

INTRODUCTION: CONSTRUCTIONS OF PHYSICAL PAIN IN EARLY MODERN CULTURE

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What is physical pain? If this seems an obvious question to pose in the introduction to a volume of essays on pain in early modern European culture, it is worth reminding ourselves that medical views of the last four decades have increasingly come to doubt whether it can be adequately answered. ‘Pure’ pain does not seem to exist, both in the sense that what we think of as the singular sensation of pain is in fact a complex of physiological events, and in the sense that the experience of pain is inextricably bound up with our mental response to it. Pain, therefore, confronts us with basic questions about the relation between body and mind, and challenges common-sense dualist assumptions about the nature of physical and mental experience. This also becomes clear from the definition drawn up by the International Association for the Study of Pain (IASP), which describes pain as both a ‘sensory and emotional experience’.¹

It is therefore extremely difficult to offer any meaningful definition of physical pain as an exclusively bodily event. In his 1999 study *Pain: The Science of Suffering* Patrick Wall, best known for his contribution to the influential ‘Gate Control’ theory of pain, writes that ‘all pain includes an affective quality that depends on the circumstances of the injury and on the character of the victim’ and that ‘pain is always accompanied by emotion and meaning’.² Recent discussions on pain have also increasingly come to emphasize that pain is a deeply *cultural* phenomenon;³ the experience of pain is powerfully mediated by cultural and historical context. Studying pain, therefore, is a way of studying the intersections between the physical human body – the product of

¹ “Pain”, “IASP Pain Terminology”, <www.iasp-pain.org>, accessed 10 January 2008.

² Wall P., *Pain: The Science of Suffering* (London: 1999) 21; 38.

³ See for example Melzack R., *The Puzzle of Pain* (Harmondsworth: 1973) and Porter R., “Western Medicine and Pain: Historical Perspectives”, in Hinnells J.R. – Porter R. (eds.), *Religion, Health and Suffering* (London – New York: 1999) 364–381.



Fig. 1. Gerard van Gutschoven, The perception of pain according to Descartes. From René Descartes, *Traité de l'homme* (Paris, Claude Clerselier: 1664) 27.

evolutionary processes – and the cultural body, the human body as it is experienced and perceived by people in specific cultural and historical circumstances.

In proposing these new models of pain, contemporary pain medicine has frequently attacked what it sees as the misguided, modern dualist view of pain as divided into distinctly physical and mental categories. Moreover, it has often traced the origins of this view to the philosophy of René Descartes (1596–1650), whose observations on pain have been an important point of reference in recent medical writings on the subject.⁴ Descartes' reputation for inaugurating a dualist conception of pain seems to rest especially on the famous drawing of the kneeling boy by the fire [Fig. 1] in the *Traité de l'homme* (1664) – first published in

⁴ For a useful discussion of Descartes' role as scapegoat in modern medical pain discourse, see Duncan G., "Mind-Body Dualism and the Biopsychosocial Model of Pain: What Did Descartes Really Say?", *Journal of Medicine and Philosophy* 25,4 (2000) 485–513.

1662, twelve years after Descartes' death, in a Latin translation by the Dutch physician and philosopher Florentius Schuyt (1619–1669). The drawing has been invoked, for example by Patrick Wall in *Pain*, as an illustration of Descartes' reductive view of pain as a purely mechanical bodily event.⁵

It would be inaccurate, however, to see the drawing in the *Traité* as representative of Descartes' understanding of pain.⁶ His more detailed remarks about pain in the *Meditations on First Philosophy* (1641) suggest a more complex and unresolved attitude. Pain, he notes in the Sixth Meditation, confronts us with the fact that we do not just *have* bodies, but that we *are* our bodies:

[T]here is nothing which this nature teaches me more expressly (nor more sensibly) than that I have a body which is adversely affected when I feel pain [...]. Nature also teaches me by these sensations of pain, hunger, thirst, etc., that I am not only lodged in my body as a pilot in a vessel, but that I am very closely united to it, and so to speak so intermingled with it that I seem to compose with it one whole. For if that were not the case, when my body is hurt, I, who am merely a thinking thing, should not feel pain, for I should perceive this wound by the understanding only, just as the sailor perceives by sight when something is damaged in his vessel.⁷

Pain is not seen from a distance – the metaphor of the pilot on his ship suggests that sight is characterised by its lack of direct physical contact with the world – but is felt and experienced from within.

For Descartes, then, the epistemological problem of pain lies partly in the way in which it straddles the mind-body divide. Pain also intensifies the doubts about sense perception that Descartes investigates in the *Meditations*. If vision and touch can convey inaccurate information about the *external* world, pain, for all its physical immediacy and intensity,

⁵ Wall, *Pain* 60. Wall notes that the illustration is highly similar to the diagram in '[j]ust about every high-school biology text [...] where a finger touches a saucepan and is rapidly withdrawn'. He adds that he 'would estimate that we spend a few seconds in an entire lifetime successfully withdrawing from a threatening stimulus' (60–61). For a similar view on Descartes, see Wall P. – Melzack R., "Pain Mechanisms: A New Theory", *Science* 150 (1965) 971.

⁶ See also Morris D.B., "The Challenges of Pain and Suffering", in Jensen T.S. – Wilson P.R. (eds.), *Clinical Pain Management: Chronic Pain* (London: 2003) 3–15. Morris notes that 'as the best-known proponent of mind-body dualism, Descartes has erroneously been identified as the precursor or progenitor of any theory that separates body from mind' (4).

⁷ René Descartes, "Meditations on First Philosophy", in Haldane E.S. – Ross G.R.T. (trls. & eds.), *Descartes: Key Philosophical Writings* (Hertfordshire: 1997) 183.

can mislead the mind about what goes on *inside* the body, as becomes clear, Descartes argues, from the phenomenon of phantom pain. Pain therefore leads him to question the mind's ability to separate itself from the unreliable physical senses. He attempts to solve this problem in part by positing a form of divine epistemological benevolence: physical objects must exist (if not perhaps in the exact same form in which they present themselves to our perception), since God would be a deceiver if he misled us into believing that sense perceptions have their origin in physical objects, without also giving us the ability to correct these false conclusions. This is also why pain does provide information about the external world; the pain we feel when we approach a fire too closely signals 'that there is something in it, whatever it may be, which excites in me these sensations of heat or of pain' (185). The source of nociception does exist, even if our pain perception does not represent the essence of that source accurately, and pain therefore functions adequately as a warning system. On a more general level, Descartes concludes that sense perceptions are reliable enough for day-to-day living, but that they do not provide any genuinely intellectual understanding of the world around us in its cognitive essence.

That pain should play such a central role in one of the key early modern reflections on the mind-body question, and that Descartes has so often been referred to, and frequently misread, in recent medical reflections on pain, suggests that it is worth investigating early modern attitudes towards physical pain more thoroughly, and in a wider range of historical sources. If modern medical theories hold that the experience of pain is mediated by psychology and by cultural belief systems, and that there is therefore also a *history of pain*,⁸ this volume aims to show that the early modern period is a particularly relevant and fascinating chapter in this history, as well as to investigate how the early modern era can serve as a kind of testing ground for modern anti-dualist views of pain.

We have seen that it is the sheer physicality of pain that troubles Descartes, and it is partly in this respect that the *Meditations* can serve as a useful entry point into early modern perceptions of pain. If pain

⁸ For an example of such a history, see Roseline Rey's *The History of Pain*, trl. L.E. Wallace (Cambridge MA: 1995). Rey's chapters on the medieval and early modern periods are brief and tentative.

is partly cultural, the cultural meanings of pain in early modernity revolved to a significant extent around the *physicality* of pain. Early modern perceptions of pain are often characterized precisely by a lack of interest in what we would now see as the psychological aspects of pain, and by an attempt to locate the meaning of pain first and foremost in its overwhelmingly bodily nature. This is also the reason why the essays in this volume take physical pain as their starting point, rather than what we might now classify as mental or emotional pain: it is part of the argument of this volume that early modern discourses of pain centred around its somatic dimensions. Even evocations of physical pain that we would now tend to see as metaphorical, for example in descriptions of emotional pain, would have struck many early moderns as literal. For example, as Michael Schoenfeldt notes in the opening essay, early modern physiology sees grief as having a ‘palpable, material presence in the body’. ‘Flesh’, he writes, ‘is not a realm completely separate from the soul, but is a name for the thickening and coagulation of emotion around the intense sensations of pain and grief’. Early modern culture construes intense emotions as inherently physical; their physicality even serves as an index of their intensity. Paradoxically, then, it is precisely through the importance of the body in early modern notions of pain that the cultural dimensions of pain become clear.

In this respect, early modern conceptualizations of pain at once confirm and question modern anti-dualist views. On the one hand, they show that bodily experiences cry out for meaning: far from representing some form of mute, pre-linguistic meaninglessness (as dualist understandings of pain imply), the physicality of pain can in fact encourage the production of meaning. On the other hand, modern reconceptualizations of pain seem to show a degree of distrust of the physicality of pain, as if acknowledging the broader psychological and cultural resonance of pain somehow requires a downplaying of its somatic aspects. On the closing pages of his seminal study *The Culture of Pain*, for example, David Morris writes that ‘we must begin to proliferate the meanings of pain in order that we do not reduce human suffering to the dimensions of a *mere physical problem* for which, if we could only find the right pill, there is always a medical solution’.⁹ In a similar vein, Lucy Bending opens her study of pain in nineteenth-century English

⁹ Morris D.B., *The Culture of Pain*, (Berkeley – Los Angeles: 1991) 289–290, italics added.

culture by observing that ‘pain is not a brute given with a single, universally accepted meaning. Instead, those who suffer refer their physical discomfort to external systems of value’. She adds that her book ‘is concerned not with the idea of pain as an ultimate sensation, but with arguments over the meaning and interpretation of pain’.¹⁰ Both scholars seem to imply that investigating the meaning of pain implies a moving away from pain as sensation, that the meaning of pain is effectively located *outside* sensation; the adjective ‘physical’ is preceded by ‘merely’. There seems to be, therefore, a subtle residual dualism at work in their analysis. Early modern perceptions of pain frequently work in precisely the opposite direction: they invoke the physicality of pain to invest other, non-bodily categories of experience with the authority and palpable reality of bodily sensation. The phrase ‘constructions of physical pain’ in the title of this volume, therefore, refers both to early modern interpretations of the *experience* of pain – as it presented itself for instance during illness – and to the ways in which early moderns employed the idea of physical suffering as a *rhetorical tool* in debates over other issues, for example the nature of religious experience.

The idea that the physicality of pain endowed it with a unique reality, and with a kind of rhetorical power that could be transferred to other areas of experience is effectively illustrated in Anita Traninger’s essay on the role of pain in early modern education, especially in the teaching of Latin. Pain was seen by early modern educators as a helpmeet in learning and memorizing since it linked the ‘weak stimulus’ of the matter to be memorized to ‘the intensity of physical experience’. Moreover, the beatings that were habitual in early modern education constituted a sustained *rite de passage*, an initiation into adult manhood. Drawing on Judith Butler’s notions of gender and performativity, Traninger argues that in early modern education, daily beatings were an instrument in ‘the fabrication of male identity’; pain served to root the elusive and contingent concept of masculinity in the concrete reality of bodily pain.

In spite of our emphasis on the physical, early modern medical culture plays a relatively modest role of in the various essays in this volume. If early moderns were preoccupied by the physicality of pain, it is striking that early modern medicine had a limited conceptual interest

¹⁰ Bending L., *The Representation of Bodily Pain in Late Nineteenth-Century English Culture* (Oxford: 2000) 1.

in pain – a point also made in this volume by Michael Schoenfeldt and Mary Ann Lund. Galenic theory, certainly in its medieval and early modern incarnations, understood pain mainly as a symptom of humoral imbalance, like all bodily ailments.¹¹ Unlike modern medicine, with its detailed models of nociception, Galenism did not see pain as a distinct medical phenomenon with its own specific mechanisms and logic. A characteristic example is Gualterus Bruele's *Praxis medicinae* (1632), a medical manual that contains chapters on headaches, pain in the eyes, and gout. Bruele puts these pains under the larger rubric of “inward Diseases from the Head to the Foote”, and he invariably locates their causes in humoral imbalance, to be redressed by an expulsion of excess matter, for example. He defines headache as

a painfull grieve of the head, by reason of some dangerous and sad change thereof. This name is given to it, eyther in regard of the effect it worketh, as also in regard of the part affected. And it so happens, that the head is more tormented with paine then any other parte of the body: which is partly caused by the location of the head; for sharpe va[pou]rs, and swelling humours ascending from the lower Parts, doe assault the head, partly because the braine is of a cold and moyst temperature, superfluity of excrements are therein generated, which if they increase and be not avoyded by the expulsive faculty in their due season, are wont to disturbe the head with aches.¹²

The pains of gout, Bruele writes, are similarly caused by a humoral ‘flux, which winds it selfe betweene the ligaments, filmes and tendones of the joynts’ (380), while the ‘loading [i.e. oppressive] paine’ (127) that accompanies an ‘Inflammation of the Eyes’ (126) has its roots in a ‘fulness & great store of bloud, wherewith the membrane growing close unto the eye, is filled and stretched’ (127).

In addition to explaining pain in terms common to all diseases, such descriptions enhanced what might be termed the mysteriousness of pain, the sense that pain is an invisible process that goes on in the inner recesses of the body. While Galenic medicine did maintain that the accumulation of humours in particular body parts could cause pain

¹¹ In this respect, early modern medical notions of pain form an apt illustration of Mary Lindemann's remark that ‘specific diseases or disease entities as we normally speak of them (e.g., influenza, plague, AIDS) did not exist’ (Lindemann M., *Medicine and Society in Early Modern Europe* [Cambridge: 1999] 9–10).

¹² Gualterus Bruele, *Praxis medicinae, or, the physicians practice wherein are contained inward diseases from the head to the foote: explaining the nature of each disease, with the part affected* (London, John Norton: 1632) 1–2.

(and Bruele's *Praxis medicinae* is an example), it had no detailed model of humoral flow, or of the process of humoral corruption often evoked in early modern medical textbooks. Rather, it pictured the humours as coursing through the body in a disorganized, unpredictable manner, sometimes through locatable channels such as veins, arteries and nerves, sometimes in an unspecified process of diffusion. As Andrew Wear notes, 'although the humours could be seen (with the possible exception of black bile), what happened to them in the body was a matter of inference'.¹³ In Bruele's account of headache, humours 'ascend' from the bowels to the brain in the form of 'sharpe vapours'; the clergyman Ralph Josselin wrote in his diary, in 1648, that his body, in its entirety, was 'full of cold waterish humours'.¹⁴

If humoral theory thought of the interior of the body as a mass of interconnected, permeable cavities and vessels, it likewise saw pain as a nameless, free-floating force inside the body. It is revealing that Andrew Wear's extensive *Knowledge and Practice in English Medicine, 1550–1680* devotes only a few pages to pain, mostly in connection to surgery rather than learned medicine, and it is worth noting that learned physicians often saw surgery as separate from, and indeed inferior to, their own profession. Inflicting pain was, of course, an unavoidable part of surgery, and as a result pain was, according to Wear, 'deeply integrated into the thinking and practice of surgeons'.¹⁵ Surgery manuals emphasized the need of minimizing pain through proper surgical skill and by post-operation treatment, for example certain methods of bandaging and stitching. Yet, like theoretical medicine, surgery offered little in the way of an analytical perspective on pain beyond the immediate practicalities of pain management. We might add that early modern medicine also had a limited ability to mitigate pain (although some of the pain-killers it prescribed are likely to have had at least some effect), while in its emphasis on the importance of regimen, it focused as much on prevention of illness as on treatment.¹⁶

¹³ Wear A., *Knowledge and Practice in English Medicine, 1550–1680* (Cambridge: 2000) 135.

¹⁴ Bruele, *Praxis medicinae* 34. See also Wear, *Knowledge and Practice* 135, n. 66. Ralph Josselin, *The Diary of Ralph Josselin 1616–1683*, ed. Macfarlane A. (Oxford: 1976) 149, quoted in Wear, *Knowledge and Practice* 136.

¹⁵ Wear, *Knowledge and Practice* 248.

¹⁶ See also Lindemann M., *Medicine and Society in Early Modern Europe* 10.

It seems, then, that in early modern society, the cultural work of interpreting pain was done to a large extent *outside* the realm of medicine. In this respect, early modernity offers an enactment of modern theories of pain. Early moderns would hardly have had to be reminded that, as David Morris notes, '[m]edicine alone cannot possibly resolve all the questions raised by pain', or to be encouraged to interpret pain from non-medical perspectives. In this sense, moreover, early modernity can be seen as diametrically opposed to modern western societies in its dealings with pain.

A specific conceptual medical interest in pain began to emerge only in the second half of the seventeenth century, and in the closing essay of this volume Stephen Pender analyzes one particularly intriguing manifestation of this change, Everard Maynwaring's *Pains Afflicting Humane Bodies* (1682), which puts forward a highly specific theory of pain as an assault on the so-called *archeus*, or 'life principle'.¹⁷ Indeed, as Pender shows, pain is central to Maynwaring's critique of Galenic theory and practice (although he is also clearly indebted to Galenism), and he sees pain as a crucial starting point for medical diagnosis.

Pender also explores what we have referred to as the invisibility of pain in early modern thought: early modern physicians, he writes, 'do not have a "*speculum matricis*" that would allow them to peer into the viscera. Pain must be judged by sensation: it can only be felt'. Diagnosis therefore depends on imagination, on 'description and redescription of something available only to feeling', and Pender investigates the implications of this idea in writings on pain by Maynwaring, Michel de Montaigne and René Descartes. Descartes' reflections on pain are also analysed by Lia van Gemert, in her overview of different understandings of pain in the seventeenth-century Dutch Republic, and by Anne Tilkorn, who traces the concept of pain in Spinoza's response to Descartes in the *Ethics*. Like Pender, Emese Balint pursues the question of how pain, as an invisible sensation inside the body, can be described. She analyses a 1572 poisoning trial in Klausenburg, and shows how the deponents described the pains of the poisoning victim in exclusively physical terms, drawing on a culturally shared set of images that revolved around bodily sensation.

¹⁷ Maynwaring also published a treatise on pain in 1679, entitled *The frequent, but unsuspected progress of pains, inflammations, tumors, apostems, ulcers, cancers, gangrenes, and mortifications internal therein shewing the secret causes and course of many lingering and acute mortal diseases, rarely discerned: with a tract of fontanels or issues and setons* (London, J.M.).

Religious discourse provided one of the most important tools for interpreting pain. Indeed, it seems that in its preoccupation with the pains of Christ, late medieval and early modern religious culture was especially well suited to this task. In Catholicism, the human identification with Christ's Passion not only formed a central locus of officially sanctioned religious experience, but also served to legitimate various forms of lay spirituality. The era between 1300 and 1700 witnessed something like a *theological pain contest*. The Protestant Reformation denied the soteriological efficacy of pain, and attacked the idea that sinful humans can take part in the sufferings of the divine Christ, in this way attempting to rob the Catholic Church of one of its most potent means of propaganda. The Counter Reformation, by contrast, intensified the cultivation of physical suffering that had also characterized late medieval Catholicism, for example in a range of Jesuit writings and in the visual arts. The theological meaning of pain thus formed an important battlefield in the struggle for religious authority, and early modern debates about pain were therefore also intimately bound up with questions of power.

It is for this reason that a considerable number of contributions to this volume focus on the religious dimension of pain. Andreas Dehmer and Patrick Vandermeersch address one particularly important theme within the politico-religious controversy over pain, that of self-inflicted suffering. Dehmer shows how late medieval Italian lay confraternities developed a piety that centred around self-inflicted suffering as a way of identifying extremely closely with the suffering Christ. In this way, they sought to wrest religious experience from the control of religious authorities, and to organize their own lay spirituality around ritual experience rather than dogma or theological propositions. Patrick Vandermeersch analyses the practice of religious self-flagellation from a psychoanalytical point of view, arguing that during the sixteenth century, it came to be carried out in private, often darkened spaces, rather than in public. If in this way, self-flagellation served to create a new, private sense of self, rather than as a means of forging a public spiritual community around the suffering of Christ, pain once again served as a vital tool in the development of a religious sensibility that eludes institutional control.

Physical suffering occupies a similarly central position in the works of Teresa of Avila (1515–1582), undoubtedly one of the most famous religious writers on pain of the period. Maria Berbara shows how Teresa appropriated Catholic theologies of suffering for a highly individual understanding of mystical experience, in which intensely physical

pain was both a source of spiritual pleasure and a distinctly personal privilege. Barbara also investigates the various ways in which Teresa was depicted in the visual arts of the early modern period. Although Catholic authorities downplayed Teresa's emphasis on mystical delight in their attempt to incorporate Teresa into official Catholicism (for example in the canonization bull), contemporary artists seized precisely on this aspect of her spirituality. Teresa's iconography – unlike that of sixteenth-century Carmelites such as Maddalena Pazzi or medieval mystics such as Catherine of Siena – does not stress mortification or the imitation of Christ, but rather a personal love experience symbolized by her main attribute, the arrow that pierces her heart in one of her most famous mystical experiences, captured in Bernini's celebrated sculpture.

The Protestant attempt to downplay the importance of Christ's physical suffering may have been an effective means of chipping away at a central pillar of early modern Catholicism, yet it also created a problem. The identification with the Passion had been a way of enlisting the body as a spiritual tool – of attaching meaning to bodily sensation and integrating it into an overarching theology. In disparaging this, reformers ran the risk of robbing the faithful of a crucial aspect of religious experience. As Jan Frans van Dijkhuizen shows, this tension may be observed in an intensified form in early modern England. Van Dijkhuizen investigates how early modern England dealt with the legacy of what Esther Cohen has called the 'philopassianism' of late medieval religious culture. Analysing early modern English translations of Calvin's *Institutes*, and of works by Teresa of Avila, Louis of Granada and Thomas of Villacastin S.J., he argues that in spite of its official Calvinism, early modern English religious culture was deeply hybrid in its understanding of pain. If Calvin's *Institutes* downplayed the significance of Christ's physical suffering, and emphasized his mental anguish, the emotional and bodily identification with the suffering Christ continued to have a powerful appeal. Indeed, the religious preoccupation with Christ's Passion seems to have catered to a persistent need for both ritual and bodily religious experience, and Calvin's demotion of Christ's physical pain created a kind of cultural vacancy filled in part by Counter Reformation writers such as Louis of Granada.

If the lay confraternities of late medieval Italy cultivated a compassionate response to the divine suffering of Christ, Jenny Mayhew traces a specifically Protestant tradition of managing the human pains of illness. Mayhew maps a range of 'strategies of pain management' in a number of English Protestant godly manuals of the late sixteenth and

early seventeenth centuries. She shows that the godly were encouraged to think of their symptoms in moral terms, as a sign of the 'need for the individual to mend the rift with his or her divine Maker'. Godly understandings of pain also shed light on a basic tension built into Calvinist understandings of suffering. Calvinism continued to stress the importance of suffering in the making of a true Christian, but had to reconcile this with its distrust of human free will. If Counter Reformation meditation manuals place the initiative squarely with the Christians who seek to identify with Christ's suffering, in godly manuals they can only accept the suffering that God has ordained for them: 'because the faithful have been chosen to suffer, they willingly choose to suffer'. In this sense, Mayhew also maps a Calvinist strategy for reclaiming a role for physical experience while avoiding any theological pitfalls: humans cannot *actively* choose to suffer with Christ, since this would amount to an arrogation of Christ's divinity, yet they can willingly embrace suffering when it presents itself.

Mayhew's emphasis is in part on the literary strategies – the rhetorical figures, imagery and narrative structures – employed in godly manuals. She also explores the idea that these strategies can affect the actual experience of pain; the authors she discusses certainly seem to have thought so. Mary Ann Lund similarly analyses the language of pain in John Donne's *Devotions upon Emergent Occasions, and Severall Steps in my Sicknes*, written in 1623 during a period of serious illness, and argues that the literary structuring of the experience of illness and pain, primarily through a pattern of arresting images, is central to the *Devotions*. Donne makes highly individual use of imagery drawn, for example, from the Scriptures and from Galenic and Paracelsian medicine.

As a devotional work with a deliberate literary design, the *Devotions* may be said to occupy a space between religion and literature. A number of the contributions to this volume focus on the representation of pain in texts more conventionally classified as 'literary', and investigate what specific role the literary representation of pain could take on in the interpretation of pain. Michael Schoenfeldt locates this role in the act of aesthetic representation itself. He proposes that a world with very few effective means of alleviating pain – as well as a lack of medical interest in the topic – would have have been especially 'alert to the possible anesthetic effects of literary and artistic representation'. He examines how a number of plays and poems by William Shakespeare explore the idea that the literary representation of pain, the 'aesthetic encounter with suffering', can somehow help to diminish it.

In Joseph Campana's essay on Edmund Spenser's *Faerie Queene*, the literary imagination takes on a mediating role within the changes in early modern religious attitudes towards pain discussed earlier in this introduction. Campana reads the persistent concern with physical suffering in Book I, "The Legend of Holiness", in the context of the English Reformation, investigating how Spenser employs the literary imagination to compensate for the loss of Catholic forms of affective piety, specifically the centrality of the suffering Christ. In placing pain at the centre of his conception of Holiness, Campana argues, Spenser drew on pre-Reformation religious sensibilities, re-imagining the meaning of suffering for a newly Protestant England that had pushed the bodily pain of Christ to the margins of its religious culture.

Frans Willem Korsten, by contrast, reads three plays by the seventeenth-century Dutch playwright Joost van den Vondel – *Gysbreght van Aemstel*, *Leeuwendalers* and *Noah* – as a critique of the Christian understandings of pain we have outlined. Korsten focuses on the Christian notion that both the suffering and the infliction of bodily pain are necessary for what Korsten terms 'the just organisation of history': the end of history, in both senses of that phrase, can only be realized through pain. He examines how Van den Vondel not only critically engages with this idea, but also imagines a radical alternative: a world without an ultimate end in history that, in Korsten's formulation, 'exists in time, and does not move through time', and is therefore not dependent on pain.

We noted earlier that the meaning of pain was bound up with issues of power and authority. This has also become clear in the large body of scholarship on the judicial infliction of pain in early modernity. Indeed, partly in the continuing wake of Michel Foucault's *Discipline and Punish*, torture has been a dominant topic in research on pain in the early modern period, especially the later sixteenth and seventeenth centuries.¹⁸ As Jetze Touber shows in his contribution to this volume, the literature on this subject centres around two areas: early modern torture as punishment and as truth-finding. In punitive pain, the humiliation of the criminal, and the disintegration of his or her body (often continuing after death) served both as a public manifestation of the

¹⁸ Jetze Touber's contribution to this volume contains a useful bibliography of the large and still expanding body of literature on this topic.

power of the state and, in Touber's words, 'as a collective vindication of the restored integrity of the social body'.

Inquisitive torture, carried out not in public but in a secluded space, operated on the assumption that only the body speaks the truth; pain is a way of bypassing the suspect's corrupt, sinful will. As Touber notes, 'the body, with its involuntary reactions, was deemed a more reliable witness than the devious mind'. In his analysis of a late sixteenth-century martyrology by the priest Antonio Gallonio, Touber argues that these two forms of torture could also be part of a single process, and that the idea of the body as a bearer of truth had a powerful ideological resonance. For Gallonio, a martyr's tortured body bore witness to the truth of the Catholic faith partly because it invested that faith with the reality and absoluteness of the body in pain. In this way, the destruction of the body and the production of (theological) truth blend into each other.

If for Gallonio the physicality of pain formed a source of rhetorical power, a kind of ultimate *enargeia*, it could also be employed to *discredit* a given ideological position, as becomes clear in Kristine Steenbergh's essay on notions of pain, anger and revenge in early modern England. She shows how the idea of pain as a bodily sensation was employed politically in early modern English controversies over the validity of anger. Seeking to denounce an aristocratic cult of righteous masculine anger, representatives of the newly centralized Elizabethan legal system defined anger as a form of self-inflicted bodily pain in which mental self-control is lost. Anger, precisely because of its physicality, 'serves no purpose but painful, uncontrollable self-destruction'. Aristocrats, by contrast, claimed that anger is an effective antidote to pain: it can 'make a valiant fighter forget his pain during combat' and therefore fosters masculine behaviour. In spite of their differences, it might be argued that both positions associate physical pain with weakness and with an undermining of masculinity.

The relation between pain and power comes to the fore in a different form in the discourse of early modern Neo-Stoicism, especially in the distinction it posits between bodily and mental pain. Neo-Stoicism locates ultimate authority in the individual – the Neo-Stoic sage who, through an extreme form of self-control, enables reason to triumph over affect. Pain management is a crucial element within this process: Neo-Stoicism construes physical pain as one of the external forces that can cause people to be overwhelmed by emotions. The Neo-Stoic sage seeks to manage pain, and to combat the power of affect, by maintaining that

bodily pain is no true evil, and ultimately meaningless. Pain of the soul, by contrast, is a genuine evil, since it incapacitates reason, and makes it impossible to exercise virtue as the only true good. Reason has the fundamental ability to refuse to ‘consent’ to pain, in this way preventing it from penetrating into the soul. In order to keep physical pain from becoming real, mental pain, the sage must continuously repeat these principles to himself. The belittling of bodily pain requires a constant process of cultivation, daily exercise and meditation.

The Stoic individual, then, constitutes himself in part through pain; pain offers an opportunity to exercise true self-control. That the “Stoic path” played an important part in intellectual life from the mid-fourteenth until the late sixteenth century is shown by the enormous success of Petrarch’s meditation manual *De remediis utriusque fortune* (first published in 1366), which forms the focus of Karl Enenkel’s essay. Enenkel shows that Neo-Stoic attitudes towards pain were part of an elite humanist discourse, and had an implicit political dimension. In his illustrations to a popular early sixteenth-century German edition of *De remediis*, the so-called Petrarch Master reinterpreted Neo-Stoic discourse from a vernacular, Lutheran perspective, attaching a radically different meaning to pain. Physical pain plays a central and frequently spectacular role in these illustrations, and the Petrarch Master employs pain to propagate a range of religious and political views linked to the nascent Lutheran Reformation and at odds with Petrarch’s Neo-Stoicism. This results in a striking discrepancy between word and image: while Petrarch’s elite discourse revolves around a denial of the relevance of bodily pain, the Petrarch Master ‘makes the viewer feel the violation, and indeed the humiliation’ of the human body in pain. Pain is inflicted, moreover, on the powerless by those in power, and the Petrarch Master enlists pain in a critique of existing social hierarchies.

In early modernity, the cultural work of interpreting pain was carried out in a variety of areas. The meanings of pain were forged in religious, philosophical, judicial and political discourse, as well as in literary texts and the visual arts. Moreover, if early moderns turned, for example, to religion to make sense of pain, pain, as a powerful bodily sensation, in turn provided a tool for discussing a range of other issues, such as the nature of ritual, definitions of religious experience, notions of masculinity, selfhood and community, and the nature of political power. In order to do justice to this diversity, and to the interactions between the various ways of making sense of pain, an analysis of early modern perceptions of pain requires an interdisciplinary approach. The

present volume aims to offer a first step towards such an approach, by studying the role of pain in a range of historical materials (including philosophical and medical treatises, poems, plays, paintings, engravings, martyrologies, educational manuals, ego documents, theological and mystical works, religious manuals, and trial reports), by mapping a number of the issues that were central in early modern understandings of pain, and by investigating how these issues interact.

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