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Pain: How does Anthropology look at it? The Suffering of Body and Mind

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ABSTRACT

This Paper attempts to explore pain, social and physical, their metaphors and its suffering in and beyond body. Further it reviews evidences for neuro-chemical and neural overlap between social and physical pain. Besides it has explored consequences of this overlap and follows socio-cultural aspects of pain in the anthropological lens. It is believed that this anthropological exploration will benefit our clinicians and other professionals; anesthesiologists, neurologists, psychiatrists, clinical psychologists and psychiatric social workers working in tertiary level neuropsychiatry facility center; for the understanding of the human pain and suffering beyond their body in their local world.

Introduction

Anthropology of Pain...

> *.....various forms of pain from an anthropological point of view. First, I shall try to show the necessity and usefulness of physical pain as a voice of the Freudian "reality principle" that speaks against the excesses and consequences of the opposite "pleasure principle". Then, I shall proceed to various forms of spiritual pain, such as fears and anguish. Even there, pain and worry are not only the necessary background for relief and joy, but can be something like a last resort for escaping from the deep feelings of the void and nothingness. In the last step, I shall briefly mention shared pains and sorrows as interpersonal phenomena, which link us with others and contribute to building up relations of compassion, charity and love.* (An Inaugural Lecture, International Psychoanalytic Association World Congress, July 31, 2013)

We are living human beings and often experience, at one time or other, social events like divorce and breakups, exclusion from attractive groups, the deaths of loved ones, natural disaster, etc. threatening our social relationships. Our bodies adopt trajectories of physical or bodily pain and the descriptions of these experiences are transcribed in the language of physical pain. How do people express body pain or social pain and its explicit behavior in a community or in a society? It is a universal character of all

living organisms- from unicellular to multi-cellular ones, expressing pain as expression of the intrinsic neural stimulations. So pain remains an inseparable part of everyday life and hence the most common and challenging part of clinical practices to manage. It is in normal physiological parts of life activities: pregnancy, child birth or menstruations and any injury or disease. The meaning of pain can be different to different people or ethnic group. Further, their perception and their response may depend up on their cultural as well as personal background which varies among people (Helman, 2007).

Some ethnographic writings have explored well this issue, for example Taming the Winds of Desire: psychology, Medicine, and Astethics in Malay Shamanistic Performance by Carol Laderman (1991); Robert Desjarlais(1992)'s Body and emotions; Marina Roseman's (1991) Healing Sounds from Malaynisain rainforest: Temiar Music and Medicine; Thomas Csordas'(1994) The scared self: Al cultural phenomenology of Charismatics healing; Nadia Seremetakis's(1991) The Last word: women, death and Divination in inner Mani and Nancy Scheper-Hughes' (1992) Death Without Weeping: the violence in everyday life in Brazil.

In this paper I will explore pain, both social and physical, and its suffering in and beyond the body, reviewed[1] evidences for neuro-chemical and neural overlap between social and physical pain, and explored some of the consequences of this overlap followed by the socio-cultural aspects of pain through an anthropological lens. I do hope this anthropological exploration will benefit to the understanding of our clinicians and other professionals; anesthesiologists, neurologists, psychiatrists, clinical psychologists and psychiatric social workers working in tertiary level neuropsychiatry facility center; of the human pain and suffering beyond their body in their local world.

Metaphors-Do Nerves speak them? Anthropology offers explanations

Do we express when we are in pain? Yes. We all do. What are these expressions? Let see what we do when we are in pain? I mention here the language or expressions of pain which most of us say. These are metaphors, for example, if a romantic boy friend or girl friend leaves you, this causes a 'heartache'(*Dil hi tut gaya*). How do you feel then? Do you say anything in this state of pain? Or think of 'Slap in the face'- it means that an insult and criticism from someone we admire is 'crushing'; there are many more such situations we can observe in everyday life. These metaphors, which influence our lives, are not peculiar only to our lives in this part of northern India, or broadly all over the South-East Asian countries. In the West, the people rely exclusively on physical pain terms to convey the emotional distress of being devalued by other people (i.e., what English speakers call *hurt feelings*). These metaphors of life reflect our social pain through our body as a medium to express its own stress. Lets' think another example; the social exclusion is experienced as painful because reactions to rejection are mediated by aspects of the physical pain system[2]. Here we can think of recent events- how social discrimination can induce the social pain (see for example university students' suicides among marginalized population) in our country[2]. Here social and physical pain begin to overlap as an evolutionary development to aid social animals in responding to threats to inclusion. The evidence reviewed shows that humans demonstrate convergence between two types of pain in thought, emotion, and behavior, and demonstrate, primarily through non-human animal research, that social and physical pain share common physiological mechanisms. Recent research suggests that these metaphors are culturally embedded in their social fabric reflecting social pain; I discuss the profound distress experienced when social ties are absent, threatened, damaged, or lost them later in this paper. This involves, however, neural and neuro-chemical substrates in processing physical pain (Eisenberger, 2012, Eisenberger and Lieberman, 2004, MacDonald and Leary, 2005 and Panksepp

et al, 1980). In other words, social disconnection or exclusion *hurts* in a very real way because it is the neural mechanisms that respond to physical injury. This social disconnection may be seen as an absence of social relationships either within the family or the kin network: if these do not work well or malfunction then the social disconnection generates a social pain in the end. Anthropology allow a deep insight into the local world of suffering, therefore let's analyze social pain, its generation mechanism and maintenance leading to physical pain[3].

Social Pain: Mechanism of its Management

We are social animals, whose joy and despondent moments arise from the gratification and frustration of needs concerning social belongingness (Jaremka, Gabriel, and Carvallo, 2011). Our motivation to maintain stable and meaningful social relationships is rooted in our evolutionary history (Baumeister and Leary, 1995). It is well evident that our ancestors might have lived in groups as it was a survival mechanism in order to defend themselves from predators, and facilitate hunting, foraging, mating, as well as childrearing (Baumeister and Leary, 1995 and Brewer and Caporael, 1990). It has provided a life-sustaining source of care during illness, injury and the utter dependency of childhood (Bowlby, 1969/1982).

Anthropologists are well aware of this evolutionary mechanism. They may all agree that solitary individuals were ill-equipped to face the daunting challenges of their environment, that the survival of our ancestors depend as much on the integrity of their social network as on the integrity of their physical body. Consequently, the evolutionarily ancient pain signal, which served to limit damage to the body, may have been co-opted to alert humans and other social mammals to the possibility of damage of one's social relationships (Eisenberger and Lieberman, 2004, MacDonald and Leary, 2005 and Panksepp et al 1980). Just as physical pain protects animals by drawing attention to the site of the physical injury and motivating appropriate restorative action, social pain may signal potential estrangement from one's social network and motivate restoration of belongingness. This idea is further explored, with the delineation of some of the neuro-chemical and neural systems that subserve both physical and social pain in the following section.

Neuro-chemical Evidence: Does Physical and Social Pain overlap?

The morphine from poppyheads and injection morphine can stop the pain within minutes (Bulgakov, 1975). These opioid drugs, a class of potent painkillers, also alleviate social pain or the ache of social loss. Indeed, the endogenous opioid system appears to play a key role in modulating both physical pain and social affect. Morphine, whose pain-relieving effects are primarily mediated through the μ-opioid receptor subclass (Matthes et al., 1996), attenuates social separation distress (as indexed by a characteristic call termed a distress vocalization) in a variety of animal species (Carden and Hofer, 1990,Herman and Panksepp, 1978; Kehoe and Blass, 1986).

Here one may note that if morphine is taken in low and non-sedative doses it does not affect other normal behavioral responses. In contrast, opioid receptor antagonists, which are known to aggravate physical pain, increase distress vocalizations in isolated animals (Herman and Panksepp, 1978, Kehoe and Blass, 1986) and slow the reduction in distress vocalizations typically seen when animals are reunited with their companions (Carden and Hofer, 1990 ; Herman and Panksepp, 1978; Panksepp et al., 1980).

These findings suggest that the endogenous opioid system, a primary neurochemical system for regulating physical pain, also mediates social attachments (Panksepp et al. 1980). Specifically, it is postulated that social separation causes a painful, low-opioid state that motivates social proximity seeking and is terminated once social contact is resumed, which prompts the release of endogenous opioids. Consistent with this view, elimination of the μ-opioid receptor through genetic engineering causes deficits in attachment, including lack of distress vocalizing (Moles, Kieffer, & D'Amato, 2004). In addition to suggesting a specific point of overlapping between the physical and social pain systems, research on endogenous opioids also demonstrates that the elaboration of social attachment is contingent on the ability to experience social distress.

Neural Evidences: *Neural Substrates of Physical Pain*

The experience of physical pain can be dissociated into two constituent components: the sensory-discriminative and the affective-motivational (Treede, Kenshalo, Gracely, & Jones, 1999). The sensory component provides information about the intensity, quality, and spatiotemporal characteristics of the pain stimulus, whereas the affective component is associated with the perceived unpleasantness of the stimulus, promotes focus on the pain stimulus, and provides the motivation to terminate the painful experience (Rainville et al., 1999 and Treede et al., 1999).

These two pain elements are sub served by different neural mechanisms (Craig, 2002, Tölle et al., 1999 and Treede et al., 1999). Pain sensation is processed in the primary and secondary somatosensory cortices (SI and SII) and the posterior insula (PI), whereas pain affect relies on the dorsal anterior cingulate cortex (dACC) and the anterior insula (AI) (see Fig-1). Although highly correlated, the dissociability of the two components of pain is evident in the fact that individuals with lesions to the dACC and the AI (Berthier, Starkstein, and Leiguarda, 1988) can still identify the presence of pain, but find it less bothersome and distracting. Given that social exclusion does not involve tissue damage but does require an efficient mechanism for capturing attention and motivating pain-terminating behavior, it is probable that the affective component of physical pain is more directly involved in social pain experience, although the sensory component has been shown to play a role in certain types of social pain as well (Kross, et al,2011)

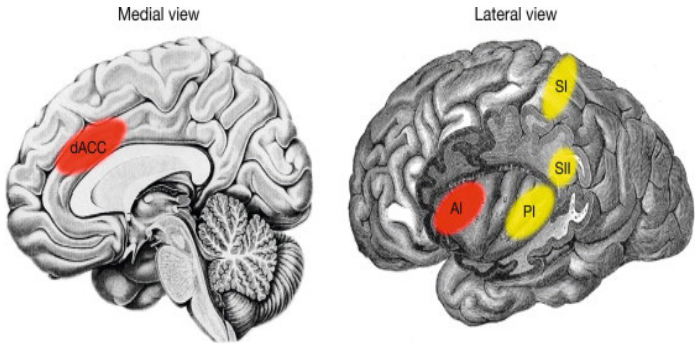

Figure-1: Cortical substrates of the affective and sensory components of pain. Regions displayed in red are hypothesized to be more strongly involved in the affective component of pain while regions displayed in yellow are hypothesized to be more strongly involved in the sensory component of pain. The medial view (on the left) shows the dorsal anterior cingulate cortex (dACC). The lateral view (on the right) shows the anterior insula (AI), posterior insula (PI), primary somatosensory cortex (SI), and secondary somatosensory cortex (SII).

Human Pain and Suffering through Anthropological lens

Helman(2007) explained the neuro-physiological perspective of pain. It can be a device in order to draw attention to tissue damage or physiological malfunctioning. It arises when a nerve ending is affected so it is necessary to protect the body for survival in all possible environments. It depends upon two components - original sensation and reaction to the sensation. It is this reaction, voluntary

and involuntary, which causes pain behavior (Fabrega and Tyma, 1976). Such behavior is expressed through facial expression, activities, making certain peculiar sound or words depicting their conditions or may appeal for help. Often we involuntary exhibit painful behavior and seldom we do not. This pain behavior is grouped into two kinds of behavior: private and public pain behavior (Helman, 2007).

Among some societies private pain behavior is usually hidden and a person who is undergoing through this pain does not express it for everybody to witness it. For example, Anglo-Saxon adult men and especially soldiers are said to have "stiff upper lips"; a stiff upper lip displays fortitude in the face of adversity, or exercises great self-restraint in the expression of emotion, and it symbolizes the supposed British ability to bear pain without a cry or without overt behavior. Bearing pain stoically may also be a sign of becoming an adult man and can be part of initiation rituals marking the transition from boyhood to manhood. For example among the Cheyenne Indians of the Great Plains, young men who wanted to display their manhood to gain social prestige went through self torture in the Sun Dance ceremony-in which one has to be suspended from a pole by hooks thorough chest skin (see Fabrega and Tyma, 1976).

In contrast, public pain behavior are influenced by cultural, social, and psychological facts: let's explain this notion with the following two examples. First, a number of American women were asked about their body state and its dysfunctions and only a small number of women reported dysmenorrhoea as a dysfunction. Second, abnormal pain which requires the medical attention and treatment varies culture to culture (see Zola, 1996, c. f. Helman, 2007). In a clinical setting the presentation of pain reveals different aspects, hence we wonder how do the people express pain in clinical or other public setting. Here Zola (1996) explains that degree recognition and gynecological treatment are normally influenced by socio-cultural factors; other aspects of public pain may depend upon the "body Image" as well as the structure and function of a body.

The Pain-Can it be Misfortune?

Often pain may be related to misfortune among simpler societies or folk communities. Anthropologists discovered that pain in any part of the body may be caused by a broad spectrum of causes (from evil eye to gods' wrath). Misfortune is a cultural category according to which people generally links everyday events causing body pain to bad luck. They wonder why the unexpected happened –why it has happened only to me? Or why has it happened now? What have I done or do I deserve this? Such questions to the self often lead to interpret it as "divine punishment" (Helman, 2007).

Pain felt as related to bad luck, witchcraft etc. needs to be cured by following ritualistic procedures: while such aspects of pain may be recognized in Western medicines, they are very common in non-Western communities. However, Western treatment of pain usually relies on pain reliving drugs. In fact, although scientists call it a psychosomatic pain or psychogenic pain, but they do not consider the social, psychological or moral aspects of pain, which are very common among the non-Western or simpler communities. These aspects are well studied in anthropological literature. There is a direct relation between social, psychological, moral and religious aspects of everyday life which influence people's perception of ill health. In our north Indian culture, there are various meanings of pain and different metaphors are used for expressing pain, as Pugh wrote (1991). Further Pugh briefly mentioned these metaphors as an integrated mind-body system of Indian Culture. Treatment of pain through various drugs can depend upon the healers or clinicians minimizing the pain (c.f. Helman, 2007).

People have their own language of distress, complex idioms expressing illness and different ways of presenting each other their suffering. Such pain presentation is often culturally determined, and depends upon the other factors –whether their culture values allows or not their emotional expression. In contrast there are some cultural groups or families displaying the presence of the pain in theatrical manner. For example, Italian-Americans and Irish-American express the pain response as "expressiveness or expansiveness" (Zola, 1996 c.f. Helman, 2007). The latter tends to ignore their bodily complaints as they often say "I ignore it like I do most things" which means they deliberately ignore their body pain. People may ignore their body pain. Zola(1996) enumerates different aspects of pain presentation among them and warns us that people may try to deny or play down the presence of pain defining such behavior a denial , that is a defense mechanism against the "Oppressive sense of guilt" – a common feature among rural Irish people. Further, she explains what she calls a "self fulfilling prophecy" among Irish Americans. This behavior of pain presentation reveals the verbal aspects of pain. In contrast, non-verbal pain presentations – immobility, screaming, groaning, or using certain pain gesture etc, have been elaborately discussed in the study of bodily gestures which differ cross-culturally in societies (see Le Barre c.f. Helman, 2007).

Sometimes, a culturally standardized verbal or non-verbal pain behavior is mimicked in order to seek attention or to gain sympathy by revealing public pain without any underlying causes. Such conditions may be attributed to hypochondria, malingerering, etc. The Munchaunsen's Syndrom, imitates real pain and the patients often undergo surgical procedures or investigations. It may be the masks of a psychological state -anxiety, depression or emotional conflicts as it occur in Somatization. In such cases the primary symptoms people complain may not be pain per se, but rather weakness, breathlessness, sweating or pain in particular areas of the body. These symptoms are common in low income countries in the West. However similar cases have been seen in higher socio-economic groups of people in different cultures. In Taiwan, people do not display their emotional distress, but they express it with the physical or somatic language of pain. As Arthur Kleinman remarked, Chinese cultures define the somatic complaints as primary complaints, even if they are physiological. This scholar also cited the records of the OPD in a hospital in Taiwan where about 70 percent of patients visited OPD for physical symptoms (Kleinman, 2009). He also shoed that in Chinese as well as in other cultures, people do complain of pain everywhere in their body, which he calls a kind of somatisation with no physical cause and adds that they are common in all cultures irrespective of the their socio-economic positions.

Patterns of cultures can influence the somatisation and a doctor who is well trained in systems of physical examination should definitely look for the physical symptoms of ill health and while other colleagues may be interested in the psychodynamics or other social processes of the patients. It is also interesting to explore that how one may feels pain or how one describes or express it, which varies from person to person. Often it is described in one's local language and according to the beliefs concerning their own bodies. I often saw in our Neurology OPD, patients present symptoms of headache on different points of the head so a clinical examination may find it difficult to correlate these descriptions with symptoms. Seldom patients do not know medical terms i.e. migraine! Whenever a clinician comes across such pain presentations, he/she tries to rule out psycho-somatic pain, then questions a patients asking: does it travel along the left arm from head? Or does it occurs when you climb stairs? Or does it happen like a light banding at the chest?

Pain Behaviour: its Socio-cultural aspects

Pain, as social relationship with society, can be examined according to three aspects of human

growth and development: child rearing practices; pain in birth rituals; pain in religious healing; and pain in rites of passages and pain politics (Helman, 2007 p-191-195). It is very important to know why people express certain pain behavior, and whether is it learned during child hood or in infancy. Here Engel throws some light on pain, its play on the psychological development and growth and the different kinds of pain depend on the context in which they are experienced. Pain prone patients and those suffering psychogenic pain often hide self-denial, self depreciation etc., hence self-inflicted punishments related to feeling of guilt.

Child rearing practices normally shape the attitudes of parent's expectation of pain in later life. As Zborowski(1952) found among American parents, cultural values, ethnic background, parent substitutes, peer groups, and siblings all together contribute to child rearing practices. He further illustrated that American parents of some ethnic and religious groups are "over protective"and "over concerned" for their children's health and their participatory activities. Most of them are over-instruct their children. But he adds further that American Protestants are less over protective and often their children are told "not to run" for everything to their mothers and also told one need not to react in emotional ways to pain in sports /games. In fact, Old American families normally do not talk much about their pain to a health professional, because they believe that over-aggravating their pain is useless and does not help anybody. In the clinical setting they are opinionated patients - I would like to avoid a nuisance like a good American. Pain behavior in child birth also varies in the different communities or societies. Normally child birth is a welcome sign of joy and celebration of new arrival to folk women. Van Hollen studied in the south Indian villages in Tamilnadu child birth in government hospitals where women frequently ask for an Oxytocin injection to enhance labour pain. This enhancement in pain is assumed as an indicator of the "shakti" of women who are to deliver a baby soon; in contrast, in Western hospitals women prefer to take analgesic drugs to reduce this pain.

Pain in rituals or religious healing is very common in all cultures. As already discussed about private pain or public pain behavior, cultural rituals are performed to heal bodily pain. In public pain ceremonies, mainly religious, the healing patterns are very common in Afro-American, Latin American and rural communities. In a Welsh spiritualist Church women are encouraged to share their painful symptoms with others, and to be "possessed" by the pain of an ill member, in order to diminish her pain by sharing it. Similarly a healer in the Catholic Charismatic Renewal movement in the USA embodies the pain of sufferers, which is part of the diagnosis as well as of healing. Furtherly, the Episcopalians think pain as God given so God becomes closer to people who feel pain. People of Eastern meditation group think pain is a message to the individual body. Those who perform yoga, body ashans in traditional India, interpret pain as the language of a body when something has gone wrong within body and is being messaged to person.

There are other aspects of ritualistic pain which are self generated -self-flagellation or mortifying the flesh -and very common among religious people, as a way to commemorate the spiritual deities. Self-flagellation practices were very common among Christian monastic orders and religious movements such as the Flagellants. Some Christian communities still practice this ritual: in the Philippines during the Holy Week people practice self flagellation to remember Jesus Christ's Passion. In a ritual of penitence some people nailed themselves on the cross just to commemorate Christ's own crucifixion, albeit some of these practices are not approved by the Catholic Church. Similarly self-flagellation practices are common on the occasion of Moharram in some sects of Isalm, wherein they commemorate of martyrdom of Imman Hussain at the Battle of Karbala. During the tenth day of public procession of Mohrram, people are flaying the upper back with chains carrying small knives and leave several scars on their backs. Similarly in Sri Lanka there is the annual festival of Katargama Esla, where Hindu

Buddhist worshippers' fire-walk on red hot embers or suspend their bodies from a rope with hooks embedded in their skins. Such self flagellations in Sri-Lanka are done to fulfill promises made to their God-Si Skanda.

Public expression of pain can be found in rites of passage performed at different age of the growing person to mark the social identities, for example male and female children circumcision or painful rituals of initiation to become warriors. In some traditional societies there are healing rituals performed by their community healers. Hsu (c.f. Helman, 2007) has clearly mentioned the social function and the relevance of these rituals involving acute pain in the community; there are two aspects, that is a biological function for survival and social togatherness. The former breaks the barrier between people and enhances the potential for social relationship, because, she points out, sensory experiences of acute pain are essential for community building. Further, using Chinese acupuncture as an example she says that healing through the needling is a main therapeutic process, where healers and patients become socially connected albeit in unspecific ways. This process, however, is not well recognized modern medicine. These examples explaining the management of acute pain and its social function in public life, demonstrate that the religious rituals may lead to a greater self knowledge, absolution or the making a new social identity (Ibid).

There is a grim aspect of pain we can call the politics of pain, both psychological and physical,when pain becomes a tool for torture, and torture turns pain in a public exhibit supporting the power of the State. There is a UN Convention against Torture (1995) wherein torture of any kind to a person is prohibited, even though this Convention is curbed in all manners (see Scarry, 1995).

Chronic Pain(CP): Why should Anthropologists study it?

Chronic pain (CP) is a private and often invisible pain disorder, only seen because of bruises, bandages, scars, plaster cast etc. (see Chaturvedi, 1999, NIMHAS, 1999). Kleinman et al (1992) explained that depression, anxiety and other family serious conditions often accelerate chronic pain. Further there is an increase in life expectancy which may lead to an increase in the incidence of chronic pain or similar chronic diseases like arthritis or degenerative disorders, conditions which holistically will pose new challenge for the health professional(Helman,2007).

Good, Brodwin and Kleinman (1994) explored the effects of environmental hazards, powers structures at the working place, crisis in disabilities, and the relations to welfare programs, as well as the negatives consequences of medicalisation and its relations to political, economic market system for a number of pain related products, pain professionals and pain institutions or clinics. Further they also considered economic changes or transformations in the political economic potential (see Morgon, 1987, c.f. Helman, 2007) and in emotional embodied experiences (Csordes, 1990).

Some psychological and medical anthropologists expressed the need to examine pain accordint to local cultural categories. Human conditions, variety of meanings, sources and consequences of human suffering must all be looked at together as parts of an anthropological study of chronic pain (Kleinman, 1988, Kaufman, 1988). These anthropologists are frustrated with the "business as usual" which means their examination of CP and its suffering as the sum of the experiences of clinicians in the local cultural categories. Most medical or psychological anthropologists have written about chronic pain as a human condition of suffering where one analyzes its cultural aspects, i.e. its meaning to friends and family members and to patients themselves. In this sense the study of chronic pain

in anthropology explores its source, variety of meanings and the consequences of suffering (Good, Brodwin and Kleinman, 1994). Chronic pain experience and its resistance of suffer lead to biomedical treatment and psychological care. Can the Chronic pain in body be mapped? Here its mapping must be recorded because the body is both Source as well as Site of this pain. This part of chronic pain is very poorly recorded as narratives in any anthropological research study.

Can Anthropology analyze pain? Yes, it can. The interpersonal experiences of persons in pain must be recorded and must be placed in centre of analysis for chronic pain. This analysis will inscribe all the history of its cultural meaning and conflictual social relations which all should be the subject of analysis. Anthropology must explore four aspects of chronic pain: First, how can an anthropologist adequately represent the experiences and situate chronic pain in the main analysis? Second, an anthropologist must reveal the relationship between chronic pain experiences and narratives as told by patients or sufferers, infers the nature of pain experiences from the stories told by those who are in pain. Third, an anthropologist can reveal the chronic pain embedded in broad ways between body and society? Besides how can an anthropologist show the phenomenology of chronic pain experiences? In this sense the body generates a painful experience in response to social realities of the local world and its relationships to a wider society. Hence studies of CP require a critical phenomenology to better understand the correspondence among the body, the local social world and society at large. A Biomedical researcher sees pain as the change in the "material world" the is, predominantly, sensory receptors, afferent neural relays and higher cortical modulating the pain. This is a reductionist approach to analyze the prevailing paradigm-molecular or physiological investigations. In this approach the investigation is reduced to a mere biological approach of malfunctioning organs and/or tissues, which ignores the neurobiological co-relationship and the socio-psychological processes and hides the patients' felt experience.

Chronic illness this way is a "natural course" which reveals a development where the "disease" is an element, a natural phenomenon. Similarly disability is an impairment which results from the "natural course" of a disorder. Moreover, disability has been studied as an administrative and political category whose meaning and interpretation depends upon the context wherein it is used (Ibid pp 9-10). Individuals who have the same pathology may have different disabilities because of pain means differently to the patients. Kleinman has studied human suffering in the local world of patients in Taiwan and China. He linked various dimensions, such as social inequality, oppression, and extraordinary political events occurred during the Cultural Revolution in China. In his work "Social Origin of Distress and Diseases: Depression, Neurasthenia and Pain in Modern China (1986)" he mentioned people expressing symptoms of body pain, fatigue, weakness attributed to neurasthenia, a different category in Chinese folk medicine during the Cultural Revolution in China. He finally concluded that the body is a mediating mechanism to social and political forces and their interpretations with reference to body structures and functions. He also felt the need to study the macro-social processes affecting the human body in cross-cultural ways. He elaborately explained the pain as human the experience of suffering, but the nature of suffering varies: to analyze this phenomenon he studied pain a very brutal contexts, such as Auschwitz. On the other hand, Hairng Ngor(1987) studied the Cambodian genocide; Nein Cheng (1986) wrote about the Chinese Cultural Revolution; Veena Dass(1986) reported the example of the Bhopal gas Disaster with thousands of victims and accounted for the anti- Sikh Riots in 1984.

I summarized pain and its suffering through an anthropological lens. A number of ethnographic works in medical anthropology enlighten human suffering and social pain in everyday life, and medical anthropology studies different aspects of pain, physical and social, embedded in our social fabric. Political power also modulates and shapes the local worlds of suffering where the body state mediates

social pain by means of physical pain, a state which often escapes modern medicine practices.

Notes

1. This paper was revised after a talk on Pain-Some Cultural Aspects delivered to General Physicians, East Delhi Branch of the Indian Medical Association during the celebration of the Brain Awareness Week (BAW), 12-19, March 2014. The Institute celebrates BAW every year to mark the 12th March-International Brain Day and to create awareness about its diseases and treatment among common people. I wish to express my gratitude to Prof N G Desai, Director and regards to my colleague Dr Mukul K Jain, then Chief Coordinator, BAW-2014 who provided this opportunity for interactions with east Delhi physicians.

2. Social exclusion and social inclusion are culturally constructed and officially recognized categories. In terms of social exclusion we can think of recent events e.g. the famous forced suicide of Rohit Vemeulla, a dalit research scholar in Central University of Hyderabad, Cow meat eaters, Muslims in north India… etc ., just think about how social discrimination leads to social pain.

3. Here I wish to mention that there should be a Pain Management Clinic (PMC) in its OPD in every clinical setting. I recall that once the Department of Neuro-anesthesiology proposed this clinic in the Institute. It was initially suggested that it may have different professionals from Neurosurgery, Neurology, Psychiatry, Clinical Psychology, Medical anthropology and the Psychiatric social work. Such a clinic may see pain beyond body in a holistic way and suggest the appropriate measures from clinic to home. Now it works in afternoon OPD twice a week.

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