

The Yale Journal for Humanities in Medicine

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Book Review

The Language of Pain

By David Biro, M.D.

Norton, 2010

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Diane Ackerman, a best-selling author, once wrote about the dearth of words to describe an odor. We are not equipped with a vocabulary to articulate a stench or a fragrance, for that matter. “Our sense of smell,” she wrote, “can be extraordinarily precise, yet it’s almost impossible to describe how something smells to someone who hasn’t smelled it....Smell is the mute sense, the one without words. Lacking a vocabulary, we are tongue-tied, groping for words in a sea of inarticulate pleasure and exaltation.”

The very same thing could be said about pain. And it has. Dr. David Biro, a dermatologist who also earned a PhD in literature from Oxford University, calls his book [The Language of Pain](#). I think he’s being ironic because his tome is really about our lack of language for pain. As Dr. Biro tells us—in great depth and with many literary allusions—we are just as tongue-tied when it comes to communicating pain as we are about expressing scent. I would add that not being able to express pain is a much more serious issue (particularly if you are a patient and hurting) than failing to articulate an aroma.

Think about it: A friend describes a stinky locker room and you may never quite grasp their experience. But who cares? Your patient cannot precisely explain his or her pain. That is a problem, and we all should care. It happens all the time. Dr. Biro knows all too well. In addition to his prestigious academic credentials, he also had a bone marrow transplant for paroxysmal nocturnal hemoglobinuria, a rare blood disorder that is often fatal if untreated. He was diagnosed at age 31 during his residency. Dr. Biro studied the vocabulary of pain—and the lack thereof—for his doctoral thesis, which was completed before he became a patient in pain. Then he suffered not only physically from disease and subsequent operations but also emotionally as he could not tell his doctors, his wife, or his family how he was feeling. (His first book [One Hundred Days: My Unexpected Journey from Doctor to Patient](#) (Vintage: 2001) should be mandatory reading for all healthcare providers.)

The odd thing about pain, though, is that no matter how much we want others to understand what we are going through, when we are in the thick of it, the last thing we feel like doing is embracing the rest of the world, explains Dr. Biro. We crawl into ourselves. We shut down. People are inherently social beings, but “illness changes this

perspective,” Dr. Biro writes. “We turn inward and retract like mollusks. Our network of connections with the world—our speech and actions, thoughts and feelings—begins to disintegrate.”

The Language of Pain is academic research sprinkled with the author’s own experience. A fascinating brew. “Between physical symptoms (an intermittent ache in one eye and increasing lethargy),” writes Dr. Biro, “and the psychological ones (anger and fear about what was happening and what might happen), I could barely think straight. During visits with the doctor, I stuttered and stammered like a bumbling fool. Still, my inarticulateness paled in comparison with what took place in the hospital during my bone marrow transplant. At its most intense, the pain literally strangled my vocal cords. Silenced, I felt just like Munch’s sufferer: wanting to scream as loudly as I could but unable to make a sound.”

Dr. Biro admits that he tried to break with tradition (really break with human nature) and brought a pad and pen to the hospital so he could document his feelings throughout the bone marrow transplant, hoping to find a new language or forge a new literary path to tell about this painful experience. What happened? As the pain intensified, he stopped talking and stopped writing.

Doctors have long known about our limited vocabulary when it comes to pain. That’s why in the 1970s they devised the widely-used McGill Pain Questionnaire. Most of the time, said Dr. Biro, doctors don’t go through this long survey but instead rely on the so-called Faces Pain Scale. It’s five smiley-faces, starting with a very smiley one (ranked 0 or “no hurt”) and ends with Face Number Five, with the mouth inverted into a sad face and real tears. This one is labeled “hurts worst”

Dr. Biro does not try to find a solution but he does a great job in analyzing the problem of pain communication. His book talks a lot about metaphors—that’s how famous writers have described pain. (Emily Dickinson once wrote that pain “has an Element of Blank.”).

In one chapter he describes the intensely personal experience of pain. In others, he shows how we are left to rely on these metaphors. Often, Dr. Biro uses fictional characters to make his point. James Joyce’s Stephen Dedalus in *A Portrait of the Artist as a Young Man*, “radically reinvents his world by drawing on familiar objects,” Dr. Biro explains. Instead of just saying that he has an earache, he compares the feeling to the roar of a train—stopping and starting, penetrating through his head. Ernest Hemingway’s Harry in *The Snows of Kilimanjaro* cannot tell his girlfriend of his deep pain and anxiety as he dies on the mountain’s edge. Harry is isolated and lonely, as are all people in pain, no matter who is by their side. All pain language really is metaphor, writes Dr. Biro, as when patients talk about the “stabbing, drilling, and pounding” as referring to some sort of imaginary outside force.

Dr. Biro collects writers who express their inability to describe pain. And if they can’t do it—these eminent wordsmiths—how can we expect any better from our patients? David Foster Wallace once wrote about the “impossibility of sharing or articulating this pain” of his depression and the inability to articulate was itself a source of further pain. Ditto for William Styron.

And yet, despite these limitations of self-expression (and even Biro’s own inability during his personal medical crisis), the book is really not so much a missive on our lost ability to communicate but a plea to enhance the ties between patients in pain and

their caregivers. “We caregivers,” he writes, “can use literature as a guide.” Or as he writes, “I realize now there is a profoundly practical side to literature, a side that is nowhere more evident than in the setting of pain. Pain challenges us, and challenges language, like no other experience we have. Because of its problematic nature, we can’t express pain directly or literally; we can’t point to it like we point to a bird in the sky and describe its features. The only way to talk of pain is indirectly or metaphorically. Right up front, we need to be more imaginative and creative than usual. We need to think more literarily. If we really want to convey how it feels, we need to think more like Joyce and Tolstoy.”

Of course, we can’t expect that all of our patients have mastered the classics in literature, but our understanding of pain through literary sources, Biro seems to say, can help forge a bridge between the painless and the pained. The rest of us who may not be as well versed as Dr. Biro, would do well to expand our vocabulary, or at least comprehension, of the issue by reading [The Language of Pain](#).

About the Author



- Randi Epstein is a medical writer and adjunct professor at The Graduate School of Journalism, Columbia University. She received a BS from the University of Pennsylvania, an MS from The Graduate School of Journalism, Columbia University, and an MD from Yale School of Medicine. Her articles have appeared in the New York Times, The Washington Post, The Daily Telegraph, Parents, More, Harper’s Bazaar, among other newspapers and magazines. Randi’s first book, *Get Me Out: A History of Childbirth from the Garden of Eden to the Sperm Bank*, was recently published by W. W. Norton. Randi lives in New York City with her husband, four children, two dogs, and a tortoise.

Published: *January 8, 2011*