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FORUM

Explaining impossible and possible imaginings of pain^{*}

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Abstract Jennifer Radden argues that it is impossible to imagine sensuously pain and explains this by noting that pains are sensory qualities for which there is no distinction between appearance and reality. By contrast, I argue that only basic sensuous imaginings of pain from the first person perspective are, with some qualifications, impossible. Non-basic sensuous imaginings of pain from the first person perspective are possible. I explain the extent to which imagining pain is impossible in terms of the conditions required for representing the painfulness of pain. I outline some difficulties with Radden's favoured explanation and note how imagining pains may have a role in depression and, to that extent, keep open the option that it may have a partly delusional character.

KEYWORDS: Imagination; Pain; Depression; Action; Delusion

Riassunto *Spiegare l'impossibilità e la possibilità di immaginare il dolore* – Jennifer Radden sostiene come l'immaginazione sensoriale del dolore non sia possibile e lo motiva facendo notare come i dolori siano qualità sensoriali per cui non c'è distinzione tra apparenza e realtà. Per converso io sostengo come sia impossibile solo l'immaginazione sensibile di base del dolore dalla prospettiva della prima persona, con alcune specificazioni. L'immaginazione sensibile non di base del dolore dalla prospettiva della prima persona è possibile. Illustro fino a che punto l'immaginare il dolore è impossibile in termini di condizioni richieste per rappresentare la dolorosità del dolore. Sottolineo alcune difficoltà della spiegazione proposta da Radden e faccio notare come l'immaginare il dolore può aver un ruolo nella depressione e come, per questo, resti aperta l'opzione che il dolore possa avere in parte carattere illusorio.

PAROLE CHIAVE: Immaginazione; Dolore; Depressione; Azione; Delirio

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IT IS A GREAT PLEASURE to be invited to comment on Jennifer Radden's searching and intriguing essay on depression and imagining pain. She is interested in the question of whether severe depression can contain a delusional element and, in particular, whether the delusional element might involve imagining pain of a physical or psychological variety ("delusional affection"). Imaginary pain can figure in the production of depression in at least two ways. The first, which is Radden's principal target, is where the pain associated with severe depression is imaginary.¹ The second is that one is depressed because of pains that, in fact, are imaginary. Hypochondria would be a candidate example.² To illustrate the difference, if I am depressed because I imagine a persisting pain in my foot, then that is depression based upon imagination in the second sense. If my depression at my social inadequacy and sense of hopelessness is taken to be painful because I imagine that the depression is (emotionally) painful, then we have a case of the first kind.

Although the first, psychological, type of case is her principal target, she works up to it, and spends most attention on, the second type of case. In addition, her strategy is to begin by focusing on the more specific case of bodily pain and then suggesting that psychological pain shares with bodily pain certain key elements, including somatic features. I shall focus more on the bodily case because I want to question her explanation of the unimagability of pain at the point of its initial development. Although I will join her in discussing bodily pain and psychological pain together, there are good reasons to question this assimilation, and some of my points working within this shared assumption, and towards the formulation of a single impossibility thesis, may have to be separated if the assumption is dropped.³ At the end, I shall also consider ways in which malfunctioning or irrational imagination may support depression more generally.

The imagination of pain involved in either case is of a particular sort. We can imagine other people, and ourselves in pain, if we are imagining the subject of pain from the perspective of an observer. That's not the relevant kind of imagining pain. The relevant kind involves imagining that one is in pain as part of our first person perspective on our own mental lives, for example, as an element in imagination of my stream of consciousness. But even that is not specific enough. One type of imagining is purely cognitive. I can imagine that I am in pain as part of a project of fooling you that I should be let off marking for the department. In such a case, I might only be supposing or entertaining the thought that I am in pain and clutching my side. This is not the relevant kind of first person imagining. The question is whether we can imagine being in pain now as part of our current experience of our own mental life in the same way,

say, as I can imagine the front of my mum's house to count the number of south facing windows. Call this the *sensuous* imagining of undergoing pain from the first person perspective. With one preliminary qualification below, I agree with Radden that this kind of imagining of pain from the first person perspective does not seem to be something that we can imagine.⁴ Consider the possibilities of self-punishment if we could imagine pains in this way! This does not seem to be a phenomenon.

In this discussion, I will do three things. First, I will set out the impossibility thesis about imagining pain with the further qualification to which I adverted. Second, I will criticise Radden's favoured explanation of it and outline my preferred approach. Third, I will discuss at the end the ways in which malfunctioning, irrational or non-rational imaginings may still be involved in depression in the spirit of trying to keep some theoretical options open.

1 The impossibility thesis

The impossibility thesis to be considered is that:

It is not possible to imagine sensuously being in pain from the first person perspective.

Suppose that the phenomenal properties of a mental state or event are those properties of a mental state or event that determine what they are like to be in or undergo. Corresponding to the various sensory modalities – vision, audition, olfaction, and so on – and to bodily sensations more generally, there are, potentially, various modalities of sensuous imagining: visual sensuous imaginings, auditory sensuous imaginings, and bodily sensation sensuous imaginings such as sensuously imagining a sensation of warmth. One plausible condition laying down the relationship between sensory modalities, bodily sensations, and their corresponding modalities of sensuous imagining is that they have a similar phenomenal character, where the phenomenal character is constituted by the phenomenal properties of their respective states or events. In which case, the impossibility claim may be understood as the claim that it is not possible to be in an imaginative state with a sufficiently similar phenomenal character to pain. Talk of "sufficiently similar" is imprecise but a key element of this is, obviously, that the sensuous imagination of pain should hurt. The hurt does not have to be as great as that involved in pain. Visually imagining something green is not to experience the thing in question with exactly the same phenomenal character as the corresponding sensory experience of green. As we might be tempted to say, the colour is not as vivid. Nevertheless, if I am to imagine sensuously pain from the first person perspective, there should be a phenomenally suffi-

cient similarity between pain and the sensuous imagination of pain. That is what the thesis claims is not possible.

As formulated, the thesis is neutral about the nature of the imaginative content. One might take it that what is imagined must be an object or property instance. However, if, as some philosophers argue, the fundamental nature of perception should be characterised in terms of propositional contents, then the corresponding sensuous imagining will be propositional too.⁵ This issue is independent of the thesis considered here and thus it is better not to emphasise the non-propositional character of this form of imagining (as Radden does).⁶ Equally, the impossibility claim is neutral on the issue of whether imagining objects and properties in the world always involves imagining an experience of these objects and properties, although some take the impossibility thesis to support a positive answer.⁷

The impossibility thesis might seem to involve commitment to one issue however. According to some philosophers, hallucinations are imaginings. Specifically, they are internally triggered imaginings impervious to the will.⁸ Pain in phantom limbs may count as hallucinations on the grounds that subjects experience of pain is not the result of nociceptive stimulation in the limb itself. If hallucinations are imaginings, then imagined pains can hurt after all since nobody questions the pain that those with phantom limb pain experience.⁹ Hallucinations of painfulness in the phantom limb are still genuine pain experiences.

This is one reason why the impossibility claim should be understood as limited to *active* imaginings rather than any that might be involved in hallucination (as Radden seems to acknowledge).¹⁰ It is plausible that active imaginings of various forms are the only imaginings there are. Hallucinations are similar to imaginings in that they involve phenomenally similar content but this should not be taken to imply it is legitimate to count them as imaginings too. But we can set this issue aside.

The impossibility thesis requires further adjustment. Radden notes that there is a difference between imagining something with feeling and imagining having that feeling.¹¹ One illustration is imagining learning a piece of terrible news like the death of a close friend. Even if the imagining makes us feel upset, the suggestion is we are not imagining being upset but the upset is a consequence of our imagining. But this distinction does not cover all the cases.

These are painful times. People have lost loved ones to COVID-19, parents have lost children to abduction and, subsequent, death. Part of what makes these events cause great suffering is what the people imagine about their loved ones' last moments. Suppose that one of the individuals affected by death or disappearance of a loved one

feels numb. At the moment, what has happened does not sink in. In those circumstances, it would be possible for the individual to imagine the pain that they would feel if they were looking through the glass window into an intensive care isolation ward with the COVID-19 sufferer unable to appreciate that they were there, dying alone, or the pain of seeing what happened to their child powerless to help. The imaginings that, in most circumstances, would be described as a source of their suffering – imaging with feeling rather than imagining having that feeling – would be imagining the pain. Such an imaginative act would also, no doubt, generate the feeling as well. But it is legitimate to describe it as imagining the pain.

Radden might suggest that in these cases, we would be reliving and not imagining the pain on receiving the news.¹² This can't be right. The pain in question is one that we haven't experienced before relating to what is imagined (because what we imagine is something new). So it can't be assimilated to case of flashbacks and memories.¹³

Where the first type of case concerned emotional pain, a second type of case can typically involve clear cases of physical pain when we try to understand the behaviour of another person by simulating their pain, in roughly the same way we also might try to simulate their beliefs and desires.¹⁴ It is plausible that *recreative* imagination is involved, prompted by what is happening to the person and how they are responding to it.¹⁵ When we seek to recreate imaginatively states with phenomenal character, sensuous imagination is involved and what we sensuously imagine is that we are in such and such a phenomenal state, in this case, our target state: pain. This has been investigated by experimental settings in which pain stimuli were applied to a partner, pictures presented involving apparent damage to a hand, or facial expressions of pain. There is some evidence that, in these circumstances, the hurt is imagined (activation in anterior insula and anterior cingulate cortex correlated with empathy scores and evaluations of the significance of the pain,¹⁶ heightened response when a picture is supposed to be of one's own hand,¹⁷ although in these areas there is not too much differentiation between fear and pain responses).¹⁸ In contrast to the previous type of case, there is a question mark over whether such cases involve active sensuous imaginings even if recreative imagining more generally has active elements. This is partly underlined by the debate about whether the pain of another is seen or imagined in response to what is seen.¹⁹ De Vignemont and Jacob suggest that it is subintentional imaginings.²⁰ I will return to this element later.

The key point for now is that, in the cases just described, we are imagining the pain by focusing imagining on what causes, or would cause the pain, or the effects that express it. A intentionally

basic action is an act of doing A without it being the case that there is something distinct from A that one aims to do in virtue of which one does A. The cases just described are plausibly described as non-intentionally basic acts of imagining pain. We are doing something in virtue of which we will imagine the pain rather than imagining the pain straight. But this does not mean that we are simply imagining something else and feeling the pain. We aim to imagine being in pain by doing something else.

What seems more obviously impossible is a basic act of sensuously imagining pain from the first person perspective. Thus the key formulation of the impossibility thesis is this:

It is not possible for the following to be an intentionally basic act of imagination: to imagine sensuously being in pain from the first person perspective.

Non-basic sensuous imagination of something still counts as imagining in the relevant sense. I might imagine the front windows of my mum's house by imagining the house. The windows come as part of that front. It needn't be the case that I imagine, or should be able to imagine, the windows as an intentionally basic act of the imagination in order to be correctly attributed the state of sensuously imagining the windows from the first person perspective. So we can allow, equivalently, that there are non-basic intentional sensuous imaginings of pain compatible with the impossibility thesis. People may vary about whether they need to imagine something intentionally non-basically to form the required sensuous imagining. The issue is why, in the case of pain, there seems (with some qualifications we shall note later) no cases of intentionally basic acts of sensuously imagining pain (that is, with the required element of painfulness).

2 Explanation of the impossibility thesis

Radden draws upon two elements of Eva Brann's position to explain the impossibility thesis but puts the emphasis on one of them.²¹ The first is that, if there is a distinction between sensory appearance and reality, then there is an internal sensory field in which sensory objects are situated upon which the mind's inner eye is directed. This is Brann's triadic structure of inner eye, internal field and sensible object.²² The second is that, in the absence of a distinction between sensory appearance and reality, a sense will only deliver immediate qualities or feels.²³ Brann takes this to be shown with respect to touch, smell and taste. Radden extends this to pain.

As Radden notes, "dimly recognised" body maps may provide a comparable internal field to the ones that Brann emphasises – visual and auditory – to allow for a similar structure for bodily sen-

sations including pains.²⁴ However, she concurs with Brann's denial of the distinction between appearance and reality for bodily sensations. Bodily sensations, and pain in particular, involve immediate qualities or feels. If those are not present, then a subject is not in pain. If they are, then they are in pain and so, presumably, not merely imagining being in pain. Thus she concludes

Phenomenal elements of each kind will be experienced or not, in the manner of raw feels – explaining why, trying to imagine them (P simpliciter imagining), without re-experiencing them, we fail.²⁵

So the explanation comes to this. If there is no distinction between appearance and reality in the case of pain, then when we seek to imagine sensuously pain from the first person perspective either we are in pain because the feels are present, and so pain is re-experienced not imagined, or there is nothing that is imagined.

There are a number of problems with this explanation. First, what we needed to explain remains unexplained once we have reformulated the issue to take into account the two alternatives Radden takes there to be: re-experiencing or imaginative failure. Radden acknowledges that there are re-experiences of traumatic phenomena in the case of flashbacks. These aren't perceptions but they are not imaginings either because the subject is a passive victim of such experiences rather than active in their production. There is a third option that we need to get out of the way. Subjects can suffer from obsessional-compulsive imagery such as one's children burning, being smothered or stabbed in the chest, animal corpses, or bodies crushed or cut in half by a train for which there is no evidence they have previously experienced them.²⁶ Obviously subsequent experiences of these images could be re-experiencings of the previous experience of them but there is no particular reason for supposing that this is so as opposed to a distinct token experience of the same type occurring. Taking these into account, by Radden's lights, we have two options with regard to pain: experiencing it (which includes re-experiencing but also covers experiencing it for the first time in one's imagery) or imaginative failure.

This brings me to the first problem with Radden's explanation. Her explanation of our inability to imagine pain sensuously from the first person perspective is that, if we did so, it would not count as an imagining but rather as an experiencing of pain. So we wouldn't have imagined pain but rather genuinely be in pain. However, this doesn't explain what we needed to explain. To see this consider the issue within her framework. If active imaginings of pain are really, by her lights, active experiences of pain then we have an explanation

of why we can't imagine pain but we don't have an explanation of why we can't actively experience pain. Why can't I, by setting myself the task of imagining pain, produce in myself an experience that is genuinely painful? The fact that we might classify such a case as an experience rather than an imagining of pain, if Radden is right, is beside the point. We have no explanation of the key fact, namely setting out to imagine this thing is not a way of being in pain. The interest of the case of flashbacks and obsessional compulsive imagery is that they seem to highlight the significance of the active component of imagination in an explanation of the impossibility thesis.

Second, even if there is no distinction between a mental life involving an appearance of pain and one in which there is pain, it doesn't follow that imagining that one is in pain sensuously from the first person perspective is exactly the same as being in pain. When we imagine any experience, this is not equivalent to the mind having the appearance of being in the state in question. It is recognised that imagination lacks features, say, that the corresponding perception possesses. Radden seems to have an idea of imagining pain sensuously from the first person perspective that is equivalent to hallucination here but that is not what imagining pain involves. Consider another state in which there may be no difference between appearance and reality, namely imagining an experience of an object being phenomenally red. Phenomenal redness is the particular way that a subject sees red objects which may differ between subjects (if spectrum inversion is a possibility). Phenomenal redness may be taken to be distinct from redness even in the absence of the possibility of spectrum inversion if the redness of an object is a disposition or surface reflectance property and phenomenal redness is used to characterise how red objects seem to subject if they don't show up as dispositions or surface reflectance properties in experience. It is an open question whether our experiences of red display redness as a surface reflectance or dispositional property or not. The point I'm making is just that there can be theoretical reason to postulate a property of phenomenal redness independently of the possibility of spectrum inversion. In any event, the key point is that I can imagine a visual experience of an object that is phenomenally red and yet not be in state in which I am visually experiencing an object that is phenomenally red.

Third, the suggestion that pain is not sensuously imaginable because it is an immediate quality or feel assimilates the inability to imagine sensuously pain from the first person perspective to the inability to have olfactory, gustatory and other bodily sensation imagery. However, there is evidence that these other forms of imagery are possible. For example, although there are individual differences

over whether or not subjects can imagine smells, there is evidence that some certainly can.²⁷ For example, vivid olfactory imagers can change the amount of saliva produced depending upon the food flavour imagined (olfaction being part of our experience of flavour).²⁸ Equally, appeal to olfactory imagination can assist the detection of flavours in a comparable way to olfactory perception (e.g. imagining strawberry, detecting sucrose) and hamper the detection of flavours when in conflict (e.g. imagining ham, detecting sucrose) suggesting the presence of olfactory imagery.²⁹ This is not present when subjects have non-olfactory imagery of the same thing.³⁰ These suggest that sensuous olfactory imagination from the first person perspective is possible and, thus, whatever subjective features such experiences have cannot be the explanation of the impossibility claim.³¹

Fourth, and finally, her explanation does not respect the difference between basic and non-basic sensuous imagining of pain. If her explanation were correct, then both would be impossible because even non-basic imaginings of pain would fall in the category of experiencing pain. However, we have seen that there are plausible non-basic sensuous imaginings of pain. We need an explanation that is sensitive to this difference.

A better explanation of the impossibility thesis is to focus on the conditions for the representation of pain. One dimension of pain is plausibly just the representation of a sensory quality at the apparent location of the pain (let "P_Q" stand for pain sensory qualities), where the pain has a location. P_Q will relate to the way in which the body is affected by the typical cause of the pain. However, an important second part of pain is the painfulness. Something painful is represented to be at a certain location in our body (say). My suggestion is that this second element of the representation of pain is represented by a disposition to respond aversively to the location in question's apparent possession of P_Q.³² I say "apparent possession of P_Q" to cover the case of referred pain.

The painfulness of pain is plausibly a response dependent property. Although there is something that is painful and, indeed, has properties which, if it did not have, it would not be painful, the possession of the property of painfulness depends upon, in part, the responses of a subject. There is a prima facie charge of circularity that such an approach needs to answer. Response dependent properties are usually given the following characterisation

(RDP) O is R = O has the disposition to produce M(R) in subjects of type S, in C.³³

Here R is a response dependent property and M(R) is the mental response characteristic of O's possession of R. If M(R) is characterised, in turn, as an experience or representation more generally

of O being R, (RDP) has not provided an informative characterisation of the response dependent property. So $M(R)$ must be given an independent characterisation. My suggestion is that, in the case of painfulness, this characterisation is given in terms of a disposition of the subject, in whose body O is a part, to respond aversively to apparent properties of O (e.g. the way it is being damaged). Obviously, this is schematic but it can provide the basis for a discussion of the explanation I propose.

Let $M(R_p)$ be the disposition to respond aversively to properties of O distinctive of painfulness. A subject's experience represents the painfulness of pain when the experience includes, as a part of its representational properties, $M(R_p)$. $M(R_p)$ is an intrinsically representational property of painfulness because it represents the response dependent property of painfulness (R_p) characterised in terms of the instantiation of $M(R_p)$.³⁴ The painfulness of pain has been thought to be an objection to representationalist accounts of pain because it was assumed that even, if our pain experiences represented damage to the body, or indeed, that there was something painful going on, this would not imply that the experience itself was unpleasant.³⁵ Recognition that the disposition to respond aversively can itself be a representational property avoids this problem.

This second element, the representation of the disposition by $M(R_p)$ is present when we experience pain but there is no reason to expect it to be present when we attempt to imagine pain. For a number of different reasons, a basic intentional act of imagining pain removes the aversive response to P_Q at its experienced location in all but special circumstances and so, whatever we imagine, when we attempt to imagine pain, cannot be experienced as an imagining of something painful.

First, we are familiar with the fact that if we are causes of pain in ourselves – for example, by ripping a bandage off or trying to dig out a splinter – this hurts less than if somebody does it to us. The control involves us in suppressing the disposition to respond. Of course, we may not be able to bring ourselves to do the thing or do it badly in a way that makes things more painful. The relevant comparison is if we manage to do the same thing that otherwise would be done by somebody else. The control over our imagination of pain is much greater. As a consequence, the painful aspect is even more suppressed than when we are simply causing pain in ourselves by what we do. A comparison that might help here is with tickling oneself. It is difficult precisely because of the predictability of the tickle as a result of our control.

Second, part of the disposition to respond aversively to pain is anxiety over what is going on with one's body. The anxiety is reduced by the fact that we are aware of ourselves imagining P_Q as opposed to something happening to our body. In-

deed, if a representation of sensory qualities is presented to be real if they are unorganised by the subject in the context of the subject's appreciation of their own agency, then the apparent unreality of what is imagined will add to the absence of any anxiety or aversive response.³⁶

What I have said earlier about the way in which we can imagine pain provides support for this position. In the non-basic cases of imagining pain, we imagine the conditions under which pain would arise. The imagination of the painfulness itself is not a basic act of imagination but a more or less uncontrolled consequence of what we are basically sensuously imagining. In addition, our basic sensuous imaginings of the situations are aimed at trying to characterise the way things are rather than imaginatively created in a way that might make them seem unreal.

The proposal has one intriguing confirmation and prediction. Those suffering from pain asymbolia aren't disposed to have an aversive response to pain and don't experience the pain as painful. A natural way of thinking about the connection is to say that they don't have the disposition *because* they don't experience the pain as painful. However, my proposal is that their failure to have the disposition is the explanation of why they don't experience the pain as painful. Although this reverses the intuitive ordering, in another way, the proposal receives some confirmation from the fact that such subjects experience something as pain but aren't disposed to have an aversive response to it.

If we took the natural order of explanation, then we would have the following puzzle. How could a subject experience something as pain and yet fail to take it as painful (and thus be disposed to have an aversive response to it). The quality would be the putative explanation of the disposition and yet it isn't present. Whereas if the disposition to respond aversively is tied to the experience of the quality as painful, no further explanation is required.³⁷ The prediction is this. Those suffering from pain asymbolia would take pain to be no less basically imaginable than other bodily sensations. The impossibility thesis concerns that element of pain that they do not have.

Both Radden and my own approach seek to appeal to the way in which the content of imagination must be determined to explain why pain can't be imagined sensuously from the first person perspective. The advantages of my own approach are that it doesn't rely upon strong and dubious theses about our experience of sensory qualities, it can respect the distinction between basic and non-basic sensuous imagining for the imagining of pain and specifically explains why we find it hard basically to intend to produce an experience of something that hurts by attempting to imagine pain. The approach also has other advantages. It leaves open a wider theoretical space for the understand-

ing of depression and can capture possible qualifications to the claim basic sensuous imagining of pain is not possible. I will outline these in the final section of the paper.

3 Depression, malfunctioning imagination and the support of a disposition

Radden argues that depression cannot be delusional in, at least, two respects: subjects' depressed feelings of pain cannot be imaginary and they cannot be responding to imaginary pains.³⁸ Instead, if their depression partly involves painful feelings or is taken to be a response to bodily pain, then these must be genuine. On the assumption that the depressed aren't deeply deluded and claim to feel pain when there is no experience of any kind to back this up, they are not deluded with regard to their experiences because there can't be imaginary experiences of pain.

One qualification to this picture is the point I made about non-basic sensuous imaginings of pain from the first person perspective. These can provide an imaginary basis for some depression. To the extent that somebody is depressed because of their non-basic sensuous imaginings of pains, then there is the possibility of a delusory formation of the beliefs, and cognitive states more generally, that reflect the depressed person's imaginative projects. If these projects are directed to negative outcomes as a result of anxieties and fears, then the non-basic sensuous imaginings of pain that they engender will be part of why such subjects complain that they are in pain when they may not be.

There are further ways in which imagination may be involved in depression that may bring in elements of delusion. One way of understanding this is by focusing upon the function of sensuous imaginings. Unlike the case of belief and desires, it is questionable whether sensuous imaginings have a function in general in the same way that it is questionable whether entertaining thoughts have a function in general. Nevertheless, there are certain particular types of sensuous imaginings that it is legitimate to attribute a function. Recreative imaginings seek to reproduce the mental states of a distinct subject in order to predict their behaviour. Sensuous imaginings concerning particular possible outcomes as a result of hypothesised action have the function of enabling a subject to predict the outcome of their actions in order to satisfy their desires. Those who emphasise continuities between sensuous imaginings of this type and memories, may take the function of these states to be mental time travel in either direction: the way the future will be or the way the past was.³⁹

Consider sensuous imaginings that fail to perform either of the functions indicated but have harmful consequences in terms of the pains non-basically imagined, anxieties provoked, pessimistic

attitudes reinforced, and so on. It is plausible that depression could be supported by such sensuous imaginings. You don't have to be committed to the view that any mental illness must involve a mental capacity malfunctioning – or in the envisaged case, failing to perform one of the functions which may have conferred evolutionary advantage upon a creature with that capacity – in order to think that this would be one important way in which depression may have an imaginary underpinning that makes it partly delusional.⁴⁰

This may be supplemented by a second way in which sensuous imagining may support depression that is rather more closely tied to the previous discussion. Sensuous imaginings are mental activities which, as a result, may sometimes occur as a result of weakness of will or involuntarily. When a subject imagines things in virtue of which they non-basically sensuously imagine pain, this may be against their better judgment because their other motivational states speak against the merit of such imaginings, for example, as likely to involve distress. This would be a plausible case of imagining involving weakness of will. Equally sensuous imaginings may occur roughly in the way that breathing does. I can stop my breath, or indeed breathe as a result of an intention to breathe now, but my breathing may be something I *do* involuntarily in the sense that I don't stop it happening. Similarly sensuous imaginings may be actions while coming unbidden, that is, not the result of a particular intention to have such and such a sensuous imagining or with a sense of mental exertion (or mental actish phenomenal quality).⁴¹ There is a weaker sense of involuntary action where it is simply a reflex action (a neurophysiological regularity involving a non-psychological stimulus and bodily response).⁴² My talk of involuntary actions relating to sensuous imaginings involves something more, partly because the stimulus may be psychological (although falling short of what is required for voluntary action) and partly because, even more than in the case of breathing, it is possible to stop such imaginings. The fact that it is possible and yet that one does not in the circumstances envisaged is the key feature.

These two possibilities suggest ways in which, if my explanation of the impossibility thesis is correct, depressed subjects may imagine something with more of the painful character than those who aren't depressed and may have basic sensuous imaginings of pain.

First, if a subject's background motivational state is more supportive of the presence of the disposition to respond aversively, then basically imagining the sensory quality connected to pain may have this additional element. One example would be a subject who is in a state of heightened state of anxiety with regard to threats to their body. They are disposed to take sensations of various kinds as

potentially threatening to them although, given that they are depressed, may feel powerless to do anything about it.⁴³ Any such sensations are imagined to be pains because the disposition to respond aversively is not undermined.

To illustrate the point, let's consider something with which many of us may be familiar which doesn't involve depression. Consider the child who is very fearful of their hair being brushed, thinking that the brush will tug and cause them pain. They often protest that they are in pain even when we know that they could not be. We tell them we haven't even started brushing their hair yet and yet they say that the tugging is hurting. We might add "Stop imagining the pain. You're getting yourself worked up". Yet, they can't help themselves. They accept it would be better if they didn't imagine what would happen if they had their hair brushed, but they do anyway. This is a case of weak-willed imagining. In these circumstances, their imagination of what will happen if their hair is brushed will be accompanied by the aversive disposition and, thus, will be genuinely painful. Children learn to control their imaginings and how they respond to them. Thus, incidences of weak willed imagining of this type occur less as they get older. Nevertheless, this experience of the behaviour of children indicates a way in which we can be prone to basic sensuous imagining with a painful element.

Let me turn to the second type of case, that involving involuntary imaginings. I argued that the reason why we find it difficult basically to imagine sensuously pains from the first person perspective is that the disposition to respond aversively is undermined by our control over our own imaginings. Involuntary imaginings lack this element. We may have control in so far as we can intervene to stop them but, in the absence of our intervention, they are something that we find ourselves doing. There may also be motivational support of the sort I have already identified but the absence of control itself makes the disposition to respond aversively more likely to be present.

This second type of case doesn't fit easily into the distinction I previously drew between basic and non-basic imaginings since they are not taken to be the result of an intention. Nevertheless, they may still be appropriate to be characterised purposively and, by the nature of the case, there is nothing to rule out some of these imaginings being basic purposeful imaginings of pain (rather than imaginings that are purposeful imaginings of something else in virtue of which they are imaginings of pain).

As well as feeling negative about their body, those with depression often complain about aches and pains in their body.⁴⁴ This is some evidence of their successful sensuous imagining of pain from a first person perspective both in the basic case and the non-basic case. If depression resulted in certain kinds of pain related imaginings, then these

imaginings may well be supported by the dispositions to aversive responses that makes them imaginings of hurts.

Let me close by remarking on a way in which depression may be supported not by imagination but by a failure of imagination. I have argued that the perception of expressive properties – both in works of art and also in the human face and body – involve imagining sensuously how an emotion may result in the properties of the entity that possesses the expressive properties.⁴⁵ This act of sensuous imagining need not involve the emotion itself but the simulation of the emotion in sensuous imagination. It can be relatively automatic but nevertheless it involves the engagement of the subject. One way of noticing this is that it is possible to hear a piece of music without its expressive properties – although still with the all the notes etc. – if one deliberately seeks to suppress the imaginative engagement required.

It has been noted that depressed subjects can see the other people as inanimate, like shop dummies.⁴⁶ This suggests that depressed subjects find it difficult to engage in the imaginative acts that enable them to see expressive properties instantiated in others. A consequence of this is that they will feel estranged from other people and find it difficult to trust them (these features are noted by Ratcliffe).⁴⁷ Would you trust somebody in whom you can see no emotional engagement, no recognition of you, no foundation for intimacy between you?

4 Concluding remarks

I have argued that, apart from the conditions mentioned below, basic sensuous imaginings of pain from the first person perspective are impossible because of the conditions required for representing the painfulness of pain. Nevertheless, imagining pain may have a role in depression. First, non-basic sensory imaginings of pain may give rise to delusory beliefs about one's condition. Second, weak willed imagining, supported by background motivation states may facilitate basic sensuous imaginings of pain. Third, involuntary imaginings of pain may also support depression. Depressed subjects may be responding to imaginings they find hard to resist as if they are perceptual experiences giving them information about the way they are and their place in the world. Because this response may not be a rational response to imaginative experience, there remains the possibility of epistemic irrationality. However, it is also possible that the fault should primarily lie with the circumstances that lead up to the imaginative tendencies and capacities I identified. In that case, the response would not be epistemically irrational but rather the malfunctioning of the imagination, or the susceptibility that gives rise to the successful imagining of pain, is part of the story of why a

subject is depressed.

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Notes

¹ Cf. J. RADDEN, *Imagined and delusional pain*, p. 152, 160; I. KANT, *I. Anthropology from a pragmatic point of view*, p. 319.

² Cf. J. RADDEN, *Imagined and delusional pain*, p. 152ff.

³ Cf., e.g., J. CORNS, *The social pain posit*. For Radden's case in favour of the assumption cf. J. RADDEN, *Emotional pain and psychiatry*.

⁴ Cf., e.g., P. NOORDHOF, *Imaginative content*, p. 111.

⁵ Cf., e.g., J. SEARLE, *Intentionality*, pp. 45-62; S. SIEGEL, *The contents of visual experience*, pp. 77-79.

⁶ Cf. J. RADDEN, *Imagined and delusional pain*, p. 153ff.

⁷ Martin focuses on the comparable case of itches in favour of a positive answer (cf. M.G.F. MARTIN, *The transparency of experience*, pp. 406-407). For a discussion cf. P. NOORDHOF, *Imagining objects and imagining experiences*, pp. 446-448; P. NOORDHOF, *Imaginative content*, pp. 101, 105, and 110-111.

⁸ Cf. B. O'SHAUGHNESSY, *Consciousness and world*, p. 341; C. MCGINN, *Mindsight*, p. 15; K. ALLEN, *Hallucination and imagination*.

⁹ Cf. V.S. RAMACHANDRAN, W. HIRSTEIN, *The perception of phantom limbs*, pp. 1618-1619.

¹⁰ Cf. J. RADDEN, *Imagined and delusional pain*, p. 154, fn. 20.

¹¹ Cf. *ibidem*, citing R. MORAN, *The expression of feelings in imagination*, p. 93.

¹² Cf. *ibidem*.

¹³ Cf., e.g., L.A. DUKE, D.N. ALLE, P.D. ROZEE, M. BOMMARITTO, *The sensitivity and specificity of flashbacks and nightmares to trauma*; C.R. HIRSCH, E. HOLMES, *Mental imagery in anxiety disorders*, mentioned in J. RADDEN, *Imagined and delusional pain*, p. 153.

¹⁴ Cf. F. DE VIGNEMONT, P. JACOB, *What is it like to feel another's pain?*, p. 297.

¹⁵ Cf. G. CURRIE, I. RAVENSCROFT, *Recreative minds*, pp. 11-19.

¹⁶ Cf. T. SINGER, B. SEYMOUR, J. O'DOHERTY, H. KAUBE, R.J. DOLAN, C.D. FRITH, *Empathy for pain involves the affective but not sensory components of pain*, pp. 1158-1161.

¹⁷ Cf. P.L. JACKSON, E. BRUNET, A.N. MELTZOFF, J. DECETY, *Empathy examined through the neural mechanisms involved in imagining how I feel versus how you feel pain*.

¹⁸ Cf. Y. OGINI, H. NEMOTO, K. INUI, S. SAITO, R. KAKIGI, F. GOTO, *Inner experience of pain: Imagination of pain while viewing images showing painful events forms subjective pain representation in human brain*, p. 1141; M. BOTVINICK, A.P. JHA, L.M. BYLSMA, S.A. FABIAN,

P.E. SOLOMON, K.M. PRKACHIN, *Viewing facial expressions of pain engages cortical areas involved in the direct experience of pain*, p. 316.

¹⁹ Cf., e.g., D. ZAHAVI, *Simulation, projection and empathy*; P. JACOB, F. DE VIGNEMONT, *Vicarious experiences: Perception, mirroring or imagination?*.

²⁰ Cf. F. DE VIGNEMONT, P. JACOB, *What is it like to feel another's pain?*, p. 298.

²¹ Cf. E.T. BRANN, *The world of imagination: Sum and substance*, pp. 13-15.

²² J. RADDEN, *Imagined and delusional pain*, p. 156; E.T. BRANN, *The world of imagination*, p. 13.

²³ Cf. J. RADDEN, *Imagined and delusional pain*, p. 156.

²⁴ Cf. *ibidem*.

²⁵ *Ibidem*.

²⁶ Cf. JOSEPH LIPINKSI JR., H.G. POPE JR., *Do "flashbacks" represent obsessional imagery?*, pp. 245-246.

²⁷ Cf. R.J. STEVENSON, T.I. CASE, *Olfactory imagery: A review*, pp. 248-249, 252-255.

²⁸ Cf. E.P. KÖSTER, O. VAN DER STELT, R.R. NIXDORF, M.R.I. LINSCHOTEN, R.A. DE WIJK, J. MOJET, *Olfactory imagination and odor processing: Three same-different experiments*, p. 69; K.D. WHITE, *Salivation: The significance of imagery in its voluntary control*, pp. 197-202.

²⁹ Cf. J. DJORDJEVIC, R.J. ZATORRE, M. JONES-GOTMAN, *Effects of perceived and imagined odors on taste detection*, pp. 202-203, 206; J. DJORDJEVIC, R.J. ZATORRE, M. JONES-GOTMAN, *The mind's nose*, p. 145.

³⁰ Cf. J. DJORDJEVIC, R.J. ZATORRE, M. JONES-GOTMAN, *The mind's nose*, pp. 145-146.

³¹ To which Brann, and Radden following her, appeal (cf. E.T. BRANN, *The world of imagination*, p. 13).

³² Cf. P. NOORDHOF, *Imaginative content*, pp. 120-121.

³³ Cf. P. NOORDHOF, *Evaluative perception as response-dependent representation*, p. 96.

³⁴ For more details, cf. *ibid.*, pp. 98-103.

³⁵ Cf., e.g., N. GRAHEK, *Feeling pain and being in pain*, pp. 82-87.

³⁶ For more details about the presentation of something as real cf. P. NOORDHOF, *Imaginative content*, pp. 123-126.

³⁷ For more discussion of this implication of pain asymbolia, cf. N. GRAHEK, *Feeling pain and being in pain*, pp. 103-108.

³⁸ Cf. J. RADDEN, *Imagined and delusional pain*, p. 160.

³⁹ Cf., e.g., K. MICHAELIAN, *Mental time travel*, pp. 97-99.

⁴⁰ For such views about mental illness, cf. C. BOORSE, *On the distinction between disease and illness*; J.C. WAKEFIELD, *Disorder as harmful dysfunction: A conceptual critique of DSM-III-R's definition of disorder*.

⁴¹ Cf. C. GINET, *On action*, pp. 8-23.

⁴² Cf., e.g., B. O'SHAUGHNESSY, *The will: A dual aspect theory*, vol. II, p. 243.

⁴³ On loss of agency and hopefulness cf., e.g., M. RATCLIFFE, *Experiences of depression*, pp. 164-173.

⁴⁴ Cf., e.g., M. RATCLIFFE, *Experiences of depression*, pp. 75-78.

⁴⁵ Cf. P. NOORDHOF, *Expressive perception as projective imagining*, pp. 337-346.

⁴⁶ Cf. M. RATCLIFFE, *Experiences of depression*, p. 206.

⁴⁷ Cf. *ibid.*, pp. 218-229.

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