

Leiden University
Faculty of Humanities
Centre for the Arts in Society

Liucija Adomaite
Student number: 2233584

Cultural Analysis: Literature and Theory

Master's thesis
Academic year 2018-2019

Rethinking the Challenge of Expressing Pain in Language
in literature, theory and medical practice

Supervisor

Prof. Ernst van Alphen

Second Reader

Prof. Madeleine Kasten

Leiden 2019

Contents

Summary.....	3
Introduction.....	4
I. Destruction of Language.....	6
II. Reconstruction of Language.....	14
III. Narrating Pain in Literature.....	25
IV. Pain Diagnosis and Language.....	45
Conclusion.....	61
Bibliography.....	64

Summary

Elaine Scarry's *The Body in Pain: the Making and Unmaking of the World* (1985) proposed an analysis of pain and the concepts of language, imagination, subjectivity, social isolation. This thesis examines the link between language and pain in relation to Scarry's assumption that it is extremely hard to accurately describe sentient pain in verbal and written forms of expression. Despite pain's resistance to language, language holds the healing potential of softening pain. The process of "externalization" (the act of externalizing one's pain into the material world outside the painful inner existence) is a starting point from which the treatment of pain can begin. However, in order to carry out the externalization, one has to express pain in language. I employ three case studies in order to determine whether Scarry's assumption about pain's resistance to language can be overcome: Leo Tolstoy's novel *The Death of Ivan Ilyich*, Alphonse Daudet's collection of personal notes *In the Land of Pain* and a scientific instrument—the McGill Pain Questionnaire. The thesis employs a multidisciplinary approach to pain in which cultural, social and biological aspects are taken into account. It also seeks to re-evaluate the single label of 'pain' and proposes to view pain as a multitude of experiences.

Keywords: pain, subjectivity, expression, language, Scarry, Tolstoy, Daudet.

Introduction

According to Scarry, pain and language are related in a profound and reciprocal way. Scarry claims that “whatever pain achieves, it achieves in part through its unsharability, and it ensures this unsharability through its resistance to language.” (4) Through the resistance to language pain secures its existence – it becomes its ontological principle. Pain’s resistance to language is immediately felt by the sufferer who finds herself lacking the right words to describe the present sensation of pain. Scarry writes that physical pain “does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned.” (4) In this vulnerable state, the sufferer experiences damaging the effect pain has on her body, subjectivity and life. Some of the effects include profound distress, isolation, misery, self-blame, lack of motivation and more.

Pain is such a potent sensation because it is inherently destructive – it resists objectification, destroys language and consumes sufferer’s subjectivity. Meanwhile, language serves as a major source of human self-extension – it is capable of bringing complex inner experiences to the world outside the contours of the body. Scarry argues that “language [is] the power of verbal objectification, a major source of our self-extension, a vehicle through which the pain could be lifted out into the world and eliminated” (54). By having the power of verbal objectification, language serves as an antidote to the destructive power of pain which resists that same verbal objectification. In order to overcome the resistance, language provides the sufferer with a useful source of figurative tropes that can refer to pain on the basis of its resemblance (visual, audible, experiential) to the experiences outside the scope of pain. Moreover, language employs human imagination which is inherently constructive and essentially limitless, and can help to create the imaginary references, descriptions, stories describing one’s painful experience.

The relationship between pain and language is the key subject of my thesis. An inquiry into the ways language and pain operate on each other requires an inquiry of a greater scope. Therefore, my thesis aims at examining how language operates in the procedure of pain expression. I ask how verbal and written language functions in pain expression? How cultural specificity influences the language of pain? Does our perception of the meanings of words and the use of them affect our pain expression? What kind of expression do we mean when we talk about pain’s resistance to language? What kind of pain language do words-descriptors and story-telling create? The answers to these questions determine the

relationship between pain and language.

This thesis seeks to show the limits of Scarry's analysis of pain and language and to propose alternative ways of thinking about pain's resistance to language. I propose an interdisciplinary project on 'the language of pain' – a particular mode of expression that speaks of pain and refers to cultural, philosophical and medical perceptions of pain. The term 'expression' suggests that pain language should not necessarily be coherent, verbal or written language. I suggest that pain could be articulated as a result of an encounter between a speaker and a listener, it could be formulated as part of a narrative, or it could be presented as a non-verbal expression (for instance, face expressions). The anticipation that we have when waiting for the sufferer to express her pain is crucial because it can mislead us, stop us from providing help or delay the process of treatment.

Chapter I

Destruction of Language

Outline

This chapter is dedicated to analysing the main aspects of Elaine Scarry's theory of pain as presented in her study *The Body in Pain* (1985). It covers Scarry's method of juxtaposition that creates the tension between the inner and material worlds, negative and positive experiences, creative and destructive forces. Pain is placed at a far end of experiential vertical where its purpose is overwhelmingly damaging. The potent damage of pain is manifested in several ways – first, extreme pain is resistant to language and expression in language; second, it destroys the subjectivity of the sufferer; third, pain severs the link between the body in pain and the shared realm of existence (that results in severe social isolation); and, fourth, as a result of the previous aspects – it consumes the sufferer with its shattering totality. Scarry's arguments serve as the basis of my thesis which aims to expose the strengths and the limits of her theory of pain expression. Scarry's assumption that pain is an ontologically unsharable experience which does not have a reference in the material world and thus needs language in order to be externalized, lifted, and finally healed, will be crucial for my analysis of the literary texts in "Chapter III: Narrating Pain in Literature" and scientific case study in "Chapter IV: Pain Diagnosis and Language." Meanwhile, the second part of this chapter is aimed at challenging Scarry's account of pain by suggesting that pain can be interpreted not only as an instantaneous moment of sheer aversion but also as an aftermath of a painful experience. Moreover, I will be suggesting that pain has an adverse impact on human beings not only because of the painful sensations but because pain can serve as a sign on its own account, i.e. inflicted pain can be a sign of humiliation.

Scarry's Account of Pain: Pain as a Pure Negation

Elaine Scarry's analysis of pain presented in *The Body in Pain* is based on her understanding that the crucial concepts are bound together in a dialectical opposition. There exists profound and perpetual tension between pain and imagining, tool and weapon, body and voice. This opposing tension results in *aporia* and relies on assumption that a concept cannot be explained by itself but has to be addressed with its opposition in mind. This is why *The Body in Pain* is divided into two main parts 'Making' and 'Unmaking' of the world. The two poles work in opposition to one another and address two main steps in her analysis of pain. The

first part called “Unmaking” guides the reader through the affect of pain sensation – its shattering totality, the destruction of subjectivity and the destruction of language. In order to illustrate her arguments Scarry addresses the structure of war and the structure of torture. The second part named “Making” is dedicated to the recovery from the affect of pain. Scarry analyses the constructive forces of imagination and creation that have major role in the healing from pain. As part of the chapter Scarry analyses the structure of belief and material making in the Judeo-Christian scriptures and the writings of Marx. Overall, there exists an ongoing tension between productive and destructive forces in Scarry’s argument on pain – the concepts of making and unmaking, creating and destroying, imagining and suffering. This approach is made possible because Scarry assumes that the imagination is inherently compassionate and the creation is inherently benevolent while pain is always destructive:

the most essential, aspect of pain is its sheer aversiveness. While other sensations have content that may be positive, neutral, or negative, the very content of pain is itself negation. (52)

In fact, felt pain is such an intense form of aversion that it can only be compared with death itself:

intuitive human recognition [is] that pain is the equivalent in felt-experience of what is unfeeling in death. Each only happens because of the body. In each, the contents of consciousness are destroyed. The two are the most intense forms of negation, the purest expressions of the anti-human, of annihilation, of total aversiveness, though one is an absence and the other a felt presence, one occurring in the cessation of sentience, the other expressing itself in grotesque overload. Regardless, then, of the context in which it occurs, physical pain always mimes death. (31)

It is important to highlight the fact that Scarry’s argument lies on the assumption that pain is inherently subversive experience that imitates death. However, pain is inherently destructive not only due to its nature of “being against” the body and its subjectivity but also in a way that it drastically alters, or rather eradicated one’s perception of the world altogether. Scarry insists that it “annihilates not only the objects of complex thought and emotion but also the objects of the most elemental acts of perception” (54). In fact, it may end up “(as is implied in the expression “blinding pain”) by destroying one's ability simply to see” (54). According

Scarry's ontological argument, the act of "seeing" corresponds to the ability of locating oneself in a reality. Sufferer who finds herself in a state of pain faces a frightening view of distorted world. The fact that suffering person is not able to 'see' through pain means that she is left outside the objects that manifest the realm of material world. In a sense, the sufferer is left outside the world and its context altogether. That means that pain destroys sufferer's subjectivity in a couple of ways: first, sufferer's subjectivity is consumed by the totality of pain and second, it damages sufferer's autonomy and her subjectivity ceases to exist outside the contours of suffering body.

The analysis of my thesis is based on Scarry's argument in *The Body in Pain* that assumes that the destructive potency of pain manifests in its ability to destroy language. The lack of language to express one's pain profoundly challenges sufferer's subjectivity. In fact, the lack of pain language has not so much to do with the shortage of right words but with an assumption that pain is always already ontologically unsharable. In reverse, the suffering subject and its subjectivity can only be reconstructed through the reconstruction of language. Scarry provides a formulation of the resistance to the linguistic possibility of objectifying pain. The key solution to overcoming the problem of pain resistance to expression is to employ the linguistic agents that would help to articulate the sentient pain. Scarry employs the term "language of agency" to demonstrate the referential power of figurative language. The healing potential of suffering body in pain rests in re-activation of language. In this way, language becomes an urgent rehabilitative instrument. Once language is perceived as a rehabilitative instrument to heal pain, it allows me to analyse the specific linguistic and scientific texts where language comes into play with the suffering subject through writing.

Language as Self-extension and Moral Obligation

For Scarry language is not a mere tool of communication. Rather, it has a fundamental role in the way humans perceive themselves and the world around them. First of all, Scarry believes that language is a carrier of our bodily existence to the material world that surrounds it. While stressing its potential of healing, Scarry gives the following definition of language:

"language, the power of verbal objectification, [is] a major source of our self-extension, a vehicle through which the pain could be lifted out into the world and eliminated" (54). Scarry perceives language as a vessel which transfers a referential substance from immaterial sensations and feelings to material objects. In a similar way she defines the objects around us: "the objects are extensions of the particular state that we found ourselves in, for e.g. the rain expresses [one's] longing, the berries his hunger, and the night his fear" (162). We refer to

objects in order to locate ourselves in a way that the words refer to things in order to express ideas. There exists an undeniable tension between the material world and the body in pain because body's corporeal manifestation is no longer a given (as in the case of a healthy mind and body), but rather a production of its ongoing reclamation that penetrates through the veil of suffering.

In article "Criticism as Reverie: Elaine Scarry and the Dream of Pain", Geoffrey Galt Harpham exposes the limits of Scarry's understanding of the concept of language in both *The Body in Pain*, as well as her later book *Literature and the Body* published after. Harpham argues that:

considered on its own, [Scarry] writes, language has only a weak or diminished bodylines; but it can, like the shroud of Turin, absorb bodylines into itself, "registering in its own contours the contours and weight of the material world." <...> Language that has absorbed some worldliness into itself becomes "endowed with the referential substance of the world," and acquires thereby the power to act on the world (xxv)." (37)

The language that has not registered its contours and has not absorbed at least some of the weight of the material substance is either, weak and therefore useless, or self-referential and therefore meaningless. Harpham notices that the constructive powers of imagination that Scarry opposes to the destructive powers of pain have the same ethical bearing that language does:

The internal determinants [in *The Body in Pain*] include the convictions that the imagination, like language, is properly referential and obedient to material reality; that it, like language, is in danger of thinning out into self-referentiality, or daydreaming; and that it, like language, must therefore be subjected to a certain discipline that is both moral and mechanical. The imagination derives its ethical stature not from its powers of penetration or invention, but from the opposite, its subjection to an elaborate set of conditions that constrain its potential lawlessness or waywardness. And with the vision of a tireless, omnipresent work of the imagination doggedly devoted to the relief of pain, *Body in Pain* concludes. (41)

By following Scarry's argument it can be claimed that language and imagination embody the

ontologically similar features in a way that: firstly, they both bear healing potential (language can help to soften pain through verbal expression and imagination through its visual representation) and secondly, they are obedient to material reality which is always superior to them. Scarry places language in an obedient position in which it becomes a vehicle that is in a perpetual need of ethical enrichment in order to fulfil its task. In this way, language serves as a vehicle which already owns itself to the world. Language for Scarry is bound to undisputable moral obligation – that of a justice, a peace and a greater good. The fact that pain destroys language, its abilities to represent and to refer, is what makes it unable to use its constructive power to act on the world. Pain exhausts language in a way that it takes away language’s referential powers to objectify. It happens as a result pain’s inability to objectify or to render itself in recognisable or detectable manner that would have its referential object(s) in the surrounding world. Scarry claims that this is what makes pain a unique state of consciousness unlike any other:

physical pain—unlike any other state of consciousness—has no referential content. It is not of or for anything. It is precisely because it takes no object that it, more than any other phenomenon, resists objectification in language. (5)

In fact, the resistance to verbal objectification in Scarry’s analysis of the suffering body signifies pain itself. She insists that precisely “its resistance to language is not simply one of its incidental or accidental attributes but is essential to what the pain is” (5). Almost immediately Scarry reinforces her argument and states that “physical pain does not simply resist language but actively destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned” (4). In this way pain steps beyond the borders of common language and finds itself in non-verbal state that’s typically found in an early stage of child development.

It is not surprising that an attempt to recover language in the state of pain is moral, ethical and political endeavour and goes beyond personal suffering. Throughout the healing process, destructive force of pain has to be replaced with the reconstructive force of objectification. That allows to reclaim once lost corporeal peacefulness and rebuild a subjective integrity. Scarry names this endeavour ‘a project’ since “human attempt to reverse the de-objectifying work of pain {is} a project laden with practical and ethical consequence” (6). Consequently, the project presupposes a mechanical and direct effort directed towards the goal which means that it is never a natural occurrence or an accident. Moreover, the healing process of

reconstructing language and bringing sufferer's pain into material reality has a symbolic value. There is a sense of genesis. The moment when a person in pain articulates her sentient experience in words reflects the moment of the birth of language:

to be present when a person moves up out of that pre-language and projects the facts of sentience into speech is almost to have been permitted to be present at the birth of language. (6)

There is an affinity between work-making and word-making, because both acts are performed mechanically and their performances are made possible by human capacity to invent, to construct and to imagine. I believe that one can find an implicit allusion to God here since it is directed towards greater good – first, elimination of pain, and second – reclamation of language to act its (moral) power on the world. And lastly, this project of reconstructing language serves as an evidence of contemporary approach to thinking about pain discourse in inter-disciplinary approach. It binds historical and contemporary medical research, concept of pain and language (expression, meaning and use) all at once. The assumptions made in one discourse have direct consequences in another.

Challenging Scarry's Account of Pain

Even though Scarry's argument that pain is purely and exclusively subversive experience is convincing, I believe that it is productive for my analysis to look at the ways her argument can be disputed. Steve Larocco in his article "Pain as Semiosomatic Force" challenges Scarry's view that pain is a necessarily destructive force. Instead he claims that pain carries the signs that "are informational, performative, and forceful; they use language and other semiotic forms to compel information transmittal and to affect other subject" (355). It is not the pain *per se* that is the main cause of extremely traumatic experience but rather meanings that pain generates. Thus, in some cases pain acts as a sign on its own terms. Larocco gives an example: "in Amery's (1964/1998) account of being tortured during the Holocaust, it is not extreme pain that overwhelms subjectivity, but its meaning, its signification of total humiliation, powerlessness, and dehumanization" (353). Of course, the context of such pain has a particular meaning which is unique to this particular case and context. However, it shows that pain could be more complex than a total corporeal negation and might bear a significance greater than the negation itself. Larocco suggests that the ability of pain to signify something that goes beyond painful experience itself is part of a phenomenon which

he calls the “semiosomatic force”. Larocco follows J.L. Austin’s account of performativity. According to Austin, utterances do not simply convey the truth but rather do things – they perform. The “I do” in marriage proposal doesn’t state the truth, but perform an act of agreement. In this sense, it transforms reality. Larocco claims that “semiosomatic” signs work in the exact same manner. If we agree that pain is in fact a “semiosomatic” sign, then the difference between felt pain and described pain is not important because one’s pain doesn’t participate neither in the discourse of truth, nor it has a need to be represented accurately. In this sense, pain is manifested not in the destruction of language but in its intention to alter, change and transform the subject in its entirety. Subsequently, Larocco argues that “what is significant in pain may not be the pain itself but what it registers in context about absolute vulnerability. It is crucial to recognize that the appraisal that pain delivers, even in torture, is not simply a kind of brute facticity, but rather a feeling that issues from imperative forms of information” (351). The altering force of pain resides not in an actual painful sensation or stimuli but in the traumatic feeling that the imperative of pain has caused. Thus, pain experience is composed both of the effect it has on the sufferer and the signification it bears within and beyond unpleasant sensation and painful moment. This idea suggests that pain has to do as much with the after-fact of painful experience as it has to do with the instantaneous moment of being in pain. If we agree that pain is capable of dispersing through the timeline by taking place simultaneously in past and present, then we would have to take into an account memory, history and context. The post-traumatic disorders that are capable of painfully stimulating patient after the threat is long gone stand as a proof of inherent multi-dimensionality of pain.

Larocco addresses Scarry’s misrecognition of what the term “expression” actually means. Essentially, Larocco argues that there is no such a thing as an articulated expression when we talk about expressing one’s pain. That leads to the argument that pain in fact can be expressed but it often remains unrecognized because the expression is not always coherent:

in contrast to Scarry’s claims that pain can’t express itself, one of the problems for those in pain and those around them is that pain does express itself – in cries, croaks, rasps, writhings, screams, and words – and one of its problems is that such articulation is, in almost all cultural situations in which forms of sadism don’t rule, forcibly aversive. (351)

It turns out that failure to recognize pain which is beyond words has to do with the fact that

one cannot recognize 'cries, croaks, rasps, writhings, screams, and words' as the signs of expression.

Chapter II

Reconstruction of Language

Outline

This chapter is dedicated to analysing two literary devices – narrative and metaphor – and their their potential to soften pain through expression. The trope of a metaphor and its meaning making plays a significant role in the description of pain. Elaine Scarry refers to metaphor as having a power to transmit the referential content even if there is no content in the pain subject. Nevertheless, I suggest that Scarry employs the term ‘metaphor’ as a general figure of all figurative speech. I will use Jonathan Culler’s conception of the prevailing tendency to prioritize metaphor over the rest of the tropes of figurative speech. I will be also analysing a literary form of narrative which offers a surprising potential in the treatment of pain. My discussion will include the biocultural approach to the subject of pain that provides an interdisciplinary model of pain treatment. Most importantly, I will consider the role of the listener in order to expose that an act of expressing one’s sentient pain is a reciprocal act which assumes the form of the event and provides with experience *de novo*.

The Role of Figurative Language in Pain Description

Scarry states that any state that is permanently objectless will no doubt begin the process of invention (162). Scarry further claims that pain and imagining exist on the extreme ends of the dense fabric of human perception: “pain and imagining are the “framing events” within whose boundaries all other perceptual, somatic, and emotional events occur; thus, the whole terrain of the human psyche can be mapped between the two extremes” (165). These two opposite framing events could provide each other with closure. The question is how could they do that? Scarry insists that the answer lies within the nature of pain: “while pain is a state remarkable for being wholly without objects, the imagination is remarkable for being the only state that is wholly its objects” (162). Imagination endows the content (pain sensation) with some type of form (an image of agency). Since the image is imagined outside of the body, it can be separated from it by an imagined distance. This image can be lifted away carrying some of the attributes of pain with it (172,173). The idea that imagination allows the person to do so reveals the peculiar nature of ‘imagining’. Pain is susceptible to any type of representation because it alone has no specific content. Scarry ensures that “in fact (as has long been intuitively recognized in the centuries-old game played by children and

philosophers alike) it is impossible to imagine without imagining something” (162). Therefore, the event of imagining can never happen on itself. Imagination always waits to be filled with pre-existent information in which it can wander freely. The pre-existent and ready available references are what the person in pain is desperately looking for. Scarry argues that because of this limited set of available adjectives the person in pain “almost immediately encounters an ‘as if’ structure”: it feels as if...; it is as though” (15). This figure of speech known as simile is commonly used to describe other sensations and emotions such as love (for e.g. ‘it feels as if butterflies were inside my stomach’), fear (‘you look as if you have seen a ghost’) etc. However, unlike widely recognized idioms such as ‘as cold as ice’ or ‘as black as coal’, the ‘as if’, ‘as ... as’ or ‘like’ structures don’t work with sentient pain. Even if it frames the set-up of utterance according to the likeness between pain and some other object or feeling and makes the listener or the reader align them according to their similar features, it does not provide the referential content. Therefore, according to Scarry, the person in pain is forced to ‘borrow’ a pre-existing referent by using one of the most common figures of speech – metaphor. She claims that two types of metaphors reappear in the medical, legal and literary discourses, and they refer to two separate things: “the first metaphor specifies an external agent of the pain, a weapon that is pictured as producing the pain; and the second specifies bodily damage that is pictured as accompanying the pain” (15). By employing a specific weapon and/or wound image, the person in pain is able to provide a relatable idea of what she is experiencing at the time. In this way the figurative language of agency is able to bring the person in pain in closer proximity to the listener or the reader. Pain historian Joanna Bourke in her book “Story of Pain: From Prayer to Painkillers” (2014) has also addressed the importance of metaphor in expressing the pain. Bourke argues:

Metaphors are particularly useful when people are attempting to convey experiences most resistant to expression. Furthermore, because pain narratives are most often fragmentary, rather than elaborate accounts, the analysis of metaphors can be particularly rewarding for historians of pain. It is difficult to imagine how people could communicate (to themselves as well as to others) the sensation and meaning of pain without such crutches. (55)

It seems to be in common agreement that when it comes to expressing one’s pain, the metaphor becomes a universal linguistic tool that helps to communicate deeply personal and overwhelmingly isolating sentient pain to the world around. However, how the speaker

makes sure that her metaphor will be received metaphorically and not literally? How the listener distinguishes from an actual sensorial association between ‘burning pain’ and putting a finger on a hot stove? Scarry addresses the same point and insists that “the inner workings of metaphor are indeed very problematic” (15). She writes:

Thus a person may say, “It feels as though a hammer is coming down on my spine” even where there is no hammer; or “It feels as if my arm is broken at each joint and the jagged ends are sticking through the skin” even where the bones of the arms are intact and the surface of the skin is unbroken. (15)

Scarry attempts to offer a solution. She suggests that even though the metaphor can refer to both an actual agent (“a nail sticking into the bottom of the foot” (15)) and an imagined agent (“It feels as if there's a nail sticking into the bottom of my foot” (15)), both agents convey the same thing. Actual agent and imagined agent convey the felt-experience of pain to someone outside the body of person in pain and they do that for the same reason: “to externalize, objectify, and make shareable what is originally an interior and unsharable experience” (16). The act of externalizing sufferer’s internal pain turns out to be more valuable than ensuring that the metaphor is understood correctly. Meanwhile, Bourke suggests that extreme pain tests the limits of conventional language. She writes:

who would have thought that a headache could feel ‘like a bowl of Screaming Yellow Zonkers popping hard behind my forehead’? – but that was how one sufferer described it. Still another patient described pain as ‘like a demand from Her Majesty’s Inspector of Taxes’ while a woman with a phantom arm said it felt like ‘champagne bubbles and blisters’”. (59)

Literature and poetry is full of inventive language, creative expressions and descriptions rich in metaphors. Interestingly, Bourke claims that figurative languages for pain have changed from XIX century to present because our physiologies, medical facilities (technology, pharmacology etc.) and environments undergone the transformations throughout time. That explains the prominence of war metaphors in the XX century, for instance, during the World War II cancer was first time described in militarist terms (“Defeat the Silent Enemy, declared an advertisement in 1940” (75)) while it was a fairly common to refer to pain as torture during XIX century when torture was a judicial reality (as in an 1862 description of those

‘horrible rheumatic [sic] tortures’) (75). I contend that figurative tropes do not only convey the features of pain but represent the physiological and psycho-cultural body of context where time, place, gender, social-class come into play. All these factors influence the language and its devices, especially when extreme pain is taking over the body since it requires to surpass conventional language and employ an inventive language.

The Problem with the Term ‘Metaphor’

The fact that Scarry does not mention other figures of speech might suggest that she uses the figure of metaphor as a metaphor for all the tropes of figurative speech. Jonathan Culler believes that in contemporary discourses metaphor is understood as “no longer one figure among others, but the figure of figures, a figure of figurality” (189). Using the term ‘metaphor’ turns out to be problematic because we are never sure if it is used in a literal or a figurative sense as already stated in the previous chapter. Culler further claims that the tendency to privilege metaphors over metonymies and other figures of speech has a long tradition that aims to achieve a couple of different things: first, “one asserts the responsibility and authenticity of rhetoric” and secondly, “one grounds it in the perception of resemblances in experience, in intimations of essential qualities” (191). In this way we create the perception of the existence of fundamental connections between things that consist in our reality and open up the limitless space for interpretation. It allows us to seize the creative and inventive power that we have over the world around us and that we can control on the basis of our language. Essentially, the metaphor as a headliner for figurative language allows showcasing creativity and authenticity of the author that has been valued in the long standing tradition of poetry. Scarry’s choice to analyze metaphor’s role in describing sentient pain throughout the text displays her great reliance on it as the privileged notion of all figurative speech. Scarry perceives the metaphor as a referential source of content that provides the person in pain with two different images of agent and injury that can be used in describing sufferer’s sentient pain:

The first specifies an external agent of the pain, a weapon that is pictured as producing the pain; and the second specifies bodily damage that is pictured as accompanying the pain. (15)

Even though Scarry doesn’t give her account of what she means when she uses the term ‘metaphor’, the following quote can be illuminating: “physical pain is not identical with (and

often exists without) either agency or damage, but these things are referential; consequently, we often call on them to convey the experience of the pain itself” (15). Keeping in mind that the metaphor is that which specifies agency or damage, it is not identical with physical pain, but it is referential because agency and damage are referential. It appears to me that Scarry employs the term ‘metaphor’ as if it had an autonomous ability to refer to anything that it intends (in the case of pain description this is either a weapon or a bodily damage). But more importantly, Scarry believes in the metaphor’s ability to convey pain itself, lift the painful sensation from the body and bring it into the material world. In the context of physical pain experienced by wounded soldiers in war Scarry believes that the metaphor is able to transform the body in pain into the symbol of something greater, for instance, the future freedom or the cost of winning. She claims that “insofar as each of the metaphors calls attention to a phenomenon of transformation or transference, it calls attention to something that literally occurs in war; for the attributes of the hurt body are “transferred” to the issues, the attributes of the hurt body are “transformed” into attributes of the issues” (350). This view might be considered slightly problematic because it relies on the assumption that metaphor has, in Scarry’s words, “inner workings” (15). She insists that there exists an inner structure in the metaphor itself. This inner structure transfers the referential content to the empty space left by the permanently objectless state of pain. During this transfer, the words interact with each other and the transition of meaning takes place in a sentence. The metaphorical constructs expose problematic passages of self-evident statements. Scarry maps out the whole sequence of the sentence:

each new idiom, each new metaphorical construction, only reintroduces the same problem: in the sentence, “Whoever wins, gets to determine the issues,” what is it that explains the transition between the second and third words, that explains the phrase “wins, gets”? <...> What is it that allows the translation of open bodies into verbal issues such as freedom? How is it that the road of injury arrives in the town of freedom, or that the intermediate product of injury is transformed into the final product of freedom? (96)

After having discussed Scarry’s account of the metaphor and its role in pain description, it is fair to claim that her analysis lacks the reflection on the role of listener which I believe is crucial in both medical practices (relationship between patient and medical examiner, psychiatrist, nurse) and social relationships (relationship with family members, friends and

fellow sufferers). I believe that the role of listener is irrelevant to Scarry's account because she believes that both figurative language (and communication in general) and imagination take place inside the mind of a person. Since both of them take place in person's consciousness and not as a result of the interpretative exchange between the speaker and the listener, the reader and writer, the patient and the medical examiner; any lingual attempt to connect with the material world is being made inside the mind. It can be assumed that the person in pain is entirely accountable for her pain and all the communication that surrounds it. Thus, the head of a suffering person is simultaneously unreliable and the only reliable source of that which happens inside the body. Scarry writes:

either it remains inarticulate or else the moment it first becomes articulate it silences all else: the moment language bodies forth the reality of pain, it makes all further statements and interpretations seem ludicrous and inappropriate, as hollow as the world content that disappears in the head of the person suffering. (60)

If one claims that there should be a pre-determined message or a metaphorical meaning which the body in pain seeks to convey through the means of language, then there is always danger that the message might be miscommunicated. The assumption that pain is in need to be articulated, leaves the person in pain challenged by her own means and tools of expression. What if I sound inappropriate, what if my statement seems foolish? However, if we hold that the description of pain takes shape in the moment of collaboration between the person in pain and the listener, the listener becomes equally responsible for that which is said to him. The linguistic exchange between the two people lifts the burden of conveying pain on your own and makes it the matter of interpretation, dialogue and listening. Hence, it acquires a therapeutical value.

Soothing Pain Through the Means of Expression

It is crucial to acknowledge the fact that pain is rarely, if ever, a purely physical diagnosis. It damages the suffering person bodily, emotionally, cognitively and socially. In some cases, mental pain which has no apparent physical (or objective) reason damages the sufferer as much as physical pain. Recently, medical community has discussed the ever-changing perception of the types of pain and suggested we should reconsider what we used to regard as 'physical' and 'psychological' pains. It is assumed that both types of pain are inherently different and should be treated differently. However, recently the concept of pain has been

continually re-evaluated and challenged. As a part of this ongoing debate, there is an argument which claims that the origin of pain whether it is physical or mental share an underlying felt structure in brain. David Biro in article “Is There Such a Thing as Psychological Pain? and Why It Matters?” (2010) suggests that “there are good reasons for speaking of pain in the setting of grief or depression or schizophrenia or divorce or the nonphysical suffering that accompanies illness” (660). Biro states that patients who describe aversive emotional experiences not only tend to use the generic word ‘pain’ but also tend to describe them in the same ways that people describe their physical pain. Just like Scarry, Biro noticed that the use of metaphor plays a big part in the description of pain. Unlike Scarry, Biro claims that the weapon metaphor captures the felt structure of pain of all kinds:

Listening to the language of pain of all kinds, we discover a shared felt structure that the weapon metaphor effectively captures. Whether triggered by grief and depression or kidney stones and spinal injury, pain reads like a story in three parts:

Weapon ! → Injury ! → Withdrawal. (661)

The threat of potential injury creates the desire to run. Biro claims that the exact same response appears when there’s nothing tangible coming at us. Apart from the subjective evidence, Biro provides the medical evidence of a case where the kinship of physical and psychological pain is undeniable:

the sensory center (in the somatosensory cortex) and the affective center (in the anterior cingulate and insula cortices) are not only spatially apart but dissociable: that is, a person can have the sensation of pain but not feel pain. (Grahek 2007)¹

The reverse phenomenon is observed in patients with phantom limb pain disorders where the pain sensation is felt in the absent body part. The medical experiment was performed by Naomi Eisenberger and colleagues at UCLA seems to have confirmed the theory:

Normal subjects played a video ball-tossing game while their brains were monitored by fMRI. When the subjects were excluded from the virtual game, they experienced

¹ Grahek, N. *Feeling Pain and Being in Pain*. Cambridge, MA: MIT Press, 2007 quoted in Biro, David Biro, David. “Is There Such a Thing as Psychological Pain? and Why It Matters?” in *Culture, Medicine, and Psychiatry*, December 2010, Volume 34, Issue 4, pp. 658–667.

distress that correlated with increased blood flow to the anterior cingular and insular cortices, exactly the same pattern that would have occurred had they been stuck by a needle. The greater the social distress generated, the more active these affective pain centers became. Studies done on saddened and grieving subjects produced similar results (Gundel et al. 2003). (663)

Of course, Biro's argument and Eisenberger's findings don't mean that physical and psychological pain are equal *per se* but they suggest that both types of pain could be approached and treated in a similar way. After all, both psychological and physical pain are subversive experiences that need to be eliminated. Thus, the procedure of softening pain (both physical and emotional) can be described in three equally important steps:

Externalization of pain through the means of verbal expression → Diagnosis of pain →
Treatment of pain.

The first step of externalizing one's pain is the crucial moment for Scarry because without it the sufferer is unable to receive help. Scarry believes that expression of pain is crucial in reconnecting with the world outside one's shattering and painful existence that is inherently interior and subjective. For this reason, the expression of pain serves as crucial linguistic act that creates the bond with material world. The failure to express one's pain, or expressing it incoherently and fragmentally, to the others (medical examiners, family members) results in a failure to start the healing process. If person in pain is unable to articulate what she is feeling, then there's nothing that another person can do to ease her pain. For Scarry the expression of pain is decisive because first, she perceives language as having an imminent structure and second, according to her, the meaning is always inherent in the structure of metaphor. Therefore, the metaphor is a carrier of meaning which is born in an interior state of mind. It is the only linguistic vehicle that is capable of externalizing the inner working of the mind. The sentient pain has to be transferred to outside world where its presence will be recognized before the healing can begin. The process of externalizing sufferer's pain is the crucial moment in healing process.

Psychoanalyst Dori Laub also deals with pain expression and its potential to soften sufferer's pain. In his paper "Bearing Witness or the Vicissitudes of Listening" published in *Testimony* (1992), Laub addresses pain caused by trauma in the cases of Holocaust survivors where psychological pain is extremely damaging. Even though, pain that originates in trauma

is a very particular type of pain, it is nevertheless crucial to my analysis because it provides a different method to thinking about pain expression. In contrast to Scarry, Laub approaches traumatic pain through the means of expression and perception. It means that he treats the role of listener as having an equally active role in expression (and comprehension) of pain. Laub's main argument suggests that pain can be softened through the act of speaking itself. Thus, contrary to Scarry, Laub seems to be suggesting that there is no prior and inherent meaning in pain expression. The healing of traumatic pain involves two actively engaged members – the speaker and the listener that are united in a linguistic encounter that Laub refers to as testimony. Moreover, Laub argues that the listener who witnesses extreme human pain finds herself in a unique position: “the listener to the narrative of extreme human pain, of massive psychic trauma, faces a unique situation” (57). He explains that once the person is being listened by another human, the new history of shared experience is being written during the moment of speaking (hence the name of the chapter – “A Record That Has Yet to Be Made”). Crucially “the listener is a party of the creation of knowledge *de novo*” (57). Not only the listener is part of the event of testimony that is taking place but she is also “a participant and a co-owner of the traumatic event: through his very listening, he comes to partially experience trauma in himself” (57). Listening to one's pain allows the listener to experience trauma first-hand. Listener becomes “a companion of trauma survivor in a journey onto an uncharted land, a journey the survivor cannot traverse or return from alone” (59). As a result, during the journey of testimony, the speaker and the listener create a unique historical record where the story of one's pain partly belongs to another person as well. Laub address the fact that the listener is able to experience the “bewilderment, injury, confusion, dread and conflicts that the trauma victim feels” (58). At the same time, the listener “does not become a victim himself – he preserves his own separate space” (58). Laub argues that the job of the listener is to “be at the same time a witness to the trauma witness and a witness to himself” (58). Being inside and outside the event of listening simultaneously is a challenge that requires particular type of commitment and willingness to collaborate. Moreover, Laub argues that the listener to trauma must not simply listen but “must listen to and hear the silence”, speaking mutely both in silence and in speech, both from behind and from within the speech” (58). Laub's argument is that hearing the silence is: first, a task of the listener, and second, a part of the act of listening; challenges Scarry's account of externalizing pain. Laub's account holds both the speaker and the listener, hence the sufferer and the witness of one's suffering, equally accountable for the meanings and conclusions they make out of the description of pain. The fact that Laub ascribes the silence of the victim as being a part of the

testimonial act, suggests that language does not necessarily precede suffering, nor does it precede the event that is taking place. It suggests that there's no inherent meaning in the structure of testimony. Laub's approach contrasts to Scarry's position. The latter does not address the social side of suffering and approaches pain within its solitary and confined existence. Phenomenologist Smadar Bustan believes that Scarry perceives the language of agency as the only way to share one's suffering and establish a collective bond:

it is only after being pushed outside the boundaries of our body through the agency of the pronounced nail, knife, whip or weapon that the collective is invoked, situating the pained in the social and political network. Hence, admitting to the centrality of mediation through linguistic agents helps one perceive the different connections.
(Bustan 378)

The matter of expressing one's pain is crucial because painful experience, according to Scarry, is interior and subjective. Pain can only be recognized after it is expressed – after it is linguistically articulated well enough for the listener to make sense of it. Meanwhile, Scarry doesn't address social aspect in recognizing one's pain. Social relations in which the suffering person finds herself in provides a rich context in which the pain unfolds. Therefore, social relations (patient and doctor, child and parents, husband and wife etc.) can also play crucial part in soothing one's pain by giving the person in pain relevant attention and understanding. It is true that we are not able to measure exact type, degree and nature of the sentient pain that the other is feeling but we surely can be aware of the person in pain, recognize her suffering and be willing to help. Bustan proposes that if the web of relations actually precedes language, then “the challenge consists in finding the interface between the two worlds and determining to what degree our lived experiences of pain and suffering are centred in the private realm or in the person's interactions with the environment so that figurative language of agency can be effective in transmitting the abstruse” (377). In Scarry's view the interaction between these two worlds does not pose such a great challenge simply because the private realm of a person in pain is no longer part of the social realm. If the sufferer is not able to articulate her suffering and bring her existence into the social existence, then she is excluded from the social realm.

Laub's view of the importance of the role of the listener suggests that there is no prior record of the traumatic event that is readily available. It implies the momentousness of being present in the acts of speaking and listening. Laub's theory of testimony is based on the

collaboration between the speaker and the listener. The traumatic and painful experience is worked through the event of testimony where a new record of ‘coming to terms with’ or ‘letting it go’ is being created. One can assume that the present is in charge of the past. On the other hand, Scarry’s account of pain in *The Body in Pain* does not approach the psychological pain including the traumatic effect it has on the sufferer. Scarry addresses solely the instances of bodily pain infliction including physical torture, injury making, wounding, etc. She does so because she believes that psychological suffering has a different nature because unlike physical suffering it, in fact, does have a referential content. When searching for an example to illustrate her point Scarry looks into literature:

The rarity with which physical pain is represented in literature is most striking when seen within the framing fact of how consistently art confers visibility on other forms of distress (the thoughts of Hamlet, the tragedy of Lear, the heartache of Woolf’s “merest schoolgirl”). Psychological suffering, though often difficult for any one person to express, does have referential content, is susceptible to verbal objectification, and is so habitually depicted in art that, as Thomas Mann’s *Settembrini* reminds us, there is virtually no piece of literature that is not about suffering, no piece of literature that does not stand by ready to assist us. (11)

Scarry is referring here to the famous Virginia Woolf’s passage from the essay “On Being Ill.” Woolf writes: “among the drawbacks of illness as matter for literature there is the poverty of the language. English, which can express the thoughts of Hamlet and the tragedy of Lear, has no words for the shiver and the headache. It has all grown one way. The merest schoolgirl, when she falls in love, has Shakespeare, Donne, Keats to speak her mind for her; but let a sufferer try to describe a pain in his head to a doctor and language at once runs dry. There is nothing ready made for him” (6,7). I suggest that Scarry’s project in *The Body in Pain* pursues to find these “ready-mades” in language and explain how and why they work the way they do.

Chapter III

Narrating Pain in Literature:

Leo Tolstoy and Alphonse Daudet

Outline

In order to see how Scarry's analysis on pain functions in literature, I will be analysing two literary texts that examine the subject of pain in profound ways. For Scarry the literature of pain that deals with the complex reality of pain has two unique purposes: first, it showcases the trust in language which means that words are regarded as reliable source for exposing the complex nature of inner existence; and second, language of pain records the passage of pain into speech. Scarry writes:

trust in language also characterizes the work occurring in several nonmedical contexts; and so, in addition to medical case histories and diagnostic questionnaires, there come to be other verbal documents – the publications of Amnesty International, the transcripts of personal injury trials, the poems and narratives of individual artists – that also record the passage of pain into speech. (9)

According to Scarry, the process of recording the passage of pain into speech is crucial because it externalises the private realm of pain and transfers it to the material world. Crucially, only after the process of externalisation the healing from pain can begin. Thus, the language of pain is part of a greater human project to share the unsharable experience and lift it to the “realm of shared discourse that is wider, more social, than that which characterizes the relatively intimate conversation of patient and physician” (9). In this sense, any text on the reality of pain is already an attempt to restore lost communication with the outer world that the body in pain has endured. In order to expose the strengths and the limits of Scarry's analysis of pain and see how the externalization procedure works in practice, I will be analysing Leo Tolstoy's novel *The Death of Ivan Ilyich* (1886) and Alphonse Daudet's collection of notes *In the Land of Pain*. These two examples of pain in literature can be regarded as unique records where the passage of pain into written language is documented. *The Death of Ivan Ilyich* concerns pain in fiction and deals with the subjects of extreme social isolation and pre-death reconciliation. Meanwhile, *In the Land of Pain* exposes the nature of

autobiographical writing in pain that destroys author's subjectivity and becomes an autonomous force writing itself through writing about itself.

Kinship Between Pain and Death

Scarry argues that "it is not surprising that the language of pain should sometimes be brought into being by those who are not themselves in pain but who speak on behalf of those who are" (6). Leo Tolstoy's novel *The Death of Ivan Ilyich* (1886) tells a story of a protagonist Ivan Ilyich who finds himself in pain by accident. The novel is written in style of descriptive realism that explores physical and psychological impacts that pain and illness have on the life of the otherwise not quite exceptional protagonist. Ilyich leads life trivially, yet more or less happily, surrounded by fractious family life, occasionally pleasant social life and recognition in professional career. The satisfactory nature of Ivan's life fuels the hard times in coming to terms with his lethal illness. He feels that a decent man like him doesn't deserve to suffer so terribly. Tolstoy, on the other hand, has a different kind of project for Ivan in mind. It is a journey to the enlightenment of soul during which Ivan is destined to suffer profound emotional and physical darkness.

In order to fully explore the nature of Ivan Ilyich's pain, it is important to address the other significant concepts that Tolstoy employs in the novel. For Tolstoy pain isn't ontologically isolated sensation. In *The Death of Ivan Ilyich* Ivan's body in pain is placed in proximity with death. It isn't only a symbolic relationship but also a part of the literal representation of what dying in pain actually looks like. Ivan reflects on the ever-changing state of his pain during numerous inner monologues. These monologues suggest that Ivan is becoming more conscious and aware of the fact that his pain is the beginning of approaching death. This unbearable thought is haunting Ivan and drawing him into the ongoing confrontations with himself: "it is got nothing to do with the blind gut or the kidney. It is a matter of living or... dying" (191). Another important aspect in *The Death of Ivan Ilyich*, is that Tolstoy makes it very clear that pain is not a solid and singular event but rather an inherently mobile experience. Ivan's pain changes its form (first it is a bruise, then it is a funny feeling, and only in the latter stages of his illness it turns into pain) and shifts its meaning while his health is gradually deteriorating. The worsening condition exposes both subtle and severe changes in Ivan's relationship with his pain. First, the type of pain that Ivan encountered was accidental, mundane and essentially meaningless. While arranging the curtains and moving furniture in his newly bought house Ivan has a seemingly insignificant accident:

On one occasion, climbing a stepladder to show a dull-witted upholsterer how to hang the draperies, he slipped and fell, though he was strong and agile enough to hold on, and all he did was bump his side on a window-frame knob. The bruised place hurt for a while but it soon passed off. (177)

The accident appears to be so insignificant that it sounds almost absurd. Reader is able to relate to the realistic scene since similar accidents occasionally happen to everyone. Tolstoy ensures that the bruise leaves no initial impact and Ivan's life goes just as "it is ought to go - easily, pleasantly, decently" (179). Then, the bruise transforms into a couple of other symptoms including "a strange taste in his mouth" and "a funny feeling" that turns into "a constant dragging sensation" (181). The constant flow of physical discomfort starts to take hold of Ivan's life. This is the moment when Ivan's social life and family relationships are put to the test. The explosive fights with his wife Praskovya Fyodorovna are getting more frequent and Ivan's anger for not knowing the actual cause (and not being taken seriously by the doctor) is driving him into despair. Tolstoy introduces the word pain into the text to show that it is the moment when Ivan's life has now changed beyond return – his bruise is no longer a simple bruise, and a "funny feeling" is neither funny, nor just a feeling. From this point on Ivan starts questioning the meaning of his pain: "nagging pain that never went away, was taking on a new and more serious significance" (184). Finally, the protagonist arrives to the traumatising realisation that his life is steadily fading away: "There has been daylight, now there's darkness. I have been *here*; now I'm going *there*. Where?" (191). Ivan suffers an agonizing horror of realizing that a single bruise has changed his relatively happy life beyond return.

Biocultural and Cultural Pain: The Role of Literary Voices

In his study *The Culture of Pain* (1991) David B. Morris advanced the biocultural approach to communicating and thinking about the subject of pain. His project stressed an urgent need to revive the neglected voice of patients and "to recover the voices that speak most effectively for patients in the essays, poems, novels, plays and other genres we call literature" (5). The medical voices have to enter into conversation with literary voices and begin a dialogue in order to realize that "pain emerges as far more than a matter of electrical impulses speeding along the nerves" (5). Morris believes that literary voices are in charge of the creation of meanings that we share towards the subject of pain: "writers have been directly

involved in creating – not just observing – the social and personal meanings what we make out of pain” (20,21). Morris’s approach relies on the assumption that literature has the ability to create meanings out of essentially meaningless pain. In order to carry out his project of recovering the literary voices in pain discourse, Morris analyses Tolstoy’s novel *The Death of Ivan Ilyich* (1886) which readily yields to an allegorical reading. He claims: “Tolstoy encourages us to interpret Ivan Ilyich’s painful struggle as a process of spiritual awakening” (38). This allegorical reading of Ilyich’s pain challenges the traditional medical approach that perceives pain as sole biological fact. Furthermore, Morris positions the character of Ivan in the spatial, social and historical context of the life of a bourgeois civil servant in the late nineteenth century. In this way, Ivan’s pain comes to signify the quintessential pain of bourgeoisie and the reader faces yet another allegory. This type of commentary concerning the meaning of Ivan Ilyich’s pain is quite common.

In Scarry’s view literary voices that speak about the unspeakable pain are to be understood as powerful sources of the reconstruction of the world that was destroyed in the solitary reality of one’s suffering. Literary voices offer the unique pathways of reconnection with the outside world in a couple of fundamental ways. Firstly, they give unique opportunity for a suffering person to enter the realm of shared existence. Scarry argues that “an extraordinary novel that is not just incidentally but centrally and uninterruptedly about the nature of bodily pain <...>” (11). The goal of this extraordinary novel on pain should be “throughout its duration a sustained attempt to lift the interior facts of bodily sentience out of the inarticulate pre-language of “cries and whispers” into the realm of shared objectification” (11). In other words, the articulation leads the narrative of pain into the public realm where pain no longer belongs to one person but rather it belongs to everyone: “in the isolation of pain, even the most uncompromising advocate of individualism might suddenly prefer a realm populated by companions, however imaginary and safely subordinate” (11). The pain brought to being by a literary voice – writer or protagonist –is no longer specific but general, soothing, and breeding empathy. Moreover, literary voices are created as a result of imagination that Scarry calls “imagining the ground of last resort when the world fails to provide an object” (166). They serve as a proof of unlimited imaginary capacity to invent stories, subjects, linguistic devices that refer to pain. Finally, literary works that articulate painful experiences on a profound level are the works that we can perceive as artifact in the making. According to Scarry, the finished artifact is one of the most powerful human made entities that is able to transform universal truths inhering in shared perception. Scarry argues that great literary works do precisely that:

we every day speak of reading the works of Sappho, Shakespeare, Keats, Bronte, Tolstoy, Yeats, as though by doing so we gain some of the “sensitivity” and “perceptual acuity” projected there; people even announce that they are reading Keats, for example, as though this makes them Keats-like, which is in some sense accurate. Like the coatmaker, the poet is working not to make the artifact (which is just the midpoint in the total action), but to remake human sentience; by means of the poem, he or she enters into and in some way alters the alive percipience of other persons. (307)

In this way, the voice of an author is already reconstructory in its work. In *The Death of Ivan Ilyich* Tolstoy puts the protagonist through the painful challenge of dying in pain in order to teach him an enlightening lesson. The lesson he learns just before dying is also a lesson learnt by the rest of humanity.

Autonomous Pain: Ivan Ilych’s Pain Takes its Form

In his writings on Tolstoy and death, Rilke suggests that for Tolstoy death exists not as particles but in a “pure” and “undiluted” form; undiluted death, at one with the fear it inspired, could be experiences as an animate figure or as a structure. The same happens with Ivan’s pain. While Ivan’s condition keeps progressing, he starts to feel a new set of symptoms – a gradual disconnection from his body as his pain starts to take a life of its own. Tolstoy writes: “but suddenly in the midst of [the proceedings at the court] the pain in his side, paying no attention to the stage the proceedings had reached, would begin *its own gnawing work*” (71).² As soon as Tolstoy introduces the pronoun ‘it’ which embodies the pinnacle of Ivan’s distress and psychological disorientation, the novel has reached its breaking point. Kathleen Parthé in the article “Tolstoy and the geometry of fear” argues that “the animate feminine *it (ona)* of *The Death of Ivan Ilych* led us to concentrate on the horror that lies just below the surface of ordinary life; it forces Ivan Ilych to retreat from the world into one small room, where he and *it* are alone in the universe” (84). ‘It’ becomes a symbolic substitute for death that just like pain is based on sheer aversion. It can be viewed as Tolstoy’s stylistic strategy used to highlight protagonist’s deliberate attempt to name the fundamentally unnameable experience of facing death.

² Author’s emphasis.

Moreover, the pronoun ‘it’ complies with Scarry’s view that pain and death are profoundly related. Scarry argues that the kinship between death and pain are attributed to human recognition that brings felt-experience of pain in close proximity with the absence of it in death:

an intuitive human recognition that pain is the equivalent in felt-experience of what is unfeeleable in death. Each only happens because of the body. In each, the contents of consciousness are destroyed. The two are the most intense forms of negation, the purest expressions of the anti-human, of annihilation, of total aversiveness, though one is an absence and the other a felt presence, one occurring in the cessation of sentience, the other expressing itself in grotesque overload. (31)

If we follow Scarry’s account, we could claim that the sense of kinship between pain and death is reciprocal – first, the inherent absence of any kind of stimuli in death works as an antidote to pain that is essentially an explosion of every kind of unpleasant stimuli; secondly, the absence of content in pain is filled with the complexity of meanings that death, the end of any living life, possesses in itself. However, Ivan can’t make any sense of the fact that he is dying: “if I had to be like Caesar and die, I would have been aware of it, an inner voice would have told me, but there hasn’t been anything like that on the inside. <...> It can’t be. It can’t be, but it is. How can it be? What’s it all about?” (194). Tolstoy dramatically portrays the impossibility of death in a living mind. Ivan is not only unable to comprehend his mortality but he also thinks of his self as unique and unlike the rest: “yes, Caesar is mortal and it is all right for him to die, but not me, Vanya, Ivan Ilyich, with all my feelings and thoughts – it is different for me. It can’t be me having to die” (193).

In *The Death of Ivan Ilyich* Ivan experiences an abruptly deteriorating social integrity. When the first set of unpleasant symptoms appear, Ivan faces doctor’s lack of genuine interest in his patient’s state that left Ivan Ilyich “with a sickly feeling, filling him with self-pity and great animosity towards the doctor who showed so much indifference to such an important question” (183). The only important question to Ivan is simple – whether his state is lethal or not. The doctor’s functionary demeanour appeared confusing to Ivan as “he kept going over in his mind everything the doctor said, trying to translate his confusingly complex technicalities into everyday speech <...>. And in the light of the doctor’s confusing pronouncements the pain, that dull, nagging pain that never went away, was taking on a new and more serious significance” (184). The uncertainty makes a significant effect on Ivan’s

reception, it is from this point on that the obscurity stands as a proof that Ivan's state is, in fact, much worse than he initially expected. The time passes and Ivan finds himself more detached from his environment and the people around as ever. Tolstoy writes: "it ought to have been obvious to him that raging against this his situation and the people around him was only feeding his illness" (185). Ivan visits celebrity doctor in a bid to receive some sincere assurance, he considers taking homeopathic medication and even listens closely to his acquaintance telling him about the curative powers of icons. However, Ivan caught himself listening too closely and promises himself not to think of doing any more of the "shilly-shallying" (186). But the pain was getting worse everyday and he realised that he was the only one who knew that "something new and dreadful was going inside [him] and <...> he was the only one who knew it; the people around him didn't know or didn't want to know – they thought that everything in the world was going on as before. This was what tormented Ivan Ilyich more than anything" (186). Isolation began tormenting Ivan no less than the pain itself. He was aware that his wife Praskovya's attitude towards his illness, of which she made no secret to other people or to him, was that it was all his fault; he was making his wife's life a misery yet again" (187). At this point, Tolstoy gives Ivan the role of a victim of pain and mystery illness; and the secondary role of a delinquent who put his (even if unconsciously) family into misery. Tolstoy shows that when the illness enters the point of no return, it enters the realm of a family unit and rearranges its well-established dynamics. Soon after, extreme pain confines Ivan to bed. He finds himself being stuck in a confined and solitary space of his own room. His hate towards people reaches the point where he cannot stand his wife any longer: "he hated her with every fibre of his being while she was kissing him, and it took all his strength not to push her away" (193) as she kissed him on the forehead for goodnight. Ivan's despair was shattering, opium didn't give any relief, the food had any taste, "for the call of nature he had special arrangements" (196) that Gerasim, "a clean and fresh peasant lad" (197) would help Ivan to take care of. Feeling dirty and humiliated, Ivan would find a calming shelter when spending time with Gerasim because "health, strength and vitality in all other people [except Gerasim] were offensive to Ivan Ilyich" (199).

While Ivan is stuck in the process of accepting his lethal illness, he is aware that anyone, not his wife, nor his friends, and not even the well-respected medical examiner are able to understand him. Having been neglected, or rather not taken seriously, by both his family members and doctor Ivan is no longer able to handle the reality outside his pain. Tolstoy writes: "Ivan could see that the awful, terrible act of his dying has been reduced by those around him to the level of an unpleasant incident, something rather indecent (as if they

were dealing with someone who had come into the drawing-room and let off a bad smell)” (199). In reality, Ivan is longing for the pity of others however embarrassed he was to admit it: “he wanted to be kissed and cuddled and have a few tears shed over him in the way that children are cuddled and comforted” (200). But as soon as someone walked into the room, he would put on a serious face that was lying to them all. The question remains whether the lie was the only option left to Ivan? We could speculate that in a patriarchal society of Russian Empire, a man like Ivan was expected to control emotions, be rational and strong. What is more, the doctor’s indifference would breed Ivan’s despair. During one of last examinations, Tolstoy explains why the doctor was smiling condescendingly: “Can’t be helped.’ He seemed to be saying. ‘These sick people do sometimes have silly ideas. We can’t blame them’” (204). Already sick Ivan is declared to be an incontestable madman.

In his book *Illness and Culture in the Postmodern Age*, David B. Morris argues against the notion of private suffering and claims that it is nothing else than a modernist myth. In order to overcome this myth, he suggests employing interdisciplinary model of treating the patients affected by pain. This model goes beyond the common medical practices, and invites anthropologists and historians for the collaboration in order to help elicit the meanings at play. Morris argues that during the treatment of pain patients, an emphasis should be put on listening, because “failure to listen is present in the history of persistent medical under-treatment of pain” and “it is a good start toward replacing ignorance with knowledge” (133). Moreover, the interdisciplinary collaboration between scientific and cultural discourses show us that the subject of pain and the way we perceive it is shaped by the culture and institutions of current time and place:

Television, sports, cinema, popular music, advertising, welfare, and a massive new cost-conscious, government regulated, opiophobic health care bureaucracy. It could allow us to recognize the complex ways in which postmodern pain, rather than affirming the single doctrine of meaninglessness implicit in the modernist biomedical model, is inherently polyphonic. We could begin to hear the voices formerly silenced not only by pain but also by the neglect of a biomedical culture in which complaints of pain (subjective and unverifiable) simply do not matter. (133-134)

Morris believes that the subjective experience of pain is far from unreliable. Listening to the experience of sentient pain becomes crucial in building the narrative where a silent, isolated and detached voice can talk without the fear of prejudice. In fact, narrative and illness are

both biocultural phenomenon: “narrative is a form of human behaviour as biological as the capacity for speech” (252). Therefore, the impulse to build narratives is inherently human:

for several decades we have possessed powerful indirect evidence that the construction of narrative is something the human brain seems biologically driven to do. We tell stories driven by the same biological imperative that drives us to adopt upright posture. The creature that Nietzsche called “the sick animal” is also, inescapably, the narrative animal (252).

On the other hand, David B. Morris warns that the form of narrative is crucial, since “they are never simply formless utterances, much as voices are never simply an expression of individual speech” (201). The listener has to be sensitive to the type of speech act performed by the person in pain:

no one can communicate in language without employing the innumerable speech acts—asking, telling, promising, begging, urging, and the rest—that typify the intricate, shared, cultural and linguistic codes that underlie every utterance. Genre, of course, refers to the traditional forms of literary composition—such as pastorals, epics, and sonnets—including the innumerable varieties of mixed forms (from tragicomedy to novels) as well as relative newcomers like Westerns and sci-fi thrillers. The concept of speech genres is valuable because it calls attention to the various formal codes that underlie every utterance or communication. (202)

In the end, semantics may tell us less about the actual psycho-physical condition of the patient than social and formal patterns that appears when she tells her story: “voices are comprehensible less because we understand language (the simple prerequisite for understanding) than because we come to recognize the social and formal patterns that shape and underlie any act of speech” (202). The instrument of human voice, according to Morris, is vastly underestimated.

In order for the story-telling to actually work the way it is supposed to do, one has to be willing to listen (or read, in the case of an autobiographical account written by Daudet). Listening is made the quintessential practice in support groups where trauma survivors, war veterans, abuse victims or addicts gather together to be listened to and heard by the fellow sufferers. Dori Laub supports Morris’ emphasis on the importance of listening. Laub claims

that the “imperative to tell and to be heard can become itself an all-consuming life task. Yet no amount of telling seems ever to do justice to this inner compulsion. There are never enough words or the right words, there is never enough time or the right time, and never enough listening or the right listening to articulate the story that cannot be fully captured in *thought, memory and speech*” (78). The act of telling the experienced (or in case of Ivan Ilyich, still present) horror is partly impossible because extremely traumatic events are experienced in the realm beyond words and their standard meanings. Attempt to articulate what it feels like to die in pain are destined to remain affluent and fragmented. Meanwhile, storytelling allows errors because the facts become fluid, the words fluctuate in meanings and memory turns distorted. At the end, when performing the act of listening to the person in pain, we might not want to look for the meanings of her speech *per se*, but the ways in which the act of speech is performed including choice of particular words, formal structure of an utterance and so on.

I suggest that Ivan Ilyich never had a chance to tell a story of what is going inside his mind during the torture of pain. Had it helped to ease Ivan’s pain if the doctor, his family members and friends would have listened to him? People tend to pose this exact question when their beloved ones passes away. I contend that Ivan took the role of the listener himself. During inner monologues, Ivan would relive his life again and again, question his choices, get angry and calm himself down. On the outside, he appeared completely silent, detached, crushed beyond recognition. But spiritual pain tormented Ivan no less than physical pain. During one of Ivan’s last episodes, he asked himself: ““what if I really have been wrong in the way I’ve lived my whole life, my conscious life?”” (213). Ivan would go through his life and could see how deceitful he was, and “he could clearly see that it was all wrong; it was all a gross deception obscuring life and death” (214). The thought that everything he believed in was a lie, made him face the inevitably coming death with less fear. These monologues could be viewed as a form of self-help, a mild mental anaesthesia which occurs as a result of a prolonged self-reflection. Ivan was not only suffering, but he was searching first, for the reason of his pain (why?) and second, meaning of it (what?). While working through his fear and anger alone, minutes before dying, he finally managed to find peace: “Oh, bliss! Death has gone!” (217), he told himself and died.

Autobiographical Pain

Scarry and Woolf have claimed that pain resists direct expression in human language. Daudet’s personal notebook named *La Doulou (In the Land of Pain)* challenges this view.

Fragmented style of writing, chaotic syntax, irregular passages and deeply personal nature of the text demonstrate that pain does not necessarily have to have a clear and communicable meaning. Moreover, the author in pain does not necessarily have to have an intention to communicate his sentient pain to others as accurately as possible. In fact, pain can serve a different purpose. In Daudet's series of notebooks, pain is embedded in the fabric of writing. The literary fabric of *In the Land of Pain* serves as a space for pain to exist outside the author's material body. Throughout the course of the book it becomes clear that pain is no longer a mere object of Daudet's enquiry. Rather, it is a reason and an incitement for the text to exist. *In the Land of Pain* is driven by desire to write in the language of pain in order to unpack its nature in its rawest forms possible. In a sense the act of writing one's autobiographical pain can be compared to pain writing itself autonomously by writing about itself. Daudet compares the ink to his own blood and the pen to the nail in the note full of crafted metaphorical language characteristic of the whole text:

Since learning that I've got it for ever – and my God, what a short 'for ever' that is going to be – I've readjusted myself and started taking these notes. I'm making them by dipping the point of a nail in my own blood and scratching on the walls of my *carcere duro*. (24)

The goal of this chapter is to unpack the nature of autobiographical pain and the peculiar dynamics shared between the author, his writing and pain. Daudet's notes serve as a personal testimony of the reality in which a syphilitic body exists. Contrary to a common belief, this reality appears to be lifelike and rather unheroic. In the end, my goal is to expose the type of confrontation which happens when the author faces his lethal enemy – *tabes dorsalis* – which is the only reason for which Daudet keeps on writing on his deathbed.

To begin with, it is crucial to explain the context of Daudet's pain and the effect it had on the nature of it. French writer Alphonse Daudet (1840-1897) suffered from a painful form of neurosyphilis (*tabes dorsalis*). Syphilis, the illness often associated with XIX century France, has claimed many lives of the members of the infamous club that Julian Barnes deemed as 'literary syphilitics'.³ The most well-known include Charles Baudelaire, Guy de Maupassant, Gustav Flaubert, and Jules de Goncourt. Syphilis has widely contributed to Paris's reputation as the capital of vice. In the introduction of Daudet's *La Douleur* (the

³ Julian Barnes, 'Introduction' to Alphonse Daudet, *In the Land of Pain*, ed. and trans. by Julian Barnes (London: Jonathan Cape, 2002), v–xv (vii).

Provençal word for pain) translation, Julian Barnes writes that unlike most of men enjoying the carnal city of Paris at the time, Daudet did not contract syphilis on the streets. He acquired syphilis at seventeen from a *lectrice de la cour*, a woman employed to read aloud at the Imperial Court. He was treated by Dr Philippe Ricord, a founder of syphilography. Daudet was initially treated with the doses of mercury that somewhat prevented the disease from spreading. Daudet got married, had children, wrote plays, articles and novels including *Lettres de mon Moulin* and *Tartarin de Tarascon*. Meanwhile, he kept on leading a careless lifestyle surrounded by the typical Parisian debauchery of the time. In the early 1880s Daudet was diagnosed with *tabes dorsalis*, a severe complication of untreated syphilis. His doctor and the greatest neurologist of the time, Jean Martin Charcot described his patient as ‘lost’. After hearing his death sentence, Daudet underwent all kinds of the treatment. He went to the finest thermal establishments, took pain killers and tried various experimental injections. Barnes writes that Daudet had tried the Brown- Séquard treatment, a course of extremely painful injections with elixir extracted from guinea pigs (the injector once used an extract of bulls’ testicles instead) (ix). It seems that every doctor under whose guidance Daudet was being treated entered the history of medicine for substantial contributions to science (Charles Edward Brown- Séquard, the professor of physiology and neuropathology at Harvard, was the first to show that epilepsy could be produced experimentally in guinea pigs (ix)). Daudet also relied on large doses of morphine, chloral and bromide. During his last years, he would inject himself with up to five injections in a row leaving his body severely damaged with no intact area left to inject. During the course of painful illness Daudet started to write about his suffering. Barnes claims that Daudet faced difficulties with giving a form to his writing. Daudet wanted to give an honest confession, “but how could he write an honest confession – which would include the ‘sexual desire and longings for death that illness provokes’ – when he was a married man?” (xi). In the end he opted for the form of notebook because it gave him the most creative freedom without a sense of guilt: “this notebook allows me a fragmented form, so that I can talk about everything, without the need for transition” (xii). Thus he kept taking notes on every single step he took during the course of his illness. He captured his fears, desperation, guilt, and social interactions with fellow patients at the treatment centers.

Writing Autobiographical Pain: Between Totality and Banality

What makes *In the Land of Pain* one of the most visionary texts of the kind is the fact that Daudet doesn't put any effort in portraying his suffering as heroic. The sincerity makes his notes feel as a chronicle, a sort of documentary without a sense of fictional endeavour. In *the Land of Pain* pain is presented as an unpolished, raw and occasionally banal experience stripped of all mysticism. Even in its most extreme when Daudet's pain reaches aphasia, it nevertheless remains realistic. Barnes seems to agree with my point as he claims:

Daudet had a sense of the ordinary. What happens around illness may be dramatic, even heroic; but illness itself is ordinary, day-to-day, boring. Turgenev⁴ compared himself to a banana; Daudet, when caught in a frenzied bout of locomotor ataxia, his leg hopelessly out of control, reminded himself of a knife-grinder. The image is exact, unheroic, and taken from daily life. (xiv)

There is a reason for the banality of Daudet's pain. Partly, it stems from the nature of autobiographical pain that is neither staged stylistically, nor narratively. Unlike the fictional text of Tolstoy's *The Death of Ivan Ilyich*, it has no epiphany (that brings the Enlightenment of a soul) and no clearly expressed ethical value (that aims to teach a universal lesson to humanity). Partly, it derives from Daudet's personal objective to record his deteriorating health just as it is. *In the Land of Pain* provides the reader with an unprecedented opportunity to experience the rawness of Daudet's pain, to open up his internal world and get a glimpse of autobiographical suffering that is otherwise hardly reachable. Worton in his article on Daudet and syphilis argues that:

what is important and valuable about *La Douleur* is that Daudet does not deny pain, that he forces himself to speak it here — haltingly, fragmentally, painfully. And he is saying his pain in writing, because writing and reading enable a relationship that is honest but, usefully, not direct and immediate. [...] Daudet undoubtedly believes that suffering can open up an ethical dimension within the sufferer, in the sense that an individual's pain — which has no point in itself — can nonetheless take on a charge of meaning if it becomes the occasion for the empathetic, even suffering response of a reader. (45-46)

⁴ Ivan Sergeyevich Turgenev (1818-1883) suffered from painful death caused by the cancer of the spinal cord.

It becomes the task for the reader to make the sense of *In the Land of Pain*. The text invites for an empathic reading (which Worton names an “ethical dimension”) but the choice whether to accept an invitation belongs to the reader. It should be noted that the text was never intended to become a novel. Because of Daudet’s death, the collection of notes was never actually finished (quite possibly, Daudet never even had the intention to do so). The notes are overall inconsistent, Daudet’s style of writing is fragmented, the syntax is chaotic and occasionally, punctuation does not exist. Michael Worton believes that the deficiency of narrative coherence reflects the contingency of a life of suffering.⁵ As a result, it can be claimed that the text is not written by the hand of an established and well-respected author known by the name of Alphonse Daudet but rather, it was composed by the person in extreme pain. It is as if the pain itself was leading the suffering mind which was guiding the hand and touching the paper. Daudet’s note that seems to confirm my point reads: “Epigraph: dictante dolore” (29). Barnes translates the note to “with pain dictating” and “pain dictates the words I now write” (29). Therefore, the reader of *In the Land of Pain* is not simply a reader of the text, but rather she is a witness of autobiographical suffering.

In this highly fragmented, realistically dull (lacking the saturated representation of reality typical to the fictional writing) and painfully shattered world, Daudet confronts the inadequacy of language of pain. During this confrontation the writer with stylistic tools readily available to him exposes the limits of expressing pain in words. Daudet writes:

How much I suffered last night, in my heel and in my ribs. Sheer torture... there are no words to express it, only howls of pain could do so.

Are words actually any use to describe what pain (or passion, for that matter) really feels like? Words only come when everything is over, when things have calmed down. They refer only to memory, and are either powerless or untruthful. (15)

In a sense, Daudet is performing an impossible task. He states that words are useless, and yet, he still keeps on writing his pain. Meanwhile, Scarry insists that “whatever pain achieves, it achieves in part through its unsharability, and it ensures this unsharability through its resistance to language” (4). The fact that one cannot objectively share the pain with another is

⁵ Michael Worton, “Of Sapho and Syphilis: Alphonse Daudet on and in Illness”, *L’Esprit Créateur*, 37 (1997), 38–49.

because pain itself is unsharable in a way that it destroys language. Daudet seems to be adding another point to Scarry's claim and suggests that after the pain calms down, language is able to refer to the experience of the past because words become available again. There's a difference between words communicating (directly) and words referring (indirectly) to pain in a way that presentation (objective) is different to representation (subjective). Moreover, words, writes Daudet, do not refer to the pain itself but rather to how it felt to suffer as they can only help to relive the memory of an extremely unpleasant experience. Since pain resists to be captured, I contend that pain is essentially ephemeral because of its resistance to language (and not that it resists language due to its ephemeral nature). One of the first notes in *In the Land of Pain* reads as follows:

'What are you doing at the moment?'

'I'm in pain.' (3)

The note seems to be part of a dialogue. The unnamed agent (possibly Daudet himself) poses a casual, day-to-day question (possibly to himself). The answer is equally nonchalant – it resembles 'I'm at work' or 'I'm busy'. At the same time, 'I'm in pain' suggests the absolute presence, either of a state of being or an activity that a person is completely immersed into. I propose that Daudet's casual, yet horrifying 'I'm in pain.' refers to what Scarry calls "a seventh aspect of pain" built on all the other six aspects of pain which is "its totality" (54).⁶ It means, that at an extreme stage pain becomes a single omnipresent fact that totally consumes one's subjectivity. Scarry argues:

At first occurring only as an appalling but limited internal fact, it eventually occupies the entire body and spills out into the realm beyond the body, takes over all that is inside and outside, makes the two obscenely indistinguishable, and systematically destroys anything like language or world extension that is alien to itself and threatening to its claims. (54-55)

Daudet's statement of 'I'm in pain' illustrates that in a confined reality of pain nothing else

⁶ According to Scarry, the aspects that conclude ontological traits of pain are: first, its sheer aversiveness; second and third, double experience of agency (the sense of self-agency and the sense of external agency); fourth, conflation of private and public; fifth, ability to destroy language; sixth, obliteration of the contents of consciousness; seventh, its totality (built on the previous six aspects mentioned before) and eighth, its resistance to objectification.

but the pain exists. Scarry writes that “terrifying for its narrowness, [pain] nevertheless exhausts and displaces all else until it seems to become the single broad and omnipresent fact of existence” (55). The totality of pain becomes the quintessential aspect of *In the Land of Pain*. In agreement with my argument above, Wilson argues that Daudet’s “account of syphilis objectifies pain as a belligerent, self-governing entity” (180). What is more, Scarry believes that the omnipresence of pain can be captured not only in philosophical sense but also in a neurological and physiological setting:

Its mastery of the body, for example, is suggested by the failure of many surgical attempts to remove pain pathways because the body quickly, effortlessly, and endlessly generates new pathways. (55)

After we acknowledge that pain in its extreme form becomes the omnipresent fact of existence, we can see why Daudet’s employs a metaphor of ‘invasion’ to refer to his pain. Daudet takes a note of his visit to doctor Félix Guyon (1831-1920):

Memory of my first visit to Dr Guyon in the rue Ville l’Évêque. He probed me: some tenseness in the bladder, the prostate a little sensitive. In a word, nothing. But that nothing was the start of *everything*: the Invasion (6).⁷

Wilson argues that syphilis, “[Daudet’s] mighty enemy is presented as an antagonist, its potency encrypted in a language which suggests that the bodily defences of the vulnerable assailant are unable to withstand the attack that is underway” (180). The discourse of invasion embodies the nature of pain that is understood as undisciplined, damaging and dominant. Daudet employs a series of connected metaphors including ‘infiltration’: “pain finds its way everywhere, into my vision, my feelings, my sense of judgement; it is an infiltration” (23). The progressive infiltration to which Daudet refers is not uncommon in modern narratives that document viral infections. Wilson suggests that “infiltration is commonly used in modern narratives documenting viral infections whereby, in the use of ‘metaphors of aggression’, viruses are seen to ‘attack’, ‘devour’, and ‘destroy’ the body by ‘intruding’ into a host cell” (31). Most importantly, Wilson believes that Daudet’s use of metaphors of pain as an aggressive predator can be understood as the first practical example

⁷ Translator’s emphasis.

in writing that “constitutes an early version of the now ubiquitous militarized rhetoric that Susan Sontag has suggested first developed in the late nineteenth century” (33). In the *Illness As Metaphor* Sontag claims that:

The military metaphor in medicine first came into wide use in the 1880s, with the identification of bacteria as agents of disease. Bacteria were said to “invade” or “infiltrate.” But talk of siege and war to describe disease now has, with cancer, a striking literalness and authority. Not only is the clinical course of the disease and its medical treatment thus described, but the disease itself is conceived as the enemy on which society wages war. (65-66)

According to Sontag, the recent rise in the use of military rhetoric which sounds “like a colonial war” (66) refers to the fight against cancer. Meanwhile, syphilis (in Daudet’s case – *tabes dorsalis*) and TB are still considered to be the symbolic illnesses of the nineteenth century. Syphilis can be understood literally as a dangerous intruder – bacteria *treponema pallidum* – into the bodily integrity of a syphilitic patient. Syphilis can also be read metaphorically – as an enemy-like threat to the well-being of a whole society. Having in mind the magnitude of spread of syphilis cases in Europe (although the first recorded outbreak dates back to 1495 in Naples) before the invention of penicillin in 1943, it is not surprising that the nineteenth century French writer would call this illness an ‘invasion’.

Another group of metaphors that Daudet uses to describe his pain is the one that refers to external damaging agency. Daudet compares the shooting pain in his foot to a knife-grinder:

Fear of an attack: shooting pains that either nail me to the spot, or twist me around so that my foot pumps up and down like a knife grinder’s. (5)

In fact, the structure corresponds to a requisite linguistic rescue that according to Scarry becomes handy when the words run dry: “one passes through direct descriptions very quickly and (as V. C. Medvei noted in his 1948 treatise on pain) almost immediately encounters an “as if” structure: it feels as if...; it is as though” (15). However, Scarry insists that the figurative tools do not portray the pain identically but rather they refer to either the external agent of pain or/and the bodily damage. They are the tools to convey rather than the ways to represent pain. Daudet’s other metaphors of injuring external agency include: “armour”, “a

hoop of steel cruelly crushing”, “hot coals”, “sharp as needles” (14). As Daudet’s state deteriorates, his metaphors become more elaborate. Daudet writes:

Varieties of pain.

Sometimes, on the sole of the foot, an incision, a thin one, hair-thin. Or a penknife stabbing away beneath the big toenail. The torture of ‘the Boot’.⁸ Rats gnawing at the toes with very sharp teeth.

And amid all these woes, the sense of a rocket climbing, climbing up into your skull, and then exploding there as the climax to the show. (21)

Probably one of the most grotesque descriptions of Daudet’s pain features the theological interpretation which employs a symbol of divine pain:

Crucifixion. That’s what it was like the other night. The Torment of the Cross: violent wrenching of the hands, feet, knees; nerves stretched and pulled to breaking-point.

The coarse rope whipping blood from the torso, the spear prodding at the ribs. The skin peeling from my hot, parched, fever-crusted lips <...>

I then imagined a conversation about Pain between Christ and the two thieves. (25)

Daudet’s pain manifests itself in a kind of religious experience. Scarry explains that the obsessive presence of pain found in rituals, religious images and private visions “is a way of emphasizing the body that the contents of the world are cancelled and the path is clear for the entry of an unworldly, contentless force” (34). It represents the point of rupture after which the pain becomes an unfamiliar force unavailable to the people that are not suffering from it. Scarry explains that “though religious symbolism occurs in widely different contexts and cultures, the metaphysical is insistently coupled with the physical with the equally insistent exclusion of the middle term, world” (34). In Daudet’s case, the use of crucifixion, the sign of ultimate torture that shares multiple meanings in Western and Christian cultures, could simply tell the reader that the force of pain unlike anything he ever experienced before and unlike anything he could ever have imagined. I doubt that Daudet was experiencing a

⁸ Julian Barnes, the translator of *In the Land of Pain* explains:

Fr. *brodequins en bois*, a form of torture which involved planks of wood being roped to the sides of the legs, and then the ropes tightened with wedges until the legs were crushed. ‘The boot’, a Scottish equivalent, seems to have stopped at the ankles; one version, ‘the boiling boot’, is probably best left to the imagination. (21)

religious experience of Enlightenment since, according to Wilson, “there’s no evidence for religious faith on Daudet’s part” (182). Meanwhile, Wilson believes that there’s also an etymological explanation of pain that exposes the connotations with punishment and profound suffering:

Etymologically, the word ‘pain’ derives from the Greek ‘poine’ meaning suffering and the Latin ‘poena’ connoting punishment. In French, the phrase ‘avoir mal’, used to designate physical pain, evokes moral fragility. While the notion of ‘douleur’, which might be translated as ‘anguish’ given that it does not separate physical from mental pain, does not carry the same associations with moral transgression or divine punishment, its use in the Passion narratives of the Bible suggests a sense of suffering and subsequent purification which gives access to God. (182-183)

Therefore, the type of suffering which Daudet endured in this theological description could be seen as a symbolic self-punishment for the immoral behaviour and indecent lifestyle. In the end, syphilis, the sexually transmitted disease stands for the symbol of immoral self-indulgence typical to XIX century Paris. While syphilis tears down Daudet’s body, his body is no longer the one he had before, but rather, it becomes a *syphilitic body*. Such carnal disease naturally brings out the moral undertones in the body that is consumed by it. The last notes just before Daudet dies are prominent in their changed tone of voice. Daudet is no longer desperate to ease the pain, but rather he reflects on his life and the place that he put himself and his family into. His sentences are becoming shorter; his voice feels distant as if he was already moving away:

To think that one day you could become a burden like this, that you could put your family to flight...

We also inflict wounds, wounds to the pride of those who love us.

My existence is effectively over: I live only through the novel – that’s to say, through the lives of others. (48)

The latter note suggests that Daudet experiences pre-death reconciliation. His very last note in *In the Land of Pain* is aimed at the living people:

I only know one thing, and that is to shout my children ‘Long live Life!’ But it is so

hard to do, while I am ripped apart by pain. (49)

The sentence is significant because it explains precisely what the Daudet's collection of notes aims to do. *In the Land of Pain* is an attempt to reconstruct language with the privileged help of the author's own literary connoisseurship. When the words to represent pain aren't available in speech anymore, they are partly restored in writing. I contend that autobiographical writing in pain exposes the longing for speaking in pain, the desire to say the words aloud directly to the ones who are being addressed (and the ones who are supposed to be listening). The corporeal nature of Daudet's illness turned him into a *syphilitic body* deprived of his autonomous existence, abilities and previous habits. Even if Daudet was still able to write and express himself (meaning he hadn't lost his mind to the delusion), he still wished that he could shout his last words out loud to his children. Daudet's wish to shout his last words aloud can be interpreted as his longing of entering a realm of shared discourse that would have freed him from the solitary confinement of his own "carcere duro" (24). Scarry draws on the Amnesty International letters that held an "assumption that the act of verbally expressing pain is a necessary prelude to the collective task of diminishing pain" (9). The human voice becomes crucial in establishing the passage of pain into speech. Moreover, Scarry claims that "the human voice must aspire to become a precise reflection of material reality" (9). Scarry explains further:

If the felt-aspects of pain are lifted into the visible world, *and if the referent for these now objectified attributes is understood to be the human body*, then the sentient fact of the person's suffering will become knowable to a second person. (13)

Following Scarry, it can be claimed that Daudet's *syphilitic body* could have been lifted onto the material reality where all its painful aspects were objectified and when his suffering would have been heard by the other people. In order to achieve that, Daudet had to bring his pain and its sentient aspects into the passage of verbal speech. The end goal of verbally expressing the pain is its diminishing through the means of expression.

Chapter IV

Pain Diagnosis and Language

Outline

The development of the McGill Pain Questionnaire (= MPQ) revolutionized the way pain is perceived, measured and treated in medical institutions. It became an essential instrument in assessing both the intensity and the nature of sufferer's pain based on words (descriptors of pain) alone. It is considered to be effective, cost-efficient and medically accurate instrument of pain measurement and is still in use today. In this chapter, I will be analysing how the ideas of the MPQ creators – Ronald Melzack and his colleagues Warren S. Torgerson and Patrick D. Wall challenge Scarry's theory of ontological pain's resistance to expression and the singular modality of pain. The MPQ stands as a proof that pain sensation does not belong to a single label but is comprised of a multitude of experiences. Moreover, in some particular cases, pain (when its temporary) can be seen as constructive experience (for example, the short-lived injuries that inform us about danger when we are children). This view challenges Scarry's account that pain is a singular mode of complete and "sheer aversiveness":

While other sensations have content that may be positive, neutral, or negative, the very content of pain is itself negation. If to the person in pain it does not feel aversive, and if it does not in turn elicit in that person aversive feelings toward it, it is not in either philosophical discussions or psychological definitions of it called pain. (52)

The second aim of this chapter is to uncover the limits of the questionnaire as a modern diagnostical tool. I will be looking at the role that language of pain plays in diagnosis and treatment of pain in clinical settings. The discussion will involve the use of language, the context of language, translating the language and the expressions that convey pain but are outside of the frame of verbal and written language.

McGill Pain Questionnaire: Words as Diagnostical Instruments

Medical discourse of pain diagnostics relies on a seemingly paradoxical task – objectively measuring inherently subjective sensation of pain. The McGill Pain Questionnaire (Fig. 1) and its short version (SF-MPQ) developed by Ronald Melzack and Warren S. Torgerson at McGill University in 1971 (and the short version in 1980) is a scientific answer to the

problem of measuring and diagnosing pain objectively. The solution is a self-reporting measure of pain that specifies not only the intensity of pain (previous pain measurement methods did mainly that), but the varieties of pain experience. MPQ proved that pain is not singular and one-dimensional but a complex and multi-dimensional experience. In practical terms MPQ enabled physicians to diagnose and measure not only the intensity but also the quality of pain.

McGill Pain Questionnaire

Patient's Name _____ Date _____ Time _____ am/pm

PRI: S _____ A _____ E _____ M _____ PRI(T) _____ PPI _____
 (1-10) (11-15) (16) (17-20) (1-20)

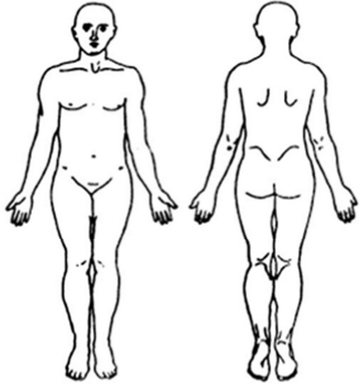
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">1 FLICKERING</td><td style="width: 50%;">11 TIRING</td></tr> <tr><td>QUIVERING</td><td>EXHAUSTING</td></tr> <tr><td>PULSING</td><td>12 SICKENING</td></tr> <tr><td>THROBBING</td><td>SUFFOCATING</td></tr> <tr><td>BEATING</td><td>13 FEARFUL</td></tr> <tr><td>POUNGING</td><td>FRIGHTFUL</td></tr> <tr><td>2 JUMPING</td><td>TERRIFYING</td></tr> <tr><td>FLASHING</td><td>14 PUNISHING</td></tr> <tr><td>SHOOTING</td><td>GRUELLING</td></tr> <tr><td>3 PRICKING</td><td>CRUEL</td></tr> <tr><td>BORING</td><td>VICIOUS</td></tr> <tr><td>DRILLING</td><td>KILLING</td></tr> <tr><td>STABBING</td><td>15 WRETCHED</td></tr> <tr><td>LANCINATING</td><td>BLINDING</td></tr> <tr><td>4 SHARP</td><td>16 ANNOYING</td></tr> <tr><td>CUTTING</td><td>TROUBLESOME</td></tr> <tr><td>LACERATING</td><td>MISERABLE</td></tr> <tr><td>5 PINCHING</td><td>INTENSE</td></tr> <tr><td>PRESSING</td><td>UNBEARABLE</td></tr> <tr><td>GNAWING</td><td>17 SPREADING</td></tr> <tr><td>CRAMPING</td><td>RADIATING</td></tr> <tr><td>CRUSHING</td><td>PENETRATING</td></tr> <tr><td>6 TUGGING</td><td>PIERCING</td></tr> <tr><td>PULLING</td><td>18 TIGHT</td></tr> <tr><td>WRENCHING</td><td>NUMB</td></tr> <tr><td>7 HOT</td><td>DRAWING</td></tr> <tr><td>BURNING</td><td>SQUEEZING</td></tr> <tr><td>SCALDING</td><td>TEARING</td></tr> <tr><td>SEARING</td><td>19 COOL</td></tr> <tr><td>8 TINGLING</td><td>COLD</td></tr> <tr><td>ITCHY</td><td>FREEZING</td></tr> <tr><td>SMARTING</td><td>20 NAGGING</td></tr> <tr><td>STINGING</td><td>NAUSEATING</td></tr> <tr><td>9 DULL</td><td>AGONIZING</td></tr> <tr><td>SORE</td><td>DREADFUL</td></tr> <tr><td>HURTING</td><td>TORTURING</td></tr> <tr><td>ACHING</td><td></td></tr> <tr><td>HEAVY</td><td style="text-align: center;">PPI</td></tr> <tr><td>10 TENDER</td><td>0 NO PAIN</td></tr> <tr><td>TAUT</td><td>1 MILD</td></tr> <tr><td>RASPING</td><td>2 DISCOMFORTING</td></tr> <tr><td>SPLITTING</td><td>3 DISTRESSING</td></tr> <tr><td></td><td>4 HORRIBLE</td></tr> <tr><td></td><td>5 EXCRUCIATING</td></tr> </table>	1 FLICKERING	11 TIRING	QUIVERING	EXHAUSTING	PULSING	12 SICKENING	THROBBING	SUFFOCATING	BEATING	13 FEARFUL	POUNGING	FRIGHTFUL	2 JUMPING	TERRIFYING	FLASHING	14 PUNISHING	SHOOTING	GRUELLING	3 PRICKING	CRUEL	BORING	VICIOUS	DRILLING	KILLING	STABBING	15 WRETCHED	LANCINATING	BLINDING	4 SHARP	16 ANNOYING	CUTTING	TROUBLESOME	LACERATING	MISERABLE	5 PINCHING	INTENSE	PRESSING	UNBEARABLE	GNAWING	17 SPREADING	CRAMPING	RADIATING	CRUSHING	PENETRATING	6 TUGGING	PIERCING	PULLING	18 TIGHT	WRENCHING	NUMB	7 HOT	DRAWING	BURNING	SQUEEZING	SCALDING	TEARING	SEARING	19 COOL	8 TINGLING	COLD	ITCHY	FREEZING	SMARTING	20 NAGGING	STINGING	NAUSEATING	9 DULL	AGONIZING	SORE	DREADFUL	HURTING	TORTURING	ACHING		HEAVY	PPI	10 TENDER	0 NO PAIN	TAUT	1 MILD	RASPING	2 DISCOMFORTING	SPLITTING	3 DISTRESSING		4 HORRIBLE		5 EXCRUCIATING	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>BRIEF</td> <td>RHYTHMIC</td> <td>CONTINUOUS</td> </tr> <tr> <td>MOMENTARY</td> <td>PERIODIC</td> <td>STEADY</td> </tr> <tr> <td>TRANSIENT</td> <td>INTERMITTENT</td> <td>CONSTANT</td> </tr> </table> <div style="text-align: center; margin: 20px 0;">  </div> <div style="text-align: center; margin: 10px 0;"> <table border="1" style="margin: auto;"> <tr><td>E = EXTERNAL</td></tr> <tr><td>I = INTERNAL</td></tr> </table> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>COMMENTS:</p> </div>	BRIEF	RHYTHMIC	CONTINUOUS	MOMENTARY	PERIODIC	STEADY	TRANSIENT	INTERMITTENT	CONSTANT	E = EXTERNAL	I = INTERNAL
1 FLICKERING	11 TIRING																																																																																																			
QUIVERING	EXHAUSTING																																																																																																			
PULSING	12 SICKENING																																																																																																			
THROBBING	SUFFOCATING																																																																																																			
BEATING	13 FEARFUL																																																																																																			
POUNGING	FRIGHTFUL																																																																																																			
2 JUMPING	TERRIFYING																																																																																																			
FLASHING	14 PUNISHING																																																																																																			
SHOOTING	GRUELLING																																																																																																			
3 PRICKING	CRUEL																																																																																																			
BORING	VICIOUS																																																																																																			
DRILLING	KILLING																																																																																																			
STABBING	15 WRETCHED																																																																																																			
LANCINATING	BLINDING																																																																																																			
4 SHARP	16 ANNOYING																																																																																																			
CUTTING	TROUBLESOME																																																																																																			
LACERATING	MISERABLE																																																																																																			
5 PINCHING	INTENSE																																																																																																			
PRESSING	UNBEARABLE																																																																																																			
GNAWING	17 SPREADING																																																																																																			
CRAMPING	RADIATING																																																																																																			
CRUSHING	PENETRATING																																																																																																			
6 TUGGING	PIERCING																																																																																																			
PULLING	18 TIGHT																																																																																																			
WRENCHING	NUMB																																																																																																			
7 HOT	DRAWING																																																																																																			
BURNING	SQUEEZING																																																																																																			
SCALDING	TEARING																																																																																																			
SEARING	19 COOL																																																																																																			
8 TINGLING	COLD																																																																																																			
ITCHY	FREEZING																																																																																																			
SMARTING	20 NAGGING																																																																																																			
STINGING	NAUSEATING																																																																																																			
9 DULL	AGONIZING																																																																																																			
SORE	DREADFUL																																																																																																			
HURTING	TORTURING																																																																																																			
ACHING																																																																																																				
HEAVY	PPI																																																																																																			
10 TENDER	0 NO PAIN																																																																																																			
TAUT	1 MILD																																																																																																			
RASPING	2 DISCOMFORTING																																																																																																			
SPLITTING	3 DISTRESSING																																																																																																			
	4 HORRIBLE																																																																																																			
	5 EXCRUCIATING																																																																																																			
BRIEF	RHYTHMIC	CONTINUOUS																																																																																																		
MOMENTARY	PERIODIC	STEADY																																																																																																		
TRANSIENT	INTERMITTENT	CONSTANT																																																																																																		
E = EXTERNAL																																																																																																				
I = INTERNAL																																																																																																				

Fig. 1. The McGill Pain Questionnaire. From Melzack R: The McGill Pain Questionnaire: Major properties and scoring methods. Pain 1975; 1:277-299.

The invention of MPQ which now is a prominent diagnostical tool started with acknowledging the problem of the language of pain. In *The Challenge of Pain* Melzack and Patrick D. Wall address the challenge of expressing pain in language. Contrary to Scarry,

they claim that the reason of this challenge is not because pain *per se* is ontologically unsharable but the words that describe pain are unknown to many:

Anyone who has suffered severe pain and tried to describe the experience to a friend or to the doctor often finds himself at a loss of words. <...> The reason for this difficulty in expressing pain experience, actually, is not because the words do not exist. There is an abundance of appropriate words, but they are not words which we use often. There is another reason: the words may seem absurd. (36,37)

This argument invites for a whole new understanding of the ways we communicate pain. The idea that words for pain exist turns the problem of the lack of language of pain into the problem of its use. If the vocabulary of pain does already exist, then the challenge is not to detect what words we use to describe pain actually mean. The challenge is to detect the ways that we use specific words to describe pain and why we use specific words instead of others. Moreover, if the problem of language of pain rests in its use then additional factors should be taken into consideration such as the socio-economical conditions of particular groups of people and their effect on language use (size of vocabulary, education etc.), cultural and ethnic background and their effect on language, the role of listener (physician, nurse, family member, friend) in listening to one's pain description. The question of language use requires taking wider context into account.

Emphasis on Language Use

In this chapter I will be analysing the methodology of compiling the MPQ as used by its inventors. First of all, the approach of Melzack and his followers rely on the assumption that even if it is extremely difficult to express pain, it nevertheless can be described with the right words. I assume that Melzack's and Wall's argument that "there is an abundance of appropriate words" to describe pain, "but they are not words which we use often" (36) shows that our understanding of words and their meanings depends primarily on how much we are familiar with the words that we use. It suggests that words are relative in a way that they signify something for those who are able to recognize them and might not signify much for these who have never seen the same words before. It suggests that the effect of language relates to our habit of use, and that it has not much to do with inherent lingual structures. Therefore, Melzack and Wall didn't attempt to discover new words to describe pain. Instead they systematized an existing pattern inside pain-related vocabulary already used by people.

The data gathering procedure involved two experiments: first, Melzack and Torgerson started with a list of 102 words.⁹ Initially the list sounded like “a meaningless jumble” (51). The goal was to divide the words into characteristic classes and subclasses that describe different aspects of pain experience. A final sheet was presented to 20 subjects who were asked to mark if they agreed with a word belonging to a subclass (see Fig.2).¹⁰ The words that had less than 65 per cent agreement were presented as part of the forced choice test. The second experiment was an attempt to measure the intensity of pain (ranging in their intensity value from 1 to 5) for each word. Five anchor words were chosen from student and patient data that were approximately equally apart in their intensity: mild, discomforting, distressing, horrible, excruciating (53). The subjects of experiment included both physicians and patients.¹¹ The experiment was used to measure a mean rating and standard deviation for each word for the two groups.

⁹ Melzack and Torgerson started with Dallenbach’s list of 44 words describing pain qualities some of which were omitted. Then, they examined the clinical literature relating to pain and added additional words.

¹⁰ 14 of whom were men and 6 – women. All the subjects had university educations. An approximate age was 29.9 years (51).

¹¹ There were 20 doctors in total, 12 of whom were men and 8 were women of multi-ethnic origin. The average age was 26.5 years. Most had middle-class and upper-class backgrounds. 20 patients included 7 men and 13 women of an average of 30.7 years. They belonged to the lower-class income group and attended a special poor-people’s clinic in a Montreal slum area (53).

SENSORY

Temporal: Beating (90%); flickering (70%); pounding (100%); pulsing (100%); quivering (70%); throbbing (100%); thumping (95%).
Spatial: Darting (85%); flashing (75%); jumping (65%); radiating (85%); shooting (90%); spreading (85%).
Punctate Pressure: Boring (70%); drilling (75%); lancing (75%); penetrating (85%); piercing (100%); pricking (75%); stabbing (100%).
Incisive Pressure: Cutting (95%); lacerating (65%); sharp (80%); tearing (55%).
Constrictive Pressure: Binding (85%); biting (65%); cramping (100%); crushing (95%); gnawing (65%); gripping (85%); nipping (70%); pinching (80%); pressing (95%); squeezing (95%); taut (50%); tight (65%).
Traction Pressure: Grinding (30%); pulling (90%); tugging (90%); wrenching (85%).
Thermal: Burning (100%); hot (80%); scalding (90%); searing (80%).
Brightness: Itchy (55%); rasping (55%); smarting (90%); stinging (85%); tickling (80%); tingling (90%).
Dullness: Aching (95%); blinding (25%); blurred (95%); drawing (65%); dull (95%); heavy (80%); hurting (65%); numbing (95%); sore (75%); splitting (20%); steady (75%); tender (60%).

AFFECTIVE

Tension: Dragging (90%); exhausting (90%); fatiguing (100%); nagging (70%); tiring (100%).
Autonomic: Choking (85%); nauseating (95%); sickening (95%); suffocating (90%); wretched (40%).
Fear: Awful (30%); dreadful (75%); fearful (85%); frightful (95%); terrifying (95%).
Punishment: Cruel (65%); grueling (95%); killing (95%); punishing (85%); racking (85%); torturing (95%); vicious (85%); wicked (60%).

EVALUATIVE

Agonizing (90%); annoying (95%); bearable (85%); discomforting (80%); distracting (80%); distressing (85%); excruciating (75%); horrible (95%); intense (85%); intolerable (95%); mild (90%); miserable (90%); savage (70%); troublesome (90%); ugly (65%); unbearable (90%); violent (75%).

Fig. 2. Pain descriptors divided into classes and subclasses. During the first experiment, the subjects were asked to mark if they agree that a word belongs to its subclass. The number indicates the percentage of subjects in agreement.

According to Melzack and Torgerson, the data gathered as a result of the two experiments showed that “firstly, there are many words in the English language to describe pain; secondly, there is a high level of agreement that the words fall into classes and subclasses that represent particular dimensions or properties of pain; and lastly, substantial portions of the words have the same or approximately the same relative positions on a common intensity scale for people with divergent backgrounds” (53). To sum up, Melzack’s and Torgerson’s experiments suggest that they show that there exists a detectable and universal pattern in a

way that people position pain experience (its character and intensity) in the vocabulary of pain. This discovery allowed Melzack and Torgerson to conclude that people are prone to use specific words to describe specific pain diseases.

Challenging the Singularity of Pain

Previous to the development of MPQ, pain measurement methods were used to measure a single dimension of pain – its intensity. The emphasis of measuring a single attribute of pain “reflects the widespread acceptance of von Frey’s theory of pain as a specific modality of cutaneous sensation” (Melzack and Torgerson, 50). In the article “On the Language of Pain” published in *Anesthesiology* (1971) Melzack and Torgerson explain that:

[von Frey’s] theory implies a conceptual nervous system in which “pain impulses” are transmitted from specific pain receptors directly to a pain center in the brain, so that stimulation of the receptors must give rise to pain and pain only, as though it comprised a single, specific quality of experience. (50)

Melzack and Torgerson challenged this theory and suggested that there exists a variety of nerve impulse patterns that are transmitted as a result of physical and painful stimulation. Melzack claims that the classification of these patterns into a smaller number of “modalities” as a function of the capacity of the central nervous system to select and abstract from the total information it receives. Hence, the word “pain” no longer refers to a singular and specific sensation that varies in intensity, but “to an endless variety of qualities that are categorized under a single linguistic label” (50,51). It turns out that the label ‘pain’ doesn’t convey the plurality of the types of pain and is reductive. In order to re-evaluate the multiple kinds and qualities of pain that fall under a general label we call ‘pain’, Melzack and Torgerson categorized 3 major classes and 13 subclasses of word-descriptors. The classes were:

- 1) Words that describe sensory qualities in terms of temporal, spatial, pressure, thermal, and other properties;
- 2) Words that describe affective qualities, in terms of tension, fear, and autonomic properties that are part of the pain experience;
- 3) Evaluative words that describe the subjective overall intensity of the total experience of pain. (42)

The fourth class includes miscellaneous words arranged in four subclasses. The MPQ and the SF-MPQ also contains the overall Present Pain Intensity (PPI) measure. The MPQ is based on a principle that each kind of pain is characterized by a distinctive constellation of words. Hence, it assumes that each type of pain has different qualities inherent to them and even if we cannot express pain itself, we can always describe the qualities of what it feels like being in pain. These findings denied the previous assumption that pain is a singular, one-dimensional sensation of a generally unpleasant kind. Melzack and Torgerson concluded that:

The word 'pain' represents a category of experiences, signifying a multitude of different, unique events having different causes, and characterized by different qualities varying along a number of sensory and affective dimensions. The space comprises those subjective experiences which have a somatic component and produce behaviour aimed at stopping the conditions produce them. If injury or any other noxious input fails to evoke aversive drive, the experience is not called pain. Conversely, anxiety or anguish without somatic input is not pain. The list of evaluative words reflects the capacity of the brain to evaluate the importance or urgency of the overall situation. Thus, by reflecting the total circumstances at a given time, they serve to locate the position of the pain experience within the multidimensional space for the particular individual. (58)

Since the MPQ showed that a single word corresponds to a single quality of pain and that the specific set of words create patterns typical to a single clinical pain syndrome, with the help of the MPQ patient easily navigate through the descriptors of pain without the need to express the experiential pain from square one. The particular set of words forms a pattern that serves as an indication of diagnosis (or the lack of it) for pain practitioners.

While gathering the data and selecting the words for the MPQ and SF-MPQ, Melzack and Torgerson found that pain most commonly transgress the borders of singular verbal categories. Melzack insists that many words that describe pain have two meanings – literal and analogical:

“Burning”, for example, can be used to refer to the sensation evoked when the skin is actually being burned. It can also be used by causalgic patient to describe their pain in the absence of any stimulus-evoked input. The word, in this case, has an analogy (or “as if”) meaning. The skin feels as if it were being burned, and the use of word is not

“stimulus error.” Rather, it indicates that we tend to use words that have familiar, common meanings. A splitting headache, then, does not mean the head is being split open. It obviously represents a figure of speech, meant to convey some property of total pain experience – that the pain feels as if the head were being split open. (58)

Even though, Melzack, Torgerson and Scarry agrees on the importance of figurative language in pain description, Melzack and Torgerson challenges Scarry’s view on the role of figurative language in pain description. Scarry believes that figurative tropes – metaphor and simile – are helpful because pain is a state without referential content, and thus it gives rise to imagining – filling the blank content with an imaginary information. Similes and metaphors prepare the blank utterance which is about to describe one’s pain with the structures that open an endless net of comparisons both real and/or imaginary. Meanwhile, Melzack and Torgerson argues that the common use of “as if” shows that when it comes to describing pain, we are drawn to the words that are already familiar to us. “As if” helps to indicate analogical likeness between one’s experienced pain and the actual word, even if their properties are not exact. Therefore, contrary to Scarry’s belief, “as if” doesn’t deal with imaginary content but takes an advantage from the word that we already know well and use often. By borrowing its character, we project its likeness onto our sentient pain.

Since for Melzack and Torgerson pain is essentially multidimensional experience, it is fair to claim that according to them, figurative tropes are able to convey only some of the properties of the total pain experience but are unable to portray the full picture of one’s pain. For Scarry, on the other hand, the imaginary content doesn’t have limits. With the help of imagination, imaginary content is ready to fill in the blank gaps left by reference-less pain experience. Since it is limitless, it is able to portray the bigger picture of a felt-experience of pain. Of course, it might take up more space since a single word is restrictive in the amount of meanings it can inhibit. On the other hand, the figurative tropes for Scarry are not important because they are able to convey the properties of pain, but rather, they are important because they illustrate the lived experience of pain itself. Thus, the experience of felt-pain might differ from its actual technical properties.

According to Scarry, the MPQ can be interpreted as an evidence of scientific trust in language. In pain diagnostics, human voice becomes a reliable source for medical measure. Scarry insists that Melzack’s trust in the human voice as a reliable source of exposing the multi-dimensional nature of pain lead to the invention of this universal diagnostic tool: “necessary to the invention of this diagnostic tool was Melzack’s assumption that the human

voice, far from being untrustworthy, is capable of accurately exposing even the most resistant aspects of material reality” (8). For Scarry, the MPQ (and the SF-MPQ) serves two equally great purposes – first, it helps the patient to generate description easier; and second, it allows the doctor to indicate presence or absence of a particular disease. It becomes clear that the MPQ is a tool designed to equip the goal of delivering “the most effective means of diminishing the pain” (8).

Diagnosis: In Search of an Ultimate Efficiency

My aim in this subchapter is to address the limits of the MPQ diagnostic tool. First of all, it is important to keep in mind that the MPQ (and the SF-MPQ) are not texts. They are diagnostic tools used to serve a scientific urge to invent the most effective, accurate and cost-efficient way to tackle pain. Even though the MPQ is aimed at one and only purpose – to diminish pain of the sufferer, it is the tool that can tell us a lot about the ways modern society treats pain in a clinical setting. The fact that the MPQ functions on the basis of words, helps to tell us about the ways language is handled in a clinical setting. Three highly problematic aspects will be discussed: the first one concerns the translation of the MPQ into non-English languages; the second addresses the fact that the non-verbal signs of pain are not applicable for the MPQ diagnostics; and the last one address the defect of the MPQ data gathering procedure.

To begin with, it is crucial to address the fact that the MPQ was compiled from the data gathered by English speakers and was aimed at being used as a universal pain measurement tool. However, it turned out that the MPQ could not be translated straightforwardly into other languages and in numerous instances had to be adapted according to the foreign local contexts. Joanna Bourke in “The Story of Pain” (2014) writes about two Finnish experts reporting on the “punishment category of the [MPQ] questionnaire, with its English-language connection to the idea of retribution for some real or imagined sin” because it was “simply incomprehensible to Finnish speakers” (68). Bourke further quotes the Finnish experts who were wondering “is it that the Finnish cultural milieu is unable to associate pain with punishment or merely that the words give just did not connect with the emotions characterized by it?” (68). The problem of translating the MPQ has also been observed in other languages. Bourke quotes two experts on pain languages in English, Thai, and Japanese who similarly argued that “to the extent that culture and language may actually affect perception, thought and cognition, then to that extent they may also affect the actual experience of pain” (151). As a result, being-in-pain might actually *feel* different in different

cultures. Bourke writes that even if fluent in English, residents with a non-English speaking background will in all likelihood bring to pain-talk very different histories and figurative languages related to suffering (152). For instance, the language of pain for Latinos in North America and non-Latinos differ drastically because Latinos distinguish between a headache ('dolor de cabeza') and a brain-ache ('dolor del cerebro'). It might be anticipated that cultures that have words to describe pain for which words the Western culture doesn't have, have altogether different experiences of pain in comparison with the Westerners. Meanwhile, anthropologists that specialize in pain come to an agreement that pain is culturally specific. Mary Moore Free in her clinical report "Cross-cultural Conceptions of Pain and Pain Control" concludes that "in summary, cross-cultural investigations of aspects of pain show that, while it is a ubiquitous condition of human beings, the definitions, descriptions, and perceptions of pain and pain control are culturally specific" (145). She gives various examples of pain perception in different cultural tribes, for instance, the Yanomamo Indians, an Amazonian tribe living on the Orinoco River in Venezuela, where male tribal members are referred to as the 'fierce people' because their daily entertainment is composed of an ax and/or club fights (144). In preparation for becoming 'fierce people', young boys of the tribe attend the sessions where they learn how to pierce the skin of the elders. Moore suggests that these tribal practices would most likely be considered painful in Western cultures. Cultural specificity of pain may also depend on societal beliefs and the norms imposed by them. For instance, the Soviet archetype of masculinity celebrated hyper-masculine men seemingly resistant to pain and emotion. Soviet commander, captain Levchenko "twice wounded and contused, did not tell anyone about his injuries and, clenching his teeth in pain, once again led his troops in an attack. His eyes grew dull from loss of blood, his wounded shoulder burned, but he remained at his post."¹² Levchenko's ability to endure pain and remain at his post served as a proof of his physical and mental strength and gained him the name of a Soviet hero. "Big boys don't cry" is a widely spread and justly criticized saying which implies hyper-masculine standards for young boys where restriction and concealment of emotions are valued. The person who was raised in such a toxic environment might not know how to express the emotions whether pleasant (love) or unpleasant (pain). The set of words given in the MPQ might not be effective if the subject is unable to come to terms with sentient pain in the first place.

¹² *Geroi Khasana: Sbornik statei* (Moscow, 1939) as quoted in Barbara Evans Clements, Rebecca Friedman and Dan Healey (eds.) *Russian Masculinities in History and Culture*. Palgrave: 2002, p.185.

Another problematic aspect of diagnostic classification system which is based on words alone is that in reality it cannot fully fulfil that which it promises – to measure the full picture of pain experience. First of all, the set of words that are given for the patient to choose from, make pain description prescriptive rather than descriptive. The words become given constructs according to which the patient is asked to map her whole being in pain. The sensations that don't fall into one of the MPQ categories or don't belong to the given set of adjectives are considered non eligible for the diagnosis. Secondly, the words are not the only way of expressing pain. In reality, there exist cries, shrieks, shouts, moans, squeaks and many others signs of pain that exist outside the category of language. The sufferer can also experience other peculiar non-verbal symptoms including the changed tone of voice, sweating, muscular tension, depression, apathy. Bourke seems to agree with my point as she claims that “the body itself is a semiotic instrument” (160). Therefore, she continues, “linguistic mechanisms, such as vocabulary, syntax, tense, intonation, and so on, routinely fail to convey even a minuscule part of the person-in-pain's lived experience” (160). In the context of wartime, Robert Wistrand wrote about the gestures of pain in his poem “Field Hospital” (1944):

Here words are out of bounds.
The pulse of silence throbs.
Reason, licking wounds,
Makes language out of sobs.
Evocative as song
The literate groans explain
That terror's clumsy hand
Pokes at the source of pain.
Words are flecked with foam.
They spread a stain of sound.
But thought is haunted home
By voices underground. (138)

The poem is an excellent example of how the language fails to function in an event of extreme pain and trauma. Foam replaces the words and language of sobs emerges. Steve Larocco seems to agree with Bourke's point since he demonstrates equally critical point of view:

in contrast to Scarry's claims that pain can't express itself, one of the problems for those in pain and those around them is that pain does express itself – in cries, croaks, rasps, writhings, screams, and words – and one of its problems is that such articulation is, in almost all cultural situations in which forms of sadism don't rule, forcibly aversive. (351)

The failure to recognize non-verbal and incoherent expressions as meaningful signs of painful expression can be misleading. It is fair to claim that being in pain is a state that can be easily traced in all kind of different expressions – sounds, bodily gestures and physiognomies. XIX century physician Samuel David Gross insisted that “an intelligent practitioner must pay attention to the state of the countenance’ because it is the ‘mirror of the soul’” (Gross 523-4). Nurses were given a specialized education on gestural language in order to be able to help the patients with extreme cases of pain or post-stroke patients who couldn't communicate verbally. The physician's shorthand ‘p.r.n.’ (*pro re nata* or ‘as needed’) enabled nurses to perform the necessary steps to relieve sufferers' pain according to their own evaluation.

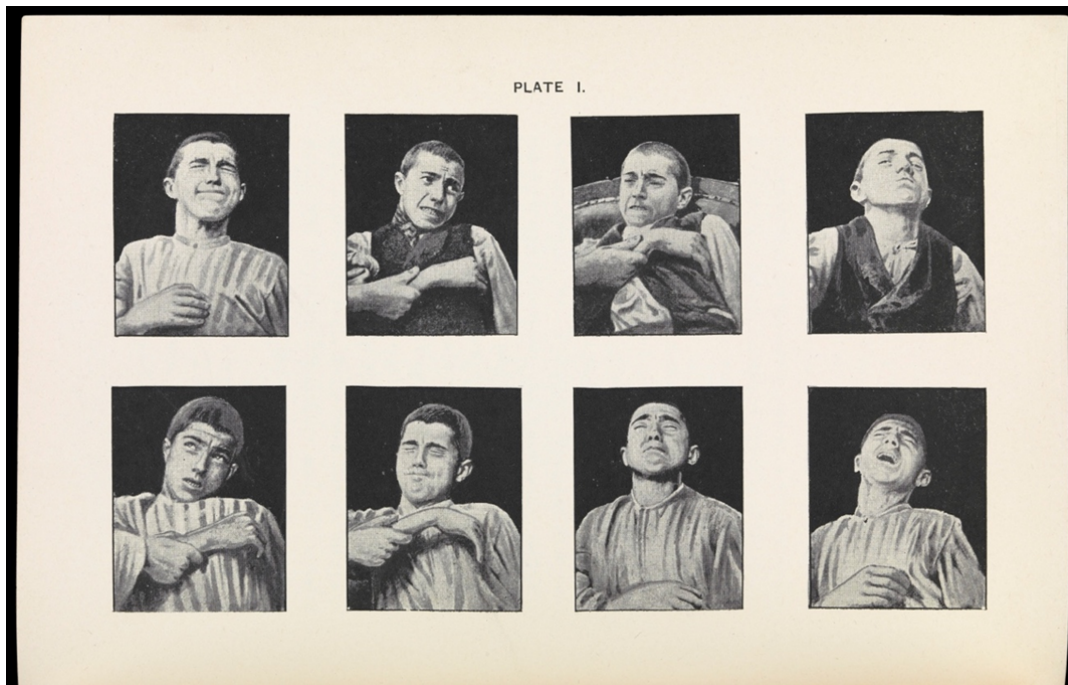


Fig. 3. “The Physiognomy of Pain”, from Angelo Mosso, *Fear* (1896), trans, E. Lough and F.Kiesow (New York: Longmans, Green, and Co., 1896), 202, in the Wellcome Collection, L0072188.

The third problematic aspect of the MPQ lies in its compilation. Melzack and Torgerson had concentrated on patients with acute but not life-threatening or chronic pain (Bourke 150). That could have made an impact on final results. Bourke writes that:

the ‘level of affective distress would be substantially reduced’ in acute but non-fatal pain <...>. In contrast, patients experiencing chronic and perhaps even life-threatening conditions were likely to be preoccupied by their affective distress. Their distress dominated other components of their pain-experience, reducing the diagnostic usefulness of the questionnaire. (150)

It is crucial because there’s a profound difference between acute and chronic pain. For instance, acute pain does not necessarily have long lasting effects on patient, whereas chronic pain conditions cause great levels of distress and affect the cognitive abilities. As a result, chronic pain patient might be in an inadequate mental and physical state to perform the task of filling in the questionnaire. For instance, Alphonse Daudet compared his state with aphasia – a severe impairment of language that affects both the production and the comprehension of

speech. Even if it is not clear whether an actual aphasia was caused by Daudet's progressing neurosyphilis or if he compared his pain to the state of having one, it is clear that Daudet was aware that his abilities to produce and comprehend language was affected as a result of extreme pain. One might only speculate whether Daudet would have been capable of filling in the MPQ and whether the words would have meant anything to him.

In conclusion, the McGill Pain Questionnaire is a medical and diagnostical instrument which proves that not only it is possible to describe sensation of pain but also that this description can serve as a reliable diagnostical tool. It challenges Scarry's argument that pain is inherently unsharable sensation. MPQ shows that pain exists as a multitude of diverse experiences and that the singular label of 'pain' does not do justice to its multiple nature. On the other hand, some problematic aspects of the MPQ should be taken into account and disputed. First of all, this instrument cannot be perceived as a universal tool for pain diagnosis because it only concerns verbal language and is compiled out of data gathered from the English speaking world. The problems with translating the questionnaire shows that language is culturally specific, and thus some words cannot be translated directly to non-English languages.

Secondly, the inventors of the MPQ have claimed that our ability to describe pain is, in fact, connected with our ability to use language. It means that a patient has to be already familiar with the words she uses in order to successfully describe her pain to others. Paradoxically, the sets of words in the MPQ that are given to the patients to select the descriptors that describe their present painful sensations imply the prescriptive model of language that puts the rigorous limits on subjects' descriptions of pain. All the descriptors that are not part of the questionnaire are considered to be ineligible for the diagnostical procedure.

The third problematic aspect of the MPQ relates to the context of patient (that includes cultural and social backgrounds). The context is ruled out from the questionnaire altogether. It is paradoxical because an assumption that pain language stems from its *use* implies the linguistic environment in which our communicative habits and manners evolve.

Analysed in the context of my thesis, McGill Pain Questionnaire in general contradicts the common assumption that the person in pain is unreliable. The words alone can describe pain and they provide a reliable source of information on subject's inner existence. To put that into perspective with Ivan Ilyich's pain, it becomes clear that Ilyich was not given a chance to speak his pain to others since he was declared to be a burden. Ilyich felt isolated and neglected by his family and the medical practitioners. Tolstoy compared Ilyich's

isolation to the situation “as if they [family members] were dealing with someone who had come into the drawing-room and let off a bad smell” (199). Meanwhile, just before dying Daudet expressed his longing to speak his words aloud – a symbol of desire to free himself from the solitary confinement of his “carcere duro” (24) of pain. While these two literary texts suggest that pain is an overwhelmingly solitary experience that tortures the subject no less than a pain itself, the McGill Pain Questionnaire is an instrument that suggests that pain doesn’t necessarily have to be solitary. It becomes a symbol of Scarry’s externalization procedure of pain. It liberates the sufferer from the confinement of pain and from there the healing can finally begin.

Conclusion

1. This thesis is based on Scarry's position in *The Body in Pain: The Making and Unmaking of the World* that pain is resistant to expression. Pain is resistant to expression in a sense that "it destroys the capacity for speech" (54) and "has the ability to destroy language" (54). For Scarry, the destructive nature of pain is one of seven total dimensions of pain according to which pain functions. Scarry's position is regarded as conceptual and original basis of thinking about pain and its expression in language. Therefore, she was the key dialogue partner for this thesis.
2. Alphonse Daudet's autobiographical work confirms Scarry's idea of the totality of pain ("pain] exhausts and displaces all else until it seems to become the single broad and omnipresent fact of existence") (55). At its most extreme Daudet's pain starts writing itself by writing about itself. On the other hand, even if total, pain can be interpreted as a shifting experience. For instance, Ivan Ilyich's pain changed its form and transformed its meaning throughout the course of his illness (it started with a meaningless bruise, then escalated into a strange taste in the mouth, later on it became the 'it', finally it was the sign of the coming death). Daudet referred to his pain by multiple metaphors that implied the ever-changing objects and feelings that referred to his pain, e.g. "tonight, pain in the form of an impish little bird hopping hither and thither" (28).
3. According to Scarry, the principal aspect of pain is "its sheer aversiveness" (52). The inventors of McGill Pain Questionnaire conform to this statement by stating that whatever pain signifies and whatever its felt experience is it "produces behaviour aimed at stopping the conditions that produce them" (58). They suggest that "the word 'pain' represents a category of experiences, signifying a multitude of different, unique events having different causes, and characterized by different qualities varying along a number of sensory and affective dimensions." (58) Daudet's rich use of metaphors confirms this statement by implying that every metaphor represents the qualities of pain's sensory and affective dimensions.
4. Behaviour aimed at stopping painful sensation is observed in both physical and psychological experiences of pain. Biro, Melzack and Torgerson, and Morris all argue that the assumption about mental and physical pain being of different nature is incorrect. Their arguments challenge Scarry's claim that mental and physical pain are

different because the latter does not have reference in the material world while the former is full of references.

5. Physical pain resides in physical body. The body is is an imminent part of the social realm and not a passive space that exists on its own. Ivan Ilyich's pain shows the extensive damage that the loss of meaningful social relations creates. Scarry argues that if the sufferer is unable to articulate her suffering to others, she is simultaneously unable to bring her existence into social existence. This view puts emphasis on the sufferer because it implies that a person has to reclaim her place in the social realm which is not a given.
6. Overcoming pain's resistance to expression is crucial to Scarry because it serves as the procedure of externalization through which pain can be lifted from the body and softened. Pain tests conventional language and as a result the sufferer or the person (narrator or protagonist) who speaks (or writes) on behalf of the sufferer are compelled to employ inventive language. The inventive means of language can be fragmented, irregular and not very well articulated. It can be observed in Daudet's writing which was scattered, fragmented and at times incoherent. Larocco and Bourke claim that expression of pain in language may not in fact be what we commonly refer to as "language." Pain expression can come in incoherent, primitive and non-verbal forms of expression. Our expectations for coherent pain expression can be the cause of miscommunication between person in pain and the people around even greater. Bourke argues: "linguistic mechanisms, such as vocabulary, syntax, tense, intonation, and so on, routinely fail to convey even a minuscule part of the person-in-pain's lived experience" (160). Meanwhile, Melzack and Patrick Wall claim that pain in fact is an expressible sensation but the words to express it are usually unfamiliar and may sound absurd. It is important to note that inventive means and forms of language can sound very absurd too.
7. Listening is important for the account of pain. Scarry does not take into account the role of others (medical practitioners, family members and fellow sufferers) in listening, witnessing and comprehending pain. Meanwhile, Laub suggests that a listener is the active participant in witnessing sufferer's pain. Laub argues that listening to the sufferer's account of pain is an illuminating experience because it implies that the articulation of pain takes shape in the moment of talking and listening. This idea suggests that there is therapeutic value in the interlocution between two active participants. I contend that this precise therapeutic value in talking

and being listened to was the experience that Ivan Ilyich was missing. This is why he talked to himself through his pain in a constant flow of inner monologues. The last words of Daudet (“I only know one thing, and that is to shout my children ‘Long live Life!’”, 49) also indicate his desire to speak to others. The desire to speak one’s pain to others is really the desire to be listened to.

8. Ultimately, the key tendency in research on pain expression is the fact that language is not only a reliable source for expressing pain but it also bears the ability to ease pain. The McGill Pain Questionnaire suggests that words can serve as medically reliable diagnostical instruments. Scarry believes that language just like imagination holds the potential to heal pain because through the means of figurative tropes and imagination it can be lifted and eliminated. Laub claims that the testimony of pain (and trauma) is invented during the acts of speaking and listening. On the other hand, human voice cannot be taken as a universal instrument. The flaws of the McGill Pain Questionnaire show that language is culturally specific and requires that the context should always be taken into account.

Bibliography

1. Biro, David. "Is There Such a Thing as Psychological Pain? and Why It Matters?" in *Culture, Medicine, and Psychiatry*, December 2010, Volume 34(4), pp. 658–667.
2. Bourke, Joanna. *The Story of Pain: From Prayer to Painkillers*. Oxford: Oxford University Press, 2014.
3. Bustan, Smadar. "Voicing pain and suffering through linguistic agents: Nuancing Elaine Scarry's view on the inability to express pain" in *Subjectivity*, Vol. 9(4), 2016. Macmillan Publishers, pp. 363-380.
4. Clements, Barbara Evans; Friedman, Rebecca and Healey, Dan (eds.) *Russian Masculinities in History and Culture*. Palgrave: 2002.
5. Culler, Jonathan. "The turns of Metaphor" in *The Pursuit of Signs: Semiotics, Literature, Deconstruction*. Ithaca, NY: Cornell University Press, 2001, pp. 188-209.
6. Daudet, Alphonse. *In the Land of Pain*, ed. and trans. by Julian Barnes. London: Jonathan Cape, 2002.
7. Free, Mary Moore. "Cross-cultural Conceptions of Pain and Pain Control (Clinical report)" in *Baylor University Medical Center Proceedings*, Vol.15(2), April, 2002
8. Gross, Samuel David. *A System of Surgery: Pathological, Diagnostic, Therapeutic, and Operative*. Vol. 1, Philadelphia: Blanchard and Lea, 1859.
9. Harpham, Geoffrey Galt. "Criticism as Reverie: Elaine Scarry and the Dream of pain" in *The Character of Criticism*. New York, London: Routledge, 2006.
10. Larocco, Steve. "Pain as a semiosomatic force" in *Subjectivity*, Vol. 9(4), 2016. Macmillan Publishers, pp. 343–362.
11. Laub, Dori and Felman, Shoshana. *Testimony: Crises of Witnessing in Literature, Psychoanalysis, and History*. London: Taylor & Francis, 1992.
12. Melzack, Ronald and D. Wall, Patrick. *The Challenge of Pain*. London: Penguin Books, 2nd ed., 2008.
13. Melzack, Ronald, Torgerson W. S. "On the Language of Pain" in *Anesthesiology*, January 1971, Volume 34 (1), pp. 50–59.
14. Morris, David B. *Illness and Culture in the Postmodern Age*. Berkeley: University of California Press, 1998.
15. Parthé, Kathleen. "Tolstoy and the Geometry of Fear" in *Modern Language Studies*, 1985, 15, pp. 480-92.

16. Rilke, Rainer Maria. *Letters of Rainer Maria Rilke*. Vol. 2, 1910-1926. Trans. Jane Bannard Greene and M. D. Herter Norton. New York: Norton, 1947.
17. Scarry, Elaine. *The Body in Pain: The Making and Unmaking of the World*. Oxford: Oxford University Press, 1985.
18. Sontag, Susan. *Illness as Metaphor*. New York: Farrar, Straus and Giroux, 1978.
19. Tolstoy, Leo. *The Death of Ivan Ilyich and Other Stories*. Trans. Ronald Wilks, Anthony Briggs, David McDuff. Penguin Books, 2008.
20. Wistrand, Robert. "Field Hospital" in *Poetry: A Magazine of Verse*, vol. 64(3), June, 1944, pp. 138-139.
21. Woolf, Virginia. *On Being Ill*. Ashfield, MA: Paris Press, 2002.
22. Worton, Michael. "Of Sapho and Syphilis: Alphonse Daudet on and in Illness" in *L'Esprit Créateur*, 37, 1997, pp. 38-49.