

Teil III Erfahrungsdimensionen des Menschen als soziales Wesen

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On Pain, Its Stratification, and Its Alleged Indefinability*

“I thought I knew what pain was until I was asked to say what the word “pain” means. Then ... I realized my ignorance.” – (Degenaar, 1979)

“I am so far from being able satisfactorily to define pain ... that the attempt could serve no useful purpose.” – (Lewis, 1942)

Social scientists who develop anthropological or sociological accounts of pain commonly lament that, to this day, pain remains without a clear definition. Consider John Encandela’s remark: “clear definitions of pain, influenced by sociological thought, need to be formulated and refined. What is missing from current definitions of pain are elements explaining that pain is as much a social construction, as it is a result of biochemistry and psychological states”.¹ In this regard, social sciences have accomplished very little, and thus, to this day, “a model is needed that builds in physical, psychological and social factors, which interact and define the pain experience for individuals”.²

Here I would like to develop a phenomenological response to Encandela’s invitation. The task of such a response is to show how pain can be thematized not only in the natural but also in the human and the sociohistorical sciences. With this in mind, I will first turn to some of the popular definitions of pain and argue that they are significantly limited in that they do not explain how pain can be a subject matter in both natural and sociohistorical sciences. I will then try to counteract this limitation by offering a phenomenological analysis of the structure of pain experience. A number of important implications follow from such a phenomenology of pain, and I will address some of these implications in detail. Finally, I will conclude by turning back to the definitions of pain and by offering an alternative definition to the currently prevalent conceptions.

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¹ Encandela, 1993, p. 784.

² Ibid., p. 786.

The Definition(s) of Pain

What is pain? Consider one of Merskey's definitions, offered in the 1960s, which J. Cambier has qualified as the currently dominant conception: "pain is a disagreeable experience which we originally associate with a bodily lesion, or describe in terms of tissue damage, or both simultaneously".³ This definition (similar to most others) entails two components of sense: one claims that pain is an *experience*, which is derived from *physiological causes*.⁴ Pain is thus *primarily* conceived as a *neurological phenomenon*, as the organism's sensory response to noxious stimulation.

This conception of pain is not without problems, at least for three reasons: (1) this conception cannot be justified by our actual experience of pain; (2) it ignores how pain has been conceptualized in human and social sciences; (3) it pays no heed to the fact that, as Eric Eich et al. have put it, "physical injury is neither a necessary nor a sufficient condition for the subjective experience of pain".⁵

Regarding the first point: insofar as I am in pain, I do not associate my experience either with bodily lesion or tissue damage; and conversely, insofar as I draw such associations, I am no longer in pain. Such is the case because, while pain can be experienced only from the first-person perspective, the associations in question can be drawn only from the third-person perspective – usually by the doctor, yet also by me, although only insofar as I internalize the Other's point of view. To be sure, such an association might very well qualify an actual or possible *cause* of pain; yet just as surely, such a clarification is a mark of *reflective* consciousness, which transforms "consciousness in pain" into an object of reflection. By definition, reflective consciousness cannot be identified with the consciousness that actually lives through the experience of pain. But if so, then pain cannot be said to be a "disagreeable experience, which we *originally* associate with a bodily lesion." Insofar as the "we" in question refers to specialists who treat the pain of others, pain is not experienced at all; insofar as it refers to the ones in pain, the associations are missing. I will return to this issue below.

³ See Cambier, 1993. For the original formulation of this definition, see Merskey, 1964.

⁴ In his subsequent reflections, H. Merskey has qualified this definition as phenomenological (see Merskey, 1991, p. 156). As Merskey puts it, "the special trick in this definition is that it takes the user away from preoccupation with noxious stimulation and instead gives him a psychological concept with which to operate. This does not mean that noxious stimulation and the mechanisms of the nervous system are not important, but it separates them from the phenomenological condition, the experience, which is what we mean by pain in ordinary speech" (Ibid., p. 156). However, as my subsequent remarks will suggest, what this definition lacks is precisely the phenomenological evidence to support it. The language used in this definition is too far removed from the actual experience of pain: this language brings one back to the neurological and physiological models, which Merskey, at least subsequently, claims that this definition was meant to escape.

⁵ Eich et al., 2003, p. 156.

Secondly, when the human and social sciences turn to the phenomenon of pain, they suspend the assumption that pain is primarily a physiological phenomenon. The interest of an anthropologist, sociologist, or a historian is directed toward the sociohistorical conditions as they influence the actual experience of pain. The working hypothesis that underlies the sociohistorical investigations suggests that pain is not merely a physiological but also a cultural and historical phenomenon. However, the above-mentioned definition dismisses such a standpoint, although the grounds for such a dismissal remain unaccounted for.

As far as the third point is concerned, a brief reference to the analysis by Ronald Melzack and Patrick Wall will have to suffice:

The link between pain and injury seems so obvious that it is widely believed that pain is always the result of physical damage and that the intensity of pain we feel is proportional to the severity of injury. In general, this relationship between injury and pain holds true [...]. However, there are many instances in which the relationship fails to hold up. For example, about 65% of soldiers who are severely wounded in battle and 20% of civilians who undergo major surgery report feeling little or no pain for hours or days after the injury or incision. In contrast, no apparent injury can be detected in about 70% of people who suffer from chronic low back pain. Clearly, the link between injury and pain is highly variable: injury may occur without pain, and pain without injury.⁶

A number of alternative conceptions have been devised with the aim of incorporating the nonphysiological components from which the experience of pain is inseparable. Consider the definition offered by the International Association for the Study of Pain (IASP), which Eric Eich,⁷ among other writers, sees as settling most of the disputes between different disciplines that tackle the problem of pain: "pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage".⁸ Here, the distinction drawn between sensory and emotional experiences suggests that the experience of pain cannot be limited to mere nociception. This distinction seems to open the door to nonphysiological analyses of pain, for arguably, physiological analyses focus on the sensory and not on the emotional components of pain experience. The door is thereby opened to address pain in the context of such emotions as anxiety, annoyance, or depression and, thus, to thematize pain from psychological, sociological, anthropological, and historical standpoints.

⁶ Melzack and Wall, 1982, p. 15.

⁷ See Eich et al., 2003, pp. 155–156.

⁸ Merskey and Bogduk, 1994, p. 209. For Merskey's further clarification of what is entailed and what is not entailed in this definition, see Merskey, 1991, pp. 157–158.

Yet as one opens this door with one hand, one closes it with the other. No matter how one chooses to thematize pain, the definition offered forces one to associate pain with tissue damage, whether actual or potential. It seems that nonphysiological analyses are at best preliminary: physiological gaps that constitute their *raison d'être*. Supposedly, the nonphysiological explanations are possible only insofar as the tissue damage is only *potential*. Yet, what is potential tissue damage if not actual damage that has not been discovered yet? One is left to suppose that the future discoveries of the actual tissue damage will render the nonphysiological analyses obsolete. And yet, as the quoted passage from Melzack and Wall suggests, in numerous cases, the physiological evidence is lacking to support the assumption that the experience of pain must always go hand in hand with actual or potential tissue damage. Physiological conditions are not the only possible causes that give rise to the experience of pain.

As David Morris, among others, has shown, since the late 1800s, conceptions of pain, at least in the Western world, have been dominated by medicine. Consequently, currently dominant conceptions identify pain as a sensation associated with real or potential tissue damage.⁹ However, alongside predominantly physiological conceptions of pain, we also rely upon other, nonphysiological factors that play a role in the experience of pain. Nonetheless, at the conceptual level, the relation between the physiological and nonphysiological components remains missing.

On the basis of the foregoing analysis, one can draw the following conclusion: according to the dominant perspective, pain is *first and foremost* an actual experience, which – *for the most part* – is derived from physiological causes. Here, the expressions “first and foremost” and “for the most part,” as they indicate necessary caution, open the space for nonphysiological analyses of pain, which are undertaken in human and social sciences. What remains missing, however, is a conception of pain that would incorporate the natural, cultural, and historical dimensions, which all play a role in pain experience. Yet, is such a definition of pain even possible?

Pain – a Natural, Cultural, and Historical Phenomenon

On the one hand, insofar as pain is a natural phenomenon, the *capacity* to experience pain is something that I share not only with all other human beings, but also with other nonhuman animals. To make sense of the experience of pain as a *natural* phenomenon, I need to stay clear of everything cultural and historical. Insofar as the causes that give rise to the experience of pain are natural, they are independent of the sociocultural dimensions of human existence.

⁹ See Morris, 1993, especially pp. 282–283.

On the other hand, insofar as pain is a sociocultural phenomenon, the human being's experience of pain largely depends on nonnatural conditions, and this experience largely varies among cultures, times, and individuals. Historians, sociologists, and anthropologists teach us about the flexibility that characterizes the experience of pain, when this experience unfolds in different cultural and historical frameworks. So as to emphasize the sociocultural dimensions from which the human being's experience of pain is inseparable, Nietzsche hyperbolically remarks: "I have no doubt that the combined suffering of all the animals ever subjected to the knife for scientific ends is utterly negligible compared with *one* painful night of a single hysterical bluestocking."¹⁰ In a similar vein, and with a similar critique directed against what he calls the "world of sensitivity" in mind, Jünger proclaims: "Tell me your relation to pain, and I will tell you who you are!"¹¹

Yet, how can one and the same phenomenon have natural and sociocultural determinations? Should one not say that insofar as pain is a natural phenomenon, it cannot be sociocultural, and conversely, insofar as pain is sociocultural, it cannot be natural? The methodological distinctions drawn between natural sciences, on the one hand, and social and human sciences, on the other hand, rest on the tacit assumption that reason itself cannot follow the same rules in these different spheres of research. And yet – and this is a crucial point – *these methodological distinctions between different types of reason are object based*. That is, the methodological distinctions between different sciences are built on a tacit assumption that different objects are to be analyzed by following different methods. For instance, while certain phenomena are said to elude theoretical reason, others are claimed to be incapable of being grasped by practical reason. Yet in the present case, we face *one and the same object*: pain. If it is pain itself that one wishes to determine as both a natural and a historico-cultural phenomenon, then clearly, to do this, one cannot presuppose an object-based distinction between different types of reason.

One might argue that the problem we face here is not as significant as it seems, for numerous phenomena can be treated as both natural and sociohistorical themes. Thus, even numbers and geometrical forms are not the exclusive property of mathematicians; even the most profound expressions of theoretical reason are regularly addressed in social and historical sciences. Yet, in the case of a social or historical analysis of mathematics, nobody claims that human and social sciences provide us with a better grasp of numbers or geometrical forms. These sciences rather teach us about the *different approaches and attitudes* that human beings have taken – and, thus, can take – to mathematical objectivities. Yet, in the case of pain, the situation is entirely different. Human and social sciences do

¹⁰ Nietzsche, 1969, p. 68.

¹¹ Jünger, 2008, p. 1.

not abstract from the question regarding the nature of pain; they rather aim to determine this nature socioculturally, while natural sciences aim to determine it physiologically.

As Roselyne Ray has put it, pain is “an evasive subject with a dual nature, at the crossroad between biology and cultural or social conventions”.¹² Such being the case, it becomes understandable why, to this day, we lack a satisfactory definition of pain. It is hard even to imagine a definition that would satisfy both a naturalist and a social constructivist. We harbor a sense that both are right, at least in part; yet it seems that the natural and the sociocultural determinations cannot coexist alongside each other on friendly terms.

How can pain, besides having natural determinations, also have historico-cultural characteristics? A satisfactory conception of pain will be lacking for as long as this question remains unanswered. Arguably, one of the great merits of phenomenology lies in its capacity to answer this question and thereby lay the philosophical foundations for the analysis of pain in both the natural as well as the historico-cultural sciences.

Pain, Suffering, and Disease

Who is the subject of pain? The currently most popular answer identifies this subject with the *body*. Yet does the mere identification of the body as the subject of pain already mean that pain is, either primarily or exclusively, a *physiological* phenomenon? In the face of this question, the phenomenological distinction between two fundamentally different notions of the body is of decisive importance. The origins of this distinction lie in Husserl’s analysis of the *lived body* (*Leib*) and the *physical body* (*Körper*).¹³ Building on this distinction, which in a variety of ways has been appropriated by a number of subsequent phenomenologists, I would like to argue that *the body in pain is not the physical body, but the lived body*. This realization implies that the physiological conceptions of pain, which identify the physical body as the subject of pain, generate only a partial and distorted account of pain. Here, we touch on the central reason why the available conceptions of pain remain deeply problematic. If one identifies the physical body as the subject of pain, then clearly, the physiological conceptions of pain must be privileged, and just as clearly, it becomes unintelligible how sociohistorical analyses could enrich our understanding of pain.

Regrettably, most of the phenomenological analyses of the body address the phenomenon of pain only in passing. To be sure, one cannot ignore the recent analyses of pain

¹² Rey, 1993, p. 2.

¹³ See Husserl, 1952.

undertaken by Dermot Moran,¹⁴ Tetsuya Kono,¹⁵ Agustín Serrano de Haro,¹⁶ Drew Leder,¹⁷ and Christian Grüny.¹⁸ Nor should one ignore the classical studies undertaken by Carl Stumpf,¹⁹ Franz Brentano,²⁰ Edmund Husserl,²¹ Max Scheler,²² Edith Stein,²³ and Maurice Merleau-Ponty.²⁴ Nonetheless, I would argue that everyone I have listed here has offered only prolegomena to a thorough phenomenology of pain.

In the context of the phenomenological analyses of the body and its relation to pain, Jean-Paul Sartre's analysis, which we find in *Being and Nothingness*, constitutes an important exception.²⁵ Here, I would like to build a phenomenological approach on the basis of Sartre's analysis.

For Sartre, our philosophical understanding of the body remains distorted for as long as we do not address the differences among the following aspects: (1) how I relate to my own body; (2) how I relate to the body of the Other; and (3) how I internalize the Other's perspective in my understanding of my own body. Similarly, when it comes to the problematic of pain, Sartre distinguishes among the following points: (1) how pain is experienced prereflectively; (2) how it is thematized as an object of personal and affective reflection; and (3) how it is experienced once I internalize the Other's perspective on my own body. Let us look at this threefold phenomenality of pain in more detail.

Assume that you are suffering from insomnia and that, after a long and sleepless night, you need to begin your day by delivering a lecture to a room filled with students. Your whole body is in pain: you can hardly keep your eyes open; you find it difficult to gather a single thought or even to decipher figures in front of you. How exactly is pain experienced in such a situation? I would like to begin by drawing a distinction among four closely related characteristics of a painful experience.

First, the original manifestation of pain is *prereflective*. Clearly, pain does not arise the moment I turn to reflect on it; on the contrary, by the time I reflect on the

¹⁴ Moran, D. "Pain that Takes Place at a Distance from the Ego: The Experience of Inner Spatiality in Husserl and Stein." Unpublished manuscript.

¹⁵ Kono, T. "Phenomenology of Pain." Unpublished manuscript.

¹⁶ See De Haro, 2010; 2012.

¹⁷ See Leder, 1984; 1990.

¹⁸ See Grüny, 2004.

¹⁹ See Stumpf, 1907; 1916.

²⁰ See Brentano, 1907; 1968.

²¹ See Husserl, 1984.

²² See Scheler, 1963; 1976.

²³ See Stein, 2008.

²⁴ See Merleau-Ponty, 1963.

²⁵ Sartre's analysis of pain unfolds in the context of his account of the body (Sartre, 1956). See especially the section, "The Body as Being-For-Itself: Facticity" (Ibid., pp. 404–445) and "The Third Ontological Dimension of the Body" (Ibid., pp. 460–471).

experience of pain, I recognize pain as an *ongoing* experience. Thus, the reflection on pain arises as a *modification* of an original prereflective experience.

Secondly, insofar as pain is prereflective, it is also *preobjective*. To return to the above-mentioned scenario, when I find myself in the room filled with students, pain does not appear in the right or the left corner of the lecture hall or among the claims I am trying to articulate. *Pain is neither a real nor an ideal object*. Far from constituting an object of experience, at the prereflective level, pain is experienced as a characteristic that marks my embodied relation to the world. As I struggle to deliver the lecture, the pain in my eyes manifests itself as the quivering of the figures in front of me, as the frustration that accompanies my failure to articulate the ideas as clearly as I should, and as the irritation that follows the puzzled questions that the students raise.

Thirdly, even though pain is not experienced as an object of experience, *it colors each and every object of experience*. Here, a parallel between the lived body and pain should not be overlooked: just as the lived body is spread across all things in the world, yet at the same time condensed in one point, which I cannot know, so pain is also everywhere in the world, in every object that the pain -in the eyes is directed to, in every thought that the body in pain is contemplating, while at the same time remaining at the center of my being.

Fourthly, just as the body, as it manifests itself prereflectively, is *lived rather than known*, so also pain, in its original manifestation, is also *lived and not known*. On the one hand, at the prereflective level of experience, pain cannot be known because pain does not even belong to the category of what is definable or even describable – a category that embraces *objects* as they are given to consciousness. On the other hand, even though it escapes my consciousness, pain nonetheless affects each and every object of consciousness. As it qualifies my relation to any object in the world, pain is lived as *a mark of my own facticity*, that is, as a mark of the contingent way in which I relate to objects around me.²⁶

To summarize, the first level of the pain experience marks pain as a *prereflective*, *preobjective*, and *precognitive* experience, which affects each and every given object of experience.

Yet, for the most part, only moderate- and short-lived pain unfolds exclusively on the prereflective level of experience. Pain stands out from other experiences

²⁶ Regarding Sartre's notion of facticity, consider the following: "while it is necessary that I be in the form of being-there, still it is altogether contingent that I be, for I am not the foundation of my being; on the other hand, while it is necessary that I be engaged in this or that point of view, it is contingent that it should be precisely in this view to the exclusion of all others. This twofold contingency which embraces a necessity we have called the *facticity* of the for-itself" (Sartre, 1956, p. 408).

in that it motivates the subject to transform his or her own body into an object of experience.²⁷ Furthermore, the more intense the experience of pain, the more likely is the subject to transform it into an object of reflection.

It is the *anomalousness*²⁸ of pain that motivates consciousness to transform “consciousness in pain” into “pain as object of experience”. Insofar as my body functions normally, I do not apprehend it as an object. Without being conscious of it as a worldly object, I remain related *through* it to worldly objects. An intense pain breaks apart the *normal* flow of experience; it motivates consciousness to transform the “body in pain” into an object of reflection. Insofar as my body is what it *normally* is, it is not an object of reflection; insofar as it is an object of reflection, it has already become something *other* than what it is. Let us take a look at the transformations that reflection brings forth in more detail.

It is important to distinguish between *two different types of reflection*. On the one hand, I can turn to pain so as to endure it, or to hate it, or apprehend it as unbearable. On the other hand, I can also turn to pain with the aim of discovering the causes that have given rise to it. In the first case, my reflection is *affective*; in the second case, it is *cognitive*. Let us begin with *affective* reflection.

At the level of reflective experience, pain is not yet given as a physiological phenomenon. At this level, I reflect on pain as a mere experience – as something that is only *psychic*, that is, as a manifestation of *suffering*.²⁹ So as to grasp what pain as suffering means precisely, let us turn to a striking metaphor that Sartre uses repeatedly: *suffering is like a melody, while each and every concrete pain is a note in the melody*. This metaphor suggests two things: first, as soon as we reflect on pain, we do not grasp “each pain” as a distinct object of experience. Rather, we conceive of diverse experiences as *expressive* of one and the same suffering. Secondly, even when it comes to the concrete experience of pain, its intensity varies, sometimes reaching almost unbearable levels, sometimes diminishing to states of painlessness. In this regard, the experience of pain is also much like a melody: reflective

²⁷ This is what Drew Leder has called “the centripetal mode” of the experience of pain: “centripetal movement is one ‘directed inward toward a center or axis’.... Our sensory experience, normally directed ecstatically upon the world, is now forced inward in a centripetal fashion. We no longer see, hear, feel the world *through* our bodies: instead the body itself becomes what we feel, the center or axis of thematic attention. As often as we turn outward we are pulled back by the insistent call of pain, back to the crampy stomach, the headache, the throbbing foot” (Leder, 1984, p. 255).

²⁸ There is an important distinction to be drawn between the term “anomalousness” (*Anormalität*) and the common term “abnormality” (*Abnormalität*). While the latter signifies a *normatively significant* negation of the established rule, the former suggests a *normatively insignificant* negation of the normal flow of experience.

²⁹ The relationship between pain and suffering is twofold. On the one hand, as is the case with a cancer victim, physical pain is the cause of suffering. On the other hand, as is the case with stressful experiences, nonphysical suffering is the source of pain. In what follows, I will address only the first type of suffering – suffering that is triggered by physical pain.

consciousness does not interpret these painless states as the terminations of suffering. Rather, just as silence constitutes a part of a melody, so the brief moments of relief are part of suffering.

One can distinguish four closely interrelated aspects of pain, conceived as suffering. First of all, the pain I suffer is given as something *transcendent*. Just as a piece of music, when experienced as deeply meaningful, takes one hostage, so suffering also is experienced as a force that overpowers my own body, a force I cannot resist. Secondly, the experience of suffering can be also qualified as *magical*. If I no longer see a particular object in front of me, it is because I have turned away from it. By contrast, if for an extended period of time, I no longer experience any pain, it is because *suffering itself has left*. And thus, the person suffering from pain can proclaim: "it is gone; I am free from it." Thirdly, suffering is also given as *animistic*. Even when the pain we suffer magically withdraws from the field of experience, it *can* return and be recognized as the same pain. And thus, the suffering person can exclaim: "I know what it is and I can't believe it's coming back." Finally, besides being *transcendent*, *magical*, and *animistic*, suffering is also given *without distance*. Even though I reflectively identify suffering as something other than my own body, suffering nonetheless absorbs and penetrates my own consciousness and my own body. Suffering is derived from the anomalousness of pain; yet what I experience is *my own anomalousness*, *my own otherness*. As Sartre so elegantly puts it, suffering "fastens on to consciousness with all its teeth, penetrates consciousness with all its notes; *and these teeth, these notes are my consciousness*".³⁰

To summarize, such is the second level of pain experience: conceived as an affective object, pain is passively lived through as a *transcendent force* that is *magical*, *animistic*, and *without distance*.

Let us briefly turn to the third manifestation of pain, to how pain is given to *cognitive* reflection. At this level, pain is no longer interpreted as merely lived pain or as an affective object. Rather, one's experience of pain is transformed into a manifestation of a *disease*. It becomes such a manifestation when I take on the perspective of the Other, that is, when I view my own body as the body of someone else and see a particular pain as a *sign* expressing a malfunction in the body. Thus, the pain in my eyes is no longer experienced either as the blurring of the figures in front of me or as an expression of an ongoing suffering. Now, this pain becomes a manifestation of, say, blepharitis or a corneal ulcer. Far from being just lived, or just given as an affective object, at this point, *pain is known*, and so as to express this knowledge, I use instrumental concepts that

³⁰ Sartre, 1958, p. 442.

neither are nor could be derived from the manner in which my body is lived by me.³¹

Once pain is interpreted as a sign that expresses a malfunction in the body, pain can be *localized*. Yet, the *physiological* localization is possible only once I take on the perspective of the Other. Thus, I might very well *know* that my pain lies in the open sore on the cornea, yet this is something that I strictly speaking cannot experience. On the one hand, insofar as pain is an experience, it tells me nothing about the physiological structure of my body. On the other hand, insofar as pain is a disease, it tells me nothing about how pain is actually experienced.

To summarize, such is the third level of pain experience: conceived as a cognitive object, pain is interpreted as a disease.

The Subject in Pain

Let us ask again: what is pain? First and foremost, it is an experience. Yet, who is the subject of this experience? Although the currently prevalent approach identifies this subject with the physical body, such an answer lacks justification. The physical body cannot be the subject of pain because I can only understand my own body physiologically from the third-person point of view. By contrast, pain can only be experienced from the first-person perspective. Thus, if we are to identify the body as the subject of pain, we must conclude that *the body in pain is not the physiological body but the lived body*.

An exhaustive account of the lived-body is beyond the scope of this paper. For our purposes, an emphasis on one aspect of the lived body – its *peculiar instrumentality* – will have to suffice. I treat my body as an instrument when my hand reaches out for the cup of coffee, or when my hand turns the page of the book, or when I turn my head to the door after I hear a knock. In all these cases, I could use other instruments to accomplish these actions. Yet, in contrast to all other tools, *my body is the only instrument that I cannot replace with any other*. I can choose whether I should write this text with a black or a blue pen, or whether I should use my laptop instead; yet, in all these cases, I will still be using my own body, and I cannot choose not to write with it.

Arguably, my body can have such an awkward instrumentality because my body is both something that I *have* and something that I *am*. Insofar as I *use* my body

³¹ Using Heideggerian terminology, one could say that we face here the transformation of the body's "readiness to hand" (*Zuhandenheit*) into its "presence at hand" (*Vorhandenheit*). As Drew Leder has elegantly put it, "we look at the painful body as though from a distance, prod it, point at it, take it to the doctor for examination. The alienation and objectification consummated in the modern medical encounter merely extends a phenomenological shift already begun by the illness. The painful body surfaces as a *thing*... It has betrayed us... We are bound together now as reluctant partners, and after serious pain we may never regain our former trust" (Leder, 1984, p. 262).

as an instrument, my body is something that I *have*; insofar as this instrument is *irreplaceable*, my body is something that I *am*. I would suggest that it is this identity-in-difference between being and having that allows one to understand the ontological conditions that underlie the distinction between *mild* and *severe* pain. In the case of mild pain, as when I say “ouch” after pricking my finger with a needle, the body remains something that I have. Under such a scenario, pain is experienced at a distance and – strictly speaking – I remain unaffected by it: it is only my body that is in pain. By contrast, in the case of severe pain, which can be brought about by both physiological and nonphysiological causes, my body is experienced as something that I *am*. In extreme cases, pain descends upon me by crushing my own individuality, by abolishing all the differences between the self and all that is the Other: pain is all there is.

On the one hand, insofar as my body is something that I have, pain does not significantly affect my relation to other objects of experience. On the other hand, when pain is so extreme that it eradicates all other objects and contents of consciousness, my body is no longer what I have; it becomes what I am.

At this point, we can turn to the classical problem that has haunted analyses of pain at least since Descartes: who is the real subject of pain, consciousness or the body? The foregoing analysis leads to the following answer: in one sense, neither consciousness nor the body could be identified as the subject of pain. Insofar as consciousness is conceived as something distinct from the body, and insofar as the body is conceived as a physical body, neither can be identified as the subject of pain. Yet, in a different sense, the subject of pain is both consciousness and the body, although only insofar as the two are inseparable. *The real subject of pain is the lived body, which is nothing other than embodied consciousness.*

Pain as a Sociocultural Phenomenon

The currently dominant narratives on pain misidentify the actual subject of pain and leave the lived body, as the subject of pain, undetermined. What is more, even if one corrects this misidentification, it nonetheless remains dubious whether the physiological analyses of pain, concerned as they primarily are with the identification of the physiological *causes* of pain and their removal, could make a substantial contribution to an understanding of this subject. It is here that we encounter a gap that needs to be filled by human and social sciences. In the context of the problematic of pain, the fundamental task of human and social scientists should be that of offering a precise understanding of the *subject of pain* as well as that of enriching our understanding of the elements that compose the actual *experience* of pain.

Let us return to Sartre: I live my pain as a mark of my own facticity. Besides pain, what are the other components that make up the contingent elements of

our facticity? Sartre's answer to this question points in the direction of "my *birth* as it conditions the way in which objects are revealed to me"; "my *race* as it is indicated by the Other's attitude with regard to me."³² Sartre further lists my *class* and *nationality*, my *physiological structure* and *character*, and finally my *past* as the other elements of facticity.

My race, class, nationality, physiological structure, character and my own past not only condition the manner in which consciousness directs itself to particular objects of experience; *these elements also condition my actual experience of pain*. While physiological analyses of pain leave the interrelation of these factors unexplored, these factors constitute the central subject matter in sociohistorical analyses of pain. Mark Zborowski in his classical study, *People in Pain*, has shown how different ethnic groups shape particular patterns of attitudes and reactions to pain, which are peculiar to the respective groups.³³ Lawlis et al.,³⁴ as well as Arthur Kleinman,³⁵ have shown that gender plays a role in shaping the sufferer's response to pain. Emiko Ohnuki-Tierney³⁶ has similarly shown how, in contemporary Japan, the meaning of pain is shaped by traditional symbolism. A number of studies have been undertaken to investigate how race and ethnicity affect the experience of pain.³⁷ Roselyne Ray³⁸ has addressed the different ways in which pain has been experienced in different historical frameworks. Ernst Jünger³⁹ has addressed the transformations characteristic of the experience of pain in the first half of the 20th century in Germany. A number of other analyses of pain in human and social sciences further testify to the fact that the interrelationship among the different elements of facticity is exactly what these sciences aim to determine precisely.

The relationship between how pain is treated in the natural, human and the socio-historical sciences thereby becomes more understandable. While the approach of the natural sciences is concerned with pain as it is *known* physiologically, the human and social approaches are directed at pain as it is *lived*. While the former approach conceives pain predominantly as a disease, the latter approach conceives pain *first and foremost* as it is experienced *prereflectively* and as it is conceived as a mode of *suffering*.

³² See Sartre, 1956, p. 422.

³³ Zborowski, 1969.

³⁴ Lawlis et al., 1984, pp. 751–754.

³⁵ Kleinman, 1988.

³⁶ Ohnuki-Tierney, 1984.

³⁷ See Edwards, 2001.

³⁸ Ray, 1993.

³⁹ Jünger, 2008.

The Margins of Pain's Intolerability

The realization that pain is a stratified experience that manifests itself differently at the prereflective and reflective levels of experience enables one to understand why the margin at which pain is experienced as unbearable varies not only culturally and historically, but even within the life of a single individual. This issue directly overlaps with the problem of pain's measurability. For a brief presentation of the problem, I turn to J. Cambier:

Pain cannot be measured concretely. It is possible, however, to define a pain threshold by using increasingly strong electric stimuli and assigning this threshold to the defense or flexion reflex; nonetheless, this threshold varies from one individual to another and even within a single individual, depending upon circumstances. We may only gain an idea of the subjective experience of pain through its outward reflection or, in other words, through retraction motions, facial contortions, or involuntary organic reactions, and we may only perceive the pain suffered by others through their descriptions of it. As a result, the practice of trying to extrapolate the pain felt by human beings from the supposed pain suffered by test animals is certainly questionable.⁴⁰

Why does the pain threshold vary even within a single individual? An answer to this question is to be extracted from the fact that pain is a stratified experience. It is the subject's capacity to resist the temptation of transforming pain into an object of reflection, and thus, into suffering, that indicates the capacity to make pain livable. For pain to become truly unbearable, it must obliterate all other contents of consciousness, it must affect my body not only as something that I have, but as something that I am; it must eliminate the distinction between the self and everything that is the Other. However, as pain wipes out other objects from the field of experience, it does not leave consciousness with mere emptiness. The obliteration it performs rests upon pain itself becoming an affective object, whose force the self seems unable to resist or overcome. Nonetheless, the subject always retains the capacity to refuse pain's objectification, and to the degree that this refusal is successful, pain remains tolerable. Pain remains bearable insofar as consciousness restricts itself to the unreflective domain, that is, insofar as consciousness does not give up its directedness to other objects of experience.⁴¹ To the degree that one continues to merely live one's pain at the unreflective level of experience, one keeps pain in check and resists turning it into suffering. Yet

⁴⁰ Cambier, 1993, p. 335.

⁴¹ This is what Drew Leder calls "the centrifugal mode" of the experience of pain: "the centrifugal is defined as that which is 'moving or directed outward from a center or axis'.... When in pain we often seek out a multitude of sensory distractions, attempting resolutely to focus away. Instead of concentrating on the throbbing toe, we look around, eat a sandwich, pick up a book, anything. If we succeed in 'losing ourselves' in a good novel, the pain is lost as well" (Leder, 1984, p. 257).

clearly, suffering, and thus reflection and objectification, is a necessary condition for pain's intolerability.

It is not uncommon in the human and social sciences to suggest that the threshold of pain largely depends on what the subject identifies as the meaning of pain (e.g. pain as retribution or pain as something to be mastered), and that this meaning in its own turn is largely influenced by sociocultural factors, such as ethnic background.⁴² Sociocultural factors can play such a role only insofar as there is a distinction to be drawn between prereflective and reflective experiences of pain. Human beings' remarkable capacity not to feel pain during torture is the most radical expression of the capacity to resist pain's objectification. The subject's capacity to move back and forth from prereflective to reflective experience of pain accounts for the fact that the threshold at which pain becomes unbearable escapes concrete measurement.

Definitions of Pain Revisited

At this point, I would like to turn back to where I started and once again raise the question of the definition of pain. The foregoing analysis dissolves the central objection, which suggests that pain eludes a clear definition for the simple reason that it is a theme of both natural and sociohistorical sciences. The available definitions privilege the way pain is treated in the natural sciences, yet, they do not clarify how pain can also be a sociohistorical theme. One could try to escape this dilemma by introducing a distinction between different types of reason. On such a basis, one could suggest that pain lends itself to be analyzed not only in the natural, but also in the sociohistorical sciences. Yet, the distinctions between different types of reason are *object based*, and so it remains unclear how one and the same phenomenon can make its appearance in both natural and sociohistorical sciences. It thus seems that no definition of pain can be satisfactory.

One overcomes this dilemma through the realization that *pain is not a one-dimensional concept but a stratified experience*. The foregoing analysis has shown that the experience of pain unfolds on three levels of experience: the *prereflective*, or the "merely lived" level; the *affective* level; and the *cognitive* or the sensory–physiological level. Pain can be both a natural and a sociohistorical phenomenon because *naturalistic and sociohistorical analyses address pain on different levels of experience*. As a natural phenomenon, pain is a disease; as a sociohistorical phenomenon, pain is a preobjective lived experience and an affective object. The above-mentioned problem regarding object-based differences between natural and sociohistorical phenomena loses its sting in the face of the stratification of pain experience.

⁴² See Bates, 1996.

It thereby becomes clear that no one-dimensional conception of pain can be satisfactory. Nonlayered conceptions will inevitably and illegitimately privilege either natural or sociocultural approaches to pain. An appropriate conception of pain compared to the ones I presented in the first part of this paper would identify the whole living being, and not just the physiological body, as the subject of pain and address pain through its threefold phenomenality. On the basis of the foregoing analysis, one could offer the following definition of pain: *pain is a stratified phenomenon that affects the embodied subject and that unfolds on three different levels of experience: (1) originally, pain is merely lived prereflectively and pre-objectively; (2) once transformed into an affective object, it is conceived as suffering; (3) once transformed into a cognitive object, it is conceived as disease.*

Such a conception of pain differs from the currently dominant conceptions in five regards. First of all, this conception is derived from the recognition that the subject of pain is not the physical body but the *full embodied subjectivity*. Secondly, by identifying pain as a lived experience, this conception critically distances itself from the physiological notions of pain, which reduce pain to a mere *sensation*. As a sensation, pain is merely an effect that follows from a neurological cause; as lived experience, pain can have numerous determining factors, be they neurological, psychological, or cultural. Thirdly, the proposed conception identifies pain as a stratified theme and thereby enables one to address pain both as a natural and as a sociohistorical phenomenon. Fourthly, while the currently dominant conceptions of pain are either exclusively or at least predominantly physiological, the proposed conception suggests that the physiological conceptions deal only with one level of pain experience, a level that is not even fundamental but rather built upon a more basic experience of pain. Fifthly, the currently dominant conceptions of pain only leave the space open for sociohistorical analyses of pain. One is left with the impression that pain can be addressed sociohistorically only insofar as it cannot be treated physiologically. By contrast, the proposed conception suggests that sociohistorical analyses address pain at more fundamental levels of experience than do physiological analyses.

Summary

This paper develops a phenomenological approach to the concept of pain, which highlights the main presuppositions that underlie pain research undertaken both in the natural and in the sociohistorical sciences. My argument is composed of four steps: (1) only if pain is a *stratified experience* can it become a legitimate theme in both natural and sociohistorical sciences; (2) the phenomenological method is supremely well suited to disclose the different strata of pain experience; (3) the phenomenological account offered here identifies *three* fundamental levels that make up the texture of pain experience: pain can be conceived as a *prereflective experience*, as an object of *affective reflection*, or as an object of *cognitive reflection*; and (4) such a stratified account clarifies how pain can be a subject matter in the natural and sociohistorical sciences. Arguably, the natural and

sociohistorical sciences address pain at different levels of its manifestation. While the natural sciences address pain as an object of cognitive reflection, sociohistorical sciences first and foremost deal with pain as a prereflective experience and as an object of affective reflection.

Keywords: Definition of pain, naturalism, pain research, phenomenology, social constructionism

Über den Schmerz, seine Schichtung und seine vermeintliche Undefinierbarkeit

Zusammenfassung

Dieser Beitrag erarbeitet einen phänomenologischen Ansatz zum Thema Schmerz, der die zentralen Annahmen hervorhebt, die der Schmerzforschung sowohl in den Naturwissenschaften als auch in den Sozial- und Geschichtswissenschaften zugrunde liegen. Meine These beruht auf vier Schritten: 1. Der Schmerz kann nur als *differenzierte Erfahrung* zu einem legitimen Thema für die Sozial-, Geschichts- und Naturwissenschaften werden; 2. Die phänomenologische Methode eignet sich hervorragend, um die unterschiedlichen Schichten der Schmerzerfahrung aufzudecken; 3. Der hier vorgestellte phänomenologische Ansatz identifiziert drei grundlegende Ebenen der Schmerzerfahrung: Der Schmerz kann als eine *vorreflexive Erfahrung* verstanden werden, oder als ein Gegenstand von *emotionaler* oder *kognitiver Reflexion*; 4. Ein differenzierter Ansatz, wie dieser, erläutert, in welcher Weise der Schmerz ein Forschungsgegenstand in den Sozial-, Geschichts- und Naturwissenschaften sein kann, auch wenn diese Wissenschaften den Schmerz auf verschiedenen Ebenen seiner Erscheinungsformen untersuchen. Während die Naturwissenschaften den Schmerz als Gegenstand kognitiver Reflexion behandeln, befassen sich die Sozial- und Geschichtswissenschaften mit dem Schmerz hauptsächlich im Sinne einer vorreflexiven Erfahrung und als Gegenstand emotionaler Reflexion.

Schlüsselworte: Definition von Schmerz, Naturalismus, Schmerzforschung, Phänomenologie, sozialer Konstruktivismus.

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