

WAYS OF BEING IN THE ALL-TOO-PRESENT BODY

Attending to and through Chronic Pain

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I must let this pain flow through me and pass on. If I resist or try to stop it, it will detonate inside me, shatter me, splatter my pieces against every wall and person that I touch.

—Audre Lorde¹

In her book, *The Rejected Body*, Susan Wendell warns against both simplistic imperatives of “mind over body” with their attendant “myths of control”² in cases of illness and disability as well as uncritical celebrations of philosophies of the body that involve the wholesale rejection of mind-body dualism. While many feminists³ have understandably decried perspectives and practices that promote “bare perceptual cognition” and a sense of self over and against an unintelligent body, Wendell, who has lived with Myalgic Encephalomyelitis (M.E.)—or what has formerly been referred

1 Audre Lorde, *The Cancer Journals* (San Francisco: Aunt Lute Books, 1997), 10.

2 Susan Wendell, *The Rejected Body* (New York: Routledge, 1996), 98.

3 Notably: Simone de Beauvoir, *The Second Sex*, ed. and trans. Constance Borde and Sheila Malovany-Chevallier (New York: Vintage Books, 2011); Elizabeth Spelman in “Woman as Body: Ancient and Contemporary Views,” *Feminist Studies* 8 (1): 109-31, Spring 1982; and Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body*, 10th Anniversary Edition (Berkeley: University of California Press, 2004).

to as Chronic Fatigue Syndrome (C.F.S.)—since 1985 and is still intermittently impaired by “fatigue, muscle pain, muscle weakness, dizziness, nausea, headaches, depression, and problems with short-term memory (especially verbal recall),”⁴ makes a strong case that the easy rejection of mind-body dualism (and of what she calls “transcendence of the body”⁵) may itself stem from a privileged position. That is, healthy subjects who are generally unfamiliar with the experiences of chronic suffering or debilitating disease will tend to overlook the value of “some emotional and cognitive distance from”⁶ bodily experiences that are unpredictable, unreliable, painful, chaotic, and sometimes even paralyzing. Unfortunately, in her view, feminist theory has not fully confronted and articulated a phenomenology of bodily suffering, and therefore it “has not taken account of a very strong reason for wanting to transcend the body.”⁷

Nevertheless, Wendell points out, strategies of bodily transcendence that expand possibilities of experience beyond the body’s sufferings do not necessarily signify devaluation or neglect of that body. Drawing on Drew Leder’s phenomenological insights from *The Absent Body*, she recognizes that in fact, the “onset of illness, disability, or pain destroys the ‘absence’ of the body to consciousness...and forces us to find conscious responses to new, often acute, awareness of our bodies.” Thus, she continues, “the body itself takes us into and then beyond its sufferings and limitations.”⁸ So while pain makes the body “present” to us, often with an insistence that absorbs our full attention, the suffering body need not have the last word or serve as the locus for ultimate meaning. In short, Wendell introduces greater ambivalence in theories about the relationship of consciousness to bodies by taking seriously the complex experiences of chronic pain sufferers like herself; her in-

4 Susan Wendell, “Unhealthy Disabled: Treating Chronic Illnesses as Disabilities,” *Hypatia* 16.4 (2001) 2, 32.

5 Wendell, *The Rejected Body*, 177.

6 Ibid., 178.

7 Ibid., 169.

8 Ibid., 178.

terest is in “strategies of daily living, not grand spiritual victories,”⁹ in the context of the crises of meaning brought on by the pain. She writes, “I do not think that we need to subscribe to some kind of mind-body dualism to recognize that there are degrees to which consciousness and the sense of self may be tied to bodily sensations and limitations, or to see the value of practices...that loosen the connection.”¹⁰ We are left to ask: *Is it not altogether reasonable, in such a context, to attempt to disengage from certain constrictive bodily sensations and moods by creatively redirecting consciousness, by taking on an “observer’s attitude,”*¹¹ *so that the pained body does not dictate the totality of the sufferer’s experience?*

Wendell’s insights about how chronic illness affects the ways and the values of attending to her body have some fecund if unexpected intersections with the ideas and experiences of the French philosopher, Christian mystic, and social activist Simone Weil (1909-1943), an oft-neglected interlocutor, especially in contemporary feminist-disability studies conversations.¹² In part, this neglect is likely explained by the well-known influence of Platonic philosophy on her thought—the very tradition that is the source of deep historical devaluations of the body (especially women’s bodies) and of somatic experience in general. Moreover, as Wendell points out, “Feminists have also argued that the dominant forms of Christian theology strengthened these ancient views by representing the body as a major source of the desires and weaknesses that lead to sin, and overcoming the body as an essential ingredient in moral perfection.”¹³ But Weil’s thought—though often simplistically characterized as “Christian Platonic”—is, as I will show, not so easy to categorize and does not neatly fall under an orthodox

9 Ibid., 177.

10 Ibid., 178.

11 Ibid., 174.

12 I wish to extend gratitude to the anonymous reviewer of this article, who suggested that it is positioned between the fields of disability studies, critical phenomenology, and feminist philosophies. Indeed, it was my aim to bring these fields into conversation with each other, especially as they converge at times with Simone Weil’s insights on suffering, without conflating any of them.

13 Wendell, *The Rejected Body*, 165.

“Christian” (or even Platonic) rubric. There is abundant evidence, for instance, that Weil is not only *not* anti-body, but that she takes experiences of suffering and affliction quite seriously, and in ways that address the failures that Wendell finds in contemporary feminist theories of the body.

In her later essays and notebooks, Weil wrote extensively about the relationship between suffering and a certain kind of attention. She would agree, for instance, with Wendell when the latter says that “living with pain, fatigue, nausea, unpredictable abilities, and/or the imminent threat of death creates different *ways of being* that give valuable perspectives on life and the world. Thus, although most of us want to avoid suffering if possible, suffering is part of some valuable ways of being.”¹⁴ Central to these “valuable ways of being,” for Weil, is the development of a kind of attention capable of disrupting parochial and self-centered perspective and facilitating an *impersonal* recognition of others’ sufferings and trials. That is, pain—especially the experience of chronic pain or long-term illness—when undergone by a subject who refuses to supplement a *referential object* for the pain, makes possible compassionate attention to and communion with the world that is largely inaccessible to those whose bodies are regularly pain-free and thus experientially “absent.” Further, Weil describes the possibility of a radical shift in the nature and focus of attention in some cases of long-suffering: while attention is initially directed to one’s (personal, bodily) pain to seek out relief in a pragmatic fashion, it can, with a certain kind of consent to the suffering,¹⁵ become wholly disposed toward concerns and injustices that extend beyond one’s

14 Susan Wendell, “Unhealthy Disabled: Treating Chronic Illnesses as Disabilities,” 31.

15 I draw on and will explain Simone Weil’s notion of “consent” in Section II of this paper, “Attending to Impersonal Pain: Feeling the Universe.” Yet Susan Wendell describes a decision in her own suffering that is similar to Weil’s consent. Wendell writes: “With chronic pain, I must remind myself over and over again that the pain is meaningless, that there is nothing to fear or resist, that resistance only creates tension, which makes it worse. When I simply notice and *accept the pain*, my mind is often freed to pay attention to something else. This is not the same as ignoring my body, which would be dangerous...” Wendell, *The Rejected Body*, 173.

personal interests. However, this “impersonal” attention is founded on and never “forgets” the particular body in pain; the particular suffering body serves as a link to the reality of the universe and of our own mortality, the realization of which can break through our egocentrism. As Weil herself writes, “To change the relationship between ourselves and the world in the same way as, through apprenticeship, the workman changes the relationship between himself and the tool. Getting hurt: this is the trade entering into the body. May all suffering make the universe enter into the body.”¹⁶

To explain this *in-corporation* of the world undergone via pain, this essay proceeds in two sections. In this first section, I examine some influential phenomenological descriptions of the body¹⁷ in pain, noting the initial direction and function of attention in this context. Drawing primarily on Drew Leder’s and Elaine Scarry’s works, we find helpful meditations on the minute affects and tendencies undergone when we are in pain. In the second section, I proffer an analysis of the transformation from those “personal” responses to “impersonal” attention by looking closely at Weil’s descriptions of affliction, consent to suffering, impersonality, and the corresponding (ethical) attention that, in her thought, displaces the faculty of imagination. While Weil might be said ultimately to argue for a transcendence of the *ego* rather than, as Wendell proposed, a transcendence of the body, her model of attention underscores the importance of the perspective gained by consenting to—rather than detaching from—ongoing pain. Moreover, Weil is critical of those who would romanticize affliction or suggest in any

16 Simone Weil, *Gravity and Grace*, trans. Emma Crawford and Mario von der Ruhr (New York: Routledge, 2004), 141.

17 Wendell, *The Rejected Body*, 194. Of course Susan Wendell is right to cite Adrienne Rich who wrote: “Perhaps we need a moratorium on saying ‘the body’... When I write ‘the body,’ I see nothing in particular. To write ‘my body’ plunges me into lived experience, particularity...” Adrienne Rich, “Notes for a Politics of Location” *Blood, Bread, and Poetry: Selected Prose 1979-1985*, (New York: Norton, 1986), 215. I find myself in a similar position as Wendell, however, in resorting to the term “the body,” since so much has already been written in this framework, and moreover, in my arguing for the cultivation of *impersonal* attention, discussion of “the body” comes to acquire a significance for which “my body” is insufficient.

way that it has some ultimate *telos*, but she does describe the unique recognitions and capabilities that are founded in chronic pain. To say, descriptively, that chronic pain affords me a particular insight is not to say, prescriptively, that I ought to seek out (if that were even possible) chronic pain as a means of attaining some valorized standard of action or attitude.

Rather, as we strive to learn from the multifarious sufferings of others, we must attempt to understand possibilities (and real instances) of connection and communion in situations that ordinarily constrain, alienate, limit, and even paralyze us. What sort of knowledge is lost when we ignore or avoid the experiences of long-term sufferings of others (or ourselves)? Wendell describes this epistemic significance:

It is difficult for most people who have not lived with prolonged or recurring pain to understand the benefits of accepting it. Yet some people who live with chronic pain speak of ‘making friends’ with it as the road to feeling better and enjoying life. How do they picture their pain and think about it; what kind of attention do they give it and when; how do they live around and through it, and what do they learn from it? We could all learn this as part of our education.... People with painful disabilities can teach us about pain, because they cannot avoid it and have had to learn how to face it and live with it.¹⁸

What, indeed, will these lessons entail, and what could they mean for the person who doesn’t (yet) experience the constrictions of chronic pain? How might this pathic knowledge realign our attitudes towards our own and others’ bodies?

I. Attending to Personal Pain: Healing My Body

Phenomenologies of pain (such as those articulated by Elaine Scarry and Drew Leder) are of course indebted to Maurice Merleau-Ponty’s works for their incisive descriptions of the lived body,

18 Wendell, *The Rejected Body*, 109.

its self-effacing tendencies in everyday sensing and functioning in the world, and its “presencing” tendencies in response to pain. In order to underscore the “weightiness”¹⁹ of the phenomenon of chronic pain on the lived body and the corresponding effects on attention, I will review five characteristics of chronic pain that merit our reflection for the purposes of this essay. Here, it is important to qualify what is meant by “chronic pain,” which is of course only one type of pain, but is the one that serves as the focus of this essay. Susan Wendell defines “chronic pain” as “pain that is not endured for some purpose or goal (unlike the pain of intense athletic training, for instance), pain that promises to go on indefinitely (although sometimes intermittently and sometimes unpredictably), pain that demands no action because as far as we know, no action can get rid of it.”²⁰

The first and most central characteristic is that there is *sensory intensification* brought on by pain, in which the affected area of the body seizes our attention, bringing what was background and eclipsed into the foreground. This is true not only of chronic pain, but also of acute and momentary pain, though some adaptability here is possible. As Drew Leder explains, “A chronic pain for which one has no solution continues to grab the attention with undiminished intensity...It is as if the pain were ever born anew, although nothing whatsoever has changed.”²¹ In general, aversive states bring us to a corporeal awareness; the affected part of the body is suddenly and insistently *present* to our consciousness. But pathology or injury is not necessary to bring about this sort of appearance. Leder notes, “When normal physiology reaches certain functional limits it seizes our attention. We remember the body at times of hunger, thirst, strong excretory needs, and the like. It is biologically adaptive that we recall our situation at such moments and that their unpleasantness exert a telic demand for removal.”²²

19 As Susan Wendell explains, “A body experienced has both limitations and weight.” *The Rejected Body*, 168.

20 Ibid., 171.

21 Drew Leder, *The Absent Body* (Chicago: University of Chicago Press, 1990), 72-73.

22 Ibid., 84.

There is, then, biological utility for these nuisances; we are compelled to act to resolve the discomfort for however long the disruptive stimulus persists, even though we may be intellectually aware that no particular action (in the case of chronic pain) could relieve the distress.

This *imperative of action*, then, constitutes the second trait, although in the case of chronic pain, this imperative can be experienced as futile. Leder describes an “affective call” that pain sends to the subject, where this call “has a quality of compulsion.”²³ As Elaine Scarry explains in *The Body in Pain*, pain (in general) is defined by being:

a pure physical experience of negation, an immediate sensory rendering of “against,” of something being against one, and of something one must be against. Even though it occurs within oneself, it is at once identified as “not oneself,” “not me,” as something so alien that it must right now be gotten rid of.²⁴

The fact that pain is generally experienced as repulsive to us means that we wish to enact some change that will lessen the suffering, even if that change be merely a perspectival shift. With the onset of pain, we become pragmatically oriented, in an urgent kind of way that does not manifest when our bodies are comfortable. Our attention is initially seized by the pain and is also, therefore, of a pragmatic kind, concerned foremost with accomplishing tasks to the end of enabling biological survival. Leder writes,

My own body becomes the object not just of perception and interpretation but of action. I seek medication, physical therapies, whatever will help. My projects are reorganized around the attempt to cope with or remove the pain. Instead of just acting *from* the body, I act *toward* it.²⁵

Thus the imperative for action is *personally* framed; the sole objective is to *heal my body*. My focus, especially as a chronically ill

23 Ibid., 73.

24 Elaine Scarry, *The Body in Pain* (New York: Oxford University Press, 1985), 52.

25 Leder, *The Absent Body*, 79.

person, is (at least initially) turned inward, upon the minutiae of my bodily struggles. As Leder reminds us, “The consequent self-preoccupation of the ill is a well-recognized phenomenon. The... meticulous attention to the least bodily functions, the careful consideration of all acts as to their harmful or therapeutic effects, has both its tragic and comic aspects.”²⁶

The recent documentary film *Unrest*,²⁷ which is produced, directed by, and about Jennifer Brea and her experiences with M.E./C.F.S., reveals Brea’s many desperate and sometimes comically absurd strategies, tactics, and home remedy “cures” (which included ingesting various supplements, meditation, avoidance all possibility of contact with mold which required her inhabiting a tent outside their home and instructing her husband to change clothes before entering the tent to avoid contamination, and fecal transplants) to mitigate the symptoms of M.E. after she was diagnosed in 2011. Though these attempts were portrayed by Brea herself as humorous in a certain light, the extreme attention to techniques of mastering her unpredictable symptoms also carried a sense of obsessive urgency. In light of the two aforementioned traits, then, we see that pain effectively withdraws our attention from the public world to the privacy of the body in an insistent way, but compels us to find resources—whether external or internal—to address the aversion of pain.

The third characteristic of pain highlights its *isolating nature*. As Leder describes it, “Pain exerts a phenomenologically ‘centripetal’ force, gathering space and time inward to the center. We are ceaselessly reminded of the here-and-now body.”²⁸ While pleasure and happiness are naturally “expansive,” opening us to more connections with the wider world,²⁹ there is a spatiotemporal constrict-

26 Ibid., 81-82.

27 Jennifer Brea, *Unrest*, Film, (Los Angeles: Shella Films, 2017).

28 Ibid., 76.

29 This idea of pleasure having an expansive quality that enables us to forge connections in the world is tied to the Freudian concept of the “sexual instinct” or the life/erotic drive, which is a “constructive or assimilatory” process (Sigmund Freud, “Beyond the Pleasure Principle,” *The Freud Reader*, ed. Peter Gay. [New York: W.W. Norton and Company, 1989], 618).

tion that accompanies the experience of intense pain; one feels nailed to the spot in the most extreme cases, and unable to think easily beyond the immediate physical crisis. Again, Leder affirms that this feature is true even of chronic pain: “While the body in well-being can explore the far reaches of time through memory and imagination, such possibilities constrict when we are in pain. With chronic suffering a painless past is all but forgotten.”³⁰ There is, however, a paradox underlying the isolating and constricting experience of pain that Scarry explains as stemming from the “dissolution of the boundary between inside and outside,” or “an almost obscene conflation of private and public.” In the experience of physical pain, she tells us, there is “all the solitude of absolute privacy with none of its safety, all the self-exposure of the utterly public with none of its possibility for camaraderie or shared experience.”³¹ There is, at one and the same time, isolation and exposed vulnerability (although I will argue the isolation can be offset by the shared realizations acquired through pain).

Moreover, just as there exists a centripetal tendency in pain, there also exists a “*centrifugal movement*”³² in which we precisely attempt to escape our pain and find reprieve by reaching outward into the world, or by trying to live in an idealized past, or by fleeing to an imagined future or state of being. We may identify this centrifugal movement as signaling the fourth noteworthy characteristic of pain, although technically the movement is a *response* to pain. The distinguishing feature relevant here is the “objectlessness” of chronic (or any) pain that provokes the hunt for an object. Scarry remarks that “physical pain is exceptional in the whole fabric of psychic, somatic, and perceptual states for being the only one that has no object.”³³ While our sensual capacities like sight, hearing, touch, desire, and hunger have corresponding objects beyond the boundaries of the body—they are *intentional*—pain is characterized by a “complete absence of referential content.”³⁴ Pain, Scarry ob-

30 Leder, *The Absent Body*, 76.

31 Scarry, *The Body in Pain*, 53.

32 Leder, *The Absent Body*, 76.

33 Scarry, *The Body in Pain*, 161.

34 *Ibid.*, 162.

serves, “is not ‘of’ or ‘for’ anything—it is itself alone.”³⁵ These other sensual capacities and states, precisely by taking objects, invite us to enter the natural, external world. (However, she also recognizes that “the more a habitual form of perception is experienced as itself rather than its external object, the closer it lies to pain.”³⁶ For instance, if I am experiencing, self-consciously, *my seeing and its bodily locus*, rather than being taken up by the objects of my sight, I am moving toward the vicinity of painful awareness of my body. The images of objects meanwhile serve to displace the “weightiness” of my body and of my eyes in particular.)

But a state with no corresponding object (like pain) invites a supplementation—a need to *invent* a world or an object—especially when there are no obvious, immediate, and accessible remedies to diminish the objectless state. Pain festers; it creates a void. It is here that the imagination often enters the scene as the facilitator and inventor of objects. Scarry writes:

Imagining is, in effect, the ground of last resort. That is, should it happen that the world fails to provide an object, the imagination is there, almost on an emergency stand-by basis, as a last resource for the generation of objects. Missing, they will be made-up; and though they may sometimes be inferior to naturally occurring objects, they will always be superior to naturally occurring objectlessness.³⁷

Importantly, too, when sensual states and capacities (like hunger or desire) are for too long deprived of an object, they begin to approach the state of pain. Thus, Scarry later offers an example of the (psychic) pain of loneliness (unfulfilled desire for companionship): “Imagining a companion if the world provides none, may—at least temporarily—prevent longing from being a wholly self-experiencing set of physical and emotional events that, emptied of any referential content, exist as merely painful inner disturbances.”³⁸ Imagination, then, as the centrifugal movement

35 Ibid.

36 Ibid., 165.

37 Ibid., 166.

38 Ibid., 167.

countering the centripetal force of pain, provides objects that may include: spiritual accolades, companions, gratitude from others, meanings, purposes, and a happier future, to eliminate as much as possible the pointless void that we experience as pain. Included here, I argue, are some of the “strategies of disengagement” that provided relief to Wendell.³⁹

Corresponding to the objectless state of pain with its absence of referential content is the final characteristic: *silence*. That is, pain is either inarticulate (in the sense that its “privacy” and “objectlessness” renders it nearly impossible to be verbally objectified and communicated), or it silences all else. With regard to the latter aspect, the moment that pain can be accurately conveyed, rising strangely and horrifyingly out of the privacy of the sufferer’s body, “it makes all further statements and interpretations seem ludicrous and inappropriate, as hollow as the world content that disappears in the head of the person suffering.”⁴⁰ Not surprisingly, however, although such visceral expressions show the trivial nature of other speeches, the cries and other expressions of pain are quickly isolated and ignored—or else “explained” from a presumably more sophisticated perspective, whether philosophical, scientific, or religious, and thus are neutralized.⁴¹

39 For instance, Wendell writes, “Even being able to say, ‘My brain is badly affected right now, so I am depressed, but I am fine and my life is going well,’ is a way of asserting that the quality of my life is not completely dependent on the state of my body, that projects *can still be imagined* and accomplished, and *that the present is not all there is*.” Emphases mine. (*The Rejected Body*, 174.)

40 Ibid., 60.

41 Sunaura Taylor describes this violent “neutralization” of the expressions of pain and fear in the experiences of animals about to be slaughtered. While there is a popular narrative of animals’ supposed “voicelessness,” Taylor makes clear that such is not the case: animals, like marginalized peoples, are (in the words of Arundhati Roy) the “preferably unheard.” Describing a 2009 viral video in which a cow awaiting slaughter shows many explicit signs of fear, distress, anxiety, and panic, Taylor then comments: “I cannot read this animal’s actions as anything other than the expression of fear and a desire not to be in that situation. There is no doubt: if she could tell us what she wanted it would be to turn around and leave that tunnel. We are choosing not to hear her” (Sunaura Taylor, *Beasts of Burden: Animal and Disability Liberation* [New

Of course it is often the case that inexpressible pain *also* silences all else. Dr. Stephen Grosz, a practicing psychoanalyst, recalls sessions with a 29-year old patient, “Anthony,” who learned in the course of treatment that he was HIV positive. In the immediate weeks following the test results, Anthony described many disturbing dreams to his analyst. But Grosz observed that while “Anthony continued to speak about his life and feelings...his flow of words became slower and slower, until one day he became altogether silent.”⁴² Grosz reports that some days, in fact, “[Anthony] might lie down and be silent for the entire fifty minutes.”⁴³ Realizing that his attempts to provoke Anthony to speak were often counter-productive and unnatural in the circumstances, Grosz himself was pulled into silence.

So now, given these five aspects of chronic pain—(1) the sensory intensification, (2) the affective call for remedial action, (3) the spatiotemporal constriction of attention, (4) the objectlessness with its centrifugal tendencies, and (5) the silence—we return to our original question: How might this knowledge deriving from experiences of ongoing pain realign our attitudes towards our own and others’ bodies? Further, could there be a *development* of attention toward the external world, people, and other projects from an apparently *constricting* state? After all, Scarry tells us: “It is only when the body is comfortable, when it has ceased to be an obsessive object of perception and concern, that consciousness develops other objects, that for any individual the external world (in part already existing and in part about to be formed) comes into being and begins to grow.”⁴⁴ Is she right about this?

York: The New Press, 2017], 67).

42 Stephen Grosz, *The Examined Life* (New York: W.W. Norton and Company, 2013), 200.

43 Ibid.

44 Elaine Scarry, *The Body in Pain*, 39.

II. Attending to and through Impersonal Pain: Feeling the Universe

Drew Leder, towards the end of *The Absent Body*, describes moral, aesthetic, and spiritual modalities that are manifestations of what he calls (utilizing a concept taken from Neo-Confucianism) “forming one body with the universe”: compassion representing the moral sphere, absorption figuring the aesthetic sphere, and communion signifying the spiritual sphere.⁴⁵ While these modes represent possibilities for various forms of expansion via a realization of the transpersonal nature of the lived body, they do not answer the question of how the suffering individual’s attention may ever shift away from a personal, utility-centered orientation. Simone Weil, too, was intent upon finding a way to expand her sensibilities into the entire universe, “of realizing the body that excludes nothing and reveals everything of moral and spiritual importance.”⁴⁶ In her writings, we find explicit admonishment of those who would seek to deflect suffering through the object-providing imagination, and admiration for those who, by refusing consolations, consent to the objectless “void” of pain. These decrees are understandably controversial, but require some contextualization. In this final section, I undertake to explain the basis for these judgments and to show how consenting to the experience of chronic pain opens a new (impersonal) mode of being-in-the-world that could be characterized as ethically attentive.

First, it is important to point out that Susan Wendell actually recognized a “paradox” of chronic pain in her account of it, consisting in the fact that “a major aspect of the painfulness of pain [or the suffering caused by pain]...is the desire to get rid of it, to escape from it, to make it stop.”⁴⁷ She thus recommended a kind of “acceptance toward it, giving in to it,” or “making friends with” the pain that involved being aware of the pain, not resisting

45 See Drew Leder, *The Absent Body*, Chapter 6.

46 Ann Pirruccello, “Making the World My Body: Simone Weil and Somatic Practice,” *Philosophy East and West*, 52 (4): 479-498, October 2002.

47 Wendell, *The Rejected Body*, 171.

it, but “relax[ing] ‘into it.’”⁴⁸ In this way, she affirmed that pain for her was “no longer the phenomenon described by Leder” because she had transformed it into something that could hardly be experienced as aversive and would likely not be accompanied by the aforementioned traits.⁴⁹

Simone Weil, too, recognized that pain is an interpreted experience, capable of transmutation. For instance, she wrote, “Pain is the color of certain events. When a man who can and a man who cannot read look at a sentence written in red ink, they both see the same red color, but this color is not so important for the one as for the other.”⁵⁰ The one for whom the red color (pain) is less significant is the one who has gone through an “apprenticeship” in attention. Erazim Kohák, decades after Weil’s death, made a similar remark in relation to the sense of pain experienced by one who conceives herself, amongst her modern conveniences and artifacts, the center of the universe, versus the sense of pain experienced by one who lives closely, intimately, and attentively with the land:

Many of the injuries which keep urban emergency rooms busy warrant no more than a kerchief pressed to the wound and a wave of the hand. It is not that pain hurts less here [living close to the land]...The pain simply *matters less*. There is so much more that matters. When humans no longer think themselves the measure of all things, their pain is no longer a cosmic catastrophe. It becomes a part of a greater whole.⁵¹

Still, Weil did not place primacy on consenting to pain for pragmatic reasons such as the avoidance of real suffering (as we see in Wendell’s account), nor did she take a teleological approach toward inevitable suffering (like seeing it as a “gift,” as in Kohák’s account). She said, for instance, “I should not love my suffering because it is useful. I should love it because it is,” that is, because

48 Ibid.

49 Ibid.

50 Weil, *Waiting for God*, trans. Emma Craufurd (New York: Perennial Classics, 2001), 78.

51 Erazim Kohák, *The Embers and the Stars: A Philosophical Inquiry into the Moral Sense of Nature* (Chicago: University of Chicago Press, 1984), 43.

it is a real and inherent part of our being-in-the-world.⁵² That one should not esteem *one's own* pain and suffering for the virtues it may produce does not, however, preclude recognizing a “value of suffering” itself, as when she wrote, “I believe in the value of suffering, so long as one makes every [legitimate] effort to escape it.”⁵³

Naturally, the question begged here is: What constitutes an *illegitimate* effort to escape suffering? Why should any attempt to avoid suffering, for instance in the case of chronic pain, be castigated? While Weil's conception of affliction [*malheur*] (of which prolonged pain is one variety⁵⁴) reflects many of the aforementioned characteristics ascribed to pain—that it pins us to the present, that it has a silencing effect, and that it is an objectless state—she strongly repudiates the “centrifugal” tendencies supplied by the imagination to avoid the suffering of pain, even though she accepts that those tendencies are real and natural. In her *Cahiers*, she compares the workings of the imagination in contexts of suffering to forces of gravity [*pesanteur*]. At first glance, this is a strange comparison since the imaginative forays relieve the sufferer of the *weightiness* of the pain; contrary to the effect of gravity, the imagination appears to “lighten the load,” hence its attraction. But for Weil, these centrifugal tendencies are gravitational because they reveal human *baseness* and mediocrity, like the tendency toward self-deception and illusion. She writes, “The imagination, filler up of the void, is essentially a liar.”⁵⁵ That is, when we imagine a pleasant future so as to displace the present brutal reality, or when

52 Weil, *Gravity and Grace*, 80.

53 Weil, *First and Last Notebooks* (New York: Oxford University Press, 1970), 3. To be fair, Kohák also argues: “Alleviation must be the first answer to pain.” Though he continues by insisting there are crucial questions we must ask alongside alleviation of pain: “Is the relief, good in itself, worth the price it would demand? Is the comfort of the drug worth the loss of sensitivity it exacts?” (*The Embers and the Stars*, 42, 43).

54 Weil, *Waiting for God*, 68. For Weil, *malheur* is no mere “attack of pain;” rather, as she says, “[t]here is not real affliction unless the event that has seized and uprooted a life attacks it, directly or indirectly, in all its parts, social, psychological, and physical. The social factor is essential. There is not really affliction [*malheur*] unless there is social degradation or the fear of it in some form or another” (*Waiting for God*, 68).

55 Weil, *Gravity and Grace*, 16.

the religious devotee imagines “a God who smiles on [him]”⁵⁶ to compensate for his meaningless trials, or when the lonely person imagines the perfect companion to supplant her complicated (or absent) partner, then we trigger disconnections founded on our myopic interests and are guilty of an ersatz attention. Rather than being receptive to the givenness of the world as it really stands, in our efforts to flee certain forms of suffering, we distort, project, and fabricate others as dictated by our egoistic desires.

We should not mistake Weil as saying that pain should always go unrelieved, that comfort should not be provided, or that affliction and suffering should not be prevented.⁵⁷ To the contrary, she thinks that we are under strict obligation to attend to and respond directly to the needs of all humans, but most urgently to those who are unjustly suffering. However, we are limited in our abilities to provide assistance—whether to ourselves or to others—and for Weil it is paramount that we respect the limits of the real and resist fantasy, projection, and escapism, for this resistance is the cornerstone of what it is to be attentive (and thus to be loving and ethical in her account). Moreover, our “centrifugal tendencies” not only prevent us from appropriately responding to our own and others’ real needs, but also constitute forms of violence themselves. Reflecting on her own chronic migraines, she writes,

I must not forget that at certain times when my headaches were raging I had an intense longing to make another human being suffer by hitting him in exactly the same part of his forehead... When in this state, I have several times succumbed to the temptation at least to say words which cause pain. Obedience to the force of gravity. The greatest sin.⁵⁸

56 Ibid., 9.

57 For instance, she writes: “We have to say like Ivan Karamazov that nothing can make up for a single tear from a single child, and yet to accept all tears and the nameless horrors which are beyond tears. We have to accept these things, not in so far as they bring compensations with them, but in themselves. We have to accept the fact that they exist simply because they do exist”; and “we should make every effort we can to avoid affliction, so that the affliction which we meet with may be perfectly pure and perfectly bitter,” *Gravity and Grace*, 80-1.

58 Ibid., 2-3.

Or again: “Headaches. At a certain moment, the pain is lessened by projecting it into the universe, but the universe is impaired.”⁵⁹ Even our deflections of suffering and our fabricated consolations, as benign as they may appear, problematically function to preserve our (imagined) centeredness in the world, at the expense of everyone and everything else. The challenge is to abandon a purely personal perspective in favor of an impersonal (possibly animal?⁶⁰) one that would enable us to see our *relative position* in the grand scheme of things.

Still, Weil makes stark pronouncements about affliction and suffering that are *prima facie* radically insensitive. Were it not for the authority she claims by her own well-known physical sufferings, including these frequent and near-paralyzing migraines, and the consistency of her life with her ideas, we might be justified in dismissing her as yet another privileged moralist. It was not, then, from abstract principle that she wrote, on May 12, 1942, to a permanently paralyzed soldier (Joë Bousquet) who had fought in World War I:

I believe that the root of evil, in everybody perhaps, but certainly in those whom affliction has touched and above all if the affliction is biological, is day-dreaming. It is the sole consolation, the unique resource of the afflicted; the one solace to help them bear the fearful burden of time... So how could it be possible to renounce it? It has only one disadvantage, which is that it is unreal. To renounce it for the love of truth is really to abandon all one's possessions in a mad excess of love...⁶¹

She goes on to clarify that the problem with “day-dreaming” or

59 Ibid., 6-7.

60 While this subject would require its own separate treatment, I think there is good reason to reinterpret Weil's notion of the “impersonal” as something more affirmative—“animal.” As Sunaura Taylor puts it, describing her disability as necessitating creative uses of her body, “I feel animal in my embodiment, and this feeling is one of connection, not shame. Recognizing my animality has in fact been a way of claiming the dignity in the way my body and other non-normative and vulnerable bodies move, look, and experience the world around them” (*Beasts of Burden*, 115).

61 Weil, *Seventy Letters* (New York: Oxford University Press, 1965), 139.

the imagination is that “it is falsehood. It excludes love. Love is real.”⁶² Love, then, for her is constituted by attention, and attention is a “watching, waiting” regard with no motive.⁶³ Weil explains that attention “consists of suspending our thought, leaving it detached, empty, and ready to be penetrated by the object” in its naked truth.⁶⁴ As Sharon Cameron has explained it, “Seeing like this—without identification—is seeing that resists ‘reading.’”⁶⁵ Anat Pick develops this interpretation of Weil when she writes, “Attention is antiphilosophical; it does not produce arguments or truth claims about its object. Vulnerability as an object of attention does not yield a moral ‘reading.’”⁶⁶ Yet the orientation of attention itself can be evaluated as moral insofar as it does *not* issue judgments or even reprieves. At the end of her letter to Bousquet, Weil asserts that love/attention is never a consolation, but “leaves pain completely intact.”⁶⁷ How can this be, if love or ethical attention is to have any meaning for our embodied existence?

While Weil, I contend, did *not* mean that loving attention cannot offer up real, physical and/or psychical assistance—in fact, one of her frequently cited exemplars of attention is the image of the Good Samaritan—she *did* mean that the pain of our conscious mortality and its limitations cannot and should not be disguised. Unconsoled pain, in *this sense*, by precisely awakening us to the here-and-now, through the shock of its disruption to our own fantasies of limitlessness,⁶⁸ compels us to confront the finite, mortal, and precarious world in its vulnerability. As Pick explains, for Weil,

62 Ibid.

63 Weil, *Waiting for God*, 64.

64 Ibid., 62.

65 Sharon Cameron, *Impersonality* (Chicago: University of Chicago Press, 2007), 117.

66 Anat Pick, *Creaturely poetics: Animality and vulnerability in literature and film* (New York: Columbia University Press, 2011), 5.

67 Weil, *Seventy Letters*, 142.

68 For an extended discussion of Weil’s conception and critique of these fantasies of limitlessness (or what she calls *l’imagination combleuse*) see A. Rebecca Rozelle-Stone and Lucian Stone’s *Simone Weil and Theology* (New York: Bloomsbury, 2013), especially Chapter 3, “Human Nature and Decreation.”

“Consolatory thinking (intellectual, psychological, or religious)... comes at the expense of appreciating reality and must therefore be overcome.”⁶⁹ Wendell expresses a similar sentiment: “I regard the current level of cultural idealization, objectification, quest for perfection, and demand for control of the body as a collective sickness of the soul, an alienation from experience and reality.”⁷⁰ Chronic pain, in this sense, is not only the root of an actively attentive disposition, but also of a new bodily knowledge stemming *from* attention that could neither be anticipated nor contrived from the standpoint of the healthy body that recedes from direct experience. Though pain would appear to constrict our human possibilities, the sufferer who “makes friends with” the fact of her pain has come into contact with a “necessity” that is uniquely educative and thus truly liberating. Cameron articulates this subtle point in Weil’s philosophy well:

One way to understand...attention is to see that Weil is not choosing servitude when she could be choosing freedom. Rather, she is seeing the difference between an imaginary freedom (the “I”) and a necessary bondage to the real. Given such a construction, one couldn’t have freedom simply by looking away from bondage. One could only have illusion. Thus attention frees one from imaginary confinement. But it simultaneously reveals the impossibility of being free from the conditions of the real. Attention does not then deceive one into equating the real with what is desirable.⁷¹

So while an experiential “absence” of my body (had usually in times of health and comfort) is undoubtedly desirable, I must admit the illusion that (subconsciously) accompanies that state of being: that I am indefatigable, invincible, even immortal. Pain serves to illuminate the reality of my materiality, vulnerability, and the fact of mortal limits, and in so doing, reminds me of my decentralized place in the suffering world at large. This awareness, along with the continual resistance to tempting falsehoods, is attention

69 Anat Pick, *Creaturely Poetics*, 11.
 70 Wendell, *The Rejected Body*, 113.
 71 Sharon Cameron, *Impersonality*, 124.

that is disposed *impersonally*.

Labor, useless suffering, disease, and energies made aimless by powers beyond my control all have the effect of wearing down my particular reference point, causing me to feel a bit like inert matter, anonymous and insignificant. Ironically, this is the condition for genuine solidarity and fellowship. Weil recalls an expression that workers and peasants have when an apprentice gets injured. They say, “It is the trade entering his body.”⁷² She understands this to be a metaphor for the connective potential of somatic pain: when I meet up against the brute reality of the world, whether through work or through refusal to inflict unjust harm onto others or through the impersonal forces of nature like disease, my *particular* body becomes a medium on which the *impersonal* truths of mortality, vulnerability, and by extension the needs of others are inscribed, facilitating an apprenticeship in loving attention. Indeed, Weil follows the previous quotation with:

May all suffering make the universe enter into the body.

Habit, skill: a transference of the consciousness into an object other than the body itself.

May this object be the universe, the seasons, the sun, the stars.

The relationship between the body and the tool changes during apprenticeship. We have to change the relationship between our body and the world. We do not become detached, we change our attachment. We must attach ourselves to the all.

We have to feel the universe through each sensation.⁷³

In other words, by attaching myself “to the all,” I relinquish the perspective that is tied up with my preferences, tastes, and desires alone, and forge a bond with the many who do not share my opinions, privileges, cultural conditions, and perhaps even my species.⁷⁴

72 Weil, *Waiting for God*, 78.

73 Weil, *Gravity and Grace*, 141.

74 In addition to Sunaura Taylor’s recent book *Beasts of Burden: Animal and Disability Liberation*, Anat Pick’s book, *Creaturely Poetics: Animality and Vulner-*

The attention that was initially bound up by my unflinching and consented encounter with pain has, as a result, established my bondage and kinship to the universe. If I am faithful to this connection, I suffer by the suffering of others with whom I do not necessarily share a personal relationship, and I cease to treat the most proximate beings as the most real. Weil offers an excellent illustration of this transition to an impersonal perspective in a religious context:

A man whose whole family had died under torture, and who had himself been tortured for a long time in a concentration camp; or a sixteenth-century Indian, the sole survivor after the total extermination of his people. Such men if they had previously believed in the mercy of God would either believe in it no longer, or else they would conceive of it quite differently from before. I have not been through such things. I know, however, that they exist; so what is the difference?⁷⁵

It seems technically possible for a person to arrive at such an impersonal perspective on a purely theoretical basis; after all, “the impersonal” has been traditionally equivocated with a priori reason, and abstraction has been sufficient to arrive at “impersonal” conclusions. However, Weil observed that such transmutations in attention were highly unlikely when the fantasies of limitlessness went unchallenged—i.e., in times of relative health, prosperity, unchecked power, and good fortune. The personal perspective and the purely “pragmatic” mode of attention obtain until the persistence of some difficulty violently interrupts our presumed self-sufficiency.

If such interruptions are not quickly rationalized or otherwise dismissed, and if I consent to the objectless void caused by (legiti-

ability in Literature and Film (New York: Columbia University Press, 2011) deals eloquently with the possibilities for human-animal connection in light of Weilian conceptions of vulnerability, or what Pick calls “creaturely exposure” (15). For extended treatments of Weil and animality, see: Beatrice Marovich, “Recreating the Creature: Weil, Agamben, Animality, and the Unsaveable,” *Simone Weil and Continental Philosophy*, ed. Rebecca Rozelle-Stone (NY: Rowman and Littlefield, 2017).

75 Simone Weil, *Gravity and Grace*, 115.

mate) pains, my apprenticeship in attention progresses. I learn to see, touch, taste, and listen in newer and *more expansive* ways, for my sensibility has extended beyond the borders of my body to the world that I encounter. In the process of this development, I learn to endure the discordance between my desires and phenomena as given. My aversion to pain produces all manner of artifice, denial, and aggression as a mode of transference. But the aversion can and must be endured in such a way that I deprive myself of the imaginary objects. “It is better,” as Weil says, “to say ‘I am suffering’ than ‘this landscape is ugly.’”⁷⁶ How many acts of violence could be prevented by this simple recognition?

III. Conclusion

Simone Weil is unambiguous in her assessment of human pain and suffering: For her, it is an alien presence, indigestible, *absurd*: “To turn suffering into an offering [as with martyrdom] is a consolation, and it is thus a veil thrown over the reality of suffering. But the same applies if we regard suffering as punishment. Suffering has no significance. There lies the very essence of its reality.”⁷⁷ Wendell would agree with this assessment, writing:

I do not believe that I became ill *because* I needed to learn what illness has taught me, nor that I will get well when I have learned everything I need to know from it. We learn from many things that do not happen to us because we need to learn from them (to regard the death of a loved one, for example, as primarily a lesson for oneself, is hideously narcissistic), and many people who could benefit from learning the same things never have the experiences that would teach them.⁷⁸

To truly experience that suffering merely *is*, that it has no *telos*, that it expresses nothing, and that we cannot ultimately avoid it, is to humbly consent to a mimetic silence ourselves. But this silence,

76 Ibid., 144.

77 Weil, *The Notebooks of Simone Weil*, trans. Arthur Wills (New York: Routledge, 2004), 483-484.

78 Wendell, *The Rejected Body*, 175.

so often a characteristic of the experience of pain, is not always negative or confining; silence can also be one of the most “valuable ways of being” effected by suffering, and be both generative and receptive.

Recall Stephen Grosz’s patient, Anthony, who, over the course of his sessions following an HIV diagnosis, became more and more reticent on the couch. Grosz’s responses to these silences and his education by his patient are telling. He writes:

It is difficult for me to convey the feeling of these sessions—the overwhelming stillness and heaviness in the consulting room. There was nothing numbing about the silences; if anything, I listened more attentively. I sat forward, on the edge of my chair. There are silences that are anxious, where the patient—arms folded, eyes open—refuses to speak. There are uncomfortable silences, following a disclosure of something intimate or sexual, say. Anthony’s silences were wholly different; he wasn’t resisting or self-conscious. Under ordinary circumstances, I might ask a patient who has been silent for some time what they’re thinking or feeling, and once or twice I did this with Anthony. But I soon realized that my speaking was an intrusion, a disturbance.⁷⁹

As the meetings with Anthony continued, Grosz noted that the usual stabilizing signals he had come to rely upon in his sessions—both from his patients and from his own internal gauges—were disappearing. He explains, “After sitting with patients for thousands and thousands of hours, I’d developed an internal clock for fifty minutes. But with Anthony my clock broke.”⁸⁰ These silences came to acquire a multitude of meanings for both analyst and analysand, but for Grosz, the most important aspect of the experi-

79 Stephen Grosz, *The Examined Life*, 200.

80 Ibid., 202. Weil recognizes that “the fragmentation of time” is “a characteristic of affliction.” She writes along these lines: “Two thoughts lighten affliction a little. Either that it will stop almost immediately or that it will never stop. We can think of it as impossible or necessary, but we can never think that it simply is. That is unendurable. ‘It is not possible!’ What is not possible is to envisage a future where the affliction will continue. The natural spring of thought towards the future is arrested. We are lacerated in our sense of time” (Weil, *Gravity and Grace*, 82).

ence was that the silences “were something [they] went through together.”⁸¹

This silence also confirms what we have long suspected: that the answers often provided to and for the afflicted are false, and we realize that, as Weil wrote, “there is a natural alliance between truth and affliction, because both of them are mute suppliants, eternally condemned to stand speechless in our presence.”⁸² By virtue of this accidental but material education, we might come to cultivate an attentive silence that “says more” than any of our attempted and obscene consolations could offer. This holds true whether the consolations are for another or for myself. (Indeed, too often the consolations inattentively offered to others have the primary function of consoling ourselves.) On Wendell’s rereading of *Job*, a book which was also central to Weil’s meditations on evil and suffering, Wendell notes that she was amused to discover that Job’s friends and colleagues offered many (unsolicited) theories of how he had brought the plagues of misfortune upon himself, through his own actions and omissions. The story is a timeless and universal one that comes from the site of affliction but presents a moral, epistemic, and spiritual challenge for us all. Wendell articulates the challenge in words that Weil herself might have employed: “Can you love and seek to know Reality even if Reality might be like this?”⁸³

81 Ibid., 205.

82 Weil, “Human Personality,” *Simone Weil: An Anthology*, ed. Sian Miles (New York: Grove Press, 1986), 68.

83 Wendell, *The Rejected Body*, 108-109. [The original quote reads: “Can you love and seek to know God even if God might be like this? Eds.]