Another Look at Representationalism about Pain

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Tye’s Opening Claim:

“My own view is that pain experiences have a distinctive representational content and that this content is their phenomenal character. This view [...] is sometimes known as “strong representationalism” for pain” (99)
Some Preliminary Remarks on Pains as Representations

“You cannot feel my pains and I cannot feel yours. Even if we are Siamese twins, joined at the hip and stung there by a bee, intuitively there are two pains, yours and mine.”

“[Y]ou cannot feel my feelings any more than you can laugh my laughs or scream my screams”
Some Preliminary Remarks on Pains as Representations

“Pains cannot exist without owners. [...] To be sure, there is the phenomenon of unnoticed pain, but even an unnoticed pain has an owner—the person who fails to notice it. [...] That pains are necessarily private and necessarily owned is part of our folk conception of pain and it requires explanation. The obvious explanation is that pain is a feeling or an experience of a certain sort.”
Some Preliminary Remarks on Pains as Representations

“If pains are representations, what do they represent? The obvious answer is pain.” (100)

“[T]he term ‘pain’ does double duty (Harman 1990). A pain in a leg (viewed as an experience) represents that a certain quality is tokened in the leg. It is accurate if that quality is tokened there; inaccurate otherwise. The term ‘pain,’ in one usage, applies to the experience; in another, it applies to the quality represented insofar as (and only insofar as) it is within the content of a pain experience.” (101)

“Which quality (or type) is represented? Pain experiences normally track tissue damage.” (101)
On Exportation and Substitutivity in Pain Contexts

Two Marks of Representation

In belief contexts, co-referential terms cannot safely be substituted. For example,

The ancients believed that Hesperus = Hesperus is true, while

The ancients believed that Hesperus = Phosphorus is false.
Two Marks of Representation

Exportation also fails. For example,

Many children believe that Santa Claus lives at the North Pole

is true, but

Santa Claus is such that many children believe that he lives at the North Pole

is false.
On Exportation and Substitutivity in Pain Contexts

For pain statements, it is clear that there are cases in which the principle of substitutivity holds but exportation fails. For example,

(1) Desmond feels a pain in his finger

together with

(2) Desmond’s finger is the body part he recently cut

Entails

(3) Desmond feels a pain in the body part he recently cut.

Here the substitution of “the body part he recently cut” for “his finger” is safe. But, given the possibility of phantom-limb pain, (1) does not entail

(4) Desmond’s finger is such that he feels a pain in it.
On Exportation and Substitutivity in Pain Contexts

The fact that exportation fails in statements such as (1) shows pain experiences are indeed representational; for how else can the failure of exportation be accounted for?
The fact that there is no failure of substitutivity in (1), even though exportation fails, suggests that pain experiences have representational contents different in kind from beliefs. Belief (and thought) contents, in my view, individuate in a more fine-grained way than pain contents. On the natural assumption that conceptual contents generally individuate in the same manner as belief contents, it follows that pain experiences have nonconceptual representational contents. Furthermore, these contents are nonconceptual not just in the sense that the subjects of pain experiences need not have the concepts used to state their correctness conditions; for contents that are nonconceptual in this sense can be the contents of beliefs (though not beliefs the subjects of the experiences need be in a position to have themselves).
The Location of a Pain

There are several possible strategies for handling pain location:

- A representational account
- Pains are real objects of the experience of pain. (e.g. in my chest)
- The word “in” in such contexts has a special causal sense.
The Location of a Pain

(9) The pain is in my fingertip.

(10) The fingertip is in my mouth.

Therefore,

(11) The pain is in my mouth.

The representationalist explanation for the inference failure from (9) and (10) to (11) is now as follows: the only pain in reality is my experience of pain. According to (9), that pain is accurate if and only if my fingertip is such that there is tissue damage spatially within it (which damage may itself be classified as pain in a second sense of that term insofar as, and only insofar as, it is in the content of my pain experience).
Complexities in the Content of Pain

Normally, in a pain experience, both components are present. But in some cases, the affective component is missing. For example, people who undergo prefrontal leucotomies (operations that sever the neural connections in the deep white matter in the frontal lobes) as a last resort for their intractable, constant, severe pain are typically cheerful and relaxed afterwards. They report still having pains, but they no longer mind them. Similar reports come from people suffering pain who are under hypnotic suggestion or nitrous oxide. Such cases of “reactive disassociation,” as Dennett (1978) calls them,
Complexities in the Content of Pain

“I suggest, is that pain is not essentially an aversive experience. Pain is essentially a sensory experience, however. Whatever else pain is, at its core, it is a bodily sensation. Take away the characteristic sensory component, and no pain remains.” (106)

“In any event, a typical pain experience has both a sensory and an affective dimension.” (106)
Complexities in the Content of Pain

pain feels unpleasant or bad, because it is experienced as such. But what exactly is experienced as unpleasant? One’s attention, when one feels pain, goes to a place different from the one in which the experience of pain is located. The disturbance that is experienced as unpleasant is located in the bodily location to which one attends (in normal circumstances). People whose pains lack the affective dimension undergo purely sensory, nonevaluative representations of tissue damage of one sort or another in a localized bodily region. Those whose pains are normal experience the same sort of disturbance, but now it is experienced by them as unpleasant or bad. [...] To experience tissue damage as bad is to undergo an experience that represents that damage as bad. Accordingly, in my view, the affective dimension of pain is as much a part of the representational content of pain as the sensory dimension is. (107)
On the Relationship of Pain Phenomenology and Representational Content

even if you are feeling a pain in a phantom finger. Still, you are directly aware of a quality you strongly dislike, a quality that you experience as being in a finger, even though the finger no longer exists. The first point to stress, then, is that the qualities of which we are directly aware in introspecting pain experiences are not qualities of the experiences (assuming that there is no massive error), but qualities of bodily disturbances in regions where the pains are felt to be (108)
On the Relationship of Pain Phenomenology and Representational Content

In the case of pain, there is, I grant, a body image; and, in one way of talking, the pain in the finger is located on that part of the body image representing the finger. But all this really means is that there is, for each of us, a continuously updating sensory representation of the sort found in general bodily feeling, and that the experience of pain represents the quality or qualities felt as unpleasant as being instantiated at a certain location within the body space represented by the former representation. (108)

If the pain is a phantom one or the visual experience totally delusive, I simply undergo an experience that represents something that isn’t there. (110)
Phenomenal Content

The phenomenal character of a given pain, on my view, is one and the same as the phenomenal content it has. The phenomenal content of a pain is a species of representational content. It is content that is nonconceptual, not just in the sense that the subject of a pain experience, in undergoing it, need not possess any of the concepts that we, as theorists use, when we state the correctness conditions for that experience but in the full-blooded sense of being content that is different in kind from conceptual content.
Some Remaining Objections

One objection that has been raised to this proposal is that it cannot distinguish between the phenomenology of seeing one’s damaged leg and feeling pain there.

A second objection concerns the concepts used in noticing one’s own pains. While the experience of pain is nonconceptual, the awareness by the subject that he or she is experiencing pain requires concepts. Without concepts, those in pain would be ‘blind’ to their experiences.