

An Collins' Divine Songs and Meditations as a Pain Narrative: Exploring the Relationship Between Early Modern Writing and Pain

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In her essay written for the fourth year seminar "Literature of the English Revolution," Kala Hirtle joins a small but excited group of scholars writing about an unknown poet of the tumultuous 1650s. The few critics who have written about An Collins's Divine Songs and Meditations are, in fact, uniformly inclined to emphasize how little we have discovered about the volume's author, including the nature of the malady that confined her to the house for much of her life. But the essay that follows brings Collins into sharper focus, allowing us a clearer picture of the imaginative, sensitive, and determined woman behind the work. Refusing to surrender her psyche as well as her body, Collins reports that she found delight and solace in writing a volume of verse that, as Hirtle demonstrates, also constitutes an early modern pain narrative; evincing her own understanding of the healing potential of authorship. Collins attributes to the act of writing a therapeutic value latter-day researchers have only recently begun to understand. Bringing some 21st-century ideas about the value of writing to her reading of Collins's work, Hirtle emphasizes not Collins's illness but, more importantly, what she was able to discover because of it – the solace that came through a singularly private pen as much as it did a public faith shared by many.

- Dr. Lyn Bennett

In *The Body in Pain*, Elaine Scarry writes that "physical pain has no voice, but when it at last finds a voice, it begins to tell a story."¹ The stories told by pain have interested people for centuries and are at the heart of many scholarly and literary works, including An Collins' *Divine Songs and Meditations*. Scarry writes that "the rarity with which physical pain is represented in literature is most striking when seen within the framing fact of how consistently art confers visibility and other forms of distress."² Collins' literature demonstrates the inability for individuals in the seventeenth century to articulate chronic pain. This paper will examine how the language suffering operates in Collins' work considering the difficulty of expression as well as the early modern inseparability of body and soul. I will argue that while Collins invites the reader to read her work autobiographically, the greatness and importance of her work takes place not in the public but in the private sphere, making a case for the necessity of writing as a therapeutic technique within the context of the seventeenth century.

"The abundance of artistic renderings of pain during the eighteenth century suggests it was a subject of great interest,"³ states Lisa Wynne Smith. This interest in pain spread and soon the difficulty of expressing pain was recognized. Because physicians had no interest in looking inside the human body in order to diagnose a patient, the diagnosis rested solely on the patient's description, which put an emphasis on the ability of both the patient and physician to describe and interpret various levels of pain and illness. In the twentieth century, when a patient has an appointment with a physician, rarely is the immediate decision to perform an exploratory surgery or biopsy. Normally a physician questions where the patient feels pain and what type of pain the patient is experiencing. Micke Brown, Directory of Advocacy at the American Pain

Foundation and past president of the American Society for Pain Management Nursing, says “[pain] is relative” that is, one person’s six (on the basic 0-to-10 pain scale) might be another person’s ten.⁴ The American Pain Foundation suggests that patients use the LOCATES memory aid for describing pain.⁵ While it would have been useful for seventeenth – and eighteenth-century patients to have such resources to help them explain their pain, “eighteenth century patients’ ability to describe pain may have elicited understanding,”⁶ Smith suggests. Patients may not have been treated for their ailments, but having a physician comprehend what they were experiencing would have been a relief for those in pain. Ronald Melzak asserts that the human voice “is capable of accurately exposing even the most resistant aspects of material reality.”⁷ The act of describing pain and receiving a diagnosis and prescription were not enough, and early modern patients needed to develop “frameworks for understanding their illnesses, preferably fitting with their self-perception.”⁸

While An Collins was writing in the seventeenth rather than eighteenth century, Smith’s assertions regarding frameworks and the relief of describing pain would certainly have applied to Collins. Collins redefined her sickness by creating frameworks incorporating her learning and gender.⁹ By reconstructing the definitions of pain, Collins was able to build a framework with a referential matrix, allowing her to break through linguistic barriers. Scarry asserts that, “when physical pain is transformed into an objective state, it (or at least some of its aversiveness) is eliminated.”¹⁰ The referential matrix Collins built was rooted in the humeral theory, which was the basis of how Early Modern people understood their bodily experiences.¹¹ Because the humeral theory was occasionally not adept enough to help patients articulate their pain, early modern individuals resorted to a vocabulary of suffering. Through her newly founded referential matrix and accompanying vocabulary of suffering, Collins was able, as Gottlieb notes, to “comment throughout her poems on public issues and events.”¹²

Some scholars focus on how little biographical information there is available about Collins, aside from evidence of her Puritan background; we do not know her age, race, class or political affiliation. Whether or not the reader has biographical information about a writer plays a role in the readers’ interpretation of the writer’s work. Ann Hurley notes in the “The Preface” to Collins’ work,

Collins opens her poem with an oblique reference to a physical disability, possibly occurring suddenly, which apparently exempted her permanently from the domestic preoccupations which had earlier filled her mind.¹³

Collins, unlike many sufferers, separates and distinguishes herself from others through her divinely given ability to write poetry.¹⁴ Her active approach to her writing and broke the barriers that, as Scarry explains, restrain pain from being understood in literary works. Collins was comfortable with her illness as is apparent in her writing; she did not hide behind an anonymous publication. Rather, she “resents her writing as personal and

experiential, and invites us to read the poems autobiographically.”¹⁵ In “To the Reader,” Collins writes, “I have been restrained from bodily employments, suing with my disposition, which enforced me to a retired Course of life.”¹⁶ Through her imagery, the reader can infer that Collins suffered from an undefined illness, which involved symptoms of weakness, pain, and (possibly) infertility. Ann Hurley claims that it is not the vague and indirect passages regarding Collins’ physical condition that are of interest but rather, it “is in the second autobiographical reference, which implies either that a portion of Collins’ disability may have been congenital or that she was prey to a recurrent form of depression.”¹⁷ It is clear from “The Discourse” that Collins suffered from physical and psychological discontent:

For one distemper could no sooner dy,
But many others would his roome supply,
Yea like the messengers of Iob, they hast,
One comes before another can be gon...
Whereat my minde it self, would much torment,
Vpon the rack of restless discontent.¹⁸

Collins suffered not only from physical and psychological discontent but from spiritual distress because in the seventeenth century the soul and body were thought to be interconnected. Sidney Gottlieb writes,

It is no surprise to Collins or to us, that in the seventeenth century a woman would be particularly sensitive to such taunts about ‘comlinesse,’ feelings of bodily deformity and vulnerability, and worrie[d] about the relationship between physical and spiritual grace.¹⁹

In the seventeenth century, the sick were told to interpret their ailments “as a punishment for thy sins; and so God intends it most commonly; that is certain’ and to become patient, penitent, examples of pious Christian fortitude,”²⁰ writes Sarah Skwire. Collins, however, viewed her sickness as a result of the transgression of Adam and Even in Eden, apparent in “The Discourse.” She writes,

But see what was the consequence of this,
The curse of God which did the fault ensue,
Thus man by sin deprived was of bliss
Sickness of body, and distresse of mind,
With all afflictions layd upon mankind.²¹

By viewing her sin as the sin placed on all mankind, Collins effectively removes the individual sufferer from the blame of the sin. Hurley asserts that Collins is “consistent with Protestant poetic practice, which endorsed the application of the scriptures to the spiritual situation of the individual” and reminds the reader that “it is pertinent of our understanding of her poetry that Collins does not position herself against other poets but against a different order of religious experiences.”²²

Collins’s use of scripture is evidently worth noting. Hurley claims that “Collins cites Scripture directly, rather than appropriating it into the narrative voice of the pain.”²³ While there are cases of Collins citing directly, evident in the citations in the margins of poems such as “The Discourse,” “A Song expressing their happinesse,” “A Song manifesting The Saints eternall happinesse,” “A Song exciting to spirituall Alacrity,” and “The third meditacion,” Collins does appropriate scripture in the narrative voice of pain. For example, in “Another Song [The Winter of my infancy],” lines 26-28 echo the Song of Solomon 4:12-13.²⁴ These lines are from one of Collins’ finest poems of affliction; they directly reference her barrenness and how she redefines her illness so she is able to produce poems, which is something “that is not common with every woman.”²⁵ Collins mixes her biblical references. She divides her pain and spiritual ecstasies between the Old and New Testaments by aligning her pain with the wrath of the Old Testament God and correlating the New Testament mercies with her spiritual ecstasies.²⁶ These correlations are illuminated by Collins’ rain and harvest metaphors. Through her juxtaposition of New and Old Testament metaphors and analysis, Skwire points out that Collins is careful to clarify

That her sufferings are counterintuitive proof of God’s favor [and] by connecting her physical sufferings with her divinely given spiritual and intellectual abilities, Collins is able to establish her claim to spiritual superiority.²⁷

Collins’ claim is highlighted in a passage from “Another Song [The Winter of my infancy]” where Collins, who believes that her sickness is a sign of God’s love, equates her illness with the offspring of her intellectual abilities. Gottlieb explains that Collins’ “faith always assures her that pain has both a meaning and an end, and this makes her [...] a poet of not only the vagaries of but also recovery from affliction.”²⁸ While Collins viewed her sickness as a sign of God’s love, it is important to note that her work never loses the persistent tone of painful vulnerability. Collins’ writing emphasized that faith was critical “not only to one’s eventual salvation but also to one’s daily life.”²⁹ She had a fair grasp of her spiritual pain, but because the tone of vulnerability never vanished from her poetry, it is fair to say that the act of writing was therapeutic and helped the writer accept her physical pain, while deepening her understanding of her spiritual position. As Beth Daniell asserts, there is “a deeply-held belief in the power of language to heal and to bring about and deepen spiritual experiences.”³⁰

To understand, accept, and essentially heal her physical and spiritual pain, Collins had to work to find a linguistic structure that expressed pain. Scarry asserts, "physical pain does not simply resist language but absolutely destroys it, bringing about an immediate reversion to a state anterior to language, to the sounds and cries a human being makes before language is learned."³¹ The difficulty of expressing pain is that "its resistance to language is not simply one of its incidental or accidental attributes but is essential to what is not." When writers describe pain, they often use metaphors, such as "white," "hot," or "burning," or they use a reference network, saying that their pain is "like a thousand swords stabbing their side." The fact that authors and patients have to draw analogies to explain pain is "itself a sign of pain's triumph."³³ Pain's triumph is won through its resistance to language and its un-sharable nature that springs from this relationship. Physical pain, however, does not have referential content, "it is not *of* or *for* anything. It is precisely because it takes no object that it, more than any other phenomenon, resists objection in language."³⁴

Linguistic structures and reference networks must be erected in order for pain to be conveyed through the human language. Scarry claims that

The assumption that the act of verbally expressing pain is a necessary prelude to the collective task of diminishing pain [...] the human voice must aspire to become a precise reflection of material reality.³⁵

Collins' discomfort, physical and psychological, is revealed in her use of what Smith refers to as the vocabulary of suffering, which arose because the humeral theory was not always successful in articulating patients' suffering. The vocabulary of suffering was flexible because it not only adequately described pain, but underscored the anxieties that surround illness. While physical affliction was a "common trope for devotional writers," Gottlieb explains,

One senses that that illness, weakness, and bodily pain were more than devotional or expressed devices for Collins [...] especially because the experience of pain and vulnerability is central in her poems.³⁶

Scarry explains that "when heard in isolation, any one adjective such as 'throbbing pain' or 'burning pain' may appear to convey very little beyond the general fact that the speaker is in distress."³⁷ Thus, the patient has to develop a network of reference. Collins' vocabulary of suffering works with her network of reference to help her convey her pain. Smith explains that words with emotional connotations are descriptors of pain and that "the overlapping emotional and physical meanings of these words reveal the close relationship between physical and emotional suffering."³⁸

“Another Song [“The Winter of my infancy”]” encompasses Collins’ use the vocabulary of suffering while simultaneously, highlighting her bareness. Collins uses season metaphors to discuss her reproductive problems:

But in my Spring it was not so, but contrary,
For no delightfull flowers grew to please the eye,
No hopefull bud, nor fruitfull bough,
No moderat showers which causeth flowers
To spring and grow.”³⁹

Flowers are often a metaphor for a woman’s menstrual and reproductive cycles. Skwire claims that the absence of Spring is “not simply an image of intellectual or spiritual barrenness, but a reference to physical barrenness or amenorrhea that may have been a symptom of the illness that kept Collins an invalid.”⁴⁰ Collins presents her discontent in “Another Song;” she writes, “The Sky of pleasure’s over-cast with sad distresse/ For by a comfortlesse Eclips,/ Disconsolacion and sore vexacion.”⁴¹ Collins’ running metaphors of flowers and seasons “transmit the overall idea of [her] suffering.” Smith explains that “extended pain descriptions evoked patients’ general moods... the metaphors and analogies used throughout an account” are representative of a patient’s overall suffering.⁴² Collins confronts her barrenness through her writing. Skwire asserts, “Collins does not see her creativity and writing as compensating activities, filling the void left in her life by her inability to bear children.”⁴³ Rather, Collins views her poetry as her children, children that not all women can bear, but only those affected by pain. While Collins’s vocabulary of suffering helped her understand her pain, it was the act of writing that underscored her acceptance of pain. This is reflected in modern studies of pain that “have argued that there is a point which it becomes indescribable, but perhaps the act of writing about pain, as much as what they actually verbalized, was what helped sufferers.”⁴⁴ Both Early Modern and twentieth-century sufferers alike are trapped by their pain until they are able to sufficiently access language or vocabulary that encompasses the previously silent pain.

The act of building a language to express suffering is what allows writers to illustrate their pain and shatters the singular experience of it. Collins states, “I became affected to Poetry, insomuch that I proceeded to practice the same [...] the thing it self appeared to me so amiable, as that it enflamed my faculties, to put forth themselves in a practice so please.”⁴⁵ Smith uses Scarry to explain that Collins put the act of writing poetry into practice in order to “impose order and meaning on the chaos of [her] suffering, [...] to remake a world shattered by pain.”⁴⁶ In the Early Modern period, patients composing letters “tended not to write about immediate problems, but about long-standing ailments.”⁴⁷ Collins applies this model to a patient suffering from a chronic illness. While Smith suggests that patients were “often struggling to identify their suffering rather than writing letters of great rhetoric,”⁴⁸ Hurley acknowledges that Collins’ “verse itself implies a practiced poet, particularly skillful in handling metrics.”⁴⁹ The plot of narratives found in consultation letters was typically circular, and described

the “difficulty of living with, writing about, undefined pain.”⁵⁰ Such narratives tended to lack a clear beginning, middle, and end. Collins' poetry does not fit this convention of pain narratives. Her poetry has clear boundaries, despite Gottlieb's claim that vulnerability is woven throughout her work. Rinaldi states,

Whether the move to link rhetoric with healing happens within the walls of the academy or in less structured settings as part of composition's extracurriculum, the critical issue is that it happens.⁵¹

Regardless of how “rhetoric identifies and treats [the patient's sense] of personal and social shortcomings,”⁵² the point is that it does happen and writing about pain can be seen as therapeutic for the patient. Smith states that current studies on chronic illness “have discussed the need for patients to understand their suffering within the context of their lives and to create illness narratives – often more than one – to explain it.”⁵³ It is difficult not to see Collins' work as a pain narrative given the definitions and examples. The need for people to articulate their pain, and how it allows them to accept and understand their pain, emphasizes the importance of pain narratives not only in consultation letters but also in today's society. Rinaldi points out that “community-outreach writing programs have seen recently as opportunities for healing.”⁵⁴ These programs allow patients an opportunity to identify the meaning of their experience.

Some doctors have patients write about their pain in order to help them accept and understand their situations. Nicholas Mazza discusses the ancient roots of the cross-cultural uses of poetry and claims that there are three components to poetry therapy: Receptive/prescriptive, expressive/creative and symbolic/ceremonial. Therapy through writing makes use of poetry within client writing, as well as through the ritual of storytelling, using metaphors in each respectively.⁵⁵ Collins adheres to all three facets: she writes as private therapy, sends her poetry out into the public sphere, and uses a language of suffering that is deeply rooted in metaphor. Another example of poetry therapy programs in the twenty-first century are collections of writing by children staying in hospitals, for example, the *Being Here* collection written by children staying at the IWK Children's Hospital in Halifax, Nova Scotia.⁵⁶ The children's poetry is not concerned with rhetorical strategies, but allows the children an outlet for their pain as a therapy tool, a way of restructuring their environment. Skwire asserts that “Collins adopts the same strategy with respect to her sickness, redefining health and illness in such a way that she [...] is one of the few people in the world who can be called healthy.”⁵⁷ While the distinction between public and private was not fully developed at the time, Collins, through her pain narrative, enhanced the distinction between the public and private spheres.

Scarry asks, “Who are the authors [...] or near creators of a language for pain?”⁵⁸ Collins is perhaps of the earliest creators. Her work is a product of the seventeenth-century's problems of articulating and expressing chronic pain, and represents the linguistic structures and vocabulary that have to be developed to deal with this difficulty.

Collins was able to relate a language for pain by redefining her world and illness; through her use of metaphors and scripture, Collins conveys her suffering, both bodily and spiritually, to her audience. The story that Collins' pain tells highlights her writing as a therapy. Such therapeutic writing functions on two levels: in the public sphere it interacts with an audience, and in the private realm where it operates as a tool for personal acceptance. As a result, Collins' work can be identified as an early pain narrative; Collins effectively breaks the language barrier and gives voice to her pain.

Notes

¹Elaine Scarry. *The Body in Pain* (New York: Oxford U P), 1995, 3.

²*Ibid.*, 11.

³Lisa Smith. "An Account of an Unaccountable Distemper: The Experience of Pain in Early Eighteenth-Century England and France." *Eighteenth-Century Studies* 41.4 (2008) 459-80.

⁴"How to Describe Your Pain to Doctors." *Health Media Venture, Inc.* April 21 2008. www.health.com/health/condition-article.

⁵"LOCATES: How to Describe Pain." American Pain Foundation. April 13 2009. www.painfoundation.org. "L: Location of the pain and whether it travels to other body parts. O: Other associated symptoms such as nausea, numbness, or weakness. C: Character of the pain, whether it's throbbing, sharp, dull, or burning. A: Aggravating and alleviating factors. What makes the pain better or worse? T: Timing of the pain, how long it lasts, is it constant or intermittent? E: Environment where the pain occurs, for example, while working or at home. S: Severity of the pain. Use a 0-to-10 pain scale from no pain to worst ever" (Pain Foundation).

⁶Smith, 466.

⁷Quoted in Scarry, 8.

⁸Smith 472.

⁹Sarah Skwire. "Women Writers, Sufferes: Anne Conway and An Collin." *Literature and Medicine*. 18.1 (1999), 14.

¹⁰Scarry, 5

¹¹For more on the humeral theory refer to Smith, 459-60..

¹²Sidney Gottlieb. "An Collins and Experience of Defeat." *Representing Women in Renaissance England*. Ed Claude J. Summer and Ted-Larry Pebworth. (Columbia: U of Missouri P, 1997), 221.

¹³Ann Hurley. "An Collins: The Tradition of the Religious Lyric, Modified Or Corrected?" *Discovering and (re)Covering the Seventeenth Century Religious Lyric*. Eds. Eugene R. Cunnar and Jeffrey Johnson. Pittsburgh: Duquesne U P, 2001, 235.

¹⁴Skwire, 16.

¹⁵*Ibid.*, 16.

¹⁶An Collins. *Divine Songs and Meditacions* (1653). Ed. Sidney Gottlieb (Tempe AZ: Medieval and Renaissance Texts & Studies, 1996.

¹⁷Hurley, 237.

¹⁸Collins, lines 63-6, 69-70

¹⁹Gottlieb, 219.

²⁰Skwire 2.

²¹ Collines, lines 288-90, 293-4

²² Hurley, 233, 237.

²³ *Ibid.*, 234.

²⁴ Collins 190.

²⁵ *Ibid.*, 29.

²⁶ Hurley, 236..

²⁷ Skwire, 17.

²⁸ Gottlieb, 220.

²⁹ Hurley, 239.

³⁰ Quoted in Jaqueline Rinaldi. "Rhetoric and Healthing: Revising Narratives about Disability." *College English* 58.7 (1996), 821.

³¹ Scarry, 4.

³² *Ibid.*, 5.

³³ *Ibid.*, 4.

³⁴ *Ibid.*, 9.

³⁵ Gottlieb, 218.

³⁶ Scarry, 6.

³⁷ Smith, 465

³⁸ Skwire, 13.

³⁹ Collins, 22-4

⁴⁰ Smith, 466

⁴¹ Collins, 1

⁴² Smith, 466

⁴³ *bid.*, 462.

⁴⁴ *Ibid.*, 466.

⁴⁵ Hurley, 223.

⁴⁴ Smith, 470.

⁴⁴ Renaldi, 823.

⁴⁴ *Ibid.*, 822.

⁴⁴ Smith, 462.

⁴⁴ Renaldi, 820.

⁴⁴ Nicholas Mazza. *Poetry Therapy: Theory and Practice*. Toronto: Taylor & Francis Books, Inc., 2003.

⁴⁴ Lisa Joyce. Ed. *Being Here*. 3 (1993).

⁴⁴ Skwire, 17.

⁴⁴ Scarry, 6.