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How to Do Things with Pain?

Abstract: Speaking of the monstrous or ‘foreign’ body archivally inscribed in culture, one notes a surfeit of imagery at play, a slideshow of supplementary images which both circumscribe and stultify any attempt to write or speak about the body outside of this code of foreignness. This paper argues that such an archive of etiolated body is shadowed by a similarly circumscribing archive of pain. Archives of pain, whether medical, cultural, literary, or ontogenetic, have long been conceived in terms of montage, a series of ‘signs, images, or ciphers’ belonging to the language of diagnosis. This code of diagnostic expertise constatively works to describe and inscribe pain as a supplement to inscriptions of bodihood which are themselves supplementary. This paper seeks to affectively map a shift away from constative taxonomies of pain and body image, towards an approach that ethically and aesthetically privileges the performativity of pain, the pain-act that speaks its suffering without recourse to image or inscription.

Keywords: pain-act; speech-act; diagnosis; performative; ex-citable pain; pained

To write is to produce absence of the work (worklessness). Maurice Blanchot, *The Infinite Conversation*

At first I would like to note that this invigorating research on pain as an ‘act’ was initiated as a co-authored project. During the course of literature survey and unavoidably experiencing various predicaments (academic and/or personal) my partner-in-pain abandoned this demanding writing-scape and I was left to wander and err alone. His name is Alessandro Sheedy, a weird fiction scholar and from time to time a weird fiction author (unpublished, I’m sad to say). In one of his short stories, he used a composite word that strikes me as extraordinary even today, and it is the word ‘pain-act’. ‘Pain-act’ was a threshold into a research of something that we named the pain-act theory, initiated as a disruptive reading of the speech act theory. That’s the anecdotal genesis of this paper, with a remark that ‘anecdotal’ and ‘theatrical’ are generic conditions for pain recognition, as I am about to show.

I am writing this paper as a counter-ventriloquist, having incorporated Sheedy’s criticism and sharp remarks in form of scarrings and woundings that only

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a partnership in pain can provide. But, as always when pain is ‘present’, co-authorship is hardly sustainable and necessarily ‘mispaid’. Let me repeat this with a twist: co-authorship is hardly avoidable because the ‘pain’ takes on a role and appropriates the author function. Pain always mispains.² Pain-act fails to say ‘it’ properly, it missays inasmuch as it is mispained. Following the thread of Blanchot’s paradox quoted above, we can argue that to write/speak on pain is to cause the pain to withdraw (as the other withdraws when referred to by the system of representations). To speak the pain, to produce the pain-act, is to speak it off, to embody the absence of pain in order to pain-act – to perform pain(lessness).

Will the body in pain please stand up?

This (joint)pain-project is not completely embedded within Austin’s speech act theory³ (I saved some air to breathe, to feel the ‘pain’), but it is surely shaded under a heavy Austinian referential cloud – like a theoretical chorus annoyingly chanting in the background, a commonplace of ‘language turn’ criticism, the deep cut between the concepts of constative and performative brought to a standstill. Hence, I am stealing away Austin’s title, but introducing a disturbance (as if Austin did not disrupt the horizon of expectations by doing it ‘with’ language, and doing things away, and all other possibilities, in order to choose more ‘appropriate’ thing to do) – with ‘pain’ and with ‘things’ – understood as ‘pragmatical acts and cognitive performances’ corporeally attached to symbolical universe of pain-archive. The hetero-affective subject of/in pain is back into the focus of theoretical investigation, as a split subject colonized by pain as an “heteronormative experience of the demand of the other.”⁴ I’ll work work with pain as my only co-author to explore the possibilities of pain-method(ology), and re-question the notion of proper/common pain. In order to investigate pain-act, (my)

² Samuel Beckett has taught us that speech itself is always missaid. See, for instance, Beckett’s “Worstward Ho” where a body is spoken/said but there is none. “Say a body where none.” I’ve borrowed Beckett’s playful composite word and applied it to pain, as a way to radically change the notion of pain-act, of always having to negotiate the pain to others and to oneself. In accordance, the pain is mispained. And I am deliberately using a nonexistant verb (to pain) instead of a well known noun (the pain) in order to draw attention that pain is not only a (dis)unity of symptoms but an act that requires recognized agency – performative agency. In “Molloy” Beckett breaks the bones of protagonists. The main character speaks as a grotesque puppet: “collapsed, like a puppet when its strings are dropped, and lay long where I fell, literally boneless.” Can we say that human bodies are necessarily osteopathic? And that bones hurt precisely by becoming boneless. Don’t ”bodies suffer inescapable bad faith of being (as) a structure, even though they are ‘literally boneless’?” Francis Bacon deprived the bodily structures of bones, and Deleuze and Guattari continued from there and implied that flesh acquires faciality only when hanged over or caged behind the grid of bones. Therefore, they concluded that the face is the horror. Consequently, we might add, with that speaking horror one approaches the realm of ‘inexplicable’ pain only to mispain the pain as such.

³ Due to restricted writing space, I will not elaborate on Austin’s speech act theory in length. Therefore, I can only refer to his capital work How to Do Things with Words (1995) as a series of lectures whose title I ‘stole’ and appropriated it with pain.

pain and I are obliged to engage with a particular form of pain-study, that is, with medical semiotics, diagnostical theatricality and palliative politics. Hence, we are always already outside of all the grids and structures that persistently declare to ‘know’ what pain ‘is’, when pain ‘is’ and who ‘is’ in pain.

How to do things with pain? Isn’t it obvious – by being in pain, by inflicting pain (to oneself or to others) – by creating a ‘reality’, a truth-regime by way(s) of pain. So, it’s not that obvious? Is pain ever obvious? Is it explicable, expressible? Is pain ex-citable speech as Judith Butler proposes on the margins of ‘performative agency’? These are the questions that will always defer, leave their propositions and haunt this interrogation of pain-act as a double bind theory – interrogating the interrogation.

Is a statement ‘I am in pain’ (or ‘I feel the pain’) an utterance that necessarily represents an ‘I’ performing an action? For one to state that the pain has occurred, and only after the pain has occurred, is the after-effect of the ‘situation’/‘reality’ that has already taken place. In that sense, one can too easily (but erroneously) conclude that such statements are constatives. But the subject of the utterance, the ‘I’, and the predicative that the subject stands-under (or ‘under-stands’) is by no means a descriptive one. Consequently, the above-mentioned statements invites and commands the subject of the statement to ‘prove’ the true/false character of the ‘state’, or to ‘perform’ it, and in doing so to make it a ‘state’. Perhaps we can indulge in play with Austinian contractual utterances and assert that the statement ‘I am in pain’ is a bet – a ‘throwing of a dice that will never abolish chance’, in Mallarmé’s cryptic word-drunkenness. Close to the utterance ‘I promise to/that...’ our statement of being in pain, cannot be dismissed on the grounds of true or false criteria, but rather one must engage in performing an act (of pain/of being in pain) of filling the void (left after the abandonment of true/false criteria), or of defying bad faith, of implementation of new set of criteria – that of performative nature.

The vacillation between success and failure of pain-act is frequently encoded with a discourse of diagnosis, a form of complex political, cultural and historical Foucauldian confessional machine. The professional confirms if you’re in pain or not in pain. The ontological consequence is the tremor of doubt and self-doubt: ‘Is it all in my head? Is the physical pain an illusion generated by a mind in pain?’ Professionals insisted on mind/body duality in order to assert their power as diagnosticians and to enforce, reproduce and sustain the power relations inscribed within the medical discourse of diagnosis, therapy and healing.\(^5\) And we all know that ‘you’ have to have some agency in stating that your pain did occur, but you don’t. Or, to put it bluntly, you only have ‘performative agency’. Hence, how do you prove ‘your’ pain? The terror of diagnostical dualism is the basis of psychosomatics and it is well established in APA classification of mental disorders, under the ‘somatoform’ disorders section, as described in the revised, fourth edition of the mental health professional’s handbook DSM-IV-TR (Diagnostic and Statistic Manual of Mental Disorders).

Can one be perversely irresponsible in front of the demand to perform one’s pain? As a perverdeformative act, pain-act is perhaps the ultimate disidentification strategy

\(^5\) It wasn’t until the end of 20th century that pain was redefined in psychology as multidimensional phenomenon, encapsulating emotions, central nervous system, bodily sensations and alike.
of critical survival. The unspoken question, performed in every consultation states the following: ‘Prove it, prove you are in pain. Confess your pain to me, to us’ – and this question introduces the notion of theatricality. Is the dictum to confess one’s pain also a pain-act? Obliged to tell the other that you’re in pain? The pain is multiplied by confessions, and by necessary public admission. And this disclosure of one’s pain-state is infused with doubt over how the confession will be responded to. Who gets to say if it’s true, or if one has the right to make it a ‘reality’? Who has the right to performatively diagnose pain? The descriptive (and lest we forget - prescriptive) nature of the constative is easily dismissed by those who have right to diagnose and treat (or refuse to offer treatment). ‘You have described a sensation, but I need to see you in pain before I can help you. Perform pain to me. And make it a convincing performance.’

This over-ambitious research deals with ‘things’ too, not only with the colloquial use of the word ‘things’. When one is summoned to ‘perform one’s pain’ that means the following: ‘perform your pain and make it a thing, objectivize it, so it can be studied as a thing, but not pain. We can ‘help’ you deal with a thing but not some elusive pain’. We have all been there, being self-aware of the mandatory performance of pain. The realization that one needs to make performance more theatrical to satisfy diagnostician-audience is even more horrifying when faced with somatoform pain disorder, hypochondria or chronic pain. The number of times one has been told to exaggerate the symptoms of mental and/or physical illness, for show and evidence in order for the professionals to write a positive review of the performance they’ve just seen – pain-act is theatrical by default: ‘Watch my pain seduce you’. In addition, there is always the encouragement to make it more seductive, though one can never be convincing enough. The theatricality of symptoms is a never-ending play, and we are too familiar with performing the symptom(s), with proving the illness and with subjectifying to and by the performance of pain.

**Will the body in pain please stand up so that we can decide if that body is grievable or treatable at all?**

Pain as bodily otherness or othering is one of the most demanding tasks to think about. This thinking has to do away with dualisms of body/mind in order to break the torturous circle of metaphysical tyranny. If we want to dismantle the pain-forensics we have to work in pain, to give a painful birth to the subject in pain, to get familiar with self-referential pain that points to a reality within painscape, and not to some supposed ‘outside reality’. We are all acquainted with the neoliberal ‘no pain no gain’ dictum, that is with a demonic psychic, somatic, political power(lessness) to perform (pain), to inflict pain and to disregard pain as a political practice, especially within the politics of affect that contemporary affect theory stresses.

In political terms, Katerina Kolozova names grief, solidarity in pain, trauma, torture as a “suffering stripped of humanity” in her book *The Lived Revolution*.
– Solidarity with the Body in Pain as the New Political Universal. “What we share”, Kolozova continues, “in the ‘common human suffering’ is the suffering itself, not humanity.”\(^6\) But on more fundamental level, on day to day continuum – the pain we ‘know’, but have to perform as well, is physical pain - the pre-linguistic, supposedly pre-discursive ‘lived’, ‘eventual’ pain. Nevertheless, we cannot dissociate physical and psychic suffering and vulnerability.

One of the fundamental questions is the following: can a pain-act have ontological consequences? To put it differently, we can assume that ‘being in pain’/’being with pain’ (pain as the other) is an ontological (or hauntological) determination of being as such, pulling us painfully toward a hauntological painscape of unphantomable pain deliverence.

In her seminal work *The Body in Pain: The Making and Unmaking of the World*, Elaine Scarry asserts that “physical pain has no voice.” And not only that: pain not only resists the language but destroys it as such:

When one hears about another person’s physical pain, the events happening within the interior of that person’s body may seem to have the remote character of some deep subterranean fact, belonging to an invisible geography that, however portentous, has no reality because it has not yet manifested itself on the visible surface of the earth.\(^7\)

As if our ontological status can only be that of elevating the pain (physical and any other, as the other) to a meaning, “to a Truth” (Kolozova) of our ontological impossibility of being without pain, without the other. The pain-act fails not only as failure but as something misheard, talked over, misplained, or ‘mispained’. Not a constative, but a performative – an action and a practice of acting (out), of re-appropriating ‘your’ pain, of making it not confessional but subversive.

**Prescriptions for Weltschmerz**

Isn’t *Weltschmerz* the most expected place of departure onto the vast space and temporality of the pain-act, especially when we are dealing with the elusiveness of pain? With that in mind, I’ll bring this paper to a closure with Henry Miller’s *Tropic of Cancer*, precisely with the famous narrator’s introduction of Moldorf’s character:

> It is the caricature of a man which Moldorf first presents. [...] He has fermented so long now that he is amorphous. Yeast depleted of its vitamins. Vase without a rubber plant. [...] There is

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\(^6\) Katerina Kolozova, *The Lived Revolution: Solidarity with the Body in Pain as the New Political Universal* (Skopje: Institute of Social Sciences and Humanities, 2010), 118.


his mind. It is an amphitheater in which the actor gives a protean performance. Moldorf, multiform and unerring, goes through his roles - clown, juggler, contortionist, priest, lecher, mountebank. The amphitheater is too small. [...] He has only one cane – a mediocre one. In his pocket scraps of paper containing prescriptions for *Weltschmerz*.

“He is cured now”, states the narrator afterwards. Moldorf is cured, from the devastatingly hypocritical effects of *Weltschmerz*, but he is left with a broken heart. The brokenness is inscribed in imaginary painless recovery. This caricature of man, a self-representation of *Weltschmerz* exaltation, is cured following the instructions, we can only presume, written on the prescription, on scraps of paper in his pocket. Scraps of prescription for the scraped-self-world-pain. Suffering in the epoch of pain, within a certain ‘culture of pain’, makes Moldorf a postromantic and postdecadent character and caricature among all the patients of the world-wearness literature. Does he get to taste an unimaginable (‘cultural’) pain-killer, or he indulges in ‘disidentification’, by setting the ‘too small’ amphitheater of ‘multiform’ roles, a protean mise-en-scène that may stand as an escape route from the prescribed *Weltschmerz*? Disidentification, as proposed by José Esteban Muñoz in a study *Disidentifications: Queers of Color and the Performance of Politics* (1999), “is about cultural, material, and psychic survival. It is a response to state and global power apparatuses that employ systems of racial, sexual, and national subjugation.” To self-disidentify is to recycle and to rethink encoded meaning, to queer the coded meaning itself and, in a peculiar ‘survivalist, but also critical’ ethos, to engage in ‘cultural politics of disentification’, i.e. in ‘performative mode of tactical recognition’ of one’s minority status within a dominant political and cultural paradigm. Moldorf’s pain can be taken as a perverted disidentification – praxis of becoming a survivor of the world as we know it. But questions keep pilling up.

By taking a pain-killer what exactly does Moldorf kill? The world with pain, or the pain with the pain as such? Being a ‘word-drunk’, Moldorf is a perfect victim of *Weltschmerz*, of ‘saturnine acedia’, Hamletian listless inability to be anything but a multiplicity of theatrical roles, fermented, amorphous performative ‘critical ethos’ of passive resistances. Moldorf’s prescription is his cane, and a ‘mediocre one’. To erect himself from the worldly discomfort, Moldorf leans on his mediocre cane, and within performative mode of disidentification, he ‘mispains’ himself, as a bloodless and organless creature – “a portable trunk filled with innumerable drawers and in the drawers are labels written out in white ink, brown ink, red ink, blue ink, vermilion, saffron, mauve, sienna, apricot, turquoise, onyx, Anjou, herring, Corona, verdigris, gorgonzola.” He is made by the world(view) only to unmake the world itself.

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9 Ibid., 9.
Pain-act can be related to necroresistance,\textsuperscript{12} to the level of ‘grievability’, and to another tangent: minor pain\textsuperscript{13} and refusal to acknowledge pain as such. To think the pain is to rethink “the complex biopolitical experience” that cannot be measured by some “pure objectivity” or “objective parameters”\textsuperscript{14} embedded in our current biopolitical and medical archives. If pain is an inexplicable experience of falling apart and moving beyond the ‘objective parameters’ of institutionalized and policed realm of long lost private space (multidimensional, it seems), then pain is splitting the subject of pain, producing painful painlessness of foreignness to oneself. Nevertheless, it seems that pain is shared and relational in some abject way, as a transnational (or better yet, transgressive) experience of pain told to oneself, self-expressed, an individual solidarity with the body in pain or at least it is a possibility. I would like to conclude with a question, rather than with a protocolary thesis closure: is pain always already political?

References


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\textsuperscript{12} Possible lines of inquiry include the diverse practices of necroresistance, but specifically the one of hunger strike as a labor of dying. Necroresistance could be read through the deconstruction of body proper within the practices of feasting on a void: political, epistemological, ethical, cultural, racial, and gendered. Hunger strike is the notion often linked to political an religious practices from medieval fasts to modern anorexia, and it deals with the unexpected relations between the politics of (dis)bodying, literarature of discarnation, and actual self-starvation narratives.

\textsuperscript{13} ‘Minor’ stands for weak pain and for pain as a minority issue.

\textsuperscript{14} Nataša Govedić, ”Posveta broja i (o)bol stvarnog iskustva,” \textit{Treća} 12, 2 (2010): 5.