People, Places and Suffering

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## Introduction

Thanks for the invitation. It is good to see some faces that I know well. I was bullied into coming to your conferences many years ago by Mary Midgley, when she was unable to attend herself. I have happy memories of those events. One memory is less delightful. I think it was the last event I attended. During a general discussion, suffering came up as a topic. Peter told the meeting that I had produced an excellent description of suffering and asked to me to repeat it. Unfortunately, I could not remember a thing. So there I was, staring into the headlights, the person who had produced the allegedly brilliant definition, but had forgotten it entirely.

Since then, I have looked through my papers and found what was probably it. Not so brilliant, but it will do as a starting point now. In the context of comparing suffering to emotions, I said that emotions, almost always, have objects (I feel fond of Jane; I am frightened of the lion), whereas suffering does not have an object (though, of course, it has causes). And yet suffering has a quasi-object – our own vulnerability as persons.

Suffering is a protracted, deeply unpleasant experience. It is the helpless distress we experience when we are overcome by the unbearable and the unavoidable. It is what we experience when we are faced with something dreadful – death, hopeless illness, loneliness, abandonment – that threatens to dismantle what we take to be the core of our personalities. It is realised in despair, depression and anxiety.[[1]](#footnote-1)

## Suffering is personal.

The main point is that suffering relates to persons and it is deeply personal. Pain comes with the territory of being an animal; suffering comes with the territory of being a person. Pains are located in parts of the body; suffering is not. People suffer; teeth and joints hurt.

Suffering is one of the ways in which people experience their lives. It is an innermost possibility of being a person. It is not just an accident that befalls some unfortunates.

I want the idea that suffering is deeply personal to bear a great deal of weight. Our liability to suffer lies close to the heart of what it is to be human. It is part of our primitive, immediate experience of life. We don’t learn about it; we don’t need to understand something more fundamental before we experience its true nature; we are not waiting on any theory or doctrine, from anywhere – from science or philosophy or religion, to make us familiar with it.

It is a challenge for each of us, and we have to find a way of coming to terms with it for ourselves.

Real people

To say that suffering is an immediate, primitive and deeply personal experience is not to say that it is deeply private and inner. Eric Cassell, from whom I have learnt a lot, says that *‘Suffering is ultimately a personal matter’*. But he cannot help adding in the same sentence *‘something whose presence and extent can only be known to the sufferer’*.[[2]](#footnote-2) He reads personal inwardness as epistemic isolation. But we have what we like to think of as inner lives, only because we already have social lives. Marina Warner writes of there being something very special about people; it *‘isn’t anything inside them. It is inside those who love them’*. She talks of *‘this perception of a person’s uniqueness as distributed among those who love her and secured by their consciousness of her’[[3]](#footnote-3).*

Alasdair McIntyre, using traditional philosophical language, characterises human beings as dependent, rational animals. He adds dependency to the classical definition of *homo sapiens*. We could add ‘vulnerability’ to that definition. Being a person is not a self-sustaining state. Being deep-down social involves being deep-down dependent. And that dependency makes us vulnerable. We are vulnerable to accident, injury and illness, harm from others and anxiety on behalf of others. As a result, we can become infected with instability and experience the horror of personal disintegration. If our integrity as persons is secured by our relationships with others, when these relationships fail, we can come apart at the seams.

This failure comes with a high personal price. Richard Gipps, writing about schizophrenic experience, talks about the *‘catastrophic degrees of inner and outer alienation and disintegration’, ‘the terror of self-dissolution, the chilling diminishment of vitality, the baffling negativism, and the dementing contradictions*.[[4]](#footnote-4)

## Suffering in time

I think that it is primarily an individual experience - a private, inner experience that isolates individuals, and which is communicable, if at all, through the But however intense our feelings may be, suffering is not just an inner conflict. We don’t live our lives inside our heads. Suffering involves personal anguish and that inclines us to clumsy media of words and overt behaviour.

My principal point here and now is that suffering is, primitively, a shared experience. And this comes out in the fact that suffering is situated in social and physical spaces. We have a common life, and we suffer together, over shared times and in shared spaces.

It takes time to suffer. You can’t suffer for a few minutes; any more than you can be an Arsenal fan for a few minutes. Suffering involves protracted states of distress within a common time. This is clear in the public sphere: it is easy to identify periods of suffering: the years of retribution after Indian Mutiny (1857-9); the Holocaust (concentrated between 1941 and 1945); the Ethiopian famine (1983-85); the hundred days of the Rwanda genocide (1994). In these political cases, suffering is identified, in part, by the times in which it took place; and sometimes the periods themselves are identified by the suffering that was shared during them. We go through lives in cohorts: we belong to a period, even within our own lifetimes. Some of us, those of a certain age, were moved, even if we did not suffer, at the time of the Queen’s death, by the thought that her life coincided with ours. We are Elizabethans and that age is over.

In the Christian liturgical year, there are times of sorrow, Lent and Holy Week; as well as a dreary list of martyr’s days throughout the year, when we are invited to recall the grisly end of those early heroes of spirituality.

So suffering takes time. Only creatures with time on their hands, suffer; also, only creatures with a personal history suffer. We are not goldfish. Our experience reverberates with the past and the future. Suffering involves fitting distress into a narrative; it may well come to be the dominant, shaping influence in that story. However, ‘*we are not the sole narrators of our own stories; … our own telling is a retelling. We don’t start with chaos and impose a narrative on it; we begin with someone else’s story and rewrite it’.*[[5]](#footnote-5)

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## Places of suffering

What’s true of time, holds also for place. There are places associated with suffering and its alleviation - hospitals, hospices and asylums. And there are places designed to produce suffering: prisons, death rows, execution sites, pillories. There are theatres of suffering, like the Roman Colosseum. And memorials that commemorate suffering: the Tomb of the Unknown Soldier, the Cenotaph. A specialised type of tourism, part of the heritage industry, has developed around these dark sites - the concentration camps in Europe and the Genocide Museum in Cambodia.

Not unconnected with these locations are holy places sanctified by suffering. In the Christian story, Gethsemane and Calvary are the locations of the Passion. And of course there is the Garden of Eden, a place in which suffering is alien. Theology and spirituality express themselves in terms of spaces and places. ‘*The valley of the shadow of death’* (Ps 23) and the[*Slough of Despond*](https://en.wikipedia.org/wiki/Slough_of_Despond), through which Bunyan’s Pilgrim makes his way where:

*‘ariseth in his soul many fears, and doubts, and discouraging apprehensions, which all of them get together, and settle in this place; and this is the reason of the badness of this ground.’*

These holy places are not incidentally to the theology. They are not just the settings in which an other-world drama of Passion and Redemption happens to be played out. What matters about the religious impact on our experience of suffering is not just doctrine and creeds. Religion has mattered, and continues to matter, because of the practices, rituals and sites that it gives us, as communal ways of expressing suffering and of reacting and responding to it.

I have been allowed to read the journal of Deborah Atkinson, a woman who recently died of cancer. She was not religious, but she writes *of:*

*‘comfort in churches ... built on the foundations of the faith of the masons and carpenters … the work of craftsmen, skilled in their guild trade ... designed long before digital technology ... of course politics and power played their part, but it was the hard work of people just like ourselves that spanned knaves and apses, carved fonts and altars’.*

She felt the need, as her health declined, to create:

*‘ritual, a defence against the uncertainty of our futures ... things we can return to again and again, for emotional sustenance, to shore up the defences against [disintegration]’.*

You could make comparisons with what is currently on offer in our secular societies. Humanist funerals for example. The academic ones - of a sort that I have recently been to - where the homily includes an account of the life of the departed, which reads like a CV, as if the deceased were applying for a post in some celestial college, followed by cheerful anecdotes about their endearing foibles. Or advertisements for cremation which you will be familiar with, if you watch as much afternoon television as I do. The deepest ambition they appeal to, is the determination to remain a true believing consumer to the very end, getting the best possible deal for the cremation that suits our personalities best.

## Homelessness

Before that digression, I was talking about suffering associated with specific places, either because of accidents of history or by design. These places are often places of exile, places to which you are committed and transported, or in which you are abandoned; places in which you could never be domiciled.

In these cases, part of the suffering is the isolation. But even here, there is a reference to community. Suffering is not characterised by an essential, metaphysical solitariness. Some philosophic souls may suffer when they reflect on the horror of the cosmic isolation of the individual. However, the suffering that comes from loneliness is to do with being exiled, not just being alone, but finding yourself outside or being forced outside. Christ’s words on the Cross *‘My God, my God, why hast thou forsaken me’* are, within the Christian tradition, the paradigm expression of the suffering soul, not alone, but abandoned.

Primo Levi gives a famous, chilling account of the people who were destroyed by their experiences during the Holocaust, before they were murdered. He called them *Musselmanner*:

*‘Their life is short, but their number is endless: they … the drowned, form the backbone of the camp, an anonymous mass, continually renewed and always identical, of non-men who march and labour in silence, the divine spark dead within them, already too empty to really suffer. One hesitates to call them living: one hesitates to call their death death, in the face of which they have no fear, as they are too tired to understand …’*[[6]](#footnote-6)

There is a touch of paradox about this: we suffer because we are social, and yet suffering isolates. The sources of suffering are in our social neediness; the effect of suffering is often to increase our isolation, even to the point of destruction. The Deborah’s journal talks of ‘*loneliness linked to the raft of illnesses’*.

This point is worth making because there is a widespread assumption about the innerness, privacy and incommunicability of pain and suffering: I cannot feel your pains; I can sympathise, but I never really experience them. Language, which is good at describing landscapes and public events, cannot capture our inner thoughts and feelings. I want to argue for the opposite positions which, if it is not dead opposite, emphasises another side of the situation. Our suffering is communicable, because it is public, and it is public, because it is shared; and it is shared, because it occurs in shared times and spaces.

We find ourselves together in deprivation, under threat or in danger. Sometimes, we suffer interactively, not only alongside each other. We make each other suffer. Sometimes deliberately: torture, going to war; or more domestically, demeaning or humiliating people. Equally, of course, we console each other.

It’s true that sometimes, we have difficulties communicating with each other; and academics manufacture solipsistic anxieties to keep themselves awake at nights. Still, we are natural and compulsive communicators. We are deep-down social. And this sociality is the basis of communication; it also makes us dependent, vulnerable, and liable to suffer.

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## Speaking out of v speaking about.

It is often said that you will never understand some experience or other, if you have not had it yourself: if you have never been to war, you will have no idea what conflict is really like; if you haven’t lost a child, you will be unable to realise the depth of the anguish involved.

There is clearly something right about this even though we are not the sole or the optimal observers of our own inner experiences. One philosophic reason for thinking about time and place in relation to suffering is to establish that suffering is not a sensation. There are different sorts and degrees of suffering, but they, and the differences between them, are not identified and distinguished through introspection. Sharing suffering is not based on some form of telepathic empathy. We speak out of, before we speak about thoughts and feelings. It is the immediacy of the expressions of suffering and the responses to it that enable us to bring suffering into the conversation. The question is not: how can we know? But: what gives us the right to speak out of suffering? What is the basis from which we speak when we express our own suffering or respond to the suffering of others? It is a question of entitlement. The battle-hardened soldier and the bereaved mother are specially, but not uniquely, entitled to voice their feelings.

Deborah’s journal makes some quite pointed remarks about the difficulties we have in relating to people with cancer:

*‘There will be those that think they’re in the inner circles, and want the “privileges” that come with that, such as wanting to know at once, if not sooner, the results of a latest test or appointment - not because they want to offer support but because everyone likes the importance of being in the know and having a cancer friend ... you have become that person, the friend with cancer’.*

There are problems, Deborah points out, that arise just from the closeness and intimacy of past relationships that cannot accommodate the new situation*:*

*‘This is especially true* [she writes] *if the person is a spouse or parent, where the patterns of behaviour are likely to have been the ones used for a long time’.*

Susan Sontag says ‘*No ‘we’ should be taken for granted when the subject is looking at other people’s pain’*[[7]](#footnote-7). And again *‘… there is no right to experience the suffering of others at a distance’.[[8]](#footnote-8)* Her point is not that no-one has a voice other than those initially involved. She thinks that, if we are to engage with the sufferer to any purpose, nothing can be taken for granted and we cannot keep our distance.

We have to earn the right to console, or comment, advise or treat. What right has the psychotherapist or the friend? Or, for that matter, the politician or the administrator? The answers will be various and specific. The politician may be required to intervene because he has the power to change the conditions which are causing the suffering. The clinician may appeal to his expertise; the friend will rely on intimacy and trust.

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## Philosophy and Suffering

Confronted with suffering, we all feel obliged to reach out, however inadequate we take ourselves to be. But questions remain: are we entitled to speak about suffering, if we haven’t been there? have we suffered enough to have any sort of voice? What about the philosopher? Philosophers have an obligation to talk about suffering because they are supposed to reflect on the human condition. That involves thinking about finitude, dependency and suffering. Philosophers notoriously talk in the most general terms. But when it comes to suffering, even philosophic reflection must get up close and personal. It involves treating suffering from the inside, as a possibility that sits at the centre of human life – that’s our obligation and our excuse for asking you to listen to us.

Primo Levi, *If This Is a Man,* Abacus (23 Jan. 2014)*.*

Sontag, Susan. *By Susan Sontag Regarding the Pain of Others*. New Ed edition. Penguin, 2004.

Warner, Marina, Men are just boys, LRB, Vol. 43 No.9, 2021

Discussion

*Mary Midgely (and I ) would insist that infants and animals without a narrative or even a sese of self can and do suffer horribly and frequently. Hermeneutics, that is making or not making sense of suffering imposes other degrees of suffering. You said that suffering didn’t begin in chaos but I think it does. It is meaningless; especially meaning grounded in shame and self-blame, makes suffering worse and is frequently a feature of chronic pain., especially when related to traumatic life experience.*

To take your first point: I recognise that as a problem but I would like to defend what I am saying by expanding suffering away from the personal and to expand the attribution of personality. I think this is one of the lessons Mary Midgely wants us to learn; she has a broader one to teach us about the importance of animal life in general: that many animals suffer; they can suffer depression, anxiety, and so on. And that‘s because they do have an incipient sense of self. And their lives are complex enough. I don’t believe in self, by the way, so I have a slight embarrassment … the word self is one made up by philosophers because they wanted to concentrate on something they thought was very important; it was after Descartes that people started talking about Self (giving it a capital letter and making a noun of it instead of using it reflexively. But that is an academic aside) So some animals do suffer and have a rich enough life to bear the attribution not just of pain words but suffering words. I remember going around zoos 60 or 70 years ago and seeing these animals that were destined to roam pacing around cages with little room. Yes, they suffer. But I would rather enrich their lives than expand the notion of suffering. And as for infants - this again is something I feel strongly about – I was once walking through a museum in Newcastle with a fellow philosopher, and we were passed by a crocodile of very small children., about 4 or five years old holding each others’ hands. I said – something naïve and not meant to be philosophical - “look at those little human beings”. My friend said “no, they’re only potential human beings.”. And I really disagreed with that. Of course they haven’t got a narrative that they can produce about themselves but they have loads of narratives. They feature themselves as the object of attention, as disappointed, as aspiring to do something etc. And that’s what matters. Even very small pre-verbal infants have that richness of life – in their interaction with other people. When they fall their mothers pick them up, console them and give them the words - the vocabulary - to express what is happening to them. All of that enables them to incorporate suffering (or just pain) into their lives. So I would like to expand that notion

I’m not sure that I thought as deeply as I should about this chaos thing. I am inclined to say - if this isn’t too dismissive - that chaos is a kind of suffering if you are incorporating it into some metastory like ‘my life has gone to pieces …” Maybe you’re not in a position to say this but it is a fact about you in various ways. Nonetheless it would be just a brutal fact about you unless there were some sort of horizon against which you were making this judgement.

*Greetings from the west coast of America! Have you published this? I would like to cite you sometime. I thought it was a very moving talk.*

*My second question is …. I am struggling with the notion of pain and suffering in animals. If you happen to have any Chinese students and you ask them they won’t realise … won’t break down the characters for animals. These signify ‘things that move’ I did a lot of my field work in China. When I was a graduate student I rented a room opposite a dairy farm. I saw that when they removed the calf from its mother the mother ‘cries’ for days afterwards. To me that signifies suffering in animals. I am now corresponding with Robert Ellwood whose specialism is pain in animals and by the way he would make a good speaker here. I am still unconvinced … I still really don’t know what to think.*

*I grew up in a holocaust community and I am the child of a survivor. I have never really suffered myself but I have observed suffering from a distance. Even the people that survived continued to suffer. Primo Levi eventually committed suicide and there were others who when they got older lost their resilience. In terms of the pain we deal with – someone said that a lot of it had to do with post-traumatic pain syndrome but I don’t think this is clinically observed; in the US they give them opioids etc. to sort of mask the pain. I have noticed that a lot of people who have back or other chronic pain die - not from the pain but the interaction between the suffering and the physiological process that underlie it.. In America we are undergoing an epidemic of mass killings. If you look at the background of these killers they are people who are socially isolated and suffering in this way.*

*I think a lot about the link between physical pain, social pain and emotional, spiritual suffering. You talked about suffering and place but we should to consider the subject of places for healing and safety, especially if we are working clinically. We might think that hospitals should be places of safety and healing but some are not and people report traumatic experiences*

*Buddhists have an interesting perspective on suffering.*

Going back to Ernie’s point (about animal suffering) : One of the distinctions I didn’t use in the paper, but a big problem from a philosophical point of view, is that of observing things from the outside and observing them from the inside. I prefer to use that language rather than subjective and objective; words that can be deadly dangerous in philosophy. It’s so easy for ‘subjective’ to suggest something that isn’t quite true but it can mean relating to the person. But in the paper I was denying that suffering is an inner experience. But that doesn’t lead me to deny ‘inwardness’.

Regarding animals, you just don’t know if they are suffering or not. I believe that ethology, the close study of animals in their environment, is an empirical way of trying to make real progress in relation to animals’ intentions, feelings and thoughts (for want of a better word). These things are not evident to us as it were from the outside. But if we get close enough up to the inner workings of the animals’ social life - their dependencies, their vulnerabilities – then we at least have some hope of making progress. There is a great deal of research being done on this now. But it is an empirical matter , and as a philosopher I have to say that I just don’t know whether animals are suffering from looking at pictures of them on TV. But, prima facie, the picture you gave of the mother cow’s apparent distress for days on end looks like an example of suffering

My knowledge of religions other than Christianity is so weak I am reluctant to say anything about them. You can of course look this up on Google and see what they have to say about suffering; I did that and reacted rather badly, and that was one of the motives behind me saying that what matters in the relationship of suffering and religion is not doctrine and creed so much as the embodiment of beliefs, practices and rituals etc. that make a religion a power in both our personal lives and cultural history.

*I was interested by your comment that you can’t suffer for a moment, implying that there is a minimum period for generating suffering - simplistically you could say that an unpleasant experience lasts only a minute it isn’t suffering but if it lasts a minute and a half it is. Do you think it is more the case that to suffer you have to have a case of inescapability from it which then engenders the need to have some vision of the future, which creates conflicting visions, in my mind, with animals. I tend to think that they can suffer but if you need to want to escape you have to have some sense of the future.*

I think that is a promising line. My first thought, which was almost platitudinous, was that there are certain conditions that we apply to people that really do take time like being an Arsenal supporter or a Roman Catholic. You can’t be a Roman Catholic for two or three minutes; it is an institutional thing that requires some time. There is no doubt, as I put this in my original description of suffering, that it is inescapable. It is hard to see how if somebody has little or no sense of personal history could have a sense of inescapability. But I certainly would like to enrich my account with the temporality of suffering. I don’t want to imply that there a minimum time but it wouldn’t be suffering if it wasn’t extended into our lives in some way or another.

*There is an interesting parallel there between what some of us do as pain physicians for acute pain versus chronic pain. The acute pain involves the expectation that it is all going to get better in the future however intense it is for a short time and is not as awful as the awful grinding on chronicity.*

I perhaps gave the impression that this paper was about spiritual suffering as opposed to pain. In a way I don’t mind that as I was talking about suffering … there are certain levels of pain that I can’t imagine anyone having that they could have without suffering - even though idiomatically we talk about ‘suffering pain’, and so the words belong together. But nonetheless we make that distinction. Reversing the example, you can have a rugby player who breaks his leg in a match and is in great pain but is exultant about his team’s victory, and he is not suffering.

*I would like to come back to the matter of suffering and chronic pain. I use a technique called EMDR (Eye Movement Desensitisation and Reprocessing) which allows people to tolerate very intense emotions and can begin to construct the narrative and go back to memories about when it was formed so you can track back from a current pain to events from its start and which may have been repeated many times. I have never yet seen a pain without a previous traumatic event and the characteristics of such an event are the things you have been talking about. In my work I find in a moment you are making a calculation that you are not going to survive this or you’re going to be harmed or I can’t save my baby or whatever. But that can take place in an instant calculation unless you have the desire to act but are unable to do so which causes an incredibly active tension, and you can’t maintain that all the time so it gets repressed. We are not aware of it but later on in life our defences start to break down, especially in old age, and early memories start to bubble up and resurface. My own mother was brought up in Nazi Germany and was unable to d anything about the regime she hated. So you are getting memories as if they were right now and you have to process them and put them in the past before the suffering will go. But this is not an easy matter.*

*I just wanted to go back to Kate’s point about places of safety. A number of speakers at these events, particularly Jonathon and I think Paul Dieppe have talked about the importance of the consulting room as being a place of safety. I don’t know if we have any of our patient friends with us this evening but perhaps one of them would like to say something about this?*

*The impression I have obtained from patients who have taken part in previous meetings is that for far too many of them their experience of health professionals has been anything but safe*

*I recently listened to a podcast about physiotherapists which came to the conclusion that physios spend too far much time trying to find the perfect physical therapy and far too little trying to create the ideal therapeutic relationship. It quoted research about rehabilitation in young people who were in pain from sporting injuries. The vast majority didn’t adhere to their treatment protocol whatever it was because it was just too difficult or time-consuming – or too impersonal. They concluded that the best form of rehab for these people was associated with the best relationship with the therapist. Kathy Stannard in Bristol said they no longer send patients with chronic pain to physiotherapy because the evidence is that coaches are more effective. There is also evidence that your relationship with a psychotherapist is much more important than the type of therapy that they do. There is growing concern for healing relationships in pain. My pain patients have terrible relationships with their bodies. 90% of what I do is creating safety within a socio-material environment but also in terms of laying on of hands; physical examination is a lot about creating an environment where somebody could be touched without feeling threatened by it. In a way I am coming round to be more supportive of Michael’s presentation and the sense that suffering comes from fractured relationships and can only be changed through relational healing.*

*A lot of us think that PTSD is related to chronic pain. When I was a post-doc I interviewed about 25 patients who told me about rapes or abuse and all sorts of terrible things but I was just too stricken to write this up; it would be difficult to publish something like that because it’s not statistical or reduced to biomedical mechanisms. For some reason… people who are doing actual hands-on therapy… the literature is missing.*

*When I did my field work in China people there found the acupuncture clinic a safe place. I am wondering whether the therapeutic relationship is the key to what works in pain therapy – or a least one that hasn’t been stressed enough in the literature. Then again I don’t know if acupuncture is effective or not.*

*Regarding animal suffering: I think animals do suffer. You see grief in dogs and joy in primates and the grieving of the cows when their calves are taken away. Animals have evolved to experience attachment and loss and we are just another level on and not profoundly different. Frans de Waal the primatologist has written a lot about that. His book* The age of empathy *about empathy in animals is a very interesting read.*

*.*One remark about the therapeutic relationship … I really like this talk which gives more substance to something I was half-apologising for, between the inside and the outside view of things: therapeutic relationships have an inside which isn’t always good and could be destructive. But to take an objective view of this as a sociologist … if you are looking for the place - the social space in which suffering gets expressed and sometimes helped and mediated (or aggravated) – then you have to get inside those relationships.

As a philosopher … it’s a matter of philosophical good manners … a couple of you have mentioned the Holocaust in your personal relationships … philosophers have a bad habit, when arguing for some sort of objectivity in morals ( by the way I approve of that) that when they reach for an example, they reach kind of casually for an argument that helps them. They say that of course what happened in Auschwitz was horribly bad and there is nothing to argue about there and you find in the literature that they use two sorts of examples, either absolutely outrageous ones or totally trivial ones like not taking library books back. There is very little close attention to the actual human condition that they are supposed to be moralising about.

*There is a comment from the chat: grief is felt physically. This has been shown on brain scans: people feel physical and emotional pain in the same part of the brain*

*In the work [as a psychotherapist] that I do the safe place is an absolutely vital ingredient in preparing someone to do work on anything that is at all distressing. For some people, getting into a safe place is extraordinarily difficult. We usually start with something that doesn’t involve people like beautiful scenery which tends to be calming and parasympathetic. In the process of doing that you become a safe person and they are beginning to experience you as inducing wellness feeling and reduced pain. That comes with trust and that social dimension of being able to tune into your client and they can drop their defences and open up, and reveal what it is that they have been dying to tell someone but unable to. This can be done by a physio or a doctor or anybody.*

*There is an old joke about psychologists: if you want to give a patient to a young inexperienced psychologist who are really enthusiastic it works much better than when you are old and cynical.*

*Some of you will know that for many years I ran a therapeutic knitting group beside a pain clinic and that enabled us to spend time with the person and listen to their story for two hours every week. Some people had been attending the pain clinic for twenty years who had no idea of their history. I was able to establish a relationship of trust in which I was able to talk about pain; and one of the main things was how to take away the fear of pain, and if you can do this it can lessen the suffering and they can do or move a little bit more. Also I have a theory that rhythmic bodily movements create a sense of safety; and recently I have been teaching a specialist form of Tai Chi within which the rhythms are predicable, which people like because it makes them feel safe. So I very much go with this idea of safety and taking away the fear of pain.*

*Last week I was coaching a young woman who had had fifteen years of back pain and after two sessions of this she now has no pain. I don’t know what happened. She believed what I was saying about pain; she had been told that there was nothing that could be done about her pain and she would have to learn to live with it. She was very anxious and terrified of moving. I just reassured her that movement was good for her and we built up this relationship and she then found a one-to-one yoga teacher who did simple yoga and she started to move. She emailed me to say that she wasn’t afraid of moving any more and her pain had gone.*

*There were some statistics in your book Knit for Health and Happiness ….?*

*Yes – 81% said they felt happier after participation in a knitting group with 54% saying they were happy or very happy.*

*There is an EEG study from Milan, which will soon be published, before and after knitting, with some surprising findings. They are using therapeutic knitting in 50 hospitals across Italy. This is being led by a breast cancer surgeon who recognised that people who knitted coped better with their therapy and it is being used in cancer centres across Italy. It takes away the anxiety and people respond better to their treatment.*

*I think it is something to do with the rhythm that creates a sense of safety – a body-up approach that works better than a top-down one….*

*…. EMDR, tapping, even walking are in the same category and may use the same mechanisms .*

*A question for people who work in pain clinics: is there a sort of multidimensional assessment of pain and suffering when people come in? … of suffering to do with meaning and personal relationships, shame guilt and so on? I don’t think it is part of mine explicitly although it is what I do in practice.*

*In the context of members of this group the answer is yes but I can think of many of my colleagues where the answer would be no. There are a lot of pain doctors who despite supposedly practicing on a psychosocial model are very biomedical. It is something I try to emphasise in my undergraduate and postgraduate teaching. The moment you give someone a pill or do anything you are invoking a biomedical model unless you are selling it in the context of everything else. Otherwise you are taking a one-dimensional approach to a three dimensional experience.*

*… But handing across a prescription - an interpersonal gift – can be a placebo …*

*… the fact that you are doing something is fundamental. I have huge problems at the moment working in a pain clinic where if you offer someone an injection the waiting list for doing it is a year. This is probably commonplace around the UK. So you are not doing anything and you are probably much better off giving somebody a comprehensive explanation of why they are where they are … and providing a place of safety.*

*Pain clinics around the world call themselves multidisciplinary but recent surveys of what services are offered, generally these are restricted to the biomedical model.*

*In the good old days when Bonica started pain clinics they were much more multidisciplinary; but ow people get paid for doing procedures – driven by the commodification of medicine in the US and probably round the world.*

*Michael - did you want to say a few more words in the last couple of minutes?*

I have been very interested in what people have been saying about places of safety. I am convinced that it was a good move philosophically – and clinically – to emphasise spaces in relation to suffering, and I used the words ‘shared spaces’ – people happening to be in the same room - in spaces together in some substantial way. When you talked about psychotherapy and knitting etc it occurred to me that when I was writing the paper I thought I might say something about dancing, but I didn’t want to push my luck! But touching another person and moving intimately around a space opens it up for you but also protects.

*I saw something about a falls clinic where they did all the usual physio and balance things and someone suggested a weekly tea-dance*  *and the audit suggested that the people who did this stopped falling over!*

1. [↑](#footnote-ref-1)
2. Cassells, (2004) p. 33. [↑](#footnote-ref-2)
3. LRB, Vol. 43 No.9, 2021 [↑](#footnote-ref-3)
4. Richard G. T. Gipps, *On Madness: Understanding the Psychotic Mind*, 1st edition (New York: Bloomsbury Academic, 2022). [↑](#footnote-ref-4)
5. Susan Sontag, *By Susan Sontag Regarding the Pain of Others*, New Ed edition (Penguin, 2004). [↑](#footnote-ref-5)
6. Levi, 2014, Ch. 9*.* [↑](#footnote-ref-6)
7. Sontag, 2004, p.6. [↑](#footnote-ref-7)
8. Sontag, 2004 p.1050.

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   Cassell, Eric J. *The Nature of Suffering and the Goals of Medicine, 2nd Edition*. 2nd edition. New York: Oxford University Press, 2004Gipps, Richard G. T. *On Madness: Understanding the Psychotic Mind*. 1st edition. New York: Bloomsbury Academic, 2022. [↑](#footnote-ref-8)