

Keith Wailoo, *Pain: A Political History* (Baltimore, MD: Johns Hopkins University Press, 2014).

A literature search in PubMed – the online repository, hosted by the National Institutes of Health, of publications on major topics in medicine and healthcare – produces millions of hits for the medical subject heading ‘pain’. This reflects the extent and relevance of the phenomenon, both in medicine and in broader contexts such as public health, psychology, economics and culture. Keith Wailoo places pain in a historical and societal context. This perspective not only is original and innovative but also offers revealing insights into the politics of pain. While researchers and clinicians in the area of (clinical) pain are inspired more often by empirical studies of pain in biomedical (i.e. neurological, surgical, endocrinological) and social-psychological contexts, Wailoo’s study offers the reader a new, more encompassing – as well as somewhat chilling – perspective.

The book has five chapters, arranged in the order in which clinical practice regarding pain treatment developed over the last century. The first chapter sets the scene with a discussion of pain in US soldiers on the battlefields of the Second World War, their responses to horrendous wounds, medical management on the battlefield and beyond, and the societal and financial systems built to address and alleviate the pain of war veterans. The title of the chapter, ‘The Trojan Horse of Pain’, captures a fear in American society of being overwhelmed by the financial claims of people in pain, of ‘socialized medicine’ and ‘a liberal agenda’, as well as the fierce resistance of the American Medical Association to conceptualizing pain in other than strictly biomedical terms. Conflicting views on the nature, causes and possible cures of (chronic) pain, and the responsibilities and privileges of medical and other professionals such as ‘Big Pharma’ and health insurance systems, were common.

## Reviews

The second chapter sheds light on attempts by non-medical professionals to conceptualize pain from a biopsychosocial perspective. Psychologists, nurses, patient organizations and partners of patients developed pain management programmes in which patient empowerment aimed to strengthen the position of pain sufferers. The 1950s and 1960s witnessed a quite spectacular growth in the knowledge of pain behaviour and the ways pain can be influenced via non-medical approaches. The work of the physician John Bonica, the psychologist Ronald Melzack and the sociologist Kenneth Zola is outlined in Chapter 2, entitled 'Opening the Gates of Relief'. Given the empirical evidence for the effectiveness of a biopsychosocial approach to pain, a more elaborate and up-to-date discussion of this topic would have been a useful addition.

Chapter 3 examines the privatization of public services under Ronald Reagan, which included attempts to hunt down perceived malingerers. Healthcare insurers often took the side of Social Security officials. Persons with pain were viewed as potential abusers of tax money and social security systems. The chapter also addresses the issues of abortion and physician-assisted suicide, discussing, for example, Reagan's support for anti-abortion films such as *The Silent Scream*. Chapter 4 focuses on analgesia and its role in pain management. It clarifies how people in pain in the United States can become victims of pain medication prescribed by medical professionals whose knowledge of pain behaviour and pain management – as the author of the book rightly points out – may be woefully inadequate. Michael Jackson and Elvis Presley, for instance, seem cases in point.

The central theme of Chapter 5 is 'hillbilly heroin', slang for oxycontin, a strong and addictive painkiller. It discusses the woes of pain sufferers in the United States, simultaneously overmedicated and undertreated, over the past 100 years. Painkillers with significant adverse side effects (such as Vioxx, withdrawn from European markets because of its highly addictive nature) seem to be prescribed to lower-class patients, while better, and more expensive, pain medication is prescribed to wealthier patients, illustrating how politics are a major force in the treatment of pain.

*Pain: A Political History* is a fascinating journey into the complex world of pain in the United States – pain sufferers, healthcare providers, insurers, pharmaceutical companies and politicians. Given the evidence-based results of a biopsychosocial approach to pain, the book might have benefited from a more extensive discussion of this subject. In addition, the voices of the sufferers themselves – patients and their social environment – would have deserved a more prominent position.

*Cultural History*

The book paints a clear picture of how a major medical phenomenon deserves better than a strictly biomedical approach, as it demonstrates how pain is political – as perhaps all medical phenomena are.

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