



**Meditations on the Female Chronic Pain Experience in Literature: An
Exploration of Lupus in Flannery O'Connor's Letters**

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Abstract

“Men are more likely than women to be given medication when they report pain to their doctors. Women are more likely to be given sedatives,” claims Leslie Jamison while citing evidence from the 2001 study *The Girl Who Cried Pain* (Jamison 117). Pain as an experiential category is different from other somatic experiences, in that it is heavily dependent not only on its mitigation but also on its avowal of external perceptual forces. As Elaine Scarry puts it “To have great pain is to have certainty; to hear that another person has pain is to have doubt” (Scarry 7). This is true except in circumstances when one is inflicting pain on another – such as torture, where the other’s articulation of pain reinforces the effectiveness of pain being inflicted.

A close look at the existing theoretical apparatus and literary representations of women’s physical pain reveals a big issue. Even when gender is acknowledged as a contributing factor in women’s pain, these conversations are often limited to representations of descriptions of sexual assault, childbirth and, fairly recently, menstruation.

The experiences of female pain that aren’t solely mediated through the genitalia, lack both representation and a theoretical vocabulary to talk about them productively. My engagement with pain as a symptom of lupus shows that there are experiences of pain heavily dependent on gender identity, which have nothing to do with the genitalia. In establishing a theoretical apparatus for talking about such experiences it might be useful to draw on Flannery O’Connor’s letters as a test for the theoretical apparatus thus developed.

Keywords: pain, femininity, lupus, neglect, continuity.

Introduction

Given pain’s highly contingent nature it is reasonable to talk about the experience of pain as a gendered affective register. “Major links with the theoretical and methodological contribution to the sociology of health and illness have been made by feminist scholars over the last fifteen



years” and a great deal of this work is based on ethnographic and humanistic traditions, the critical feature of which is to emphasise the subjective (Bendelow 277). Even after this acknowledgement and despite several decades of research into “the role of ethnic, religious, historical and psychological influences, our popular concept of pain as well as standard remedies remains predominantly biomedical” (Mintz 2).

Additionally, a review of the available literary theoretical apparatus reveals that “physical pain as such has received less critical attention than either disability as an identity category or psychological conditions like grief and depression” (Mintz 7). Therefore, the need to talk about the repeated and consistent decentring of the experience of physical pain of a section of the population that is routinely dismissed and talked over becomes evident and necessary.

If Pain Studies is to have a chance of developing into a full theoretical field (ideally like the field of psychoanalysis with wide applicability, subtle divisions, and nuances), then the existing theoretical apparatus needs to shift the focus away from female sexual organs while still trying to represent a gendered phenomenological world view. A productive theoretical methodology much in the vein of psychoanalysis, should ideally evolve to be able to talk about feminine pain in literary representations productively.

I understand “that the moment we start talking about wounded women, we risk transforming their suffering from an aspect of the female experience into an element of the female constitution- perhaps its finest, frailest consummation” (Jamison 115). But it is also my belief that an opening up of the Theory of Pain would allow for more dimensions of the female experience to be articulated and if done carefully would amount to more than a repetition of established stereotypes. A study conducted in 2001, *The Girl Who Cried Pain* is one of the many examples of the routine dismissal and downplaying of women’s pain. Annaika Lillrank, in another enlightening study on back pain among Finnish women, tells us right from the early discomfort of back pain, “the women were sure of its bodily and subjective reality.” And yet “they struggled repeatedly to be taken seriously” (Lillrank 1045). My own lived experience as a woman with lupus, interacting with other women is testimony to the fact that all claims of pain are not treated equally.

Literature Review

Despite experiential and recorded evidence, foremost theoreticians on pain claim that “if a person describes her experiences as ‘painful’ they are. For historical analysis, so long as someone says they are suffering that claim is accepted” (Joanna Burke 3). Bourke claims this right at the outset of her seminal work, *The Story of Pain*, and generalisations like hers are



abundant in pain scholarship. This misrepresentation of prevalent mistreatment points to a gap in the research and provides an entry point into examining what an experientially sound, effectively grounded theoretical analysis of pain could look like.

In lupus, for example, the experience of not being believed is often exacerbated by symptoms like Fibromyalgia, as there is no outward wound or visible marker of distress to point to. Lupus is a good starting point, as a basis on which to build a theory of non-genital female pain not only because women are more likely to have it, but also because it manifests differently in men and women. After all, Systemic Lupus Erythematosus (SLE) typically “affects females at far greater rates than males” (Schwartzman-Morris et al 1). Additionally, “the substantial gender difference in disease manifestations is likely not just due to differences in estrogen or testosterone levels” (Tan et al 763). This is especially important for a theoretical project such as mine which aims to avoid narrow definitions of womanhood and femininity. The ability to do so is an intrinsic benefit of moving away from genitalia as an identity marker.

Another method of avoiding biological essentialism might be to focus on pain utterances. Despite the extensive work done on the language of pain, the axis of gendered expectations hardly figures in the scholarship. Indeed, the language of pain merits an entire paper in its own right, but I intend to limit my focus to what happens when women speak about their pain and not, how they speak about their pain. Even though the language (of pain) is not my primary concern, Elaine Scarry’s astute analysis of the metaphors of pain in *The Body in Pain: The Making and Unmaking of the World* is worth mentioning. It provides an interesting angle into the question of gender.

If one agrees with Scarry’s assertion that the language of pain is inherently “the language of agency”, this has far-reaching implications for a set of people who have constantly had their agency denied and experiences dismissed.

Such a line of inquiry could help sharpen approaches such as Bourke’s. Despite Bourke’s acknowledgement of the political nature of pain (she draws on Foucault to talk about the despotisms of pain events), her methodology for dealing with male and female pain remains undifferentiated. She admits “only some pain utterances are regarded as physiologically real: a woman ... in agony ... is put in a straightjacket, rather than given novocaine” (Bourke 23). But this realisation is not worked out to its logical conclusion. Not accounting for these power structures, has extensive consequences. For example, when lupus is looked at as a disease with very few and subtle outward manifestations and one that is more common in women than in men the notorious delay in diagnosing lupus starts to (infuriatingly) make sense. Women often



go through decades of misdiagnosis and incorrect treatment before it is realised that they have lupus.

Intervention

With this realisation, we have stumbled across our first defining characteristic of female pain: Neglect. Whether the female subject adheres to the prescribed model of suffering femininity (discussed in detail a little later) and, therefore, downplays her symptoms to a point of no return or whether her neglect is outwardly imposed by apathetic medical practitioners, neglect forms an essential part of the journey of female pain. For instance, Flannery O'Connor even in the last year of her life, which was punctuated by her operation and a consequent flare-up of her lupus, hardly ever mentions her pain. The first and only mention of her pain is an act of self-effacement and forced cheer rather than an avowal. Talking about a nurse she writes "She didn't know that she was funny and it was agony to laugh and I reckon she increased my pain about 100%" (Connor 579). As a woman of words in constant communication with her friends, family and colleagues, she had captive listeners and an extensive vocabulary at her disposal. But the pain she was going through never makes an appearance in her correspondence. O'Connor's deliberate writing around her pain is not exceptional. An enquiry into forms of low-grade and chronic pain is an untapped area with minimal literary or critical representation. I contend that if we look for specific moments of avowal of women's pain, we will miss it entirely.

Throughout her letters, whenever O'Connor starts to talk about her state of being, she suddenly shifts into talking about her work as if she had never mentioned her pain at all. A paradigmatic sentence from her correspondence would be something like "I've spent the holidays in bed with a low blood count and am not up to much at the moment. This is a good story and *Esquire* would probably have taken it" (Connor 570). To make meaning from tangential admissions of discomfort such as these, there is an immediate and evident need to forge a theory of pain that puts gender at the forefront. Despite obvious gaps in Bourke's theory, her methodology of thinking about pain as a "type of event" might prove to be a useful starting point because as she puts it "people perceive pain through the prism of the entirety of their lived experiences" (Bourke 13).

Additionally, this conception of pain as an event allows for an integration of affect theory into pain studies, which makes for a stronger consistent somatic-phenomenological argument. According to Bourke, "being in pain is not *happening*" is something that intrudes upon a



person ‘from outside’. It is an event, in the sense that people are actively involved in its construction (Bourke 16). It might seem like characterising pain as an event that marks it as a disruption but that is not the case. Even O’Connor’s refusal to acknowledge the severity of her disease and talk about it humorously as a consistent irritant, is a construction.

Her statement that the antibiotics haven’t done “anything to the infection though they have done several things to me” needs to be read as what it is, a complaint against the persistence of the infection and failure of established medical models. Indeed, the continuity of pain may itself be the event of pain. This conception of pain as a state of being and not a happening, helps us to challenge the dominant (and for reasons outside the scope of this paper, ableist) conception of pain as a disruptive break in the normal life cycle of a person.

The common conception is that “suffering causes a person’s life to deviate from its expected course.” However, this may only be true for “lucky or affluent members of our communities. For the rest of us, being in pain might just be our expected biography” (Bourke 23). This is an important paradigm when one is thinking about chronic pain and gender for reasons that will become clear when we come to our second characteristic of female pain: its consistent presence.

Continuity at the outset, might seem like an extreme defining characteristic for female pain but a closer look at the scripts of prescribed femininity in day-to-day life helps to shore up this point. The most obvious example may perhaps be the grin-and-bear approach prescribed to women when dealing with a decidedly consistent and biographical pain: period cramps. In certain cases, even painkillers for dealing with severe pain are denied to women in households precisely because of the cyclical nature of the pain and fear of overreliance.

But having determined not to depend on menstrual/genital pain, we look for the consistency of pain and the concomitant ride-it-out approach in less visible examples of female pain like arthritis and, circling back to my primary example, Fibromyalgia in lupus. When reading about female pain, one needs to be especially aware of how neglect and continuity might manifest themselves. Looking for dips in productivity, an announcement of a lifestyle change, a shift in focus from work to health and welfare and other such characteristics that mark pain as a “happening” might not yield results. Flannery O’Connor’s “Letters” are testimony to the fact that life goes on despite the persistence of pain. She refuses to admit that the reactivation of her lupus has slowed her down. “I do what amounts to two hours of work a day and that is about as good as I ever did anyway,” she writes to Thomas Strich (Connor 141). She wrote some of her most prolific pieces in and out of hospitals and on her bed. A close look at her



correspondence reveals, that by only looking at her literary output or expecting a break in the course of her life one might completely miss the period when the “wolf” was “inside tearing up the place” as she puts it (Connor 601).

Periods of intense pain and relative stability alternate in lupus. While she admits to wanting peace once “that’s the sweetest thing I ever heard, now ain’t it. Peaceful days and nights.” (Connor 593). Her interest in music, books etc does not alter irrespective of the period she is going through. O’Connor’s letters are fascinating in the way they mention the medicines prescribed, the books recommended by friends, and the work she does as one composite whole that together makes up the person. The pain never takes over and dominates the conversation or her personality. Pain’s persistence and neglect go hand and hand to mark it as female. It, therefore, makes sense that it recedes into the background in feminine narratives.

In direct contrast to this, masculine pain seems to stand out. “Both men and women elicited the view that for men pain of any sort is ‘abnormal,’ being outside of their expectations and subsequently they are less able to deal with it” (Bendelow 287). This cultural bias is important for examining continuity as a characteristic of female pain. When pain is treated as abnormal and outside of expectation for men, the status of their masculinity becomes dependent on their claim of not feeling any pain. This is evident even in colloquial definitions of masculinity like “*mard ko dard nahi hota*” (men do not feel pain). The structures of patriarchy and language do conflate to make victims of men, but what is problematic is that despite this overt dependence on pain by these definitions of manhood, the converse is far less visible. Femininity doesn’t even have an idiom to explain its relationship with pain. That is, if men are characterised by a suspicious absence of pain from their bodies, then women automatically become associated with its constant presence.

Women’s experience of pain is marked by a unique paradox. It is constantly denied but is ever present in societal constructions; men are supposed to be able to handle pain better but there seems to be a consensus that the most profound experience of pain is during childbirth and women’s bodies are uniquely created to withstand it.

When the cultural formulation of something is as markedly contradictory, especially an experience that is purported to be outside the realm of language, it behoves one to be suspicious of its construction and ask who/what benefits from the experience remaining unarticulated. Because we do not have a separate theoretical register to talk about female pain and that women are constantly told to hide, neglect, or not talk about their pain, proves that Pain scholarship has remained complicit with patriarchy despite its best intentions. This, like all patriarchal



consequences, harms men too, as painless days of perfect health without headaches, backaches etc are a rarity. Pain instead of being a break in life trajectory, is instead its most bankable feature. “Approximately 1 of every 6 adults living in the United States, is in pain at any given moment. Epidemiologic and experimental pain studies suggest that women may be overrepresented among those reporting pain” (Robinson et al 251).

But in a world created by men and for men, institutions and work schedules etc. are all built around having a continuously pain-free life. Because of this lack of space for chronic pain women constantly underrate debilitating pain. The two characteristics of pain feed into each other: pain persists precisely because it is neglected. Additionally, “whatever the social climate, women end up child-rearing,” therefore “they don’t have the privilege of giving in to pain sickness” (Bendelow 286). In this way, neglect and continuity not only become predominant characteristics of female pain but also help to keep a patriarchal world order in place.

In conjunction with this, it is interesting that Bourke looks at being in pain, as learnt behaviour: “Pain becomes known to the person-in-pain through language systems, social and environmental interactions, and bodily comportment: people learnt that *this* is being-in-pain while *that* is something else” (Bourke 26). Those of us familiar with current conceptions of gender, recognise that gender is learnt much in the same way: imperceptibly and from a young age.

There also seems to be a correlation between gender scripts and scripts of pain. Both are learnt responses; one could argue that “correctly adhering to highly esteemed scripts is most likely to generate a desirable response in terms of medication, care, and compassion” (Bourke 17). However, studies by Lillrank, Hoffmann and others show that there is a huge gap in the medical response time (measured in terms of painkillers, diagnostic certainty and disease deterioration) experienced by men and women. Women have often had to aggressively demand care to receive treatment at par with their male counterparts. In a world designed to keep one subservient following the given script of femininity (stereotypically characterised as deference to authority, affability etc), is unlikely to get one the needed response, so following the script seems especially counterintuitive. Women have very little control over the care they receive, as O’Connor attests “I may have to go into the hospital sometime soon for [an operation] but that will have to await somebody else’s decision” (Connor 576).

This has been borne out repeatedly in the case of women. It is the script i.e. the prescribed role of an idealised suffering femininity that denies women the care that they need; they are neglected and remain in consistent pain because of it. As a result of this ingrained model even



when women do speak up about their pain, they are shushed, and prescribed sedatives instead of painkillers. This brings us to the third aspect of the female pain experience: Counterintuitive Shushing. The “policy is never to admit anything but perfect health” (Connor 572). What Flannery says for her mother Regina, is true for most women in her life but especially for O’Connor herself. She talks about her low energy in her letters but never explicitly mentions the reason she has “exhausted” her “letter-writing energy,” most likely severe pain because of her Fibromyalgia or her kidney infection. This might be because an ideal model of femininity (as discussed above) is predicated on an uncomplaining, overestimated endurance of pain.

Women are constantly told not to talk about their pain experiences, it is dangerous because the failure to express pain - “whether the failure to objectify its attributes” as in the case of O’Connor, or instead once “those attributes are objectified, to refer them to their original site in the human body,” will allow for the appropriation and conflation of pain with “debased forms of power” (such as patriarchy for instance). Conversely, the successful expression of pain will always work to “expose and make impossible that appropriation and conflation” (Scarry 14). O’Connor, even in the few instances she does admit pain, never acknowledges her body as the site for these sensations. Given that lupus treatment hasn’t changed fundamentally in the intervening decades and having gone through the same steroidal treatment plan as O’Connor, I can confidently say that she is choosing to omit her body on purpose. The manifestations of the disease and treatment on the body in the form of rashes, weight gain, acne, bloating etc. are hard to ignore without conscious effort.

Because of neglect, the continuity of pain and the shushing, women go a significant portion of their lives without even fully acknowledging and realising that they are in pain. There is now an acknowledgement of how patriarchal structures keep men from talking about their pain and various diagnostic tools have come up to deal with these limitations, but whenever female pain is mentioned, the subject of childbirth invariably comes up and is met with a certain awe about the superiority of pain endurance of women and reverential silence. “However, the perceived superiority of endurance is double-edged for women - the assumption that they may be able to cope better, may lead to the expectation that they can put up with more pain and that their pain does not need to be taken so seriously.” (Bendelow 287). The characteristics of neglect, continuity, and shushing present themselves again in this assumption about endurance.

This is also why we need to extricate the genitalia while developing an adequate theory of female pain. Female hormonal and reproductive essentialism persist in pain models to date. Motherhood especially was strongly felt to prepare women with a ‘natural’ ability to endure



pain, whereas there was no such preparation for men” (Bendelow 289). What Bendelow reveals is self-evident to us by now, that the attribution to men and women of different capacities for experiencing pain, is linked to “gender-differentiated socialisation processes” (290). It is important to move away from a limited genital model to counter and fully realise the consequences of this ascription. The superior capacities of women in coping with pain which are supposedly linked to their biological and reproductive functioning, are underpinned by “cultural expectations of roles and socialisation.” (273).

When women internalise this model, not only do they ascribe to themselves higher endurance but also keep quiet about debilitating pain. They do not present differences in demeanour in having and not having pain. O’ Connor for instance talks about her operation simply as “no fun” whereas it was a major medical event and was written about in scientific journals as “you usually don’t cut folks with lupus” (578, 580). She, like most women, understates pain instances.

This might also be because, despite acknowledgement of pain, women’s day-to-day lives do not change. They are still more often than not primary caregivers, not allowed breaks in a world not built to accommodate pain, especially not female pain. Women are constantly subject to misdiagnosis because of their capacity to present as high functioning even in pain. Steps are now being taken to accommodate such cultural constructions of pain into consideration to form a corrective against ingrained notions. One such tool is the GREP (gender role expectation of pain) which has lent great support “to the gender role theories that suggest that men and women are socialised to respond differently and have different expectations relative to pain perception” (Robinson et al 255)

Writers who experience chronic disease must also articulate not just the objective details of their ailment but also the profound impact it has had on their own lives. The task of acknowledging and coming to terms with the betrayal experienced by one’s own body, necessitates a significant degree of vulnerability on the part of the author. This vulnerability is a key factor that captivates the audience. The endeavor of authors to achieve authenticity, along with the tangible realities surrounding an individual’s narrative, is what attracts readers to memoirs centred around chronic disease. When composing a narrative on chronic sickness, it is imperative for the writer to strike a delicate equilibrium between the account of enduring a medical condition and their individual tale.

The reliance of authors on the lived personal experiences, lends an aura of reality to their narratives. According to Flannery O’Connor, the primary task of the writer is to engage in the



contemplation of experience rather than being fully immersed in it. The contemplation of chronic illness necessitates significant introspection which endows the writers with reservoir of life experiences to sustain them indefinitely. These instructive words are a primer for the budding writers afflicted with pain, to cope up with the rigours of painful existence.

Conclusion

In conclusion, one must view the collection of letters as a whole, almost as an epistolary memoir to understand their significance. Flannery's life experience is significant not only in terms of her literary output but also as human and woman, as the first person to be operated upon, and a significant pointer to the fact that Chronic Ailment sufferers are undergoing the same trials and tribulations as their predecessor in the 1960s.

It speaks volumes of the power of the written word that Flannery's experiences can be extrapolated decades later to create an analysis of the female chronic pain experience. It is also testimony to the endurance of the harmful narratives about women's pain and suffering that many of us recognise our own patterns of suffering in the categories I have chosen to call "Neglect" "Continuity" and "Shushing."

Narratives have long held a significant position within societal structures, and the literary genre of memoir serves as a means for readers to cultivate empathy by engaging with authentic personal accounts of individuals in their immediate surroundings. Memoirs centred on chronic illness offer readers the opportunity to either identify with the author's firsthand experience of the same ailment, or to have a deeper comprehension of the challenges faced by individuals grappling with chronic illness. Memoir possesses a significant capacity to exert influence on its readership: "The most exceptional authors of nonfiction refrain from dictating our cognitive processes, emotional responses, or the specific sentiments that ought to be evoked" (Connor, 1969, 141).

A review of the available theoretical and medical literature demonstrates that "the experience of living in a body and being a gendered body in a hierarchically organised" "gender-differentiated world, must have an impact on how different forms of pain are experienced and expressed" (Bendelow 290). A close look at female pain reveals that neglect, consistency, and shushing of pain are a significant part of the female experience. A comparison with my own experience of living with lupus as a backdrop to Flannery O'Connor's correspondence, provided an interesting dimension and test for the theoretical apparatus thus far developed. It also helped challenge the dominant conceptualisation of pain as an "interruption or aberration



of regular life” and the insistence on seeing pain as “a problem the individual body must solve and on successful subjectivity as pain-free” (Mintz 9).

The challenge lies in representing female pain without succumbing to the pressure of the culture that has fetishized this pain “to the point of fantasy or imperative;” a veritable pain cult “that keeps legitimating almost legislating more of itself” (Jamison 126). In my opinion, a movement away from the necessary but culturally represented pain of genital trauma, might be the answer. A review of Flannery O’Connor’s letters reveals how categories such as neglect, continuity and shushing are useful in undertaking such a project. This is just one possible avenue to get chronic ailment sufferers their due. Acknowledgement is just the beginning. By theorising their life experiences one hopes that they aren’t sushed or neglected ever again. The hope beyond all academic pursuit is to disrupt the continuity of pain with understanding and intervention.

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