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Pain and Incorrigibility

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*Introduction*

Could Jane be in pain, while believing she is not? Could Shane feel *no* pain, while believing that he does? If our beliefs about our own current pains are *incorrigible*, the answer to both questions must be no.

To be *incorrigible* on a topic is equivalent to being *infallible*: any belief one forms simply cannot be wrong. At least, that is how I will understand incorrigibility. Some in philosophy understand incorrigibility as a mere *unwillingness* to have one’s beliefs corrected, or an inability of others *to* *convincingly show* that one’s belief is incorrect (see Schwitzgebel (2014) for discussion). That sort of incorrigibility is consistent with a person *in fact* being wrong about the matter at hand.

Yet my interest is in the strong thesis that we simply *cannot be wrong* about our own current pains. Whether or not one finds it immediately plausible that we are incorrigible about our pains in this strong sense, reflection on the question reveals interesting tensions and ambiguities in the ordinary notion of pain, and in our understanding of mental processes and sensations generally.

Speaking for myself, I came to this essay highly skeptical that we have incorrigibility with respect to any of our mental or bodily states; yet I leave it thinking that, in the case of pain, matters are not so straightforward.

*The incorrigible and the self-intimating*

The question of incorrigibility is fundamentally a question about beliefs. We want to know whether a certain class of beliefs—beliefs about whether we are in pain—can ever be wrong. There are two ways we could err in such beliefs. We might believe that we are in pain when we are not. Let us call this a *false positive*. And we might believe we are not in pain when we are in pain. Let us call this a *false negative*. We can then understand the *incorrigibility thesis* as holding that there can be no false positives and no false negatives with respect to one’s own current pains.

Note that the question of *whether* we are in pain is different from the question of what *kind* of pain we are in. The incorrigibility thesis is most plausible, and of most interest, when taking the relevant judgments to be about whether one is in *some* kind of pain or other, regardless of type (where the type could specify a certain *quality* or *location* of the pain, for instance). I will therefore focus on the “some kind or other” reading here. It is worth considering, however, whether an ability to be wrong with respect to what type of pain we are having also entails or suggests an ability to be wrong about being in pain *tout court*. If we could mistake a throbbing pain for a burning pain, for instance, it might seem we could also mistake an intense itch for a sharp pain. The latter possibility would speak against our incorrigibility with respect to pain judgments.

We should also keep in mind that even if the incorrigibility thesis were true, it would not entail that we always know when we are in pain. The incorrigibility thesis is compatible with our having pains that we never form beliefs about one way or the other. A different thesis holds that *if* we are in pain, we necessarily know that we are. To accept this thesis is to hold that pains are *self-intimating*. Unlike the incorrigibility thesis, the self-intimating thesis is compatible with there being false positives.

In what follows I will maintain focus on the question of incorrigibility. Most of the important points to be made with respect to the self-intimating thesis can be made in addressing the question of incorrigibility as well.

*Consciousness*

The relationship of pain to consciousness is a matter of controversy. Of particular dispute is whether pains are always conscious or if, instead, they can occur non-consciously. (See Chapter 18 of this handbook). The question of incorrigibility is distinct from the question of whether pains can occur non-consciously. For *even if* pains are always conscious, it need not follow that our beliefs with respect to our pains are incorrigible. It might be that, in certain circumstances, we simply make false judgments about the contents of our conscious minds (Schwitzgebel, 2008).

Nevertheless, we should expect interaction between views on the relationship of consciousness to pain and the incorrigibility thesis. Views on the relationship of introspection to pain (discussed in Chapter 19) will also likely interact with views concerning incorrigibility. Because the relationships of introspection and consciousness to pain are discussed separately in this volume, I will set aside considerations relating specifically to consciousness and introspection for the remainder of this entry. This will allow our conclusions concerning pain and incorrigibility to serve as independent data points in considerations concerning the relationship of pain to consciousness and introspection.

*Pains-as-sensations versus pains-as-tissue-damage*

 As elsewhere remarked in this volume, there are at least two different phenomena commonly referred to in ordinary uses of the word ‘pain’ (see, e.g., Chapter 5 of this volume). On the one hand, ‘pain’ can serve to refer to certain kinds of tissue damage or nerve stimulation. When I hit my thumb with a hammer, it seems true to say that there is literally a pain *in my thumb*. This suggests that ‘pain’ refers to a certain kind of bodily trauma or tissue damage present in my thumb. When the word ‘pain’ is used in this way, we are speaking of *pains-as-tissue-damage*, or what I will call *T-Pains*. On the other hand, when I put my injured thumb in a bucket of ice, we are not inclined to say that there is a pain in the bucket (to paraphrase an old joke). This is because the word ‘pain’, in a more fundamental use, also serves to refer to a certain kind of unpleasant sensory experience typically *caused by* tissue damage or nerve stimulation. Something can only be “in pain” in this sense if it is having a sensory experience of the right kind; and this is something buckets cannot do. We can call these *pain sensations,* or *S-Pains*. Yet we should leave open the possibility that S-pains have cognitive and affective components *in addition to* certain distinctive sensory features (Hardcastle, 1999; Corns, 2014; Part 1 of this volume). Further, we should leave open, for the time being, whether one or more of these components is *essential* to S-Pain and others only contingently associated with S-Pain. (This question becomes central later). Cases of phantom-limb pain—where an amputee feels pain in a limb no longer possessed—make vivid the distinction between the two senses of ‘pain’. The person suffering phantom limb pains has very real S-Pains, without the normal T-Pains that typically cause or accompany them. In such cases, an S-Pain seems to indicate or represent the presence of a T-Pain in one’s limb, even though one no longer has the limb (or the relevant T-Pain). A common view is that S-pains are representations of T-pains (see Chapter 2 of this volume); S-Pains indicate the presence of T-pains in specific bodily locations, though are perhaps not exhausted by this representational role.[[1]](#footnote-1)

 The most interesting questions with respect to pain and incorrigibility concern S-Pains. For it is not hard to see how there might be false positives and false negatives with respect to T-Pains. *Referred pains*, for instance,occur when a person reports pain at a location other than where the tissue damage or trauma responsible for the pain has occurred. Such reports can be seen as evidence that one falsely believes oneself to have a certain kind of T-Pain—they are false positives with respect to T-Pains. And phantom limb pains suggest the possibility of believing oneself to have a T-Pain in the absence of any relevant tissue damage at all. By the same token, if a certain type of tissue damage or nerve stimulation in a localized area is considered sufficient for a T-Pain, then it is easy to imagine false negatives for T-Pains, such as when a local anesthetic prevents one from noticing a surgical incision.[[2]](#footnote-2) For these reasons, I will focus on S-Pains going forward, using ‘pain’ exclusively to refer to S-Pains unless otherwise noted.

*An argument from the appearance/reality distinction*

Here is a quick argument for the impossibility of false positives for one’s own pains. A corresponding argument can be run against the possibility of false negatives, by inserting ‘not’ before each instance of ‘pain’:

Premise 1: If you believe that you are in pain, then it appears to you that you are in pain.

Premise 2: If it appears to you that you are in pain, then you *just are* in pain.

Conclusion: Therefore, if you believe that you are in pain, then you *just are* in pain.

The argument form is valid. If we accept the premises, we must accept the conclusion. Taking the premises in reverse order, why would someone accept premise two? It is sometimes remarked that, in the case of pain, there is no appearance/reality distinction. Hiking through the desert, I might seem to see an oasis...but no, it is only a mirage. The appearance is one thing, the reality another. But could I, similarly, seem to have a pain, yet it only be a pain-mirage—the mere appearance of a pain? No, one might say, for to have a pain *just is* for it to appear that one is in pain. There is, one might insist, no distinction between the appearance and the reality in this case, precisely because a pain *just is* the appearance of pain (Cf. Searle, 1992, p. 122; see also Chapter 19 of this volume).

However, the plausibility of premise two is due in part to an equivocation on the meaning of ‘pain’. It is common to allow for the possibility of perceptual experiences in the absence of the things they represent, as in hallucinations and illusions. If the perceptual experience of an apple can be considered “the appearance” of an apple, then it is easy to see how such an appearance can obtain in the absence the reality it aims to represent. Supposing that S-pains also offer perceptual appearances, what are they appearances *of*? A reasonable answer is that they are appearances of pains-as-tissue-damage (i.e., T-Pains). Presumably, the amputee suffering phantom pains appears to have a pain-as-tissue-damage in his right foot, in virtue of having a certain type of pain-as-sensation. However, this would suggest that there *is* an appearance/reality distinction with respect to pain after all: S-Pains are appearances of T-Pains. And, like visual experiences and the apples they are experiences *of*, one can occur in the absence of the other. Thus, if we read ‘pain’ as referring to T-Pain in the consequent of premise two, the premise is clearly false.

The defender of premise two will therefore need to insist that kind of pain mentioned in the consequent of premise two is an S-Pain. To make this understanding clear, we can rewrite the premise as:

2\*) If it appears to you that you are in pain, then you just are having an S-Pain.

But now there is a more serious form of equivocation present in both premises 2\* and 1 that we must consider. So far we have discussed one kind of appearance, what we might call *sensorial appearances*. Both a visual experience of an oasis and an S-Pain can be thought of as sensorial appearances, insofar as they are states with sensory character that indicate or represent the presence of some responsible stimulus (an oasis and a T-Pain, respectively). However, there are also *doxastic appearances*, which are appearances grounded in a person’s beliefs.[[3]](#footnote-3) Frowning into the empty cookie jar, it *appears* to me—in this non-sensory, doxastic sense—that John ate the last cookie. In this same sense of appearances, the stammering defendant *appears* guilty during testimony. Quite generally, a belief that *p* is sufficient for its appearing to you that *p*, in this sense of appearances.

It is standardly (though not unanimously (Byrne, 2012)) assumed that sensorial appearances are psychologically distinct from doxastic appearances. To take a shopworn example, the parallel lines of the Müller-Lyer illusion look to be of different lengths, even if one is convinced (through measuring them) that they are in fact the same length (see Figure 1). A natural way to describe the situation is to say that the lines sensorily appear to be of different lengths while doxastically appearing to be the same length. In other words, we visually represent the lines as being of different lengths, while believing that they are the same length.

[Insert Figure 1 about here]

Now recall premise one above, which holds that if you believe you are in pain, then it appears to you that you are in pain. If the sense of ‘appears’ in the consequent is the doxastic sense, then this premise becomes a tautology. It asserts: If you believe you are in pain, then you believe that you are in pain. This presents a problem for the argument as a whole. In order for the argument to be valid, the sense of ‘appears’ must be the same in *both* premises. But interpreting the ‘appears’ of 2\* doxastically turns 2\* into: “If you believe that you are in pain, then you are having a pain as sensation.” 2\* is now simply asserting the principle that there are no false positives with respect to pain, which was the intended conclusion of the argument. Thus 2\* cannot be used as part of an argument for that conclusion.

What if we interpret the ‘appears’ of premise 1 in the *sensorial appearance* sense and not the doxastic sense, and do the same for 2\*? In that case, premise 1 would read: “If you believe that you are in pain, then you are having a pain as sensation.” Now premise 1 has become equivalent to the argument’s intended conclusion. It therefore cannot be used in an argument for that conclusion. Doing so is begging the question.

*Sensations and beliefs*

We have seen that simple appeals to the lack of an appearance/reality distinction in the case of pain cannot serve as *arguments* for the incorrigibility thesis. They either equivocate on two distinct senses of ‘appearance’, or assume that which is in question. Thus, if one is inclined to accept the incorrigibility thesis, it cannot be *for the* *reason* that there is no appearance-reality distinction in the case of pain. Yet this is not to say that there are no *other* reasons one might have for accepting *both* the incorrigibility thesis the version of the appearance/reality claim that assumes it.

Before considering those reasons, let us first air some skepticism concerning incorrigibility. The mere fact that beliefs are not themselves S-Pains—the fact that the two are “distinct existences,” as philosophers say—might seem enough by itself to undermine the incorrigibility thesis. One could grant that we don’t *normally* form a belief that we are in pain when we are not in pain, and vice versa; but, given that the belief that I am in pain is one thing, and the pain another, why should it be absolutely impossible for one to occur without the other?

Now, for an *intense* pain—caused, say, by slamming your hand in a door—it might seem *bizarre* to think that someone could sincerely deny feeling it. But consider delusions. Delusions are plausibly characterized as *beliefs*, however strange they may be (Bortolotti, 2009). It is not uncommon for a person with schizophrenia to believe that another person’s thoughts have been inserted into his mind, or that aliens are secretly monitoring his activities (Langland-Hassan, 2008). If, in general, people are capable of having highly irrational and bizarre false beliefs of this kind, it is hard to see why mistaken beliefs about pains would be an exception.

But there remain a number of possible replies for the defender of the incorrigibility thesis. One is to hold that beliefs about pain can have a causal influence on the presence or absence of pains. If a belief that one is in pain is sufficient to *cause* a pain, and if a belief that one is not in pain were sufficient to *extinguish* a pain, then there would be no false positives or false negatives. Of course, in considering the Müller-Lyer illusion above, we saw a reason for thinking that beliefs cannot, in general, have this sort of effect on sensory-perceptual states; we continue to visually represent the two lines as being different lengths even after we believe that they are equivalent. This is just one instance of the so-called *cognitive impenetrability* of sensations and perceptual states by cognitive states such as beliefs and desires.

However, blanket endorsements of cognitive impenetrability have come under fire. Arguably, there are some cases where one’s background beliefs, for instance, exert an influence on the nature of one’s current perceptual states (Lupyan, 2015; Macpherson, 2012). (Though see Firestone & Scholl (forthcoming)). This may seem to open the door for a defense of the incorrigibility thesis. For if pains are cognitively penetrable, perhaps a firm belief that one is in pain is sufficient to give rise to a pain after all—such as when a dental patient, fearing the approaching drill, cries out in pain despite the removal of any nerve the drill might hit. Likewise, perhaps the power of positive thinking—“I am *not* in pain! I am mighty!”—is strong enough to make some pains disappear. (See also Chapter 23 on pain and cognitive penetrability, and Chapter 34 on pain and placebo). Yet we have to bear in mind the strength of the incorrigibility thesis. It does not merely state that a belief *can* cause a pain, or make one go away, but that there can *never* be afalse positive or false negative. Whatever exceptions to cognitive impenetrability there may be, they do not seem sufficiently pervasive to warrant belief in the incorrigibility thesis.

 Another response on behalf of the incorrigibility thesis would be to hold that some concepts are partly *constituted by* sensory states. A number of philosophers have recently posited that there is indeed such a class of concepts—*phenomenal concepts*—that are partly constituted by the very sensory states to which they refer (Balog, 2012; Papineau, 2007). A motivation for positing this class of concepts is that certain sensory experiences seem necessary for having certain beliefs. For instance, it may seem that one cannot know what it is like to see red if one never has had a sensation of red (Jackson, 1982). Similarly, it could be argued that one can only know what pain is if one has felt a pain. A possible explanation of this tight coupling of past sensation and current knowledge is that the very concept of pain involves, as a proper part, a faint version of pain itself—one that that can only be summoned by those who have felt pain. If this were the case, it is easy to see how there could not be any false positives: one could not *think* that one is in pain without in fact having a pain. (Though, by the same token, it would make all judgments of the form “I am not in pain” false!). Yet it seems clear that we often think about pains without experiencing even a faint pain, such as when reading this paragraph (I hope). This suggests that even if some (phenomenal) concepts of pain contain instances of pain within them, others do not. Thus, if phenomenal concepts offer a means for defending the incorrigibility thesis, it is only a weaker version of the thesis, relativized to beliefs involving a special *phenomenal concept* of pain.[[4]](#footnote-4)

*Pain as assessment-dependent*

In what remains of this essay I will consider a different sort of argument that, in my view, offers the best case for the incorrigibility thesis. The statement ‘I am in pain’ typically functions to alert listeners to the occurrence of a sensory state in the speaker—one that the speaker finds to be unpleasant. If we were to give this typical function of such statements pride of place, we might go so far as to say that ‘I am in pain’ is an appropriate statement when and only when the speaker is in a sensory state that she deems to be unpleasant. But then, what else is it to be in a sensory state we deem to be unpleasant than to believe, of one of our sensory states, that it is a pain? If the two come to the same thing, then our beliefs that we are in pain are infallible just because they themselves make it true that we deem ourselves to be in an unpleasant sensory state. The idea here is that, while we are always in sensory states of various kinds, we are only having a *pain* when we judge one of those states to be unpleasant. A natural corollary would be that, whenever we do *not* judge one of our sensory states to be unpleasant, we are *ipso facto* not having a pain. (We can remain neutral on whether the person judges the unpleasant sensory state to be located in a body part—as in T-pains—or whether she judges it to be in his mind or brain—as in S-pains.) Note that I am distinguishing between sensory states that are *intrinsically* unpleasant—if such are possible—and those which are *believed* to be unpleasant. The idea being considered is that simply being in a sensory state one *believes to be* unpleasant is necessary and sufficient for having a pain. If pains were assessment-dependent in this manner, we would avoid both false positives and false negatives.

An immediate objection is that ‘I am in pain’ simply does not mean the same thing as ‘I am in a sensory state that is unpleasant.’ The latter might be true when one feels nausea, for instance, but no pain. Yet here the defender of the incorrigibility thesis can maintain that unpleasant states such as nausea are indeed particular *kinds* of pain. After all, it is uncontroversial that there are pains with differing sensory characters—from throbbing pains, to sharp pains, to burning pains, and so on. It is not clear that they share any robust characteristics over and above being unpleasant and indicative of unfavorable internal conditions. Nausea shares those features. So there is no obvious barrier to including nausea among them. (See also Chapter 15, where various unpleasant emotions are argued to be pains). On this approach, two people could conceivably be in sensory states that are intrinsically the same, while only one of them is in pain *just because* only he judges the sensory state to be unpleasant.[[5]](#footnote-5)

But why should a negative assessment have any bearing on what type of mental state is in fact occurring? In most cases, it would indeed be a mistake to type a sensory state according to how it is appraised. And yet, bearing in mind the typical function of statements like ‘I am in pain’, there is some reason to think that this kind of judgment-dependency makes sense for pain. Consider a favorite example of the British Empiricists: as we move our hand closer to an open fire, the pleasant sensation of warmth gradually shifts to a feeling of pain. Plausibly, two people approaching the fire in unison might judge themselves to be in pain at different times, even if they were at each instant in sensory-discriminative states of the same kind. What one takes to be painful the other still finds toasty and soothing. In short, they disagree about whether their current sensory state is one of pain. When such a disagreement occurs, one response would be to hold that only one person can be correct. But a more natural response might be to allow that one may indeed be in pain when the other is not, simply because a sensory state is only a pain once it is judged to be unpleasant. After all, there is not obviously any *less* arbitrary boundary on this spectrum between what is pain and what is not. And drawing the line in this way meshes with the independently plausible idea that the central role of the word ‘pain’ in public discourse is to mark those, and only those, sensory states that the subject finds to be unpleasant. That ‘pain’ plays this communicative role explains why we *care* that a person is in pain in a way that goes beyond our interest in her sensory states generally.

In response, one may insist that it still seems coherent to suppose that someone might believe himself to be in pain and fully *enjoy* the feeling (as in masochism), or that, more commonly, one might have a mild pain—from a paper cut, or a lingering headache, say—that one simply doesn’t pause to assess one way or the other. If such people are indeed in pain, then being in pain must dissociate from judging oneself to be in an unpleasant state. I will address the masochism objection below in considering the neurocognitive diagnosis of pain asymbolia. In response to the objection that some pains may go by without one’s assessing them either way, one can hold that a state is a pain just in case one is *disposed* to judge it unpleasant. This *dispositional* assessment view of pain would hold that a state is a pain just in case, were one’s attention drawn to it, one would judge it unpleasant. This allows there to be pains we never bother to assess, while ensuring that our judgments that we are (or are not) in pain are always true.

*Pain as a complex phenomenon: implications for incorrigibility*

As earlier noted, it is common to conceive of pain as a *complex* mental phenomenon, with distinct sensory-discriminative, affective-emotional, and cognitive-evaluative components (Corns, 2014; Grahek, 2007; Hardcastle, 1999). We can conclude our reflections on the incorrigibility thesis—and the assessment-dependency view I have outlined—by considering it in light of possible dissociations among these features. Such dissociations help focus attention on the question of which (if any) aspects of pain are truly essential to pain, and which are merely associated with it.

In the phenomenon of pain asymbolia, patients with particular neural lesions[[6]](#footnote-6) seem to experience the sensory-discriminative aspect of pain upon harmful stimulation, without its cognitive or affective aspect (Berthier, Starkstein, & Leiguarda, 1988). As Grahek puts it in an extended treatment of the issue, “these patients do not mind pain at all; indeed, they may even smile or laugh at it (2007*,* p. 2-3). Patients with pain asymbolia tend to describe their perceived pains as hurtful—showing awareness of the sensory aspect—yet show no avoidance behavior, nor any related anxiety with respect to the painful stimulus. (See Chapter 32 of this handbook for discussion of other dissociations relevant to understanding pain).

Are people with pain asymbolia truly *in pain*? We can certainly see some groundsfor saying that they are: they share an important sensory-discriminative state with people who are more obviously in pain. And they would seem to be in pain at least in the same sense as the (idealized) masochist. On the other hand, once we see how cleanly the sensory-discriminative aspect of pain can dissociate from its normal cognitive and affective accompaniments, we might wonder whether we really ought to describe these people as in pain. For one could argue that they only experience the sensory-discriminative *part* of what pain really is, and that pain *proper* requires negative affective and cognitive components as well; these would include stress, anxiety, a desire to alleviate the sensation, a belief that the sensation is unpleasant, and so on. Declaring these components essential to pain would enable us to avoid the odd conclusion that someone could be in pain while laughing at the pain and lacking any desire to end it.

If we are willing to hold that pain has some cognitive and affective states as necessary components—that pain asymbolia is not pain *proper*—then the kind of assessment-dependent view of pain discussed above gains plausibility. For the belief that one is in an unpleasant state is a reasonable candidate for a necessary cognitive component of pain. Doing so allows for a principled means for marking the point at which a sensation of warmth shades into one of pain (as discussed above), and respects the particular role that talk of pain plays in public discourse.

However, if the sensory-discriminative aspect of pain is an equally necessary component of pain *proper*, false positives will still be possible. These would be cases where people judge themselves to be in pain (and in an unpleasant state) and have the negative affective components of pain, yet lack the sensory-discriminative aspect of pain. Interestingly, such dissociations have been reported. Ploner, Freund, and Schinitzler (1999) describe a patient whose ability to spatially localize and qualitatively describe painful stimuli was greatly impaired. Nevertheless, the patient still showed clear signs of discomfort upon receiving normally painful stimuli and wished to avoid further stimuli of that kind. This suggested (in the words of Ploner and colleagues) “a loss of pain sensation with preserved pain affect” (p. 211, as quoted in Grahek, 2007). We can interpret this patient as having the cognitive and affective components of pain, without the normally associated sensory component. If such a patient is wrong to judge himself as being in pain—because he lacks the sensory-discriminative component of pain—then false positives remain possible.

But *would* such a patient be wrong to judge himself as being in pain? The answer is not obvious. Faced with someone with the full affective component of an intense pain, we may feel deeply inclined to grant that he is in pain, regardless of whether he is in the normally associated sensory-discriminative state. Clearly such a person—beset by stress, anxiety, and a strong desire to end the pain—would not be able to live what we normally take to be a happy and *pain-free* life until his situation changed. In this way, the cognitive and affective aspects of pain may trump its sensory components. Of course, our attention to the affective and cognitive components does not show that the *mere* cognitive judgmentthat one is in an unpleasant state is sufficient for pain. That judgment in the absence of any of the affective or sensory components of pain could reasonably be considered a false positive. Yet, on the other hand, the contents of states like beliefs and desires are typically ascribed on the basis of their causes and effects. And it is reasonable to think that the judgment that one is having an intense pain has, as one of its necessary cognitive *effects,* anxiety and negative affect of the kind associated with intense pain. That is, we might be warranted in saying that any cognitive state that does *not* cause anxiety and negative affect just isn’t the belief that one is in intense pain. If *that* were true, and if we agreed that the sensory-discriminative aspect is not essential to pain, we can see how false positives would also be impossible (at least with respect to intense pains).

Nevertheless, it must be admitted that the reasons so far considered for holding a certain cognitive self-assessment to be necessary and sufficient for pain are less than conclusive. A reasonable opponent might still question whether any one component of pain—be it sensory, affective, or cognitive—is privileged in that manner. Perhaps each is typical or paradigmatic of pain, with none truly essential (Corns, 2014). Granting the basic sobriety of such a view, we can still conclude that the best prospect for a vindication and *explanation* of the incorrigibility thesis’s attraction lies in granting pain’s assessment dependency. That there should be so reasonable a route to our own incorrigibility is, to me, surprising.[[7]](#footnote-7)

*Related Topics:*

Chapter 2: Pain and representation

Chapter 4: Imperativism

Chapter 5: Fault lines in familiar concepts of pain

Chapter 15: Social pain
Chapter 18: Pain and consciousness

Chapter 19: Pain: perception or introspection

Chapter 23: Pain and cognitive penetrability

Chapter 32: Pain and their disorders

Chapter 34: Pain and “placebo” analgesia

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Figure 1



*Figure 1:* The Müller-Lyer illusion

1. Typically such representations are held to be non-conceptual in nature, insofar the creatures having them need not possess the concepts needed to specify their accuracy conditions. [↑](#footnote-ref-1)
2. These examples raise the question of whether T-pain is rightly equated simply with tissue damage of a certain sort (so that the damage is sufficient for the T-pain) or if, instead, T-pains are only instances of tissue damage that one is aware of *in the right way* (e.g., in virtue of an S-pain that represents it). See Chapters 2 and 4 for discussion of this sort of distinction. [↑](#footnote-ref-2)
3. The distinction between sensorial and doxastic appearances, and the ensuing argument, is inspired by Schwitzgebel’s (2008, pp. 262-263) distinction between phenomenal and epistemic senses of ‘appears’, which he puts to much the same ends. [↑](#footnote-ref-3)
4. For skepticism about the ability of phenomenal concepts to play this kind of role, see Tye (2009). [↑](#footnote-ref-4)
5. One might wonder whether animals could have pains on this view, if they lack the concepts needed to judge their states to be unpleasant. So long as animals have a means for negatively assessing their own states—be it through the use of concepts or some other mode of thought—the spirit of the view can be extended to allow animals pains. At the same time, it bears noting that to deny that animals have pain of the human sort is not to suggest that they cannot suffer (Carruthers, 2004). [↑](#footnote-ref-5)
6. See also Rainville et al. (1999) for evidence of the dissociation in neurotypical individuals under hypnosis. [↑](#footnote-ref-6)
7. Special thanks to Jennifer Corns for valuable feedback on several drafts of this chapter. [↑](#footnote-ref-7)