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CHAPTER 12

Temporality of maternity, chronic pain, and ethics: Pain, health, and narrative

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Abstract

This chapter aims to articulate new ethical possibilities that are made apparent during experiences of chronic pain, and suggest an ethics of temporality apparent in the mother-child relation. I also aim to bring an understanding of the complexity and diversity of subjectivities[1] in pain and its impact on its social, intersubjective environment. The narratives of mothers, who have experienced chronic pain[2] for more than three months, help articulate a gap found in the Western model of medical knowledge. I hope to shift attention from the perspective of a patient understood as an objectified object of pain and from pain as a separate object of study to a study of the concrete embodied experiences of mothers in chronic pain. With the help of phenomenology, my goal is to reveal a horizon where the gender gap exists – in this case, the complexity of ethical situations that mothers with chronic pain experience, where moral responsibility and the ethical locus of self are questioned – that has been ignored in philosophical and medical knowledge and practice. I draw on the phenomenological methods employed in the works of Edmund Husserl, Emmanuel Levinas, Michel Henry, Arthur Frank, and Cheryl Mattingly to shape the way we understand the meaning of pain. To further support the discussion about the normativity of ethical situation in this chapter, Chapter 13 concentrates on ethical deficiencies of maternal subjectivity as constructed by Western socio-political life.

Introduction

In the history of European culture, pain was described in terms of one's passions and not as a separate physiological, somatic, and/or mental phenomenon. Pain demonstrated the imperfection or punishment of human beings as part of a bigger world integrated into larger religious and mythological systems. Until the seventeenth century, pain was still regarded

[1] Subjectivity is understood as a genesis of the relation between the self, the other, and the world (see Zahavi, 2008).
[2] In this paper, I focus primarily on chronic pain since its long-lasting period challenges the ways subjectivity unfolds itself in the lifeworld. The mothers, whose written narratives are taken here as testimonies, are between 35 -55 years old and in most cases are from different areas of the United States and Western Europe, mirroring, thus, a Western medical paradigm.

as a possible form of evil and sin that befell human beings. It wasn't until the mid-17th century that pain became an object of medical studies and a medical term. From a biological point of view pain was naturally imbedded into human life and in theology it was a necessary component of human nature, a productive force on the way towards spiritual development.

Descartes (1633) took one of the most innovative steps in the study of human nature in publishing *De Homine*. Leaving the soul to theology, he liberated the body for medical science., and thus distinguishing pain as an object of medical studies. It is important, however, to mention a radical critique of knowledge undertaken by Michel Foucault (1963/2003) in *The Birth of Clinic: Archeology of Medical Perception.* He describes an ill body as the main focus of investigation in the medical sciences without a discussion of what makes for a healthy body. Following Foucault's (1963/2003) line of reflection, only through the ill body and its classifications of disease does Western medicine develop as a knowledge and practice. Western European knowledge does not give a clear explanation of what it means to be healthy, however, norms of being ill are well defined and described. Often, instead of 'How are you?' we are asked 'Do you have pain? Where do you have pain?' We localize pain in a particular area of the body and often ignore the complexity of its experience. Foucault (1963/2003) acknowledges that medicine is never an interpretation of disease or pain. For medical knowledge both disease and pain are not discussed as an experience but they are often defined as deprivation. The medical practice was always preoccupied with the human being's way 'towards death' as shown within the medical context when we ask, 'when does the human being die?' and the reason for a cure is to prevent death. Thus, medical knowledge is, first of all, a principal of investigation and an articulation of disease.

The époque after Descartes has marked the beginning of studies that examine pain as a result of pure mechanical stimuli-response reactions. However, this approach was unable to address or treat pain that was not associated with mechanical injury, or which remains even after the cause of injury has been removed. In the 20th century, the phenomenon of chronic pain gradually gained attention in medical studies. In 1968 Ronald Melzack and Kenneth Casey gave an extensive analysis of chronic pain. They theorized temporality, affectivity, and intensities of pain, which are not merely explained by the magnitude but also by cognitive activities and the formation of perception. *The American Pain Society* (1983) and *The International Association for the Study of Pain* (1973) note that pain that remains more than three months is no longer seen as a symptom but is classified as an illness. Chronic forms of pain displace subjectivity and lead one to question their life's activities in a constant state of altered mobility, disordered sleep, in their sexual life, parental life, with the development of low self-esteem, loss of the self and individuality, and negative perceptions.

Almost all contemporary approaches to pain treatment, such as somato-technical (Vrancken, 1983), dualistic body oriented (Duncan, 2000), behaviorist, and consciousness approaches (Ehde, Dillworth, & Turner, 2014), concentrate on the affected area of the body and cure well acute pain. However, these approaches fail to recognize the composite psycho-somatic, lived-body phenomenon apparent in chronic forms of pain. The traumatizing totality of chronic pain befalls life's situation, and occurs independently of tissue and organ damage. As an individual experience, chronic pain contains the sum of physical, psychological, cultural and social factors that are inherent to a living subjectivity and which cannot be ignored from its analysis.

The complexity of chronic forms of pain is well illustrated by the narrative turn in medicine. The defined practices of modern medicine, from building curricula to classifying categories, did not include patients' experiences post-illness, their pain dairies and stories which would help to build new relations to their experiences and create new meaning-structures. The new era of postmodern experience draws attention to peoples' stories, recognizing that there is always something more involved in being ill and the experience of constant pain that the official medical story cannot tell. Postmodern studies of experiences with chronic pain (Kleinman, Eisenberg, & Good, 1978) begin when ill people recognize that there is always more involved in their experiences than the medical story tells. They acknowledge that pain can also remap the whole life horizon and give a voice to women's stories where pain is experienced in states that remain beyond a physical illness. In the époque of modernity, women tended to see medicine as taking their individual voices away (Frank, 2013). An impersonal voice imposed on them the meaning of their pain and so their searches for new paths that may be relevant to their personal lives were silenced. The important turn in postmodern studies is on temporality and the urgent need to listen to the voice, i.e. the voice recognized as 'mine' and not a voice emanating from universal classifications of disease.

Arthur Frank (2013) in *Wounded Storyteller* writes,

> *Illness elicits more than fitting the body into traditional community expectations or surrendering the body to professional medicine, though both community traditions and professional medicine remain. Postmodern illness is an experience, a reflection on body, self, and the destination that life's map leads to* (p. 7).

The systematization and anonymity, but also necessity, to cure brought about by modernity remains a part of the medical procedure, however, postmodernity recognizes and legitimizes one's own voice in pain which is often deconstructive, chaotic, sometimes unarticulated, trembling, and shouting. This need for a personal voice and hearing embodied stories of individual experiences also demands rhetorical tools that are accessible

and legitimates questioning cultural and social norms as well as traditional moral judgments.

Pain that is chronic is a constant living process, which affects the intimate sphere of subjectivity and their social environment, which can now be heard from the personal experience of motherhood. The particular existential formation of pain experienced by mothers always influences dimensions of relationality with a child, however, it seems to have been forgotten and very often disregarded in the history of philosophy and especially in medical science. The postmodern turn in philosophy, and especially phenomenology, addresses people's narratives no longer as secondary material but accentuates their primary importance. Thus, the main aim of the next section is to investigate the temporality of chronic pain with respect to female subjectivity, to question its ethical modalities (such as being for the other person, being responsible, feeling guilty and being ashamed) and to bring forward a discussion of chronic pain as shared between temporalizing, intersubjective relations.

Sensing pain: Temporality and affection

One of the main foundational principals of phenomenology says that all relations between a subject and its objects occur in the formation of meaning-structures, which take place in a temporalizing consciousness (Husserl, 2019). Each experience happens in a particular temporal flow. Sensory experiences can then be explained as something that affects consciousness which then processes cognitively this affect into a sensation *of something*: we always tend to give meaning to what we feel, to something unexpected, and to the foreign object that strikes our perception.[3] The process of perception always happens in time, and thanks to this on-going temporal flow we are able to hold on onto our experience so that the object perceived is presented as a whole object with a given meaning. The generative force of the affect of something perceived engages the subject in an active response, which constructs their life world and intersubjective relationships (Rodemeyer, 2003). In sensory experience, we are each not only giving meaning to the affect by connecting it to our individual past but we also primarily project its meaning to the future. The temporalities of sensuous affective experiences do not only relate to objects but also to other subjects, and forms the foundational principle for any intersubjective relation. Moreover, our temporality of perception comprises an embodied self-sensing self, as a center of orientation, and it is through affection, in being affected by other objects and subjects, that subjectivity is linked with all lived experiences (Schües, 2011). Experiences

[3] Phenomenology explains consciousness as a temporalizing flow that manifests as a duration and is structured as a threshold perceptual organism: retention, protention and urimpression. Urimpression is the first sensory experience, the ability of the mind to discern one sensory experience from another as well as from other background noises. The urimpression corresponds to the experience of the present moment, of 'now'. One urimpression is followed by another. There arises a certain connection in the row of urimpressions: the first sensory experience has already disappeared but still exists in consciousness, and is retained. Every now-moment points to a connection with a future moment. Retentional consciousness makes possible the prospect of expectation called protention (Husserl, 2019).

of chronic pain also unfold in this stream of time that constructs subjective meanings of the life world of each who engage inter-subjectively with others.

Pain is generally seen as an affective experience that unfolds in time that helps conceptualize meaning-structures of our world and relations (De Haro, 2012). In pleasurable experiences, the subject certainly deals with a conscious experience of an affective sensation with content. However, an experience of pain differs from an experience of joy or pleasure in one significant way. In the article '*Is pain an intentional experience*?', Agustin Serrano de Haro (2011) states that the experience of pain and its affectivity are not directed to the future and are not necessarily connected with meaning-structures of our future horizon. In other words the content-giving activity, for which consciousness is standing for, is absent in chronic pain. This temporal dimension of pain, which is arranged in this affective state, is the pure present and the moment of now that is not necessarily connected to the future moment to come.

In one of the narratives used here as data for philosophical reflection, a woman who experienced chronic pain wrote:

> *Feeling like giving up today cancer as well as CFS, yes, the dishes piling up, the dog needing a walk, the pain and the aloneness. Even someone to make a cup of tea would be nice*.

Here the pain is thematized in the social environment. It brings not only loneliness but also a feeling of despair. Pain is not just an automatic response to the stimuli made by an injury, but is seen as a genesis of meanings.

One distinct feature of the experience of chronic pain is that in many cases we are well aware of it and can localize it in a specific part of our body. Max Scheler (1963) describes pain as the most conscious embodied experience and at the same time the most conscious of all corporeal phenomena. Following Scheler's (1963) view, affective states of pain deploy meaning structures. Often the meaning of an experience of pain is visible in metaphorical descriptions. One of the most common examples is to be 'blinded by pain' when the body and mind are fully overwhelmed by the affects of pain. In the book *The Body in Pain,* Elaine Scarry (1985) defines pain as a totality:

> *Pain begins by "being not oneself" and ends by having eliminated all that is "not itself." At first occurring only as an appalling but limited internal fact, it eventually occupies the entire body and spills out into the realm beyond body, takes over all that is inside and outside, makes the two obscenely indistinguishable, and systematically destroying anything like language or world extension that is alien to itself and threatening to its claim. Terrifying for its narrowness, it nevertheless*

> *exhausts and displaces all else until it seems to become the single broad and omnipresent fact of existence* (p. 55).

The difficulty is that in metaphoric descriptions of pain, both in life stories and narratives, it is almost impossible to detach the sensation of pain from the very subjective experience of how it feels to be in pain. The facticity of pain opens new horizons of understanding to the diverse forms of suffering but it also challenges the desire for universality in our social norms and meanings. It is well captured in the following commonly used phrases: You Nailed It; It's Something New Every Day!!; Pain Sucks!!; It Gets So Bad!!; Crying Doesn't Help!; But When It Hurts!!; It Hurts!!; Can't Walk!; Trying Is So Painful!!; But I Will Keep Praying!; And Trying!!

The multitude forms of pain lead Antonin Artaud (1958) to write in *The Theatre and Its Double* that pain reduces the subject to the limit of the self, "as it intensifies and deepens, multiplies its resources and means of access at the very level of sensibility" (p.23). The radicality of chronic pain does not only shatter the self but also has a positive side of being fully in the world, feeling the body and being aware of the self, even if it is traumatized. The affect of pain sets a so-called disciplined body-self, going beyond basic needs and desires, beyond pleasure and displeasure. There is always an experience of 'too much' and 'too unbearable' that accompanies subjectivity and overtakes the embodied self. This notion of 'too much' creates a discontinuity of subjectivity when it is impossible to get rid of one's own being in pain and to remain with oneself.

Many of the narratives collected to inform this chapter address pain as a totality of body and mind and not just a localized sensation of one particular spot as the following two quotes illustrate.

> *It's really getting me down aching from the first thing in the morning to the last thing at night, there's no let up.*

> *Sorry but the only thing I can write is "HELP" because I get so depressed due to all my pains from the different parts of my body.*

Often the sensation of pain is already intertwined with meaning-structures of pain. When there is pain, meaning is habitually ascribed to its affection. However, the force of the affection strikes subjectivity and paralyzes its life horizon, and eventually captures the subject in passivity and condemns it to a continuous present. No one can give a reasonable response to the affection of chronic pain. In *The History of Pain,* Roselyne Rey (1995) adds that "this physical pain which takes over the entire being liberates being from any earthy ties should in consequence make him more compassionate, in term's true sense, towards others and more lucid about himself" (p.318). In a similar description, Scheler (1963) adds that pain can then become a bridge towards existential growth and change. Such growth

leads to the very edge of one's lived horizon and moves towards the dimension where subjectivity is fully exposed to its edge (Scheler, 1963).

What I have tackled so far is the experience of chronic pain as an event of destroyed meaning structures that strikes subjectivity. Chronic pain is always rooted in the embodied self that senses and so influences its present in a given social environment. Chronic pain can be read as pure affectivity which generates a diversity of existential modalities for subjectivity. For example, annihilation of the self, suffering as transgression, and going beyond the self, which seen in the following quote from one of the narratives leading to guilt and despair:

> *And it hurts. More than any pain could physically. All I can see is the dirty dishes. I look at the laundry piling high. I push through the struggle of work. All I can feel is the despair that my daughter and husband deserve so much more. And yet...it is a lie. It doesn't feel like it is. My brain and heart believe that I am worthless but like a shaft of light piercing a storm, I know deeper than even that it is a lie. So I smile. I laugh. I cry. I live.*

The despair expressed in the narrative problematizes many sides of an ethical maternal subjectivity. Being not able to accomplish responsibility, which is often measured by norms of our society, leads to a mothers' experiencing guilt.

These traumatic modes of mothers in chronic pain can help to articulate the meaning of ethical becoming as illustrated in the mother-child relation, especially in terms of the on-going present. The goal is to discuss how the affectivity of pain eliminates the future of an embodied self and of being-for the child. For this goal, in the following section, I will inquire into whether mother has a common shared present or alternatively whether the impossibility of being responsible in a given moment-of-now leads to traumatized experiences of despair where the present is shared between two and the meaning structure of the future in the intersubjective relation are distrusted. A discussion of these ethical concerns that are made apparent in experiences of chronic pain can reveal the gendered gap that currently exists in medical science and ethics.

Disrupted maternity

Narratives of chronic pain address a unique individual story and attend not only to an institutionalized patient but to the subjectivity of each with the complexity of their life world. Continuous chronic pain displaces people and takes them from everyday life routines to extraordinary situations. Chronic pain disturbs a temporal continuum, however, what is disturbed by the affect of pain is not only the temporal flow of perception and on-going meaning-structures, but also the construct of memory that gives a coherent sense of self and one's life horizon. As David Carr (1986) notices even in experiences of a healthy

person “the narrative coherence [of] events and actions [is never] simply a ‘given’ for us. Rather it is a constant task, sometimes a struggle, and when it succeeds it is an achievement” (p. 96). Pain intensifies the experience of a disrupted memory that breaks connections between past, present, and future. Disrupted memory and temporality eventually bears down on ethical problems (Frank, 2013).

Strategies of healing that have dominated various fields of medical knowledge traditionally ignore forms of temporality and ethics that are present in motherhood. Outside the phenomenology of psychopathology, narrative phenomenology, and also sociology of medicine the subject of pain is comprehended as a neurophysiological system. Personhood as a lived body experience is not a primary objective in finding a medical cure. To think of the person only in binary frameworks, such as healthy and not healthy, normal and abnormal, functional and not functional, a great number of disillusions are created as the following narrative illustrates.

> *Please don’t say I’m ill, cos I’m not ill I’m just in pain. And there is a big difference, so people expect me to be ill so when I walk up to church and I look you know, good, ...I can imagine people looking and thinking “I thought she wasn’t very well.” It’s a problem that is. I know it sounds stupid but it is. It’s not that I want sympathy off anyone I don’t but I don’t want people to think I’m lying*.

The narrative in the chronic experience of pain is always personal. The measurement of intensities of pain often relies on subjective descriptions such that my experience of pain is not accessible to anyone else except me. In one of the narratives, a woman explains:

> *I know that the girls (physiotherapists) here are great and they will help you all they can but ...she thinks it’s all muscular you see, so she gave me these exercises, and I’m doing ’em, doing all these exercises faithfully and yet I’m still getting worse not better. And how do you explain to people what pain is? Or the extent of the pain? Like my one to ten might be different from his one to ten, and you can’t explain pain can you?... And it’s getting worse. I think these girls are great, they’re smashing they are, but you can’t explain to people what the pain is*.

Cheryl Mattingly (1998) writes that “narrative constitutes a mode of thought and representation especially suited to considering life in time, shifting temporal shapes, and the human path of becoming where death is never far away” (p.1). The facticity of suffering constitutes a demand for a narrative. Often, we want to tell a story and to search for meanings while still in a traumatic situation and/or in an emergency. Many of the narratives collected from mothers emphasize, however, also the invisibility of their chronic pain. This invisibility mirrors a traumatized sensibility that always stands behind the expected social normality of the person. Most narratives witness a disrupted maternal subjectivity that experience a lapse of time, loss of time, unstructured instants, and de-phases. I believe that

the philosophy of ethics elaborated by Emmanuel Levinas (2004) will help to disclose a disrupted form of ethical subjectivity that is apparent in maternal relations taken not only as a metaphor but also as example of an unconditioned responsibility for the other person.[4] This kind of responsibility and ethical becoming are always expected and present in motherhood and are what is at stake if they experience chronic pain.

Before addressing the relation between chronic pain and the ethical formation of maternal subjectivity, I want to mention some aspects of how a women's temporality is socially understood. In *Women's Time*, Kristeva (1986) reflects upon a dominating social structure of time as linear and problematizes this structure in terms of female subjectivity. Motherhood makes apparent a new type of social relation that often unlocks a traumatized but also responsible subjectivity, which in many cases stays invisible, theoretically underestimated, and is not described enough by contemporary philosophical practices (Kristeva, 1986). Often behind disciplinary control there is indifference to a woman's lost time in her need to handle multiple dramas. Traditionally these temporal experiences in motherhood are thought of as repetitions of structures in linear time (Stone, 2012). Kristeva (1986) shows that liner temporality is built upon memories of an archaic past, and I find that these memories are not just those which are regulated by conceptual structures of our language and history but also involve, often subconsciously, emotional, affective, and sensible intersubjective experiences common in the embodied lives of a mother-child relation (Stone, 2012). The linear time of maternal subjectivity is always unfolding around the present and structured as a memory of archaic past that regulates the meaning of the present. This view frames responsible subjectivity according to dominating social norms and expectations (see Ermath, 1989).

In the attempt to map a new ethical horizon, Kristeva (1986) sees the main task of critical feminism as situating woman's temporality beyond social and generational memories. Going back to the discussion of chronic pain and ethics of maternity, I argue that her experience of chronic pain is forced to function in terms of linear temporality. My task for the remainder of this chapter then is to illuminate how different types of temporality can exist in the mother-child relation: (1) discontinuous diachronical maternal temporality;[5] (2)

[4] In works by Emmanuel Levinas 'woman' is linked to the feminine and to maternity. The feminine is read as hospitality and receptivity which are primordial modalities of ethical relation with the other. The feminine stands for the Eros, the otherness of the beloved one, carnality, erotic embodiment, but also welcome and dwelling. It is an intermediate category which creates foundation for the ethical relation. Another aspect found in woman but does not define her identity is maternity. Maternity discloses a pre-original sensibility and unconditioned being-for-the other. Maternity is both, an empirical experience and a metaphor that discloses ethical subjectivity: "And the other whose presence is discretely an absence, with which is accomplished the primary hospitable welcome which describes the field of intimacy, is the Woman. The woman is the condition of recollection, the interiority of the Home, and inhabitation" (Levinas, 2004, p. 155).

[5] In Levinas's (2006) ethics, intersubjective temporality is characterized by diachronical time, which is a rupture in linear time initiated by the address of the other.

ethical temporality of the mother-child relation; and (3) temporality initiated by chronic pain. One of my goals is to disclose the way chronic pain engenders a disrupted subjectivity and how the accomplishment of responsibility in the future can suddenly turn into feelings of guilt, shame, and despair.

Pain, responsibility, and modes of temporality

The metaphorical example of unconditional responsibility is well developed in the philosophical heritage of Emmanuel Levinas (2006). The relation of maternal subjectivity to the child stands as a radical example of responsibility as such because maternal subjectivity means to be one for the other person and literally, but also symbolically, motherhood is being already marked by the demand of the child (Levinas, 2006). Maternal subjectivity literally feels the other in the self. The formation of responsibility in maternity has a clear structure of temporality, in that to be for the child is to respond to their appeal not only at the present but also in the future. This being responsible in the future restructures the continuity of her present.

The birth and care of the child break through the continuous time of subjectivity. The new, ethical temporality brought by the mother-child relation is described by Levinas (2004) as "my own and non-mine, a possibility of myself but also a possibility of the other" (p. 267). As a parent, the subject moves from always being with itself and from repeating itself in different life projects towards ethical diachronical time meaning that my time is restructured by the needs of the child at the moment of now and projected into the future. Levinas (2004) explains that to have a child is not to reclaim one's lost opportunities but the possibility to go beyond the limits of one's own concepts and predeterminations in being responsible for another.

Torn up from being oneself, maternal responsible subjectivity, as Levinas (2006) writes, is "being less than nothing, a rejection into negative, behind nothingness; it is maternity, gestation of the other in the same" (p. 75). It is a reverse sensibility because carrying a child means "being affected by a non-phenomenon, a being put in question by the alterity of the other, before the intervention of a cause, before the appearing of the other" (Levinas, 2006, p. 75). There is immediacy in her embodied sensations when the mother constantly feels the child in her everyday modes of being. The subject is affected by the address of the other without necessarily being able to immediately grasp the meaning-structure of this affect. Thus, maternity is a balance between being and transcendence, and is the constant formation of ethical subjectivity as becoming one-for-the-other. As such, maternal subjectivity has a complex temporality (Levinas, 2006). Linear temporality is replaced by diachronical time when the moment of now and the future are conditioned by a mother's responsibility and the child's need. Moreover, maternal temporality is formatted, as Levinas (2006) argues, in a pre-ontological past. The birth and appeal of a child break

temporal continuity and affect subjectivity before it is aware of its responsibility (Levinas, 2006).

In maternity, being the one for the child involves denunciating oneself in a gesture of giving and welcoming. It is a gift of my body and my food to the other, it is a termless welcome before my free will as captured below in this quote from Levinas (2006):

> *sensible experience as an obsession by the other, or a maternity, is already corporeality. …The corporeality of one's own body signifies, as sensibility itself, a knot or a denouement of being. … one-for-the-other, which signifies in giving, when giving offers not the superfluxion of the superfluous, but the bread taken from one's mouth* (p. 77).

This formation of an ethically responsible subjectivity in being the one-for-the-other is halted, however, by the affectivity of chronic pain. The Levinasian model of a radical responsibility that is apparent in the maternal relation is transformed. The affect of pain as an absolute and totalizing experience sets subjectivity into passivity while erasing the ethical diachrony of time. The abruptness of pain alienates maternal subjectivity and delays its capacity for becoming responsible. One testimony drawn from the narratives accentuates this alienation:

> *Whereas Sam (youngest son) has been used to it, Jimmy (eldest son) has seen the good side and Sam has known no different but then again I feel awful for Sam he has missed out, where I used to play football and that with Jimmy and other games, other rough games, we used to play. I can't do those now. I can play simple games with them but I can't toss them into the air like I used to.*

This narrative does not only demonstrate a formal talk but it also illustrates an ethical, aesthetic and moral message that lies behind clinical definitions and the normativity of our moral actions. This narrative shows that subjectivity is 'already accused' when the one who takes responsibility for the other cannot be present. The overwhelming tenseness of pain annihilates what is traditionally considered 'mine'. Torn inside out by chronic pain, her subjectivity does not dare allow becoming the responsible one. The temporal disruption felt by a subjectivity in pain erases her ability to act and her existential feeling of being 'at home'.

To give birth to a child is to overcome borders of one's own body and constantly to maintain an ethical response to the other human. However, maternal subjectivity in chronic pain is thrown back upon itself and locked in repetition. The affect of long-lasting pain destroys a sense of responsibility that is projected into the future and creates an effect of de-phasement, which is when maternal subjectivity is late, loses time, or experiences a

temporal gap. Often in testimonies women report that chronic pain challenges their integration into a community as shown in this following quote for example,

> *And the children are more worried than anything. I feel as if I am depriving them of a normal childhood. It's slipping away. It's not right for a five year old.*

In pain, Levinas (1985) describes oneself as "itself enchained overwhelmed, and in some way passive" (p. 71). It is marked by solitude and the elimination of any common shared temporality. A resistance to accept any form of shared life world marks its responsiveness. This impossibility of being-with increases feelings of guilt as this narrative from a mother clearly states.

> *One of the worst things I experience through this pain is guilt. I feel guilty when I don't interact with family. I get on edge when the pain is bad and I just want to be left alone, I feel guilt when I lay down, because it means I'm not doing housework which equates to me not pulling my weight around the house and since I gave my job up I'm not bringing any money in the house […] And even when my daughter comes home from work, she picks her daughter up from nursery and she comes to our house for her lunch and sometimes the pain is so bad I can't speak to her (tearful) because I can't bear to talk to anybody I just want to be on my own. And then I feel so guilty that you know I'm not being a proper mother.*

The core of any of these narratives is a reconciliation of chaos, diversity of crisis, suffering, and the confusion brought about by chronic pain. Suffering from pain calls upon a need, expressed that addresses another and that aims to find a balance in a disrupted body. Reflective of a different ontology, chronic pain resists any objectification. Scarry (1985) writes,

> *though indisputably real to the sufferer, it is, unless accompanied by visible body damage or disease label, unreal to others. This profound ontological split is a doubling of pain's annihilating power: the lack of acknowledgment and recognition (which if present could act as a form of self-extension) becomes a second form of negation and rejection, the social equivalent of the physical aversiveness* (p. 56).

This social aversiveness is well illustrated in the following narrative, where the mother explains her petulance while being with kids:

> *That's why I'm, well, with all these pains, whatever, its not just a lame excuse but that's why I'm so terrible with the kids...It's when I get on my own I think about it, why, why am I so nasty with these children?*

Ontological split is cause by nonconformity of unconditioned responsibility and affectivity of pain. Resulting from totality of chronic pain, the social aversiveness gradually crushes residues of the ethical self.

Conclusion

In making a final remark, I address Paul Ricoeur (1990) who discusses the narrative as a foundation for the self. Selfhood is always unfolding in a particular time flow and this temporality manifests in our life stories (Ricoeur, 1990). Time receives its narrated extension by becoming articulated in different symbolic mediations. The narratives used to inform this chapter do not only open a door to existential modalities of the self, but the identity and narratively structured life results in selfhood (Ricoeur, 1990). Thus, in our everyday life an abstract notion of identity is replaced by the narrated identity encountered in stories of chronic pain. This narrative-identity constantly alters in life events and obviously it refers to others, calling forth the social environment, which helps to approach self-understanding. However, the identity formed and expressed though narrative often goes through severe mutations. The participation in community and in maternal relations is the creation of one's life history and so the very creation of oneself. Chronic pain wipes out these historical and communal meanings with which the individual life story is interwoven. To create the self through narrative is not simply to tell a story but also to keep responsibility for one's actions in the past and in the future, regardless of how much the self-narrative might change. The narrative of selfhood must be complemented with a perspective of ethical responsibility, which is not always heard.

> *I'm newly diagnosed this year with a horrible skin condition where I can't be in the sun, at all. My family wants to go on our usual spring break vacation this time to Hawaii. I don't know how I'm going to do this but as my husband says, "why make us all suffer?" Do I go anyway? It is not just sun. It's extremes in temperature too. I can't exert myself. I can't eat at restaurants; extremely limited diet. I can't drink. Everything fun about what a vacation used to be for me is gone. Anywhere. My condition has really made my family pull away from me, as there's not much I can do with them anymore.*

The traumatic situation described in this narrative captures not only the impossibility of social life with family and disrupted maternal subjectivity, but reveals that the listeners to the stories of chronic pain are often absent. The sense of responsibility present in the expression of chronic pain is always bound to suffering, and so it opens an interpersonal dimension. Levinas (1988) refers to it as meaningless, useless, suffering 'for nothing'. It "is intrinsically meaningless and condemned to itself without exit, a beyond takes shape in the interhuman" (Levinas, 1988, p. 158).

This useless form of suffering in chronic pain is called ‘unassumable’ because one’s subjectivity cannot give it any meaning. However, the address from another subjectivity in pain creates a new dimension, where it ‘solicits me and calls me’ makes me suffer for the other’s suffering. Thus, my suffering for the suffering other acquires meaning of listening and attention, which is what Levinas (1988) calls “the very bond of human subjectivity, even to the point of being raised to a supreme ethical principle” (p. 159). The pain loses its useless character since the original ‘unassumable’ suffering calls for a shared and ethical intersubjective dimension.

Chronic pain poses a problem both for understanding its medical source but on a more personal level it challenges the very sociality and ethical becoming of subjectivity. The focus in phenomenological approaches to the personal intersubjective dimensions of mothers in pain, which I address above, is usually not considered by the neurobiological model, however, the vulnerability of maternal subjectivity opens a wide range of questions that can target existing gendered gaps in medical sciences and partly in the humanities. Chronic pain in maternal subjectivities illuminates the traumas of not being with- and for-the-child, and the loss of responsibility in modes of diachronic temporality. Mothers are condemned to isolating guilt and shame, but also to their continuous attempts to restore and to hold onto their own ethical becoming, whatever the cost. To address the gender gap is to bring the pain of maternal subjectivity into a common inter-affective dimension, and to accentuate a social organization of affective space.

Many normative sides of the pain experience in maternity are left for further consideration. As a continuation of this discussion, Giovanini in Chapter 13 sharpens the focus even more so on the traumatic experiences of pre-natal and maternal subjectivity. Through her chapter, she explores questions, such as: What are the possibilities which open horizon of ethical becoming of subjectivity in pain?; and What is responsibility of maternal subjectivity beyond identity widely accepted by social and political institutions of our Western discourse? In responding to these provocative questions, Giovanini not only adheres to the radical phenomenology of ethics as presented by Emmanuel Levinas but goes on to reveal transitional and transformative modes of subjectivity in pain loaded by the inevitable pre-ontological condition of being-for the other.

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