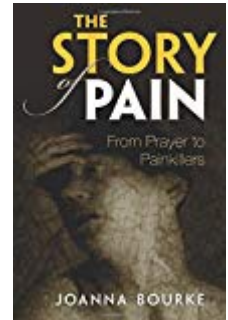


Joanna Bourke. *The Story of Pain: From Prayer to Painkillers.* Oxford: Oxford University Press, 2014. x + 396 pp. \$34.95, cloth, ISBN 978-0-19-968942-2.



Reviewed by Sara Black (Christopher Newport University)

Published on H-War (June, 2016)

Commissioned by Margaret Sankey (Air University)

What is pain? Although it might seem to be easily recognizable from personal experience, as a concept pain is surprisingly difficult to define. Joanna Bourke's recent book, *The Story of Pain: From Prayer to Painkillers*, examines the testimonies of pain sufferers in Britain and America from the 1760s to the present in order to analyze the socially and historically contingent experience of pain. In the introduction, she defines at length precisely what pain is and, perhaps more importantly, what it is not. For Bourke, pain is not an entity. Rather than conceptualizing pain as a thing, which risks endowing it with independent agency, she argues that pain is a mode of perception which belongs to the life of an individual. Therefore, pain is more adverb than noun, describing "the *way* we experience something, not *what* is experienced" (p. 7). Neither neutral nor impersonal, pain functions as a "type of event." As such, Bourke explains, "it is one of those recurring occurrences that we regularly experience and witness that participates in the constitution of our sense of self and other" (p. 5). Defining pain as a

"type of event" eschews the notion that pain can be reduced to mere physiological sensation. Instead, it insists upon the inextricable connections between mind and body. For the individual in pain, the sensory, cognitive, and emotional elements of the experience are intertwined.

To capture the subjective experience of being-in-pain, Bourke analyzes the languages that sufferers in the past used to communicate their pain, drawing on poems, letters, medical journals, and archival records of patients' testimonies. Although the experience of being-in-pain is deeply subjective, it is also inherently social. Bourke argues that pain is "an event that is rendered public through language" (p. 7). Within a particular historical and cultural context, individuals develop a shared language for communicating the experience of being-in-pain. Whether a figurative description of a "biting" or "burning" sensation, a groan of agony, or a number on a pain scale, the languages of pain both produce and convey meaning. In turn, these languages influence the bodily experience of being-in-pain. Therefore, pain cannot be understood

outside of a specific social, cultural, and historical context.

Although Bourke includes a final chapter on pain relief, the majority of the book is devoted to a multifaceted examination of the experience of being-in-pain. Her aim is to broaden the body of scholarship on pain, which has focused more on the *alleviation* of pain rather than its *expression*. Each chapter explores a different element of the expression of pain. A chapter entitled “Metaphor” maps out changes in the figurative language that individuals used to describe their pain over time caused by ideological shifts, changes in ideas about the organization of the physiological body, and changes in the external environment. For example, when humoral theory was the dominant medical model, individuals often described pain as a systemic imbalance. They described pain using images of swelling, blockages, or irritations that interrupted the natural humoral flows of the healthy body. However, in the 1860s and 1870s with the rise of the germ theory of disease, military metaphors of pain as an enemy invader achieved descriptive dominance. Advertising for analgesics designed to fight off or “kill” pain further reinforced these metaphors. Bourke asserts that culture and metaphor profoundly affect the physiological body. Therefore, an individual fluent in this militaristic language of pain would experience a pain event quite differently than a religious individual for whom suffering was a path to salvation.

Shared gestural and figurative languages of pain enable individuals to concretize and communicate their experiences of pain to others in order to elicit sympathy and facilitate diagnosis. However, the difficulty of conveying the subjective experience of being-in-pain through language makes this communication necessarily imperfect. Assumptions about pain’s potential moral or diagnostic utility, the perceived reliability of a sufferer’s testimony, and fears of the consequences of sympathy are just a few of the multiple factors

shaping the social environment of a pain event. Context influences how others respond to an individual in pain. Eighteenth-century physicians relied on patients’ descriptions of their pain to aid in diagnosing illness. They also believed that expressing sympathy for their patients’ suffering was an integral part of the healing process. However, with the introduction of new medical technologies and diagnostic classification systems in the nineteenth century, doctors increasingly approached their patients with the objectivity and empathetic detachment of scientific medicine.

One of Bourke’s overarching arguments is that the experience of being-in-pain is embedded within social hierarchies and cultural biases. In a chapter entitled “Sentience,” she expertly debunks the notion that there is anything democratic about pain. From racist arguments about the “innate” physical insensitivity of black slaves which justified their abuse by white masters to claims about the highly acute sensitivity of hysterical middle-class women, Bourke demonstrates that suffering has always occurred within hierarchies of sympathy. In the nineteenth century, an individual’s physiological sensitivity and comportment in response to pain were seen as measures of refinement, civilization, and social rank. Racist arguments about pain were often based on contradictory assertions about degenerate physiology (pain *perception*) and immature psychology (pain *reaction*). Such arguments presumed that a “civilized” white man, although exceptionally sensitive to pain, would be able to conceal his reaction through a strong act of willpower. However, this was not the case for degenerate “outsiders” distinguished from the commentator by race, class, religion, or lack of education. Commentators viewed their stoicism in the face of pain as a sign of physiological insensitivity and a marker of inferiority. Yet, if they expressed acute sensitivity to pain, commentators interpreted it as an indication of oversensitivity and a lack of willpower. Contemporary examples of the undertreatment of pain in clinics and emergency rooms reveal the

extent to which cultural, racial, gender, and other biases continue to perpetuate hierarchies of sympathy and impede equal access to medical treatment.

The book's thematic organization enables a focused analysis of the complex experience of being-in-pain. While theoretical nuance occasionally overshadows the broader chronological arguments of the book, Bourke provides an invaluable analytical framework for examining the history of pain through the "dynamic interconnections" between culture, language, and the body (p. 26). Her approach invites historians to consider pain events as socially embedded and individually specific. As she succinctly argues, "pain does not emerge naturally from physiological processes, but in negotiation with social worlds" (p. 300). Rather than treating pain as universal experience, Bourke challenges historians to consider the overlapping social, political, and cultural factors that contribute to the construction and reconstruction of pain.

If there is additional discussion of this review, you may access it through the network, at <https://networks.h-net.org/h-war>

Citation: Sara Black. Review of Bourke, Joanna. *The Story of Pain: From Prayer to Painkillers*. H-War, H-Net Reviews. June, 2016.

URL: <https://www.h-net.org/reviews/showrev.php?id=45903>



This work is licensed under a Creative Commons Attribution-Noncommercial-No Derivative Works 3.0 United States License.