For *Oxford Companion to Consciousness*, edited by Tim Bayne, Axel Cleeremans, and Patrick Wilken.
Word count (including the references): 2942

Pain, Philosophical Aspects of

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10/8/2006

The ordinary conception of pain has two major threads that are in tension with each other. It is this tension that generates various puzzles in our philosophical understanding of pain. According to one thread, pain is something that we locate in body parts using sentences such as

(1) I *feel* a sharp pain in my knee.

We also use expressions such as "I *have* a burning pain in my thigh" or "I *experienced* a jabbing pain in my wrist when I served the ball," etc. According to this understanding, we not only routinely attribute pains to body parts but also *feel* them in those parts. Pains therefore seem to be a kind of objects or conditions of body parts that we stand in perceptual relation to, just as we can perceive trees, cars, apples, etc.

According to this thread, then, pains are spatiotemporally locatable objects of our perceptions, so that it becomes legitimate to ask about the nature of these objects. The most natural thing to say here is that in feeling pain in a body part we are perceiving (feeling) some physical condition of that part, some sort of tissue damage or a condition that would cause tissue damage if sustained. Let's use "tissue damage" for whatever physical condition we may be said to be perceiving in those body parts we attribute pain.

Clearly, however, our ordinary conception doesn't equate pain with tissue damage: pain≠tissue damage according to the common sense understanding of pain. We can see that by conducting a little thought experiment. Suppose that pain=tissue damage so that we do in fact attribute a physical condition, tissue damage (TD), when we attribute pain to body parts, and that the tissue damage is the object of perceptual experience. So, for instance, John's current excruciating experience (call this E) is caused by and represents a physical condition in his leg (e.g., a tear in his tendon), and our ordinary concept of pain applies in the first instance to this condition in his leg. From this it would follow that

(2) John would not have any pain if he had E, but no TD in his leg
(as in the case of, e.g., phantom limb pains and centrally generated chronic pains),

and, conversely,

(3) John would have pain if he had TD but no E
(as would be the case, e.g., if he had taken absolutely effective painkillers or his leg had been locally anesthetized).

But these statements are intuitively incorrect. They clearly clash with our ordinary or dominant concept of pain, which seems to track the experience rather than the physical condition. But if we don't attribute a physical condition when we attribute pain to bodily locations, what else could we be attributing? There doesn't seem to be any other plausible candidate. This is, then, one of the puzzles about pain.

This brings us to the second major thread involved in our ordinary conception of pain: pain as subjective experience. The thought experiment above shows that our concept of pain tracks experiences and not what these experiences may be said to naturally signal or represent, namely, tissue damage. This seems to be the more dominant thread, according to which pains aren't any sort of extramental objects of our experiences but they are the experiences or acts of experiences that are subjective and private. (Indeed, not only commonsense but also the definition offered by the International Association for the Study of Pain -- IASP -- picks up on this thread: "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.") Thus it can be said that our ordinary conception of pain inherently exhibits some sort of *act-object* duality or ambiguity.

But this deepens the puzzle: how can these two threads even co-exist? If pains are subjective experiences, they are *mental* states or events, and so, as such, they aren't, prima facie, the kind of things that can be located in one's knee or toe or thigh (I can experience something in my knee but not locate subjective experiences in my knee!). This is the tension between the two threads in our ordinary understanding of pain. Still, observing that pains are subjective experiences doesn't prevent one from *correctly* using sentences like (1) above to attribute pains to bodily parts. And this is one of the major puzzles that have occupied philosophers: How could we correctly attribute pain to, say, one's left arm (even when the physical cause is in, say, one's heart), while simultaneously insisting that pain is primarily an experience.

Philosophical responses to this puzzle have tended to fall under either one of two categories, depending on what part of the act-object pair philosophers have tended to embrace. One category may be called *objectualist*. What unites this group is the agreement that sentences such as (1), let's call these "locating sentences," should be taken more or less literally on the pattern of standard perceptual reports such as:

(4) I see an apple on the table,
(5) I feel the smooth texture of the surface, etc.

These report that I stand in a perceptual relation to a spatiotemporally locatable object, hence are true only if there is indeed an object that I see or feel. Similarly the objectualist says (1) is true only if there is an object that I feel. At this point, the objectualists may be split into two further groups.

One group says that this object should be identified with tissue damage, or more accurately, with a pathological physical condition of the body part to which pain is attributed (e.g., Newton 1989, Hill 2006). This group may be called "external objectualist." The typical way in which the external objectualists respond to the thought experiment above is to admit that their position clashes with common sense conception of pain, but they insist that that our ordinary understanding of pain is confused and the best way to remedy it is to revise it by adopting or stipulating that locating sentences are best understood as reports of perception of tissue damage, i.e., as a form of *exteroceptual* report where pains are identified with tissue

damage. The basic motivation behind this revisionist position is to maintain naturalism or physicalism in the philosophy of perception by unifying all experience as exteroceptual.

The other objectualist group may be called "internal objectualist." What unites this group is that feeling pain in a body part is to perceive or be aware of a non-physical object or property that either is literally located in that body part (e.g., Jackson 1977), or is internal to one's experience but is somehow projected to that part (e.g., Perkins 1983). Traditional sense-datum theories are internal objectualists (e.g., Broad 1959). According to these theories, the objects of one's direct and immediate awareness in perception are always sense-data usually understood as non-physical particulars. It is by directly and immediately perceiving sense-data that we indirectly come to perceive the extramental world that is the cause of these sense-data. On this view, perceptual experiences always involve an act-object duality internal to one's consciousness. The immediate awareness of this internal object constitutues one's indirect perception of a physical object if it's regularly caused by this object. Of course, this indirection is not ordinarily revealed in daily life, so one is normally under the impression that in perception we come into direct and immediate contact with the physical world. Sense-datum theories have been controversial, and these days very few people seem to hold these theories. But one need not be a sense-datum theorist to be an internal objectualist. In general any one who claims that in feeling pain one is directly and immediately aware of some non-physical *quality* or *condition* (as opposed to *objects*) either literally located in or projected onto a bodily region is an internal objectualist in our classificatory scheme. What unites the internal and external objectualists is that both insist on a (more or less) literal interpretation of locating sentences. Sentences like (1) ought to be taken, on these views, on their face value and interpreted as reporting a perceptual relation to an object/quality located in a body part.

There is however a fundamental difference between the external and internal objectualists. The object of perception located in a body part is physical (tissue damage) according to the former, but non-physical (e.g., sense-data) according to the latter. The internalist is in a better position to explain why pains are subjective (they exists only in so far as they are being sensed/perceived), private (only the owner can access her pain in the direct and immediate manner in which she does), and the source of a kind of infallible knowledge (the owner cannot be mistaken about her pain). Mental objects/qualities internal to one's consciousness are considered paradigm examples exhibiting these features. But the internalist pays a price for that. In so far as genuine perception requires the possibility of mistakes, i.e., possible mismatches between one's experience and its objects, feeling a pain in a bodily location cannot be a form of genuine perception, i.e., *exteroception*. The only sense, then, in which "perception" may be used in relation to feeling pain is *introspection*, a form of perception-like inspection of the contents (mental objects/qualities) of one's consciousness.

On the other hand, the externalist objectualist, by identifying pain with tissue damage, has no difficulty in taking feeling pain as genuine perception, as exteroception. Indeed this is the primary motivation for this view. But then she goes against the common sense view of pain by making them objective and public objects about which we may be, and often are, quite mistaken.

Neither form of objectualism, then, is free of difficulties. So let's take up the other group of philosophical responses to the puzzle generated by the act-object duality of pain, which we may call, contrasting to objectualists, "experientialist." Experientialists respond to the puzzle by proposing that locating sentences should not be taken at face value and thus should not be interpreted on the model of standard exteroceptual reports such as (4) and (5). Rather, the proper model for locating sentences is "appearance" sentences such as:

(4*) It visually appears to me that there is an apple on the table,
(5*) It feels as if the texture of the surface is smooth.

These sentences, unlike (4) and (5), are not falsified if it turns out that there is no apple on the table (hallucination) or the texture isn't in fact smooth (illusion). They report "appearances." And many would agree that in some sense we may be infallible about perceptual appearances if we are careful about how to report them. Furthermore, my access to how things appear to me is radically different from your access to it, so appearances are private in this sense. Also, an appearance, in some sense, is always an appearance to someone, to a subject; so they are, intuitively, subjective. All this suggests that appearance sentences could be (or perhaps, should be) analyzed as reporting perceptual experiences themselves, in the first place, without any conceptual commitment to whether these experiences are veridical or not. The suggestion, then, locating sentences likewise report "appearances," i.e., experiences with a certain representational/perceptual content (Armstrong 1968, Pitcher 1970).

According to Armstrong, for instance, when we report pain in our hand, we say something like this: "It feels to me that a certain sort of disturbance is occurring in my hand, a perception that evokes in me the peremptory desire that the perception should cease" (1968: 314). This explains why we can correctly use a locating sentence "attributing pain" to a hand even if there is nothing physically wrong with it, even when no tissue damage is occurring there. The pain location is therefore an intentional location, a location that our pain experience represents as damaged. But whether or not this representation is veridical, it is still correct that I feel/experience it as damaged -- it experientially appears to me that way. Experientialists tend to be representationalist about the content of pain experiences: they believe that pain experiences represent tissue damage in body parts. Therefore they think that ordinary talk, the practice of using locating sentences, is confused and thus prone to mislead. When I use a sentence like (1) to attribute a pain to my knee, I don't attribute a ghostly object there, nor do I directly attribute tissue damage there. Rather what I actually do is attribute a feeling state, an experience, to myself, which experience then attributes a damaged condition to my knee (i.e., represents my knee as damaged). Whether or not I come to believe what my experience tells me about the condition of my knee is a further matter, not immediately relevant to evaluating the truth-value of (1). (1) is true or false depending on whether or not I have the experience, not whether or not the experience is veridical. The colloquial ways of speaking just jumble the pain (experience) with the disturbance and thus mislead us. The experientialist view then proposes that we don't take locating sentences at face value but reinterpret them as attributing an experience with a content.

As mentioned before, the experientialists tend to be representationalist about the content of pain experiences and take them to represent a physical condition (damage) of the body part "pain" is attributed to (Tye 1997, Dretske 1999). (But it is, of course, theoretically open to experientialists to hold that pain experiences represent something else -- although it is difficult to fathom what that could be if they want to remain naturalist or physicalist.) Because of this, experientialists tend to also subscribe to a *perceptualist* view of pain. The core of this view is that feeling pain in a bodily location *L* is perceiving something extramental in *L*, typically some sort of tissue damage.

The difference between this experientialist version of the view and the external objectualist version we discussed above lies in how they propose to analyze locating sentences,

our routine practice of talking of pains located in body parts. The experientialist says *we* report primarily *experiences* in reporting pains but insists that these experiences are perceptual in that they represent tissue damage. The external objectualist says *we* report *tissue damage* in those places we attribute "pain" to. As we have seen, in this, objectualists come into conflict with how we ordinarily conceptualize and talk about pains in body parts, but they are closer to the core of a perceptualist view of pain.

The experientialists, on the other hand, although they seem capable to align themselves with commonsense in regard to evaluating locating sentences, have the problem of explaining why we are focused on the experience itself rather than its object if feeling pain is a genuine case of perceiving some objective condition of bodily regions. Compare (4) and (5) to (4*) or (5*) respectively, the first pair are perceptual reports, and they are true or false partly depending on the existence or condition of the extramental object of perception. (4*) and (5*), on the other hand, seem more like *introspective* rather than perceptual reports. If talking about pains reflecting as it does our ordinary understanding of them is more like the latter pair, a natural worry arises as to whether why we should regard feeling pain as a genuine case of perception. This worry is intensified if we add the observation that we almost never ordinarily countenance the truth or falsity of pain talk to turn on whether or not there is a tissue damage in the locations to which we attribute pain. This is quite unlike the contrast between the two pairs above: both kinds have their place in ordinary speech. The problem of focus, as we may call it, needs therefore addressing by the experientialists who want to insist than feeling pain is perceiving something extramental.

A natural response (Armstrong 1968, Pitcher 1970) to the problem of focus is that feeling pain, unlike the experiences involved in most other forms of exteroception, has a distinctive affective/emotional phenomenology (in addition to having a sensory-discriminative dimension): pain experiences, whether or not they are veridical, hurt. They are almost always unpleasant and unwanted. This unpleasant/hurtful quality of pain experiences may be the reason why we conceptually focus on experiences rather than on their objects when we talk of pains. Pain experiences are phenomenologically and biologically complex events (consisting of *at least* affective-motivational and sensory-discriminative components) because of their vital importance. So, it might be said, it is not surprising to find our linguistic and conceptual responses aligning themselves differently with pain experiences -- differently than with standard exteroceptual experiences. It is not clear, however, whether this response to the problem of focus is a vindication of a perceptual view of pain or a concession that feeling pain isn't really perceptual. And so does the philosophical debate go on…

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