

## TEMPORALIZATION OF MOTHER-CHILD RELATION: EXPERIENCE OF CHRONIC PAIN

Irina Poleshchuk

© Irina Poleshchuk

PhD, lecturer at European Humanities University, Academic Department of Social Sciences, Savičiaus g. 17, Vilnius, LT-01127 Lithuania

ORCID ID: 0000-0002-3618-6412

E-mail: irina.poleshchuk@ehu.lt

*Abstract:* This paper reflects on how different modes of chronic pain can affect ethical content of motherhood and its temporality. Addressing a phenomenological analysis of study cases (interviews, media posts and diaries of patients at the Pain Clinic in Helsinki Hospital Area), I aim to show that chronic pain affects different temporal modes which have an ethical meaning for the shared and embodied mother-child relation: being present for the child, being with the child in the future, being de-phased, being late, loosing time, or not being able to be with and for the child. The main goal is to demonstrate that chronic pain challenges the normative, moral, and ethical concept of being a responsible mother and it introduces everlasting traumatization and stigmatization of the subject. One of the arguments I follow is that experiencing chronic pain mothers perceive time as disrupted one and the one which does not necessarily have potentiality or life horizon. In other words, it leads to discontinuous temporality (lapses of time, instants, de-phases) rooted in traumatized female sensibility and it affects validity of the intersubjective world of mother-child relation. This problematizes many aspects of ontological conditions of woman's embodiment and questions possibility of social dialogues: modalities such as "being for the child", "being at the moment of present", "being responsible in the future" and "being-with" force a discussion of what it means to be ashamed of the pain and being guilty in contemporary community.

*Keywords:* chronic pain, affectivity, female subjectivity, maternity, temporality, responsibility.



Being a complex phenomenon, pain affects physiological, cultural and social potential of the person. Evidently pain is considered to be the oldest and the most universal form of stress and suffering of human kind. Being an integral part of life, pain has always been present in various forms of human development. Medical studies introduced a whole range of different approaches in pain research. Psychology, psychoanalysis, and psychotherapy have made significant efforts in the treatment of pain. Socio-medical and ethno-medical studies touched upon cultural causes of pain. Philosophy of anthropology describes pain as an inherent part of *conditio humana* and as a constitutive part of communality.

The modes how pain is expressed and perceived translate also into specific cultural discourse formulating the meaning of pain. Until the mid of the seventeenth century the nature of pain was regarded as a possible form of evil and sin that befall human being. In the history of European culture pain was replaced by description of passion and narratives of suffering, but not as a separate physiological, somatic, and/or mental phenomenon. Demonstrating imperfection of the world or punishment of human beings, pain was represented as a part of a bigger world picture and it was integrated into religious and mythological systems.<sup>1</sup>

Beginning from the seventeen century and almost until the mid of eighteen century pain becomes an object of medical studies. As transgressive complex phenomena pain appears in literature studies, aesthetics, and history of art only in the 50s of the eighteenth century. The study of pain is dated back to the Enlightenment where it has received its autonomous existence as a medical term. It is important to recall Descartes who made one of the innovative approaches in the study of human nature. By giving the mystery of the soul to the domain of theology he liberated the body for the further study of science. Indeed, this Cartesian dualism introduced a radical materialist thinking, however, one of the negative aspects was an exclusion of the mind (or soul, psych) from comprehension of pain. The époque after Descartes has marked the beginning of studies which examine pain as a result of pure mechanical malfunction and as stimuli-response reactions.<sup>2</sup> However, this theory was unable to treat or explain pain which is not associated with mechanical injury, or which remains even after the cause of injury has been treated.

At the beginning of the twentieth century the approach to the treatment of pain is gradually changing. The nature and essence of

- 1 Karin Johannison (2009) explores one of the most difficult features of melancholy by addressing pain experience which is to some extent accompanies melancholic state. In the book *Melankoliska Rum*, author discusses cultural situatedness of pain together with phenomenon of melancholy.
- 2 Here, I refer to specificity theory, especially to works by Johannes Müller (1839), Max von Frey (1896) and Magnus Blix (1882).

pain has been differentiated: according to its duration scholars are distinguishing acute pain and chronic pain that constitute the two fundamental types of pain. Usually acute pain does not last long and gradually stops when the cause of the pain is treated. The situation looks more complicated when it comes to the experience of chronic pain. Chronic pain would remain longer, for several months and years, even with the cause of the disease or the wound having been healed. The most common types of chronic pain are long-lasting headaches, severe back pain, pain caused by cancer, and neuropathic pain as a result of damages made to central or peripheral nervous system.

Contemporary research on pain distinguishes different models of how to approach phenomenon of pain. One of the most common known and used in practice is a biomedical model. It does concentrate on the affected area of the body and this approach works well in treating the acute pain, however, while dealing with chronic pain it fails to discuss it as a composite psycho-somatic phenomenon. The biomedical model evaluates pain as a merely sensory response and in many cases, it is not able to utilize much or any strategy of encompassing chronic pain. Chronic pain appears to be a complex process, it is more of a life situation, a living experience and it can occur independently of tissue damage. Being strictly an individual experience of subjectivity, chronic pain contains a sum of physical, psychological, cultural and social factors that are built in the complexity of living subjectivity and which cannot be studied separately from variety of pain experiences.

To add more to the description of chronic pain and to help the further discussion of temporality of subjectivity, it should be stated that chronic pain can be classified as organic or emotional, according to the presence or absence of current or previous tissue damage. Organic pain is often described as a nociceptive one, when there is a peripheral painful stimulus originating from viscera and from tissue, or neuropathic, coming from the injury of the central or peripheral nervous system. The problem is that in the case of emotional pain and in the case of neuropathic pain the stimuli, i.e. what originates pain, are not acknowledged (or, are not necessarily known). This idea would be a crucial for a further phenomenological explanation of pain based on the work of affection.

In this paper, I focus primordially on chronic pain, since its temporality, a long-lasting experience, sets challenges for how subjectivity is unfolding itself in the life-world. I seek not to define chronic pain but to reflect on the 'how' of the pain. Chronic pain is a complex phenomenon and it probably demands a study of aspects others than the physical ones. Also, it is important to notice that chronic pain is not a sudden event, even though people can remember an initial injury which preceded the beginning of the chronic pain. Rather, it is constant living feeling which affects the world and intersubjective relations of subjectivity. It is a composition of the experiences constituting the inner core of subjectivity and it also defines an origin and expression of this

pain. *The American Pain Society* and *The International Association for the Study of Pain* note that the pain which remains beyond usual time (three months) is no longer seen as a symptom but it is considered an illness in itself. Thus, in the case of chronic pain we are faced with a more complex situation. Pain becomes a focus of subjectivity making a large part of life activities very difficult: altered mobility, sleep disorder, sexual life, parental life, low self-esteem, and negative perception. Often pain divides the world into those who suffer and all others making hopeless any possible common understanding.

The particular existential formation of pain experienced by female subjectivity always influences dimensions of intersubjective relation, however, it seems to have been forgotten and very often disregarded in medical science. Contemporary phenomenological research, notably such authors as Byron J. Good (1994) and David B. Mooris (1991) propose a challenging analysis of intersubjective dimension of chronic pain to highlight affective space found in the self. The main, to certain extent utopian, attempts of this paper is to investigate temporality of chronic pain with respect to temporalizing female subjectivity, to question its ethical modalities and to bring forward a discussion of chronic pain as shared temporalizing intersubjective relation. Thus, my research interest lies in exploring how chronic pain is constructed and is appearing in temporalizing subjectivity, how chronic pain influences temporality of intersubjective relation and in particular mother-child relation, how it changes woman's temporality, how pain constructs and/or deconstructs ethical maternal subjectivity. By focusing on ontological origins of traumatizing temporality of pain, I also hope to shift attention from an abstract subject experiencing pain to concrete embodied experience of woman and to transformative structures of its social environment.

### Towards phenomenology of pain: temporality, affection and sensation

Let me lay down a short exposé of main ideas of phenomenology of temporality and some methodological ground of phenomenology of pain. According to Husserl's theory of inner time consciousness, the very foundational principal of almost all relations between subjectivity and its object or between subjectivity and other subjects is temporalizing consciousness which is, basically, a temporalizing flow manifesting as duration and being structured as a threshold perceptual organism: retention, protention and urimpression. Urimpression is the first sensory experience, the ability of the mind to discern one sensory experience from another as well as from other background noises. The urimpression corresponds to the experience of the present moment, of the "now". One urimpression is followed by another. According to Husserl, there arises a certain connection in the row of urimpressions:

the first tone of a sound (which is built on the work of affection) has already disappeared but still exists in consciousness (Husserl, 1991).

Thus, a certain retentional sequence appears that, with every new tone, moves ever further from the urimpression. The main claim here is that almost each our experience would be an experience unfolding in a particular temporal flow and where the process of building sense of an experience would have temporal structure and would also be taking place in temporalizing consciousness. In this way, every now-moment point to a connection with a future moment. Retentional consciousness makes possible the prospect of expectation called “protention”. A temporal row appears as an on-going combination of the now-moment, retention, and protention (Husserl, 1991). Temporalizing consciousness is able to go toward something else, beyond the immediate presentation, and to hold onto its experiences so that a presentation can be appreciated as presenting a single, whole object.

Patočka (1996) advances the idea that without the I (I-hood) a synthesis is impossible: to imagine time consciousness as “an impersonal stream in which impressions fuse into some indefinite mixture contradicts its structural character, the very form of temporal experience”. It is important to mention that, as Held (Held, 2003, pp. 32–62) emphasizes, a relation to the I and to personal identity are already rooted in the terms of retention. This designates the transition from the primordial impersonal present to the past. On this account Patočka asserts that “the present does not merely sink away but rather escapes *me* and I retain it” (Patočka, 1996, p. 114). Indeed, we could say that the I keeps the presence alive only by bestowing upon it something of my own identical I. Like this, one could assert that temporalizing consciousness gives rise of subjectivity with a specific pole of identity.

Another important point I would like to touch upon concerns the relation between a threshold structure of temporalizing consciousness and affection. Many scholars agree that affection is related to my temporal structures primarily by means of protention and urimpression. In *Developments in the Theory of Time-Consciousness: An Analysis of Protention*, Lanei Rodemeyer (2002) suggests possible connection between affectivity and intentionality as well. The generated intention tends to fulfil an incomplete ‘image’ appearing in affected experience of an intended object. As Rodemeyer notes, this is a productive work of constituting temporality characterized to be an ecstatic moment which builds up apprehension of the whole object. Here, the hyletic data play the role of affective information and thanks to that the process of constitution takes place. Perceived objects, together with their hyletic contents, draw subjectivity (in other words, engage me) to them thanks to the generative force of affection, or affectivity. The main idea of affectivity is to pull a perceived object towards the subject and to invite its attention exactly towards it (object). Rodemeyer accentuates that even though according to Husserl the origin of affection lies in the urimpression and he discusses affection with a focus on retention,

an important argument here is that affectivity is not only connected to the past but is primarily directed toward the future. In other words, affected temporalizing subjectivity would be, possibly, oriented first of all towards the future: “In the living present, that which appears in the Urimpression has, *ceteris paribus*, a stronger affective tendency than that which is already in retention. For this very reason, affection has a unified tendency towards the future, with regard to the direction of its transmission; intentionality is predominantly directed towards the future” (Husserl, 1966, p. 156).

The time constitution presumes an embodied self-sensing self, as a center of orientation, and it is through affection, in being affected, that subjectivity is linked with all lived experiences. This affectivity designs temporality as subjective and personified one.<sup>3</sup> Pain is also seen as an affective experience unfolding in time and conceptualizing meaning-structures of the body. In the article “Is pain an intentional Experience?” Agustin Serrano de Haro (2011) states that the three main categories of Husserlian analysis of intentionality, i.e. hyletic layer, noetic intention, and noematic core are needed in the basic description of pain experience, but they are required without any internal division. He develops an idea that Husserl sees pains and pleasures as pure affective sensations in which subjectivity is being enclosed; they are inter-mind-contents. In his analysis concerning intentional feelings, Husserl seeks to escape any sort of empiricism and psychologism. Experiencing pleasure, the subject certainly deals with a conscious experience, but this experience is seen as a non-intentional one where consciousness is not directed to anything and where nothing is represented at the first glance. In other words, the representational content, towards which conscious intention is directed or for which consciousness is standing for, is absent. This non-intentional experience, such as experience of pain, belongs to the affective order and not to the representative one and it carries with it an essential emotive state of mind. Temporal dimension, which is formatted in this affective state, is the pure present and the moment of now, and it is not necessarily connected to the future moment to come. My claim is that affection does not have a unified tendency towards the future, and there is no synthesis happening for the I-hold.

The understanding of pain as an affective and, especially, aversive sensation has had a long history in phenomenology. Max Scheler (1963) considers affective sensations to be localized in one or another specific part of the living body. Pain as affective sensation is experienced in different areas, it can be sharp or obscure but it can be identified as part of the living body. Scheler’s insight explains pain as the most

3 Cf. *Time in Feminist Phenomenology*, ed. Christina Schües, Dorothea E. Oklowski, and Helena A. Fielding, Bloomington and Indianapolis: Indiana University Press, 2011. Here I address a work by Christina Schües “The Power of Time: Temporal Experiences and A-temporal Thinking?” (Schües, 2011, pp. 62–63).

conscious embodied experiences.<sup>4</sup> Following Husserl, he also addresses pain as affective state and accentuates that these affections are the meaning structures. An important statement is that pain is not analyzed as one of the biological reflexes, as an automatic response to the stimuli made by the injury but it is seen a genesis of meanings which specifies content of the embodied consciousness. The advantage of phenomenological analysis includes an ability to see affections giving birth to meaning structures at their very source. Often metaphorical description of chronic pain shows how it is overtaking the whole existence. One of these examples is to be “blinded by pain”, when the body and mind are dominated by the only experience of pain. In the book *The Body in Pain*, Elaine Scarry defines eight elements of pain. Among them is a dimension of totality: “Pain begins by being “not oneself” and ends by having eliminated all that is “not itself”. At first occurring only as an appalling but limited internal fact, it eventually occupies the entire body and spills out into the realm beyond body, takes over all that is inside and outside, makes the two obscenely indistinguishable, and systematically destroying anything like language or world extension that is alien to itself and threatening to its claim. Terrifying for its narrowness, it nevertheless exhausts and displaces all else until it seems to become the single broad and omnipresent fact of existence” (Scarry, 1985, p. 55).

It is impossible to detach the very sensation of pain from the subjective feeling of pain. The factuality of pain and its feeling do not only indicate physiology of suffering but open and question the universal structure of meaning. In Scheler’s analysis the experience of pain is depicted as a configuration of togetherness. He sees pain as a connection and not a separation from part-to-whole (Scheler, 1963). Pain is not separating subject from the world but brings together overwhelming and exhausting feeling of the self and the unfolding experience of being in the world. One of the intriguing comments made by Scheler is that pain cannot be categorized in terms of displeasure. It is not the lack of something (as memory of not being in pain, being ‘normal’) but it is a strong expression of forces when one could say that it is too much, too strong, too unbearable. This ‘too much’ is something which overcomes, goes beyond and expands the biological feeling of the body. In *The Theatre and Its Double*, Antonin Artaud (1958) holds the same conceptual view on how pain emerges and takes the subjects at the limit of forces, “as it intensifies and deepens, multiplies its resources and means of access at the very level of sensibility” (Artaud 1958, p. 23). Scheler interprets “pain in a pure state” which gives birth to definitive experience of tragedy, traumatic experience of the self when suddenly one is faced with its own discontinuity disturbing the

4 Cf. Marcia Sá Cavalcante Schuback “Towards a phenomenology of pain and suffering: a reflection on Max Scheler’s phenomenology of pain and suffering” <http://iloapp.philosophy.se/blog/thinklink?ShowFile&doc=1227868471.pdf>. Accessed 13 May 2019.

singularity of being. Pervading life, the rude facticity of pain constitutes impossibility of getting rid of it.

In the diaries of patients experiencing severe chronic pain there are several references to describing pain as total body pain rather than just limited to one particular area: “It’s really getting me down aching from first thing in the morning to last thing in the night, there’s no let go”; “Sorry, but the only thing I can write is “HELP” because I am getting so depressed due to all my pains from the different parts of my body”.

Scheler points the impossibility of separating the feeling of pain from the meaning of pain. An attempt to objectify the pain comes together with an immediate experience of pain. In other words, the possible content of the pain comes together with affection, i.e. with a feeling of the pain. The force of the affection is such that it paralyzes subjectivity, sets it in pure passivity and in the lasting present. There is no one reasonable response to the pain affection. It is, in a way, speechless however it is more expressive than seeming silence.

Discussing Julien Teppe’s essays (*Apologie pour l’anormal*, 1935; *Dictature de la douleur*, 1937) Roselyne Rey elucidates pain to be “a mean of self-discovery and a way to understand basic truth in relation to oneself”.<sup>5</sup> It is compared to the process of catharsis which purifies emotions and mental states from non-essentials, occasional states, and falsehoods.<sup>6</sup> Rey adds that “this physical pain which takes over the entire being liberates being from any earthy ties should in consequence make him more compassionate, in term’s true sense, towards others and more lucid about himself” (Rey, 1995, p. 318).

Let me try to deepen the meaning of pain as affectivity by addressing Michel Henry’s notion of self-affection. Following Husserl’s view on pain as affection, Henry states that there is no intentional object constitution in the experience of pain. Pain (as self-affectivity) is given in its passivity. As he writes: “So the suffering of pain is “clear” inasmuch as it is “obscure,” which is to say that it is revealed to itself in and through affectivity as painful. *Language is the language of real life*” (Henry, 1995, p. 318). Here, every really immanent experience is already the self-affection; pain is a pure immanent experience of life itself, life which reveals itself to itself. In that sense, pain would be a true model of subjectivity of life and the paradigm of self-affection.

5 Although the book *The History of Pain* by Roselyne Rey does not include, properly speaking, the context of phenomenological philosophy, she has presented the first study of pain in the history and culture of European civilization. (*The History of Pain*. Trans. By Luise Elliott Wallace and by J. A. Cadden and S. W. Cadden. Harvard University Press, Cambridge, Massachusetts, London, 1995, pp. 317–319).

6 Rey refers to the text by Julien Teppe *Apologie pour l’anormal ou Manifeste du dolorisme*; suivi de *Dictature de la douleur*: “Pain, of all the psychological states, is the one which takes over the entire being, both the flesh and the spirit, with the greatest urgency and force. It is a disposition which sweeps away, blots out, and annihilates all the rest. It does not allow for cheating or compromise” (Rey, 1995, p. 318).

In *Material Phenomenology*, Henry writes: “Life is the absolute as an affect. ... It is the auto-affection, the self-impression, the primordial suffering of life driven back to itself, crushed up against itself, and overwhelmed by its own weight. Life does not affect itself in the way that the world affects it. It is not affection at a distance, isolated, and separate, something one can escape, for example, by moving away or turning the regard away. The affect is life affecting itself by this endogenous, internal, and constant affection, which one cannot escape in any way” (Henry, 1995, p. 130). The phenomenon of life stands as an essential subjective affecting force unfolding itself as a pure subjective experience of oneself. Thus, experience of pain is not a personal choice but incontestable event befalling subjectivity, belongs to the absolute subjectivity of life: pain is “auto-affectivity” of life and the mode subjectivity manifests itself.<sup>7</sup>

What I have described is an event of pain as affection and which, is always a specific meaning structure. Pain is an intrinsic part of the embodied sensing self and any attempt to separate an experience of pain from embodied temporalizing subjectivity and from intersubjective world lead to the elimination of complexity of meaning structures. Pain is neither an intentionally apprehended object, nor is it an act of grasping something concrete. Affectivity of pain generates a variation of existential modality of subjectivity: annihilation of the self, suffering as transgression, going beyond embodied self to become other, restructuring materiality of subjectivity, reformulating the ethical meaning of being responsible and being guilty.

My concern in this paper is with temporal structure of intersubjective relation involving subjectivity in pain. Now, my questions are: being affective experience and pure passivity, does pain concentrate on the present? Husserl asserts that “affection has a unified tendency towards the future,” then, does affectivity of pain eliminate the future of the embodied self? Is the present commonly shared in intersubjective relation or is it questioned? In other words, experiencing pain, do I have the present shared with my child? Am I present as responsible one and as one-for-the-other?

## Maternity and disrupted subjectivity

In the context of biomedical studies temporality of female subjectivity is left out in analyses of chronic pain. Somato-technical approach

7 In *Material Phenomenology*, Henry’s main emphasis lies on ordinary manifestations of ‘auto-affection’, he names them “the pathetic immediacy in which life experiences itself” (Henry, 1995, p. 3); “the phenomenological actualization of experience – this non-Greek phenomenality – is affectivity as something undeniable, irreducible, and absolute” (Henry, 1995, p. 130).

and dualistic body-oriented approach include time so far as it becomes a main factor simply to distinguish between acute and chronic pain without taking into consideration complexity of sensibility of embodied mind.<sup>8</sup> Female subjectivity in chronic pain is not studied enough, or to stress even more, it is continuously ignored. This has to do with a view of what the subject of pain is. Outside of phenomenological context the subject of pain is a body, or the brain and it is primarily conceived neurophysiologically. Complexity of the personhood as a lived body experience is not at stake. This raises a great amount of frustration, since the person is thought in the framework of good or bad biological state and social functionality. I refer to words of one woman:

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

It is common to affirm that the experience of pain is private and primarily subjective. Pain is thought to unfold within the limits of my subjective experience and, probably, it is not accessible to anyone else besides me. One of the interviewees demonstrates inaccessibility of pain to others:

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

One of the interesting aspects is invisibility of chronic pain experience that probably has its origin in non-representational character of affection. This invisibility puts forward traumatized sensibility found behind the so-called socially seen “normality” of the person. Thus, my main claim is that, and both interviews witness it, in chronic

8 “Somato-technical approach” was introduced by Mariet Vrancken (Vrancken, 1989). “What one could more appropriately call the exclusively neurophysiological approach, which identifies the brain as the location of pain, and which suggest that pain originates in the periphery (cf. Thacker, 2015). Supposedly, when physician fails to identify an organic cause of pain, s/he must conclude that the patient’s suffering is psychic, and the patient is in need of a psychiatrist not a physician” (Geniusas, 2016, p. 149).

pain female subjectivity temporalizes as disrupted subjectivity, or experience of chronic pain leads to disrupted and discontinuous temporality (lapse of time, instants, de-phases) on the level of sensibility. Here, I will follow Levinas's analysis of intersubjective relation, its temporality and radicality of responsibility viewed on basis of maternity. One of the reasons why I address Levinas is his idea of affectivity and sensibility which helps to deepen meanings of chronic pain and to unfold difficulties accompanying the ethical becoming of female subjectivity. I also believe that Levinas's philosophy of ethical intersubjective temporality elucidates the origins of traumatized maternal subjectivity.

Before developing this argument let me turn to some problematic aspects of female temporality. In *Women's Time*, Kristeva gave one of the well-known and compelling accounts of female temporality. She introduces a critical analysis of 'linear temporality' to show reductionists and limited view on modalities of woman's time. Kristeva (1986) argues that traditionally the understanding of woman's subjectivity was given in relation to "linear time as the time of project and history". Linear time would mean that through generations woman occupied symbolic and predetermined corporeal place in the social order. The accent was put on established and fixed maternal order which was developed by the socio-symbolic contract. Kristeva explains that the concept of linear time shows the logic of a particular rationality and ontological values dominating in the nation state while also including functionality of woman, its maternity benefiting nation state.<sup>9</sup> Linear temporality presupposes particular expectations how female subjectivity is supposed to be structured, as harmonized relation serving benefits of social order. The second wave of feminism has widely criticized linear temporality and brought to end the logic where woman's subjectivity was identified with particular generational process of the nation state. It favored a view emphasizing complexity of female temporality and the "specificity of female psychology and its symbolic realization" (Kristeva, 1986, p. 194).

Thus, Kristeva's main argument is that "the feminism situated itself outside the linear time of identities which communicate through projection and revindication" and even further, it situates itself within "the cyclical or monumental temporality of marginal movement" (Kristeva, 1986, pp. 194-195). These concerns take to the understanding that woman has to reconcile maternal time with linear temporality, with social and historical time of generations, with temporality as already planned horizon of futurity. Now, bringing this discussion into context of pain I would assert that, despite efforts made by feminist critique and because of the complex character of chronic pain female

9 On this aspect see Ermath (1989) "The Solitude of Woman and Social Time" in E. Forman with C. Sowton (Eds.), in *Taking our Time: Feminist Perspective on Temporality*, Oxford: Pergamon Press, pp. 37-46.

subjectivity is still conceived within the frames of linear temporality. Then, reconciliation would mean to bring together: (1) maternal time traditionally thought as linear; (2) ethical temporality of female subjectivity in mother-child relation; (3) initiated by chronic pain discontinuous temporality of female subjectivity in mother-child relation. In the following pages, I will work out how pain gives rise to disrupted subjectivity, and how temporality of pain is linked to discontinuous temporality of intersubjective relation, how accomplishment of responsibility as a horizon of futurity acquires different meaning.

Emmanuel Levinas, a well-known philosopher of radical responsibility, conceptualizes a model of intersubjective relation and its temporality by developing a metaphor of maternity. Mother-child relation is seen as a radical form which is inherent to any intersubjective relation: it is one-for-the-other, other-in-the-same, it is 'being already affected by the other'. Maternal subjectivity is shaped as unconditionally responsibility for the other and as a modality of ethical becoming. This 'being already affected by the other' launches diachronic temporality: being the one-for-the-other at the very moment of the present subjectivity is already for the other in the future. The futurity of responsibility is penetrating the present of maternal sensibility.

The birth of a child disrupts temporal continuity in which subjectivity dwells. The future of the child penetrates the linear time of the female subjectivity. It is "my own and non-mine, a possibility of myself but also a possibility of the other" (Levinas, 2004, p. 267). In having a child, subjectivity establishes a relation to the future and escapes the endless repetition of oneself. In parental relation subjectivity encounters the other who does not belong to it and who avoids any possession because while having a child subjectivity goes beyond the fulfillment of all the possibilities of its own ego. Levinasian expression "the-other-in-the-same", in other words, being marked by the birth of the child, is intended to reveal a specific locus of transcendence, where subjectivity is preserving itself but also is not returning to itself. This intimate relationship with a child opens an "absolute future," the future that is beyond the limits of its own predetermination.

In *Otherwise than Being or Beyond the Essence*, Levinas introduces a complicated logic of alteration between immanence and transcendence manifested as the other within maternal subjectivity: "It is being torn up from oneself, being less than nothing, a rejection into negative, behind nothingness; it is maternity, gestation of the other in the same" (Levinas, 2006, p. 75). To continue he writes, "sensibility is being affected by a non-phenomenon, a being put in question by the alterity of the other, before the intervention of a cause, before the appearing of the other" (Levinas, 2006, p. 75). There is an accentuated immediacy of body sensation exposing the one to the signifying of the other as the-other-in-the-same. As Levinas puts it: "the subject is affected without the source of the affection becoming a theme of representation" (Levinas, 2006, p. 101).

In *Otherwise than Being*, Levinas describes maternity as following:

“The subjectivity of flesh and blood in matter – the signifyingness of the sensible, the-one-for-the-other itself – is the preoriginal signifyingness that gives sense, because it gives. Not because, as preoriginal, it would be more original than the origin, but because the diachrony of sensibility, which cannot be assembled in a representational present, refers to an irrecuperable pre-ontological past, that is of maternity” (Levinas, 2006, p. 78).

Ethical subjectivity as one-for-the-other is formatted only in maternity, in the modality of depositing itself and giving itself. The irrecuperable pre-ontological past means that the gesture of giving is a welcome and a gift of my body, my food and clothes to the other before I have even been born as a sensible subject, even before my free will and without the possibility of being together since the other has already marked me inside. This welcome of the other happens on the level of affected embodiment: “Sensible experience as an obsession by the other, or a maternity, is already corporeality. ...The corporeality of one’s own body signifies, as sensibility itself, a knot or a denouement of being. ... one-for-the-other, which signifies in giving, when giving offers not the superfluxion of the superfluous, but the bread taken from one’s mouth. Signification signifies, consequently, in nourishing, clothing, lodging, in maternal relation, in which matter shows itself for the first time in its materiality” (Levinas, 2006, p. 77). What we find here is a diachronic temporality of maternal subjectivity: I am giving my food to the other at the moment of now, but still, the origin of present and future is in the other. The gesture of giving signifies here a move towards the future but the act itself of giving is formed as the present.

The sensibility of mother-child relation is born thanks to the affectivity of the sensible but it also goes beyond the sensible. In Levinas’s reading of the sensibility in intersubjective relation the sense bestowal originates from the outside. The transcendental nature of maternal sensibility is conditioned by the event of contact with the alterity of the child. This contact with the child is not read as the consciousness of the contact, rather it is an event where maternal subjectivity is subordinated to with which it is in contact. Here, it is rooted Levinas’s innovative reading of sensibility: it is an openness to alterity happening in maternal relation.

It is important to notice that Levinasian description of maternal relation serves as a model of responsibility for any parental relation. The traumatized experience of chronic pain distrusts ethical subjectivity in any form of parental relation. Still, I believe that maternity manifests deepest layers of traumatization since mother-child relation is being formatted on the level of gestation. Thus, temporality of parental relation and temporality of maternal relation have different

composition. In maternal sensibility diachrony happens at the foundation of embodiment, as nutrition and as an extension of what is mine and not mine.<sup>10</sup> Diachronical time of parental relation comes together with the birth of the child. Preoriginal responsibility, signifyingness, a nonrepresentational gift of one's own flesh, happens already in gestation.

This formation of ethical subjectivity as being the one-for-the-other, as welcome, as gift of one's body, as feeling the other (child) under the skin and as sharing one's own flesh is questioned by experience of chronic pain. The accomplishment of responsibility in the present and in the future is disturbed by this specific form of temporality of pain: its long-lasting effect, unpredictability, invisibility and the absence of the source of pain displacing temporalizing ethical becoming of female subjectivity. Affection of pain strikes subjectivity as absolute otherness and sets it in passivity, which, following Levinas's line of reflections, should be non-intentional in its nature. Affection indicates that consciousness contains within itself affective matter never fully transparent to it. In *Fallible Man: Philosophy of Will* (1986), Ricoeur writes that this kind of "affectivity is obscurity itself". Similar to Levinas, Ricoeur emphasizes that there is affectivity that is not intentional and not yet "of". Levinas sums up passivity and its non-intentional character as follows: "The non-intentional is passive from the start, the accusative is its first case, so to speak... in the passivity of the non-intentional... the very justice of being posited in being is put in question ..." (Levinas, 2000, p. 22). To put it otherwise, there is indirect and peripheral awareness of being inhabited with lasting pain. It is a temporal disruption or a lapse of time within an active modality of being responsible. Affection of pain, its abruptness, therein makes maternal subjectivity late in respect to itself and to the child. Here, I would like to focus on words of one of mothers experiencing this alienation:

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

This subjectivity is "already accused" – of not to being here and not being the-one-for-the-other. The overwhelming intensity of pain deconstructs habitual locus of maternal subjectivity: it lacks the special daring – the daring to establish itself in its being as responsible one. At the same time, it is afraid of the very fact of this non-presence. Because of the temporal disruption initiated by pain affection

10 See Aristarkhova (2012).

such subjectivity has no “homeland” or “dwelling”, it dares not enter, perform, or act. Non-intentional consciousness is being not as being-in-the-world but as being questioned.

One of the woman experiences chroming pain describes it as follows: “My friend came for coffee; it was hard to be jovial while I felt like this, but you can’t be down and miserable or people will not want to visit”. Alphonso Lingis illuminates the immanence of pain by saying that “to be pained is to feel one’s own substance, as a passive affliction, in the torment of wanting to escape oneself. For to escape pain would be to be able to transcend it towards the world, or to be able to retreat behind it and objectify it. The inability to flee or retreat, the being-mired in oneself, is the suffering of pain” (Lingis, 1986, p. 229). The subjectivity in pain might still have a desire to be part of the life-world, but this desire cannot be fulfilled. Being suffering the pain defines its withdrawal from habitual life order and its alienation. To give a birth to a child is to overcome borders of one’s own body; to be the one-for-the-other is to gain ethical meaning of its own temporalization and of intersubjective temporality. However, being in pain maternal subjectivity is thrown back upon itself and back to self-repetition and to sameness. As if subjectivity is a-synchronized and its temporal flow, oriented towards futurity in being responsible, is suddenly de-phased. Often in diaries and in interviews people report that the long-lasting temporal effect chronic pain questions a reintegration of the embodied subjectivity into the life-world and into intersubjective relation. One of the interviewed mothers tells about not being fully with a child (as being de-phased) and not being for the child in the present moment. As one of the mother expresses: “And the children are more worried than anything. I feel as if I am depriving them of a normal childhood. It’s slipping away. It’s not right for a five-year-old...”

In pain, writes Levinas, the subject finds “itself enchained overwhelmed, and in some way passive” (Levinas, 1985, p. 21). In chronic pain subjectivity finds itself radically alone. Pain is not just elimination of common futurity, where each instant of pain has no “pregnancy” in itself and no promise expanding into the future, is also felt as an inversion of the virility. The experience of senselessness of pain disrupts temporality of intersubjective relation where ethical becoming of female subjectivity marked by resistance to accept any form of the shared life-world. The impossibility of shared temporality with child and of being-for-the-other gives birth to the guilt. Some of the interviews reveal that the persons had insights into the effect their negative mood had on others:

*“One of the worst things I experience through this pain is guilt. I feel guilty when I don’t interact with family. I get on edge when the pain is bad and I just want to be left alone, I feel guilt when I lay down, because it means I’m not doing housework which equates to me not pulling my weight around the house and since I gave my job up I’m not bringing any*

money in the house”, “And even when my daughter comes home from work, she picks her daughter up from nursery and she comes to our house for her lunch and sometimes the pain is so bad I can’t speak to her (tearful) because I can’t bear to talk to anybody I just want to be on my own. And then I feel so guilty that you know I’m not being a proper mother”.

For the one who is experiencing pain, pain is facticity and it is almost supra realistic, in its unbearable essence it overcomes living. Waiting for the pain to come is something that disrupts the futurity and negates possibilities of life in general. Pain appears as an event of inner life of subjectivity, then, gradually, it conquers the whole embodied intersubjective world. My attention is immediately shifted to the pain even before I am fully aware of it. Maternal subjectivity is torn inside out, deprived from its temporal structure acquired with the birth of the child; it is displaced and problematized ethical becoming. It is important to stress that chronic pain has different ontology than any other type of pain and its specificity should be emphasized. Scarry lays great stress on the most frightening aspects of chronic pain – its resistance to objectification. She writes that “though indisputably real to the sufferer, it is, unless accompanied by visible body damage or disease label, unreal to others. This profound ontological split is a doubling of pain’s annihilating power: the lack of acknowledgment and recognition (which if present could act as a form of self-extension) becomes a second form of negation and rejection, the social equivalent of the physical aversiveness” (Scarry, 1985, p. 56). To support this claim I address one more case:

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

The aspect of chronic pain I want to tackle here is chronic pain more as a life situation than a sudden event. Social aversiveness is a result of the totality of pain experience, which descends subjectivity by crushing the residue of the self and its ethical modalities.

More questions than answers arise from the current discussion. The desperate nature of the problem as it unfolds to subjectivity in the life-world is at risk to become mere problem of medicalization. However, more can be said to advance the developing pain research. As it has become clear, in the focus of phenomenological investigation is an essential vulnerability of maternal subjectivity initiated by the unpredictably of suffering. The instability and fluctuation cause by chronic pain show that to be exposed is one of the fundamental modalities of subjectivity belonging to vital structures of mother-child relation. This results in a shift from metaphysical egology towards constantly transforming subjectivity. It is neither about an active author

of being-in-the-world nor about an agent who creates meaning but something akin to original passivity. In form of Maternal subjectivity experiencing chronic pain is also a dynamism of going beyond the self and beyond one's own structures of temporality, i.e. linear temporality and any pre-designed horizons of futurity. One of the important claims is that chronic pain gives birth to a specific form of ethical becoming of subjectivity. Despite the traumatic event of impossibility of being responsible maternal subjectivity enters into shared intersubjective experience of chronic pain, where the affection of pain befalls the total structure of intersubjective relation. What is at stake is not an abstract objectified subject in pain, but an intimacy which is at the same time sociality of mother-child in face-to-face situation.

## References

- Aristarkhova, I. (2012) *Hospitality of the Matrix*. Columbia University Press, 232 p.
- Artaud, A. (1958) *The Theatre and Its Double*. New York: Grove, 159 p.
- De Haro, A. S. (2011) Is Pain an Intentional Experience? *Phenomenology* 2012, Volume 3, Selected Essays from the Euro-Mediterranean Area, pp. 386–395.
- Geniusas, S. (2016) Phenomenology of Chronic Pain: De-Personalization and Re-Personalization. In: Rysewyk, S. van, ed. *Meaning of Pain*. New York: Springer, pp. 147–164.
- Held, K. (2003) Husserl's Phenomenology of Life-world. In: Welton, D., ed. *The New Husserl: A Critical Reader*. Bloomington and Indianapolis: Indiana University Press, pp. 32–62.
- Henry, M. (2008) *Material Phenomenology*. New York: Fordham University Press, 142 p.
- Husserl, E. (1991) *On the Phenomenology of the Consciousness of Internal Time*. The Hague: Martinus Nijhoff, 465 p.
- Husserl, E. (1966) *Analysis zur passiven Synthesis: Aus Vorlesungs- und Forschungsmanuskripten 1918–1926*. Vol. II. The Hague: Martinus Nijhoff, 156 p.
- Good, B.J. (1994) The Body, Illness, Experience, and the Lifeworld: A phenomenological account of chronic pain. In: Good, B. J., ed. *Medicine, Pathology, Rationality, and Experience: An anthropological perspective*. Cambridge: Cambridge University Press, pp. 116–134.
- Johannison, K. (2009) *Melankoliska Rum. Om Ångest, Leda och Sårbarhet; Förfluten Tid och Nutid*. Stockholm: Albert Bonniers Förlag, 391 p.
- Kristeva, J. (1986) Woman's Time. In: *The Kristeva Reader*. Oxford: Basil Blackwell, pp 187–213.
- Levinas, E. (1985) *Time and the Other*. Pittsburgh: Duquesne University Press, 149 p.
- Levinas, E. (1996) *Basic Philosophical Writings*. Bloomington: Indiana University Press, 224 p.
- Levinas, E. (2004) *Totality and Infinity*. Pittsburgh: Duquesne University Press, 314 p.
- Levinas, E. (2006) *Otherwise than Being or Beyond Essence*. Pittsburgh: Duquesne University Press, 205 p.

- Levinas, E. (2000) *Alterity and Transcendence*. Columbia University Press, 224 p.
- Lingis, A. (1986) Sensuality and Sensitivity. In: Cohen, R. A., ed. *Face to Face with Levinas*. Albany: State University of New York Press, pp. 219–230.
- Morris, D.B. (1991) *The Culture of Pain*. University of California Press, 354 p.
- Patočka, J. (1996). *An Introduction to Husserl's Phenomenology*. Chicago: Open Court, 195 p.
- Rey, R. (1995) *The History of Pain*. Cambridge, Massachusetts, London: Harvard University Press, 394 p.
- Ricoeur, P. (1986) *Fallible Man: Philosophy of the Will*. New York: Fordham University Press, 204 p.
- Rodemeyer, L. (2003) Developments in the Theory of Time-Consciousness: An Analysis of Protention. In: Welton, D., ed. *The New Husserl. A Critical Reader*. Bloomington and Indianapolis: Indiana University Press, pp. 125–154.
- Scarry, E. (1985) *The Body in Pain. The Making and Unmaking of the World*. New York: Oxford University Press, 383, p.
- Scheler, M. (1963) *Schriften zur Soziologie und Weltanschauungslehre*. In: *Gesammelte Werke*. Band 6. Bern und München: Francke Verlag, 536 p.
- Cavalcante Schuback, M. S. *Towards a Phenomenology of Pain and Suffering: A Reflection on Max Scheler's Phenomenology of Pain and Suffering*. Available from: <http://iloapp.philosophy.se/blog/thinklink?Show-File&doc=1227868471.pdf>. [Accessed 13 May 2019].
- Schües, C. (2011) The Power of Time: Temporal Experiences and A-temporal Thinking. In: Schües, C., Oklowski, D. E., Fielding, H. A., ed. *Time in Feminist Phenomenology*. Bloomington and Indianapolis: Indiana University Press, pp. 60–78.