Pains that Don't Hurt

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Abstract: Pain asymbolia is a rare condition caused by brain damage, usually in adulthood. Asymbolics feel pain but appear indifferent to it, and indifferent also to visual and verbal threats. How should we make sense of this? Nikola Grahek thinks asymbolics' pains are abnormal, lacking a component that make normal pains unpleasant and motivating. Colin Klein thinks that what is abnormal is not asymbolics' pains, but asymbolics: they have a psychological deficit making them unresponsive to unpleasant pain. I argue that an illuminating account requires elements of both views. Asymbolic pains are indeed abnormal, but they are abnormal because asymbolics are. I agree with Klein that asymbolics are incapable of caring about their bodily integrity; but I argue against him that, if this is to explain not only their indifference to visual and verbal threat, but also their indifference to pain, we must do the following: (i) take asymbolics' lack of bodily care not as an *alternative* to, but as an *explanation* of their pains' missing a component, and (ii) claim that the missing component consists in evaluative content. Asymbolia, I conclude, reveals not only that unpleasant pain is composite, but that its 'hedomotive component' is evaluative.

Keywords: pain, affect, unpleasantness, perception, pain asymbolia

1. Introduction

Consider Norm and Abe. Norm is normal but Abe has been a pain asymbolic since a recent stroke. When we immerse their hands in scalding water, both say they feel pain. But Norm withdraws his hand, grimaces, and resents us, whereas Abe leaves his hand immersed, says he doesn't mind, and laughs. So, unlike pain insensitives, Abe appears to feel pain; but unlike Norm, he seems indifferent to it. Moreover, curiouser and curiouser, Abe doesn't react when he sees, hears, or is told about imminent physical threats.

What does this condition tell us about pain? I argue it tells us something not only about the relationship among pain, its unpleasantness, and its motivational force, but about the much-disputed nature of pain's unpleasant, motivational aspect. In particular, it corroborates my view that unpleasant pain's *hedomotive component* (as I call it) is evaluative (see Bain [forthcoming], Helm [2002] and Cutter and Tye [2011]).

2. Two Models

The little that philosophers have said about asymbolia conforms to one of two models:

Model I. Hedonic
Abe's pain is abnormal. It is neither unpleasant nor motivational. So asymbolia shows that normal pain is composite, comprising a neutral pain component and an hedomotive component, which contributes the overall state's unpleasantness and motivational force, and which Abe's pain lacks [Grahek 2007].

Model II. Non-hedonic, psychological
What is abnormal is not Abe's pain, but Abe. His pain *is* unpleasant—just as unpleasant as Norm's—and it fails to motivate him only because of a psychological deficit of his, for example an abnormally high tolerance of unpleasantness, or an incapacity to care about his own body, as Colin Klein has recently

> claimed [ms].[1] So asymbolia does not show that unpleasant pain is composite, since Abe's is a case not of pain without unpleasantness, but of unpleasantness without motivation, and the motivation is missing only because of Abe's psychological defect.

On Model I, then, Abe's situation is as if a security system detects an intruder but fails to sound the alarm; on Model II, it is as if the alarm sounds but no one responds [Fox ms].

Neither model is satisfactory as it stands, I will argue, but each has something right. I agree with Model II that one difference between Abe and Norm's cases is psychological. With Klein, I claim that Abe has an incapacity for care about his body, and that this explains elements of his behaviour that the standard hedonic story neglects, such as his unresponsiveness to visual and verbal threat. But I think that, by advancing this 'care-lack' hypothesis as an *alternative* to Model I's thesis of a missing hedomotive component, Klein fails to explain more notorious elements of Abe's behaviour, for example his failure to grimace or withdraw when in pain. Better, I argue, to retain the idea of a missing component, as per Model I, but to appeal to the care-lack hypothesis to explain *why* it is missing, to explain why there is a motivational, hedonic, and hence (I claim) *phenomenal* difference between Abe and Norm—again, why what it is like for Abe to undergo his pain experience is quite different from what it is like for Norm to undergo his. My view, then, is both hedonic and psychological: Abe's pain is indeed abnormal, but it is abnormal because of a psychological deficit with wider explanatory significance.

My view is also evaluativist. For care-lack explains Abe's pain's missing hedomotive component only given the following view of mine:

> **Evaluativism**
> Being in unpleasant pain consists in (i) undergoing a somatosensory experience that represents (accurately or inaccurately) that a part of one's own body is damaged or under threat of damage; and (ii) that experience additionally representing the damage or threat as *bad*. [Bain forthcoming.]

On this view, the phenomenal character distinctive of pain experiences consists not in blank sensation or acquaintance with sense-data, but possession of the right representational content. In particular, a pain's hedomotive character—its unpleasantness and power to motivate damage-avoidance—consists in a layer of *evaluative* content; it consists in the experience representing states of damage as *bad*.[2] One of my key points in this paper is that we can see how Abe's care-lack explains the absence of his pain's hedomotive component only if we think of that component in this evaluativist way. My task, again, is not to defend evaluativism [Bain forthcoming], but to show that we cannot realise the explanatory potential of the care-lack hypothesis without it. *If* evaluativism is defensible, it illuminates asymbolia.

Beyond its intrinsic interest, then, and the general significance of the idea of bodily care, asymbolia's importance is twofold: it reveals unpleasant pain to be composite and, more surprisingly, it suggests that its hedomotive component is evaluative. Before elaborating these points, let us clarify the data and desiderata.

3. Data and Desiderata

What do we know about asymbolia? Erwin Stengel and Marcelo Berthier provide the clearest case studies.[3] Stengel discovered asymbolia in 1928, with Paul Schilder, and published case studies until 1940; Berthier analysed another six cases in 1988. Their patients typically had lesions to their insular cortex, resulting from strokes or brain tumours in adulthood [Berthier et al 1988: 41, 47; Schilder and Stengel 1928; Schilder and Stengel 1931]. Given noxious stimuli—such as pinches, pinpricks, electric shocks, and hot and cold water—they responded as follows:

[1] Klein accepts in correspondence that his is a non-hedonic account.

[2] Like other such identity claims (e.g. that visual experiences' red-feeling character is their red-representing content), evaluativists face the objection that the identified features dissociate. See objection 2, §8.

[3] For their co-authors, see References.

1. **Avoidance and approach**. All of Berthier's patients exhibited a 'total lack of withdrawal', occasionally resulting in serious injury outside the laboratory [1988: 42-43, 46]. Stengel reports that withdrawal was either absent or slow and incomplete [Schilder and Stengel 1928: 147].

2. **Verbal behaviour**. Berthier's patients reported no unpleasantness [1988: 43, 47]. Some said the stimuli didn't 'bother' them or were 'nothing' [Pötzl and Stengel 1937: 180].

3. **Expressive Behaviour**. Despite the noxious stimuli, Berthier reports that none grimaced or winced [1988: 43]. (Indeed, some smiled and laughed.)

4. **Emotional reaction**. The patients were cooperative, and not anxious or angry about the tests [Berthier et al 1988: 43; Schilder and Stengel 1928].

All this makes tempting the idea that asymbolics are pain insensitives, incapable of pain. But I agree with Stengel and Berthier that they are not. Unlike classical insensitives, asymbolics *say* they feel pain, even speaking of stimuli *hurting* them and being *painful* [Schilder and Stengel 1928: 147; Berthier et al 1988: 44; Pötzl and Stengel 1937: 180]. And the significance of that testimony is enhanced by further differences between them and classical insensitives: (i) they feel and react to pain normally for many years before becoming asymbolics [Berthier et al 1988: 44]; (ii) they appear to grasp the concept *pain* [Trigg 1970: 70-72]; (iii) their peripheral nervous systems are intact and functioning [Nagasako et al 2003: 214]; and (iv) their autonomic responses to noxious stimuli (e.g. increased heart rate and sweating) are also normal [Berthier et al 1988: 44]. Hence I call the four deficits above *the pain deficits*, since they involve not an absence of pain, but a failure to respond to it normally.

But that is only half the story. Not all asymbolic behaviour looks like abnormal responses to pain, for it includes what I call *the non-pain deficits*:[4]

5. **Learning**. Stengel and Berthier's patients appeared even worse than pain insensitives at learning which circumstances require avoidance behaviour [Berthier et al 1988: 41-43; Klein ms].

6. **Self-harm**. Stengel and Berthier's patients sometimes *approached* noxious stimuli, for example placing their fingers in flames [Schilder and Stengel 1928: 149]. One pricked herself and jammed objects into her eyelids [Schilder and Stengel 1931: 598].

7. **Visual and auditory threats**. The patients failed to respond to visual and auditory stimuli of a salient or threatening kind. When investigators came at them with hammers, knives, and needles, they didn't respond fearfully or aversively. One of Hemphill and Stengel's patients was almost run over because, although he recognised a noise as the horn of a lorry bearing down on him, he failed to respond. [Hemphill and Stengel 1940: 256-57, 259; Berthier et al 1988: 42; Schilder and Stengel 1931: 598; Schilder and Stengel 1928: 149.]

8. **Verbal threats**. The patients didn't respond to verbal threats. When warned of noxious stimuli, all but one of Berthier's patients did nothing. [1988: 42-43. See also Schilder and Stengel 1928: 154.]

Turning from data to desiderata, notice that the pain and non-pain deficits are not a motley. They exhibit a consilience, which Stengel characterises as a failure to appreciate 'threats in general' [Schilder and Stengel 1928]. Hence I count it a virtue of an explanation of asymbolia

[4] On whether these might be *explained* by the pain deficits, see §4.

that it speaks to this consilience, and that it explains why pain and non-pain deficits tend to co-occur in asymbolics. Accounts that explain, simply and without adhockery, not only why asymbolics are unresponsive to pain, but also why they are unresponsive to visual or verbal threats are ceteris paribus preferable to accounts that don't. But explanations must not be *too* broad: it won't do to say asymbolics cannot feel any negative emotions, for example, since there is evidence they can [Schilder and Stengel 1928; Hemphill and Stengel 1940: 256]. I call this challenge, of providing an explanation of suitable breadth, *the scope challenge*. It plays an important role in what follows.

A role will also be played by the following two claims, concerning relations among pain, unpleasantness, and motivation:

> **PU**. Necessarily, all pains are unpleasant
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> **UM**. Necessarily, unpleasant pains are inherently motivational, i.e. such as to defeasibly motivate damage-limitation, independently of further desires [Bain forthcoming].

Both seem plausible but are put under pressure by asymbolia since hedonic accounts struggle with PU and non-hedonic accounts with UM. My own hedonic view captures UM nicely, I claim (§6). And while, as formulated, it is inconsistent with PU, I also claim that it can be elaborated so as to pay lip service to that intuition if required (§8).

Finally, a caveat. Although I proceed as though Abe were an exemplar of a well attested condition, the condition (if there is one) is less well attested than one would wish [Fox ms]. Detailed case studies are old and few and report exceptions: one of Berthier's patients did respond to visual threats, one of Stengel's grimaced. Terminological inconsistencies also mar the literature. While I—with Stengel and Berthier—count subjects as asymbolics only if they claim to feel pain, others don't require such evidence of pain, and some don't require any, either not recognising a distinction between pain insensitivity and indifference, or recognising it but using the term 'asymbolia' for a kind of insensitivity. Hence my conclusions should be regarded only as tentative and conditional: *if* there is a condition of which Abe's case is paradigmatic, the following is what we should say about it.

4. Grahek's Hedonic Account

Before articulating my account of asymbolia in §7, I want to consider three alternative accounts that fall short: one hedonic, two non-hedonic. The hedonic view is Nikola Grahek's. He thinks, quite simply, that Abe's pain is missing its hedomotive component. This requires a composite view of unpleasant pain, of which a few are available. One is evaluativism, explained above. Another is Pitcher's, on which pain's hedomotive component is not an evaluation of represented damage, but a desire for the damage-representation to cease:

> **Desire View**
> Being in unpleasant pain consists in (i) undergoing a somatosensory experience that represents (accurately or inaccurately) that a part of one's own body is damaged, or under threat of damage; and (ii) having a non-instrumental desire for that experience immediately to cease. [Pitcher 1970]

But Grahek embraces a third composite view:

> **Damage View**
> Being in unpleasant pain consists in (i) undergoing a somatosensory experience that represents (accurately or inaccurately) 'the location, intensity, temporal profile, and nature of a harmful stimulus' [Grahek 2007: 2]; and (ii) that experience additionally representing the stimulus as damaging, or threatening damage [2007: 80].[5]

[5] Grahek is hard to interpret and might not endorse precisely this, since he seems to think the neutral pain (and perhaps the hedomotive component) also has non-representational, phenomenal qualities [2007: 81, 95-96]. But he is certainly a composite theorist, hence vulnerable to my objection. My interpretation might also seem threatened by Grahek's claim

On this view, unpleasant pain's damage-representing content constitutes not its neutral, but its hedomotive component, hence Grahek thinks it is this content that Abe's pain lacks [2007: 80-83]. But *whichever* composite view the hedonic theorist embraces, the question arises: does the idea that Abe's pain is missing its hedomotive component suffice to illuminate him?

I think not. For, as it stands, the basic hedonic view fails the scope challenge.[6] That Abe's pain is not unpleasant explains his pain deficits but not his non-pain deficits. Why does Abe not withdraw from visual or verbal threats, for example? Why does he seem worse than insensitives at learning how to avoid injury? That his pains are missing their hedomotive component provides no answer.

At one point, Grahek comes close to a broader thesis that might seem to help: that asymbolics' lesions disconnect their sensory and limbic systems, making them incapable of 'attach[ing] appropriate emotional significance" to *any* sensory representations of threatening stimuli, including somatosensory, visual, and auditory representations [Grahek 2007: 52; Geschwind 1965; Berthier et al 1988: 48]. But even if this would explain *some* non-pain deficits, such as unresponsiveness to visual and auditory threat, it would leave others unexplained. For example: why does Abe not respond when *told* he is to be injured? And why does he seem worse than insensitives at learning how to avoid injury?

Another reply Grahek gestures at is that brains incapable of unpleasant (that is, for Grahek, damage-representing) pain will fail to store associations between visual and auditory representations of threatening stimuli, on the one hand, and either pain or damage, on the other [Grahek 2007: 68]. But Abe's brain's failure to associate visual and auditory threat with *pain* wouldn't explain his unresponsiveness, since we don't avoid threats only to avoid pain, as shown by pain insensitives who *try* to avoid damage even while incapable of pain [Klein ms]. And Abe's brain's failure to associate visual and auditory threat with *damage* wouldn't explain his unresponsiveness to *verbal* threat. For, when credibly informed that she is to be injured, an otherwise normal subject will—all else equal—believe the warning and, as a matter of practical rationality, take evasive action. Yet Abe doesn't. Indeed, he sometimes self-harms. Why?

So Grahek's hedonic account fails the scope challenge and his associationist elaborations don't help. For all this, I shall ultimately endorse an hedonic account, but one that substitutes my composite view for Grahek's and incorporates the care-lack hypothesis. But why bother? Why not opt for a non-hedonic, psychological story instead?

5. U-Tolerance: a Non-Hedonic Psychological Account

Hedonic theorists say Abe's pain is not unpleasant. Non-hedonic theorists say it is just as unpleasant as Norm's and that he fails to react only because of some psychological deficit of his. One such view—call it the u-tolerance account—identifies the relevant deficit as an abnormally high tolerance of pain's unpleasantness. Abe, the view says, is more u-tolerant than Norm. U-tolerance is not a *stimulus* threshold, notice. It is not the minimum stimulus intensity a subject will say causes pain or is intolerable. Stimulus thresholds don't illuminate Abe: he and Norm categorise the same intensities as causing pain; and while there is no intensity Abe will call intolerable, that's our explanandum, not an explanation. But u-tolerance is a difference idea: one's u-tolerance threshold is the minimum degree of *unpleasant pain* that one calls intolerable. And the hope is that this does illuminate Abe. Enjoying greater u-tolerance, the idea goes, Abe is simply *tougher* than Norm.

This account respects PU, arguably unlike Grahek, and it coheres with *some* asymbolics' testimony, for example a patient of Stengel's who said he was 'used to' pain after a lifetime of manual labour [Hemphill and Stengel 1940: 256]. But can we really make sense of u-tolerance in such a way as to make sense of Abe?

Something we might mean by saying Abe is more u-tolerant than Norm is that Abe is made less *anxious* by a given degree of unpleasant pain. Arguably, this is the right thing to say about patients given

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that, 'pointing to nothing beyond itself' [2007: 76, 80], the neutral pain lacks 'representational … force'. But I take his point to be only that the pain's 'pain quality' fails to represent [2007: 95-96]. Sometimes, interestingly, Grahek sounds rather evaluativist, e.g. his denial that the hedomotive component is 'a coldly calculated informational appraisal' [2007: 80; see also 82, 89, and 92].

[6] Klein nicely makes the same point in different terms [ms].

lobotomies for chronic pain. They claim to continue to feel the chronic pain but say they no longer mind it; and yet they still withdraw and wince at non-chronic pains [Melzack and Wall 2008: 137]. This suggests that lobotomy reduces their anxiety about the chronic pain and its causes without reducing the pain's unpleasantness [Price 2000]. But Abe's cases looks different. He does indeed look less anxious than Norm, but not *just* less anxious. For he fails to withdraw or wince even when feeling *novel* pains. The anxiety interpretation of the u-tolerance proposal doesn't explain why.

A second elaboration of Abe's u-tolerance is twofold: (i) pain's unpleasantness, it might be said, normally motivates only because we normally want it to cease; and (ii) Abe's lesions somehow prevent this desire. But claim (i) implausibly conflicts with the idea that pain's unpleasantness is inherently motivating (UM). To see this, we must avoid conflating claim (i) with Pitcher's desire view (§4). Pitcher thinks that what it is for a pain to be motivating *and unpleasant* is for its subject to want it to cease, hence that, absent the desire, the pain is neither motivating *nor unpleasant*. But the current proposal is that what it is for an *antecedently unpleasant* pain to be motivating is for its subject to want its unpleasantness to cease, hence that, absent that desire, the pain is *still* unpleasant, perhaps intensely so, but not at all motivating, not even defeasibly. I think our best account of asymbolia can avoid biting this bullet.

UM must of course be reconciled with the possibility of pain's motivational force being defeated by stronger motivations, but it is quite unclear that stronger motivations are operative in Abe's case. UM must also be reconciled with paralysed subjects' suffering.[7] But the idea that Abe's u-tolerance is a paralysis limited to the effects of unpleasant pains leaves unexplained his non-pain deficits, and his denial that his pain is unpleasant. Indeed, these explananda are left dangling by *all* u-tolerance accounts, including a primitivism according to which Abe's u-tolerance consists simply in his finding pain's unpleasantness relatively, well, tolerable. Even if intelligible, that primitivism leaves unanswered the following two questions: how does tolerance of *pain's* unpleasantness explain Abe's unresponsiveness to *visual* and *verbal* threat; and if his pain is unpleasant, why does he say it isn't?[8]

[7] Note the parallels with ethical internalism [Bain forthcoming].

6. Klein's Non-Hedonic, Psychological Account

U-tolerance fails. But it is not the only non-hedonic account. Another has recently been proposed by Colin Klein. And crucially it promises to do what neither u-tolerance nor Grahek's hedonic approach could: explain Abe's non-pain deficits. Why is Abe unresponsive to visual and verbal threats of bodily harm? Why does he seem worse than pain insensitives at learning which situations might harm him? Why does he sometimes harm himself? Because, Klein says, there is a basic kind of care for one's own bodily integrity that Abe—because of his brain damage—lacks.[9]

But Klein's view faces three serious difficulties, two of which are now familiar. First, he must answer a question facing all non-hedonic theorists: if Abe's pain is unpleasant, why does he say it isn't? Klein might reply that Abe only *means* that his pain doesn't motivate him, not that it isn't unpleasant. But that looks like a stretch; and anyway similar questions arise: why does he fail to grimace, or to become angry or anxious about the pain he is being caused?

Second, and again like all non-hedonic theorists, Klein accommodates PU but struggles with UM, the idea that pain's unpleasantness is inherently motivating. Now, Klein *claims* that his care-lack view accommodates pain's motivational force *better* than hedonic views. For whereas hedonic theorists think Abe's pain fails to motivate him because *it*—his pain—is missing something, Klein's view is that, just as a struck match might have the power to light yet not do so if oxygen is absent, so Abe's pain has everything it needs to motivate (defeasibly and absent physical impediments) and fails to do so only because Abe fails to care, care being an enabling condition on pain's motivational force. But

[8] It might be replied that all Abe *means* is that his pain is tolerable, not that it is not unpleasant. But that's a stretch.

[9] Why does he appear to be less successful than insensitives at learning which situations are damaging? Because he doesn't *care* to learn. One might worry that he should therefore be more susceptible to injury than he is. But asymbolics *are* very injury-prone, so long as their asymbolia (not always permanent) lasts [Berthier et al 1988: 42-43, 44]. On how care-lack explains the absence of spinally-mediated reflexes, see Klein [ms].

our intuition, I take it, is not that pain *per se* is inherently motivational, but that *unpleasant* pain is. And at least many hedonic views capture *that* intuition better than Klein, since they claim that pains are unpleasant by dint of possessing an inherently motivating component (a desire, for example, or a layer of evaluative content) on whose motivational force they (unlike Klein) do not impose a psychological enabling condition. (This, we shall see, goes for my view too, since although I invoke Klein's notion of bodily care, I take it to be a condition not on unpleasant pains motivating, but on pains being unpleasant.) Now, Klein might reply that there is no difference between the intuition that *pains* inherently motivate and the intuition that *unpleasant* pains do so, since necessarily pains are unpleasant. But what this reveals is that, if Klein has identified a weakness in hedonic accounts, it is not that they fail to accommodate UM, but that they fail to accommodate PU. (See §8.) I conclude that it is Klein's view that unacceptably distances unpleasantness from motivation.

My third objection is the most serious. Klein has swapped one problem for another. Whereas Grahek and u-tolerance theorists struggled to explain Abe's non-pain deficits, Klein struggles to explain Abe's *pain* deficits. I've already mentioned Abe's denial of his pain's unpleasantness, and his failure to grimace or become angry or anxious about his pain. But the problem I am now articulating centres on his notorious failure to withdraw from noxious stimuli. The worry is not simply that, if Abe's pain is unpleasant, then this failure to withdraw threatens UM. The worry is how care-lack *illuminates* this failure. Again, why should care-lack disable unpleasant pain's motivational force? If Abe's pain is unpleasant, then why doesn't it motivate him to withdraw *even if he doesn't care about his body*? Why should care about one's bodily integrity be an enabling condition on the motivational force of unpleasant pain? To this question—call it the relevance question—Klein appears to have no answer.

It won't do for Klein to reply that Abe *of course* won't be motivated by his pains if he doesn't care about them. For the care-lack view is that Abe doesn't care about his *body*, not about his *pains*. In a sense, it is true, he *doesn't* care about his pains, but that is our explanandum, not an explanation. So the relevance question remains.

A natural move for Klein would be to appeal to his imperativist view of the nature of pain's motivational character:

> **Klein's unitary imperativism**
> Being in unpleasant pain consists in undergoing an experience with a non-indicative, imperative content, in virtue of which the experience commands one to stop doing what one is doing [Klein 2007].

On this view, unpleasant pains are unitary, not composite, and they motivate in virtue of their imperative content. A person is motivated to stop putting weight on her sprained ankle, for example, because her pain tells her to. Does this answer the relevance question? I think not. Suppose, with Klein that imperative contents are normally motivating. The question is why Abe's not caring about his body should make them less so. Perhaps Klein will say that a pain's content is not *purely* imperative, that the content is not 'Stop putting weight on your ankle!' but 'Stop putting weight on your ankle *or else it will get damaged*!', and that it is this italicised, non-imperative, indicative warning of damage that (i) normally motivates but (ii) fails to do so if one doesn't care about one's body. But this is quite at odds with imperativism's key motivation. For imperativists invoke imperative content precisely because they think non-imperative, indicative contents are "motivationally inert" [Bain forthcoming]. Hence Klein had better not rest the explanatory potential of his care-lack idea on the motivational force of non-imperative contents.

7. An Hedonic, Psychological Account

Where now? For all my objections to Klein's care-lack account, I don't want to jettison his idea that Abe lacks care. Not only does this explain Abe's non-pain deficits, but Klein makes a persuasive case that it also dovetails with prevailing conceptions of the role of the insula, as well as illuminating intriguing similarities between the pain reactions of asymbolics, on the one hand, and those of schizophrenics, the depersonalised, and morphine patients, on the other [Klein ms]. But can the care-lack idea be elaborated so as to avoid my objections?

I think it can, provided we do two things:

A. Reject Klein's unitary imperativism for a composite view, distinguishing neutral pains and hedomotive components.

B. Reject Klein's idea that care-lack disables unpleasant pain's motivational force for the claim that care-lack prevents pain's unpleasantness altogether, i.e. take bodily care to be an *existence* condition on pain's unpleasantness, not an *enabling* condition on its motivational force.

This would generate a view—*both* psychological and hedonic—that says (with Klein) that Abe lacks care but (against Klein) that his care-lack renders his pain not unpleasant, thus preserving the strengths of Klein's view without the weaknesses. The view would retain Klein's care-lack explanation of Abe's non-pain deficits but, by taking care-lack to prevent rather than disable his pain's unpleasantness, it would also explain what Klein couldn't: namely, Abe's pain deficits, for example his denial that his pain is unpleasant, and his failure when in pain to grimace, get angry, or withdraw. And the account would do all this while respecting UM, because there is no need to say that the motivational force of Abe's unpleasant pain is disabled if we can instead simply deny that his pain is unpleasant.

But making B plausible is a challenge. For the relevance question recurs in a new guise: why should a lack of bodily care *prevent* pain's unpleasantness?

Imperativist accounts of unpleasant pain—whether unitary or composite—cannot answer the relevance question even in this new guise, since it is entirely unclear why not caring about one's bodily integrity should prevent pain's imperative content, which such views take to constitute pain's unpleasant, motivating character.[10] Pitcher's desire view is also unhelpful. It, recall, takes unpleasant pain's hedomotive component to be a desire for the pain to cease. Applied to Abe in line with B, the idea would be that Abe's care-lack prevents this desire. But why should it? Why should Abe's not caring about his *body* prevent him from wanting his *pain*—an experience—to cease?

Grahek's damage view also fails to deliver. Applied to Abe in line with B, it says that Abe's care-lack prevents his pain's damage-representing component.[11] But, again, why should it? Why should Abe's not caring about his body prevent him from experiencing it to be damaged? Damage-representations don't look care-dependent. You might not care about an orchid yet believe that the drought is damaging it. Damage theorists might reply that Abe's care-lack doesn't prevent but merely disables his experience's damage-representing content, but this is to revert to a non-hedonic view with all the attendant problems we identified above.

Despite these failures, however, I suggest that there *is* a view that allows us to capitalise on A and B and to articulate a plausible psychological *and* hedonic account of Abe: namely, my composite evaluativist view, stated at the outset. Evaluativism answers the relevance question. Why should a pain's unpleasantness be care-dependent? Because its unpleasantness—its hedomotive component—consists in a layer of evaluative content by dint of which it represents states of damage as bad; and a pain will represent damaged states as bad *only* to a subject who cares about her own body. Bodily care, in short, is a condition on one's pain possessing the evaluative content that constitutes its unpleasant, motivating character. To be clear, I conceded—indeed, I insisted—that bodily states could strike Abe as *damaging* even while he fails to care about his body. But, if he doesn't care about his body, they won't strike him as *bad*, hence won't be unpleasant, hence won't motivate avoidance behaviour. Evaluativism answers the relevance question.[12]

Unpleasant pains are not the only evaluations that depend on a given kind of care. Consider fear. Though you and I both watch a rock falling towards a vase, it might be that only you fear it because only you

[10] On composite imperativism, see Hall [2008] and Martínez [2011].

[11] If unpleasantness instead consists in non-representational qualia, as Grahek sometimes seems to think (see note 5 above), the relevance question would be even harder to answer.

[12] The point is not that 'pain's unpleasantness = pain's possession of the right evaluative content' holds only for those who care, but that pains will have that evaluative content, hence be unpleasant, only in those who care.

care about the vase.[13] Why might care make this difference? Because, I suggest, fear too is evaluative, representing the danger that x poses to y as bad, and one's experientially representing the danger posed to y as bad requires one to care about y. Hence this contrast between you and me in the fear case is much like the contrast I am drawing between Norm and Abe in the pain case: they both have pain experiences representing their bodies as damaged, but only Norm cares about his body, hence only his pain represents the damage as bad, so only his pain is unpleasant and motivating.

Let's take stock. Klein claims that one difference between Abe and Norm is that Abe cannot care about his body. I agree. And I agree that this explains Abe's non-pain deficits, for example his unresponsiveness to visual or verbal threat. But I have insisted that, for his care-lack also to explain his *pain* deficits, it must determine a *further* difference between him and Norm. It must—and, given evaluativism, will—determine an hedonic, hence (I claim) a *phenomenal* difference between them. Things *feel* different to Abe and Norm: Norm's pain is unpleasant, Abe's is not. *That* is why Abe denies his pain is unpleasant and fails to grimace. And that is also why he fails to withdraw. His not caring about his body suffices to explain that failure only because it renders his pain not unpleasant. Thus, at last, the scope challenge is met. And it is met while respecting UM, since care on this account is a condition not on unpleasantness motivating, but on a pain being unpleasant.

8. Objections

In closing, I consider four objections.

Objection 1. Non-hedonic accounts violate UM and hedonic accounts violate PU. Why prefer the latter?

As formulated, my hedonic account does indeed violate PU. That is the price of taking Abe's testimony at face value, since he *says* he feels a pain that is not unpleasant. But if keeping PU and not taking his testimony at face value is preferred, a variant of my view can be produced by claiming that 'pain' applies not to an unpleasant pain's neutral component, but only to the whole composite. That would mean that Abe is wrong to say he feels pain, but this commitment is surely no worse than the non-hedonic theorist's claim that Abe is wrong to deny his pain is unpleasant; and, moreover, it continues to preserve UM. Further, even though not taking Abe's report of pain at face value, the view could still take that report seriously, since the story would be that Abe undergoes a neutral experience that (i) *would* have counted as a pain had it been accompanied by the usual hedomotive component and (ii) is sufficiently distinctive of paradigmatic cases of pain to explain (if not vindicate) his report of pain.

But why fight for UM? Is it not refuted by other cases?[14] Not obviously. The putative counterexamples are inconclusive at best. While the lobotomised say pain doesn't bother them, for instance, arguably they mean only that it doesn't make them anxious. And while masochists seem to seek pain, arguably their pain is either not unpleasant or its motivational force is defeated by stronger motivations, perhaps for humiliation. In any event, my view's *principal* motivation is not that it vindicates UM, but that it meets the scope challenge.

Objection 2. My view is too strong. There are unpleasant, motivating pains (and other experiences) which it predicts ought to be neutral and unmotivating. Hence either pain's hedomotive component does not consist in evaluative content or such content is not care-dependent.

It might be said, for example, that the lobotomised, the suicidal, and those who hate their bodies lack care and yet experience unpleasant, motivating pains anyway. But I deny they lack care. To commit suicide is to override

[13] The example is Helm's [2002]. He takes a similar view of pain but ignores asymbolia and seems to resist crediting unpleasant pain with the composite structure that I think is essential to explaining asymbolia.

[14] Corns [forthcoming] argues that 'hedonic tone' and 'aversive valence' doubly dissociate. But (i) the bearing of her argument on UM, as I understand it, is debatable since she takes even unconscious states to have 'hedonic tone'; (ii) UM allows anti-damage motivations to dissociate from unpleasant pains; and (iii) Corns concedes that examples of dissociation in the opposite direction are inconclusive.

care for your body, not to lack it. Nor does hating how your body looks, or even being disgusted by it, involve not caring about it.[15] As for the lobotomised, either their pains are not unpleasant or—more plausibly, given how much else they are relaxed about—their lack of anxiety about their chronic pain reflects something other than a lack of care for their bodily integrity.

A variant of the present objection concerns not pain, but thirst. If it is by dint of their evaluative content that pains are unpleasant and motivating, the worry goes, the same must be true of thirst sensations; and yet Abe has thirst sensations that motivate him to drink [Schilder and Stengel 1928: 150]. In reply, there are three options. We might resist extending evaluativism beyond pain to thirst, or demand more evidence before conceding that Abe is motivated to drink in the normal way by hedonic thirst sensations. Or, finally, we might distinguish *kinds* of bodily care. Abe, the idea goes, lacks the kind underlying the hedomotive component of pain, but not the kind that underlies the hedomotive component of thirst. The former, perhaps, is care that one's body not be damaged (call this d-care), the latter is care that its needs are met (n-care). Normal subjects, of course, both d-care and n-care, and they n-care partly *because* they d-care, since unmet needs cause damage. But, the idea goes, Abe is not normal but brain damaged; and he is brain damaged in such a way as to prevent d-care but not n-care, thus preventing the hedomotive component only of his pain, not of his thirst.

Objection 3. Evaluative content is not care-dependent. A might believe that damage to B's body is bad even while not caring about B's bodily integrity.[16]

There are indeed various senses of 'bad' in which A might, despite her indifference, *believe* that a state of B's body is bad. She might believe that the state is a state of damage, that it impedes the proper functioning of B's body, that the damage is severe, and that it is contrary to B's interests. But such beliefs are not what I am invoking to explain pain's unpleasantness. I am invoking episodes in which badness in *another, normative* sense is represented *experientially*, episodes in which the subject is struck that certain states of damage to her *own* body are *to-be-avoided* [Oddie 2005: 42; Helm 2002: 21]. It is these episodes that care-lack prevents.

Like fear, mentioned above, desire is instructive in this context. I argue elsewhere that evaluativism is required to explain how unpleasant pains can be motivating reasons: episodes that motivate behaviour in such a way as to allow sense to be made of it in terms of the *reasons* for which it was performed [Bain forthcoming]. Others similarly argue that *desires* too can be motivating reasons only if they are evaluative experiences, in which subjects are struck by the *goodness* of what is desired [Stampe 1987; Helm 2002; Oddie 2005]. And, like me, these theorists tend to take such evaluative experiences to be care-dependent. Dennis Stampe, for example, claims that one might *believe* that the end of a distant war would be good without caring enough to *want* it—without, that is, caring enough to produce 'a perceptual state in which that thing seems good' [1987: 357-8, 359]. It is in much the same way, I claim, that Abe's not caring prevents his pain experience from representing his bodily state as (in the relevant sense) bad.[17,18]

A full defence of evaluativism would need to say more, of course, not least about the metaphysics of badness (on which there are a range of options, from realism to eliminativism). But all I need here is that bodily states can perceptually *seem* bad in the relevant sense, and that such representation is care-dependent. I don't have a psychosemantics to prove they can and it is; but nor do I see a compelling reason to deny this.[19]

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[15] Alien limb cases may seem more problematic. For a helpful discussion of this condition's bearing on Klein's and my care-lack hypothesis, see de Vignemont [ms].

[16] If we retreat to the idea that care is an *enabling* condition on such content's motivational force, we revert to a non-hedonic view, which faces now-familiar objections.

[17] Helm similarly thinks that differences in 'background concern … for one's [own] safety and integrity' can explain differences between pleasant and painful experiences [2002: 16-17, 22-23].

[18] This, I suggest, is a more compelling response to the relevance question than the following point that Klein might make: that natural selection might have made imperative contents *causally* depend on bodily care. But it is unobvious why natural selection should make imperative contents care-dependent. My account, by contrast, appeals not to natural selection but to a *constitutive* connection between care and evaluation.

[19] Cutter and Tye [2011] provide a 'tracking' psychosemantics, but arguably identify damage and badness, unlike me. For gestures at other accounts, see Helm on pain [2002: 23] and Stampe on desire [1987: 364-374].

Objection 4. The relationship between care and desire (or motivation more generally) makes my explanation of Abe either (i) trivial, (ii) excessively demanding, or (iii) otiose.

To begin with (i), the worry is that bodily care is a motivational state—an inclination to avoid bodily damage—hence that my care-lack explanation of Abe is trivial: he is unmotivated to avoid bodily damage because he is unmotivated to avoid bodily damage. But my account comes to more than that. For one thing, bodily care is not a mere inclination to avoid bodily damage. It is a standing, non-episodic state, one that is non-conceptual yet itself evaluative.[20] For another thing, the explanandum that the care-lack hypothesis illuminates, I have argued, encompasses more than Abe's being *unmotivated* to avoid damage. Care-lack explains his being unmotivated to avoid damage partly *via* explaining his pain's not being unpleasant, which in turn explains his failure to grimace or to resent those who gratuitously cause him pain.

Moving to (ii), my opponent might complain that, if bodily care is more that an inclination to avoid damage, then it is (or entails) a desire, and that making desires a condition on unpleasant pain is too demanding, ruling out suffering in non-human animals. But, although I have just resisted the idea that care is a mere disposition, the alternative conception that I sketched is undemanding.[21] And, it is worth adding that, unlike Pitcher, I do not require the possession of desires targeted at pains or other mental states. Rather, on my account, the intentional objects of care and the hedomotive component of pains are bodies and states of damage.

Moving finally to (iii), my opponent might again insist that care is a motivational state, hence complain that my appeal to a difference in evaluative content between Abe and Norm's experiences is otiose. The difference in care alone—or in desires explained by the difference in care—is explanation enough. But, again, I have argued that the difference between Abe and Norm includes an hedonic, phenomenal difference. And this difference cannot be *identical* to Norm's having and Abe's lacking bodily care, since care is not *itself* unpleasant. (If it were, then Norm would *always* be in an unpleasant state.) My opponent may ask: might a difference in *desires* explained by a difference in care not be enough to make sense of Abe and Norm? Only if that desiderative or motivational difference is an hedonic, phenomenal difference. And, if that is granted, my putative opponent and I need no longer disagree. For my view is precisely that some care-dependent anti-damage motivation of Norm's renders his pain motivating and unpleasant. Yes, I have characterised that motivation as an experiential representation of the badness of a state of damage, not as a desire for the damage to cease. But, on some views of desire, the motivation I invoke *is* a desire—a felt, unpleasant desire—and, for present purposes, I've no objection to my view being put that way [Bain forthcoming].[22]

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In conclusion, I have defended a view on which Abe's pain is abnormal (as per the hedonic story) because *he* is abnormal (as per the non-hedonic story). His pain lacks a hedomotive component because he lacks care. Incorporated into an hedonic account, care-lack promises to explain not only Abe's failure to withdraw from visual and verbal threat, but his denial that his pain is unpleasant, and his failure to grimace, get angry, or withdraw from pain-causing stimuli. And it promises to explain this *while* respecting a tight link between pain's unpleasantness and motivation. To realise this promise, we need to connect care and pain's hedomotive component, and this require evaluativism. So, if evaluativism is defensible, it has a surprising virtue: being indispensable to our best account of asymbolia. In short, asymbolia suggests the following: contra Klein, that unpleasant pain has a composite structure; and contra Klein, Grahek, and Pitcher, that the structure's hedomotive component is evaluative.[23]

[20] See Helm [2002] on care as a standing evaluation. Note that care is also not merely a disposition to undergo unpleasant pains when damaged.

[21] Another option is to say that care is conceptual and invoke some non-conceptual 'proto-care' that plays a similar role in beings without concepts.

[22] This is compatible with my saying that taking unpleasant pains to involve desires *without evaluative content* fails to accommodate their rationalising role [Bain forthcoming].

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