

1. *Two Principal Problems for the Perceptual Model of Pain*

- (A) We think of pain as (strongly) subjective: one's feeling a pain makes it the case that there is pain; the hurt in one's limb is what one is aware of when one feels pain; how can one thereby be detecting something that is there anyway if it hurts only because one feels it?
- (B) We think of modes of perception as operating properly when in suitable conditions (conditions which enable perception, such as relative spatial position, presence of a suitable medium – light or air) they allow one to detect what is manifestly there. The soldier in the field suffers great trauma but at that time feels no pain. There is no obvious missing enabling condition of perception, so his pain system would seem to be failing to detect what is there to be detected. Yet the pain system is working in an optimal manner.

2. *Representation without Perception*

Note that strictly speaking *representationalism* about experience might be consistent with subjectivism about pain. On such a view feelings of pain would be representational but need not be perceptual.

Compare:

There are contents which are true just when one thinks them E.g. 'I am now thinking'.

A representationalist may seek to explain *how* feeling can make it be the case that there is pain on the basis of feeling pain being a representational state.

Suppose experiencing one's ankle as hurting is equivalent to experiencing that one's ankle is manifest to one through being experienced in *this* manner.

Then the proposition 'My ankle is manifest to me in being experienced in *this* manner' will be true just in case one is experiencing in this way. If what it is for one's ankle to hurt is for it to be manifest in that manner, then feeling pain makes it the case that there is pain through its representational content being true.

But why *should* such experience have this kind of content?

3. *Sensation and Affect*

Typically pains are unpleasant, and intense pain is awful.

Pain is associated with both primary and secondary affect:

- i.) when you first feel a pain, you feel the area of the body in which you feel the pain to be unpleasantly affected;
- ii.) you also disturbed at so feeling the body to be distressed – pain itself is bad for you

Note that the unpleasantness of pain is distinct from its qualitative or sensory aspect; we can reliably sort people's descriptions of their pains into qualitative and into affective terms.

4. *What is Role of Pain?*

...Charles...came to replace a gasket on a motorcycle engine. ...One of the engine bolts had apparently rusted, and Charles made several attempts to loosen it with a wrench. It did not give. I saw him put some force behind the wrench and then stop abruptly, jerking backward. The electric coil must have jolted him. ...Charles studied the situation for a moment, then reached up under his armpit and disconnected a wire. He forced the bolt loose with a big wrench, put his hand in his shirt again, and reconnected a wire... (Brand & Yancey, *The Gift of Pain*, pp.195-6)

Charles lacks something through not having common pain experience which would interact with his ordinary motivational set and deliberation, but what is it that he lacks?

Is the possibility or impossibility of action always explained by the disvalue in a course of action? If one person succeeds in pressing a button where they risk the loss of a finger, where another fails, is the contrast between them a matter of the latter valuing his or her finger more than the life of a human being?

Pain in normal human beings doesn't simply seem to inform us about some event in a body part, rather it seems to control what we do in relation to that body part.

Perhaps, then, we can only explain the nature of pain through its affective role.

5. Is the Affect of Pain Essential to It?

A Philosopher's Example: suppose that all of the responses associated with a particular kind of painful sensation – say lower back pain – is associated instead with a particularly pleasant sensation – choose your own favourite example – but the behavioural consequences of each are exchanged. The intrinsic quality of a sensation is one thing; how it causes you to respond is another.

Pathological/Clinical Examples of Pain without Affect?

(A) The use of morphine

(B) Patients with pre-frontal lobotomies

Note the need to distinguish from cases in which (i) the subject lacks all genuine pain sensation, even if they still have other kinds of bodily sensation; (ii) the subject has come not to care about having pains, i.e, secondary affect is lost or suppressed, without the pain itself losing its primary unpleasantness

(C) Pain Asymbolia

In spite of apparently normal pain perception of superficial and deep pain, the patient showed a total lack of withdrawal responses. He tolerated prolonged pinprick or soft-tissue pinching in all four limbs, without adequate grimacing or defensive movement of his limbs. Neither did he show any response after sternal or supraorbital pressure, thus indicating a generalized defect. Such abnormal findings were constantly recorded throughout the daily evaluations of pain. On occasion, the patient willingly offered his hands for pain testing and laughed during stimulation. He had no concern about the defect and appeared highly cooperative during pain evaluation. (Berthier, Starkstein and Leiguarda, 'Pain Asymbolia: A Sensory-Limbic Disconnection Syndrome', *Annals of Neurology*, 24, 1988, p.42.)

Pain stimulation proceeds through broadly two dissociable pathways in the brain – a lateral and a medial route. The latter is connected to cingulate and insular cortices and the limbic system in general which is associated with affect and emotional response; the former connects to somatosensory areas of the cortex and to our capacity to discriminate location and qualitative aspect of sensation. Sufferers from pain asymbolia have intact lateral response but inhibited medial response.

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