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Emotion and experience in the history of medicine: Elaborating a theory and seeking a method

Rob Boddice and Bettina Hitzer

Dis-ease

What does it mean to write about feelings – senses and emotions – and experiences of disease, medicine, illness and health? For many, the key question would revolve around the *who* of historical inquiry: is it to be patient-centred or doctor-centred?¹ Do we look at experience from the top down or from the bottom up? Many works have thrown their lot on one side or the other, but a more successful approach, for our purposes, has focused on the dynamics, inherently political, of the encounter. In the encounter, the experience of disease, or of medicine, is seen as a process, or as a series of interconnected and intersubjective practices, framed by cultural scripts of authority and expectation and a conceptual repertoire of diagnostic categories, symptomologies and prescriptions for relief. The dynamic encounter, in many respects, captures the process of matching or failing to match the lived experience of disease or ill health with the conceptual framework of the medical field, embodied in the figure of the medical authority, be they doctor, nurse, midwife, therapist or the like. It is replete with satisfactions of the feeling of being heard and treated, salved and succoured by the acknowledgement that a complaint conforms to the medical understanding of what is real and what is possible; it is also replete with dissatisfactions, of the feeling of being ignored

¹ See, for examples of both, Courtney E. Thompson, 'Finding Deborah: Centering Patients and Placing Emotion in the History of Disease', *Isis*, 111 (2020): 826–9; Michael Brown, 'Surgery, Identity and Embodied Emotion: John Bell, James Gregory and the Edinburgh "Medical War"', *History*, 104 (2019): 19–41.

or misunderstood, of the frustration that an experience cannot be shoehorned into medical categories of disease or illness. Perhaps the latter is the more common: a mismatch of expectations, concepts, feelings, senses and language. The experience of each individual in a space – a doctor's office, a hospital bed, a healing ritual or ceremony, a missionary vaccination station, an analyst's couch – is their own, but the experience of the whole, of the encounter itself, is more complex, difficult to render in words, frayed at the edges, messy at its core, political through and through. Is it this untidy whole that, in fact, we should try to capture? And if so, how?

It is not simply that doctors and other medical figures bring to bear one set of feelings and concepts and their patients bring another. Individual medical authorities also embody different medical schools and other cultural formations – religion, class, gender, race, age, nationality and so on – that intersect with the culture of their specific expertise and practices of administering it. Likewise, a patient is never reducible to the complaint presented to the medical authority, but rather that complaint is formed in their own bioculturally constructed intersectional fabric, which may include the medical authority. As Bonea, Dickson, Shuttleworth and Wallis have shown, anxiety, overpressure and stress – archetypal complaints of urban modernity – were themselves driven by medical anxiety and fears that modernity might produce them: a perfectly circular biocultural configuration of affective experience as cause and effect.² These observations have the effect of drawing our gaze away from the encounter, away from the specific moment in which the experience of disease is mediated in the balance of a meeting of worlds, to the cultures and bodies that lead to this moment, and to the cultures and bodies that go on after this moment. And they also lead away from the specifics of discrete medical complaints – from *disease* – to the ways in which people think about, feel about, experience their bodies in illness and health in a general and ongoing way. Our attention is drawn to the fears that accompany the idea that one *might* be unwell, or that attend an epidemic disease that has not yet touched us directly, but which is nonetheless *out there*. Our attention is drawn to the lay understanding of illness, the precautions that might be taken or the anxieties they might produce. And our attention is drawn to the ways in which knowledge about health and disease is produced, disseminated and disrupted. Many more focal points could be enumerated, which encompass social, cultural and intellectual formations, but

² Amelia Bonea, Melissa Dickson, Sally Shuttleworth and Jennifer Wallis, *Anxious Times: Medicine and Modernity in Nineteenth-Century Britain* (Pittsburgh, PA: University of Pittsburgh Press, 2019).

they amount to a focus on the feelings, highly situated, always mediated, of *dis-ease* that attend the very notion of disease.

In search of a method

This represents something of a departure, insofar as we are attempting to collapse the distinction between biology and culture, or at least to avoid explanatory devices that make use of one or the other when it suits the argument. While historians of medicine have, for many years, pursued the cultural construction of illness, and the inscription of illness upon bodies, there remains an implicit sense (at least, for some) in which bodies themselves are biologically static, to be written upon, yes, but writing nothing in return. Our reformulation is subtle, on the face of it, but in its substitution of a biocultural model in place of a biology-culture model, we suggest the possibility of substantial historiographical revision. Olivia Weisser's *Ill Composed*, for example, begins with the claim that 'illness, then as now, is not only a sequence of biological processes but also a complex social event defined by prevailing norms and behaviors'.³ *Not only ... but also*. It is this that we collapse, meaning that prevailing norms and behaviours are both formational of body-minds as well as being formed by body-minds in a continuously unstable dynamic process. The body is not merely a site for the performance of 'culturally defined roles, norms, and ideals that are propagated by our society' that we 'unknowingly adhere to', but the body actively and knowingly makes the culture which in turn writes to the body, just as the body is made by the culture that, also in some ways knowingly and politically, writes to it.⁴ This takes us some distance from medical histories that appeal to a grand 'we', or to 'the peculiar features of being human', or to 'basic aspects of human existence' that endure across time and space.⁵ We grant the possibilities of continuity and radical change over time, but such possibilities are always framed by situated biocultural particularities, which we have encouraged our contributors to this book to pursue. Having recourse to some kind of fundamental substrate of humanness, to be mined from under all the cultural muck, strikes us as a

³ Olivia Weisser, *Ill Composed: Sickness, Gender, and Belief in Early Modern England* (New Haven, CT: Yale University Press, 2015), 2.

⁴ Weisser, *Ill Composed*, 2.

⁵ Christopher Milnes, *A History of Euphoria: The Perception and Misperception of Health and Well-Being* (New York: Routledge, 2019), 4–5.

dangerous fantasy that delivers history, however unwittingly, into the hands of evolutionary psychology.

This throws us into an avenue of investigation that, up to now, historians of emotion have been reluctant to pursue, despite the attention given to precisely this problem in some formative works in the field: collective experience. The problem lies in two preoccupations that seem to block an elaborate theorization of how collective emotions have been formed and changed in situated contexts. First, historians have been attracted to the subject, to modern Western liberal notions of the subjective experience, of the first-person agentic *I*. Of course, this is a valid and important vein of research, but it is both highly situated and distinctly limited. How does one parlay what one knows about the modern subject into an analysis of an aggregate of subjects, whose feelings and experiences do not seem, on the face of it, to emerge from any one of them individually, but rather to be an unstable product of the whole? Second, historians have been overwhelmingly persuaded by the idea, first coined by Barbara Rosenwein, in turn riffing on Benedict Anderson, of ‘emotional communities.’⁶ Rosenwein’s original definition of this idea was that emotional communities were like what we regularly think of as communities, insofar as they could be big or small, local or national, connected to class or religion, but had specifically to do with commonalities of emotional *expression*. Later, the dynamics of feeling were incorporated into these communities such that historians were no longer mining the mere outward expression of emotions but looking for situated emotional styles hitched to group identity and formation.⁷ In more recent times, ‘emotional community’ has come to stand in for seemingly any kind of connection between people, including those who have never actually met in person and who do not inhabit a common space. The problem, which has not really been broached at all, is what to do with collective experience that is poorly described by the word ‘community.’⁸

Does a collective awareness of or apprehension of smallpox amount to a community? Do the practices of those avoiding the Spanish flu amount to community? On the contrary, it is at these moments of widespread fear that

⁶ Barbara Rosenwein, ‘Worrying about Emotions in History’, *American Historical Review*, 107 (2002): 821–45; Benedict Anderson, *Imagined Communities: Reflections on the Origin and Spread of Nationalism* (London: Verso, 1983).

⁷ Benno Gammerl, ‘Emotional Styles – Concepts and Challenges’, *Rethinking History*, 16 (2012): 161–75.

⁸ Sociologists and social psychologists are more familiar with the problem. For an attempt to use their insights and apply them to an historical example, see Piroska Nagy and Xavier Biron-Ouellet, ‘A Collective Emotion in Medieval Italy: The Flagellant Movement of 1260’, *Emotion Review*, 12 (2020): 135–45.

we see the typical components of what is usually understood as community fall apart, and yet the collective is, nevertheless, experiencing something together, in common to a certain extent. They may be disunited in practice, and yet united in experience.

Experience

What is meant here by experience? Without wanting to ignore a centuries-old philosophical debate about this term, a more pragmatic approach to ‘experience’ will be taken here – in the spirit of the historian as omnivore, as it is often said half reproachfully, half appreciatively on the part of philosophy.⁹ ‘Experience’ has different layers. As epidemics in particular bring to mind, prior to narration and even before perception, there is a precipitating ‘event’, an original ‘experience’ in the world.¹⁰ Experience thereafter comprises what could be described as processes in response to this ‘event’: a set of occurrences that affect a group or society as a whole without necessarily affecting them in the same way. When a disease like the plague of Athens or the corona pandemic occurs, the ‘event’ initiates a process that affects groups, societies or maybe even the whole world. A number of differentiations can then be made that distinguish the common experience ever more finely. It matters whether or not I experience the corona pandemic in a country with a well-developed healthcare system; what measures governments take; what financial resources I have at my disposal (and thus what options for retreat to the home office, for example); what beliefs I have with regard to the body, the immune system and the effectiveness of vaccinations; and so on. This example illustrates that while the experience of the initial event may be common to groups or societies at some level, a ‘shared experience’ cannot be inferred from it without further ado. It also illustrates that there are no obvious ‘lessons’ to draw from shared memories of past ‘events’, however attractive

⁹ The centuries-old debate can be found in Martin Jay, *Songs of Experience: Modern American and European Variations on a Universal Theme* (Berkeley: University of California Press, 2005). We take some inspiration here from Paul Stenner, *Liminality and Experience: A Transdisciplinary Approach to the Psychosocial* (Houndmills: Palgrave Macmillan, 2017), and find some sympathy with Thomas Fuchs, *Ecology of the Brain: The Phenomenology and Biology of the Embodied Brain* (Oxford: Oxford University Press, 2018).

¹⁰ For a recasting of what we typically mean by an historical ‘event’, see Rob Boddice and Mark Smith, *Emotion, Sense, Experience* (Cambridge: Cambridge University Press, 2020), 50–1; see also Joanna Bourke on pain as an ‘event’: *The Story of Pain: From Prayer to Painkillers* (Oxford: Oxford University Press, 2014). The precipitating ‘event’ in this case is prior to meaningful experience and involves historical practice on a different, ecological level, with the human decentred. See Dominic LaCapra, *History and Its Limits: Human, Animal, Violence* (Ithaca, NY: Cornell University Press, 2009).

reductive similarities might seem.¹¹ Moreover, what is considered ‘shared’ is also dependent on the perspective of the person relating this experience or investigating it as an historian, and adopting this or that degree of differentiation with regard to the experience of such an event.

Nevertheless, being affected by an event in common is an important dimension of experience, and especially with regard to the experience of disease. Epidemics and pandemics as well as other forms of illness can create a common framework of experience, which exerts influence on the people who live within it, who, for example, are confronted with the diagnosis of a serious mental illness and possibly have to submit to a therapeutic regime in a special space for a certain time (or forever). However, a shared experience does not necessarily follow from this. We should be careful not to jump automatically from one to the other. Nevertheless, the disease ‘event’ that affects many in common is an important reference point in the experiential history of dis-ease. Historical engagement with experience, then, begins before engagement with what constitutes shared experience. It begins with a careful reconstruction of what characterizes the ‘event’ and what is common to it at different levels for different societies or groups.

In the narration of history, such an ‘event’ often becomes the overarching frame of reference. Societies, groups or individuals use these ‘events’ to pattern their narration of time, without necessarily giving rise to a sense of community. For – as Martin Jay, for example, has rightly pointed out – historical action is always experienced from ‘a partial point of view’: the storming of the Bastille represented a fundamentally different event for the assailants than for the defenders who were ultimately defeated.¹² And yet, both experiences are bound together in the historical moment of the storming of the Bastille and served as a reference for both groups in their respective futures. Something similar applies, for example, to a group of patients who underwent a similar therapy at the same time and possibly even in the same place.

Such a common experience can become a shared experience in two ways. First, it is possible that all those who lived through the same pivotal event or the same prolonged crisis (or period of transformation) define themselves as a group through this experience, even if they may have experienced this event or crisis

¹¹ Guillaume Lachenal and Gaëtan Thomas, ‘COVID-19: When History Has No Lessons’, *History Workshop Features*, 30 March 2020, <https://www.historyworkshop.org.uk/covid-19-when-history-has-no-lessons/>; cf. Erica Charters and Richard A. McKay, ‘The History of Science and Medicine in the Context of COVID-19’, *Centauros*, 62 (2020): 223–33.

¹² Martin Jay, Review of David Carr, ‘Experience and History: Phenomenological Perspectives and the Historical World’, *Journal of the Philosophy of History*, 10 (2016): 325–31, 329.

in different ways. It is therefore possible that today's generation of young people will later perceive themselves as Generation Corona. Second, shared experience arises when an event is perceived by a specific group in a similar way, all individual differences in experience notwithstanding. This allows commonalities to emerge that were already present but unrecognized, or else creates new commonalities through new shared conditions or circumstances. This applies, for example, to self-help groups, blogs or even just the self-perception as 'survivors' made by people having suffered from cancer, as well as, of course, to many other seriously or chronically ill people.

We often associate this kind of shared experience exclusively with crisis events: epidemics, disturbing diagnoses, traumas caused by violence. Our gaze then often turns to the way crisis splinters order and expectation. As it is already inscribed into our concept of crisis, we tend to recognize the transformative and disruptive in the crisis. And indeed, it is not uncommon for crises to accelerate, intensify or discontinue developments or to help previously marginalized positions to gain dominance. In this case, we usually explain the connection between illness and experience by reference to fear, shame and disgust, playing out at a societal level but in highly situated terms. These moments of crisis should give us pause: the same forces are at work when there is no crisis. There is a context, a collective understanding, a sense of reality, a felt experience, that exists among people, despite their being otherwise mutually disconnected from each other. A 'crisis' may reveal what was there all along. Crises are, as Erica Charters and Richard A. McKay have written with regard to epidemics like Covid-19, 'stunning tips of icebergs' that suddenly make us see what has been out of sight for so long.¹³ This broad experience, which comprises bodies, minds, knowledges (formal and vernacular), beliefs and all manner of cultural intersections, scripts and politics, is the fundamental *scene* – the landscape, if you will – which is brought to bear in the moment of the encounter. We cannot understand the latter without the former. We need an approach to the collective experience that goes beyond what we currently have.

Context

The answer lies in the careful reconstruction of context, which sits at the core of our method. The specifics of individual, intersubjective or collective experience

¹³ Charters and McKay, 'History of Science and Medicine in the Context of COVID-19', 225.

and practice will elude us, in their distinct historical configurations, if we fail to pay attention first and foremost to the rich tapestry of context, to the techniques and practices that frame experience and to the structures of power that create or delimit that frame. All of this can be recoverable from the archive. In order to understand situated experiences of dis-ease, that is, of embrained, embodied and encultured thoughts and feelings about medicine, medical authorities, illness and health, we must first know about the situated context of possibilities. We know that we can access the given conceptual repertoire, the range of expressions and gestures, the accepted assemblage of meanings attached to cultural symbols. All these and more colour the canvass upon which the specifics of lived experience are painted. They help us understand the feelings of satisfaction, frustration, fear, anxiety, transgression and conformity that attend not just the medical encounter but also the very idea of medicine, as people strive to preserve their sense of well-being, to safeguard their health, to embrace or fail to accept their weaknesses, disabilities or chronic conditions, to resolve or fail to resolve their illnesses.

It is important at this juncture to pack away any historiographical ambitions to tie up historical experiences of medicine and (ill) health in any kind of neat way. We are, in this introduction and throughout this book, dealing with contexts of possibility that are always unstable, in processes of change and disruption. Experience is messy, disjointed, potentially framed by access to many different cultural repertoires at once. Events, especially in times of war, epidemic, violence and shifting legal frameworks, often rapidly overtake historical actors. We should expect people to have doubts, to be bewildered, to not know how to think-feel. We should scour the historical record not only for their expressions, for their conformity and orthodoxy in utterance and gesture, but also for their silences, the blankness of their features, their speaking of something while they are alluding covertly to something different, the constitutional aporia that attaches itself to uncertain states of mental and physical ill health and disease. We should be prepared to encounter people who have endured traumatic experiences and who might not be able to create consistent narratives or 'claim' their experience at all, as Cathy Caruth had pointed out.¹⁴ We should expect to find people who do not know how to read cultural scripts – about emotion, about sensation – and who are confronted by medical treatment or medical politics as if by an alien being. Such experiences

¹⁴ Cathy Caruth, *Unclaimed Experience: Trauma, Narrative, and History* (Baltimore, MD: Johns Hopkins University Press, 1996).

might be difficult to recover for they are difficult to record, but we can surely tease them from the historical record, through the absences and silences, if not directly. Many of these testimonies are not the most obvious, the ones that come to us first when we ask how dis-ease was felt. That is why it is important to discern whose experiences were heard and whose cultural scripts were dominant. In order not to reproduce the cultural politics of emotions that were influential at a given time, we need actively to search for other experiences, to make ‘feeling differently’ the programme of our research, or at least to include it in our considerations.¹⁵ A crucial way to do this is to reconstruct the context that allows us to recognize and possibly fill in the absences, silences, breaches and evasions. The historian of experience, at least in this iteration of experience, must be prepared to explicate situated meaning, rather than assume any kind of easy translation or connection to it.

Recovering the body

To feel fear, for example, is always to feel fear in context. There is therefore no point, no value, in referring to fear *itself* as an explanatory for experience, or of locating fear in some part of the brain or claiming for it a timelessness that inheres in bodily processes.¹⁶ Only the situated meaning of *this* fear, in *this* moment, in *this* situation, in *this* body and brain is relevant, and it takes skill and depth of historical understanding to convey the experience of it. Emotions, sensations and experiences cannot be essentialized or reduced to some fundamental aspect or component, to adopt the psychomechanical metaphor, of the biological or physiological human.¹⁷ The last decade has taken many historians away from Dror Wahrman’s suggestion, in 2008, that we return to some form of corporeal essentialism, based partly on Lyndal Roper and partly on Daniel Lord Smail, which was coupled with the lament

¹⁵ Sara Ahmed, *The Cultural Politics of Emotion* (2nd edition, Edinburgh: Edinburgh University Press, 2014); Benno Gammerl, Jan Simon Hutta and Monique Scheer, ‘Feeling Differently: Approaches and Their Politics’, *Emotion, Space and Society*, 25 (2017): 87–94.

¹⁶ There is a convergence of agreement, with wrinkles, across disciplinary lines. See Ruth Leys, ‘How Did Fear Become a Scientific Object and What Kind of Object Is It?’, *Representations*, 110 (2010): 66–104; Lisa Feldman Barrett, ‘Seeing Fear: It’s All in the Eyes?’, *Trends in Neurosciences*, 41 (2018): 559–63.

¹⁷ There are key differences of opinion about how, in practice, we do the history of experience and what it might entail, but the leaders in the field agree strongly on this point. See Javier Moscoso, ‘Emotional Experiences’, *History of Psychology*, 24 (2021): 136–41; Juan M. Zaragoza Bernal, ‘A Change of Pace: The History of (Emotional) Experiences’, *History of Psychology*, 24 (2021): 130–5.

that ‘historians do not really have critical tools to assess the knowledge coming from these biological fields’. It was not entertained at that point that historians might acquire such tools and be able to work in a critical cross-disciplinary space, where we do not merely borrow from the ‘latest “science”’ but aim to contribute something to it.¹⁸

To say that the body is historical does not necessarily reduce it to a cultural formation. If the cultural history of medicine has sometimes erased corporeality in its discursive preoccupations, that does not mean that the reintroduction of the body must have us accede to ‘perennial patterns in the wiring of human bodies and minds, and in the ways in which that wiring can short-circuit’, as Philippa Carter recently put it.¹⁹ Rather, in thinking bioculturally, we can explore the relation of brain-body development and the production of meaningful sensation, emotion and experience to culturally situated conceptual repertoires. Significant sections of the biological sciences are, through the consideration of multiple forms and expressions of plasticity – neuro, visceral, epigenetic, predictive processing and so on – grappling with the ghosts of corporeal essentialism in their own disciplines. Those historians who defend and endorse an increasingly outmoded metaphor of universal mechanical wiring or programming will remain out of touch, still unable to critically engage with the sciences. As Margaret Lock and Gisli Palsson put it, science is not equipped to answer the nature versus nurture problem and neither are the humanities.²⁰ The question preserves a binary that should be collapsed. Attempts to trace boundaries are doomed.

Instead, we should take seriously this notion, now supported across the disciplines by a formidable, if only loosely connected, group of social

¹⁸ Dror Wahrman, ‘Change and the Corporeal in Seventeenth- and Eighteenth-Century Gender History: Or, Can Cultural History Be Rigorous?’, *Gender & History*, 20 (2008): 584–602. Specifically, Wahrman was conjuring with Roper’s claim that ‘it does not endanger the status of the historical to concede that there are aspects of human nature which are enduring, just as there are aspects of human physiology which are constitutional’, pointing at the overemphasis of the culturally constructed body (598) and Smail’s description of ‘nature and culture’, ‘locked in a *pas de deux*’ (600). Roper’s claims, which practically if not intellectually align with Lynn Hunt’s, have been thoroughly overtaken by the findings of social psychology, social neuroscience, cultural anthropology and the history of emotions, working (however unwittingly) in tandem on the question of the situated, local brain-body. Smail’s retention of a nature/culture binary have since given way to a more dynamic model. See Lynn Hunt, ‘The Experience of Revolution’, *French Historical Studies*, 32 (2009): 671–8; Rob Boddice and Daniel Lord Smail, ‘Neurohistory’, *Debating New Approaches to History*, ed. Peter Burke and Marek Tamm (London: Bloomsbury, 2018); Jeremy Burman, ‘History from Within? Contextualizing the New Neurohistory and Seeking Its Methods’, *History of Psychology*, 15 (2012): 84–99; Larry McGrath, ‘Historiography, Affect, and the Neurosciences’, *History of Psychology*, 20 (2017): 129–47.

¹⁹ Philippa Carter, ‘Childbirth, “Madness”, and Bodies in History’, *History Workshop Journal*, 91 (2021): 3.

²⁰ Margaret Lock and Gisli Palsson, *Can Science Solve the Nature/Nurture Debate?* (Cambridge: Polity, 2016).

neuroscientists, social psychologists, cultural psychiatrists, neurophilosophers, anthropologists, social theorists and historians such as ourselves and other historians of medicine, emotion and experience, that humans are biocultural beings, plastic in development and formation, but also in disintegration and decay, according to the dynamic situation of bodies and minds in specific cultural and conceptual worlds.²¹ This includes the corporal dimension, but the biocultural approach means we do not have to, indeed *cannot*, wrestle with the limits of culture and the presence of biology. There is no dividing line, no place to parcel off these categories. People are of the times and places and other intersections in which their lives play out. We cannot hope to access their experiences without first reconstructing those contexts that provided the framework, the atmosphere and the style that delimited and coloured that experience, and the conceptual (linguistic and non-linguistic – we include expression in this) repertoire that provided not only the vocabulary of experience but also the meaningful perception of situated reality.

Key questions

It may seem that the emphasis on the situatedness of experience lived by bioculturally formed human beings should lead us to make finer and finer distinctions until we finally end up with highly particular experiences, made in specific situations, felt by a unique person. But the biocultural focus must keep the collective – humans at the level of situated culture – in view, even if there is always a tension between it and the situated self, however that self is historically configured. Such observations and tensions raise two fundamental questions: first, what is the theoretical underpinning and ultimately political significance of such a form of historiography? And second, what is its significance and scope?

To begin with the first question: the form of historiography we present here seems to align itself with philosophical and political discussions that fundamentally renounce all notions of universalism. Instead of a universal canon

²¹ This is perhaps best represented by the compendious multidisciplinary volume, *Culture, Mind, and Brain: Emerging Concepts, Models, and Applications*, ed. Laurence J. Kirmayer et al. (Cambridge: Cambridge University Press, 2020), but see Boddice and Smith, *Emotion, Sense, Experience*, 34–57, for a review and further references. On disintegration, and for an exemplary model of the approach we describe, see Todd Meyers and Stefanos Geroulanos, *The Human Body in the Age of Catastrophe: Brittleness, Integration, Science, and the Great War* (Chicago: University of Chicago Press, 2018).

of values, there are only particular values that can be traced back to particular identities. In Lynn Hunt's history of human rights, the inventors of universalism emphasized the equality of human beings rooted in their universal bodies, with universal feelings that trumped any particularities.²² It had a profound effect, but what if we mark it as a situated historical construction? What happens to the interpretation of it if we, as historians of emotions and experiences, no longer consider the body merely as a representation but nevertheless postulate its biocultural plasticity and the situatedness of its experiences? Does this not remove any foundation for connecting people to humanity through their feelings and experiences?

In fact, little of the assumed essence of body and feeling remains here that could bind human experience together as a universal. Ultimately, the essence here can only be seen in the fundamental ability of the human body to feel and to experience, which encompasses all human senses as well as cognition. But this does not at all mean a withdrawal into the particular and the identitarian. For even if we as human beings are not connected to each other through the universality of our bodies and their sensations, we are connected through the contexts and spaces in which we move and experience. While these contexts are extraordinarily diverse, they are not self-enclosed. Thus, every human experience takes place in a context, which must be carefully reconstructed in its specific form in order to make the experience comprehensible and understandable. At the same time, however, this specific context refers beyond itself. First – scaled according to the micro-, meso- or macro-perspective of the historian – as a context shared by people. But then also as a context that in many of its elements links to other contexts, shares them, adopts them, translates them and appropriates them. Through this interconnectedness of experience, commonality originates just as much as through the shared and interconnected spaces of experience. Universality thus emerges, even without the assumption of universal bodies and sensibilities, through the existence of a multitude of contexts that connect us to ever different groups of people in different ways. In a globalized world, whose future seems to depend on the tenuousness or tenacity of its ecosystem, there are no humans (and other living beings) with whom nothing connects, even if we acknowledge that all bodies are bioculturally shaped and that experience is always situated experience.

And it is precisely to this insight that the answer to the second question about the meaningfulness and scope of such a form of historiography finally

²² Lynn Hunt, *Inventing Human Rights: A History* (New York: W. W. Norton, 2007).

ties in. In this book the contributors' level of focus varies, from single rooms or pieces of furniture, and from tightly delimited temporal ranges, to national cultures and global interconnections over long periods. What is the ideal approach to get at the situated experience of dis-ease? Do microhistorical and macrohistorical approaches share something in common? The evidence of these chapters suggests that they do. The microhistorical approach is valueless without a thoroughgoing understanding of the broader context of meaning in which the situated study takes place. And the macro-level approach is equally useless without granular exemplification, nuance, detail. Both, ultimately, rely on context and specifics, though they play out in different narrative styles. And both depend upon an understanding of the ways in which contexts intersect and the ways in which body-minds inhabit multiple contexts at the same time. This reveals two things: first, situatedness is not synonymous with adopting a microhistorical perspective, possibly even narrowed down to an individual biography. Rather, it is vital that scale and situatedness refer directly to each other and do not fall back on the universality of an essentialized body in order to reduce the complexity of the situatedness of experience.²³ But second, since contexts refer to other contexts often of a different scope, microhistorical and macrohistorical perspectives must be set in relation to each other.²⁴ Microhistory in the sense of Carlo Ginzburg was concerned with the reconstruction of a complex micromechanics of experience, power and *Eigen-Sinn*, which is not primarily tied back to the macro-perspective through spatial entanglements, but through the assumption that large historical processes are revealed here on a microscopic scale.²⁵ Global history has undertaken to rethink such microhistorical concepts, initially using the instruments already introduced in global history. It has pointed to translations, circulations, travelling and intersections. More recently, however, the idea of the relationality of places and contexts has been increasingly emphasized. These approaches have been further developed in the concepts of *translocality*, of a *microhistory of the global* and of a *micro-spatial perspective*.²⁶ They indicate ways in which the

²³ See also the discussions in Sebouh David Aslanian, Joyce E. Chaplin, Ann McGrath and Kristin Mann, 'How Size Matters: The Question of Scale in History', *American Historical Review*, 118 (2013): 1431–72.

²⁴ See Boddice and Smail, 'Neurohistory'.

²⁵ Carlo Ginzburg, *The Cheese and the Worms: The Cosmos of a Sixteenth-Century Miller* (Baltimore, MD: Johns Hopkins University Press, 1992); also Giovanni Levi, *Inheriting Power: The Story of an Exorcist* (Chicago: University of Chicago Press, 1988). For an explanation of *Eigen-Sinn*, see Alf Lüdtke, *The History of Everyday Life: Reconstructing Historical Experiences and Ways of Life* (Princeton, NJ: Princeton University Press, 1995), 313–14.

²⁶ Ulrike Freitag and Achim von Oppen (eds), *Translocality: The Study of Globalising Processes from a Southern Perspective* (Leiden: Brill, 2010); Angelika Epple, 'Globale Mikrogeschichte. Auf dem

history of situated experiences and emotions we envision here can be written by combining micro- and macro-perspectives.

Norms, frames, scripts

Regardless of the question of scale, it is important here to emphasize process and duration, insofar as we have no intention to freeze moments in time. As E. P. Thompson noted, experience is lost if we attempt to ‘stop history’.²⁷ ‘Snapshots’ or ‘freezeframes’ miss the instability that is at the heart of historical experience. If we want to show how change (and continuity) over time occurs, freezing moments in time seems antithetical to the ambition. Rather, we see historical change as part of the dynamic relation of body-minds in worlds, where sensory and emotional and cognitive experiences are both the result of occurrences in the world but also causative of events. We have to allow for the experience of time, for the experience of uncertainty, for the experience of working out how to feel, or of being frustrated in working out how to feel. All of these processes take place in relational exchanges that disappear if frozen. This is true for any experience of illness, as well as for negotiations (individual or collective) of experience of normality or wellness, categories that are all the more political for having their politics rendered invisible. The experience of an incurable or chronic illness or pain puts even greater emphasis on longer-time processes of meaning making, memory, moral economies of hope and despair, engagement with social institutions and welfare and the politics of *invalidity* and exclusion.²⁸

Weg zu einer Geschichte der Relationen, *Im Kleinen das Große suchen. Mikrogeschichte in Theorie und Praxis*, ed. Ewald Hieb and Ernst Langthaler (Innsbruck: Studienverlag, 2012), 37–47; Romain Bertrand and Guillaume Calafat, ‘La microhistoire globale: affaire(s) à suivre’, *Annales. Histoire, Sciences Sociales*, 73 (2018): 1–18; John-Paul A. Ghobrial, ‘Introduction: Seeing the World Like a Microhistorian’, *Past & Present*, 242, Supplement 14 (2019): 1–22; Jan de Vries, ‘Playing with Scales: The Global and the Micro, the Macro and the Nano’, *Past & Present*, 242, Supplement 14 (2019): 23–36; Christian G. De Vito, ‘History without Scale: The Micro-Spatial Perspective’, *Past & Present*, 242, Supplement 14 (2019): 348–72.

²⁷ E. P. Thompson, *The Making of the English Working Class* (London: Pelican, 1968), 11. This is perhaps the limit of our agreement with Thompson’s approach to experience. For all that Thompson built context, experience of dis-ease was deterministically linked to economic conditions and therefore readily accessible through the historian’s imagination. Hence we find, in Thompson’s interpretation of historical experience, more of Thompson than of history. See, for example, his reference to ‘some subterranean alteration of mood’ (127), to ‘deep sources of feeling’ (157), to ‘violent mass hysteria’ (418) and to the ‘psychic processes of counter-revolution’ (419).

²⁸ See Rob Boddice, ‘Hurt Feelings?’, *Pain and Emotion in Modern History*, ed. Rob Boddice (Houndmills: Palgrave Macmillan, 2014); Javier Moscoso, ‘Exquisite and Lingering Pains: Facing Cancer in Early Modern Europe’, *Pain and Emotion in Modern History*, ed. Boddice; Bourke, *Story of Pain*, esp. 131–58; Keith Wailoo, *Pain: A Political History* (Baltimore, MD: Johns Hopkins University

These kinds of experience, which are not so much breaches in normality but a challenge to the very notion of normality, can be lived as prolonged acts of resistance as well as of suffering, as challenges to systematic norms and meaning-making scripts. Nonetheless, our focus on instability, change, navigation and negotiation does not discount less mutable phenomena in the history of feeling dis-ease that we equally have to take into account. The experience of dis-ease is deeply engrained by more stable though not immobile norms about what is normal, healthy, beneficial or morally sound.²⁹ Diseases, disorders and conditions are named and framed.³⁰ These framings draw on medical and social knowledge and thought styles, techniques and technologies of observation and treatment, institutional or spatial settings as well as moral evaluations of all kinds. All of these categories are often more persistent and do not change very quickly. As Rosenberg has argued, the crucial moment where framing comes into play is the moment of diagnosis.³¹ But the experience of dis-ease is not resolved in that very moment. The diagnosis is preceded by discomfort, suspicion, queries for the interpretation of symptoms, or sometimes it comes out of the blue, without premonition. And the experience of dis-ease does not end with the diagnosis. Receiving a diagnosis is only the beginning of a further complex process of negotiation. This process does not only follow a timeline; it is frequently experienced following specific temporal structures establishing chronological order, causal relations, accelerations, slowdowns, ruptures, periods of crisis. We may find these timelines of dis-ease experience in narrations that might be in constant flux (over the course of a disease as well as when looking back on past experiences). Nevertheless, they make use of, alter or shatter former narrative scripts. And scripts we find also on the level of feeling itself. Since emotions and sensory perceptions are not universal but learned by a bioculturally constructed mind-body, feeling is embedded into scripts that may vary according to the emotional style a particular situation may preset, without ever predetermining the actual felt experience in a strict sense. Norms, frames and scripts as more

Press, 2014), esp. 131–67; Bill Hughes, *A Historical Sociology of Disability: Human Validity and Invalidity from Antiquity to Early Modernity* (New York: Routledge, 2019); Emily K. Abel, *Sick and Tired. An Intimate History of Fatigue* (Chapel Hill: University of North Carolina Press, 2021); Bettina Hitzer, *Cancer and the Emotions in 20th-Century Germany* (Oxford: Oxford University Press, forthcoming).

²⁹ See Laurent Berlant, 'Slow Death (Sovereignty, Obesity, Lateral Agency)', *Critical Inquiry*, 33 (2007): 754–80.

³⁰ Charles E. Rosenberg, 'Introduction. Framing Disease: Illness, Society, and History', *Framing Disease: Studies in Cultural History*, ed. Charles E. Rosenberg and Janet Golden (New Brunswick: Rutgers University Press, 1992), xiii–xxvi.

³¹ Rosenberg, 'Introduction', xviii.

stable phenomena are thus part of a context within which situated experience takes place, without this context equalling the experience itself. They provide an embodiment for alternative perceptions and meaning-making structures that might otherwise be suppressed.

Similarly, historically situated instances of mental trauma for which there was no recognized script might manifest through ‘orthodox’ expressions of illness – bodily complaints and verbal utterances – that gain medical attention for an illness in an oblique way that in turn colours the experience of that illness. Late-nineteenth-century hysteria is a classic case in point, but there are others: self harm, eating disorders and so on.³² In all cases, the body can act as a refuge for the kind of emotions, senses and feelings that are ordinarily given no forum or recognition for expression. As such, these kinds of experiences can be drivers of change. This kind of change can occur on different levels, and we should be prepared to look for these changes in the history and presence of feeling dis-ease. It might be that these previously non-recognized feelings were involved in the emergence of a formerly unknown ‘fashionable’ disease. It might be that they created novel forms of narrating a disease like cancer. It might be that they alert us to the necessity of developing new diagnostic understandings for a trauma like that experienced by Palestinians. It might be that those previously unrecognized feelings coming from a different context alter the experience of an illness, as in the case of the Ebola epidemic in Liberia. And it might be that those digital tools currently designed for capturing the experience of dis-ease will not only transform our experience of dis-ease but also lead to the non-recognition of what has constituted the feeling of dis-ease so far. The experience of feeling dis-ease cannot be assumed to be static, and if we want to represent it then we have to incorporate the dynamic processes that comprise it into our analysis, finding a methodology so to do. To navigate the experience of an illness, as with the navigation of all feelings, is a situated, political but also a temporal process.

By showing how feelings of dis-ease, of the experience of medicine and illness, are constructed always in context, we hope to reveal, obliquely, the ways in which

³² Rob Boddice, ‘Hysteria or Tetanus? Ambivalent Embodiments and the Authenticity of Pain,’ *Emotional Bodies*, ed. Dolores Martín Moruno and Beatriz Pichel (Urbana-Champaign: University of Illinois Press, 2019); J. J. Brumberg, *Fasting Girls: The Emergence of Anorexia Nervosa as a Modern Disease* (Cambridge, MA: Harvard University Press, 1988); Susan Bordo, *Unbearable Weight: Feminism, Western Culture, and the Body* (new edition, Berkeley: University of California Press, 2003); Deborah Padfield, *Perceptions of Pain* (London: Dewi Lewis, 2003); for a general approach, see Deborah Lupton, *Medicine as Culture: Illness, Disease and the Body* (3rd edition, London: Sage, 2012).

current experiences of disease are constructed and seamlessly naturalized. Be it in times of a pandemic or not, historicism reveals the structures through which experience is framed, politicized, mediated and delimited. It offers a tool for asking probing questions of our own times, but it does not make any claims, a priori, for the value of any particular historical example in making sense of ourselves.

