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The Pain Chronicles: Cures, Myths, Mysteries, Prayers, Diaries, Brain Scans, Healing, and the Science of Suffering

Jane C. Ballantyne, MD, FRCA

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When pain is a symptom, as is often the case when pain is acute or related to cancer, it is easy to explain, at least in cartesian terms, and relatively easy to treat. When pain is understood to be a disease, as is often the case with chronic pain, it becomes much more difficult to conceptualize and to treat.

Melanie Thernstrom, author of *The Pain Chronicles*, is a creative writer by training and by calling. Nothing she encounters is taken at face value: she needs to explore, and she needs to find expression. She also has personal experience with chronic pain. This makes her unusual, because rather than rely on the elusive "cure," she has embarked on a journey of trying to grasp what pain actually is.

what it has meant for humanity through the centuries, how its perception has changed, and how present-day science has profoundly altered the way it is understood. She chronicles her exploration through trying to comprehend her own pain. Pain physicians travel a similar route. When they start out, they see pain as something they can simply treat; as they journey, they come to understand the limitations of medical treatment and to understand that chronic pain is so internal and personal that it can only be greatly altered by the person experiencing it.

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BOOK AND MEDIA REVIEWS

THE PAIN CHRONICLES: CURES, MYTHS, MYSTERIES, PRAYERS, DIARIES, BRAIN SCANS, HEALING, AND THE SCIENCE OF SUFFERING

By Melanie Thernstrom

364 pp, \$27

New York, NY, Farrar Straus & Giroux, 2010

ISBN-13: 978-0-8654-7681-3

WHEN PAIN IS A SYMPTOM, AS IS OFTEN THE CASE WHEN PAIN IS acute or related to cancer, it is easy to explain, at least in cartesian terms, and relatively easy to treat. When pain is understood to be a disease, as is often the case with chronic pain, it becomes much more difficult to conceptualize and to treat.

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The book progresses through considering pain as metaphor, history, disease, narrative, and perception. Thernstrom borrows from Susan Sontag’s *Illness as Metaphor* when she describes the process by which diseases are understood metaphorically until their pathology becomes clear. Archetypically, tuberculosis was consumption and syphilis was retribution until their infective causes had been identified. Pain has been imbued with many meanings—spiritual, romantic, glorifying, transformative, or punitive. Does the fact that chronic pain can now be understood as a neuropathologic process bring it closer to being accepted in the same terms as tuberculosis or syphilis? Understanding pain as a pathological process has in many ways detracted from centuries-old mechanisms that had allowed humankind to live with what is a “defining aspect of mortal life, a hallmark of what it means to be human.” It still has not been explained exactly how pain perpetuates pain, why individuals with identical pathology experience pain differently, or why chronic pain seems more a biopsychosocial phenomenon than a strictly neuropathological one. Pain is, after all, a perception, which is how Thernstrom con-

of alcohol, opium, or God and was often fatal. Centuries of learning that pain was glorifying and necessary were not easily upturned. As Thernstrom describes, “stolen from the province of the gods, pain was no longer *poema*, passion, or ordeal, but simply a biological function that could be controlled by men.” Thernstrom also suggests that “The Christian conception of the necessity of pain was undercut by the Darwinian (and later Freudian) template of human nature as driven to seek pleasure and avoid pain.”

Although there is debate about whether pain is ever a disease rather than a symptom, few clinicians who treat chronic pain doubt that it is in fact a complex psychosocial disease with a variable neuropathological underpinning. Framing it in such terms is necessary to treat it well. Given the limitations of any analgesic intervention, the focus of management of chronic pain must be on the many factors that produce the disease of chronic pain, not solely on the pathological process that underlies it. Thernstrom, quoting Daniel B. Carr, points out that pain treatments offer a “toehold” to climb out of the chronic pain syndrome or to “at least slow the descent.” Without intervention, the descent can be steep indeed. Perhaps one day, as the author describes later in this section, pain propensity and analgesic sensitivity may be genetically profiled and the exact underlying cause of chronic pain targeted. But will a single target ever be enough?

Thernstrom has researched her topic comprehensively. By repeatedly visiting leading pain clinics, she was able to follow the progress of several patients with chronic pain through the system. In the chapters comprising the “Finding a Voice: Pain as Narrative” section, these patients talk. They, and Thernstrom, offer many insights. *The Pain Chronicles* is an invaluable read for anyone—patient or physician—trying to understand pain in present-day society.

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484 pp, \$99.50

Totowa, NJ, Humana Press, 2008

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Totowa, NJ, Humana Press, 2008

cludes her book. As such, it is profoundly influenced by expectation, culture, experience, and thought.

Pain as history is endlessly fascinating. Imagine what it must have meant to suddenly have surgical anesthesia, with its promise of complete induced oblivion. Before the development of anesthesia in 1846, surgery had to be endured with the help

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THESE 2 VOLUMES DISCUSS MACRODEVELOPMENTS AND MICRO-developments in epidemiology. Editor Mukesh Verma has drawn together previously published articles by hundreds of researchers from around the world, offering a comprehen-

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