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Anesthesia

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By Todd Meyers

Every sensation is a question, even if the only answer is silence. [i]

Gilles Deleuze and Felix Guattari

When Oliver Wendell Holmes Sr. delivered his introductory lecture on anatomy and physiology to students at the Massachusetts Medical College in the fall of 1847, he noted that for the patient, thanks to ether, "the fierce extremity of suffering has been steeped in the waters of forgetfulness, and the deepest furrow in the knotted brow of agony has been smoothed forever."[ii] The physician credited with coining the word "anesthesia" rightly observed that sensation and its memory are suspended for a few, necessary moments; during surgery, "pain slumbers in the enfolding arms of anesthesia."[iii] Whether under the sedation of nitrous oxide, chloroform, morphine, soporifics, or belladonna, pain was arrested *to make way* for the physician's intervention.

Pain medications developed outside the surgical theatre have introduced new formulations of pain and its management. In contrast to making way for the physician's intervention, such medications are used either to cope with chronic and acute conditions where pain resides at the etiological center of disorder, or to dull the slow ache of healing.[iv] Here the anesthetic has gone beyond effecting the means through which therapeutic intervention can be made possible. Now anesthesia has become the substance of therapy itself.

With its entry into a broader domain of therapeutics, anesthesia has, in a sense, become democratized. And yet those who seek relief from pain not attributable to post-operative symptoms or clearly proscribed bio-medical conditions still attract suspicion—crossing a moral-social threshold that Arthur Kleinman identified long ago.[v] "Pain meds" form an elastic relationship between preventing pain and producing pleasure, a tension between the amelioration of suffering and the indulgence of excess—a tension that is kept taut by seriously limited conceptualizations

of corporal situations. In particular, self-medication with opioid-based narcotic analgesics (painkillers) exposes how weak our existing analytical frameworks are for distinguishing abuse from therapy.[vi] There is clearly a porous relationship between the clinical reasoning that sustains prescriptive practices and self-care directed by individual need—a relationship that can absorb risk and pleasure as much as concepts of remedy and recovery, no matter what terms are on offer.[vii] Moreover, if there is a special character to anesthesia it is only because there is a special character to pain. Pain is complicated and complicating. Pain has sharp lines along which meaning is insisted upon and abandoned; it is durable, blunt, unassailable.[viii] Drugs become the wedge between pain and its capacity to dismantle.

For the past few years I've been moving between projects that share the common denominator of drugs. I have looked to "anesthesia" to resolve my dissatisfaction with what I see as a coarse divide between drugs of therapy (specifically opioid-based narcotics) and drugs of abuse. It is also a coarse divide between activities of "healing" and "recreation." I have never found either of these modes—two ways of understanding intent—to exist as such. Anesthesia does not, itself, oppose therapy with sensation (and its absence). And yet such oppositions are rife in our spaces of treatment and healing.

Nowhere have I found this opposition to be more acute than in my work with adolescents receiving replacement therapy for opiate dependency.[ix] There, drugs of recovery and drugs of abuse were the same. Relatedly, it seemed, pain was also expansive. I encountered individuals in pain, those coping with the pain of others, those finding necessary moments of reprieve from crises, hurt, and hurting. It mattered very little whether a drug was legal or illegal, obtained with or without a prescription. During my time following a group of adolescents in drug rehabilitation in Baltimore, one parent, who herself used oxycodone and alprazolam frequently, interrupted a conversation I was having with her son. She charged into the living room where we were talking. "You wanna know why I use *pain pills*?" she said, spitting out her p's in mock emphasis. "It's 'cause I'm in *pain*!" In fairness, I did not want to know—not from her, and not in this way. But before I could say anything she marched triumphantly out of the room. The assumption (the assumption that everyone assumed) was that all drug use was just "getting off." Or consider Beverly, the head of household in a family that I have followed for the past decade. Beverly always insisted that her history of heroin use remain off limits in our conversations—any hint led to periods of silence and avoidance. But one of the few times she did bring it up was, surprisingly, not in the context of her many chronic health concerns—concerns and crises accompanied by serious pain and discomfort. Rather, it was in the context of her grandchildren, who had

been put into her care through a court ordered guardianship after years of abuse: “I hurt for these kids and I had to do something about that hurt.” Neither of these examples resolves how we are to regard pain and its amelioration on various scales and in various forms. They simply point to the need to better understand a key register upon which “anesthesia” already operates.

Anesthesia offers some analytical promise for recalibrating—for appreciating—the complicated and intensely contradictory nature of drug use that is so commonly parsed into categories of abuse or therapy. Beyond the context of direct pain management, recent anthropological concerns with anesthesia have been instructive and inventive. In his work with former soldiers and active service personnel, Kenneth MacLeish writes about “the anesthetic body” as a protective subjectivity, producing corporal distance between experience and feeling that makes “being” (movement, functioning) possible.[x] Anesthesia takes a different form in the work of Natasha Schüll, who describes the spatialized, sensorial aim of casinos as performing “anesthesia from human concerns.”[xi] Echoing Proust’s *anesthésique de l’habitude*, she suggests that casinos dampen life by dulling our sense of it, but also make way for some other form of sensation. Maybe anesthesia neutralizes (numbs) worthless contempt of another’s (self destructive, perhaps, but not always) pleasure. Maybe it helps to avoid the impossible labor of defining another’s pain. Or maybe it requires a reassertion of the terms of therapeutics—a real philosophy of therapeutics that doesn’t rest on patient compliance, legality, and social-moral dead ends, from which we all could use some relief.

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[i] Gilles Deleuze and Felix Guattari, *What is Philosophy?*, translated by Hugh Tomlinson and Graham Burchell (New York: Columbia University Press, 1996), 196.

[ii] “*The knife is searching for disease, the pulleys are dragging back dislocated limbs, nature herself is working out the primal curse which doomed the tenderest of her creatures to the sharpest of her trials, but the fierce extremity of suffering has been steeped in the waters of forgetfulness, and the deepest furrow in the knotted brow of agony has been smoothed forever.” from An introductory lecture, delivered at the Massachusetts Medical College* (Boston: William D. Ticknor and Company, 1847).

[iii] Victor Robinson, *Victory Over Pain* (New York: Schuman, 1946), 317.

[iv] See Isabelle Baszanger, *Inventing Pain Medicine: From the Laboratory to the Clinic* (New Brunswick: Rutgers University Press, 1998).

[v] See "Pain and Resistance: The Delegitimation and Relegitimation of Local Worlds," in *Pain as Human Experience: An Anthropological Perspective*, Mary-Jo Delvecchio Good, Paul E. Brodwin, Byron J. Good, and Arthur Kleinman, eds. (Berkeley: University of California Press, 1994), 169-197.

[vi] See Sylvie Fainzang, *L'automédication ou les mirages de l'autonomie* (Paris: Presses Universitaires de France, 2012).

[vii] See Anne M. Lovell, "Risking Risk: The Influence of Types of Capital and Social Networks on the Injection Practices of Drug Users," *Social Science & Medicine* 2002; 55: 803-821.

[viii] See Veena Das, "Language and Body: Transactions in the Construction of Pain," Daedalus 1996; 125 (1): 67-91;

[ix] Todd Meyers, *The Clinic and Elsewhere: Addiction, Adolescents, and the Afterlife of Therapy* (Seattle: University of Washington Press, 2013).

[x] Kenneth MacLeish, "Armor and Anesthesia: Exposure, Feeling, and the Soldier's Body," *Medical Anthropology Quarterly* 2012; 26(1): 49-68.

[xi] See Natasha Dow Schüll, *Addiction by Design: Machine Gambling in Las Vegas* (Princeton: Princeton University Press, 2012).