these authors demonstrate an expanding history of chronic disease ranging from the growing visibility of aging bones to the mobilizing power of the concept of chronic disease. As they make clear, chronic disease as a historical construct centers attention on policy discussions and medical research, while generating many new questions on the dynamics of gender, age, and disability in chronic disease. These fine books illustrate the disparate yet powerful components of chronic disease for understanding medical practices and policies in the twentieth and twenty-first centuries.

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Joanna Bourke. *The Story of Pain*. Oxford, UK, Oxford University Press, 2014. x, 396 pp., illus. \$34.95.

Keith Wailoo. *Pain: A Political History*. Baltimore, MD, Johns Hopkins University Press, 2014. 284 pp., illus. \$29.95.

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The history of the senses is flourishing these days, as recent attention in both the *American Historical Review* and the *Journal of American History* (among other forums) can attest.¹ Historians of medicine have received a new invitation to the conversation with two excellent and thought-provoking books on the history of pain: Joanna Bourke's *The Story of Pain: From Prayer to Painkillers* and Keith Wailoo's *Pain: A Political History*. These very different books both persuasively argue that pain, like other sensory experiences, is profoundly shaped by culture and is a site of political struggle. It has, therefore, clearly and consequentially changed over time—in other words, pain has a history.

In pursuit of that history, both Bourke and Wailoo bring the creative and unexpected tools that have enlivened scholarship on the senses. Bourke does so by looking deeply and philosophically into the experience of pain itself, breaking it into comprehensible elements that she then tracks across the past few centuries of Anglo-American culture. Wailoo's approach is nearly the opposite: he argues that the cultural power of pain in postwar United States has been only tangentially connected to the actual experiences of people in pain and only partially influenced by the ideas of

1 *JAH*, September 2008, "The Senses in American History: A Roundtable"; *AHR*, April 2011, "The Senses in History."

physicians and medical experts. Instead, pain and medical ideas about pain have served as cultural resources in postwar battles between liberals and conservatives.

Bourke begins with a lucid and careful explanation of how it is possible to read pain culturally without disrespecting people's experience of it as all too real. Pain, she argues, occurs when an experience is "identified as such by the person claiming that kind of consciousness [of pain]" (5). Since it requires recognition, pain is a process—a "type of event," not a thing. It is "the *way* we experience something not *what* is experienced" (7). Ultimately, she writes, "we invent, rather than discover, pain" (12). For Bourke—contra Elaine Scarry's influential *The Body In Pain* (1987)—the experience of pain is profoundly shaped by culture, which provides the narratives through which we interpret and give meaning to our sensations, and through which, crucially, we share our experiences with others (here Bourke raises Wittgenstein's argument that "words for feeling states like pain must be inter-subjective and able, therefore, to be learned," so that pain can "never be wholly private" [6]). In a second theoretical chapter on "Estrangement" likewise designed to counter Scarry's essentialist arguments about pain, Bourke acknowledges that pain presents a variety of obstacles to communication and connection but argues that it is nonetheless fundamentally sociable, productive of urgent communications and communities that recursively shape the experience itself.

After having established ground rules for understanding "pain-events," Bourke examines how they have changed over the last three centuries or so in Anglo-American culture. She looks at the metaphors that have been used to identify and communicate pain, at religious narratives that infused pain with moral and metaphysical significance, at physicians' efforts to diagnose illness with the help (or hindrance) of patients' verbal and nonverbal expressions of pain, at cultural efforts to divide people by their supposed differential sensitivity to pain, at physicians' efforts to grapple with the centrality of other peoples' pain in their professional lives, and finally, at debates over who is deserving of what kinds of pain relief.

Bourke's approach initially yields relatively simple stories about change over time. Metaphors of war, trains, and electricity emerged, for example, slowly eclipsing metaphors of devilry and purposeful nature. But each time she circles back over the time period tracking different aspects of pain, she adds rewarding layers of complexity and nuance. So, for example, chapters on "Diagnosis" and "Gesture" introduce conflict and uncertainty by exploring the efforts of pain authorities (doctors) to interpret pain sufferers (patients), at first relying on and then becoming suspicious of their verbal and nonverbal claims. Two of the most important chapters feature experts dividing humanity into categories based on their "Sentience" and "Sensitivity" to pain, with the results both reflecting and reinforcing existing hierarchies of race, nation, class, and gender (logic did not get in the way of the "right" results: African Americans were deemed inferior because their supposed insensitivity to pain marked them as less sentient, for example, while Jews were marked as weak because of their supposedly "feeble" resistance to pain [196]). Beyond their obvious cultural work, such distinctions also had practical consequences for the provision of pain relief once it became available, as the book's last chapter shows.

Bourke's fascinating chapter on "Sympathy" looks at how physicians have responded to longstanding accusations of being hard-hearted and unsympathetic in

the face of suffering. At first, she argues, they styled themselves as “men of sympathy” marked by a class-bound caring for their elite patients; later, they positioned themselves as “men of science” whose empathetic detachment made true (i.e. effective) sympathy possible. Throughout, Bourke notes, they tended gender boundaries by defining their sympathy as a masculine, proactive affair very different from women’s supposedly mawkish sentimentality.

This bare-bones sketch does little justice to what is perhaps the most compelling element of Bourke’s book: the almost impossibly rich, vivid, and evocative expressions of and about pain, from various locations, perspectives, and time periods, which fill virtually every page, analyzed with a light but deft touch.

This very richness of source material can be disconcerting or even overwhelming at times. Especially, in early chapters, the narrative careens freely from decade to decade, from century to century, from America to Britain, and from famous physicians to poets to unnamed patients, all in the service of establishing that a certain cultural formation was prominent or common. This inadvertently suggests a static or homogenous view of culture, where everyone, no matter who they were, shared basic ideas about pain. Over time, however, the picture becomes at once clearer and more complex: Bourke isn’t writing about everyone; she is writing about Anglo-American doctors, their patients, and those who could easily imagine themselves as their patients (including clerics, artists, and other cultural figures). Somewhat obscured by the ambitious goal of telling “the story of pain,” this more particular story is one very well worth telling and, as it comes into sharper focus, enables some of the book’s most potent political arguments.

Those political arguments are the heart of the story for Wailoo, who does not investigate the experience of pain, or of treating pain, at all. Instead he tracks how politicians and policymakers marshaled stories about pain to support their ideological goals. People in pain, and the physicians who cared for them, did not dictate the terms of these public debates, even though they regularly provided useful justifications for already existing policy preferences.

Wailoo begins with the large wave of injured veterans after World War II who, he argues, raised the visibility and political salience of debates about pain. Were people in pain deserving of help, perhaps, as liberals desired, by expanding Social Security? Or did people who complained of pain actually suffer from the psychiatric malady of “malinger,” as conservatives (and many physicians, fearful of a slippery slope to “socialized medicine”) believed? In part because of a conservative split—Veterans of Foreign Wars supported the liberal approach—a reluctant President Eisenhower agreed to a new Social Security disability program, not just for veterans, but for all Americans. In the next decade, Wailoo argues, liberals built on this victory with a broader case for expanding the welfare state. Their agenda was helped by a new “gate control” theory propounded by pioneering pain specialist, Dr. John Bonica, which characterized pain not as a simple physical phenomenon but a complex psychological and cultural process. Under this theory, claims of pain without a clear physical basis were legitimate forms of disability, legitimizing what we might call an era of bold, persistent experimentation into the provision of entitled relief.

Not everyone was comfortable with this rapid expansion of state responsibility, of course, and Wailoo turns next to a backlash in the 1970s. To support their cause, critics pointed to a third medical theory, “learned helplessness,” promoted by Bonica’s colleague Dr. Stephen Brener. According to its advocates, “learned helplessness” occurred when well-intentioned care produced or increased dependency. When elected in 1980, Ronald Reagan skillfully deployed this narrative to revive and update long-dormant ideas of malingering, which in turn justified his aggressive purging of Social Security’s disability rolls. In doing so, Wailoo argues, Reagan may have stepped ahead of the public’s admittedly shifting values; his actions provoked heartfelt pushback from liberals, a series of high-stakes legal battles, and ultimately, an unsettled and often arbitrary compromise that reaffirmed pain as disability while imposing new limits on claims to state relief.

Setbacks in the culture war over pain prodded conservatives to new and sometimes unexpected strategies. To earn their share of the political rewards of public compassion, for example, they enthusiastically embraced yet another medical theory, this time (questionable) claims of fetal pain. And when Dr. Jack Kevorkian roiled debates by forcing discussion of physician-assisted suicide, conservatives uncharacteristically pushed for stronger federal controls to limit states’ efforts to liberalize palliative care.

In the book’s last chapter, Wailoo traces how the liberal push for pain relief met with a conservative push for market innovations at the turn of the twenty-first century. Conservatives agreed that pain deserved relief without cruel scrutiny, while liberals agreed that the private sector—primarily, the pharmaceutical industry—should be the main source of that relief. The result was a deregulated pharmaceutical market that could, for the first time in over a hundred years, produce blockbuster narcotics such as OxyContin. The new system suffered from the standard problems of neoliberal markets: boom-bust cycles with drugs such as Oraflex, Toardol, Naprosyn, Vioxx, and OxyContin; and unequal distribution of benefits, with some receiving too much (e.g. addicted radio talk-show host Rush Limbaugh) and others too little (e.g. racial minorities and women) pain relief.

It is important to note, again, that *Pain* is political history. Its central argument is not about what it was like to be in pain, or to care for people in pain; it does not provide intimate portraits of suffering or delve deeply into scientific debates between pain experts. Wailoo notes, affectingly, that “people in pain have carried two types of burdens—first, the onus of their own pain, and, second, the burden of being props in this political theater” (205). The distance between lived experiences of pain and their political counterparts comes through most clearly in the central role of the court system, where, Wailoo shows, the two repeatedly and consequentially clashed.

The absence of people in pain, and those who loved and cared for them, does have an impact on the book. Unless they fought their way to the Supreme Court, for example, ordinary people have little role to play in the story; the engine of politics is mostly politicians. And, perhaps wary of adding his voice to the burdensome chorus telling people in pain what their experiences mean, Wailoo does not define pain, or what (if anything) makes it distinctive as a form of suffering. His argument is thus most powerful when public figures are talking about pain specifically, as in

debates over Social Security's disability program; the special significance of pain becomes harder to discern in broader political discussions of hardship, such as Walter Mondale's accusation that the poor are "hurting" (114) after cuts to social programs or Reagan's preferential concern for "the pain of the taxpayer" (127). In the end, though, Wailoo is persuasive in arguing that "what it means to be liberal or conservative became ideologically solidified around the problem of pain" (203). This is an important observation for political historians to think about and to think with, especially for the postwar era and the burgeoning historiography of conservatism.

Pain and *The Story of Pain* both balance a respectful acknowledgement of pain's reality with a focus on its cultural and political salience. Bourke and Wailoo disagree on the relationship between the lived experiences of pain and the cultural formations built around them. Bourke argues that the lived experiences themselves are cultural events; she builds her story outward from people in pain to grand, sweeping narratives of change over time. Wailoo opts not to weigh in on people's lived experiences of pain, instead exploring the changing political utility of stories about pain that emerged not from people in pain but from the opportunistic demands of postwar political ideologies. Both agree, however, that pain has been a powerful way to tell stories about and to categorize people, and to mobilize (or to deny) relief. Their arguments should foster new conversations and connections between historians of medicine, historians of the senses, and historians of politics and culture.

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