



## TALKING WITH/IN PAIN: REFLECTIONS ON BODIES UNDER TORTURE

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**Synopsis** — In this article, we reflect upon how bodies are experienced under torture. We centre this around Consuelo's personal experience, as a feminist lesbian and political activist tortured under the Chilean military government. We also draw on the training both of us received in science, which influenced our perceptions of how bodies work. Her story prompted a conversation about the gap between biomedical descriptions of bodies and the ways in which we experience our bodies and the apparent inarticulacy of pain. This conversation is both the methodology and the form of this article. We explore issues of violence and how that is built into the history of biomedicine and how this, in turn, feeds into political abuses of human rights. Another strand is power and control—built into the way scientists think about the body; yet control is deeply challenged when the body becomes uncontrollable to one/self during torture. We also talk about silence—silence both as something imposed on a prisoner and also as resistance. Biomedicine resurfaces here, too, when we speak of medical practices which silence us, as well as of the literal presence of doctors in the torture room. One purpose of this article, then, is to break that silence. © 2002 Elsevier Science Ltd. All rights reserved.

### INTRODUCTION

This is a double act, a written conversation about the body, and pain and its performance.<sup>1</sup> The dialogue begins from our respective work in quite different fields—feminist critiques of science, and lesbian autobiographies. They converge, however, in feminist thinking about “the body,” and human experiencing of it. Yet, as we talked and wrote—and as you read—we were struck by how dissonant were the narratives on which we draw. This made us realise how little of the recent feminist scholarship on the body addresses pain, still less torture. And that is partly the point of this “conversation.” The “body” of science is a regulated, controlled body. But however useful that is to explain how the body works, it fails dismally to address in any way bodily experiencing. And nowhere is that more evident than when the body is pushed to extremes in, for example, pain.

Our conversation draws on the retelling of Consuelo's story of experiences of bodily pain in torture and imprisonment during the days of the Chilean junta—retelling because she first performed her *autobiographical story* (not a testimony<sup>2</sup>) at two conferences in Britain.

Around that time we started our dialogue about her experience, so it felt “natural” to go a step further and reflect on the process we have gone through when having our “conversations.”

We have included a brief version of Consuelo's story, alongside our conversation generated by it. Our discussion began with thinking about torture and pain, and reflects the extreme contrast of how we might try to express ourselves when our bodies are pushed to the limits of our tolerance, and how science speaks about how bodies work (especially women's). Another purpose of our article, however, is to challenge the popular idea that scientific and literary narratives cannot “talk” because they are seemingly opposed to each other.<sup>3</sup> We want to show that narratives of any kind can certainly meet and interact if the people who are involved in their making listen to each other with their hearts as well as with the eyes of their minds. That is why we chose a dialogue, rather than a linear narrative: to reflect a *feminist dialogic process* where the power relations usually established within the production of knowledge are destabilised not only by our differences in ap-

proach and origin but also by linking—rather than confronting—pain and (academic) performance. This attempt to link emotion and rationality inevitably gives rise to a dissonance, but it is one with which we feel comfortable, nevertheless. So, part of our point in emphasising such sharply contrasting styles of narrative as science and personal experience, is precisely the contrast, the lack of language in the scientific mode with which to express the body's pain. So perhaps we should dedicate our dissonance to all those who suffered at the hands of the Chilean dictator Augusto Pinochet and to the hope that human rights and dignity will one day be defended everywhere, and forever.

*"It's too personal": remembering violence*

Dissonance, however, also draws upon the ways in which we are positioned, as we thought about the mechanistic narratives of science: for both of us, to write about pain entailed distancing ourselves—in quite different ways—from such mechanistic narratives, to position ourselves in a different place. What follows, we want to stress, is not an academic *argument about science*, but reflections on its relationship to pain. Moreover, we do not believe that stories are academic arguments, and it is a personal story that is our starting point. We do, however, *draw upon* feminist critiques of science, mostly through footnotes, to provide the background, the context within which we can talk about biomedicine and pain. Within our conversation, it is memories, stories, that matter, and so even the references to biomedical science we have framed within personal stories—memories, for instance, of experiencing first-hand the language and practices during scientific training.

It is not, of course, customary to write personal narratives in science—any more than it is customary to speak about experiencing pain (rather than writing about bodies or pain as abstractions) in the academy. But as feminists we are willing to break a few rules. In doing so, however, we recognise that we begin to position you, the reader, in relation to academic practice—this is, after all, written for an academic journal.

For most people reading this, the horrors of torture are literally unimaginable; so, we can-

not in that sense make Consuelo's text more inclusive—for there is nothing on which to build shared experience. But if we start from that premise, we are surely presuming that listening is not possible. Moreover, we would be denying the "active" and emotional act of listening, and of reading.<sup>4</sup> Reading processes and practices have changed throughout history, particularly with the advent of feminist politics. New models such as Lynne Pearce's (1997) "implicated reading"<sup>5</sup> or Consuelo's (Rivera-Fuentes, 2000) own "sym/bio/graphical reading"<sup>6</sup> have emerged which acknowledge the emotional responses that particular texts can bring up in a reader.

There are, however, many who still choose more distant, nonengaged modes of reading. One characterization of such a response, in association with literary criticism, for example, has been that it is "cerebral rather than emotional" (Pearce, 1997, p. 4). The text is interpreted, analysed, and "mastered" *cognitively* by professional literary critics. In this sense, the act of reading could be seen as active and assertive. However, the silencing (self and imposed) of these critics' *affective engagement* both with the text and their reading process reminds us of readers of scientific texts, who seem to be positioned as passive consumers of the litany of facts. There is no place for emotions, for responsiveness *to* the text here.

Emotions, and space for active engagement with the text, are similarly hidden in scientific writing. Thus, descriptions of how bodies work—for example, in scientific textbooks—seem to speak about a carefully managed body, controlled from within, and rather sealed off from the outside world (see Birke, 1999). It is abstract, "the" body, though never my body, never a body with subjectivity. But by contrast to this rigidity, the body of terror, the body in pain, is never sealed off from the rest of the world (even though we might, when terrorised or in pain, wish that it were). During torture, moreover, human beings are subjected to all kinds of atrocities; some may not (apparently) cause lasting pain—others endure. If people survive torture, then there are many long-term consequences; irrespective of whether the survivor can directly recall events, his or her body remembers, the memories emerging in the form of, say, indefinite gastrointestinal disorders, ulcers, or tumours (Basoglu & Mineka, 1999).

## CONSUELO'S STORY (OR PANDORA'S BOX)

Physical pain has no voice, but when it at last finds a voice it begins to tell a story . . . (Scarry, 1985, p. 3)

A usted, patriarca entre los patriarcas, yo me opongo hasta con mis silencios (Kirkwood, 1986, p. 12)

*Here I am . . . in front of you . . . feeling naked like a new born child . . . shaking . . . and in pain . . . I am going to tell you the story of my pain today, and through this, the story of many other people's pain . . . that pain that cuts throats and vocal cords and leaves only groans and silent cries . . .*

*Eighteen years later I can still smell my own fear, and that of my compañeros . . . it was always like this . . . sticky tension pouring from our sweated bodies . . . the bodies of all of us defying tear gas, water cannons and carabinieri . . . run . . . shout . . . think . . . run . . . shout . . . sweat . . . remember . . . remember . . .*

*I can feel the adrenaline rushing through my entire body . . . my throat is dry and hoarse of so much shouting against this barbaric, mad regime . . . Why are people running now? I shout, but nobody listens to anybody now . . . I cannot stop, I have to keep running and find a safe place, away from the bullets and the force of the water . . . separating the crowd. Emma's gone, I can't see her anywhere in this chaos . . . This noise is driving me mad . . . I am so scared . . . yes, I am terrified . . . my heart thumps in my chest and my temples . . . my eyes are itchy, I can't breathe properly . . . I have to keep running . . . run, run . . . don't think . . . What's this terrible pain on my back? I can't walk anymore, I feel very tired . . . why has everything gone so quiet . . .? Silence is all I can hear . . .*

*Silence can take many shapes. Silence can be touched, sliced, it can be uncomfortable, if experienced for too long, . . . it can be used as a break to relax and enjoy the company of one's selves living in one's body. It very often embodies resistance itself . . . it can be used as a weapon to break someone's spirit in a session of torture.*

*"Torture means severe pain," they had warned me in our "training sessions" in my political party's cell . . . no training session prepared me for this intense pain . . . my pain . . .*

*the one I did not choose . . . all this alienation, this empty vacuum . . . , my body, my mind, my pain . . . this is not happening . . . I am a little speck in the universe . . . which universe? . . . the world is not anymore . . . I am . . . disintegrating . . . bit by bit . . . yell by yell . . . electrode by electrode . . . The pain . . . all this pain here and there, down there in my vagina . . . the agony . . . where am I? Where is my I? This ache is cutting right through my/self . . . I am . . . I am no longer . . . I dissolve in this pain, this monster is eating me alive . . . now . . . I am trapped in the here and now, in this alienness, in this erupting without control . . . I am a volcano, yet anger is no more, only terror and pain, that is all there is . . . I am . . . in pain . . . I am losing my/self . . . I don't want to tell you anything . . . you, bastards, can have my cries, my moans . . . but I will not give you names . . . I don't have memories of names . . . think of a nice beach, gentle waters and silence . . . silence . . . be silent . . . that will bounce your distress back to them . . . if I give thoughts to the pain, if I manage to speak to it from the borders of my weak body . . . perhaps it will leave me, perhaps my/self will be back together . . . I have lost my/self . . . maybe . . . maybe it was my fault . . . I shouldn't have got into this . . . maybe if I tell them that I won't do it anymore . . . maybe . . .*

*I speak with a swollen tongue which threatens to suffocate me into madness . . . this pain does not have a body, it is just a huge mouth devouring me, this pain does not have ears, it does not listen to what I can say . . . I retch, I vomit, I want to fly away, like a kite . . . no . . . better than that . . . "fly like an eagle . . . proud and freeeee!"; fly like a condor . . . like a phoenix . . . but I am not a phoenix . . . I will never rise from the ashes of my body . . . I scream in silence . . . I want to cry out loud, maybe my mother will put me back in her uterus then and silence will be . . . What am I saying? My mother is not here and this this pain does not have a meaning . . . I do not have a meaning . . . life is . . . only silence . . . I with no voice, no tongue, no mouth, no/body, anguish, terror . . .*

*My throat is boiling sand, my breasts, my belly, my vagina, my anus . . . all wave after wave of electricity, no control . . . I am losing control of my/self . . . I can't stop the shit, the piss, the tears, the jerks, the yells . . . I want the silence of death . . . oh, god . . . it hurts, I do not want to be dispersed, sliced . . . mamá where are you? take me back into yourself . . . I do not*

want to think . . . I am being punished for daring to think . . . *papá*, is that you? . . . I am a good girl, can you see? . . . I am . . . in silence . . . just as you wanted me to be . . . they are killing me now . . . they must be . . . but I can't die . . . you need me, my son . . . I don't even remember your name, *mi niño* . . . hush now, I will be fine, it is only a little pain, I promise . . . it doesn't hurt . . . that is not true . . . I am . . . in pain . . . I am . . . Is that you *Cristina*, my love? They said all I needed was a good fuck, from real men . . . what they will never understand is that I love you precisely because you are not a man . . . I just cried and pleaded a little bit, only a little . . . believe me, I implored only a little . . . they laughed then . . . they laughed with an evil laugh and then everything was silence, after silence, after silence, after silence, after silence . . .

"My name is Consuelo . . . oh, *mamá* . . . there's no consolation in this cold, why am I so cold? . . . in this *parrilla*? . . . I am terrified . . . that my body will betray me . . . I will betray you, *compañeros* . . . I will speak . . . if they don't stop this pain *voy a cantar*, *voy a decir nombres!!!* . . .

But I don't even know my name anymore . . . where was I? . . . where am I now? this room stinks, I wonder . . . is it big? . . . Why have they blindfolded me to leave me in this room and not when I was in the other room, the blue room, blue like their blue overalls? What *Machiavelian* plans have they got in mind? what are they going to do to me next?

I can't move . . . everything aches . . . my hair aches . . . I am having a break from the *parrilla* . . . will they let me go now? Consuelo, my name is Consuelo . . . everything is silent now, they want to drive me mad, maybe if I chant silently: "fly like an eagle . . . proud and freeeee!", . . . their silence has chosen **me** and I have chosen **my** silence, my silence of thoughts, **my** silence of actions, the silence of my heart pumping blood silently through my body, making me live in spite of **my** silence and of the face of death . . . that face breathing on my own, swollen, bleeding, bruising, aching face . . . there's no pain now . . . they have given me a little water . . . "not too much, Doctor Death said, she could die" . . . but that's all I want . . . I want to die . . . I am so tired . . . and now they have blindfolded me . . . so that I cannot see you, doctora, . . . but they don't know that I can smell you Doctor Death . . . you do not stink as my shit . . . you have no teeth, you have no smile, you are my

shadow . . . I am a shadow . . . you, doctor, you are a woman . . . I know . . . I smelled you before, while I was in the *parrilla*, you did not show me your face then . . . but your perfume, Chanel 5, that's your perfume . . . that's a woman's perfume . . . how can a woman . . . a doctor? . . . how can . . . and your voice is a woman's voice . . . why are you telling me to speak? . . . why are you checking my heart? Are you going to tell them to stop? . . . Is it true that doctors save lives? . . . I am saved then? . . . please . . . don't go . . . if you stay, doctora, they will not put me back in the *parrilla* again . . . d'you know, doctora?, I once wanted to be a medical doctor, like you, because I could save lives, but I could not stand the pain of seeing people in pain . . . I am in pain . . . please, doctora, don't go . . .!

What's that? . . . Who's there? That's not me, is it? I am in silence . . . I haven't opened my mouth . . . someone else is screaming . . . they are torturing someone else . . . whose is that voice? . . . That's not my voice . . . yet it sounds like me . . . where am I? Where is my/self? I don't want to hear your screams, I cannot scream anymore, I do not have a voice . . . can't you see? I have lost my tongue, I have bitten my tongue, I have held my tongue . . . no, my tongue is still here . . . I have just heard my/self yell . . . Where did it come from . . . this screaming? They are not torturing me this time . . . why am I in pain again? This anguish, my heart is racing again . . . my heart is a mad pump . . . does the heart ache or is it the chest that aches because of the heart going wild and beating against the interior walls of my chest? Does it matter? Someone else is in pain, someone else is in the *parrilla* . . . someone else is shitting herself? Maybe she will speak? Maybe she knows my real name, the one I do not know . . . All this agony, my thoughts are aching now, . . . why am I shaking? . . . I can't control my hands, they are mad . . . like my heart . . . like my/self . . . like my body . . . Please, let her go!

This is part of my story . . . I am safe now . . . away from Chile . . . but for people like myself, there will never be an after torture, because once you have been subjected to physical and psychological torture, pain remains, it gets stuck to your skin, to your bones, to your guts, to your heart, to your memory . . . and I go to a counsellor in Britain who tells me "we do not torture here"—"patronising old git," I say to myself, and then I go to a physician who asks

*me to tell him exactly what happened . . . I want to say that I don't want to describe the parrilla, the electrodes, the blows, the kicks, but end up crawling back into my silence and say I don't remember well, that everything is blurred in my mind because I realise that physicians don't speak my language and can't help my healing process. Yet the body remembers again and again . . . and again . . . The body remembers and pain becomes part of our dreams and of our nightmares because we don't have a valve to release them in any other way. The body wishes to be a body again, the body wants to have a mind . . . and to remember better times, the body wants a soul . . . my body is dying . . . to have some comfort in the here and now . . . I resist disintegration in this presentness by doing the exact opposite of what I did during my previous torture . . . I have broken my silence . . . I have finally given voice to my pain . . . but in my terms . . . By the way . . . did I tell you that my name means consolation? I am Consuelo . . . I am Consuelo . . . am I?*

### ABSENCE AND SILENCE: THE DISTANCE OF LANGUAGE

Language is founded upon absence.

Language erupts out of silence, and splinters it. (Roberts, 1998, p.12)

**Lynda:**<sup>7</sup> Hearing that story for the first time silenced me. However much I may “know” (intellectually) about torture, about the bloody history of Chile, or even about the physiology of pain, nothing can prepare for listening to a story of *the experiencing of pain*. No wonder there is so little space for it within academia. But being silenced is one thing; remaining so is quite another. We *have* talked about the huge gap between such stories (indeed, any stories of how pain feels) and the strange language by which the body's mechanisms are described in biomedicine.

That, then, is where we have to start our conversation, recognising how biomedicine so often fails to address the way that the body can go on and on expressing pain. I come from a science background, am trained in those narratives. What *do* they say about our bodies, about our pain? And, more importantly, what

do they not say? How can we even begin to find common ground to speak about the body and its pains? Or is the distant voice of “objective” science simply too far removed from lived experience?

Writing about feminism and the (biological) body was—and is—tricky. I spent years being trained in the distancing stance of “objectivity”; I learned to write as though I was not there. How can I write now about the body of my scientific training without that denial of myself? I have had to “break the rules” of that training, by including personal narrative in my work, by speaking about how I experienced those processes of gaining knowledge.

Remembering the language I learned from my education in science, I recalled other limitations. In modern biology, molecular biology and genetics are all-powerful; as a result, whole organisms—living creatures, whole complex bodies—appear quite rarely in textbooks. The life histories (hence memories) of specific kinds of creatures, have largely disappeared, superseded by molecules and information flows (see Haraway, 1997; Tauber, 1994).<sup>8</sup> Not surprisingly, then, biomedicine gives us no language with which to express how we *experience* and *remember* our bodies. And this is, perhaps, most obvious with respect to the experiencing of pain—as I think your story makes explicit . . .

**Consuelo:** Yes, and that is when my writer's “self” comes in and finds it almost impossible to engage with those biomedical narratives you mention and, even with/in narratives such as autobiography—apparently about the self—I am forbidden the space I need for the expression of deep feelings of fear and bodily pain. When I talk about these in public, I can hear the rustle of those people's thoughts as they move uncomfortably on their seats: “it's too personal,” “it is not methodologically sound,” “where is her argument?,” “what is she trying to prove?,” and so on. Then I can tell that they never understood any of what I was doing: expressing my pain, performing my pain in public, because my pain was conceived and born in public so it needs to go back where it belongs if I am to recover my own voice, Consuelo's voice. And yet I know this is a contradiction, since my pain will always be mine, even if I share it in public. But it also allows me to go back into the private, into the intimate and unique voice of Consuelo who is not afraid of her contradictions anymore.

**L:** When I heard your story it made me think about how those bodily experiences stand in sharp contrast to the distancing language and “facts” of medical reports of torture, which do not permit of the private, intimate voices of the self; science is supposed to be objective, and reductionist. But can the experience of pain ever be reduced to objective facts?<sup>9</sup> To statistics? To checklists? Does ticking a box against “was electricity used?” tell us anything about the experience of the person subjected to the shocks? (see Reyes, 1995). However horrifying those reports might seem, they at least enable the reader to distance herself, maybe because what she is reading about is *facts*; yet they can never convey the way someone *felt*.<sup>10</sup>

The belief that science is all about unchallengeable facts is a strong one; if something is said to be scientific, we tend to want to believe it. When I was teaching a course on Feminism and the Body, I was struck by how adept students of women’s studies are at deconstructing images—until the images appear to be scientific. What happens then is that we all fall back onto the “objective” language of science; this is an ovary, that is a uterus. Scientific knowledge, after all, has profound authority in our culture (Latour, 1987). There seems to be no other way of talking about our insides. The images, and language, of science seem so remote, so far removed from our lived bodies—yet, as you point out, even telling about experiencing pain—living the body—can be frowned upon in academic circles.

**C:** But that is not only true of academic circles, after all, those circles are inscribed within larger circles of human beings. Close your eyes and imagine so-called human societies as endless mazes of “circles,” all of them trying to get to the outer layer and trap the other ones inside, moving further and further away from the core. My soul, my fears, my silences and my voices, move between and with/in the outer and the inner layers of myself. Why can’t I, then, talk about them in public (even to a feminist audience) without being considered “too emotional,” “too personal”? My entrails, my heart, my juices, my blood, my lungs, my liver, my faeces (what else do we have inside, my love?) also belong to the core of this concentric maze I am. My tongue, however is inside and outside. I can stick it out—unlike my heart, for example—I can taste the external world with my tongue

(and if I were a snake, which I am not, I could even smell with my tongue—although ever since I came to live here my tongue is “bífida,” (ok, forked, if you wish).<sup>11</sup> I want to bring my pain to the surface, without making it superficial, but people frown because one doesn’t talk about one’s entrails in public. Or maybe that is their protection against the disturbing feeling that any horror story might produce in those who are listening. It is easier to express disapproval about the crudity/nudity of the body and its “disgusting” functions. You know more about the inside of the body than I do, and you can talk about those medical narratives much better than I could. Anyway, I do talk about my body, that private, intimate body in public, because I was silent for too long and I owe it to myself.

**L:** I can indeed speak the language of medical narratives. But as you acknowledge, what they make public is the distancing: to learn science, you learn about “the” body.<sup>12</sup> There is no language, no space precisely for that “private, intimate” body—my body—which is supposed to remain private. That was one of the things that the women’s health movement of the 1970s really emphasised—the need for feminists to challenge doctors’ assumptions that a woman’s private spaces should never be seen even by herself. Details too intimate even for her private knowledge!<sup>13</sup>

**C:** I think that one of the issues here is the one of power of physicians over patients, particularly if the patient is a woman. If doctors spoke in words everybody could understand, then their power to act as gods would disappear; the more silent and ignorant the patient about her body, the better. She is allowed to speak about the symptoms that brought her to the consultation in the first place, but she is not allowed to know about those bodily parts which are inside her body. The insides and their viewing are left to the expert, to the gods.<sup>14</sup> When I have needed an X-ray, for example, they have never showed me my bones (in case I recognise them as mine, I suppose!). After I was detained in Chile, I went for a “check-up” and the doctor who saw me asked for an X-ray of my back as it had been severely and repeatedly hit with a tear-gas canister by the carabineros who arrested me. Although the doctor was someone against Pinochet’s regime, he still did not show me the X-ray and I was too numb and silent to demand my body (my bones) back: I could not see my own skeleton, I could not heal myself by look-

*ing at my bones, beyond my flesh and blood; I was powerless against the power of medical discourse and practice, even if this time it was gentler and compassionate. I was left with this acute pain and painkillers which did not kill my pain because it has never gone away. This is what I would call one of the many violent acts of science: the keeping of practices which deny or limit the patients' access to information about their own bodies; for me they are just an extension of torture and the torturers' arms in time and space.*

**L:** I do think that scientific knowledge is founded on many acts of brutality. The more I've worked on feminism and science, the more I have had to learn to unpack what was hidden in my training: how did I come to understand the body's processes in particular ways? And what did those textbooks NOT tell me? One of the things they glossed over was the extent to which the knowledge gained was discovered through violence (which is hidden in the abstract language). I grew up at a time of growing protests over the ways in which scientific knowledge was used—protests over the Vietnam war, for example. It's a violence that is not simply a "misuse" of science: but violence is, nonetheless, deeply fundamental to science's place in our society.<sup>15</sup> How has a project with such lofty aims—the eradication of disease, for instance—simultaneously been one that has been so violent?

In studying biology, I had to learn to separate the mechanistic language from my love of living things—a kind of violation itself. All through my training, I largely dissociated my awe at the wonderful beings we call "animals" from the bits and pieces of machinery about which I read. Only later did I begin to see the connections between my feminism and my feelings about animals (see Birke, 1994). I also began to see more clearly how much of the knowledge of physiology that I had gained was generated through the pain of many animals, brutally tortured "in the name of science."<sup>16</sup> However fascinating I found the physiology at one level, that knowledge was founded on violent acts.

The concepts I learned, moreover, had often been honed in war, ideas developed as part of the military effort. So violence is really built into the concepts themselves, as part of the masculinity of war. It isn't surprising, then, that biology textbooks so often reproduce the

language of conflict: the immune system fights back; nerve cells acting like platoon fire; ideas of feedback derived from work on anti-aircraft controls (see Birke, 1999; Martin, 1994). Images of the warring body . . . and they are images, too, that rely on notions of control.

I have always felt distressed at that history, especially the use of animals, and I guess I tried to suppress my recognition of it. But if I found it distressing to read about what atrocities were done to the bodies of unknown animals, how much more so to think about torture inflicted on a person I love?

**C:** *You remind me of my own, incomplete, education in chemistry and pharmacy before the military coup. Amongst other subjects, we had to study physiology and pathology; one day (which is when my decision **not** to become a scientist grew stronger) we were taken to study a corpse which stunk of formaline. A cadaver being cut up over and over by pathologists because the person who had once inhabited that dark grey body had not been lucky enough to be buried in the dark, cool soil of a grave. Because he had been poor, with no relatives to claim him, his corpse was left in the medical school, exposed to the gaze of disgust, compassion and even fear of the students who would learn about the insides of a body. This man was not in pain anymore, not cold anymore, not hungry anymore, yet the lights of the mortuary would always be on him. His dead body was experimented on, excised and violently torn apart by inexperienced students' hands carrying the violence of poverty to the extreme. Poverty versus science. You know who/what the winner is, don't you?*

**L:** Of course; meanwhile the Western world spends billions on deciphering the human genome, not least because of the huge potential for commercial profits . . . but speaking of dissection and poverty reminded me that there is a long history of medical use of the bodies of those who died in poverty. But there is also a history of social protests over it, too—people fighting back against the arrogance of medical practice which assumed that it was simply all right—"in the name of science"—to have these bodies.<sup>17</sup>

**C:** *That makes me wonder, how many of the "missing" people in Chile were—perhaps—used in experiments? Hundreds of "free" bodies for the improvement of more effective ways of torturing, for example? They say that in Nazi*

*Germany Jewish prisoners were used for that purpose,<sup>18</sup> so why wouldn't the military regime do the same? So it wouldn't be just science, wouldn't it?*

**L:** No, it wouldn't—I am certainly not saying that either torture or global violence are to be found only in science. Nor am I saying that science is only about violence and domination; it is much more than that, and has a complex history. But science has great power, which is used by governments of all kinds; and its distancing language, and techniques, can be used to fine-tune torture and other abusive social controls—as has happened many times in the history of the twentieth century. The very authority of scientific knowledge and language gives it credibility. And I was reminded of that in your story: modern torturers use modern technologies, to push the body to its limits.

**C & L:** In writing this, we were reminded of how often feminist critics have written about the ways in which science has come to be about dominance, about violence, and about how these aspects of science draw upon the distancing tactic (or god-trick: Haraway, 1991) of objectivity. Yet, however much we, as critics, put ourselves “outside” of science, we are all complicit in its development; all of us, for example, pay the taxes that fund development not only of new life-saving drugs but also of the arms and devices for torture that are routinely sold throughout the world.<sup>19</sup>

As we write about it we act as though we are not part of it; given our subject, that distancing seems to make it more possible to imagine “the unimaginable.” Indeed, how can we ever talk about the biological body, about pain, without such acts of distancing? Is that what we expect here of our readers? Do we expect readers to be inside and outside, to be simultaneously engaged with us in exploring pain, and distanced from the knowledges that contribute to oppressions that generate pain?

### JERKS AND TEARS: THE UNCONTROLLED BODY-MACHINE

**L:** We spoke earlier about the relationship between science and violence; there is also a somewhat less obvious theme of control in your story—how the scientific narratives speak of the regulated body, in contrast to the extreme loss of control during torture. That, too,

is part of the distancing discourse. We might also say that the loss of control, and the pain, further subjugate the sufferer, just as scientific practice can at times entail subjugation through violence. Control in science contrasts with loss of control on the part of the object of attention, who then loses dignity.<sup>20</sup> Scientific knowledge assumes a kind of machine-body, that is tightly controlled within itself<sup>21</sup> but fragmented. As undergraduates, we had to learn about bodies as sets of “Living Control Systems” (Bayliss, 1966). That kind of language takes away any sense of the awe-inspiring processes of living creatures—they are just sets of parts, like cogs and wheels. The body/machine metaphor is strikingly powerful (bringing us back to how much scientific ideas derive from their cultural contexts): here's one example I found:

Animals and plants are chemical factories . . . Animals, in addition, are provided with engines which enable them to move about: the factory can move, when necessary, to its raw material. Just as in an industrial concern, the conversion and fabrication processes are managed and controlled. (Bayliss, 1966, p. 1)

You can't love a factory, can you, even if it can move about?<sup>22</sup>

I was reminded of the theme of control built into the way we think about bodies, when you spoke about how the body loses control of itself during torture—you are no longer able to control even the most basic functions. Scientific language, though, cannot even begin to describe what that feels like. On the contrary, what I learned about pain was the main theory of how pain is *controlled* within the body—the “gate control theory” of pain. Pain thus becomes something to be understood as messages passing along nerve fibres, sending information to the brain . . .

**C:** *Of course, scientific language cannot describe what I felt and remembered: anxiety, humiliation, powerlessness, my potty-training down the drain in a string of jerks and tears, degradation to the point of feeling like a “speck in the universe,” no/body; I was just a set of “basic functions”—as you call them—not working at all. Or were they? The basic functions of my heart thumping in my chest or that of breathing bloody air in and out of my lungs, for example, continued to work despite my wish to die there and then . . . I think of Ailbhe Smyth, who*



asked herself, “Can I live with the dying of my body?” (Smyth, 1998, p. 20). I often wonder the same.

**L:** Sure, your heart will go loyally on . . . I thought, as you mentioned that, of a poem about the heart by Margaret Atwood (1992, p. 39), where she says:

But you’ve shoved me this far,  
old pump, and we’re hooked  
together like conspirators, which  
we are, and just as distrustful<sup>23</sup>

Self and heart as co-conspirators; yes, it will go on thumping, unremarked, despite your feeling like a “speck in the universe.”

But what I want to emphasise from your experiences is how there is no space in the medical language, in the tales of machine-bodies and regulation, for the loss of boundaries of body and self that dissolve into pain. Not that pain ever did fit well into these stories of machines (nor do many other experiences of our bodies; Oliver Sacks’ account of losing sensation in one limb is a good example (Sacks, 1984). Rather, it seems that the *experiencing* of pain has no language; pain has no voice, it silences us, it is before language. And it is, perhaps, precisely that inability to put words to the meaning of pain that makes it so “inarticulate” as Elaine Scarry so eloquently puts it (Scarry, 1985): we cannot seem to fix its spatial coordinates, much less try to describe it to anyone else.

**C:** I tend, partly, to disagree with you and Scarry there. Maybe the experiencing of pain has no language—as you assert—in the conventional way of understanding language, i.e., **words** producing meaning.<sup>24</sup> However, I strongly believe that pain does find a voice in the yelling, in the screaming, even in the loss of those “basic functions” we were talking about before when, in my case, electrodes inside my vagina threatened with the disintegrating of my/self. You yell, you piss yourself and you are saying “it is hurting so much I cannot put it into f\*\*\*\* words!,” because the pain is deeper than flesh and bones; it travels beyond your physical body, into some space within yourself which cannot make meaning of what is happening outside. You say to yourself: “I am losing the only way I have known until now to describe what is going on inside me, I am losing my tongue, I am losing meaning.” I insist, though, that pain does have a voice, if not in words, then

in its performance.<sup>25</sup> Think of those animals who undergo vivisection: they cannot describe their physical pain to the scientist who’s torturing them; they cannot speak in words, maybe they cannot shed tears as we do, but they recoil, and groan, and scream, and look at you in ways which are saying: I am experiencing PAIN! And to whoever suggests that animals re/act solely on instincts, I defy them to try and stand that pain to see what it feels like. The other thing in relation to your assertion that pain has no voice is that there are some of us (lots, indeed) who shout our pain in public by writing, painting, dancing, singing, talking pain.<sup>26</sup> And we, sometimes, do this by disrupting the boundaries of discipline and polite behaviour. And that is why, it seems to me, if you are able to do this and perform your pain in public (a conference, for example) people doubt your experiences (as we all do sometimes),<sup>27</sup> precisely because of that idea about pain having no language to express itself.

**L:** I take your point; I cannot even begin to imagine what those electrodes must have felt like . . . We said earlier that modern torture uses modern technology—the electrodes are an example.

Electrodes: the word also made me recall how, when I was studying neurophysiology, I had to learn how to use electrodes—in that case, it was to measure electrical changes in the nerves of (newly) dead molluscs. But measuring electrical potentials is only one side of a coin—and familiar enough from television hospital dramas when someone’s heart stops.<sup>28</sup>

But there is another side to the “electrical body”:<sup>29</sup> if it uses electricity to conduct messages, then electricity can also be delivered to it—to the brain, to treat depression; to the genitals, as part of “cures” for deviant sexualities; as routine in torture. It seems to me to be a fine line between cure and punishment here: I was reading recently about the “medico-electric culture” developed in late 18th century British medicine, in which electric shock was used as treatment.

An assistant would turn the handle, which rotated the cylinder . . . [which generated] static electricity . . . [t]he ball ends of the dischargers . . . were touched on the desired part of the patient. (Sleight, 1998, p. 225)

This description struck me as sounding eerily similar to other, more recent, uses:

The “Tucker Telephone”—an electrical generator from a telephone in sequence with two batteries and attached to the prisoner’s naked body. Turning the crank delivered shocks. (From Arkansas State Police report, 1963, cited in *Medicine Betrayed*, British Medical Association, 1992, p. 33).

Electricity speaks every language known to man. No translation necessary. Everybody is afraid of electricity, and rightfully so.<sup>30</sup>

I thought, then, about the science I studied, about my fascination with how amazing are the processes by which bodies maintain themselves. Fascination, progress, the pursuit of knowledge that will benefit the world—those were among the reasons why I’d wanted to do science. Yet has the quest to understand how nerves work come to this? That humanity can refine its techniques of delivering shocks?

What’s more, we know from physiology how the body will—usually, unless it has been pushed too far—correct any imbalances—that question of control again. Torturers rely on that self-correcting ability—it allows them to deny that the prisoner has been tortured at all. Electricity may leave no immediate trace on the body: but its memories linger.

**C:** *You are right, no immediate or traceable trace. However, when you cannot hold a cup of tea without spilling some of it; when your head nods and nods and nods imperceptible to others, when you later develop tumours in your womb, in your breasts in your ovaries, in your parotid glands. . . . shall I go on? Then you know—even if doctors deny it or ignore it—you know that electricity did leave a trace.*

**L:** But there is little room in science for such difficult-to-prove long-term effects. Science, as you know, is deeply reductionist; it tends to concentrate on simple causes—A causes B, and so on. It is not very good at understanding much more complex processes, over much longer periods of time.<sup>31</sup> And those electrical models themselves encourage us to think in terms of immediate effects (nervous impulses; impulsivity); how we understand electricity is in terms of its direct effects. So, if we apply an electrical metaphor to understanding the body, we are inevitably going to lose perspective on long-term changes—changes which may, in a human body, occur decades later.

**L:** Reflecting some time later on this part of the dialogue, I realised how persuaded I had been by the idea of pain as inarticulate. Perhaps that enabled me to deal with, to distance myself from, the horror of thinking about electrical torture in Consuelo’s story. It is much easier to make the intellectual links to the notion of the “electrical body” than it is to think about what electric shocks actually feel like. It is not, I have learned, that pain is inarticulate, even if it is not always expressed through formal language. And formal language itself is about rules, about authority—which screams and howls of pain disrupt.

No, pain is not inarticulate; how often have we thought about the suffering of animals—are they inarticulate, just the “dumb beasts” our culture describes? We have never believed so, and would always insist on their consciousness, their ability to suffer and their abilities to communicate—even when we don’t bother to try to hear.

But silence—inarticulacy—*may* be one response to hearing about horror. We know—from hearing the silences—how audiences sometimes react to hearing us talk about this conversation. In academic seminars, no one quite knows how to deal with that which is patently non-intellectual, which is unruly, which is not-spoken-about. One seminar participant where we presented a shorter version of this paper, pointed out to us, however, the significance of electricity in Pat Barker’s novel, *Regeneration*, where the doctor, Yealland, uses electricity to treat the silence—the literal inability to speak—following trauma in wartime action:

“No,” Yealland said. “The time for more electrical treatment has not yet come; if it had, I should give it to you. Suggestions are not wanted from you; they are not needed. When the time comes for more electricity, you will be given it whether you want it or not.” He paused. Then added with great emphasis: “You must speak, but I shall not listen to anything you have to say.” (Barker, 1991, p. 231)<sup>32</sup>

### SILENCE, AFTER SILENCE, AFTER SILENCE

**L:** We talked earlier about how the sense of self breaks down in the pain—which is what you describe. Torture seems to threaten to dis-

solve bodily boundaries. Elaine Scarry (1985) writes about how victims often experience a kind of double agency, “one’s own body hurting one” combined with external agency “in the systematic assimilation of shelter and civilization into the torturer’s collection of weapons.” As boundaries between inside and outside dissolve, she suggests, so there is “an almost obscene conflation of private and public” (Scarry, 1985, pp. 52–53).

Can we begin to understand “what atrocities one’s own body, muscle and bone structure can inflict on oneself”? Scarry asks, (1985, p. 48). For the political prisoner, the “eyes are only access points for scorching light, the ears for brutal noises . . . taste and smell, two whole sensory modes that have emerged to watch over the entry of the world into the body, are systematically abused with burns and cuts” (Scarry, 1985, p. 48).

That reminded me of your feeling that you had no voice, no mouth, yet your throat was “burning sand.”

**C:** *But, as I’ve said before, I felt as if I had no voice because I had no way of expressing my pain in words, which did not mean I was totally silent. My written text is full of ellipses, of gaps. They are my resistance to say more then and now, my refuge from the spoken language, my feminist/feminine imaginary. Remember the conversations I had with myself, the singing in my head, the tricks I used to keep my/self company and not to go insane.*

**L:** But you also had to remain silent about your lesbianism, in the face of their rampant homophobia and threats. Many lesbians have experienced threats, and sometimes that can feel very scary—but when it has happened to me at least I had the chance to run away.

**C:** *I remained silent about my lesbianism because in that context there was nothing to say, but they knew anyway; they knew how to denigrate me even more, if that was possible, and that’s why they raped me so that I could have “a real fuck from real men.”*

**L:** When I first heard your story, especially this part, and thought of what I have read about sexual torture I asked myself, How can I read this? This part of her history? I have—again—to distance myself (“scientifically”) from thinking about all this happening to someone I love, before I knew her. I can express anger at the homophobia, and the way that it is used—repeatedly—in political repression. But doing

so is another form of distancing, through my putting on the mantle of the enraged lesbian/feminist: it serves a purpose, it covers my horror.

And yet, how can I—a lesbian—ever really stand apart from such horror? Life may be now a little less difficult for lesbians than when I first came out—at least in Britain. But lesbians are still subject to harassment throughout the world—harassment because we don’t “fit” conventional models of femininity. Sexuality is a prime target for torturers:

As part of psychical and psychological sexual torture, it is characteristic for torturers to attack sexual identity and/or reproductive abilities . . . (Lunde & Ortmann, 1999, p. 313).

**C:** . . . *or use them . . . there are so many children of dictatorships in this world . . . So many women and children have had their world turned upside down and torn inside out, yet we continue to live and put our fragments of identity together, one way or another. However, these pieces of ourselves will never be same they were before torture; my memory of them is full of gaps, for example, and that hurts in the here and now . . .*

**L:** That reminds me that some of the horror most people feel, if they hear about torture, lies in the realisation that it has so obviously changed someone’s perceptions of their world—there is no going back after such violence. Even everyday things become changed. Again, I think of Scarry’s work, where she talks about how even quite ordinary domestic items (and words) change meaning drastically in the context of torture. Here, she is talking about a room:

In normal contexts, the room, the simplest form of shelter, expresses the most benign potential of human life. It is, on the one hand, an enlargement of the body: it keeps [us] warm and safe . . . In torture, the world is reduced to a single room or set of rooms . . . torture rooms are often given names that acknowledge and call attention to the generous, civilizing impulse normally present in the human shelter. [But] the torture room is not just the setting in which the torture occurs. . . . [i]t is itself literally converted into another weapon, into an agent of pain. (Scarry, 1985, pp. 38–40).

**C:** *Yes, they did not blindfold me in one of the rooms at the beginning, the blue one. I often*

*dream of blue houses with blue rooms, now—is that my body? Did I enter my body in that room? A house is such a powerful metaphor for the body . . .*

**L:** It is indeed, and there is a long history of houses/rooms as metaphors for the body. What's more, it isn't only rooms: there are other domestic connotations:

The appearance of common domestic objects [as part of torture] in torture reports of the 1970s is no more gratuitous and accidental than the fact that so much of our awareness of Germany in the 1940s is attached to the words "ovens," "showers," "lampshades" and "soap." (Scarry, 1985, p. 41)

Yes, I thought: in Spanish—*Parrilla*—found in the kitchen, a grill for cooking.

**C:** *In a Chilean context, la parrilla has connotations of asados (barbeques in the open air), of September breeze, the month when we celebrated our independence from the Spanish conquistadores by flying kites, by singing and dancing in celebration to our freedom as a nation. But September, el mes de la patria, has also come to symbolise the beginning of horror and of our military "heroes" transforming into murderers and torturers.<sup>33</sup> La parrilla was never going to have the same meaning for me again.*

**L:** We have spoken a lot about how violence is embedded in science—in its practice, and its ideas, and we've discussed how "control" is written into the way scientists and doctors come to learn about the body. Like most feminists, I am pretty ambivalent about the medical profession; feminists have written extensively about medical power and how it silences women. And like most Europeans of my post-war generation, I am familiar with the tales of medical involvement in Nazi atrocities. But I still feel horrified to read about doctors helping out, perhaps especially if they are women . . .

In Chile, during the government of Augusto Pinochet, there was abundant evidence that doctors examined prisoners on entry into the secret detention centres of the Central Nacional de Informaciones (CNI, the Chilean security police). The nature of the examination, which appeared to note conditions which could be seriously aggravated by torture, suggested (and subsequent events con-

firmed) that the main function of the medical examination was to allow for "effective" torture. (British Medical Association, 1992, p. 43, *Medicine Betrayed*)

. . . he took my arm and very smoothly [said]: "You know Jacobo that we doctors have many secrets . . . You see here: this blue is one of your arteries and I can inject here" . . . His presence was terrible because he was the symbol that a scientific instrument is with you when you are tortured by the beasts.<sup>34</sup> (Jacobo Timerman, Argentinian writer, quoted in *Medicine Betrayed*, British Medical Association, 1992, p. 1)

Yes, that's it, isn't it? Doctors stand as a scientific instrument.

And you also have to witness others being subjected to torture—which, as you said, is deeply distressing: "survivors also report this as distressing as oneself being tortured . . . the numbing experience during physical torture<sup>35</sup> . . . may not occur simply in response to the sight of torture in others" (Basoglu & Mineka, 1999).

**C:** *I think, in retrospect, that this part of my experience has been the most nightmarish one. I have been able to live with/in and out of my pain, albeit not always unhappily. However, I still dream unpleasant dreams of the other women and men who were tortured in my same space and time. I still cry and get depressed and feelings of desperation fill me up each time I remember them and their pain, which I could not feel because I was feeling my own. Maybe in my nightmares, I want to feel their pain, but I know that I can't because nobody can feel mine, either. All I can do, when I am awake is to try and take my pain out of my entrails, out of my chest, out of my brain where it was engraved by electric hands, into the open, even if that disturbs people. Then, and perhaps then, I will stop having nightmares . . . Shall we stop?*

This has been a difficult process, writing this. We have had conflicts, and tears; we nearly abandoned it. But we thought it was important as feminists to highlight the gap between the narratives of science and the experiencing of our bodies, and so we wanted to continue to engage with the process, however difficult.

In doing so, and thinking about it afterwards, we realised that we have had to take

multiple positions; sometimes, we can hear each other's voices, we can listen. At other times, we can see ourselves distancing. For LB, that was sometimes a response to the sheer horror of the central tale, to being forced to *imagine* what torture feels like; far easier to retreat to the (for her) more familiar territory of academic pondering. For Consuelo it was a resistance to being silenced by conventions which rule what we ought to say and write, even if she is considered crazy. So she distances herself, partly, by stubbornly expressing her pain, by forging her own voice; partly by presenting her story in a box, which she could close at will, so she thought. But Pandora couldn't close her box and neither can Consuelo. Despite resistances, we both position each other in the dialogue by holding onto what feels safer, but at other times by empathising and learning from each other. And perhaps that is how this conversation positions readers, who are not even here in this room with us.

For us, the distancing we sometimes experienced is, perhaps, inevitable; we set ourselves a difficult task—to talk about experiencing pain is enormously difficult, there is no space for it in the performances of academia. And then talking about it across the great disciplinary divide is more difficult still. Indeed, we could say that we have not really crossed the divide properly, since we wrote about LB's *memories* of experiencing scientific training rather than writing science itself. Crossing such boundaries is uncharted territory.

We can write about pain, scientific reductionism, violence, silence and the production of meaning; and then we can stop, switch off the computer. But there cannot be an ending to this story, no formal, academic conclusion. For there cannot be an ending to memories of pain in the entrails.

## ENDNOTES

1. When we refer to the performance of pain, we understand pain as a private feeling and performance of pain as public.
2. Although testimony has been associated more and more with autobiographical practice, we agree with Susannah Radstone that testimony tends to emphasise the status of an innocent and passive *victim* who is denied precisely any active revision of her relation to the past (Radstone, cited in Cosslett, Lury, & Summerfield, 2000, p. 11). Testimony after (say) torture is a well-established practice; but, what it concentrates on
3. is a recounting of the events through the distancing eye of a personal historical account. Rarely does testimony relive the *experiencing* of the horror through a more personal "I." Rather, it typically uses the third person singular/plural as in "they applied the electrodes," "he ordered me to speak up," etc. Consuelo's autobiographical story, by contrast, is not that of a victim but that of a *survivor*; she allows herself to be in touch with her emotions, her fears, her silence and her terror (through her remembering, her performance of pain and her writing about it). She is no longer the helpless, passive child she was made to feel at the time of her experience. She is actively talking about and acting on her pain.
4. Though the separation of scientific from literary genres is a relatively recent phenomenon; it was much less obvious in the 19th century. See, for example, Jordanova (1986).
5. We are grateful to an anonymous referee who reminded us how neither listening nor the heart has an acknowledged place within academic places: she pointed out that "Listening is 'passive' to the 'assertiveness' and dominance of academic speaking."
6. Lynne Pearce (1997). See also, Pearce (2000).
7. For an example of this reading of lesbian autobiographies, see: Consuelo Rivera-Fuentes (pp. 247–251): "Doing Sym/bio/graphy with Yasna" in Cosslett, Lury, & Summerfield (2000).
8. The text indicates the change of voice between the two of us. There is also a change of voice at the end of each section where we jointly reflect on the process we have been through when writing this. The "conversation" distils many months of talk between us. Because we are presenting this in an academic journal, we have added references as appropriate, although those would not normally occur in spoken dialogue.
9. As a result, biology students no longer deal much—if at all—with whole animals and plants; instead, they learn about molecules. Natural history has largely disappeared as an academic area of study. There are many consequences of this shift—for example, it facilitates reductionism, and permits the literal dismantling of living organisms.
10. In his study of biomedicine and patients' narratives, Byron Good (1994) comments: "Disease as represented in biomedicine is localized in the body, in discrete sites or physiological processes. The narratives of those who are subjects of suffering represent illness, by contrast, as present in a life" (Good, 1984, p. 157). It is that "presentness" in life that is missing from science.
11. The tendency of science to pursue facts, such as statistics, without regard to the experiences of people (and the ethical questions this raises) has been critically commented upon by many authors. See, for example, Messing and Mergler (1995) writing about occupational medicine, and M. Susan Lindee (1994), writing about research on the aftermath of the Hiroshima bombings.
12. A woman at a conference presentation asked me why, a story about an event which happened in Chile to a Chilean, was written and delivered in English. My answer is why not? My tongue is not only Spanish now, I wrote the story whilst living in Great Britain where I happen to speak and think in English. Besides, pain cannot be confined to one type of language, as I say in this paper.

12. The "body" of my (LB) training in physiology was just that—the body. I learned to peer down microscopes, learning to "see" in particular ways (Keller, 1996); in doing so, I learned to interpret particular tissues and to draw them to represent a generalised type (to translate, in other words, "my" tissues under the microscope to "the" tissues as represented in the books). But I never related all this to *my* body, which carried on its usual functions while I learned all about the generalised body. Thus, "the" body of my biomedical training was sealed off from experience, from the rest of the world, existing only as a fantasy in the pages of medical textbooks.
13. That was one reason why several groups advocated vaginal self-examination. My (LB) experiences of that were that it was made *public* in feminist groups; once, I saw it demonstrated at a feminist conference, and then I participated in groups which practiced self-exam while lying in a circle. Making the private public indeed.
14. Feminists have written extensively about medical power and the powerlessness of women as patients. Such power and associated need to control women's bodily experiences is particularly clear in the history of pregnancy and childbirth—see, for example Emily Martin (1987) and Tess Cosslett (1994). Women are, however, encouraged to "look inside" the body through technological visualisation when they are pregnant—to see ultrasound images of "their" baby. The fetus represents a permitted form of "looking into" women's bodies.
15. Indian writer Claude Alvarez (1988) has noted the extent of violence built into modern science (which grew up in the West), commenting how it has contributed to various forms of colonialism—not only against the people of non-Western nations, but also against other kinds of animals and plants. Violation is built deeply into its history and practice, he argues.
16. See Hilary Rose (1995), and Hilda Kean (1998). The history of animal use in science—commonly called vivisection—is a painful and bloody one. No anaesthetics were used at all until quite late in the 19th century—after some 200 years of animal use. Even with anaesthetics, animals still suffer. Historian of science Londa Schiebinger notes how Claude Bernard, one of the most brutal vivisectioners of the 19th century, believed that "poetry was the first and most primitive of three stages of scholarship, succeeded by philosophy and finally, science. Literature was banished from science under the disgraceful title of the 'feminine'" (Schiebinger, 1999; p. 90; and note 4, above).
17. See Ruth Richardson's (1988) fascinating account of social unrest around the time of the Anatomy Acts in Britain (early 19th century), in protest at medical presumptions and what was fast becoming a trade in cadavers. Medical students often react with shock to the sight of a cadaver, particularly if the cadaver has been cut (in two, for example): see Good, 1994, p. 73).
18. See Lifton (1986). The 1930s was a period that has been described as an era of particularly authoritarian medicine—and not only in Nazi Germany. At around the same time, lobotomies were invented (Spain and the United States); electric shock treatments (United States) and sensory deprivation techniques (Soviet Union) were being developed. See Proctor (1993, p. 349).
19. Amnesty International report that, between 1998 and 2000, at least 185 businesses in 25 countries were involved in the manufacture, distribution of devices used to inflict torture. Modern technology greatly aids the development of refined techniques. See Amnesty International, Report on "Stopping the Torture Trade" (26.2.2001; AI Index 40/002/2001). Also see Amnesty International Report "Broken Bodies, Shattered Minds: Torture and Ill Treatment of Women" (AI Index 40/001/2001); Amnesty International, London. One illustration in the "Torture Trade" report shows a director of a company which manufactures an electroshock baton; he holds it in front of him, like a giant phallus (AI Index 40/001/2001, p. 35).
20. An anonymous referee of this paper emphasised the significance of this move both in constructing the powerlessness of the victim of torture, but also in constructing laboratory animals as not having claims upon dignity (or rights). We are grateful for this point.
21. That is, our inner processes maintain themselves constant—a process physiologists call homeostasis (your body temperature remains about the same, for instance). The body thus seems not to change. Textbooks tend to perpetuate that image, as though our bodies appear in the world as perfect young adults. Differences must then appear as pathologies, deviations from the homeostatically maintained norm. Small wonder then that the menopause so often appears in textbooks as pathology, a breaking down of the bodily controls (Martin, 1987), or that disability so easily becomes construed as failures of control (Wendell, 1996).
22. Factory metaphors still abound in science, albeit in slightly different form. Emily Martin (1994) has noted how new notions of control thread through recent immunological discourse—and how these mirror new ideas of managerial control within work. In both cases, she points out, there is an idea that you can "tune up" your immune system/management team by challenging them. Bodily controls are now corporate; they have moved, it would seem, from the factory floor to the boardroom.
23. From "A Woman Makes Peace with her Faulty Heart," in Atwood (1992, p. 39).
24. Good (1994), using interviews with people suffering chronic pain in illness, suggests that "language is far from shattered [in their accounts]". . . [they may be] "frighteningly articulate, though language at times seemed inadequate to express the subtle sentient quality of . . . suffering" (Good, 1984, p. 121).
25. It is, perhaps, no accident that we speak of "theatres of war," or that torturers used a "blue-lit stage" in Chile (Scarry, 1985, p. 28). We also speak of surgical theatres—all places where pain occurs, where it is performed.
26. In her chapter on "Practicing Pain," Della Pollock (1999), in her book about childbirth, says that she "challenges the common assumption that pain is prelinguistic" (Pollock, 1999, p. 9). She compares popular discourses to "Cartesian denials of body knowing" (Pollock, 1999, p. 9).
27. "By its nature, torture undermines the individual's sense of security and self-worth. Victims may experience feelings of shame, guilt and self-doubt" (British Medical Association, 1992, p. 2).
28. We all know the ending to the television hospital drama, when the oscilloscope screen changes from

blips to a steady line and doctors come rushing in, thumping the person's chest. In that sense, we have all learned to "read" the output of the oscilloscope.

29. That is, the body as a conductor of electricity, through the conduits of nerves. The electricity is passed along as little blips, called action potentials, conveying information to the next cell.
30. Dennis Kaufman, President of Stun Tech Inc, a U.S. manufacturer of stun belts used to "control" prisoners. Cited in Media Briefing for Amnesty International, 26.2.2001, announcing the publication of the Amnesty Report "Stopping the Torture Trade." Amnesty International's report notes that the use of electric shock techniques in torture had escalated considerably during the 1990s.
31. There are a few—welcome—exceptions, such as the work on complexity and chaos theory at the Santa Fe Institute in New Mexico (see Kauffman, 1995).
32. We are grateful to Sarah Franklin for pointing this novel out to us.
33. Pinochet took power in a bloody military coup in Chile, in September 1973.
34. "Beasts" is such a derogatory word! We understand the use of it by Jacobo in his desperation: yet there are very few nonhuman animals that behave in such "beastly" ways.
35. When this occurs, it is probably because the body produces its own chemical pain-killers, the opiates, similar to morphine.

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