this is done without explicit motivation on the part of the individual. Bodies speak of both past and physically present pain, even if their owners do not want them to do so. An area where this becomes very apparent is that of domestic abuse and violence. It is often the case that victims, because of deeply rooted feelings of shame or responsibility, decide to keep their stories to themselves. However, they cannot prevent their bodies from telling the story, especially in contexts where the ability to conceal the bruises of domestic violence is limited (e.g. for children in physical education or swimming lessons). Whether the body's role as a witness and its independence from the person's own will plays itself out in favour of or against its owner crucially hinges on both the socio-cultural and individual circumstances.⁶

As mentioned above, Das also conceives of the bodily remnants of pain as a means of remembering one's belonging to a community. Her ideas are centred on the account of Pierre Clastres (1974) which focuses on ritual practices of torture in 'primitive societies' and describes them from a structural-functionalist point of view. Clastres is convinced that many of the outright violent initiation practices in such societies serve to test the young men's physical qualities and, accordingly, the quality of their community as a whole, thus inscribing the laws of society on to the bodies of each and every young man.

Bearing the signs of such physically painful initiation rites therefore becomes not only a sign of the individual's belonging to society, but also an obstacle to forgetting this fact. As Clastres puts it, through pain the initiation establishes a triangular link between the individual, the law and the body. In a similar vein, Emile Durkheim adds that totemic expressions are often to be found both on houses and tools, as well as on individual bodies in order to pledge their allegiance to a certain group. Durkheim states that 'the best way of

⁶ An interesting example to pursue further would be that of rape. It is a common recommendation, especially to women, to carefully document (i.e. photograph) the bruises and to present their bodies to the police immediately. This brings up interesting implications for the idea of trustworthiness: it seems as if the body is given more credibility than the spoken word. However, in its role as a 'witness for the prosecution', the body's credibility is often challenged by drawing attention to the fact that, much like traditional witnesses, it can be manipulated to support the case.

proving to oneself and to others that one is a member of a certain group is to place a distinctive mark on the body' (Durkheim 2012 [1915]: 294, quoted in Das 1995: 180). Combining this idea with the notion of the body as a witness, we are able to perceive the body's double role in remembering, working both on the individual and on others.

As already hinted at by Clastres, pain plays an important role in exhibiting braveness and heroism. Although these notions are commonly applied to young men, as in the initiation rites cited above, Megan Biesele (1997) effectively illustrates that it is by no means limited to this group. In reporting on the ideal of unassisted birth for Ju/'hoan (San) women in Botswana and Namibia, she highlights that women in these cultures are very concerned about pursuing the ideal of giving birth alone in the bush and enduring the pain that goes with it. What is more, it is culturally enforced not to exhibit fear during birth, as the following statement by one of the female participants illustrates: 'If you give birth alone, you receive praise, and gifts of beads, and cooked food. But if you fear, and surround yourself with people, and give birth inside a house, people will laugh at you and scold you and call you fearful' (ibid.: 479). Biesele's ethnography clearly stresses that being brave and enduring pain are highly praised qualities, and not only for men.

Translating this idea into modernity and connecting it to the idea of group membership brings up interesting implications for the contemporary role of tattoos and their connection to braveness and social belonging. Although such claims call for substantial ethnographic work, one can imagine modern tattoos as an external reflection, proving to oneself and others that one has undergone pain – a modern kind of initiation and heroism at a time when other opportunities to display these are rare. What is more, the particular tattoo that an individual chooses is almost always dependent on the meaning a person finds in the symbol. Popular slogans such as '*carpe diem*' or '*je ne regrette rien*' can be thought of as symbolizing an individual's adherence to a particular way of life, and thus, essentially, to a given group of people. In short, the painful marking of bodies should not be thought of as confined to so-called primitive societies but has been translated into modernity and evades everyday life.

Anthropological approaches to pain can not only help to overcome the mind–body or individual–group distinctions, but also seem to fundamentally disrupt the self–other relationship. As Alfred Leder (1990) argues, there is no individual ownership of pain. His example focuses on helping a sick friend by putting one's own body at their service. Leder conceives of actions such as bringing them water or food, fixing their bedclothes or offering

bodily support, if they are weak, as the giving over of one's motoric abilities to be guided by the sick friend's desires, arguably creating a single body (ibid.: 161).

I believe that this view cannot be upheld under close scrutiny when drawing on pain narratives. While it may be true that the person who is not in pain can lend their body to the one affected, there are crucial aspects on both sides of the interaction which cannot be acquired by the respective other. On the side of the sufferer, it seems impossible to give up their sense of identity and form a 'single body' when they are in pain. Byron Good (1994) discusses the example of Brian who suffers from severe TMJ. As Good puts it, Brian's 'attention and preoccupations are absorbed by his pain' (ibid.: 125). In all of Brian's reports, the word 'I' appears very frequently, which suggests that he is acutely aware of his own identity and is far from feeling one with the people, such as his father, who actively support him in dealing with his pain.

On the side of those helping the sick, I argue that it is the inextricable link between pain and emotion which makes it impossible for an outsider to fully experience the sufferer's situation. Two parallels can be used to illustrate this point: nightmares, and memories of past pain. When we wake from being plagued by a horribly vivid nightmare, we are still full of the emotions it evoked in us. Whether these are fear, deep sorrow or feeling out of touch with reality, these emotions are very real to us and only wear off after a while. However, when we tell someone else about our nightmare, it is the very fact that they did not experience these emotions – that they were in a sense not real to them – that will make it impossible for them to feel what we felt. In recounting a nightmare, we are made acutely aware that the felt sense of it simply cannot be transferred and that there is a fundamental divide between self and other. The same divide also exists between the present and past self. Remembering past pain is, in a way, like being told someone else's nightmare. While we can do our best to reimagine what the pain felt like, we can only ever have access to a faint shadow of the actual sensation. This, I am convinced, is because we cannot recreate the emotional involvement we had at the time. We can remember where the pain was located and perhaps even some of its characteristics (e.g. throbbing, stinging, etc.), but it is impossible to bring up the desperation, the feeling of helplessness, the fear, etc. that accompanied it at the time. Thus, while pain may blur the self/other or the present self / past self-distinction, it can never fully eradicate it. After all, our very definition of 'the self' hinges on the concept of 'the other' (Jackson 1989), and even prolonged episodes of chronic pain cannot make people lose their sense of self completely.

The latter point is well documented in Marja-Liisa Honkasalo's report on chronic pain patients in Finland. Honkasalo argues that the self is embodied, i.e. that body and self are integrated into what she calls a 'me' (Honkasalo 2001: 327). It is this embodied self that, although it is not dissolved in a feeling of oneness with others, undergoes significant changes in chronic pain. Rather than incorporating other individuals into their perceptions of self, the chronic pain patients interviewed by Honkasalo formed a temporal self-representational allegiance with their pain. That is, they discussed pain in terms of social relationships, at times being hostile towards their pain, at times cooperating with it and accepting their diagnosis as part of themselves. Especially with chronic pain, which is hardly understood in biomedicine and which in its entire existence is questioned at times, patients are led to form ambiguous senses of the self that reflect the status of chronic pain. According to Honkasalo, 'chronic pain sufferers become in-between creatures' (ibid.: 340) and constantly find themselves in a phase of 'liminality', a term recalling the work of Victor Turner (1967). Especially in Finland, where people are encouraged not to talk about their suffering, this can become an extremely isolating experience. Here we thus have an interesting reflection on how pain can drastically alter senses of identity without eradicating the distinction between self and other.

Above all, the ethnographic examples discussed above serve to highlight the fact that anthropological approaches to pain can help us realize that there is more to it than what biomedicine has us think. By problematizing the body and putting it into focus, pain has both disruptive and constructive powers. It can force people to compromise their autonomy and thus give up on a fundamental part of themselves. However, it also has the ability to reinforce and strengthen interpersonal relationships, precisely by bringing about a dependence on who is usually thought of as an alien 'other'. What is more, pain can create social belonging by bearing the signs of protest and injustice and becoming the site of bravery and heroism.

In sum, the above examples offer a small window on to how pain forms an integral part of human life and how adopting an anthropological viewpoint may help avoid strictly practical biomedical frameworks on the one hand and solely theoretical philosophical agendas on the other. Instead, anthropology, including but not limited to pain narratives, aims to investigate how objective and subjective reality inform each other to create what we call 'lived experience'.

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