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'Bourke's book is a magnificent feat of research ... As an insight into the roots of medical perspectives on pain, and why we're often so bad at tackling it, Bourke's history will help.'

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'Bourke has interesting things to say about the language of pain ... [She] has read widely, and produced some interesting reflections on what it means to be in pain, how pain is socially structured and dealt with, as well as the limits of our contemporary embrace of chemical means of coping with pain.'

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'*The Story of Pain* is a fascinating rousing story of mad and wanton cruelty: throughout human history, such shafts of compassion only occasionally and reluctantly break through.'

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'A serious, absorbing book'

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'It is a tightly argued account of being in pain as vital to the concerns of bioscientists and clinicians as it is to the interests of scholars of the humanities and the human sciences.'

Brian Hurwitz, *Times Higher Education*

'This is a compelling history of a great source of human misery.'

Leyla Sanai, *Independent on Sunday*

'Erudite and witty ... Joanna Bourke is that rare bird, an academic who manages to combine erudite scholarship with a sharp wit and an accessible prose style. This is a bold and impressive book about an enemy that knows no historical or cultural bounds.'

Salley Vickers, *The Observer*

'[A] riveting study, which feels timely and important.'

Max Liu, *The Independent*

'*The Story of Pain* conveys sensations with wincing precision and an admirable humanity.'

Simon Ings, *New Scientist*

THE STORY OF PAIN

FROM PRAYER TO PAINKILLERS

JOANNA BOURKE

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pain to her lover; and it provided her with a community in which she could feel validated. 'Bodily forth' (a term coined by psychotherapist Medard Boss)⁹⁸ into cyberspace enabled pained bodies to fling themselves out of the constraints of geography, medical power, and social stigmatization.

In Margaret Edson's play *Wit*, Vivian Bearing despaired of languages for pain. For her, the question 'How are you feeling today?' was an insult: her agony was inexpressible. At the very best, it could only elicit clichés. Bearing, however, was a figment of Edson's literary imagination. For many people-in-pain, it is precisely the familiarity—the ordinariness—of languages of pain that secures its communicative value and comforting properties. There is a price to be paid for communicating pain, however. It may require great effort to summon up the necessary energy, it may risk inflicting pain on others, and it may even elicit undesired responses from witnesses. But for many people-in-pain the benefits outweigh these negative possibilities. The wretchedness that pain-narratives elicit in sufferers and witnesses alike does not mean that they have to be silenced. Indeed, as I have suggested here and will be doing throughout this book, one of the defining aspects of pain is the extent to which it brings people together in bonds of community. Indeed, it is precisely because pain-communications are so *effective* that they elicit both strong negative and strong positive responses.

3

Metaphor

Almost all language is figurative ... Inflammation and fever contain the figures of *burning* and *boiling* ... But this is to make a name of a thing stand for a part of it; and thus it is even possible that the name may come to dominate in our mind over the thing itself. Is it not true that the popularly prevalent notion of treating inflammations and fevers turns to the purposes of extinguishing and refrigerating?

(Peter Mere Latham, 1862).¹

Figurative languages are indispensable when we seek to communicate unpleasant sensations to ourselves and to others. As Latham astutely observed, the metaphors we choose have a profound impact on the way we *feel* pain as well as upon the ways our suffering is treated. If we are to understand how people in the past suffered, we need to pay attention to the languages they seized hold of in order to overcome some of the obstacles to pain-speech that I discussed in the last chapter. Pain-talk is swollen with metaphor, simile, metonym, and analogy. Why, I ask, are such linguistic devices so crucial to painful experiences? And can the exploration of the figurative languages of pain enable us to speculate on historical changes in the *sensation* of pain?

As we shall see, some of the same people who declared their suffering to be 'unspeakable' or 'absolutely evanescent', go on to communicate their suffering in exquisite detail. Although Virginia Woolf lamented the 'poverty of the language' of pain, she also observed that, rather than alienating people from each other, pain could encourage interaction. This was briefly explored at the end of the last chapter. The eloquence of people when they sought to convey their afflictions to friends, family, and physicians is striking. Because 'There is nothing ready made', Woolf observed, the person-in-pain

is forced to coin words himself, and, taking his pain in one hand, and a lump of pure sound in the other (as perhaps the people of Babel did in the beginning), so to crush them together that a brand new word in the end drops out.²

This process of coining words for pain is not carried out in isolation: there are vast theological, medical, philosophical, and artistic traditions that people grasp to enable them to communicate their own pain and that of others. As with Wittgenstein's imagined community, where every person possesses a 'beetle in a box', people enthusiastically talk about their subjective experiences to anyone who will listen, even though none of us can be certain that the other person's pain (or beetle) is identical to one's own. Despite this uncertainty, pain remains infinitely shareable. Seeking to communicate pain is not a hopeless endeavour.

Figurative Languages

It may be useful to begin with a very few words about figurative languages in general, before I go on to a more detailed analysis of the ways people-in-pain employ them. Figurative languages are rhetorical figures of speech that employ association, comparison, or resemblance, as in analogies between two things ('pain gnawed at his stomach'), similes ('the pain felt like a rat, gnawing his stomach'), and metonyms ('the gnawing continued'). As shorthand, I will be using the term 'metaphor' to refer to all these figures of speech.

For Aristotle in *The Poetics*, metaphor 'consists in giving the thing a name that belongs to something else'.³ Etymologically, metaphor comes from the Greek words *meta* and *pherin*, or 'to transfer' and 'to carry beyond'. Through metaphor, a concept is transferred into a context within which it is not usually found, extending its meaning. Metaphors enable people to move a subject (in this case, the practice of being-in-pain) from inchoateness to concreteness. As such, metaphor is not simply an ornament of communication but, as cognitive scientist Raymond Gibbs observed, it is a 'specific mental mapping that influences a good deal' about 'how people think, reason, and imagine in everyday life'.⁴ Abstract, metaphorical concepts emerge from bodily experiences and

environmental interactions. Bodies are actively engaged in figurative processes and social interactions that constitute painful sensations. And culture collaborates in the creation of physiological bodies and metaphorical systems. This is why the analysis of figurative languages in the context of the body-in-pain and social contexts can tell us a great deal about the ways people in the past *felt*.⁵

Even the most cursory look at human language systems shows them to be infused through-and-through with metaphoric figures of speech. Indeed, they cannot be avoided. Thus, Susan Sontag's celebrated assertion in *Illness as Metaphor* (1978) that metaphors are inherently stigmatizing and must be avoided in illness narratives is impossible. Ironically, her book is brimming with opulent and elegant metaphors.⁶

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. Take the example of the metaphorical association of pain as an external agent (as in 'it feels as if there's a nail sticking into the bottom of my foot'). Elaine Scarry observed that, although the nail is not 'identical with the sentient experience of pain', because the nail-metaphor 'has shape, length, color', it 'can be pictured as existing . . . at the external boundary of the body, it begins to externalize objectively, and make shareable what is originally an interior and unshareable experience'.⁷ For witnesses to the person-in-pain, the metaphor makes manifest at least some components of her sensation.

Crucially, by using metaphors to bring interior sensations into a knowable, external world, sufferers attempt to impose (and communicate) some kind of order onto their experiences. This is what Sontag was seeking to convey in an intriguing short story she published in 1964. In it, a 'Man With a Pain' experiments with various metaphors for his distress, seeking to find one that would enable him to make sense of an indisputable fact: he is hurting. He begins with the metaphor of pain as a wound. If his pain is a wound, then someone must have wounded him. But who had inflicted it? Which metaphor will best convey his sensation of having been wounded? The 'Man With a Pain' muses,

Either the wound is a contract (then there is a date of termination, when all obligations are cancelled) or it is an inheritance (then it's his until he can bequeath it to someone else) or it is a promise (then he must keep it) or it is a task (then he may refuse it, though he will be fired) or it is a gift (then he must try to cherish it before exchanging it) or it is an ornament (then he must see if it's appropriate) or it is a mistake (then he must track down the person in error, himself or another, and patiently explain matters) or it is a dream (then he must wait to wake up).

The metaphor he chooses—'whether contract, inheritance, promise, task, gift, ornament, mistake, or dream'—provides him with ways to understand, deal with, and communicate his pain.⁸ Furthermore, his choices provide important clues to the unspoken meaning of his pain.

As is clear in Sontag's story, these metaphorical clues are often extremely complex (for example, when a person describes her pain as 'sharp', is she meaning 'narrowly circumscribed, of high intensity, or of short duration?').⁹ They are also often confusing, especially if taken literally. For instance, what does it mean to say that a pain 'hurts like blue blazes'?¹⁰ What are we to make of a man who states that 'I literally felt a physical pain in my gut. I mean that: a physical pain—like an elephant kicking me in the ribs'?¹¹ Not only is the biological distance between guts and ribs fairly well determined, but readers might also ask how he knows what being kicked by an elephant might 'literally' feel like. What did a woman in 1845 mean when she complained about having a pain in her knee joints 'just like tic douloureux'?¹² A toothache-sufferer in the 1830s claimed that he had 'gout in my jaws'.¹³ Conversely, other sufferers located toothache in diverse parts of their bodies. Ulceration of the rectum was like a 'dull toothache' (1871);¹⁴ a former slave wrote in 1909 that he had a 'toothache about six inches long in the hip';¹⁵ pain in the epigastrium (the upper abdomen) was described as feeling like 'a toothache in the stomach' (1910);¹⁶ a man whose leg had been amputated during the First World War complained that 'my leg has toothache';¹⁷ a plasterer who fell off his scaffolding experienced pain 'like a toothache in the right groin';¹⁸ and a man who worked on steam trawlers in the interwar years recalled that he felt 'a click in his back', which was like 'a tooth-ache in his back'.¹⁹ Even more confusingly, in 1959, a schoolteacher described her lower back pain as 'like a raging toothache—sometimes like something is moving or crawling down my legs'.²⁰ It seems that a back-pain can feel like a toothache that crawls. Clearly, there was something profoundly communicative (and universal) about toothache that made it so evocative in communicating pain.

This curious character of metaphors was addressed by theologian Ariel Glucklich in an insightful essay entitled 'Sacred Pain and the Phenomenal Self'. We describe pain as shooting, crushing, gnawing, searing, and piercing, Glucklich noted, but how many of us have actually experienced such tortures? Who among us has actually been 'gnawed at (by rats?)', and so how can we know what it feels like? People who have had the misfortune of being shot describe the sensation as like that of 'a blow followed by heat', which is not what a person with neuralgia means when she complains of 'shooting' pains. In other words, there seems to be no direct association between the pain of being shot by a rifle and 'shooting' pains.²¹

Glucklich was not the first person to make this point. In 1957, a physician from the National Hospital in London also observed that

we say 'pins and needles', knowing that the common experience so described does not resemble the actual sensation provided by multiple and successive applications of 'real' pins and needles. 'Burning' and 'tearing' pains are manifestly unlike the feeling of being burnt or torn.²²

Or, as psychiatrist George Engel put it two years later,

The man with a coronary occlusion may say it *feels like* his chest is being crushed, even though he may never have experienced actual compression of the chest and were he to experience it he would discover that it did not resemble his pain of coronary occlusion at all.²³

Such reflections were not the prerogative of philosophers and physicians. An elderly woman at St Joseph's Hospice in East London was alluding to this enigma when, in 1961, she tried to describe her pain. 'What I do feel', she began,

is, when it's getting near to injection time I feel as though I have been beaten, I mean, I don't know what it is to feel as though you've been beaten, but I get that feeling of as though I have been beaten with sticks, and the feeling afterwards, you know.²⁴

And, curiously, we *do* seem to know what she means.

How can we explain the lack of any direct, sensory association between 'burning pains' and plunging one's hand into a fire? Glucklich's reflections are helpful. He points out that the 'selection of metaphors' seems to be 'based on an entirely different principle from an extension of the effects of a tool or weapon on the human body'. Instead, the metaphor is itself an analogy, based largely on visual and temporal correspondences. Thus,

If a painful experience has a temporal form of starting suddenly and ending abruptly, while being limited spatially to a small region, we call it a shooting pain. It resembles the 'visual form' of a shot, not the nociceptive properties of the shot's consequences. . . . A 'sawing' pain projects the temporary structure of sawing (rhythmic, repetitive, and possessing frequent peaks and lulls) on to the visual characterisations of a saw.

What is being described is the 'spatiotemporal patterns of the sensation'.²⁵ Correspondences between the body and metaphor are central to understanding the way people experience their worlds, including painful ones.

In 1895, psychiatrist Henry Maudsley made a similar point, although in a slightly different way. He was musing on the difficulty people have describing pains that seem to consume the self. 'In despair', Maudsley argued,

the sufferer is driven to the last extremities of exaggerated expression: the pain is just as if a thousand knives were driven into his brain, or a saw were sawing it, as if his nerves were red-hot iron, as if vapours were boiling in his spinal cord, as if a multitude of fine wires were aflame in his loins and legs, as if galvanic shocks were rending his body.

These wild descriptions actually expressed the pain for the sufferer. Similar to words such as 'absolute, infinite and eternal', they marked 'the negation of definite conception and impotences of thought'. They revealed the 'extreme disabling effect' of pain on the sufferer's most basic self. Perhaps even more importantly, the use of immoderate descriptions was an attempt to

excite in the minds of others a proportionate feeling of the really ineffable misery of the strange and bewildering sensation. They are endeavours not to convey ideas, but to express feelings that are inexpressible.²⁶

Through language, then, sufferers not only attempted to render their own worlds less chaotic, but they sought to reach out to others for succour and sympathy. Ironically, as we shall see in the chapter entitled 'Diagnosis', it was precisely these colourful, expansive descriptions that many physicians believed were proof that the patient was lying or exaggerating.

Commonplace Metaphors

People-in-pain reach out to witnesses; they attempt to communicate their suffering. What figurative languages have they used and what do these languages tell us about the meaning people gave to their distress?

Before setting out these dominant metaphors, it is important to note that embodied events (including painful ones) routinely test the limits of conventional language. They often emerge in idiosyncratic ways through invention and experimentation. 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. She was clearly familiar with that 1960s snack made of popcorn coated in a sweet yellow glaze.²⁷ In the 1970s, a paraplegic claimed that it felt as if 'a family of snakes [were] squirming in his buttocks'.²⁸ Still another patient described pain as 'like a demand from Her Majesty's Inspector of Taxes'²⁹ while a woman with a phantom arm said it felt like 'champagne bubbles and blisters'.³⁰ Or, in the words of a man suffering chronic back pain, 'my back hurt so bad I felt like I had a large grapefruit down about the curve of the back'.³¹

Such imaginative ways of communicating pain are most commonly seen in poetry and literature. Take the poem 'Neuralgia' (1809), in which a painful jaw was figured into a piano that 'some fiends seize on | To play stirring airs on'. It turned every nerve in his face into a 'red-hot, wriggling, reel-dancing viper' that was 'fierce torture'.³² Henry Saul Zolinsky's poem entitled 'Pain' (1921) also conceived of music as an analogy for pain. For him,

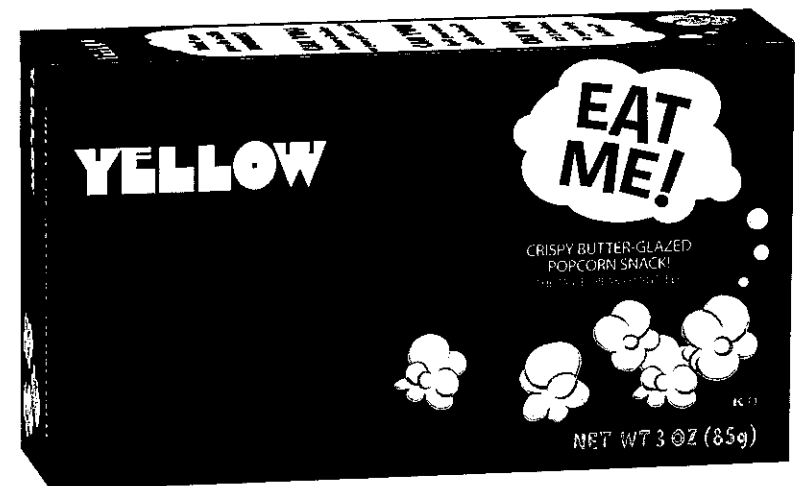


Figure 3.1 A box of 'Screaming Yellow Zonkers', a 'crunchy lightly glazed popcorn' that was popular in the 1960s. Courtesy of ConAgra Foods.

It is
 The hush that falls
 When screaming chords, drawn taut,
 Break with a sudden snap!—and then
 Recoil.³³

In each case, the image is instantly recognizable as evocative of pain, but each discrete element has been compiled in an unusual way.

Nevertheless, there are a set of figurative languages that appear time and again when people in the past sought to communicate their pain. These metaphors have been consistently employed from the eighteenth century to the present. These are the metaphors I will be turning to next. As we shall see in later sections, however, although some metaphors have consistently been used, others have undergone dramatic appearances and disappearances. Both types of metaphor tell us about shifts in the way people *sensed* their world and *made sense* of it.

The most common metaphor in pain-speech reifies pain as an independent entity. In this way, pain was something that assailed a non-participating body; it might be omnipotent, but could still be fought while leaving the 'self' intact. For example, when writing about his kidney infection at the end of the nineteenth century, Bill Arp conceived of pain as a masculine foe. In his words,

Without any warnin', the unfeelin' angel of pain come along suddenly and snapped me up by the left kidney like he wanted to wrestle, and took an underholt [*sic*], and he spun me around with such a jerk I almost lost my breath with agony, and he pummeled me and humped me all the way to the house, and threw me on the bed while I hollered.³⁴

This independent being called Pain could also be conceptualized as feminine. For example, in the middle of the nineteenth century, influential Presbyterian minister Thomas Smyth wrote of pain as a companion, 'known . . . from childhood'. He described how 'we have walked arm in arm, dwelt in the same house, been fellow lodgers in the same body, and occupants of the same bed'. His pain was a gendered entity. She was

like the chameleon, of every hue and like Proteus of every shape, and often like Iris, a compound of many blended into one. She is sometimes dull and heavy, sometimes constant, and again fickle and fleeting,—sometimes sharp and again flat—then quick as light or . . . drags her slow length along.³⁵

By gendering this independent entity called 'pain', Arp and Smyth tell us a great deal about their contrasting sensations. For Smyth, pain was a woman with whom he meekly lived; like other women (he implied), she was fickle, sharp, and heavy. In contrast, Arp wrestled with his masculine opponent; his suffering consisted of a bruising brawl with a superior adversary.

Not all reifications of pain-as-an-entity were so evocative. Pain could be simply described as a 'sulky visitor',³⁶ 'monster',³⁷ or, as a young patient during the First World War told his nurse, 'Don' [*sic*] go away', then, pointing up at the rafters, cried 'There's the pain!'³⁸ This young patient's evocation of pain as an independent entity was also conjured up by a gypsy who had been severely wounded by shrapnel during the First World War. When a callous American doctor asked him, 'Say boy—what's wrong with you? What's under that goddamned bandage?', he retorted, 'There's some pain under there, so be careful how you handle me.'³⁹ For both the young boy and the soldier, pain was an active entity who loitered around the ward or concealed himself beneath bandages. For others, this independent being could be all enveloping. Mrs M. was a terminally ill patient in St Joseph's Hospice in 1961. She conceived of her pain as an independent thing that so entirely encased her body that even the *approach* of other people aroused it. In her words,

It—I would say the pain was so bad that I dreaded anyone touching me and when anyone knocked my bed or came near me—the first thing I said to them—'please don't touch me. Please don't move me.' . . . It was an obsession in a way because it was all round me.

She used powerful analgesics to cushion her from this oppressive being. Pain relief made her feel 'very comfortable indeed'. It 'seemed to be that . . . there was something between me and the pain. It was like a nice thing wrapping around me.'⁴⁰

Conceiving of pain as a separate entity could help exert power over that unpleasant entity. As we have just seen, for example, Mrs M. metaphorically conceived of painkillers as a kind of layer, erecting a barrier between herself and her fiend. Perhaps this was what philosopher Friedrich Nietzsche was doing when he quipped that 'I have given a name to my pain, it is called "dog"' and was 'just as faithful, just as obtrusive and shameless, just as entertaining, just as clever as any other dog'.⁴¹ It was an apt analogy, which provided a way to externalize and thus exercise some control over beastly pain.

An extended version of this metaphor conceived of pain as an independent entity *within* (as opposed to outside) the body. *The [Adelaide] Advertiser* used this metaphor of 'pain as an internal entity' in a lighthearted way. The sketch—simply entitled 'The Pain' (1927)—featured an 'Anxious Mother' who asked her son, 'You don't look well, Johnny. Are you in pain?', to which Johnny responded, 'No, mummy. The pain's in me.'⁴² It was a rather droll comment, in which Johnny insisted that he had not voluntarily entered the world of pain; it was an invasive force.

Real-life sufferers did not find this aspect of pain amusing. Pain might be conceived of as *moving* inside the sufferer's body. As a wagon driver in 1777 complained, his pain 'throbs and darts as if something was running through it'.⁴³ Or a headache—like what Alice A. experienced in 1901—could feel as though 'something about an inch long were moving about in her throat, and as though the top of her head were being pricked and being moved up and down'.⁴⁴ Or it was an independent entity who devoured flesh. Pain chewed at a sufferer's entrails. It was an 'aching, *eating* anguish' (1895).⁴⁵ It was an evocative metaphor—immediately conjuring up a terrifying image of being chewed from within by an all-powerful being.

The second most important metaphor—pain as something that ruptures, shatters, or rips apart the body—is linked to the metaphor of pain as a thing-in-itself (existing either outside or inside the body). In this second conceptualization, pain is referred to by analogy: it is a knife that cuts, a dog that bites, a fire that burns. According to one study in the 1960s, nearly 60 per cent of patients in a medical clinic used metaphors of violence to describe their pain.⁴⁶ This is not surprising, given that wounds and illness often arise from a fracturing of bodily integrity.

Typically, a specific agent of violence was identified. Often, this was an animal—like Nietzsche's dog. Cancer of the stomach felt like 'the running up and down of a ferret' according to a patient in 1875.⁴⁷ In a 1945 article in *The Pittsburgh Courier* the author described the agony of appendicitis in terms of feeling like 'I was in a "battle royal" with four wild cats' inside him.⁴⁸

Less animated pains included those similar to being cut with a knife, as in the pain of neuralgia being characterized 'as if a heated knife ... was piercing or screwing into the flesh' or like 'hot pincers ... tearing or twisting it from the bone' (1816).⁴⁹ As a woman with breast cancer complained in the 1850s, 'It seems, at each breath, as if a knife were passing through me. ... It seems as if a heavy weight were crushing in my breast.'⁵⁰ In the words of a soldier

who had been shot at the second Bull Run battle on 29 August 1862, it felt 'as if a rough bar of iron were thrusting to and fro through the knuckles' and, at the same time, that a 'red-hot iron' was searing the palm of his hand while the skin was 'being rasped off' his fingers.⁵¹ For an African American man in 1888, malarial fever felt like 'most violent, darting pains at the base of the brain, as though a strong man had driven a steel wire through it from ear to ear'.⁵² It was similar to being 'stirred up with a red-hot whisk' and 'like red-hot daggers plungin' all over me' (1890).⁵³ Or, in the words of a patient about his heart attack, it was a 'ripping pain, like a knife was put in my chest and pulled up to my throat'.⁵⁴

Hammers were also identified as the weapon breaching the integrity of the body. In 1894, a working-class woman described how 'Sometimes I feel like a hammer knocking in my belly. ... I cannot describe it.'⁵⁵ Mrs C., speaking from St Joseph's Hospice in Hackney in 1962, claimed that her pain was both a hammer and a crushing vice. It was

just as bad as it could be. I couldn't breathe ... in, and I couldn't breathe ... out, could bring nothing up, could force nothing down ... it was just as if I was in a vice, being crushed. ... The chief trouble ... was the pain behind the shoulder blade ... it used to throb as if someone were bumping into it with a big hammer.⁵⁶

Knives, hammers, and vices were not the only weapons used to describe suffering. In the early 1900s, sinus pain was felt like a 'red-hot circular saw' cutting through the sufferer's head.⁵⁷ Constraining ropes could also be held responsible for attacking the body's integrity. In 1811, a 'violent fixed pain at the pit of the Stomach' made a patient feel like he was 'bound round with a cord'.⁵⁸ In 1869, Suzanna Moodie complained that she suffered from a 'tight contraction which seems to draw me upwardly like a tight string tied round the lower part of the body, which makes common evacuations at times, very difficult and painful'.⁵⁹ Or it could be something that disrupted normal bodily functions, as in the description in the 1890s of dyspepsia as feeling 'like his stomach has been unfastened'.⁶⁰

The more complex the experience of pain, the more elaborate the metaphors that sufferers resorted to and the more likely that more than one agent would be specified. Thus, severe pains in the abdomen were described not only as 'burning', but 'tearing and gnawing' (1876) as well.⁶¹ Mrs Anne Saunders was 'seldom free from a grumbling thrusting pain' (1877).⁶² A tailor admitted to the London Hospital in the same decade complained of



Figure 3.2 'The Cholic,' coloured etching by George Cruikshank, after Captain Frederick Marryat, 1819, in the Wellcome Collection, V0010874. She feels like her waist is being constrained by a rope that is being tightened to an unbearable extent by demons. Other devils prod her with spears and pitchforks. The painting on the wall behind her shows a woman over-indulging in alcohol.

'gnawing & shooting pains in lower parts of both lungs'.⁶³ In the 1890s, neuralgia was described as 'stabbing, screwing, burning';⁶⁴ a woman suffering from an abdominal tumour described it as 'pricking, cutting and shooting';⁶⁵ while patients at the Glasgow Cancer Hospital described their pains as 'sharp stinging ... cutting ... gnawing ... sharp ... bearing down ... shooting'.⁶⁶

Again, we can see that metaphor use was highly gendered: the more 'masculine' an affliction, the more powerful the specific weapon. This can be illustrated by looking at the figurative weapons used to convey the respective pains of rheumatism and gout. In the words of 'Good Qualities of Gout' (1859),

Put your toe in a vice; turn the screw till you can bear the pain no longer; that's rheumatism. Give the screw one turn more; that's gout. In every respect,

gout takes precedence. Just as, grammatically speaking, the masculine gender is 'more worthy' than the feminine, and the feminine more worthy than the neuter (I should think so!).⁶⁷

Even satirical verse enforced this gender difference (and, incidentally, class difference since gout notoriously afflicted the wealthy). Thus, 'Gout. A Sonnet' (1875) referred to the gout sufferer as a 'he' who 'cares not for principalities nor thrones'. In contrast,

The most rheumatic of rheumatic crones,
Bent till her knees and shoulders almost meet,
Would deem her aches and pains a quiet treat
Compared with those a gouty mortal owns!⁶⁸

The third most common metaphor alluded to its temperature. Pain was heat: it was fire or sun; it seared, boiled, burnt. A young boy admitted to the Belvidere Fever Hospital in 1884 spoke about 'roasting' pains in his abdomen.⁶⁹ Pain was a womb that moved and 'wherever she go, it is as fire' (1933).⁷⁰ Like lightning, it struck suddenly, searing flesh.⁷¹ Dentistry performed without any numbing analgesics made the teeth of a young Mexican immigrant 'smoke' (his father simply growled, 'Be a man, God damn it').⁷² In 1937, Mrs K. described her rheumatism as 'red-hot lava' or 'as if hot lead were being poured into the palm of her hand'.⁷³ Pain as a searing heat was also what a terminally ill man in 1960 alluded to when he moaned about his 'nagging pain, as if I had been sitting on a hot stove'.⁷⁴ Or, as a migraine sufferer in contemporary America succinctly put it,

my head was hot with pain,
leaving a scorch mark
on the white pillow.⁷⁵

Although metaphors reifying pain as an independent entity, as something that ruptures, shatters, or rips apart the body, and as something that burns, are the most prominent ones, there were others. These include conceiving of pain as a weight or a colour. Pain as an oppressive weight that 'lays low' appears time and again and is derived from the fact that people-in-pain retreat to their beds.⁷⁶ Or it 'fell like a shadow across our feet'.⁷⁷ A splash of colour might cut through the greyness of pain: pain was red or purplish red ('a well of red, flowing anguish' or a 'round black iron ball of a rusty blood colour, covered with spikes').⁷⁸ Physical distress reduced flesh to a bloody pulp.



Figure 3.3 'Origin of the Gout', coloured etching after Henry William Bunbury, c.1780s–1800, in the Wellcome Collection, V0010848. Gout (caused by excessive alcohol consumption) is portrayed as a burning pain, inflicted by a demon with red-hot pincers. The black bird is a harbinger of worse to come.

Metaphorical Diversity: Theoretical Issues

If my analysis of the figurative languages used by pain-sufferers began and ended with those metaphors that have remained constant throughout the centuries, it would be incomplete. After all, many other pain-researchers have observed that people-in-pain use figurative languages when attempting to communicate their sufferings to others.⁷⁹ But it is misleading to concentrate solely on continuities. In the next few sections, I will be exploring creativity and diversity in pain-communications. How have figurative languages for pain *changed* from the eighteenth century to the present and what can those shifts tell us about the different ways that people in the past have actually experienced pain? As we shall see, new metaphors emerged, while others were quietly dropped. The reasons for these conceptual movements can be categorized under three main headings: changes in conceptions of the physiological body, developments in the external environment, and ideological shifts.

In order to understand changes in metaphorical use, it is necessary to take a step back and explore briefly how metaphors emerge in the first place. In *Metaphors We Live By* (1980), linguist George Lakoff and philosopher Mark L. Johnson argue that metaphors are based on embodied experiences.⁸⁰ In *The Body in the Mind* (1990), Mark Johnson observed that reality is 'shaped by the patterns of our bodily movement, the contours of our spatial and temporal orientation, and the forms of our interaction with objects'.⁸¹ This view is expressed even more concisely in Lakoff and Johnson's *Philosophy in the Flesh* (1999). 'Our mind', they insist, 'is embodied in the profound sense that the very structure of our thoughts comes from the nature of our body'.⁸² Raymond Gibbs was also drawing upon the dialectic between body and language when he contended that people's 'embodied experiences give rise to their metaphorical structuring of abstract concepts, which in turn, constrains speakers' use and understanding of language'.⁸³ Basic bodily actions, such as 'pushing, pulling, grasping, standing, walking, and interacting with a physical environment' provide the more 'elementary forms of knowledge', psychiatrist Laurence Kirmayer explained, while 'more abstract concepts are built on a scaffolding of simpler metaphors which in turn can be traced back to sensorimotor image schemas'. In this way, metaphors 'bridge the bodily given and the culturally configured social world'.⁸⁴

Given the ways that painful sensations affect autonomic arousal (such as 'fight or flight' states), cardio-vascular responses, and sensory and motor functions it is not surprising that body-based schemata are central to languages of pain. We have already seen this is the context of many of the long-standing metaphors for pain: that is, pain as an independent entity or as something that breaks the integrity of the body. In those examples, the body was not simply the container for feeling and acting, but a way of thinking as well. In such ways, autonomic arousal, cardio-vascular responses, and sensorimotor actions influence the way people think: the body provides possibilities (including constraints) for the metaphors adopted. An analysis of such conceptual metaphors illustrates some of the ways in which people *think* via sensorimotor experiences: our minds are embodied. In Gibbs's evocative phrase, 'cognition is what happens when the body meets the world'.⁸⁵

These ways of thinking about metaphor and the body are useful, but they come up against an important problem. Doesn't the model threaten to 'flatten out' pain descriptions and universalize the body? Isn't the physiological body the same everywhere? If so, shouldn't metaphors be remarkably similar

all over the world? Linguist Ning Yu believes the answer to these two questions is 'yes'. Despite 'racial or ethnical peculiarities', she notes, people 'all have the same basic body structure, and all share some common bodily experiences and functions, which fundamentally define us as being human'. As a consequence, she reasons, it 'also follows that our body ... is a potentially universal source domain for metaphorical mappings'.⁸⁶ In other words, if metaphors are drawn from physiological sensations, then they must be trans-historical and transnational.

Superficially, it sounds plausible. But even a cursory look at the world's languages reveals a formidable number of non-universal metaphors. The McGill Pain Questionnaire (an extensive list of pain-descriptors that was developed in America in the 1960s) could not always be translated straightforwardly into other European languages. As two Finnish experts reported,

It is not possible to translate this kind of specialized vocabulary into other languages without losing its validity, since no dictionary contains reliable and meaningful category/intensity equivalents.⁸⁷

Indeed, they discovered, the 'punishment' category of the questionnaire, with its English-language connection to the idea of retribution for some real or imagined sin, was simply incomprehensible to Finnish speakers. 'Is it that the Finnish cultural milieu is unable to associate pain with punishment or merely that the words given just did not connect with the emotions characterized by it?', they wondered.⁸⁸

When turning to pain-terms in Asia and India, the differences multiply. For example, the Sakhalin Ainu of Japan complain of 'bear headaches' that resemble the heavy steps of a bear; 'musk deer headaches', like the lighter galloping of running deer; and 'woodpecker headaches', as if pounding into the bark of a tree. Crucially, chills are not present during these kinds of headaches. Headaches that presented themselves with a chill required aquatic animal metaphors: such as an 'octopus headache' with its sucking motion or a 'crab headache' with its distinctive, prickling sensation.⁸⁹ In India, pain's hotness is imaged not only with fire and live coals, but also with 'parched chickpeas' and its heaviness is compared with 'a load of grain'. As in many other countries, in India everyday languages of pain do not distinguish between bodily discomfort and emotional suffering.⁹⁰ I discuss some more of these differences in the chapter entitled 'Diagnosis'. As Fabrega and Tyma observed after analysing pain-languages in English, Thai, and Japanese, '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'.⁹¹

It is important to note that there is another way to respond to the question of why a universal human physiology does not lead to universal metaphors: that is, to question what we mean by physiology. This is not the same as arguing that different cultures or people in different periods of history have *evaluated* physiology in distinctive ways. Ning Yu, for instance, admits that culture has 'an interpretative function in viewing the body and its role in grounding metaphor'. Identical parts of the body or physiological processes could have differing significance for distinctive groups of people. Consequently, she states, it is not surprising that 'in different cultures and languages, different body parts or bodily experiences are selected to map onto and structure the same abstract concepts'.⁹²

I agree with Yu (and will say more about these selective processes later), but her argument does not, I feel, go far enough. In her model, what is important is the way different cultures *interpret* or *value* bodily parts and processes. These evaluative differences certainly exist and have a major role to play in explaining different metaphorical mappings. But, for Yu, human physiology itself remains a given whereas I will be arguing that physiology is profoundly affected by culture and metaphor.

First, no physiologist will disagree with the statement that individuals possess subtly different physiologies. Many physiological facts are about probabilities. Muscles that are not used atrophy; neurological faculties that are 'exercised' develop in different ways to those that are ignored. Individual physiologies are each unique, having been affected by distinctive DNA and molecular structures, feedback systems, conditioned reflexes, and so on. In Anglo-American societies, the so-called universal human body has generally been predicated upon the male exemplar and a *particular* positioning of bone, tissue, muscle, fluids, and fat. However, human physiology is much more diverse in shape and function (fe/male; dis/abled; petite/obese) than posited by this model. Not every body is physiologically capable of menstruation, nocturnal emissions, labour pains, lactation, or beard-growing, to take just a few examples. Different bodies have different physiologies and they therefore *feel* different. We would expect to see metaphors reflecting these differences.

Second, it is worth asking: what is meant by 'physiology'? No one is doubting that the human body is a material object, made up of fluids, fat, tissue, muscle, and bone, all encased in skin and embellished in practical ways with hair and nails. No matter who you are, your blood 'circulates';

your nerves 'fire'; your neurons 'light up'. But these ways of understanding the 'facts' of physiology are based on metaphor. It is not enough to say: abolish the metaphor, and blood will still circulate, nerves will still respond sympathetically, and neurons will continue to transmit signals. The point is that the very way people and cultures metaphorically fashion physiology has profound effects on what that physiology *is*. The personal body, Donna Haraway correctly argues, is not 'natural, in the sense of existing outside the self-creating process called human labour'.⁹³ The physiological body is not a culture-free object. At every point, the facts of physiology are given cultural meanings and these meanings are not something that exists in a pre-social universe, but are an integral part of the very organization of that physiology. In other words, it is not simply the case that culture 'inscribes' something on a 'natural', pre-social physiology, but that physiological processes cannot be separated from the various and varying cultural meanings given to fluids, fat, tissue, muscle, bone, hair, and skin. Put bluntly, the humoral physiology of the eighteenth century is not the same as the one mapped by Victorian anatomists or, indeed, by twenty-first-century neuroscientists. This is not a denial that brain activity (for instance) in all humans involves complex interactions between receptors, ion channels, nucleic acids, and enzymes. But those interactions only make sense in social and environmental contexts. The question becomes: if a society does not have a concept of the circulation of the blood (as in the seventeenth century), does blood circulate? Yes, but not as we know or—importantly—experience it. Obviously, blood is doing something: it is moving according to the heavenly planets, for instance: but that is an entirely different thing. Crucially, the *choice* of figurative language tells its own, covert tale about underlying physiological beliefs. Physiological models of the body draw attention to certain things and not others, fundamentally affecting what is *noticed*—that is, *and* given meaning—and what is regarded as incidental. The physiological body is constituted by the figurative languages that bring the body into the world. Figurative languages 'disclose' our being-in-the-world.

Metaphorical Diversity and the Physiological Body

This point can be illustrated by turning to very different conceptions of the physiological body held by people in the past. What if people in the past conceptualized physiological 'facts' in completely different ways? The most

obvious set of metaphors that people in past centuries drew upon to constitute the physiological body emerged from humoral theory, which was dominant for much of the period before the nineteenth century. Shifts in conceptualizations of the body and its physiological workings dramatically influenced metaphors that suffering people drew upon to communicate their pain.

In a later chapter, I will be exploring the eighteenth-century physiology of the sympathetic nervous system, which spawned its own metaphors.⁹⁴ Although the sympathetic nervous system was an important contribution to physiological thinking (and is still used today, albeit metaphorically, as in 'she sympathized with him'), humoral theory was dominant for much of the period before the nineteenth century. The humoral body consisted of four fluids—phlegm, black bile, yellow bile, and blood. Linked to these humours were personality types (phlegmatic, melancholic, choleric, and sanguine). There were also three kinds of spirits, which acted on the humours: the natural, the vital, and the animal. In this model—unlike the biomedical one that was dominant until the 1960s—distinctions between bodies, minds, and souls were not clear-cut. Pain was the result of disequilibrium or imbalance. Illness was the result of disrupted relationships as much as disrupted physiologies. In the words of historian Ulinka Rublack, writing about a sixteenth-century ambassador who fell ill,

The body itself was not regarded as a whole and clearly delimited entity, but rather . . . was understood as something that was constantly changing, absorbing and excreting, flowing, sweating, being bled, cupped and purged. It was clearly situated in the continually-changing context of a relationship to the world whose precise effect was never stable or predictable, so that one simply had to submit to it—to the terror that froze the blood, the sudden trembling, bleeding, or urination that literally stopped the ambassador Busheq in his tracks.⁹⁵

As a result, humoral theory provided rich figurative languages of ebbs and flows for the experience of pain. Take John Hervey's 1731 description of his sister's suffering. She was

choked with phlegm, tormented with a constant cough, perpetual sickness at her stomach, most acute pains in her limbs, hysterical fits, knotted swellings about her neck and in her joints, and all sorts of disorders, consequent to a vitiated viscid blood, which, too glutinous and weak to perform its proper circulation, stops at every narrow passage in its progress, causes exquisite pains in all the little, irritated, distended vessels of the body, produces tumours in

those that stretch most easily, and keeps the stomach and bowels constantly clogged, griped, and labouring, by the perspirable matter reverting there for want of force to make its due secretions and evacuate itself through its natural channels in the habit and the pores of the skin.⁹⁶

Pain in this account is a blockage of natural flows. It pervades all parts of the body, and not just particular organs. Thus, in 1755, Thomas Gray described his pains as 'wandering' throughout his 'constitution', until they 'fix into the Gout'.⁹⁷ For Edward Young and his physicians, pain circulated: chased out of one part, it migrated to another. As he described it in 1762,

I have been troubled near thirty years, with Rheumatic Pains; they have been now long entirely ceased; and my Physicians tell me, that Nature throws all that Mischief on my Eyes, & Head; which has undergone, & is still undergoing great discipline, & to very little purpose.⁹⁸

Horace Walpole, writing in 1765, was 'seized with the gout in one foot at the End of June, soon had it in both, with great torment, & then without its going out of my feet, in head, Stomach, both wrists & both Shoulders'.⁹⁹ George Cheyne described pain as the result of having 'filled the original lax Membranes and Vessels [too] full, and they being somewhat broken are not sufficiently strong and elastic to force out the perspireable Wind and Steams which being retained perpetrate on the Membranes'.¹⁰⁰ This was also the language used by a patient in the London Dispensary in 1811 who described 'a pain in the Stomach, which flew to her head; the pain seemed at first . . . more like a stagnation'.¹⁰¹

Given such ways of understanding the body, it made little sense to distinguish physical from mental pain. For eighteenth-century commentators, pain was influenced by the flow of animal spirits (within and between persons), the alignment of the planets, interpersonal relations, diet, and the weather. An individual's temperament, what she ate or drank, the climate, and relationships with other people all affected her pain. Thus, in 1776, David Hume's physician discovered the 'Cause of my Distemper', a 'Tumour in my Liver . . . about the Bigness of an Egg, and is flat and round'. His doctors recommended 'Motion and Exercise and even long Journeys'.¹⁰² This was a world away from the modern fascination with the 'anatomy of solid parts' and the 'physiological interplay of organs'.¹⁰³ With germ theory, metaphors gave way to something much more mechanistic and invasive. The fading away of humoral physiology was also responsible for the increase in more individualized images of bodily pain: the body was more contained, more isolated.

Metaphoric Diversity and Environmental Contexts

Changing understandings of the physiological body were major sources for different metaphors about pain. But they were not the only metaphorical sources that underwent dramatic shifts over time. Social and material environments also need to be taken into account. Earlier in this chapter, I argued that it is wrong to assume that the body and, therefore, metaphors are universal. Although I focused primarily on dialogues between the body and metaphor, when I turned to critique assumptions about the universality of human physiology, I was required to pay attention to the effect of social and environmental interactions on not only *representing* the body, but also in *creating* it. The following section develops this argument, emphasizing the effect of these interactions. In other words, so far I have been principally concerned with two strands in my model: metaphor and body. Now, however, I turn to the third strand: cultural interaction. The body that creates language and metaphor is a social entity. The entwining of body and language only occurs within social contexts. As I quoted in the introduction, Wittgenstein observed that 'mental language is rendered significant not by virtue of its capacity to reveal, mark, or describe mental states, but by its function in social interaction'.¹⁰⁴ Sensations of pain arise in the context of complex interactions within the environment, including interactions with objects and other people.¹⁰⁵

For instance, many pain-metaphors were drawn from everyday encounters—with socks, sticking plasters, squalling infants, and over-the-counter medicines. For example, in 1799, pain 'seemed to leave me as if I had taken it off with my stocking. It appeared to descend lower and lower, till at length I, as it were, shook it off my toes'.¹⁰⁶ In the 1830s, a man suffering toothache described his pain as a 'fractious infant' that he attempted to calm by 'swaying my body to and fro'.¹⁰⁷ It was as if a 'very strong sticking-plaster were dragging the flesh down the bone', complained 43-year-old Hannah D. at the Royal Free Hospital in the 1890s.¹⁰⁸ In 1899, another patient—this time at the London Hospital—was heard describing her pain thus:

Oh sister, I've got such a dreadful effervescing headache, and I took a Seidlitz powder, and it fizzed up and made it worse, and now the powder's settled behind my eyes and it's something awful.¹⁰⁹

Metaphors drawn from everyday encounters with material objects (such as Seidlitz powder or sticking plaster) were highly volatile: they emerged from the changing worlds of business, advertising, and domestic technologies.

There were other, even starker, ways in which changes in environment resulted in dramatic shifts in the images available to make pain something more concrete and communicable.

War, for example, has provided a rich figurative vocabulary to apply to painful experiences. Of course, conceiving of pain as an invader waging war on the body has a very long history. It appeared in John Donne's *Devotions on Emergent Occasions* (1624), for instance, where illness itself was represented as a heavily armed conflict between kingdoms.¹¹⁰ However, its metaphorical dominance soared with the invention of the germ theory of disease in the 1860s and 1870s: the link between illness (and its accompanying pains) and germs was easily conceptualized in war-like terms. In this way, the general experience of painful states was metaphorically linked to military invasion. For example, in 1875, the *Illustrated London News* declared that elderly people would be familiar with those

flying and transient twinges of pain which betoken the presence of some lurking foe in the blood, and which, unless combated by suitable and vigorous remedy, develop sooner or later into a serious attack of illness.

The author continued, arguing that 'Something analogous to this may frequently be observed in the body politic'. After all, a threat to the body (like that from an enemy nation) might emerge gradually. It 'usually whispers beforehand', but such 'twinges of pain' were 'forerunners of a terribly reality'.¹¹¹ The author of 'Remarks on "Analgesics"' (1887) drew on similar rhetorical tropes. He quoted Latham's famous saying that 'things which all men know infallibly by their own perceptive experience cannot be made plainer by words. Therefore, let pain be spoken of simply as pain.' However, he continued, 'there lurks in every Englishman's mind a fervid desire to know the shape and the look of the enemy he has to battle with'. Pain, therefore, occurred when organs or nerves began swelling, causing an 'unfair encroachment' upon other parts of the body: 'organs which dwell together in international comity during health' begin to 'cry aloud when there is pathological war'. Pain was

a new militant enemy, and never otherwise than a deadly foe. When the enemy comes in the form of a distinct neuralgia, we seem to wrestle with him at close quarters.¹¹²

These militarist metaphors could be particularly useful for suffering boys and men, since they shrouded pain in a rhetoric of manliness and military valour. This

was the case for the working-class boy Peter Marshall, who recalled the feeling of returning home after a spell in hospital with a broken arm. In his words,

I was the wounded warrior returning from a glorious battlefield; my arm, stiff and proud, was a badge of courage and suffering—would show it to my envious friends and tell them of dark, unknown places where pain was commonplace and ordinary, where boys slept sitting up as though it were the most natural thing in the world.¹¹³

These general analogies between physical suffering and war often drew on specific weapons. For example, while earlier war metaphors referred to pain as an 'attacker armed with spear or quiver',¹¹⁴ newer ones identified the weapon as a bomb, machine gun, or artillery assault. A 'mighty pain as if a lyddite shell had hit' overwhelmed a wrestler, according to one account of 1900, just four years after the introduction of that explosive into the British army.¹¹⁵ Pain was destructive, frightening, and unpredictable; it 'cracked like the firing of a pistol' (1869).¹¹⁶ Tabe dorsalis (caused by untreated syphilis) caused 'sharp flashes' of pain 'like machine-gun fire' (1952).¹¹⁷ Trigeminal neuralgia was described as coming 'in a succession of short, sharp momentary bursts like electric shocks or machine-gun fire' (1968).¹¹⁸

The increasing prominence of war metaphors in the twentieth century was partly a consequence of the increased militarization of British and American societies, but it may also have been a response to the introduction of more effective analgesics, such as aspirin. After all, these pain-medicines were themselves aggressively marketed in militaristic terms. Although the first time the word 'painkiller' was used in the English language was in 1845 (in connection with the patent medicine 'Perry Davis' Painkiller),¹¹⁹ the first use in *The Times* of the term 'kill' in medical advertisements for pain relief occurred in 1941. This was in the context of the headline 'Genaspirin Kills Pain Quickly—Time It!', in which a female office-worker claimed that she couldn't 'waste time having headaches now that we're short-staffed' so she took two Genaspirin tablets: her pain was quickly 'killed'.¹²⁰ It was during the Second World War that cancer was also described for the first time in these advertisements in militarist terms. 'Defeat the Silent Enemy', declared an advertisement in 1940: donations were required for the Royal Cancer Hospital in order to 'swiften the attack on Cancer wherever it raises its hideous head'. Invidiously, 'Cancer attacks without declaring War'.¹²¹

Pain was no longer conceived of as an entity that had to be passively endured. Rather, it was an 'enemy' to be fought and ultimately defeated.

WOLCOTT'S INSTANT PAIN ANNIHILATOR.



Figure 3.4 Wolcott's Instant Pain Annihilator (c.1863) was marketed as a weapon that killed the demons who were hammering and piercing a sufferer's head. The five demons were those of catarrh, neuralgia, headache, weak nerves, and toothache. It even caused death itself to flee. The exact ingredients of this medicine are unknown but they included ethyl alcohol and opium. Image at <http://www.opioids.com/pain-demons.html>. Prints & Photographs Division, Library of Congress, LC-USZC2-36.

When the pharmaceutical possibility of eradicating acute and chronic pain was limited, endurance could be valorized as a virtue: the introduction of effective relief (at least for acute pain) made passive endurance perverse rather than praiseworthy. In the latter case, it was the duty of both patient and physician to tackle the problem of pain, all guns blazing.

Perhaps this was what has made militaristic metaphors extremely prominent in contemporary pain narratives. In a period where many people do not believe in a 'self' that survives the death of the body, pain is an attack on the individual's most fundamental identity. It was the ultimate 'enemy'. Thus, in a series of interviews with patients suffering from colorectal cancer in 2002, the most common statements were ones like: pain was an 'enemy' who 'intruded [into] my body'; it was 'obviously an enemy ... unbelievable ... without reason ... why should this happen to me'. These patients complained about the infringement of their bodily integrity by a 'spiteful' enemy who 'wants to hurt me'. Cancer was a painful infliction that 'had to be taken away ... must be tackled'.¹²² Or, in the words of a woman speaking about her tumour, 'I feel that it is an uninvited guest in my body and when I started this cytotoxic treatment I thought: Now this is for you.'¹²³

Militaristic metaphors were not only employed to understand illness and the pain of illness but, as cultural critic Scott Montgomery has cogently argued, were 'quickly adopted as the guiding scientific model for all illness' by the end of the nineteenth century.¹²⁴ Numerous pathographies (that is, memoirs focusing on illness) sport titles such as *A Private Battle* (1979) and *Winning the Chemo Battle* (1988).¹²⁵ Montgomery has even shown that the metaphor is so prevalent that it permeates the discourses of *opponents* to biomedicine as well.¹²⁶

If the first major environmental-related change in the figurative languages used to communicate pain involves the increase of military metaphors, the second major shift is the introduction of metaphors associated with railways. The mid-nineteenth century was characterized by a fascination with railways, a trope that entered the metaphoric languages of pain almost immediately. Perhaps this is not surprising, since railways lent themselves particularly well to the imagery of circulatory systems, nerves, and veins, with railway tracks as steel pain-nerves; railway engines, throbbing inflammations.

Pain could easily be depicted as a railway accident, a phenomenon that excited major panics on both sides of the Atlantic in the mid-nineteenth century and spawned not only reportage about mass deaths but also the invention of an entirely new diagnostic category called 'railway spine' (the predecessor for psychological trauma as understood today). Pain-narratives rapidly transferred the concrete image of a railway accident into a completely different context—that of nerve-pain, for instance. In the words of physician Valentine Mott, writing in 1862 about the pain of neuralgia:

I have seen the most heroic and stout-hearted men shed tears like a child, when enduring the agony of neuralgia. As in a powerful engine when the director turns some little key, and the monster is at once aroused, and plunges along the pathway, screaming and breathing forth flames in the majesty of his power, so the hero of a hundred battles, if perchance a filament of nerve is compressed, is seized with spasms, and struggles to escape the unendurable agony.¹²⁷

Mott drew on the masculine imagery of industry and war. For him, pain was a mechanical monster, reducing war heroes to children. It was a scream, like a train horn. It was the searing heat of stoked engines. As in railway accidents, it bore down upon a person at random (fixing on any particular individual by chance), and the cause of the disaster might be simple and small. It might be nothing more than the compression of a 'filament of nerve', but it was all-powerful and inescapable.

Nearly a century after Mott was writing, railway accidents remained an important source for pain metaphors. An elaboration of this metaphoric schema can be seen in an interview with an American patient in the mid-twentieth century. He believed that pain was a warning sign. Therefore, it was dangerous to take painkillers before an accurate diagnosis had been made. In his words:

To take pain killer when you have pain that you don't know about—what the source of it is—would be the same thing as the engineer on the railroad. He's coming up for a signal and he's not sure how that signal is going to look, so he fiddles around with his gauge and he doesn't look at it and he goes by. Well, that's all right. That might work for a time, but sometimes the signal is going to be red and he might find something in the track and there may be an awful smash.

In case the metaphoric relationship between the railway and nerve-pain was not clear, he elaborated:

Now—uh—this pain . . . I'd put it down as psychogenic in origin. But there is a little warning that I'm going down a little too far. I'd better ease up. Now if I go ahead with a pain killer that will kill that, my warning is gone; I will keep tapping my reserve until finally there comes a time—maybe I will get into some accident or something where I need my reserve and I don't have any.¹²⁸

Pain was a warning system, like a railway signal: ignored, it could be fatal.

Railway engines and accidents were one of many tropes of the industrial age that could be usefully drawn upon to communicate painful sensations. Typically, the distressed body was spoken about as if it were a flawed machine,

with the physician as a kind of mechanic whose job it was to 'fix' the mechanism. Rheumatic pains were 'clogging the works', according to one commentator in 1939.¹²⁹

Not surprisingly, mechanical metaphors—with their association with masculine occupations—were more likely to be the way men (rather than women) conceptualized their pain. As some male patients put it, pain was caused by 'rust around the nerves', 'defective ball bearings', or 'twisted ligaments'.¹³⁰ Some men even drew on personal experiences of mechanical engineering. In the words of one, describing nerve-pain in the 1960s,

That's—that's my nerve—that's very vital. Nerves is a vital thing. I'm not a dummy—I can understand, you know, very well. I know how to fix an automobile, and if you know how to fix it right you got to be smart, you can't be a dummy. I know that nerves are vital. You can cut a nerve—that's the end of the nerve. You cut your leg off and you get a wooden one. But you can't get a nerve.¹³¹

Like a broken-down car, spare parts could be found for certain parts of the body—limbs, for instance. Other parts, such as nerves, were irreplaceable.

Electricity was another technology that rapidly entered into languages of pain. It was widely employed in pain-metaphors from early in the nineteenth century. It may have been a particularly apt metaphor to convey the sensation of pain—and not only because of its properties of attacking unexpectedly and with dramatic power (related to lightning). In addition the metaphorical link between pain and electricity may have been related to the fact that (like aspirin, discussed earlier) it had begun to play an important role as a therapeutic agent against pain. From the 1850s, for example, the mass-produced Pulvermacher promised to 'speedily sooth[e] agonizing pains' with an electrical current.¹³²

From the nineteenth century, electrical metaphors became increasingly common in pain discourses. In 1878, for instance, a man described his pain 'like electric shocks in both legs'.¹³³ In 1893, neuralgia was said to be a form of 'excruciating agony' that might 'appear with the suddenness of an electric shock'.¹³⁴ In the 1930s, a 50-year-old woman described 'burning pains in the left upper limb' like 'radiating shocks of electricity'.¹³⁵ As one patient suffering trigeminal neuralgia put it in the 1960s, 'My pain was caused by a short of two nerves—it's like electricity. If you put two nerves together and they touch each other, it forms a short and that's why I got my pain.'¹³⁶ In this way, metaphors reflected tangible changes in the material environment, which could be adopted to help describe less choate sensations.

Metaphorical Decline

While militaristic, mechanical, and industrial metaphors were multiplying, others were undergoing a slow decline. Sometimes this can be explained in educational terms: with the stamping out of a classical education, including Latin and Greek, metaphors drawn from the classics evaporated. Take the way Jonathan Swift (author of *Gulliver's Travels*) described his gout in 1740. 'I am and have been these two days in so miserable a way, and so cruelly tortured, that can hardly be conceived', he grumbled to his cousin Martha Whiteway, adding that the 'whole last night I was equally struck as if I had been in Phalaris's brazen bull and roared as loud for eight or nine hours'.¹³⁷ It would be rare to hear anyone today refer to bodily agony in terms of the bronze bull, made for Phalaris (the tyrant of Acragas in Sicily), in which he would roast his enemies alive.

Similarly, although it was common throughout the period to refer to pain as torture (as in an 1862 description of 'those horrible rhumatic [*sic*] tortures'),¹³⁸ in periods when torture was a judicial reality, torture-metaphors were not only more common but were also more elaborate. In 1751, for example, the author of 'An Inhabitant of Bath' repeatedly described the pains of those he treated in terms of 'Torture', 'the Rack', and 'Smarts almost to a Torture, and had like to have turn'd his Brain . . . Rather even to die than live in such Misery'.¹³⁹ In 1756 Thomas Gray described John Chute as having experienced 'the Gout for these five days with such a degree of pain & uneasiness, as he never felt before'. He also reported that, for forty hours, 'it seem'd past all human suffering, & he lay screaming like a Man upon the rack. [T]he torture was so great'.¹⁴⁰ These evocations of torture would have been palpably vivid for sufferers and their witnesses in a period when judicial punishment of that kind was widely practised and publicly viewed.

Metaphors for pain that drew on nature and rural life also declined in the period discussed in this book. Blood that 'roll[ed] along sluggishly or like a Wool pack' (1810),¹⁴¹ and headaches that were sometimes like 'sheet lightning' and other times like 'ordinary forked-lightening character' (1878) were heard of less frequently.¹⁴² The pious Thomas Smyth, for example, drew heavily on nature when describing his aches and pains. For him, pain was feminine: 'she courses in tortuous torture through every limb and fibre of the body, dissolving the pent up and collected clouds of bitterness into showers of flooding tears'. Other times, Smyth observed that 'she is that lightning in its negative

form of quiet dull monotony, or occasional playful flashes, just enough to arouse attention and excite the fancy'.¹⁴³ Similarly, the metaphor of pain resembling 'dogs . . . biting him' (1778)¹⁴⁴ could be heard throughout the period, but less frequently in increasingly urbanized environments where dogs were more likely to be pampered pets than work-dogs or strays. Similarly, pain that 'flickered' like candles or oil lamps was more common when these were the dominant form of lighting. Physician George Rees was alluding to this aspect of pain when, in 1811, he treated a 35-year-old patient called Mrs W. who 'complains of great weakness and internal sinking . . . violent Spasms at times, which almost stop her respiration, and shoot from the pit of the Stomach'. He noted that her symptoms included 'a flickering at the stomach'. After the word 'flickering', however, Rees inserted a footnote noting that the word 'flickering' was 'frequently made use of by the common people'. It was 'a kind of onomatopoeia which is easily understood, [so] I have used it, that the case may be conveyed as far as possible in the language of the patient'.¹⁴⁵ It was a pain-metaphor that would decline with the advent of electric light bulbs that 'shocked', 'sparked', and 'blew' rather than flickered or spluttered.

However, the largest group of metaphors that underwent catastrophic decline was those associated with religion. In the earlier period, pain was much more likely to be characterized as a devil or fiend; it propelled sufferers into hell-fire. For example, in her diary entry on 22 February 1767, Elizabeth Harper described being 'much disordered by the Colick' for the past two days. She reported that

At Sixx [*sic*] this Evening I bowed before God in Prayer, and gave myself up to him. . . . While I was in strong Pain, the Enemy thrust sore at me; But I did not give Place to him for a Moment.¹⁴⁶

Readers were expected to recognize, along with Harper, the importance of surrendering all of one's self to God if the barbs of the devil were to be effectively repelled. In 1816, a hypochondriac felt like he had 'seven devils in my belly'.¹⁴⁷ In 1818, we are told that 'That devil, call'd the Tooth-ache, comes, | Without an invitation'.¹⁴⁸ Gum disease was described as 'a martyrdom' which ended only when 'death put an end to his sufferings'.¹⁴⁹ In 'The Toothache' (1833), the tooth 'continued to ache, ache, ache, as if some fiend were beating and beating upon the nerve with his invisible and tormenting hammer . . . the fiend still beating and beating and beating with unrelenting perseverance'.¹⁵⁰ For a farm labourer in 1878, phantom limb pain (the result of his fingers being torn off by a 'machine at Farmer Robinson's') not only



Figure 3.5 'Introduction of the Gout', coloured lithograph by George Cruikshank, after Captain Hehl, 1818, in the Wellcome Collection, V00108501818. Gout was being inflicted by a demon and was a punishment for drinking excessively and eating too much, including 'foreign' types of food (pineapples). As illustrated in the framed picture, it was an explosive force.

drove him 'mad with an empty belly' but also caused him 'pain like hell-fire where your fingers ought to be'.¹⁵¹ In 1881, *The Sporting Times* even characterized the pain of neuralgia as a 'demon' that a sufferer could 'drive away' by a 'nourishing, plentiful, and wholesome diet' (which it described as including 'plenty of good soups, oysters, rump steaks, &c. washed down with good stout or port wine, *not spirits*').¹⁵²

Interestingly, the decline of religious metaphors also resulted in a reduction in the number of *positive* images of pain. This is discussed in greater detail in the next chapter ('Religion'), but Christians throughout the century held to the belief that a 'life of pain' was 'on the whole the happiest for the soul'.¹⁵³ The most common of these positive images was of bodily agony being an angel or God's watchful guard. In the words of the author of *Cheering Views of Man and Providence* (1832), 'Who can calculate the self-destruction that would ensue, were it not for this vigilant sentinel, this stern commandment stationed in the frail body by Providence?'¹⁵⁴ As another author concluded in 1854, pain was a 'prayer uttered by the nerve for healthy

blood': it was 'placed by our Maker as the beneficent guardian of this mortal fabric, a warning friend more often than an avenging angel'.¹⁵⁵ As the short story entitled 'The Angel' contended a few years later, pain was an angel 'warning you of danger'. It was an angelic reminder that 'imprudence' (in this case, dressing 'too thinly' at night) would 'bring its own punishment'. Pain, this author continued, was

A kind, wise, loving angel . . . ever seeking to save. No enemy, whether of the body or the soul, can approach the citadel of life without a sure warning from this faithful sentinel.¹⁵⁶

Even the notion that pain was *nature's* (as opposed to God's) sentinel—it 'corrects our actions and stands "sentinel to our vices"'¹⁵⁷ or was 'a warning finger held out to arrest our progress towards worst dangers'¹⁵⁸—underwent decline. Pain was less likely to be conceived of as a means to an end, a journey, or a test. No longer portrayed as a passage from this life to the next or as an entity that refines a person in preparation for the next life, pain became something to be fought and eventually conquered.¹⁵⁹ It was no longer a punishment, intended to teach people valuable lessons. As the authors of 'Words of Chronic Pain' correctly observed in 1976, 'few patients used the categories of fear or punishment, suggesting rejection of the legacy of Job'.¹⁶⁰ Indeed, it became unfashionable to suggest that pain might 'check our excesses' since this smacked of blaming the person-in-pain for her own distress.

Group Diversity

As I argued in the last two sections, figurative languages are important in constituting the physiological body. I used the example of the figurative languages of humoral physiology to argue that eighteenth-century bodies-in-pain *felt* different to modern ones. The figurative languages of humoral bodies reveal different ways of being-in-the-world. Environment, too, was highly influential in providing contexts which could be used by analogy to refer to experiences of pain.

Not surprisingly, then, metaphoric usage also varied by groups. Metaphors for pain differed according to personal characteristics (such as gender, ethnicity, and religious affiliation), physical environment, social context, and power relations. We have already seen examples of this earlier: educational status enabled people to draw from a wider range of literary images, for

example. Occupational identities allowed workers to draw figurative tropes from their labours, as in the sailor who—in 1890—described his influenza as feeling like ‘he were going to unship the top of his head’.¹⁶¹ There were also variations by age: for example, pain was described as a ‘hobgoblin’ who ‘lies in wait’ only in the context of children-in-pain.¹⁶² The types of enemy that characterized pain were chosen from specific environments. Thus, Indian cancer sufferers frequently referred to pain as like ‘a scorpion continuously stinging’¹⁶³ or ‘like the sting of a thousand cobras’.¹⁶⁴

Gender was another important variable. For example, men were more likely to use mechanical metaphors while women were much more likely to describe their pains in terms of childbirth. In the words of ‘N’, writing in 1935 about being given ‘exray [sic] treatment’ for tumours, ‘it was like childbirth pains, I lay there one hour in the morning & one hour in the evening, so that was like having two babies each day and all night’.¹⁶⁵ Gendered differences in the kinds of metaphors used by pain sufferers can be illustrated by looking at the figurative languages used by men and women experiencing cancer pain, as documented by Carola Skott in 2002. Although she does not draw attention to such differences, it is notable that female sufferers were adopting figurative languages from the domestic sphere while men employed those from war. In the words of a 45-year-old woman interviewed by Skott,

I visualize it [cancer pain] as something similar to the clean-up you do before Christmas, you are scrubbing really hard and you are going on and on and you may demolish some jar and scrub some paint away from the furniture and you regret that and think that it may have been enough with only some soft dusting.

Another woman described her tumour as ‘like a garlic with lots of roots moving around’. In contrast, Skott spoke to a 30-year-old man for whom cancer was a battle, not housework. He said,

It is rather some foreign stuff around in my body that we will beat and kill. So those soldiers they are sending in now, they will drive it back as far as possible and keep it in place. . . . I mean you have things like war and then you have got the UN—you can see it like the UN.¹⁶⁶

Gender differences are only one area where diversity can be identified. A considerable amount of research identifies metaphoric variations by ethnicity and religion. Immigrants brought their own pain-metaphors to new settings. For example, one researchers found that Hmong immigrants in St Paul,

Minnesota, were much more likely to use agricultural metaphors to describe their pains rather than the more war-orientated ones of biomedicine.¹⁶⁷

Famously, in the 1940s, Mark Zborowski traced different metaphoric usages among ‘Old Americans’, the Irish, Italians, and Jews in the 1940s. Compared to Italians and Jews, he found that Old Americans and the Irish were ‘inclined more than the others to describe their pain as stabbing and sharp’ and they were also more likely to use comparative illustrations (their pain was ‘like being cut by a knife; like being stabbed with a needle’).¹⁶⁸

In the 1960s, medical sociologist Irving Kenneth Zola made similar observations. He noted significant differences between the way Italian-Americans and Irish-Americans recited their pain. The Irish patients were much more likely to deny that pain was a feature of their illness. This was the case even after Zola controlled for identical disorders. Indeed, when asked directly about pain, the Irish patients ‘hedged their replies’, saying things such as ‘it was more like a throbbing than a pain’ or ‘not really pain, it feels more like sand in my eye’. He concluded that such comments ‘indicated that the patients were reflecting something more than an objective reaction to their physical condition’. In contrast, the Italian patients were more likely to provide lengthy descriptions of their symptoms, and to complain that pain had detrimentally infected other aspects of their lives. They dramatized their afflictions. Zola favourably cited Luigi Barzini, who, in *The Italians* (1965), wrote that Italian immigrants ‘love their own show’. It helped to ‘tame and prettify savage nature, to make life bearable, dignified, significant, and pleasant for others, and themselves. . . . they do it to avenge themselves on unjust fate.’¹⁶⁹ Zola contrasted this with the Irish:

But if the Italian view of life was expressed through its fiestas, for the Irish it is expressed through its fasts. Their life has been depicted as one of long periods of plodding routine followed by episodes of wild adventure, of lengthy postponement of gratification of sex and marriage, interspersed with brief immediate satisfactions like fighting and carousing.

Their illness behaviours were linked to ‘sin and guilt ideology’, or what they must have done to be inflicted with pain.¹⁷⁰

Finally, traditions of metaphoric use changed within medical literature. Even within a limited period of time and within the same textbook, the language of pain became less metaphorical and more scientific. One example is the different editions of William Coulson’s *On the Diseases of the Bladder and Prostate Gland*, first published in 1838 followed by a number of new editions until 1881. Some of the changes were relatively minor,

such as Mrs B's pain being described as 'darting shooting pains' in 1838 but only 'shooting pains' by the sixth edition. Others, however, were much more significant. In the 1852 edition, for example, readers were told that

The jolting of a carriage is insupportable to him. . . . As the evil increased, micturition becomes more and more frequent and distressing; the pain following the act is very severe,—patients writhe with their bodies, and grind their teeth in agony.

However, by 1881, this passage has been significantly toned down. It reads:

The jolting of a carriage increases his symptoms. . . . As the stone increases in size, micturition becomes more frequent and distressing, and the pain or uneasiness at the end of the penis becomes more constant and severe.¹⁷¹

In the earlier edition, the focus is much more on the suffering of the patient, as opposed to the increase of 'symptoms'; the 'evil' becomes 'the stone' and 'the act' of micturition is turned into pain in the penis. The pain itself is even downgraded to 'pain or uneasiness'. Furthermore, patients no longer 'writhe with their bodies, and grind their teeth in agony', but penises simply hurt more.

This is not a unique example: there are other ways in which the later editions are toned down, the language made less evocative and more objective. In earlier editions, acute inflammation of the mucous membrane of the bladder is described as causing 'shooting, throbbing pains' and 'the pain felt in passing a few drops [of urine] is often compared by patients to the passing of molten lead'. By the sixth edition of 1881 there is no mention of 'shooting, throbbing pains' and no molten lead trickles out of penises. Instead, the patient

first experiences some pain . . . this is quickly followed by frequent and irresistible desire to make water. . . . The two symptoms rapidly increase until they acquire a very distressing degree of intensity.¹⁷²

An emphasis on the 'degree of intensity' is hardly up to the task of describing suffering as is the image of molten lead.

Pain undermines mind-body dichotomies: the cry 'It hurts, *here!*' is both an assertion about the localization of pain in the body and a testimony to amorphous suffering. In the last chapter, I suggested a number of reasons why communicating states of pain might pose particular difficulties for sufferers.

In this chapter, I turned to an exploration of the languages that people have seized hold of in order to overcome some of those obstacles. In doing so, I show not only that there is a widely shared language for pain (as an independent identity, a weapon, a fire, an animal, for instance) but that there is also a fluid, imaginative, and very rich figurative rhetoric that people routinely employ to communicate pain-events to themselves as well as to others.

Crucially, these languages have a history. As I argued in the introduction to this book, the relationship between body, language, and cultural interactions is a dynamic, inter-reactive one. Bodies are not pure 'soma' but are constituted by social interactions and linguistic processes. Sensory perceptions are crucial in generating knowledge. Social environments and physiology map themselves strongly in the figurative languages people employ to communicate their pain. Cultural forces impose their own logic upon bodies and pain-narratives. Because metaphors help constitute experience, and are most often used when attempting to convey those experiences most resistant to expression, they provide important clues to unspoken meanings. Indeed, because pain narratives are most often fragmentary, rather than elaborate accounts, the use of metaphors is particularly resonant of experience.

This way of thinking about pain and the way it has been communicated in the past usefully muddies mind-body dualism. Its dynamic structure allows for the possibility of investigating *different* bodies (male, female, pink, brown, black, petite, obese, and so on), and, crucially for my project, it opens a space for exploring the ways in which painful sensations change over time. People's experiences of their bodies are shaped by environmental contexts and cultural processes, including language and dialect, power relations, gender, class and cultural expectations, and the weight and meaning given to religious, scientific, and other knowledges. Bodies are not simply entities awaiting social inscription (as implied in the 'body as text' metaphor) but are active agents in both creating social worlds and, in turn, being created by them. Human experience 'emerges from our bodily being-in-the-world'. People are born into worlds that are not of their own making; they must navigate within this world, and they do so by employing not only the existing metaphorical tools but also the ability to imaginatively create other conceptual domains from bodily experiences. These metaphors don't merely reflect pain but are crucial in constituting it, within interactive social contexts.