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## Philosophy of Pain

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Most of us have experienced some, probably many, forms of bodily pain.<sup>[1]</sup> Unless you were born with congenital insensitivity to pain,<sup>[2]</sup> you've likely experienced at least toothaches, headaches, or backaches.

Pain experiences differ in intensity, quality, and duration. A toothache might be sharp and intense but fleeting, while a backache might be dull and aching yet more enduring. Despite these differences, there seems to be a common thread that unites toothaches, backaches, and so on—something that makes them all pains.

This raises interesting philosophical questions: is pain physical or mental? What is the role of the pain system? And, is pain always unpleasant?

These questions are the focus of this essay.

### 1. Two Views of Pain

To begin, what sort of thing is pain?

To answer this, imagine walking barefoot through a garden when you suddenly feel a sharp, shooting sensation in your foot.

You recognize that you're feeling pain, but what is pain itself? Many philosophers believe that the ways we normally think and talk about pain provide valuable clues for answering this question.

Our initial instinct might be to think of pain as something in the body. Continuing with the example above, let's say you discover that you've stepped on a nail hidden in the grass. We might then conclude that your pain experience amounts to you perceiving the injury to your foot, and that the pain itself is simply the damaged condition of the foot.<sup>[3]</sup> We can call this the *bodily* view of pain.

The bodily view of pain has some intuitive appeal: pain is felt in body parts and often aligns with physical damage. Our everyday language reinforces this view as well—for example, you might say that you have pain *in your foot*.

But what if your pain has no clear cause—no puncture wound or other visible injury—yet your foot continues to hurt? Imagine a doctor conducts a thorough examination and finds no physical issues.<sup>[4]</sup> Even if you trust the doctor's expert opinion and accept that nothing is physically wrong with your foot, you will likely still insist that you have pain.<sup>[5]</sup> This suggests that, when pushed, we identify pain with pain *experience*.<sup>[6]</sup> For some, this is a reason to conclude that pain is not a physical state of the body but rather a specific kind of conscious mental state.<sup>[7]</sup> This is the *mental* view of pain.

Others might argue that this example highlights how our everyday ways of thinking and talking about pain are confused, leaving the debate unresolved.<sup>[8]</sup>

### 2. The Role of the Pain System

Another question concerns the role of the pain system in the lives of creatures like us.<sup>[9]</sup>

Some philosophers view the pain system as a kind of bodily damage detector, designed to inform us about injuries or other disturbances within our bodies.<sup>[10]</sup> They often assume that, under normal circumstances, greater damage results in greater pain, much like higher temperatures lead to higher thermometer readings.

There is some empirical backing for this idea. For example, pain scientists will tell us that there are specialized neurons, "nociceptors," that respond to actual or potential bodily damage—like the injury from a nail piercing your foot—and transmit signals to the spinal cord and further into the brain.

But even though nociceptors are sometimes referred to as "pain receptors," this term is misleading. The activation of nociceptors does not correlate strongly with the subjective experience of pain, as nociceptive signals are heavily modulated along their pathway.<sup>[11]</sup> Therefore, while nociception may signal bodily damage, it is important not to confuse the nociceptive system with the pain system.

In fact, many scientists now characterize the pain system as a complex network integrating a wide range of elements, including nociceptive and other sensory inputs, genetic and hormonal influences, immune system activity, emotional and cognitive processes, and past experiences.<sup>[12]</sup> For example, a

stimulus once perceived as painful might no longer elicit pain if we learn that it's harmless. Conversely, even harmless stimuli might provoke a pain experience in situations that feel threatening.

Given the complexity of pain, if the pain system is supposed to inform us about bodily damage, it doesn't seem to do a very good job. An alternative perspective is that the pain system's role is not to inform about damage, but rather to prompt actions that help us stay safe in changing circumstances.<sup>[13]</sup>

### 3. The Unpleasantness of Pain

If asked to describe pain, we might naturally characterize it as "unpleasant."<sup>[14]</sup> However, from a philosophical point of view, it's interesting to consider whether pain is *always*, or *necessarily*, unpleasant.<sup>[15]</sup>

It's certainly true that pain is *typically* unpleasant. If one were to step on a nail, it's unlikely the sensation would feel pleasant—or even neutral. We go to great lengths to avoid pain: we take painkillers, steer clear of activities that might cause it, and generally regard it as something undesirable.

That said, there may be counterexamples to the much stronger claim that pain is *always* unpleasant. One potential example is "pain asymbolia," a neuropsychiatric condition in which individuals report feeling pain but lack the emotional responses and avoidance behaviors typically associated with it.<sup>[16]</sup> Pain asymbolics are sometimes described as feeling pain but not caring about it.

To account for pain asymbolia, some philosophers have suggested that pain is not necessarily unpleasant. Instead, its affective quality—or "feeling tone"—may be shaped by our desires, interpretations, or attitudes. For example, perhaps pain only feels unpleasant if we dislike it.<sup>[17]</sup>

Other philosophers argue that pain asymbolics do not experience *genuine* pain, or that they do experience pain and their pain is unpleasant, just to a significantly lesser degree than the pain typically experienced by people.<sup>[18]</sup> If either of these views is correct, pain asymbolia does not constitute an exception to the general rule that pain is unpleasant.

### 4. Conclusion

Pain is a complex phenomenon that defies easy analysis. Its nature, role, and relationship to unpleasantness have been long-standing subjects of philosophical debate, and these debates are increasingly shaped by advances in pain science.

## Notes

<sup>[1]</sup> This essay focuses on bodily pain, or pain felt in the body. While it is an intriguing question whether and to what extent mental states like grief share commonalities with bodily pain, this question falls outside the scope of the present discussion. Readers interested in exploring these connections are encouraged to consult, e.g., Corns (2015) and Radden (2022).

<sup>[2]</sup> Congenital insensitivity to pain (CIP) is a rare genetic condition caused by mutations that affect the development and function of nociceptors, the specialized neurons that respond to actual or potential tissue damage. As a result, individuals with CIP do not feel pain in response to injuries, burns, or other harmful stimuli. Some authors suggest using the alternative term "congenital nociceptor deficiency" to more precisely describe the condition (Weisman et al. 2019).

<sup>[3]</sup> The perceptual view of pain draws a parallel between experiencing pain and paradigmatic perceptual processes like seeing; proponents often argue that pains are objects of pain perception in much the same way that apples and oranges are objects of vision (see, e.g., Hill 2009, Ch. 6).

<sup>[4]</sup> This type of pain is often labeled "medically unexplained," though this term reflects an outdated perspective that views pain solely as a symptom of an underlying disease (see, e.g., Reme 2024). Many cases of chronic pain cannot be directly linked to a specific organic cause. Recognizing this, the latest edition of the International Classification of Diseases (2019/2021) classifies chronic primary pain (MG30.0) as a disease in its own right.

<sup>[5]</sup> Many people intuitively believe that we cannot be mistaken about our own pain; if you *feel* pain, then you *have* pain. This idea is often captured by the claim that our beliefs about our own pains are "incurable" (for further discussion, see Jacobson 2017; for a general discussion of self-knowledge, see [Self-Knowledge: Knowing Your Own Mind](#) by Benjamin Winokur). In contrast, we can be—and often are—wrong about the pain of others (Elaine Scarry famously writes, "To have great pain is to have certainty; to hear that another person has pain is to have doubt" (1985, 7)). This discrepancy arises because we cannot directly observe another person's pain as we can our own; instead, we typically infer it from their behavior, such as verbal expressions, or some other evidence. For example, you might infer your friend's pain from her exclaiming "Ow!" For a

discussion of the communicative content of pain utterances, see Wiggleton-Little 2024.

<sup>[6]</sup> Another reason might be the intuition that one cannot have pain without pain experience (Pautz 2010). A person can sustain all kinds of bodily damage without feeling any pain (a phenomenon well-documented in the medical literature; see, e.g., Beecher 1956). It would seem strange to claim that someone who feels no pain nonetheless has pain.

<sup>[7]</sup> For example, Murat Aydede (2019) suggests that taking pain to be an experience is “the more dominant thread” in our commonsense conception of pain.

<sup>[8]</sup> Some philosophers think that our ordinary, commonsense understanding of pain is fundamentally confused: we tend to regard pain *both* as a bodily state and as a mental state when it can’t be both. The tension between these seemingly conflicting aspects of the commonsense conception of pain is sometimes referred to as “the paradox of pain” (Hill 2009, Ch. 6). Various attempts have been made to disentangle these elements. For example, Michelle Liu (2022) argues that pain terms are polysemous and have two related senses (the “mental sense” and the “bodily sense”), which reflect two distinct concepts of pain.

<sup>[9]</sup> Determining if and when other species experience pain is a challenging task. René Descartes (1596-1650) appears to have thought that non-human animals are mere automata, devoid of mental lives, including pain experiences (see Descartes’ *Discourse on the Method* in [CSM]). Historically, scientists have been hesitant to attribute pain experience to most animals. However, in recent decades, this perspective has shifted, and there is now a growing consensus that many animals do, in fact, feel pain (see, e.g., Sneddon et al. 2014).

That some animals experience pain is ethically significant since, on many ethical perspectives, the ability to feel pain makes something, or *someone*—of any species, what’s often called “morally considerable” and such that there can be moral obligations toward that being: see the theory called “sentientism” in Theories of Moral Considerability: Who and What Matters Morally? by Jonathan Spelman; for an introduction to an ethical theory that emphasizes the badness of pain, Consequentialism and Utilitarianism by Shane Gronholz; for an application of that type of theory to animals, “Can They Suffer?”: Bentham on our Obligations to Animals by Daniel Weltman.

<sup>[10]</sup> For example, Fred Dretske (1995) and Michael Tye (1995) both paint the pain system as a sort of bodily damage detector. For criticism, see Coninx 2020; Casser 2021; Rosenqvist 2024.

<sup>[11]</sup> Nociceptive signals can be thought of as messages sent from the tissues of the body to the spinal cord and brain. Modulation of these signals involves either amplifying (strengthening) or attenuating (weakening) them. For a better understanding of nociception and how nociceptive signals are modulated, see Dubin & Patapoutian (2010); Mason (2008).

<sup>[12]</sup> See Párraga & Castellanos 2023; Athnaiel et al. 2023. For a historical overview of competing neurophysiological theories of pain, see Moayedí & Davis 2013.

<sup>[13]</sup> These views on the role of pain have prompted various analyses of pain itself. For example, Tabor et al. (2013) take pain to be an “experience that signals the need to take action to protect the tissues of our body,” Moseley (2018) considers pain “a warning signal from your brain that depends on credible evidence to say your body needs protecting,” and Klein (2015) suggests that pains are sensations with a specific content: a command to protect a part of the body.

<sup>[14]</sup> For example, the International Association for the Study of Pain, an international organization dedicated to the science and treatment of pain, defines pain as an “unpleasant sensory and emotional experience associated with, or resembling that associated with, actual or potential tissue damage” (Raja et al. 2020).

<sup>[15]</sup> A related question concerns whether pain is always bad. In philosophical discussions, the “badness” of pain is frequently associated with its unpleasantness (e.g., Bain 2013).

<sup>[16]</sup> See Grahek 2007; Bain 2013.

<sup>[17]</sup> For example, Richard Hall (1989) argues that pains aren’t necessarily unpleasant and that their (typical) unpleasantness consists in their being disliked. Other counterexamples to the claim that pain is always unpleasant might include the pain of physical exertion during an intense workout or the sharp, cold sting of plunging into icy water. While these sensations seem to qualify as pain experiences, many who seek them out do not find them unpleasant; some even describe them as deeply enjoyable. Gwen Bradford (2020) refers to these as “hurts-so-good experiences,” and proposes that

people who enjoy these experiences enjoy the *unpleasantness* of the pain. If she is right, these experiences would not serve as counterexamples to the claim that pain is inherently unpleasant.

⚖️ Trevor Griffith & Adrian Kind (2023) argue that pain asymbolics do not experience genuine pain. Thomas Park (2023) argues that pain asymbolics experience unpleasant pain.

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### **For Further Reading**

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