

Response to Tumulty on Pain and Imperatives

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Maura Tumulty has raised two objections to my imperative account of pain.¹ First, she argues that there is a disanalogy between pains and other imperative sensations like itch, hunger, and thirst. Suppose (with Hall) one thinks that an itch says “Scratch here!”² Scratch the itch, and it dutifully disappears. Not so with pain. The pain of a broken ankle has the content ‘Do not put weight on that ankle!’ Yet the coddled ankle still throbs: obeying the imperative does not extinguish it. Second, Tumulty argues that the imperative account cannot handle certain pains, particularly pains of the deep viscera. On my account, pains proscribe against taking action with the painful body part. Yet some pains are associated with body parts over which we have no control. Kidney stones cause intense pain, but I cannot (voluntarily) control my kidney. What action, then, could that pain possibly proscribe? Lacking such a story, it is hard to say (as I do) that pains are exhausted by their imperative content.

Tumulty’s objections are well-developed and serious, but I think neither really sticks. Both can be handled by careful attention to the properties of imperatives, bodily and otherwise. Both objections do bring out important, core commitments of an imperative account, however, and are significant in that regard.

I think the first objection has a straightforward response. Tumulty notes correctly that “Many pains persist, and persist at the same level of intensity, even when one obeys their commands.”³ By itself, this is not a problem for the imperative account. Standing imperatives (‘Keep an eye out for wolves!’) remain in force even as one complies with them. At least one reason I might issue a standing imperative is to affect your future plans. If I tell you to watch for wolves, I do not want you to look for a bit and then pop off for a drink: I want you to look now and keep looking. So too with pains. It

¹Maura Tumulty “Comments and Criticism: Pains, Imperatives, and Intentionalism” *The Journal of Philosophy*, CVI, 3 (2009): 161-166, a response to Colin Klein “An imperative theory of pain” *The Journal of Philosophy*, CIV, 10 (2007): 517–532.

²Richard J Hall ‘If it itches, scratch!’ *Australasian Journal of Philosophy*, 86, 4 (2008):525–535.

³Ibid. 162

is good that the pain of a broken ankle persists as I rest, because it would be bad if I relied on the ankle as I planned my day. The pain of a broken ankle is a standing imperative, and that is why it does not disappear upon cessation of ankle-related activity.

So if there is a problem, it lies not in the nature of imperatives but in the apparent disanalogy between pain and other imperative sensations. Tumulty notes that “In typical cases, it suffices, for a feeling of hunger or thirst to cease, that one comply with the imperative—that one eat or drink an adequate amount.”⁴ I think this equivocates. What removes the imperative is not satisfaction per se, but rather the elimination of the underlying physiological cause of the imperative. The two coincide in ordinary cases: the satisfaction is a way of eliminating the underlying cause. However, satisfaction is, in itself, neither necessary nor sufficient for the elimination of the positive imperative sensations. Insufficient, because satisfaction that does not eliminate the underlying cause does not eliminate the sensation. Pathological itches are not eliminated by scratching.⁵ When Edward Adolph diverted water from the stomach of his esophageal fistulous dog, its drinking did not quench its thirst.⁶ Unnecessary, because removal of the physiological condition will eliminate the imperative in the absence of satisfaction. When Adolph added water directly to the stomach of his dog, it ceased to thirst without drinking.⁷

Pain is therefore precisely analogous to the other imperative sensations. In all cases, an imperative sensation promotes activity that eliminates the underlying physiological cause of the sensation under typical conditions. Thirst is often eliminated more quickly than pain. That is just because rehydration is quick, while bones heal slowly. The disanalogy between pain and other sensations correctly reflects the differences in the underlying physiological processes upon which these sensations depend. It does not reflect a fundamental difference in the type of content.

The second objection is more serious. Here, I think Tumulty has noted an

⁴Ibid 162

⁵Atul Gawande “The Itch” *The New Yorker* June 30, 2008.

⁶Edward F Adolph “The Internal Environment and Behavior. Part III: Water Content” *American Journal of Psychiatry* 97 (1941): 1365-1373.

⁷The sensation will also be removed if one removes or blocks signals of the underlying condition, as with painkillers.

equivocation in my previous account. I had suggested that pains of the deep viscera—like the pain associated with kidney stones—might be understood as general imperatives to avoid motion of the torso, in order to protect the painful organ. That cannot be right. At best, this would make renal colic an imperative against doing something *to* the kidney. The pain should weigh against doing something *with* the kidney. As you have no voluntary control over your kidney, you cannot do anything with it. Further, there seems to be no closely related voluntary activity that could be proscribed against.⁸ Nor will appeal to indeterminate content help: no more determinate action can be performed with the kidney. So I think Tumulty has really brought out the problem nicely: there is a class of pains that involve organs not under voluntary control, and it is difficult to see what the imperative account should say about these pains.

I no longer find such cases problematic, though. True, you have no control over your kidney. That does not mean that ‘Do not keep doing that with your kidney!’ is unintelligible, however. It is perfectly intelligible; you simply cannot obey. Compare this to the cramping pains associated with phantom limbs.⁹ These pains, like normal cramps, proscribe against continued action—say, against continuing to clench the hand. The sufferer has no hand, so he is ordered to do something impossible. Yet his pain has the same content as ordinary, non-pathological hand cramps. Some pains can weigh against actions that we cannot perform, but that in itself does not present a problem.

I think the appearance of a problem might stem from a misleading analogy with deontic claims. ‘You should not keep doing that with your kidney’ is plausibly either absurd or false. If I claimed that this was the content of pain, I would be in trouble. Imperatives do not work like deontic claims, though, because imperatives do not imply their satisfiability. As unlucky privates learn in boot camp, one can be ordered to do something impossible, and that order can carry the same legitimacy and force as a satisfiable order. We are often told to do things that turn out to be impossible when we attempt

⁸As, for example, pathological pains in the bladder might be seen as unwarranted proscriptions against continued contraction of the urethral sphincter.

⁹Ronald Melzack. *The Puzzle of Pain*. (New York: Basic Books, 1973), p52. Note that painful phantoms can occur even in the congenitally limbless, and so in those who have never had experience of moving a hand. See V.S. Ramachandran and William Hirsten “The perception of phantom limbs” *Brain*, 121 (1998):1603–1630.

them. I did not commit to an analysis of imperatives in my earlier account, but it seems to me that any adequate semantics will have to treat some unsatisfiable imperatives as intelligible and legitimate.¹⁰

Kidney pain and phantom limb pain are just two varieties of chronic and pathological pains. What is common to all debilitating pains, I suggest, is that they present commands that cannot be satisfied. This would go some way towards explaining the frustrating, demoralizing effects of chronic pain.

Of course, one would like to have a functional story about unsatisfiable pains. They do not seem terribly adaptive, and as Tumulty correctly notes, I would prefer a close fit between the adaptive and phenomenological aspects of pain. I think that a familiar biological story about developmental constraints should close any gap. A simple example: proper regulation of voluntary action might require muscles able to produce ischemic pain, which in turn makes possible ischemic pains in areas over which we have no voluntary control, which in turn makes possible migraines. Other constraints should handle other sorts of pains. Just as the most adaptive perceptual system can give rise to hallucinations, so the most adaptive nociceptive system will issue strange and unsatisfiable imperatives. That it allows for such a possibility now seems to me to be an advantage of the imperative account, not a shortcoming.

~1475 words

¹⁰One straightforward solution is to identify the content of imperatives with the possible worlds in which they are satisfied. Unsatisfiable imperatives are then just those where there are no actions available to addressee that would make the actual world a satisfaction-world. Hamblin develops such an account in chapters 4 and 5 of C.L. Hamblin *Imperatives*. (New York: Basil Blackwell, 1987). I extend Hamblin's account to deal with phantom limb pains in my "Imperatives, Phantom Pains, and Hallucination by Presupposition" (draft ms).