



Pain Perception

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PAIN PERCEPTION

I SHALL defend the general thesis that to feel, or to have, a pain, is to engage in a form of sense perception, that when a person has a pain, he is perceiving something. This perceptual view of pain will strike many as bizarre. But sense-datum theorists, at least, ought not to find anything at all odd in it: indeed, I am puzzled why philosophers of that school do not subscribe to the perceptual view of pain *as a matter of course*. Since I am not a sense-datum theorist, however, but a direct realist, I espouse what must at first appear to be an irredeemably perverse position—namely, a direct-realist version of the perceptual view of pain.¹ I hold that in standard cases, to feel a pain is to be (directly) aware of a perfectly objective physical state of affairs.

My reasons for wanting to defend such a view are the following. First, ordinary perceiving and (the act or state of) feeling a pain have important features in common, as I shall try to show. There are also, of course, some important *differences*, but—and here is my second reason—it is nevertheless possible to give plausible explanations of these differences that are entirely consistent with the perceptual theory of pain. It will be one of my tasks in this paper to present such explanations. And third, the perceptual view of pain has the following philosophical virtues:

1. It simplifies one's conception of the human mind by assimilating our sensitivity to pain to our standard perceptual abilities, thus lowering the number of irreducibly different types of mental capacities.

2. The view has definite metaphysical advantages over theories that regard pains as being a sort of mental object; it does not have to cope with the embarrassing problems that attend the introduction of such objects.

¹ Throughout the paper, by "the perceptual view of pain" I shall mean just the direct realist version of it.

3. It is superior to all its competitors in that it avoids the well-known and difficult problems, so poignantly elaborated in the later works of Wittgenstein, that attach peculiarly to pains (and other sensations) when these are sharply distinguished from “perceptual experiences.” On the perceptual view, there are no *special* philosophical difficulties about pains, but only the old familiar worries about sense perception. And surely this reduction in the number of different kinds of problems represents a clear gain.

My over-all strategy in the paper will be this. I shall take it as agreed that the perceptual view of pains is a desirable one to hold, and that if certain apparent obstacles could be removed, anyone would want, and indeed ought, to accept it. The obstacles are some features of pains that seem to rule out the perceptual view, since they seem to demand either (a) that pains be mental (or at any rate nonphysical) particulars, or (b) that the awareness of pains be the awareness of subjective “sense-contents” that are not identical with anything in the physical world.²

My aim in the paper is to show that these obstacles are merely illusory, and that there are no features of pains that force on us the mental-particulars view of pain. So although my attack on the mental-particulars view is only indirect, I nevertheless regard it as lethal. No one, I take it, would embrace the mental-particulars view, with all its attendant difficulties, unless he thought he *had* to: in showing that one is not forced to accept it, I mean to remove its only ground of support. The way is then clear to accept another, and preferable, view of pains—namely, the perceptual view.

The foregoing account of my strategy is based on the premise that the perceptual view of pain has certain advantages. If any reader should dispute that premise, he may view what I am doing in this paper as simply defending the real, and surprising, possibility that the perceptual view is the true philosophical theory of pain.

² (a) represents the “act-object” analysis of the awareness of pains, while (b) represents the “adverbial” analysis of it. In order to avoid unnecessary circumlocution in what follows, I shall include both views under the heading “the view that pains are mental particulars” or “the mental-particulars view of pain.”

There are three features of pains that have led many philosophers to think that they *must* be mental particulars. First, there is the privacy, or to-each-his-own-ness, of pains: I, and only I, can feel my pains, you yours, and so on. The privacy is not, of course, merely social or in any way contingent: it is necessary, or metaphysical. Second, there is the to-be-is-to-be-felt character of pains. A pain lasts only as long as it is felt, and it is nonsense to speak of having a pain that one cannot feel or of there being a pain that no one has. Finally, there is the (alleged) incorrigibility of pain experiences and pain reports. It is held that one cannot be wrong in thinking he has a pain; he could not, for example, mistake a tickle for a pain, or think that there is a pain in his foot when in fact he has no feeling of any kind there.

These three characteristics have made it seem obvious to some philosophers that pains must be counted as mental particulars, for our conception of physical reality is such that nothing physical can have any of them. First, no object or state of affairs in the physical world, we suppose, can possibly enjoy, or suffer, the kind of metaphysical privacy that pains do: nothing of a physical nature can have the class of its logically possible perceivers limited to just one. Second, physical things (objects, states of affairs, and so on) do not have to be perceived at all in order to exist. And third, no report or description of anything in the physical world, it is not implausible to think, is ever totally immune from the possibility of being wrong in one way or another. It has seemed evident to many philosophers, therefore, that pains cannot be identified with any sort of physical object, state of affairs, process, property, or whatever. And once that sort of identification has been ruled out, the only alternative that has looked open to them is the view that pains are mental particulars.

And surely this view is far from being absurd; for many, at least, of the things we regard as being unquestionably mental—thoughts, wishes, images, feelings, and so on—are characterized by just the three features we have attributed to pains. Indeed, a good case could be made out for regarding those three features as constituting the very essence of the mental.

In opposition to the mental-particulars view, however, I shall maintain that to feel a pain is to indulge in a form of sense

perception, where this is understood in a direct-realist way. It is not to indulge in a form of *external* sense perception, of course: for we do not attribute pains to the things in the world that characteristically cause them—that is, to fires, pins, burrs, nettles, and the like.³ I shall argue, rather, that to be aware of a pain is to perceive—in particular, to *feel*, by means of the stimulation of one's pain receptors and nerves—a part of one's body that is in a damaged, bruised, irritated, or pathological state, or that is in a state that is dangerously close to being one or more of these kinds of states. I have specified the relevant bodily states in this way because there is a wealth of experimental evidence indicating that pains are normally felt only when there is either actual tissue damage or imminent danger of it. For example, Sauerbruch and Wenke write:

A noticeable characteristic of all pain producing stimuli was . . . pointed out very early on, namely that the affected tissue is damaged, or threatened with damage. . . . It might . . . be better to speak not of pain receptors but of nociceptors, from the Latin *nocere*, to damage.⁴

And Sweet says:

The adequate stimuli for pain, whether it is mechanical, thermal, electrical or chemical, is potentially or actually productive of tissue damage.⁵

To avoid bothersomely long phrases in what follows, I shall usually refer to the kinds of bodily states I have just indicated simply as *disordered* states.

I shall argue, then, that to feel a pain is to indulge in a form of

³ H. P. Grice explains why we do not so attribute them in his article, "Some Remarks about the Senses," in R. J. Butler (ed.), *Analytical Philosophy* (Oxford, 1962), p. 134. J. C. McKenzie nevertheless thinks that pains are "abiding characteristics" of certain objects (processes, and so on): see his article, "The Externalization of Pains," *Analysis*, 28 (1967-1968), 180-193. I have criticized this paper in "McKenzie on Pains," *Analysis*, 29 (1968-1969), 103-105.

⁴ F. Sauerbruch and H. Wenke, *Pain: Its Meaning and Significance* (London, 1963), pp. 30, 35.

⁵ W. H. Sweet, "Pain," in *Handbook of Physiology*, I (Washington, D.C., 1959), 461.

what may be called *bodily* sense perception, as opposed to *external* sense perception (vision, touch, hearing, and the rest). I take it that there are several modes of bodily sense perception: one can "feel" how his body is moving and how its various parts are disposed (proprioception), one can feel it when his hands or ears are cold, one can feel his stomach "growling," one can feel the dryness in his throat, and no doubt there are other modes as well. I want to defend the thesis that to feel a pain is, *in part*, to feel, in this bodily-sense-perception way, a disordered state of a part of one's body.⁶ (I say "in part" because I think feeling a pain involves more than just perceiving a disordered bodily state: *what* more is involved will emerge in a moment.)

One consideration that lends a degree of antecedent plausibility to my thesis is this: when we feel a pain, we thereby discover that something is wrong in a certain region of our body, that something undesirable is going on there. This knowledge is obtained, moreover, through the medium of a network of nerves that connect various parts of our body to our brain. Since one might plausibly, albeit very roughly, define an organism's modes of sense perception as the ways it has of receiving knowledge about the world through the stimulation of nerves that connect to its brain, we have a fairly strong indication that (the act or state of) feeling a pain may very well be a mode of sense perception.⁷

I want here at the outset to guard against a possible minor source of confusion: although I hold that to feel a pain is (in part) to feel a disordered state of a part of one's body, and although I have just suggested that to feel a pain is to gain some knowledge about a part of one's body, I nevertheless do

⁶ Notice that in the sentence "To feel a pain is to feel a disordered state of a part of one's body," the word "feel" has a different sense in its two occurrences. In the first, but not in the second, occurrence, "have" can be substituted for "feel"; in the second occurrence of "feel," the word is used in a perceptual sense.

⁷ Grice argues (*ibid.*, p. 134) that in light of the important fact that we do not ascribe pains to objects external to our bodies, we are justified in refusing to regard our ability to feel pain as a true sense on a par with vision and hearing. He thus appears to assume that anything properly called a *sense* must have for its objects only those kinds of properties or conditions that can be predicated of things other than our own bodies. But I can see no warrant for this assumption.

not assert that the knowledge thus gained is in every case, or necessarily, the knowledge that the relevant part of one's body is in a disordered state. A normal child or animal can feel a pain and not thereby know that a part of its body is damaged or threatened with damage. The knowledge such a child or animal does normally gain is that something undesirable (something it *doesn't like*) is going on in a bodily part. Yet what the child or animal is *in fact* feeling (that is, perceiving), on my view, is the disordered state of that bodily part. There is nothing at all bizarre in this position: thus anyone must admit, similarly, that what one feels when one feels with one's hand the roughness of a surface is a certain arrangement of atoms and molecules, but that the knowledge one gains in this way is not necessarily that those atoms and molecules have that arrangement.

My thesis, I said, has some initial plausibility. But it cannot be the whole story, for it runs immediately into at least one formidable objection: if what one feels when he has a pain is the disordered state of a part of his body, then the pain must be identical with that objective, physical state. But this is absurd. Suppose, for example, that a wound on Jones's hand is painful. My thesis, as so far stated, says that when Jones has a pain in his hand as a result of the wound, he is feeling *the wound*. So the pain and the wound (or some objective property of the wound, at least) must be identical. And this cannot be tolerated; for while pains can (logically) be felt by only one person, exist only when they are felt, and can, so it seems, be reported upon incorrigibly, none of this is true of a wound (or of its objective properties).

This objection is serious. The account of pain I have offered so far assimilates (the act or state of) feeling a pain to other standard perceptual acts or states: it says that to feel a pain is to perceive, in a special way, an objective state of affairs (namely, a certain kind of bodily state), just as to see or hear something is to perceive, in a special way, an objective state of affairs. If the assimilation were perfect—if, that is, the full story of our ability to feel pain were that it is nothing but another sense, to be added to the standard ones of vision, hearing, and the rest—then, according to the direct-realist theory of perception I advocate, we would

have to say that a pain is identical with a disordered state of the sufferer's (perceiver's) body, since this is what he perceives, on our account of pain, when he feels a pain. And this evidently will not do.

To meet this difficulty, I shall maintain that although to feel a pain is indeed normally to perceive, in a special way, the disordered state of a bodily part or region, nevertheless the *concept* of pain is different, in crucial respects, from the concepts of an object, of color, shape, physical events, and other objects of standard forms of sense perception—because, for example, it is part of the concept of pain that a pain exists only when it is being felt. We do not speak, or think, of unfelt pains, as we may speak, or think, of unseen colors and shapes.

My suggestion is that the concept of a pain is like that of a glimpse. When you catch a glimpse of something—of a person in a crowd or, while riding in an airplane, of land through a break in the clouds—what you perceive is something perfectly objective. You see a person or a bit of land. But the concept of a glimpse is different from the concepts of color, shape, and the other objects of perception, for it is part of the concept of a glimpse that a glimpse exists only when it is being caught. Talk of uncaught glimpses is ruled out, or is anyway not allowed to count as literal. If no one caught a glimpse of Jones in the crowd, or of land through the break in the clouds, then there was no glimpse of them there waiting to be had, or caught. Glimpses are *essentially* caught: they have a to-be-is-to-be-caught character. And yet what you perceive when you catch a glimpse of something is, at least normally, a perfectly objective thing, state of affairs, or whatever.

Are glimpses also private to the person who catches them, or can two people catch the same glimpse? The question has an odd sound to it. The reason for this, I suppose, is that nothing of any practical importance hangs on the answer, and so we do not raise the question in everyday life. And since philosophers have not been much interested in the metaphysical status of glimpses, we have not yet been seduced by learned arguments into the illusory conviction that we have a clear professional opinion on the subject. So we are presented with the opportunity

of opening up a new vein of philosophical controversy. Should I succumb to the temptation to snatch at this chance, I think I might argue—although not very strenuously—that glimpses are private to their catchers. To account for the fact that glimpses exist only when they are caught by someone, it seems not unreasonable to suppose that a person's glimpse of something is in no way distinct from his (act of) catching it. This would be to assimilate glimpses to such things as slides (in baseball): slides exist only when someone makes (or executes) them—and slides are in no way distinct from the slider's (act of) making them. So just as no two baseball players can make the very same slide, no two people can catch the very same glimpse of anything. I cannot catch your glimpses and you cannot catch mine: we are each necessarily restricted to catching our own (private) glimpses of things. The opposing argument—to support the view that two or more people can catch the same glimpse of something—would presumably stress the fact that if two or more people catch a glimpse of the same object, at the same time, and from roughly the same place, then there is a great deal of sameness here: so why not say they all catch the same glimpse of the object?

Choosing between these two positions can surely involve no more than making an arbitrary decision until someone can come forward—as I cannot—with good reasons for talking in one of the two ways and not in the other. But suppose that we eventually are persuaded, as we might be, that on balance glimpses should be deemed metaphysically private to those who catch them. This conclusion (or decision) would not give us the slightest reason to deny that what we perceive, or are aware of, whenever we catch a glimpse of something, is perfectly objective—some physical object, person, state of affairs, event, or whatever. No dire philosophical consequences of any kind would ensue: in particular, we would not be forced, or even inclined, to hold that since glimpses are private to their catchers, they must be mental, or anyway nonphysical, existents.

What would have happened, in case we opted in this way for the privacy of glimpses and hence rejected their publicity, is just this: we would have decided that the criterion for the identity

of glimpses is not to be the identity of the object (event, or whatever) glimpsed, nor the identity of the circumstances in which it is glimpsed, but rather that it is to be the identity of the act of glimpsing it. Since my act of glimpsing something is necessarily different from yours, and since a person can perform only his own acts of glimpsing, it follows that my glimpses are different from yours, and that each person's glimpses are private to himself: he, and he alone, can have them. But notice how dismal and unexciting these truths are. The privacy of glimpses is not fraught with metaphysical import. Their privacy, in the end, has no more metaphysical significance than this: that I, and only I, can perform my own actions. In other words, it has no metaphysical significance whatsoever.

I have said that the privacy of glimpses would result from a decision to count the identity of the act (or perhaps it is the state) of catching a glimpse as the criterion for the identity of the glimpse. Notice now that we may explain the previously mentioned to-be-is-to-be-caught character of glimpses as being due to a decision to count the act, or state, of catching a glimpse as a necessary condition for the existence of a glimpse. There are no uncaught glimpses for the unexciting reason that we call something a glimpse only when an act, or state, of catching it is going on.

The privacy and the to-be-is-to-be-caught character of glimpses, as we have seen, do not in the least require that what a person is aware of, when he catches a glimpse of something, is anything but perfectly objective—an object, state of affairs, event, or whatever, existing in the (physical) world. They are not in the least incompatible with the truth that when a person catches a glimpse of something, he is straightforwardly perceiving (and, in particular, seeing) it. Those two characteristics of glimpses are not to be explained by insisting that glimpses must be mental particulars: they are to be explained, rather, by the special features, mentioned above, of our concept of a glimpse (or in the case of privacy I should say: by the special features of what our concept of a glimpse might very well be and perhaps even is). These special features, to repeat, are: first, the criterion for the identity of a glimpse is the identity of the act (or state)

of catching it; and second, it is a necessary condition for the existence of a glimpse that an act (or state) of catching it is going on.

I maintain that the concept of a pain is remarkably similar to that of a glimpse. Just as there can be no uncaught glimpses, there can be no unfelt pains. Glimpses must be caught in order to exist, not because they have a troublesome nonphysical status, but simply because we deem it a necessary condition for the existence of a glimpse that an act (or state) of catching it is going on. In exactly the same way, pains must be felt in order to exist, not because they have a troublesome nonphysical status, but simply because we make it a necessary condition for the existence of a pain that an act (or state) of feeling it is going on. So the to-be-is-to-be-felt quality of a pain corresponds precisely to the to-be-is-to-be-caught quality of a glimpse.

The privacy of pains is a more firmly established feature of them than is the privacy of glimpses. I said that there are grounds one could cite if one wished to argue that glimpses are not private to their catchers—most notably, perhaps, the fact that two people can simultaneously catch glimpses (or is it *a glimpse?*) of the *same* object or scene. But for pains, this privacy-opposing reason does not exist, except in certain extremely rare cases. If I am right, what a person feels, when he has a pain, is the disordered state of a part of his body: but normally two people cannot ever (much less *simultaneously*) feel the disordered state of the numerically same bodily part. Each person's pain receptors, thank heaven, are connected only with his own brain, so that I can feel the disordered condition of my own bodily parts only, you of yours only, and so on. The well-known, but nevertheless rare, exception to this general rule occurs in the case of Siamese twins: here it may happen that each twin can feel the disordered state of the bodily part they have in common. But Siamese twins are mercifully few in number, and so the privacy-supporting reasons win hands down: we have no hesitation whatever in holding that each person can feel only his own pains—in other words, that a pain is necessarily private to the person who feels it. Siamese twins simply get swept along in the general rush toward privacy: for though both may feel the

disordered state of the very same bodily part, we nevertheless insist that each is feeling his own private pain. So the same thing occurs here, with pains, that happens in the case of glimpses (if, that is, we indeed decide that glimpses are private): the criterion for the identity of a pain is not the identity of the bodily part whose disordered state is felt, but rather the identity of the act (or state) of feeling it. Pains, then, are not interestingly private: I mean, they are not private because they are particulars enjoying a special nonphysical status. They are boringly private, because their privacy really amounts only to the following triviality: each person can perform only his own acts of feeling something (or can be only in his own states of feeling something). So the undoubted privacy of pains corresponds precisely to the (perhaps doubtful) privacy of glimpses.

It is obvious that there is no inconsistency in the following triad of propositions: (*a*) glimpses are necessarily private; (*b*) glimpses exist when, and only when, they are being caught; and (*c*) what one is aware of, when one catches a glimpse of something, is normally an object (event, or whatever) in the world—indeed, when one catches a glimpse, one normally just *sees* something or other. I hope it is now equally evident that there is no inconsistency in this trio of propositions: (*d*) pains are necessarily private; (*e*) pains exist when, and only when, they are being felt (had); and (*f*) what one is aware of, when one feels a pain, is normally the disordered state of a part of his body—he normally *feels* it, via his pain receptors. I certainly accept all three. And I think the comparison of pains with glimpses shows exactly how it is possible to assert (*f*) without identifying the pain with the disordered state of the bodily part. There is no need or reason to make that unsatisfactory identification, just as there is no need or reason to identify glimpses of something with the object (event, or whatever) that one sees when one catches a glimpse of it. On the other hand, there is no need, either, to panic in the face of (*d*) and (*e*) and to identify pains with mental, or at any rate nonphysical, particulars—just as there is no need to identify glimpses with any such entities. Neither pains nor glimpses are to be simply identified with anything at all—not with an objective (physical) thing or state of affairs, not with a

subjective (mental) thing or state of affairs, and certainly not with something that hovers between the two. The fact that we have a *noun*, namely "pain," on our hands no doubt tempts us to make some such identification. That temptation ought to be easy to resist, however, for it is easy to see that the mere existence of the noun "glimpse" provides no ground whatever for thinking that glimpses must be identified with anything. Instead of making over-hasty identifications, we ought rather to note carefully what our concepts of a glimpse and a pain actually are; then we will see that pains are no more mysterious, philosophically, than glimpses are.

This apparent impossibility, or at any rate unfeasibility, of making pains identical with anything, might well make us suspect that the real unit of analysis here is not just pain (or "pain"), but the act (or state) of feeling a pain (or "to feel a pain"); that what we ought to ask ourselves is not "What is a pain?" but "What is it to feel a pain?" Our suspicion is borne out, I think, when we recall the crucial role that the act (or state) of feeling a pain plays in the concept of pain. That role, as we saw, is twofold: first, it is a necessary condition for the existence of a pain that an act (or state) of feeling it is going on, and second, the criterion for the identity of a pain is the identity of the act (or state) of feeling it. It is small wonder that our concept of pain should give such a prominent place to the act (or state) of feeling it; for it is a salient fact about pains that the act (or state) of feeling one is almost always disagreeable at least, and very often much worse than merely disagreeable.⁸ Indeed, the act (or state) of feeling a pain has to be listed among those experiences we least like to have, those we most want to stop, and, in severe cases, those we can least bear to endure. (When I refer to the act, or state, of feeling a pain as an *experience*, I do not, of course, mean

⁸ I think it may be a necessary truth that the act (or state) of feeling a pain is unpleasant or worse, but I shall continue to speak as though it were rather a contingent truth, true only for the most part. It does not matter, for the purposes of this paper, where the truth lies in this issue. So wherever I say such things as "The act (or state) of feeling a pain is almost always unpleasant or worse," the reader may substitute "necessarily" for "almost always": nothing I wish to maintain here will be affected by such a change.

that it is an exclusively mental happening or anything of the sort; I mean "experience" in the sense that riding a bicycle or lying on a rug before a fire is an experience—that is, merely as something that we do or undergo.) Since the act (or state) of feeling a pain is so unpleasant, it cannot help being something we care about pretty strongly. So it is not surprising that we should have a concept, such as that of pain, in which the act (or state) of feeling a pain plays, as it were, a doubly essential role.

I want now to consider one or two objections to the perceptual view of pains. The first may be expressed as follows: "How can indulging in a form of sense perception ever be, in itself, unpleasant? To see, or hear, something is not in itself an unpleasant experience. Sometimes, to be sure, visual and auditory experiences are painful: for example, it may be painful to stare at a bright light or to hear a sharp explosion. But then the pain is something over and above the bare act of seeing or hearing: it is, in fact, a mental particular caused by the excessively strong stimulus."

The propounder of this objection claims not to understand what it is for a perceptual act, or a perceptual state, to be unpleasant in itself. The simple answer is that animals usually just do not like to feel, via their pain receptors, disordered parts of their body: when they do happen to engage in that form of sense perception, they want to stop doing so, they wish they were not doing so, they can hardly bear doing so, or something of the sort. To have some spontaneous inclination of this general "anti"-kind *is* to experience the perceptual act (or state) as unpleasant or worse. Of course, pain perception is in this way different from normal visual and auditory perception; but there ought to be no difficulty in understanding what it means to say that engaging in a form of sense perception is unpleasant in itself.

Indeed, how is the mental-particulars view of pain any better, or worse, off on this score than the perceptual view? One can as readily understand what it is for a perceptual act (or state) to be unpleasant as understand what it is for the act (or state) of being aware of a mental particular to be unpleasant. Should someone object that according to a mental-particulars view it is not the act (or state) of awareness that is unpleasant but rather

that of which one is aware, I would reply as follows. On the “adverbial” version of the mental-particulars view, it is admitted on all sides that there simply is no distinction to be drawn between the awareness of pain and the pain itself. And on any plausible “act-object” version of the mental-particulars view, a pain exists when, and only when, it is an object of awareness: but I do not see how anyone, given that condition, can draw, and so understand, a distinction between (a) its being the case that it is the *pain* that is unpleasant, and (b) its being the case that it is *the awareness of the pain* that is unpleasant.⁹

It is, I think, legitimate to ask *why* people and other animals normally find the perceiving, via their pain receptors, of disordered parts of their body so unpleasant, but that question can readily be answered. A partial answer of one sort to it is this: because the occurrence of a pain almost always signifies to the animal that something untoward is going on in a certain region of his body. No doubt at least partly through natural conditioning, he comes to react spontaneously to pains (more precisely, to his own state of feeling a pain) in a negative way—I mean in a way that constitutes his not liking it, his wanting it to stop, and so on. And, as I said, his being disposed to react spontaneously in this way just *is* his finding pains (or his own state of feeling them) unpleasant or worse. It is of course an enormous advantage to an animal to be so constituted and/or to become so conditioned, that pains are almost always unpleasant to him, for then he will take quick action to rid himself of the painful stimulus—and we know that stimuli of that kind are distinguished from others by their causing actual tissue damage or by coming dangerously close to causing it. These facts can obviously be used to formulate one familiar kind of explanation of why pains are almost always unpleasant to animals. There may be other kinds of explanations as well.

The second objection I shall consider is this: “On your view,

⁹ To anyone who wished to offer an “act-object” version of the mental-particulars view according to which pains also exist when they are not objects of awareness, I would be tempted to say—although this would need some defense—that then it is not *pains* that are unpleasant, but only the *awareness* of them. (See Wittgenstein, *Philosophische Bemerkungen*, P. VI, § 65.)

what a person feels when he has a pain is a perfectly objective state or condition of a bodily part or region—namely, a disordered state—so that to feel a pain is to engage in one form of sense perception. But surely in any mode of perception, there must always be room for the possibility of misperception of one kind or another.

“(A) Therefore, on your view there ought to be actual, or at least conceivable, cases in which a person thinks he feels a pain in a certain part of his body but in fact does not do so. It ought always to make sense, at least, to say such things as this: that although a person thinks he feels a pain in his left foot, actually he feels one in his right foot; that although a person thinks he feels a pain in his left foot, actually he feels only an uncomfortable warmth, or an annoying tickling sensation, there; that although a person thinks he feels a severe sharp pain in his left foot, actually he feels only a dull mild pain there; and so on. But these are not real possibilities; it makes no sense to suppose that people are ever mistaken in such ways.

“(B) Again, if to feel a pain is to perceive something, then pain illusions and hallucinations ought to be possible. Thus, for example, in standard cases of so-called referred pain—where a pain is felt at some distance from its cause—we ought to hold that the victim thinks he feels a pain in, say, his arm, but that actually the pain is in his heart, which is indeed in a disordered state. If we were to describe the situation in this way, we would believe in the existence of something that could be called a pain illusion. But we don’t. We say that the pain is in his arm, just where he thinks he feels it, and that his heart condition is merely the cause of the pain in his arm. We do not allow the possibility of there being a discrepancy between the apparent location of a pain and its real location. Similarly, we do not allow the possibility of there being a discrepancy between the apparent severity or duration of a pain and its actual severity or duration. In short, we do not allow any sort of pain illusions. The same goes for pain hallucinations. Thus, for example, when a person’s foot is amputated but he nevertheless claims to feel a pain in it, we do not say that he does not really feel any pain at all on the ground that there is no disordered state of the foot, and indeed no

foot, answering to the pain. On the contrary, we say that he feels a genuine pain all right, but that he feels it in his phantom foot, not in his (nonexistent) real foot. Again, in certain kinds of emotional illness, patients sometimes suffer intense pains (called conversion pains) in parts of their body where there is nothing whatever wrong. We do not say of such people that they do not really feel any pain; they certainly do, and they feel it exactly where they say they do, despite the absence of any disordered state at that place.

“I can summarize my objection as follows: a person’s pain experiences and honest pain reports are incorrigible; his awareness of pain is infallible. But no mode of *sense perception* can be infallible; a sense that is infallible is surely no sense at all. In order to be able to perceive something, it must be possible to misperceive it in a variety of ways. And, as I have pointed out, this possibility does not exist in the case of our ability to feel pains. Hence, to feel a pain cannot be to engage in a form of sense perception.”

This is a formidable objection, but I think it can be answered. Dealing with it will be instructive, for a new feature of our concept of pain will emerge. I have already said that our concept of pain is very different from our concepts of the “objects of awareness” in other sense modalities: pains differ from colors and shapes in being private to the person who has them and in having a to-be-is-to-be-felt characteristic. I reconciled these two features of pains with our perceptual view of them by arguing that our concept of pain is like our concept of a glimpse. But now we have to notice that the comparison between those two concepts partially breaks down at the point covered by the present objection; thus, for example, although we do grant that a person can feel a pain in a given place even when nothing, or anyway nothing of the right kind, is there to be felt, we do not allow that a person can catch a glimpse of something at a given place when nothing, or nothing of the right kind, is there to be seen. My immediate task, then, is to find some way of accounting for these differences that does not wreck the perceptual view of pains.

I begin with the cases mentioned in part (B) of the objection.

It is clear, because of such things as referred pain, conversion pain, and pains in phantom limbs, that one cannot defend the strong thesis that to have a pain in a certain part of one's body is *always* to feel, via one's pain receptors, the disordered state of that part of one's body. I do think, however, that the cases where this is not so are sufficiently uncommon that the following weaker position presents itself as feasible: *normally*, or in *standard cases*, to have a pain in a certain part of one's body is to feel, via one's pain receptors, the disordered state of that bodily part. Then, the following thesis about the *nonstandard* or abnormal cases can be added to the foregoing thesis about the standard, or normal, cases: in nonstandard, or abnormal, cases of having a pain in a certain part of one's body, although the person (call him *Q*) is not in fact feeling, via his pain receptors, the disordered state of that part of his body, nevertheless the over-all state *Q* is in is sufficiently similar, in important respects, to that of a person who, in a standard case, has a pain in that part of his body, that we say of *Q*, too, that he has a pain in that part of his body. In other words, the nonstandard cases bear such an important resemblance to standard cases, that we have no hesitation in allowing them too to be called genuine cases of having a pain—and of having it, furthermore, just where it is felt to be.

The important respects in which the nonstandard cases resemble the standard ones are obvious: first, in both, it seems to the person just as if he were feeling the disordered state of a certain part or region of his body; it feels to him, as we might also put it, as though there is something wrong in that part or region of his body. If this were the only point of resemblance, however, we would have no explanation, on the perceptual view of pain, of why we extend the concept of pain to include the nonstandard cases along with the standard ones. The reason for this is as follows. We may reasonably suppose that in visual illusions and hallucinations, it seems to the person just as if (or anyway pretty much as if) he were seeing such and such—a straight line, pink rats, or whatever. It looks to him, that is, as though he were confronted by a straight line, some pink rats, or whatever. But this point of resemblance between these cases and standard ones of seeing something does not lead us to say that they, too, are genuine cases of seeing.

We do not regard it as entitling us to extend the concept of seeing to include them. We do, however, acknowledge the existence of the resemblance by the things we say about visual illusions and hallucinations: for example, we say of someone who has a hallucination of pink rats that he "sees" pink rats, or that he imagines or thinks he sees pink rats. On the perceptual view of pain, then, if this first point of resemblance were the only such point, one would expect that we would speak of pain illusions and hallucinations. Thus, in cases of what we now call conversion pains, for instance, one would expect that we would say of these emotionally disturbed patients that they merely imagine they feel a pain in their back (or wherever), or that they "feel" a pain in their back. But we do not: on the contrary, we admit that they do really feel a pain in their back. And so on the perceptual view of pain the first point of resemblance between nonstandard cases of feeling a pain and the standard ones is not enough to explain why the former are indeed nonstandard cases of *feeling a pain*—not enough, that is, to explain why we allow them to fall under the concept of pain (or of feeling a pain).

But there is a second, connected, point of resemblance: in the nonstandard cases, the person usually has an immediate inclination to change his "state of awareness," an immediate desire to want it to stop, just as a person who has a pain in the normal cases usually has. In other words, the person's state of awareness in the nonstandard cases is usually every bit as unpleasant, intolerable, or whatever, as the state of awareness of someone usually is who, in standard cases, has a pain. This feature of his state of consciousness is obviously an extremely important one—indeed, probably, in most cases, its most important aspect—and as such exerts a powerful force toward assimilation: it makes us unhesitatingly subsume the nonstandard cases under the concept of pain (or of feeling a pain). Conscious states having this feature are clearly of great concern to us, so that it is only to be expected that we should gather them all together under a single concept. The fact that pains (or the havings of pains) are almost always unpleasant, or worse, and that glimpses (or the catchings of glimpses) normally are not, marks a

huge difference between the two, and helps to explain why, although their concepts are in large part remarkably similar, they nevertheless behave differently toward cases where there is nothing (or nothing of the right kind) in the right place to be perceived. The “pull toward objectivity,” if I may put it so, is greater in the case of glimpses, owing in large part to just this difference: there is no adequate reason to insist, whenever it seems to a person as though he were catching a glimpse of something, that he must therefore always really be doing so. No, we insist that there must be something objective of the right kind in the right place to be seen if a person is genuinely to catch a glimpse of it. On the other hand, there *is* good reason, as we have just noted, for allowing that a person really does have a pain even when there is nothing objective of the right kind in the right place to be felt. So although the concepts of a pain and of a glimpse are both perceptual concepts of a special and remarkably similar kind, we can readily understand why the pull toward objectivity is greater in the case of glimpses than it is in the case of pains.¹⁰

¹⁰ The pull toward objectivity, let it be noted, is only diminished, and not entirely missing, in the concept of pain. True, we do not insist, as the objection that is now being answered rightly brings out, that in all cases of pain, the sufferer must feel a disordered state of a part of his body. That is why the pull toward objectivity in the concept of pain is not so great as it is in the concept of a glimpse. But we do insist that a pain must be felt in a region of space and, what is more, we seem to have a very strong temptation to insist that it must be felt in a part of the sufferer’s body. So when a person who has had a limb amputated claims to feel a pain in the amputated limb, we are not willing to say that he feels the pain in a region of empty space. Instead, we conceptually create for him—out of nothing—the missing part of his body so that he will have a proper home for his pain: and we say that he feels the pain in his *phantom* limb. (The motive for our creation of phantom limbs is not *just* to secure the right kind of location for the pains of amputees. For such things as the following often happen: a person who has had a hand amputated “feels” the fingers of that hand tightly curled into a fist. The patient sometimes even “feels” his fingernails digging into his palm, and it feels to him as though precisely this is causing the pain he feels in the hand. These phenomena, too, of course, prompt us to speak of phantom limbs.) The pull toward objectivity, then, is not zero in the concept of a pain as it is in the concept of a dream, for example, where we do not require that the “objects of awareness” be identical with anything in the (physical) world or that they be located anywhere in (physical) space.

I conclude that a weakened perceptual theory of pain can accommodate the apparently embarrassing cases mentioned in part (B) of the objection. Earlier, I mentioned one reason why what I have been calling the pull toward objectivity is greater in the case of glimpses than in the case of pains. But there is also another, and even weightier, reason. To show what this new one is, I shall discuss the contention, made in the current objection, that our ability to feel pains is incorrigible or infallible.¹¹ (So here I move to a consideration of part [A] of the objection.)

I begin by noting that absolute infallibility is not in fact ascribable to everyone capable of feeling pain: there is a certain limited kind of fallibility to which any such person is subject—for a person's claim that he feels a pain can be incorrigible only if he has the concept of pain and has applied it correctly to his own present situation. Thus if a person's use of the term "pain" is too eccentric, we may judge that he has not got the proper concept of pain and we may therefore reject any claim he makes to feel a pain. And even if someone has demonstrated that he has the proper concept of pain, we may at times refuse to accept his statements that he has a pain if the circumstances are too suspicious—if, for example, there is good evidence that the relevant bodily part is perfectly healthy and/or if the person behaves in a way that we think, for one reason or another, is incompatible with his feeling a pain where he says he does. These considerations, however, mitigate the force of the objection only minimally, if at all; for it can plausibly be argued that the cited cases are not ones in which the person thinks he feels a pain but really does not, and therefore not ones in which the person is *wrong* or *mistaken* about feeling a pain. Thus it can be said that if someone has not got the proper concept of pain, then of course when he feels something that he thinks is (that is, he would call) a pain, it is not—or anyway it is in all probability not—a *pain* that he thinks he has. And where a person does have the concept of pain but asserts, in unsuitable or suspicious circumstances, that

¹¹ In what follows, I am heavily indebted to Richard Rorty's discussion in Part 5 of his "Mind-body Identity, Privacy, and Categories," *The Review of Metaphysics*, XIX (1965), 24-54, reprinted in Stuart Hampshire (ed.), *Philosophy of Mind* (New York and London, 1966), pp. 30-63.

he has a pain, it seems always possible, and indeed always reasonable, in attempting to explain his deviant use of the term "pain," to appeal to some explanatory hypothesis other than the hypothesis that he really thinks he feels a pain but has made a mistake. Surely in such cases we would always suppose rather that the person was joking, was drunk, had made a slip of the tongue, had momentarily taken leave of his senses, was lying, or something of the sort, depending on the circumstances.

A more powerful rebuttal to the objection is this: even when a person undoubtedly has the concept of pain, there seems to be such a thing as the possibility of his making a genuine mistake about the location or intensity of one of his pains, and even about the very existence of a pain at all. It sometimes happens that a person thinks he has a pain in a certain part of his body—in a back tooth, say, or in his stomach—and later corrects his judgment, perhaps after probing around the relevant region for a while, as he comes to realize that the pain is actually elsewhere: it is really just under his ear (and not in the back tooth), or in his abdomen (not his stomach). Similarly, a person can modify his judgment about the severity of a pain: after a moment of anxiety, for example, he may come to see that his pain is not, after all, as sharp and strong as he at first thought it was. And surely it can happen that a person first thinks a certain sensation is a pain and then, after careful reflection, decides that it is not: it is an annoying feeling of constriction, a burning sensation, or something else, not really a *pain*.

Those who regard pain as being of such a nature that the very notions of our being either mistaken or correct about them are entirely out of place, will naturally want to describe these cases differently. To consider just my first example: they will say of it that we cannot speak of the sufferer literally *correcting* his judgment, that we cannot speak of his literally *coming to realize* that his pain is actually under his ear, whereas before he had mistakenly judged it to be in one of his back teeth. These ways of speaking, they might concede (and ought to concede), are common enough in everyday conversation, but it cannot be the case that the words are then used with their literal senses. Thus all that can sensibly be meant by talk of a person's *correcting* his judgment about the

location of a pain, for example, is that he simply *changes* what he says, or thinks, about its location and, after doing so, feels no need to make any further changes. While I admit that this is a possible way to interpret our ordinary ways of speaking about the sorts of examples I have cited, no one lies under an intellectual obligation to construe them in this way. On the contrary, the only people who have to construe them so are those who accept certain theories about the nature of pains—theories that stand in opposition to the one I am defending. And surely it is a serious drawback to such theories that they are forced to give elaborate nonliteral readings of a great many sentences, where it certainly appears, on the face of it, as though the straightforward literal readings were perfectly in order.

If the examples I have cited are genuine ones—that is, if the words I used in describing them can be understood in their literal sense—then the claims of part (A) of the objection are simply invalid; for the examples show that people can, indeed, make various sorts of mistakes about their pains, contrary to what the objection asserts. There is, to be sure, a great difference in the kind and amount of corrigibility that pain reports and pain experiences may have, as compared with the reports and experiences associated with our other, standard, senses (vision, hearing, and so on). If, after careful consideration, it genuinely seems to a person who has the concept of pain as though he has a pain of a certain intensity in a certain part of his body, then normally we do not allow that the person might possibly be mistaken: we insist that he must really feel a pain of that intensity in that part of his body. By contrast, its really looking to someone who has the concept of a red triangle as though he is seeing a red triangle at a certain place is never allowed to count as unassailable proof that he really is seeing a red triangle there; so visual experiences and reports are never deemed absolutely incorrigible. And the same goes for our other standard senses.

But—and here is the crucial point—this difference is not in the least surprising, and in no way impugns a perceptual theory of pain. (And now I come at last to the second and weightier reason why the pull toward objectivity is greater in the case of glimpses than in the case of pains.) To feel a pain in a certain

part of one's body, according to the perceptual theory, is to feel (that is, perceive) a disordered state of that bodily part—that is, to feel a bodily part that is in a damaged, bruised, irritated, or pathological state, or in a state that is dangerously close to being so. It takes specialized sense receptors thus to detect this kind of objective condition. And the plain fact is that as things happen now to stand, for any given human body there is normally one and only one person who has receptors that are designed to detect, accurately and sensitively, just this kind of condition *and* that are connected to the various parts of that particular body—namely, of course, the person whose body it is. People other than Jones have no direct sensory access to most of Jones's body, and so have no direct sensory way of telling, for those hidden regions of his body, whether or not they are in a disordered state. Others can see and touch the external surface of Jones's body—that is, his skin, hair, and so on—but the insides of his body are almost entirely out of their sensory range. So although Jones can tell at once, because he feels it via his pain receptors, that one of his muscles or other internal organs is in a disordered state, others cannot perceive this unhappy state of affairs: they must wait upon Jones's word, his looks and general behavior, or on the results of some more or less elaborate tests, often involving the use of complicated medical machinery. Even that part of Jones's body that is on public view—his skin, primarily—is subject to many kinds of disordered states that are much more easily detectable by Jones's pain receptors than by other sensory means (for example, vision). And Jones's pain receptors usually provide far quicker and far better sensory information about how bad the relevant tissue damage is, or about how serious the danger is that such damage will occur if the stimulus continues, than his, or our, other senses are capable of providing. Given this special superiority in all these respects of Jones's pain receptors over his other senses, and over all of our senses, it is only to be expected that we should treat Jones's pain experiences and honest pain reports as incorrigible, or anyway as nearly incorrigible. There really is no reasonable alternative. What would be the point, for example, of questioning someone's report of a stomach-ache or a pain in his leg, if we think it is an honest one,

and if it is spoken by a person who we know has the concept of pain, when we have no way, or no easy way, of verifying the report for ourselves apart from what the person says and does—and when, above all, we certainly have no better way of ascertaining its truth than the person himself, with his pain receptors, has? The only rational thing to do under these conditions is what we in fact do—namely, to grant incorrigibility, or at least near-incorrigibility, to pain experiences and honest pain reports, to consider each person, once he has acquired the concept of pain, to be an infallible, or nearly infallible, authority when it comes to reports of something's being wrong in a part of his own body. Given the uniquely privileged position each person occupies on this score, in virtue of his system of pain receptors, no other attitude would be as reasonable. If we should ever lose this privileged epistemological position—for example, if we should come into possession of a convenient and extremely accurate device that could tell us at a glance whether or not any part of a person's body (our own or another's) was in what I have called a disordered state—then it is unlikely that we would continue to regard pain experiences and honest pain reports as incorrigible, or nearly incorrigible, as we now do. That is to say, it is unlikely that our concept of pain would survive unchanged. But as things now stand, we each do enjoy—or suffer—the above-mentioned privileged epistemological position, and so pain experiences and honest pain reports are, altogether reasonably, regarded as pretty nearly incorrigible.

I conclude that part (A) of the objection is wrong in denying that a person can be mistaken, in a variety of ways, about his pains. I acknowledge that we do, however, accord pain experiences and honest pain reports a very high degree of incorrigibility. But this does not force one to abandon a perceptual view of pain, on the ground that it makes us say that our ability to feel pains is an *infallible* sense. There is room for a certain amount of incorrigibility in almost all perceptual concepts. Consider once again the concept of a glimpse, for example: if a person honestly claims that he did not catch a glimpse of x , then even though x was there to be glimpsed and the person was in an ideally good position to catch a glimpse of x , it would be difficult

(I do not say impossible) to dispute his claim. The amount of allowed incorrigibility in the case of pain perception is admittedly much higher than it is in the case of vision; but this high level of incorrigibility stems not from the inherent infallibility of the pain sense—I agree that an infallible sense is no sense at all—but rather simply from the unique privileged position in which each person happens to stand, with respect to the disordered states of parts of his own body, to exercise that sense.

One final objection: “You have now conceded, rightly, that a person can feel a pain in a certain part of his body whether or not that part of his body is in a disordered state. But then isn’t it idle to insist that to feel a pain is to *perceive* the disordered state of a part of one’s body? That is as pointless as saying that to have a feeling that you are being followed is to perceive the person, or whatever, that is following you, and then admitting, as one must, that you can have that feeling whether or not there is actually someone, or something, following you.” This objection is easily answered. Of course if it were true that when a person feels a pain in a certain part of his body, it is no more likely that something is wrong with that part of his body than it is that nothing is wrong with it, then there could be no question of espousing the perceptual view of pain. Indeed, if it were true that when a person feels a pain, it is only somewhat more likely than not that something is wrong with the relevant part of his body, one could not even then legitimately maintain that to feel a pain is to perceive the disordered state of a part of one’s body: rather, we should be able to speak of pain as being at most a more or less reliable *indication*, or *sign*, that something is wrong in the relevant part of one’s body. (And precisely this is what many philosophers would hold, of course.) But the facts are quite different. What I have called the nonstandard cases, where there is not a co-occurrence of (a) feeling a pain in a certain part of one’s body and (b) that bodily part’s being in a disordered state, are extremely rare and are pretty easily recognizable. Apart from these few quite extraordinary cases, the correlation between (a) and (b) is very high indeed. And when we consider, too, that there is an elaborate system of nerves that carry signals from disordered states of our body to our brains—a system that seems to function

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essentially like those of our acknowledged senses (vision, taste, and so on)—we would appear to be entirely justified in holding the perceptual view of pain.

In this paper, I have defended a perceptual view of *pains* only. I would want to generalize the foregoing treatment of pains and maintain a perceptual view of all bodily sensations whatever. But that would be a big job, and is work for another occasion.¹²

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