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SIGNIFICATION AND PAIN: A SEMIOTIC READING OF FIBROMYALGIA

ABSTRACT. Patients with persistent pain who lack a detectable underlying disease challenge the theories supporting much of biomedical body-mind discourse. In this context, diagnostic labeling is as inherently vulnerable to the same pitfalls of uncertainty that beset any other interpretative endeavour. The end point is often no more than a *name* rather than the discovered essence of a pre-existent medical condition. In 1990 a Committee of the American College of Rheumatology (ACR) formulated the construct of Fibromyalgia in an attempt to rectify a situation of diagnostic confusion faced by patients presenting with widespread pain. It was proposed that Fibromyalgia existed as a "specific entity", separable from but curiously able to co-exist with any other painful condition. Epistemological and semiotic analyses of Fibromyalgia have failed to find any sign, clinical or linguistic, which could differentiate it from other diffuse musculoskeletal pain states. The construct of Fibromyalgia sought to define a discernable reality outside the play of language and to pass it off as a natural phenomenon. However, because it has failed both clinically and semiotically, the construct also fails the test of medical utility for the subject in persistent pain.

KEY WORDS: fibromyalgia, medical epistemology, persistent pain, semiotics

INTRODUCTION

The practice of modern Western Medicine is in large part based upon the biomedical model of disease. The assumptions underpinning this model are that symptoms are an expression of underlying disease and that there is a reliable connection between pathological changes and clinical features. It also presumes that each disease has a determinate cause. As Foucault suggests, this model

> ... gave to the clinical field a new structure in which the individual in question was not so much a sick person as the endlessly reproducible pathological fact to be found in all persons suffering in a similar way.[1]

When the relationship between symptoms and signs is uncertain and the cause is not apparent, recurring clinical patterns of disturbed bodily function are assigned the status of syndromes.[2] Syndromes are valuable conceptual instruments that permit a degree of diagnostic flexibility as well as constituting the necessary first step to further investigation. This

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is not the case for diseases, where definitive knowledge of their cause, pathology and prognosis is more rigidly codified.[3] Although the terms "syndrome" and "disease" are not synonymous, in practice syndromes may be misinterpreted as diseases and instead of remaining useful instruments to guide provisional diagnosis they become "[a] final object endowed with attributed reality".[4]

Lewis took this problem further by identifying that much of clinical practice is syndromic:

> Diagnosis is a system of more or less accurate guessing in which the end-point achieved is a name. These names applied to disease come to assume the importance of specific entities, whereas they are for the most part no more than insecure and therefore temporary conceptions.[5]

This uncertainty inherent in the practice of medical diagnosis is particularly relevant to those patients suffering from chronic pain in the absence of a discernible disease process.[6] In such situations diagnostic endeavours invoke theories that attempt to interpret pain and other accompanying sensory phenomena that lie beyond the demands of the disease model which requires externally verifiable pathology. This dilemma has long invited dualistic body-mind hypotheses of pathogenesis, on the grounds that if pain is not demonstrably somatic it must be "psychogenic".[7] Such simplistic approaches ignore the current conceptualisation of the lived experience of pain as a biopsychosocial phenomenon rather than merely a symptom of disease.

The syndrome of Fibromyalgia is the latest example of attempts to codify the clinical phenomenon of chronic pain.[8] As concepts or constructs in medicine are communicated by language and in texts, so they are no less subject to the vagaries of interpretation than other sources of literature. In this paper, we examine firstly the construct of Fibromyalgia and show how it fails epistemologically and consequently has fallen foul of dualistic inference.[9,10] Secondly, we look at Fibromyalgia from a semiotic aspect and find that it is little more than a linguistic construct which, although it may have a persuasive presence within its own discourse, fails the critical test of clinical utility.

THE CONSTRUCT OF FIBROMYALGIA

Over the past 200 years, patients presenting with the syndrome of widespread musculoskeletal pain and tenderness have attracted various diagnostic labels, which themselves reflect different and changing concepts of pathogenesis.[11,12] Labels that have been used include *muscular*

rheumatism, *neurasthenia*, *hysteria*, *psychogenic rheumatism*, and *fibrositis*. Fibromyalgia happens to be a terminology that has gained linguistic currency.

In 1990, Fibromyalgia was empirically re-defined by the Multicenter Criteria Committee of the American College of Rheumatology (ACR).[13] This was an attempt to remedy a situation in which that label to date had resulted in a state of diagnostic confusion; in which Fibromyalgia "seemed to mean something different to every observer".[14] The investigators who constituted this expert panel believed that by defining Fibromyalgia they were revealing a condition distinguishable from other painful conditions and from "somatization and similar psychologic disorders".[15]

Fibromyalgia was thereafter promoted as a definite syndrome of generalized musculoskeletal pain and widespread tenderness, the latter defined as pain on palpation at eleven or more of eighteen specified sites self-referentially termed "tender points".[16] The Committee conceded however that Fibromyalgia could occur in association with other "significant rheumatic disorders", including various forms of inflammatory arthritis (mainly rheumatoid arthritis), axial skeletal (neck and low back) pain syndromes and osteoarthritis (hand or knee), by proclaiming that "a diagnosis of fibromyalgia remains a valid construct irrespective of [these] other diagnoses".[17]

Four years later, the Vancouver Fibromyalgia Consensus Group reaffirmed that "[C]lassification of the patient as having Fibromyalgia occurs regardless of any other concomitant medical condition. Thus Fibromyalgia is not a disorder of exclusion".[18] This group broadened the purview of Fibromyalgia, allowing the diagnosis to be made if patients presenting with widespread pain were found to have less than eleven tender points, provided that they complained of "characteristic" symptoms, which included "fatigue, sleep disturbance, mood disturbance, headache, irritable bowel symptoms, among others".[19] In effect, this added more features to enable the syndromic diagnosis to be made.

No doubt it was intended that this manoeuvre would replace a previous state of diagnostic confusion with one of diagnostic certainty. However, the only certainty is that a contradiction was created. If Fibromyalgia was distinguishable from all other painful "rheumatic" diseases but at the same time could co-exist with them, how could Non-Fibromyalgia be diagnosed in a clinical setting of widespread pain? Effectively, Fibromyalgia was now so inclusive as to constitute a tautology and thus become meaningless.[20] What particular clinical situation was Fibromyalgia to denote?

Furthermore, Fibromyalgia remains extremely problematic in terms of its causality, natural history, prognosis, and treatment.[21,22] Taken together

with the failure to link its clinical features to a plausible hypothesis of pathogenesis, Fibromyalgia has been connoted as a "pseudo-disease". This "prototypical syndrome of diffuse, but palpably physical, pain associated more with distress than disease"[23] was seen as fulfilling patients' "psychological need for organicity".[24]

Thus, the construct of Fibromyalgia proposed by the ACR Committee not only fell foul of tautology but also by default became prey to the inferences of dualism that had derailed the previous nosological endeavours in this problematic area of chronic pain without lesion.[25,26,27]

A SEMIOTIC ANALYSIS OF FIBROMYALGIA

In the preceding section we showed that Fibromyalgia was anything but a distinct clinical entity. In this section, we examine the construct of Fibromyalgia in semiotic terms and find that it is a label searching for a meaning.

The fundamental premise of the Western empirical approach to literary interpretation has been that language simply reflects experience.[28] From the 1920s to the 1980s, this traditional view, which carried the portmanteau of centuries of Greco-Judaeo-Christian hermeneutics, saw the advent of the literary interpretative practice, known as New Criticism. This practice widely taught throughout Western universities up until the 1980s had at its heart "a naïve empiricism-idealism which maintains that words stand either for things or for experiences, and that these inhere timelessly in the phenomenal world or in the continuity of human nature".[29] The fundamental tenet of this discourse was that language testified to the essence in human nature rather than in some way being subject to and paradoxically constitutive of human nature. Perhaps its epistemological certainty, that language is unproblematically transparent and mimetic in function, contributed to its dominance.

One factor in the demise of the New Critical certainty was the gradual acceptance of the linguistic theory of the Swiss linguist Ferdinand de Saussure.[30] For Saussure, language was anything but mimetic or transparent in its function. Rather than reflecting a pre-existing phenomenal world, language itself constituted our experience and concepts of this world. The movement that was to emerge from Saussure's linguistics became known as "Structuralism", a central tenet of which was that meaning is always mediated through the structure of language and does not come to us as a direct perception of non-linguistic "reality".[31]

Saussure argued that the study of language should be part of a wider science of signs which he called semiotics. For Saussure, each sign

consisted of a *signifier* and a *signified*. The *signifier* was the word object itself, for example the written letters *p+a+i+n* or the sound image of these letters when pronounced. The *signified* was the corresponding concept of "pain". Together, like the two sides of a coin, signifier and signified constituted the sign "pain". In English the signified pain has been defined by the International Association for the Study of Pain as "*an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage*." [32]

What enables language to work as a system is that each signifier and each signified is recognisably *different* from all others. As Saussure argued, "In language there are only differences . . . A linguistic system is a series of differences of sound combined with a series of differences of ideas".[33] The word "pain" has to be recognisably different from similar words (for example "bane") to be meaningful. By the same token, its signified, the experience of pain, has to be recognisably different from other sensory and emotional phenomena.

Saussure also held that this conjunction of signifier and signified was arbitrary and a product of cultural convention. This seems obvious when one considers how different languages have their own words to signify what in English is called pain or its nearest equivalent. French has douleur, German schmerz; Italian has three common but different words: dolore, male, and sofferenza. There is no natural or immutable reason why only the signifier "pain" should engender the signified "pain". But neither is there any reason why these different signifiers in English, German, and French, for example, should refer to a single signified common to all when clearly they do not.

In effect, language functions by identifying the differences between signs rather than by revealing pre-existing truths or essences. This leaves us with convened linguistic rules to govern relationships between the signifier and the signified. The consequence of Saussure's theory is that we live in a world conceptually constructed by language rather than viewed through language. Yet as Rice and Waugh noted of the pre-Saussurean idea of language, "We tend to be so accustomed to the world our language system has produced that it comes to seem natural; the correct and inevitable way to view the world."[34]

Saussure's structuralist semiotics viewed the world as anti-essentialist, that is, predicated on differences but not essences. But for Roland Barthes[35] and Jacques Derrida,[36] there was a problem with the implied fixed relationships of a signifier to its signified. Rather than each signifier being neatly unified with one determinate signified, it bears traces to other signifieds whose difference is required to create meaning. Since words get

their meanings relationally, terms or concepts will always implicate other terms and concepts, and as a result, meaning is never determinate and is always in a state of flux or "play". Derrida argued that the signified was both deferred and different from any fixed signified, a condition he termed *différance*.[37]

A brief look at the signifier "pain" sees how its signified has been subject to *différance* when it slips from being an adjective to a noun (the *painful* patient becomes *a pain*, with connotations of hopelessness, anxiety, depression). Here, we see that language not only constructs our experience but plays with it as well. This then gives rise to a multiplicity and indeterminacy of meaning, which has important implications for the role of language in communicating the lived experience of pain.[38,39]

Derrida used the term "logocentrism" (from the Greek *logos*, meaning word, speech, or reason) to describe the Western tradition's obsession with a "metaphysics of presence".[40] By this term he means the common Western belief that meaning and truth are somehow present within words, yet have an essential existence beyond language. Such a belief is predicated on what Derrida termed the *transcendental signified*, that putative end-point of pure meaning which exists outside the play of language.[41] He argued that logocentrism, this idea that Truth can be grasped by invoking the sign, is impossible and therefore theoretically insupportable.

A corollary of "logocentrism" is that a word – a name – implies that its signified is an essence – an absolute truth – and therefore actually exists. This is germane to the way Fibromyalgia has been constructed as a signified, then proclaimed as a distinct disease entity that exists outside the play of language. Not only is this insupportable from the point of view of linguistic theory but also we have shown that Fibromyalgia has a problematic denotation clinically. The only possible signified for Fibromyalgia is in fact any persistent pain state. Being unable to identify a "difference" from other painful conditions, Fibromyalgia as a sign is meaningless and as a medical diagnosis it lacks clinical utility. For here, an analogy with New Criticism seems inescapable, as the ACR, like the New Critics, attempted to confer upon its subjective construct an objective essence or truth.

THE FAILURE OF FIBROMYALGIA

By arguing that the presence of "other significant rheumatic disorders" does not exclude the presence of Fibromyalgia, in effect its proponents attempt to guarantee Fibromyalgia a natural existence in the context of any patient presenting with widespread pain and tenderness, merely by assigning a name. However, Fibromyalgia is only a name that cannot be

meaningfully differentiated from the names of other painful conditions and, in particular, those widespread musculoskeletal pain states for which neurobiological explanations are now available.[42]

Fibromyalgia was proposed as a distinct entity separable from but paradoxically able to co-exist with any other painful rheumatological condition, whether as a symptom, syndrome or disease. Although a continuing discourse of Fibromyalgia is clearly untenable, its promulgation perpetuates unnecessary problems for patients, their physicians and medicine itself, which can be resolved only by reversion to established principles of inference from clinical phenomena and neurobiological knowledge. Without such epistemological discipline, the names of putative disease entities may acquire lives of their own and become imbued with a spurious metaphysics of presence divorced from the clinical problems they were devised to encompass.

NOTES

1 Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. Alan Sheridan (London: Routledge, 1973), p. 97.
2 Douglas Black, *The Logic of Medicine* (Edinburgh: Oliver & Boyd, 1968), p. 22.
3 Sergio Magalini, "Preface," in *Dictionary of Medical Syndromes*, 2nd ed. (Philadelphia: Lippincott-Raven Publishers, 1997), p. viii.
4 Magalini, cited in n. 3, above.
5 Thomas Lewis, "Reflections Upon Reform in Medical Education," *Lancet* 1 (1944): 618.
6 Andrew Hodgkiss, "Pain disorders," in *A History of Clinical Psychiatry* (London: Athlone, 1995), pp. 193–202.
7 Milton Cohen and John Quintner, "The Derailment of Railway Spine: A Timely Lesson for Post-Traumatic Fibromyalgia," *Pain Reviews* 3 (1996): 181–202.
8 Frederick Wolfe et al., "The American College of Rheumatology 1990 Criteria for the Classification of Fibromyalgia," *Arthritis and Rheumatism* 33 (1990): 160–172.
9 Edward Shorter, "Sucker-Punched Again! Physicians Meet the Disease-of-the-Month Syndrome," *Journal of Psychosomatic Research* 39 (1996): 115–118.
10 Mark Sullivan, "Finding Pain between Minds and Bodies," *Clinical Journal of Pain* 17 (2001): 146–156.
11 Cohen and Quintner, cited in n. 7, above.
12 John Quintner and Milton Cohen, "Fibromyalgia Falls Foul of a Fallacy," *Lancet* 353 (1999): 1092–1094.
13 Wolfe et al., cited in n. 8, above.
14 Wolfe et al., cited in n. 8, above.
15 Frederick Wolfe, "Development of criteria for a diagnosis of fibrositis," *American Journal of Medicine* 81 (suppl. 3A) (1986): 100.
16 Wolfe et al., cited in n. 8, above.
17 Wolfe et al., cited in n. 8, above.
18 Frederick Wolfe and The Vancouver Fibromyalgia Consensus Group, "Special Report:

The FM Syndrome: A Consensus Report on FM and Disability," *Journal of Rheumatology* 23 (1996): 536.

[19] Wolfe et al., cited in n. 18, above.

[20] Milton Cohen and John Quintner, "Fibromyalgia Syndrome: A Problem of Tautology," *Lancet* 342 (1993): 906–909.

[21] Wolfe et al., cited in n. 18, above.

[22] Lesley Crofford and Daniel Clauw, "Fibromyalgia: Where are We a Decade after the American College of Rheumatology Classification Criteria were Developed?" *Arthritis and Rheumatism* 46 (2002): 1136–1138.

[23] Sullivan, cited in n. 10, above, p. 154.

[24] Shorter, cited in n. 9, above, p. 118.

[25] Cohen and Quintner, cited in n. 7, above.

[26] Quintner and Cohen, cited in n. 12, above.

[27] Crofford and Clauw, cited in n. 22, above.

[28] Catherine Belsey, *Critical Practice* (London: Methuen, 1980), pp. 1–55.

[29] Belsey, cited in n. 28, above, p. 7.

[30] Ferdinand de Saussure, *Course in General Linguistics*, trans. Wade Baskin (New York: Philosophical Library, 1959), pp. 65–70.

[31] David Cooper, "Modern European Philosophy," in *The Blackwell Companion to Philosophy* (Oxford: Blackwell Publishers Ltd., 1996), p. 717.

[32] Harold Merskey and Nikolai Bogduk, *Classification of Chronic Pain* (Seattle: IASP Press, 1994), p. 210.

[33] Saussure, cited in n. 30, above.

[34] Phillip Rice and Patricia Waugh, *Modern Literary Theory: A Reader*, 3rd ed. (London: Edward Arnold, 1989), p. 4.

[35] Roland Barthes, *Image, Music, Text*, trans. Stephen Heath (New York: Hill and Wang, 1977).

[36] Jacques Derrida, *Of Grammatology*, trans. Gayatri Spivak (Baltimore: Johns Hopkins University Press, 1976), pp. 10–15.

[37] Thus in Samuel Beckett's play *Waiting for Godot* (1952), Godot is not only endlessly different to that entity the players thought *him* to be, but is endlessly deferred too, as he never quite turns up. Godot, as signifier, could be any number of cultural composites that playfully avoids the destination of any one signified, both in space and over time, within an endless regress of linguistic traces Derrida referred to as a *mise en abîme*. In this sense then, any attempt at fixity is doomed to suffer an endless regress.

[38] Maurice Merleau-Ponty, *Phenomenology of Perception*, trans. Colin Smith (Routledge & Kegan Paul, 1962), p. 88. He insisted it is fundamental to our identity as concrete beings that we are physical objects and "not a psyche joined to an organism, but the movement to and fro of existence, which at one time allows itself to take corporeal form and at others moves towards personal acts."

[39] Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (New York: Oxford University Press, 1985), p. 3. Scarry argues that pain can be "... divided into three subjects: first, the difficulty of expressing physical pain; second, the political and perceptual complications that arise as a result of that difficulty; and third, the nature of both material and verbal expressibility, or, more simply, the nature of human creation ... Physical pain has no voice, but when it finds a voice, it begins to tell a story, and the story that it tells is about the inseparability of these three subjects, their embeddedness in one another."

[40] Jacques Derrida, *Writing and Difference*, trans. Alan Bass (London: Keegan Paul, 1966), pp. 278–295.
[41] Derrida, cited in n. 36, above, p. 49.
[42] Quintner and Cohen, cited in n. 12, above. These explanations revolve around the concepts of neurosensitization and neuroplasticity. For further information see Clifford Woolf and Michael Salter, "Neuronal Plasticity: Increasing the Gain in Pain," *Science* 288 (2000): 1765–1769.

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