

Editorial

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Re:visit celebrates its second year of publication and the editors are delighted to unveil an edition predominantly in English. This edition revolves around a thematic exploration of *Pain & Compassion*, a product of the research project “Patients and Passions: Catholic Views on Pain in Nineteenth-century Austria”.¹ The complex, often elusive nature of pain, with its varied historical interpretations in humanities and culture – as punishment, special distinction, or bodily warning signal – constantly transcends itself, as evident in the thematic contributions of this issue. Pain defies reduction to neuro-physiological processes alone, consistently referencing the perception and suffering of those affected.² It not only challenges the mind-body dualism but also sparks questions about communicability and representability. Pain gestures toward a vast realm of culturally or socially grounded and coded metaphors, shaping expressions within individual medical narratives. Thus, the special issue’s focus on the two terms of ‘pain’ and ‘compassion’ not only delves into the core of biomedical debates and controversies but also, in the spirit of the *Medical Humanities*, beckons for a comprehensive interdisciplinary dialogue.

Special Issue ‘Pain & Compassion’ – A Very Brief Introduction

Ever since the nineteenth century the perils of irrational emotionality in professional medical settings have been a topic of public and scholarly discussion. In the nineteenth century, while compassion was very much a core humanist value, traditional biomedicine cultivated a professional politics of unfeeling and disaffection. Sobriety and dispassion, as

1 The research project is funded by the Austrian and Flemish Science Foundations (Joint-Project No. I 3545-G28).

2 See already David Le Breton: *Anthropologie de la douleur*. Paris 2005.

the historian of emotions Rob Boddice explains, were in times of sentimentalism seen as beneficial, especially in health care. Accompanying this rejection of excessive feelings, a repertoire of emotional practices considered to be professional were developed, alongside social and political demarcations.³ In the case of ‘civilized’ and professional medicine, a kind of emotionlessness was seemingly justified; feeling too much compassion was even pathologized as hysterical. Accordingly, compassion, as Boddice further notes, says more about the compassionate person than about the person or animal to whom that compassion has been directed. The compassionate person, who opens themselves to the suffering of others, then transforms suffering into an impulse to (charitable) action as well as into a kind of pleasure based on a practice of detachment, in which the suffering of others is perceived and to an extent felt, yet still recognized as lying outside the self. Compassion establishes an emotional attachment between caregiver and care-receiver and gives an impulse to alleviate pain.⁴

Throughout the history of medicine, compassion has been embedded into a contextual hierarchy of virtues alongside soberness, professionalism, piety, heroic self-sacrifice, and others. A temporary exhibition about the history of emotions in nursing at the Royal College of Nursery Library and Heritage Centre touches on a wide range of feelings in medical surroundings through time: anger, sadness, compassion, fortitude, and fear; emotions that impact gendered caring and curing practices. For nurses only, empathetic abilities were sometimes celebrated as more important than cool-blooded sobriety. The exhibition illustrates that the perception of pain and compassion throughout the ages “reinforced hurtful stereotypes about nursing and gender, class, religion and race”⁵ Further, the exhibition showcases the dynamic change in the social perception of nursing and nurses, as well as in the hierarchy of virtues. The aspect of virtues brings us to the intersection of medicine and religion; after all, compassion also figures as a religious virtue and emotional work. Sympathy for the sick and the poor who – according to religious moral beliefs deserve pity – became fundamental to the concept of salvation and the line between self-serving self-sacrifice and the care for the distant other was constantly blurring.⁶

3 Rob Boddice: *Die Geschichte der Gefühle. Von der Antike bis heute*. Darmstadt 2020.

4 Ibid., 162.

5 Who cares? A History of Emotions in Nursing. Exhibition at RCN Library and Heritage Centre. <https://www.rcn.org.uk/library-exhibitions/Who-cares-emotions-in-nursing> (27.10.2023).

6 Cf. Maria Heidegger: Tracing Care Relationships in Psychiatry. The Tyrolean Sisters of Charity in the Nineteenth and Early Twentieth Century. In: *Kirchliche Zeitgeschichte/Contemporary Church History* 36 (2023), 21-35.

As this short outline indicates, pain and compassion as emotional clusters are ambivalent historical phenomena and suffering calls for intersubjectivity and interaction. The pain of others could and can evoke disgust, religious zeal or compassion, and those who witness it try to attach meaning to it. As corporeally felt phenomena, pain and compassion are linked to historical, cultural, and gendered conceptions of bodies.⁷ Ideas of an empathic character, a certain openness, irritability, and sensitivity play a role here; think of the motif of female receptivity in history and literature around 1900. This motif appears, according to Monique Scheer, in a positive shape as sympathy, yet, at the same time in a negative way as female manipulability, irrationality, and hysteria.⁸ Women particularly, were seen as being at the mercy of their emotions, more capable of compassion, but also less able to control themselves.⁹ Similar attributions are also made to people from non-Western cultures. Thus, any perception and response to another person's pain depends on one's own experience and cultural surroundings and is always ambivalent, flexible, and political.

Against this backdrop, this thematic issue of *Re:visit. Humanities & Medicine* wants to address different facets of the complex phenomena of pain and compassion from an interdisciplinary perspective. According to the given, very brief historical overview, we understand pain and compassion as complex emotions that seldom come alone and often come unbidden. They might bring with them anger, fear, pleasure, joy, love, but also confidence, hatred, longing, pity, and disgust. Like pain, which goes beyond a mere bio-medical experience, compassion, too, cannot be defined as a singular emotional state of being, but, as a historical and cultural practice, created and affirmed through action. As an effort, a challenge and an intersubjective emotion, compassion is linked to the politically charged question of whom we can feel compassion for and why. The articles in this issue highlight some aspects of resonant, interactive compassionate experiences and they present emotional landscapes of pain and compassion in the context of health care. Next to that, they

7 On the interplay between pain, compassion and intersectional categories such as gender, class, age, disability, sexuality, and ethnicity, see Xine Yao: *Disaffected: The Cultural Politics of Unfeeling in Nineteenth-Century America*. Durham/London 2021; Mamta Motwani Accapadi: When White Women Cry: How White Women's Tears Oppress Women of Color. In: *College Student Affairs Journal* 26.2 (2007), 208-215.

8 Monique Scheer: Das Medium hat ein Geschlecht. Fünf Thesen zum besonderen Verhältnis zwischen Frauen und „angemaßter Heiligkeit“ aus kulturwissenschaftlicher Sicht. In: Hubert Wolf (ed.): „Wahre“ und „falsche“ Heiligkeit. *Mystik, Macht und Geschlechterrollen im Katholizismus des 19. Jahrhunderts*. Berlin, Boston 2013, 169-192, 175. <https://doi.org/10.1515/9783110446807-014>.

9 Ibid., 178.

navigate the complexity of the topic using various thematic, methodological, and disciplinary approaches. In the pursuit of understanding the incomprehensible, the concept of 'shared pain' acts as a common thread, albeit with distinct manifestations in each article.

From the perspective of a historian of religion, Tine Van Osselaer focusses on shared pain. She turns to the so-called 'Catholic victim souls' of the nineteenth and twentieth centuries, predominantly women, who voluntarily took on 'God-given' pain for the benefit of others. In her comparative analyses of three case stories of religious women who endured pain not only for the sake of society as a whole but for fellow human beings and poor souls in purgatory, Van Osselaer highlights the social aspect of compassion. In her case studies, the respective conceptions of pain, body and intersubjectivity become visible and in comparison, it shows that what appears similar at first glance, is in truth much more complex.

With musicologist Ryan Weber, we continue our journey to emotional landscapes of pain and compassion. Weber weaves personal narratives into collective stories to study processes of aestheticization of pain. In particular, he demonstrates, in what way Icelandic composer Jón Leifs (1899–1968) and glaciologist and writer M. Jackson artistically utilize the experience of natural environments to express and share their pain of loss of beloved family members, this way also reclaim identity.

Christoph Singer explores (emotional and geographical) landscapes of pain as well, by addressing the invisible pain of the 'untouchables' in the Indian caste system as well as visualization strategies of pain in the work of Dalit artist and filmmaker Ketan Metha. Theoretically based on, among others, Pramod Nayar's reflections on Dalit Poetry and the representation of '*Scar Culture*' as an embodied aesthetics of suffering, Singer analyses the politics of representations of pain, and points to discursive strategies offering a sense of agency.

Hardly any advanced training or textbook in palliative medicine can do without the concept of 'total pain'. The meaning and ongoing relevance of this concept is discussed in a report by one of the pioneers of the Austrian hospice movement, Elisabeth Medicus, who shows that 'total pain' refers to radical individual suffering, always in tension with 'objective' biomedical pain therapy. According to Medicus, it is the caregivers' task to endure this tension in the concrete encounter with the suffering at the end of life and with one's own feelings.

Also Felix Lene Ihrig's report highlights compassion, which is understood not as pity but as respectful attentiveness. Ihrig's report gives insight into the author's dissertation

project, which explores the potential of compassion to resolve an epistemic imbalance in the patient-physician relationship specifically in the case of transsexual and gender-non-conforming persons. For this purpose, Ihrig evaluates data for a reparative search for successful moments of appreciative compassion in medical practice in Austria.

For the journal's section "In Conversation with...", we were able to speak with Stefanie Jahn, a physician of anaesthesiology, palliative medicine, and naturopathy. Starting from the challenges of a biomedical definition of pain, she reflects on the broad semantic spectrum of this concept. Pain, she tells us, must be understood as a complex interplay not only of biological, psychological, and sociocultural experiences but also of spiritual experiences. This is where an objectification of pain reaches its limits. Proceeding from this, we talked about the role of art and literature as forms of expression which are by no means harmless but can be, and often are, constructive and painfully destructive themselves.

For a second conversation about the issue's main topic, we met the artist Katharina Sabernig, a trained physician and anthropologist. Inspired by the diversity of anatomical representations and the ethical issues these may raise, she began knitting colourful anatomical objects. In our conversation, Sabernig shares her thoughts on art, anatomy and ethnomedicine. An example of her artistic approach is already displayed – with our heartfelt gratitude – on the cover of this issue: a knitted representation of the brainstem that plays a pivotal role in pain reception. However, Sabernig's knitted pain figures not only allow for a vivid and 'graspable' representation of anatomical intricacies crucial to understanding pain but also draw inspiration from Tibetan medical thangkas for visualizing pain intensity and management.

Open Section

Beyond the thought-provoking focus of the special issue, which instigates, among others, inquiries into response mechanisms within medical and caregiving professionalism and not least confronts us with the limits of medical intervention – such as pain management at the end of life –, this issue also introduces, for the first time, an open section with three original articles, a report, an interview and a book discussion.

Once more, the contributions are characterized by methodological diversity and a wealth of studied sources. In her exploration of drug experimentation and its reflection in ego-documents, Regina Thumser-Wöhls, an expert in sensory history, underscores the relevance of mental reality and the sensorial communication of explicitly 'non-logical'

and ‘-objective’ truths – a facet that is of particular significance when approaching the complex ‘evidence’ of pain.

Literary scholar Rosalind Silvester, on the other hand, explores the sculptures and installations of Huang Yong Ping (1954–2019), a Franco-Chinese avant-garde artist whose work courted strong controversy in post-Maoist China. Utilizing a dual perspective, he intricately weaves together Western allopathic medicine and ‘Traditional Chinese Medicine.’ This subversive fusion playfully undermines the inherent logics of classification in scientific discourse, while also working to prevent the ‘exoticization’ of foreign medical traditions.

In the open section’s third and final original article, Frederic Boettel et al. share results from the first author’s doctoral thesis in dental medicine. Returning to the essence of *Medical Humanities*’ early phase, the authors analyze the portrayal of the oral in contemporary German-language literature, employing an innovative computer-assisted method using specially developed software. The extracted data not only inspire varied readings of the oral but also reaffirm literature’s crucial role as a complement to evidence- and science-based approaches.

Additionally, two literary scholars, Andrea Oberhuber and Daniel Laforest, allow us a glimpse into their current work. In her report, Oberhuber presents a project on caregiving figures in French literature, focusing on the period between 1870 and 1945. In this regard, the author offers exciting insights into a detailed image database on the project’s subject. In an interview, Laforest explores the narratability of life and medical stories in the context of the growing quantitative measurement of the body (e.g., smartwatches). In an intriguing cross-connection to the topic of the special issue, Laforest also discusses the role of such stories in generating compassion, critically addressing moralizing role expectations.

An original review format completes the issue: biologist and bioethicist Gabriele Werner-Felmayer and linguist and gender and diversity representative Ulrike Nachtschatt enter a mutual conversation about Anita Wohlmann’s monograph *Metaphor in Illness Writing. Fight and Battle Reused* (2022). In their discussion, the two scholars, whose seemingly disparate disciplinary backgrounds are connected through their practical engagement with health and illness, share their passion for Wohlmann’s profound de- and reconstruction of especially the war-metaphor in literary illness writing.

The diversity of the articles, reports, and conversations simultaneously demonstrates that the contributions contained in this mutual issue increasingly live up to their intended character as a thinking and reflection laboratory in and for the *Medical Humanities*. In this regard, also the interplay between the special issue and the open section has generated resonant effects and echoes, which may not least offer inspiration for thoughts and discussions going beyond our current issue. On that note, we warmly invite submissions for the upcoming issue to mutually carry on our interdisciplinary dialogue on the complex facets of illness and health.

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