

Bodily Sensations V

1. Sensations as perceptions

What are the objects of bodily sensation?

The explanation of the role of bodily location suggests either: option 1 or 2 above (body parts or the body as a whole). (But contrast Merleau-Ponty who denies that the body can be an object of awareness (*Phenomenology of Perception*, Part One))

What information, i.e. what facts about the objects of perception can bodily sensation and other forms of body awareness reveal? State of body, or of parts of the body – whether it is well or ill; what its general disposition is. (Note that all motor control, even simple movements exploit constant sensory feedback (see, e.g., Marc Jeannerod *The Cognitive Neuroscience of Action*), but an agent need not be conscious of how things appear in so acting.)

How do body parts or the body appear to one through such sensation? What are the observable aspects in such awareness? What of the spatial properties of the body, what of the qualitative character of sensation?

2. Sensation as Representation of Awareness-Independent Qualities: Pure Objectivism

Philosophers such as David Armstrong and George Pitcher claim that bodily sensation presents mind-independent aspects of the body to a perceiver. Sensations of hunger reveal absence of nutrients; pain reveals bodily disturbance or damage.

In the case of pain, there are familiar problems with this proposal, ones which motivate subjectivism:
a.) it is possible to have pain without there being bodily damage – our concern is not merely with the feeling of pain (a proponent of a pure objectivism can admit that experience of damage can occur without damage; and our interest in pain is partly an interest in feeling pain) but with how the body part is. When I have a pain in my jaw, my jaw *hurts*.

b.) it is possible to have pain as the result of damage but in a part of the body other than the damaged one – the case of referred pain. We *don't* treat the hurt as if its location is misperceived; (*How to respond?* - i.) suggest a different physical state for pain to be the perception of – micro-disturbance, or the activation of nociceptors; ii.) try to divide the attitudes towards the mental act of feeling pain and those towards the body or body part pained.)

c.) There are qualities of sensation which have no obvious objective correlate: e.g. that a pain is dull or sharp; that it is stabbing.

(*How to respond?* - Some philosophers claim that this vocabulary is used to indicate the typical cause of that experience; an objectivist could then claim that such a feeling is partly a perception of the presence of such a causal history. However, the claim is false. Stabbing pains are not those which are typically caused by being stabbed.)

d.) What it is like to feel pain: the aspect of some body part revealed through itching is something one has knowledge of through feeling an itch; its nature does not seem knowable independent of how one feels. What explanation can an objectivist give of this? (Subjectivity in the perspectival sense.)

3. The Absence of Pain

Using our senses is a way of finding out about the environment, both whether something is present and whether it is absent.

We fail to notice what is there when conditions for perceiving do not obtain – when something is occluded, or there is no light or air.

Notoriously great trauma can occur to the body and yet there be the apparent absence of pain – e.g. anecdotes of soldiers in war; treatment of patients through acupuncture and hypnosis.

If feeling pain is a form of perception of bodily damage, under what conditions does one fail to perceive?

4. Perception and Representation

One view of perception sees states of perceiving as *representational* states which possess a representational or intentional content that represents things to be a certain way to the subject.

Applied to pain, the pure objectivist may claim that perceptual experience represents a state of affairs independent of one's awareness of it.

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

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

Experiencing one's ankle as hurting

Experiencing that one's ankle is salient through being experienced in *this* manner (Content will be true

when experienced – if quality is instantiated if content true, subjectivism follows.)
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

The unpleasantness of pain is distinct from its qualitative aspect.

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. *Why Are Pains Bad?*

(1) Some quality of pain is intrinsically bad.

(2) The association between this quality and some further condition (such as damage to the body) is what makes it bad

((1) might hold because what a pain is like defines what disvalue is; or because, situations in which disvalue obtains are ones in which you have the quality of pain.)

6. *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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