

Pain and Its Transformations

A Discussion

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In this last section of the day I should be glad to tell you something about a recent book I have co-edited on pain,¹ its relationship to my earlier, feminist, work on the body,² and the nature of this new book's intended interdisciplinary and inter-religious undertaking.

However, I should also like to frame this introduction to the volume on pain with some brief, suggestive remarks about practical (or 'pastoral') theology, its relation to systematic theology, and its potential for a richer – and more intellectually demanding – engagement with other disciplines, especially with medical science, than is commonly presumed possible.

The book *Pain and Its Transformations* in fact arose from an interdisciplinary conversation started at Harvard after my year's internship as a trainee chaplain in a Boston hospital when I was being formed for the priesthood (i.e., during my diaconal year). That year changed me immeasurably, both spiritually and theologically: I was serving on a cancer ward, and also on a very desperate ward for elderly Alzheimer's patients with violent 'atypical psychosis'. However, for all the richness of the year in the hospital, I experienced a great deal of frustration at the lack of interaction between doctors and nurses, on the one hand, and chaplains on the other; and I was also greatly disappointed by the lack of connections made to systematic theology by the senior chaplains who were teaching us ordinands pastoral care in the hospital. The overall assumption seemed to be that chaplaincy work in general, and 'pastoral' (or 'practical') theology in particular, were not arenas for the operation of the mind or intellect so much as realms of the *affect*. Consequently it was unsurprising that medical personnel saw their own technical, clinical ex-

pertise as having little to do with the undertakings of the chaplains. 'Religion', in general, was demoted in the hospital (even, oddly in the Catholic hospital in which I was serving) to the realm of personal, private 'preference' – an inner arena with little obvious implications for clinical outcomes. And this presumption seemed to be both undergirded, and intensified, by the American myth of the separation of church and state.³

Now I would not deny for a moment that all chaplaincy work requires great spiritual sensitivity and 'affective' maturity: in this way, practical/pastoral work is if anything *more* demanding than academic theology in the university. But at its best, I should like to suggest, pastoral theology should be a creative extension of systematic theology, not its anti-intellectual step-sister; and if this is to be so, and the links between the realms rightly operating, then sophisticated interdisciplinary connections should also be possible between theology, medical science, and other cognate disciplines (such as anthropology, sociology, psychology, musicology, and 'religious studies'). These disciplines, in turn, can not only enrich the task of theology itself, but actually change approaches to clinical practice and medical research as well.

Such, at any rate, was my ambitious hope when I returned from my year of intensive pastoral training and embarked on a 2-year interdisciplinary seminar at Harvard on 'Pain and Its Transformations', co-chaired with the Harvard medical anthropologist and psychiatrist Arthur Kleinman. The seminar led to a very exciting capstone conference, of which the *Pain* book is the immediate outcome. It also led to the first course developed at Harvard involving equal numbers of Divinity students (many of them destined for hospital chaplaincy or the parish) and

¹ Eds. Sarah Coakley and Kay Kaufman Shelemay, *Pain and Its Transformations: The Interface of Biology and Culture* (Cambridge, MA, Harvard University Press, 2007).

² Ed. Sarah Coakley, *Religion and the Body* (Cambridge, Cambridge University Press, 1997).

³ I say 'myth', because – as anyone who lives in the United States knows – the 'separation' is regularly abrogated by, e.g., politicians who bless their constituents or use explicitly theological language in their speeches.

of Medical students (destined for careers in medical practice and research). In that course ('Medicine and Religion') Arthur Kleinman and I put into action many of the insights and new research agendas of the book itself. The book, then, is designed to be used *both* as a teaching volume (especially for classes in which medical personnel might be brought into contact with students of theology and religious studies), *and* as a set of proposals for future research on pain. Further, my own hope (though this matter is not very actively discussed in the book itself) is that this model of interdisciplinarity may go on to serve as a catalyst for rethinking the relation of systematic theology, 'pastoral theology', and the other disciplines represented in the book. Such interconnections, I believe, can be mutually transforming for all involved. The processes involved in such interconnections can be followed in the book itself, since in it we have 'captured' and transcribed some of the richest conversations from the conference in which creative new ideas came forward between exponents of different disciplines.

Pain and Its Transformations: The Core Contents

So much by way of background about how this book came to be produced. Let me now sketch something of its contents, albeit rather briefly and selectively. I shall then end with some very brief suggestions for how its lessons might impact both medical practice in the hospital and pastoral, ministerial practice in the area of 'spiritual healing'.

I shall list here five distinctive dimensions of this volume which may be of special interest to the members of this symposium, leaving it to my respondent Jayne Svenungsson to pick up on whichever of these may be of most concern to her in her response.

i. *The Malleable Body*. As mentioned already, I came to the *Pain* project from my earlier inter-religious and feminist work on the body, *Religion and the Body*, in which I had argued (in the 'Introduction' to that volume) that the post-modern body, far from being an extra-cultural datum – the one physically-given and unambi-

guous item that we all have in common, as some may suppose – is, in contrast, a fluid, malleable and mysterious entity, subject to our continuous imaginative re-workings and narrative re-descriptions. Thus it makes all the difference in the world (literally) whether I think of the human body as a mere slab of mortal flesh that 'I' must somehow seek to control, master, and keep jogging on as long as possible in order to defy death; or whether, in contrast, I think of bodiliness as the site of a progressive religious transformation with a glorious eschatological goal in mind. The human body, then, with all its joys and failures, is the arena of significant metaphysical decisions; and these decisions are open to (sometimes dramatic) change when inflected with religious meaning.

ii. *Neuroscience and Hermeneutics*. Moving from here, what the *Pain* volume explores centrally is some remarkable discussions in the recent neuroscientific investigation of pain which chime consonantly with the hermeneutics of the body that my earlier volume had stressed. For what we now understand scientifically (and the California-based systems neuroscientist Howard Fields is the exponent of this research in the *Pain* volume) is that the way we *interpret* pain is an absolutely crucial component of any pain that we may have. Work with fMRI imaging can demonstrate that the neural circuitry bearing messages to the brain from the site of actual physical injury or pathology are quite distinct from the circuits contributing other messages relating to the *interpretation* of that pain; and the 'pain event', as such, is of course an inextricable combination of these from the point of view of the sufferer. Experiments by Bayer, Baer and Early (reported in *Pain* 1991) already found that quite significant pain could be educed in volunteer subjects by mere expectation or fear; and – *mutatis mutandis* – there is strong reason to believe that some pain can be significantly moderated, even effectively obliterated, by reinterpretation or spiritual transformations of various sorts. Much of the *Pain* book is therefore taken up with examining how different religious traditions have responded to questions of pain, and how their various different metaphysical presumptions about pain can and do transform it experientially. There is also the accompanying

issue of how rituals and musical forms of expression (formal lament, etc.) might be equally powerful, or precisely be the bearers of such re-interpretation.

iii. *Pain and Spiritual Practice*. A special interest is evidenced in the book in forms of spiritual practice which may assist in coping with pain, relating differently to it, or even rendering one oblivious to it in some circumstances. But the various essayists who explore these dimensions (I do so, in my own essay on the 16th-century Carmelites on pain, and so does Luis Gomez, in his piece on pain and Buddhist practices of meditation) are keen to underscore that religious practices should not be read as only being interested in *stopping* pain, or alleviating its impact. Here I take – respectful but critical – issue with Herbert Benson of the Mind/Body Institute in Boston, who has successfully utilized ‘meditation’ for pain relief *qua* ‘relaxation response’, as he calls it. I point out that, in contrast to the immediate presumptions and goals of Benson’s approach, for ramified religious theories of spiritual transformation (such as the Carmelites’), pain is often seen as an unavoidable *means* of such transformation, though never sought as an end in itself. However, pain does – on such a view – inexorably come to those who persevere in practices of meditation and contemplation, and perceive themselves as joining some sort of cosmic battle of spiritual efficacy and significance.

iv. *Pain as Trans-Individual*. This point in fact brings us to the fourth central theme of the book: its exposition of the capacity of pain to be transferred by forms of trans-individual, or corporate, or substitutionary, ways of bearing it. This tends to be an aspect of pain that seems initially fantastical to the secular medical mind; but once the inextricability of physical and ‘interpretative’ (or spiritual) pain is recognized, it can no longer be ruled out as impossible. Indeed this facet of pain is – by contrast to the scepticism of the medical establishment – almost obvious to those religious traditions which utilize religious rituals for the purgation of memory, the transformation of grief, and the setting of irreducible pain in a wider metaphysical frame of meaning. The contributors to our book who concentrate on these aspects of pain are for the most part social

anthropologists and psychiatrists who have witnessed the efficacy of forms of ritual in the overcoming of negative effects from social traumas.

v. *Pain, Philosophy and the ‘Somato-moral’*. Finally, the book considers from a variety of angles what ethical and philosophical lessons follow from the neuroscientific and hermeneutical approaches to pain discussed in it. It is here argued that there can be no pain event which does not have implicit ethical consequences. Indeed, *without* pain, our actions would be dangerously divorced from reflections on their consequences; whereas *with* pain, we are forced to deeper reflection about human empathy and care, on the one hand, and the problems of religious ‘theodicy’, on the other.

I have now said enough, I think, to indicate to you something of the interests and novelties of the *Pain* book. The central ‘take-home’ message of the neuroscientific and clinical research found in it is that *there is no such thing as imagined pain*. Anyone ‘presenting’ clinically with pain – physical, psychic, or some combination – *is* in pain. But by the same token, and somewhat paradoxically, there is no pain *except* ‘imagined’ pain. By this I do not mean that pain is not real; but rather that there is always already interpretation of any pain event, which vitally affects its felt human impact.

It follows, therefore, as the ‘Conclusions’ of the book outline, that the individualized, medicalized approach to pain in the modern hospital is greatly in need of hermeneutical complexification; and that the approach to ‘pastoral training’ in the hospital in which doctors, nurses and chaplains operate in entirely separate realms (with nurses and chaplains assumed to be merely adjunct subsidiaries to the doctors), is a model clearly brought into severe critical question by the latest pain research itself. An implicitly feminist analysis here can easily show that that which has been occluded, or subordinated, or ‘privatized’, in the field of modern medicine may well now hold the key to significant new possibilities in medical research.

Finally, and by way of conclusion, it follows that any theological approach to so-called ‘spiritual healing’ in the contemporary sphere must take fresh account of the significance of the realm of the *hermeneutics* of bodily pain, as our

Pain volume has been all along concerned to underscore. Indeed, the final volume in the trilogy which I began with *Religion and the Body* and continued with *Pain and Its Transformations* will be devoted precisely to the topic of spiritual healing, and to the role of interpretation within it. Only within the context of a sensitive account of the possibilities of hermeneutical transformation of some sort is any such healing comprehensible scientifically. I hope in this third, and last, volume to show how powerful is the predisposition to healing in an interpretative context of physical safety and psychical or spiritual support.⁴

⁴ Ed. Sarah Coakley, *Spiritual Healing: Science, Meaning and Discernment* (Grand Rapids, Eerdmans, forthcoming)