

Introduction

SOCIAL SUFFERING, THE TOPIC OF THIS VOLUME, brings into a single space an assemblage of human problems that have their origins and consequences in the devastating injuries that social force can inflict on human experience. Social suffering results from what political, economic, and institutional power does to people and, reciprocally, from how these forms of power themselves influence responses to social problems. Included under the category of social suffering are conditions that are usually divided among separate fields, conditions that simultaneously involve health, welfare, legal, moral, and religious issues. They destabilize established categories. For example, the trauma, pain, and disorders to which atrocity gives rise are health conditions; yet they are also political and cultural matters. Similarly, poverty is the major risk factor for ill health and death; yet this is only another way of saying that health is a social indicator and indeed a social process.

The clustering of substance abuse, street violence, domestic violence, suicide, depression, posttraumatic stress disorder, sexually transmitted disorders, AIDS, and tuberculosis among people living in disintegrating communities runs against the professional medical idea that sufferers experience one or at most two major problems at a time. That grouping of human problems also defeats categorization of such issues as principally psychological or medical and, therefore, *individual*. Instead, it points to the often close linkage of personal problems with societal problems. It reveals too the interpersonal grounds of suffering: in other words, that suffering is a social experience. That social experience occurs not only in the slums of cities in poor societies, like Kibera in Nairobi, or in shantytowns surrounding Johannesburg or Mexico City; it also flourishes in inner-city Chicago, the South Bronx, and the ethnic *banlieue* of Paris. Social suffering is shared across high-income and low-income societies, primarily affecting, in such different settings, those who are desperately poor and powerless. This is not merely a statistical

correlation, but a causal web in the global political economy. Many of the same sources of breakdown, violence, emerging infectious diseases, and mental and social health problems are at work among poor populations worldwide.¹

The vicious spiral of political violence, causing forced uprooting, migration, and deep trauma to families and communities, while intensifying domestic abuse and personal suffering, spins out of control across a bureaucratic landscape of health, social welfare, and legal agencies.² The gathering cycle churns through domestic and international agendas and threatens both local and global structures of security. At its brutal extremity in the Holocaust, or when it results from the “soft knife” of routine processes of ordinary oppression, social suffering ruins the collective and the intersubjective connections of experience and gravely damages subjectivity.

The cultural processes of rational-technical analysis that describe these human defeats and the technological interventions they authorize as “treatments” at times are effective, but all too regularly bureaucratic responses to social violence intensify suffering. This is caused by unforeseen and untoward moral, economic, and gender effects of policies and programs, and also by actions that end up normalizing social pathology or pathologizing the psychophysiology of terror. Cultural responses to the traumatic effects of political violence often transform the local idioms of victims into universal professional languages of complaint and restitution—and thereby remake both representations and experiences of suffering. Existential processes of pain, death, and mourning are metamorphosed by these historically shaped rationalities and technologies, which, again all too regularly, are inattentive to how the transformations they induce contribute to the suffering they seek to remedy.

The essays in this volume approach these ominous problems in a different way. They collapse old dichotomies—for example, those that separate individual from social levels of analysis, health from social problems, representation from experience, suffering from intervention. From these perspectives—the perspectives of anthropology, social history, literary criticism, religious studies, and social medicine—the standard dichotomies are in fact barriers to understanding how the forms of human suffering can be at the same time collective and individual, how the modes of experiencing pain and trauma can be both local and global. Prior to forging new

policies or lubricating creaky policy discourses, these essays argue, we need first to examine the most basic relationships between language and pain, image and suffering. The authors discuss why a language of dismay, disappointment, bereavement, and alarm that sounds not at all like the usual terminology of policy and programs may offer a more valid means for describing what is at stake in human experiences of political catastrophe and social structural violence, for professionals as much as for victims/perpetrators, and also may make better sense of how the clash among globalizing discourses and localized social realities so often ends up prolonging personal and collective tragedy.

The essays critically explore the ways our historically and culturally shaped commitments to particular versions of modernization construct moral quandaries and how our usual practices of casting social experience as “natural” or “normal” obscure the greatly consequential workings of “power” in social life. Pursuing these destabilizing, interdisciplinary themes, the authors show the permeability between the borders of moral imagination, bodily affect, and social processes. They demonstrate that both the varieties of human misery and the various social scientific and literary analyses of these truly dangerous problems *interfuse*, so that it is no longer useful to insist upon artificial boundaries that divide an unruly world into tidy analytic chambers. The most interesting questions for theory and practice concerning social suffering are in the cracks between our categories and in the discursive processes that traverse our disciplines.

The chapters converge on three overlapping themes: cultural representations, social experiences, political and professional processes. *Cultural representations* of suffering—images, prototypical tales, metaphors, models—can be (and frequently are) appropriated in the popular culture or by particular social institutions for political and moral purposes. For this reason, suffering has social use. Historical memories of suffering—e.g., slavery, the destruction of aboriginal communities, wars, genocide, imperialistic and post-imperialistic oppression—have present uses, for example, to authorize nationalism or class and ethnic resistance. Collective suffering is also a core component of the global political economy. There is a market for suffering: victimhood is commodified.

The cultural representations of suffering shape it as a form of

social experience. Norms do somehow enfold into normality (and pathology).³ Experience is learned, shared, and, not infrequently, contradicted. Even what we so easily assume to be the existential ground of the human condition (its defining panhuman core, its “nature”) may undergo change in keeping with epochal transformations in the nexus of symbolic-moral systems and the political economy, such as those of our postmodern period. Social experience as a theoretical construct encourages the view (to our minds a critical and destabilizing one) that changing societal practices transform individual lives and ways of being-in-the-world.

Political and professional processes powerfully shape the responses to types of social suffering. These processes involve both authorized and contested appropriations of collective suffering. A central activity described later in this volume is *medicalization*. The state, its institutions, and groups that contest state control press medicalization for its advantages in regulating persons, their bodies, and networks. But this is not the only form that political and professional processes of constructing and contesting social order take. Public policies and programs have created some of the worst instances of social sufferings (see Tu Wei-ming’s account of Maoism in his essay); even in seeking to manage social suffering, they have, through intended and unintended effects, intensified human misery. The following chapters, with varying degrees of emphasis, fill out these themes as the deep architecture of this volume.

That ours is an age of the picture is more than a cliché. Experience, including experiences of social suffering, has been *mediatized*. Wars, plague, street violence, AIDS, and famine are all captured in their raw immediacy by the ubiquitous video camera. The devastating conflicts in Bosnia, Rwanda, Zaire, Somalia, and Afghanistan are made over from national and regional disasters into transnational tragedies that are “seen” and “felt” as part of the stream of everyday experience in the intimacy of homes thousands of miles away, at a safe distance. Social suffering is a feature of cultural representation both as spectacle and as the presentation of the real. But cultural technologies now exist to fashion the “real” in accord with the interests of power to a degree hardly imagined in the past. What W. J. T. Mitchell calls the gap between representation and responsibility is a master moral dilemma.⁴ How we “picture” social suffering becomes that experience, for the observers and even for the

sufferers/perpetrators. What we represent and how we represent it prefigure what we will, or will not, do to intervene. What is not pictured is not real. Much of routinized misery is invisible; much that is made visible is not ordinary or routine. The very act of picturing distorts social experience in the popular media and in the professions under the impress of ideology and political economy. So entailed, even personal "witnessing" is compromised. We are living through a great historical transformation in the imaging, and therefore perhaps also in the experience, of social adversity. Is that transformation *anamorphic* in the sense of a greater experience of complexity, or is it anamorphic in the sense that the global lenses of the media and other transnational institutions distort local images while providing the optical system for regularizing (normalizing) the global recovery of images and experiences?

A major preoccupation in the Western tradition has to do with the incommunicability of pain, its capacity to isolate sufferers and strip them of cultural resources, especially the resource of language. This incommunicability of pain arises from the asymmetry of access to experiential knowledge that it gives us. According to this view, to be in pain is to be certain about this knowledge. To be asked to react to another person's pain is to be in doubt about its existence.⁵ From the perspective of theories of *social* suffering, such a preoccupation with individual certainty and doubt simply seems a less interesting, less important question to ask than that of how such suffering is produced in societies and how acknowledgment of pain, as a cultural process, is given or withheld. After all, to be ignorant or incapable of imagining another person's pain does not signal blindness in moral sensibility in the same way in which the incapacity to *acknowledge* that pain does.⁶ Yet this latter failure is at the bottom of the cultural process of political abuse.

Many of the essays in this volume formulate questions of social suffering in relation to the problem of language. Only an excessive allegiance to the referential theory of language would lead us to privilege its pointing function in relation to experiences like pain. For one thing, that would construct the inner geography of a person as if it were a replica of the external geography of the physical world. But more than that, such a theory would have no place for the performative aspects of language or for the role of the speech genre of a society in molding the experience of suffering so that

certain experiences of pain and grieving become expressible while others are shrouded in silence. And, furthermore, while experience is shaped by representations, it can also push against these representations—resisting language, bending it in new directions, and distorting the received ways of expressing distress and desperation so that these distortions themselves transform the experience of suffering.

These essays illustrate great variation in historical and cultural styles of suffering. But they are not content to simply describe differences—for instance, the value placed on “enduring” hardship as a moral practice in China, the passionate pronouncements on the incoherent, chaotic nature of the gods in mourning laments in India, or the resistance to redefining “death” in Japan. One could multiply examples of variation endlessly. Instead, the essays tell of cultural ruptures and new, globalized suturings.

For example, Vera Schwarcz describes the vicissitudes of silent endurance and indirect expression of the trauma of political oppression as traditional moral modes of suffering among Chinese intellectuals engaged in the project of modernization. The cultural mode of directly “speaking bitterness,” through which, for example, abused peasant women were liberated by their new Communist masters to hurl the residue of that experience of abuse back at erstwhile landlords and patriarchs, hundreds of thousands of whom subsequently were put to death, occurred in an era of radical change that Tu Wei-ming regards as one of unprecedented “destruction of life, property, institutions, traditions, and values.” The new discourse community that crystallized around Maoism created, for the first time in the Chinese tradition, a union between diffused processes of political control, an inversionary ideology that reversed the Confucian order, and control over the language of moral approbation and critique, which had traditionally belonged to scholar-bureaucrats. Under the guise of rationality and democracy, Tu shows, this union of discursive and nondiscursive practices mobilized scientism and populism to create the moral-political instruments of immense societal suffering. Schwarcz demonstrates that under the vast pressure of suffering, sensibility and urgency also transmute, though not so greatly that the past loses its influence on present experience.

In a different context, Veena Das describes the magnification of

the images of nation in the anticolonial movements in India, where men came to appropriate the bodies of women as cultural media through which new political programs would be expressed. The Partition in 1947, on the eve of India's independence, is considered the most cataclysmic event in the history of twentieth-century India. Traditionally, the historiography of the dramatic politics of Partition has been strongly rooted in two assumptions. The first is the assumption that the Muslim League stood for Partition on the grounds of the "two nation theory," which held that Hindus and Muslims belonged to two different social orders and therefore could not evolve into a single nation. The second assumption is that the Congress stood for national unity but was forced to concede the demand for Partition because it was the only condition under which the British would agree to a transfer of power and freedom for India. Recent historiography has questioned these assumptions. It now seems clear that the pressures and counterpressures on both the Muslim League and the Congress were much more subtle. The real motives behind the moves made by the League and the Congress were quite different from those stated publicly. According to most recent work, the Congress bore a far greater responsibility for the Partition than traditional historiography has been willing to grant.⁷

Although the politics of the Partition received renewed attention in the 1980s, the experiences of the common person began to be seriously documented in the social sciences only in the 1990s. In the arts, literature, and cinema, however, the Partition and its trauma have been the subject of many important works. From the perspective of the common man and woman, the period preceding the Partition was marked by large-scale civil violence, riots, and movements of population, especially in the north and east of India. Local administration collapsed. An estimated 200,000 to 250,000 persons on both sides of the border died in this civil violence. It was stated in India's Constituent Assembly in December 1949 that 33,000 Hindu or Sikh women had been abducted by Muslims, and the government of Pakistan held that 50,000 Muslim women had been abducted by Hindu or Sikh men. Precise estimates are not possible, but we can imagine the magnitude of this tragedy from the fact that the Constituent Assembly listed the number of women "recovered" through the army evacuation services as 12,000 from In-

dia and 6,000 from Pakistan. In his memoir of the period, the Raja of Mahmudabad, a close associate of Jinnah and a member of the Muslim League, wrote: "I can well recall the general sense of gloom and despondency that pervaded the two newly created nation states; instead of joy and expectancy which should have been ours after those years of struggle there were only premonitions of impending conflicts and a promise of future struggle."⁸

Of the cultural processes of destruction unleashed by the Partition of India, Das finds ghostly apparitions in the register of the social imaginary. If the cultural project of modernity led to disappointment about the possibilities of human emancipation, so did projects of conserving tradition fail to promise deliverance. This experience of disappointment with cultural resources, with language, with culture itself, a sensibility of a grand illusion recognized, perhaps even of a deception, Das suggests, defines a key dimension of human societies in our bloody times, because experiences of social suffering in the middle of massive human destruction thrust against the limits of representations, received or newly created. Paradoxically, Das observes, cultural disappointment is not without rewards. It becomes possible in the ethos of disappointment for persons to acknowledge the pain of the other. This cultural opening is made possible not through the mediation of established genres. Rather, it is the failure of those genres and the dismay of the moral communities anchoring them that sometimes enable acknowledgment of the uniqueness of being, of the suffering of the other.

Stanley Cavell's philosophical reading of Das's essay in social theory suggests why the relationship of suffering to meaning-making must be worked through if interventions (academic and practical) are to be adequate to the complexity of human problems and not romanticize or trivialize human conditions. For Cavell, withholding acknowledgment of pain is a societal failure: "the study of social suffering must contain a study of a society's silence toward it . . . the study of that suffering and that silence must contain an awareness of its own dangers in mimicking the social silence that perpetrates the suffering." Philosophy's silence about the social condition of suffering is also an obvious part of Cavell's concerns. The study of suffering, therefore, needs to interrogate this failure of theory, just as it needs to examine the long stream of exploration of

men's and women's pain and tribulations in literature and social science.

Lawrence Langer, however, cautions against the temptation of finding meaning (large or small) and thereby humanizing extreme atrocity. Writing on the Holocaust, he is concerned not so much with the uniqueness of the historical event of the bureaucratized destruction of European Jewry but with the fact that to find models in religious or literary texts (or professional discourse) to make sense of the suffering of the Jews "normalizes" that which can never be normalized, never rationalized. He finds attempts to explain extreme atrocity naive, as he does the understandable but, to his way of thinking, misguided efforts to cure survivors of their trauma. Massive social suffering does not lend itself to metaphors of rescue or remedy. (In any case, the six million who were murdered are beyond healing.) For Langer, survivors live in the chronological time of ordinary life experience, but they also still inhabit, and are inhabited by, durational time, a frozen time, a continuously experienced duration of atrocity that can be neither transcended nor generalized. All efforts at interpreting atrocity, for Langer, must begin with individual narratives of the "unappeasable experience" of durational time. He advocates cultivation of a language of diminished possibility, a rhetoric of consternation that eschews teleology and especially salvational longings. But above all, he argues for an alarmed vision, an alerted way of looking at the world that expects danger, a vision that would constantly look out for atrocity and prepare people to respond. If it sounds like survivalist tactics on the collective level, that is indeed part of the only moral (or social policy) lesson Langer seems willing to accept from the extreme suffering of victims of the Holocaust: disheartenment and alarm.

The theme of disappointment with both tradition and modernity arises again, in a troubling irony, in Anne Harrington's discussion of the relationship between holism and Nazi medicine. That a humanistic critique of scientific objectification in biomedicine was appropriated by National Socialism may not destabilize our picture of the Nazis nearly as much as it does the idea of cultural critique as a means of unmasking the sources of human suffering. For Harrington, the products of our moral imagination—in this case, the critique of objectification in biomedicine—can be politically appropriated by the very forces that produce social suffering to hide

immediate horror under the seductive ideology of a distant ideal. Cultural critique and reform of biomedicine came to legitimate a new social order in Nazi Germany rather than challenge that order. Both tradition and modernity failed to offer effective resistance to cultural appropriation by the most dangerous of political programs.

Political-moral misadventures involving social appropriations of cultural representations of suffering are the subject of several other essays. The Kleinmans examine the processes through which popular, professional, and political appropriations of images of suffering appeal to the experiences of distant audiences. In so doing, those representations authorize transformations of core symbol systems and cultural discourses and thereby alter social experience, inducing ominous historical change in experiences of suffering in our own epoch. What is the effect upon cultural representations and social experience when the corporative media trivializes suffering or hypocritically distorts it by marketing the victim as a sentimentalized hero? Voyeurism is another outcome of construing suffering at a safe distance, without the social responsibility of real engagement. As this chapter illustrates, the three themes of this volume are so intimately interconnected that examination of one is merely a matter of relative emphasis. The other two are called forth as part of what might be termed the circle of social structural processes involved in continuity and transformation of everyday experience. That circle connects the stuff of humanistic and social science analysis—meanings, relationships, structures—to health and social policy. It also makes the moral and the political inseparable from the medical; the cultural processes of global social change that are altering health outcomes are also transmuting subjectivity, so that what we have, perhaps naively, taken to be panhuman existential conditions are changing too.

Mamphela Ramphele's autobiographical account, an analysis of the political uses to which the experiences of bereavement of political widows are put, examines a telling ethnographic instance of the appropriation of social suffering. Here, the dialectics of social life that remake the heterogeneity of private grief into homogenized stereotypes of public mourning are shown to damage women's experience. Neither programs of modernization nor the reinvention of tradition succeed in resolving a tension that comes close to an existential limit condition. In this essay and in others in this volume, the problem of suffering appears very different when we do

away with the classic dualisms of social analysis. Suffering becomes a process of social mediation *and* transformation. It is experienced within nested contexts of embodiment: collective, intersubjective, individual. It absorbs into the body-self the moral world's contradictory obligations/rights and the norms/contestations of the body politic.

Margaret Lock reminds us of the profound diversity of what is fundamentally at stake in those different cultural nexuses that can generate and sustain greatly different responses to suffering. Thus, debates over the experience of dying and the definition of death in Japan and North America may be driven by certain of the same global processes of technological rationalization and political economy, yet they differ enormously owing to the particularities of history, religion, and local traditions of conceiving and doing biomedicine. As we "master" nature, Lock demonstrates, the form that suffering takes, the construction of needs and deficiencies, is actually created by the very technology designed to alleviate suffering. The cultural appropriation through technology of what was formerly taken as "natural," and therefore largely beyond our control, has changed our expectations about, for example, events such as birth, illness, and death. Increasingly we assume that the production of perfect babies, an extended life span, and the elimination of disease is within our grasp; anything short of this incites suffering. This tendency is particularly dangerous because such suffering is hypothetical and not grounded in either critical politics or everyday reality.

Lock's essay, and Allan Young's as well, builds upon an understanding of the infiltration of the concept of normality, under the rationalized bureaucratic apparatus of the modern state, from medicine into many other domains of ordinary life.⁹ "People, behavior, states of affairs, diplomatic relations, molecules: all these may be normal or abnormal."¹⁰ The concept of normality closes the gap between "is" and "ought." Two ideas are contained in our concept of the normal: preservation and amelioration. There can be little doubt that technologies applied today purportedly to reduce suffering, such as those aimed at controlling female reproductive physiology and the genome, are often at the same time designed to create or reassert the normal. The normal, instated through bureaucratized norms and institutional practices of regulating bodies and behavior, advances the bureaucratic state's quest for order, control,

and efficiency. Technical rationality excludes other forms of knowledge and practice by generalizing, quantifying, in a word, normalizing experiences (collective and personal). Besides medical discourse, legal, scientific, regulatory, and policy discourses carry the technical rational weight of the modern and postmodern state.

Lock traces the normalization/pathologization of death and transplantation; Young reviews the history of the pathological memory as a cultural process for making people as much as for constructing disease entities. Fear, Young shows, was central to the kind of memory, person, and disorder being constructed at the turn of the nineteenth century. And it is still central to the kind of memory, person, and disorder being constructed in our own age of posttraumatic stress. Death and fear point to the connections between politics and experience that lie at the very heart of social life, connecting social memory and individual practice, suffering and society. Increasingly, however, such "connecting" is accomplished through bureaucratic mediation, which remakes suffering much as it remakes social life. Medicine is a powerful bureaucratic transformer of the existential, the moral, the aesthetic, even the religious sides of suffering. And in the 1990s, especially, the kind of bureaucratic transformation medicine enacts is to remake sufferers as consumers and to transform death and fear into commercial stakes and financial opportunities.

Paul Farmer's essay shows how the politics of culture and ethnicity can obscure the workings of poverty and international relations in the transmission of AIDS and tuberculosis in Haiti. Globally, poverty is the major risk factor for these disorders, as it is for most other forms of social suffering. An unjust distribution of disease and health care characterizes both the old and the new world order, and that gap between rich and poor is worsening. Health gradients of premature mortality and excess morbidity separate rich from poor, both between and within societies. Health policy and social policy are inseparable. As Farmer's case histories also disclose, the brutal local effects of global political and economic forces coerce the moral economy of policies and programs as well as the distribution of adversity and woe.

Farmer will not, however, allow political-economic analysis to overwhelm and silence the local idioms in which human distress is experienced. Rather, he argues that the immense pressure of the

global and the national on the local is the appropriate space for anthropological and clinical engagement with the social sources of human misery and with the social experiences of adversity such as that brought by AIDS, tuberculosis, infant mortality, and the abuse of those in extreme poverty.

The question of social suffering brings a stubbornly moral orientation to social analysis. It has been a foundational question for religions, political movements, the helping professions, and social policy. As David Morris observes in his review of its place and its uses in the Western literary tradition, suffering is about the voices (and silences) as well as the genres of moral communities that range from the local to the global. In a plot-centered view of suffering, Morris contends, the viewer is able to see how a matrix of related actions comes to bear upon an individual event. Both Morris and Farmer are impressed by a view of suffering that sees the historical injustices through which such individual events as hunger, sickness, and early mortality are produced in urban slums or among economically displaced rural peoples. For both Morris and Farmer, the reformulation of the meaning of suffering in liberation theology holds important lessons. Morris draws the conclusion that membership in a moral community gives direction to the way in which entitlements can be claimed: "We do not acknowledge the destruction of beings outside our moral community as suffering. . . . Within a moral community, we employ names like *martyr* or *hero* and inscribe the suffering of our own people within narratives of hallowed sacrifice and epic achievement." This leads Morris to call for an expansion of the borders of moral community so that we may extend recognition to those whose suffering is otherwise excluded (e.g., the enemy, the mad, the marginal, the foreign, the other).

Paul Farmer, on the other hand, sees a great danger in this move to extend the definition of suffering. His view stems in part from the perspective of a physician who must consider limited resources and hence must bring judgment to bear in deciding which persons are most deserving of these scarce resources. His view gains support from the dominant trend in the contemporary world, which sees justice as fair distribution of resources. As he states: "The capacity to suffer is, clearly, part of being human. But not all suffering is equal, in spite of pernicious and often self-serving identity politics

that suggest otherwise. . . . Careful assessment of severity is important, at least to physicians, who must practice triage and referral daily.”

While Farmer is surely correct to say that the physician who must make decisions about the distribution of scarce resources must also practice triage and ask which lives are worth spending more resources to preserve, he may slip too easily into the position that not all suffering is equal. The physician and eventually society must struggle to decide who should be given priority for the use of a limited number of dialysis machines, but they cannot conclude that those denied the scarce resources are suffering *less*—only that at the bedside or in the logic of societal judgment about priorities, others are deemed likely to make better use of the scarce resources. It is when principles of triage have been applied to populations considered useless or less capable of the human experience of suffering that we see the truly pernicious consequences of a doctrine that reconfigures suffering to questions of resource allocation.¹¹ The principle of suffering that counts for less can be a slippery slope that, even when it results from a deep commitment to social justice, creates inadvertent yet nonetheless dangerous moral slides.

Talal Asad’s essay on misapplications of the liberal discourse on pain, torture, and trauma in transcultural contexts shows how the claims of moral community, once restricted by the political processes of colonialism and the postcolonial world order to posit a liberalist Europe and a despotic other, selectively legitimate those forms of pain that the state can inflict and those that are proscribed. Modern torture, Asad summarizes, is not an “inseparable part of a disciplinary society.” What it is, he remarks, is “a practical logic integral to the maintenance of the nation state’s sovereignty” in the bureaucratic arena of policing, where “national security” overrides most other social values and legal rights. This practical logic becomes additionally sinister because the secretive cloak under which torture is carried out creates a state of fear in everyday life.

Asad makes the strong claim not only that the philosophical basis of the *Universal Declaration of Human Rights* is bound by a culture and history which may (or may not) preclude its universal applicability but also that a fundamental hypocrisy exists in eliminating punishments considered brutally inhuman while saying nothing about practices such as war that result in massive imposi-

tion of pain and suffering on whole populations. That hypocrisy also underlies and perhaps grew out of the colonialist practice of imposing on colonized peoples "civilized standards of justice and humanity" as a new form of disciplinary effects, rather than as a means of relieving suffering and making life more bearable. Suffering was to be made useful for societal "progress." National interest, in the liberal covenant, can (and regularly does) legally endorse acts that lead to pain and trauma because, as the apex of societal values, national interest comes to define liberal modernity. Asad argues for analyzing on a case-by-case basis any society's political processes and its purported values and the contradictory policies that issue forth in order to understand the calculus of authority that sustains some manner of social suffering in nearly every society. He also argues for appreciation of the liberal implications for "policing" interpersonal relationships, where again, he shows, contradictory values and a hypocrisy of practice preside. Torture and social suffering exist, then, not because of the absence of modernity, but because of modernity's very tenets and technologies and tactics of bureaucratic order for asserting national interest. Yet, because that same program of modernity calls into question the indigenous "defense" of cultural practices of oppression as self-interested, we find irony as well as tragedy in the clash of symbolic-political programs of conservation and change.

National memories and nationalism are explored further in E. Valentine Daniel's essay on Tamil immigrants in the United Kingdom. In the politics of Tamil immigrant suffering, Daniel looks at what happens when the image of the nation is lost so that alienation from the political present is matched by alienation from the imagined past. In this moment, relations among immigrants from three different phases of migration are reshaped away from ethnic alliances to class-based ones. For Daniel, these three cohorts experience different "comportments," ways of being-in-the-world, in which national memory and nationalism lend very different degrees of existential support. Drawing from the phenomenological vocabulary that Heidegger innovated to access the "felt" quality of experience, Daniel interprets various types of chronic suffering—e.g., statelessness, double alienation—that immigrants and refugees experience as they are caught up in the political-moral-psychological processes of diasporic coping created by fundamental cultural trans-

formations in their country of origin, in their host country, and in their own cohorts.¹² This meditation on suffering from perspectives in diaspora also will return readers to the theme of “indifference” by the host culture and its bureaucracies toward the cultural other and his or her search for affirmation.

Suffering is, of course, an absolutely central subject for theology. The last essay in this collection, “Religions, Society, and Suffering,” is written by John Bowker, a long-term student of the comparative study of religion and the author of a major work on the problems suffering poses for the world’s major religions.¹³ Seeking to find a bridging language between the study of religion, medicine, and the social sciences, Bowker analogizes the approach to the human soma in medicine to somatic exegesis in religious writings. This analogy fosters an interdisciplinary language of a “network of constraints controlling eventualities into their outcomes” and producing instances of suffering.

Bowker sees the incorporation of issues such as poverty, inequality, violence, and social breakdown into medicine and public health as a movement that recovers a much wider experience of suffering, one that links the medical with the religious and that brings to the fore the hermeneutical tasks in both domains. “The exegeses of the somatic text,” as Bowker puts it, also connect medicine and religion through “interrelatedness” as the social grounds of meaning-laden experience. World religions have been unwilling to isolate illness and other forms of suffering from this complex of social factors—relationships, meanings, the interrelatedness of somatic experiences. Medicine has lost its way in the recent past by denying the centrality of these connections. The socio-logic of “sets of constraints on eventualities and outcomes”—a response to sociodicy as much as theodicy—is a way of thinking that enables both religion and medicine to engage suffering in the broadest form of social experience. This, Bowker concludes, is the human grounds of experience (social and individual) where both fields should operate.

The essays in this book demonstrate that we have gone beyond the point where the subject of suffering can be examined as a single theme or a uniform experience.¹⁴ That an abiding human concern about an interpersonal process also contributes to the definition of what being human is about means that suffering is profoundly *social* in the sense that it helps constitute the social world. That this social process carries an existential resonance today means that it

is part of the constitution of *our* world. Social suffering possesses these meanings, among others. Our intention has been to deepen a conversation, from the perspectives of ethnography, social history, critical humanities, comparative religion, and social medicine, in order to come to a more complexly human understanding of the relationship of theory to policy. To engage human problems, we hold, is to engage this moral, political, and cultural nexus.

It is not that concern with discrete issues such as disease eradication, control of crime and violence, and intervention in poverty has been lacking in the administrative discourses of planning and policy or in the research that informs them. (Far from it!) But because of the manner in which knowledge and institutions are organized in the contemporary world as pragmatically oriented programs of welfare, health, social development, social justice, security, and so on, the phenomenon of suffering as an experiential domain of everyday social life has been splintered into measurable attributes. These attributes are then managed by bureaucratic institutions and expert cultures that reify the fragmentation while casting a veil of misrecognition over the domain as a whole (because if seen as a whole it would be too threatening?). As a result, neither a transsectoral framework of analysis nor interdisciplinary theories are made visible. By returning to the primacy of the phenomenological domain of experiences of suffering in a broad social context, we seek to show that what one expert defines as the object of health policy and another as the object of economic policy can and must be viewed in a frame that integrates these and yet other human problems—a frame that names a large domain of the sources, forms, and consequences of social life. In order to intervene in that domain, we need to ground responses, with the aid of social maps and social theories, in new and more humanly valid ways of refiguring the predicaments of our time.¹⁵

Arthur Kleinman

Veena Das

Margaret Lock

ENDNOTES

- ¹Robert Desjarlais, Leon Eisenberg, Byron Good, and Arthur Kleinman, eds., *World Mental Health: Problems and Priorities in Low-Income Countries* (New York: Oxford University Press, 1995).

²Ibid.

³See, for example, Georges Canguilhem, *The Normal and the Pathological*, trans. Carolyn R. Fawcett and Robert S. Cohen (New York: Zone Books, 1989); Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Vintage, 1979); Ian Hacking, *The Taming of Chance* (Cambridge: Cambridge University Press, 1990).

⁴W. J. T. Mitchell, *Picture Theory: Essays on Verbal and Visual Representation* (Chicago, Ill.: University of Chicago Press, 1994), 421–25.

⁵Elaine Scarry, *The Body in Pain* (New York: Oxford University Press, 1985).

⁶Stanley Cavell, *Must We Mean What We Say?* (Cambridge: Cambridge University Press, 1976), 242–66.

⁷A. Jalal, *The Sole Spokesman: Jinnah, The Muslim League, and the Demand for Pakistan* (Cambridge: Cambridge University Press, 1985); S. Wolpert, *Jinnah of Pakistan* (Delhi: Oxford University Press, 1984); M. Hasan, ed., *India's Partition: Process, Strategy, and Mobilization* (Delhi: Oxford University Press, 1994).

⁸A. K. Gupta, ed., *Myth and Reality: The Struggle for Freedom in India* (Delhi: Oxford University Press, 1987); G. D. Khosla, *Stern Reckoning* (Delhi: Oxford University Press, 1989; first published in 1951); V. Das, *Critical Events: An Anthropological Perspective on Contemporary India* (Delhi: Oxford University Press, 1995), chap. 3.

⁹See the sources cited in note 3 above.

¹⁰Hacking, *The Taming of Chance*, 160.

¹¹See Anne Harrington's essay in this volume, 181–205. See also Daniel Jonah Goldhagen, *Hitler's Willing Executioners* (New York: Knopf, 1996).

¹²There is, of course, a troubling irony in making use of Heidegger's work in a book on social suffering, given Heidegger's pro-Nazi statements and actions as rector of a major German university under Hitler. That sad irony points us all toward the crucial discipline of self-reflective scrutiny as a critical strategy in ethnography. In Thomas Buckley's useful piece "Suffering in the Cultural Construction of Others: Robert Spott and A. L. Kroeber," *American Indian Quarterly* (Fall 1989): 437–45, we learn how a famous American ethnographer participated in this practice of indifference to the suffering of the other and the appropriation of local Amerindian voices, thereby denying the other's affirmation of self (personal and ethnic). In one sense, all writing about suffering is an appropriation for self-interested reasons. But the uses of suffering include giving testimony and assistance as well—a very different moral response. The complexities—moral and professional—of these antinomian human responses are illustrated in Arthur Kleinman and Joan Kleinman, "Suffering and Its Professional Transformation," *Culture, Medicine and Psychiatry* 15 (3) (1991): 275–301; and in Shoshana Feldman and Dori Laub, *Testimony* (New York and London: Routledge, 1991).

¹³John W. Bowker, *Problems of Suffering in Religions of the World* (Cambridge: Cambridge University Press, 1970).

¹⁴In the recent past, the dominant mode of representing suffering has come from medicine. Illness viewed as the contingent misfortune of an individual acutely

beset is the archetype. Without at all attempting to cover the variety of forms of suffering, we have chosen to emphasize catastrophes, chronic states, routinized misery, and direct abuse that result from the international political economy, state policies, bureaucratic practices, and cultural forces. We do this to change the object of inquiry and also to suggest that the medical archetype is seriously misleading. Indeed, it is so even for health problems such as cancer, heart disease, diarrheal disease, and depression, whose sources frequently are located (at least in part) in the social world and whose consequences have powerful effects there too, effects that stamp all chronic illnesses with a social course. But this is a topic that goes beyond the limits of this volume; see the Introduction in Arthur Kleinman, *Writing at the Margin: Discourse Between Anthropology and Medicine* (Berkeley, Calif.: University of California Press, 1996). For our purposes here, it is enough to emphasize the varieties of social suffering. By doing so, we do not seek to diminish attention to subjectivity and agency: suffering evokes individual lives. Instead, we wish to redirect the pathway to personal accounts so that their inextricable embeddedness in social context is highlighted. The relationship between the varieties of human misery and the varieties of subjective experiences is still a huge question for future work.

¹⁵The editors wish to thank Robin Root for her contribution to the descriptions of the essays by Asad, Daniel, and Bowker.