**Pain, wellbeing and identity**

**Sarah Goldingay and Paul Dieppe**

*Holistic and Plethoric:*

Pain is a universal problem for humans. All of us experience pain at times. Anyone suffering from pain, especially if it is a long-term condition, knows that it cannot be reduced to disciplinary concerns but is a whole-person experience - one that affects all aspects of a person’s life and the lives of their friends, families and carers. As academics we tend to address pain three separate ways: physical pain, a relatively tangible problem; mental pain and distress, a pressing contemporary issue; and spiritual pain, the least tractable problem, but a very real one. Pain is a plethoric concept: it is, to use W. B. Gallie’s term, “essentially contested”; that is to say, we might broadly agree what it means in general but on closer inspection we would find it difficult to reach a fixed and nuanced definition. This complexity is compounded because pain is not only essentially contested as a cognitive concept; it is also essentially contested as an embodied experience. No two experiences of pain are the same. Mine is not the same as yours. Nor is any one person’s individual experience of two different pain events an exact replica. Pain is a plethoric, holistic experience.

*Making-meaning of a bio-cultural experience.*

We make sense of our pain in different ways: we give it meaning through shifting contextualizing, cultural frameworks (Breznitz 1999; Salomans et al. 2004; Master et al. 2009; Hickey 2010). This process of meaning making also shapes how we respond to the noxious stimulus of pain and how much it effects our lives. We might therefore say that pain is a bio-cultural experience. These experiences are difficult to describe: as Pekala and Cardeña have noted, there is a tendency to use ‘the evocative language of poetry’ to describe an event that is beyond the cognitive, rather than ‘a more analytic, denotative language’ (Cardeña and Pekala 2000: 53). This means that the Humanities are well placed to deal with the difficulty of understanding pain; one can point to landmark works such as Scarry’s *The Body in Pain* (1985) and J. Butler’s *Bodies That Matter* (Butler 1993), which engage with pain as a complex, temporally situated and culturally articulated embodied phenomenon. However, in this broad engagement, in particular the symbolic dimensions of pain, some key details have been overlooked – both the quotidian reality of pain and the distinction between different sorts of pain: for biomedicine, pain tends to be acute or chronic. This is an oversimplification – as has already been noted the experience of pain is simultaneously emotional, spiritual and cultural, as well as somatic. However, this reduction is worth sustaining as a springboard to wider thinking.

*The-pain-that-does-not-go-away:*

In simple terms acute pain goes away, chronic pain does not. It is usually defined as pain that lasts three or more months (Merskey and Bogduk 1994). It is common, and its impact and expression depend on socio-cultural conditions (Scarry 1985; Morris 1993; Bendelow and Williams 1995). Chronic pain is not just about the body, it encompasses a complex set of experiences and behaviours that affect all aspects of a person’s life (Breivik et al. 2006). In our current culture people turn to the medical profession to seek answers and help, but they are often let down: good pain relief cannot be achieved for many, and understanding is rarely obtained (Thorstensson et al. 2009; Mann and Gooberman-Hill 2011). Therefore many people have to ‘live’ with it. It shapes who they are, and yet the question of pain-that-does-not-go-away has been the subject of little humanities scrutiny. As Morris notes, Scarry in her ‘admirable book’,

has very little to say about recent medical research into pain, about the crucial distinction between acute and chronic pain. […] people in pain today owe no small amount of their torment to the lack of cultural understanding that combines the insights of numerous fields. (Morris 1993: 5)

This lack of cultural understanding pivots on a simple point. In a culture dominated by a particular model of western biomedicine, developed around acute care, there is an expectation that our lives will be pain free. And this model is supported by our experience of acute pain. We feel it. It is treated. It goes away. However, chronic pain persists. Those who experience it cannot make sense of it in these terms, and this is, in part, the ‘torment’ to which Morris refers.

*Mind-body-spirit-emotions:*

Epidemiological data indicates that pain is increasing in modern societies, in part because current biomedicine has not found answers. ‘Pain killers’ may provide some temporary help with physical pain, but they do not ‘kill’ it. Anti-depressants may help some people with mental distress a little bit, but they do not ‘cure’ the problem. Current evidence also suggests that the majority of the benefit that we get from our pain killing or anti-depressant tablets is attributable to the so-called ‘placebo effect’ – in other words most of the benefit is to do with the non-specific ‘context effects’ of being given the tablets rather than the active ingredients within them. And in our secular society there is a paucity of avenues for those of us in spiritual pain. Chronic pain, of any type, also questions our very being, it challenges our identity, our stories of ourselves, and who we are and why we are pursuing our goals in life.

*HASS Theme*

The HASS sub-theme of pain wellbeing and identity, within the identities and beliefs theme, is about exploring chronic pain of all types, how it disrupts identities, and how different people in different contexts and cultures deal with chronic pain. It is about wellbeing which we characterise as being able to transcend pain and flourish in spite of it. Unusually it addresses spiritual pain as well as mental and physical pain, and the complex interrelationships between the three concepts. It is also considering spiritual solutions as well as the more traditional biomedical or mental health related approaches to pain. Thus we are exploring how religious beliefs and practices impact on pain and its control, an example being our work on the value of religious pilgrimages for those of us who are healthy and free of pain, as well as those of us experiencing chronic pain.

The theme is being developed in collaboration with the Health and Wellbeing network in the University of Exeter. Interdisciplinarity is the key to our approach, which involves scholars from medicine, psychology, the humanities, and creative artists, and is linked to experts in the media who can hopefully help us in the dissemination of our scholarship and empirical work.