CHAPTER 11

Galen on the Patient’s Role in Pain Diagnosis: Sensation, Consensus, and Metaphor

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Pain might be a powerful diagnostic tool, but it is at the same time an intensely private and subjective experience that represents a formidable problem in the communication between physician and patient. Galen addresses (principally in De locis affectis) the problem of constructing a consistent and univocal terminology for different pain sensations, rejecting the system proposed earlier by Archigenes on the grounds that he relies on metaphorical descriptors which indiscriminately incorporate terms belonging to information generated by all the senses, fails to conform to patient testimony, and refers to ambiguous concepts. Galen sets himself the task of developing a system of proper or literal (kyrios) terms for pain sensations, even despite the apparent ineffability of certain sensations and laymen’s imprecise self-analysis and description of their suffering. His pain vocabulary, developed through a combination of consensus between patients and physicians’ expert descriptions of their own pain, promises to link terminology univocally to sensation, turning patients’ testimony about their subjective experience of pain into universally applicable diagnostic guidance.

1 Introduction

The pain suffered by a patient appears at first glance to represent a powerful diagnostic tool, a chance for a physician to access events in the patient’s interior, which otherwise lie largely inaccessible.1 However, pain also creates a host of diagnostic challenges: it must be mediated by the testimony of the patient, and there is no guarantee that a suffering layman will describe his sensations in terms that will guide the physician along a clear diagnostic path. Pain is, furthermore, notoriously resistant to verbal description; Scarry notes the vivid

contrast between pain’s inescapability for a patient and its verbal inaccessibility to anyone else.\(^2\)

Galen is particularly concerned in *De locis affectis* with the problem of establishing a consistent and transparent terminology for pain sensations. The solution to this problem requires information deriving from both the physician’s expertise and the patient’s direct experience; both must be disciplined by terminological precision.

Verbalizing bodily sensations of pain seems to require some intermediate step of cognitive processing: in order to become describable, bodily pain must somehow be conceptualised in the mind.\(^3\) In *De placitis Hippocratis et Platonis* Galen argues the broader point that sense perception itself requires some kind of cognitive processing. The sensation-enabling processing done by the *hēgemonikon*, the “ruling part” of the mind, is specifically the realisation that alteration has occurred in some part of the body.\(^4\) If the realisation does not happen, in Galen’s model pain sensation cannot truly be said to have occurred. He classifies certain patients as *beblammenoi*, “stricken”: they would feel pain if their mental faculties had not suffered so as to render them incapable of processing it.\(^5\)

In *De locis affectis* he records two similar, yet crucially different, cases of youths suffering from epilepsy. The first patient is able to narrate how his affliction moved upward from the lower leg on one side, eventually reaching the head, at which point he was unable to observe it anymore. The second patient, whose mental faculties were not damaged by the attack (Galen describes him as *ouk aphrōn*) has a very different experience. He was “better able to explain (*hermēneusai*)”, articulating that he felt like a cool breeze was rising up to his head.\(^6\) In the first case, as with the patients Galen calls *beblammenoi*, the patient loses the ability to discern the sensation associated with his condition, at the moment when the attack seems to move to the brain. The second patient maintains his faculty of discernment throughout the attack, so that he feels what is happening to him even when the attack moves to the head and can put it into words for the benefit of his doctors. The ability to verbalise sensation is a most valuable diagnostic tool, and must not be taken for granted.

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\(^3\) Plato’s *Philebus* proposes several possibilities for the level of cognitive processing associated with pain; these are analyzed in Evans, M. (2007). ‘Plato and the meaning of pain’, *Apeiron: A Journal for Ancient Philosophy and Science* 40.1, 71–94.

