DO PAIN-ACCOMPANYING EMOTIONS MISLEAD US?—
CONSIDERATIONS IN THE LIGHT OF REACTIVE DISSOCIATION
PHENOMENA

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My aim in this paper is to show that if the reports from so-called dissociation
patients are true, then this strongly supports the claim that the emotions accom-
panying our pain-sensations normally mislead us into believing that these pain-
sensations are inherently awful. In order to achieve this, I will first, in section
1, give a short description of the relevant medical phenomena. In section 2, I
will deal with Daniel Dennett’s argument for the incoherency of the concept of
pain—an argument that might appear to initially block my central claim. Finally,
in section 3, I will defend my central claim.

1. The phenomena

Reflecting on physical pain (henceforth simply called ‘pain’), one might think
that its sensory aspect can in principle not be separated from its aversive emo-
tional aspect. That is, one might think that if someone perceives herself as hav-
ing a pain-sensation, then this person thereby also perceives herself as having a
sensation that is, taken by itself, awful from her perspective.

This opinion, however, has apparently been falsified by many cases from the
(more or less) recent history of medicine. The striking characteristic of all these
so-called reactive dissociation phenomena is that the patients, who severely suf-
fered from chronic, intractable pain, reported, after their medical treatment, that

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Emotions for our Knowledge and Agency. The jury selected from 30 submissions two essays for
a second prize and one essay which exceeded the space limit for a special acknowledgement. No
first and no third prize was awarded this year.
the pain was still present, but that they simply did not care anymore about it. Their (allegedly remaining) physical pain had stopped producing any aversive emotions in them.

This kind of result is reported to have occurred regularly in the case of lobotomy patients. In fact, this kind of brain surgery is normally done exactly for the purpose of causing reactive dissociation. Antonio Damasio reports one such case in his book *The Feeling of What Happens*—a severe case of refractory trigeminal neuralgia, “a condition involving the nerve that supplies signals for face sensation in which even innocent stimuli, such as a light touch of the skin of the face or a sudden breeze, trigger an excruciating pain” (Damasio 1999, 74). Damasio describes the patient’s condition two days after the operation as follows:

[H]e had become an entirely different person, relaxed, happily absorbed in a game of cards with a companion in his hospital room. When [asked] about the pain, he looked up and said quite cheerfully that ‘the pains were the same,’ but that he felt fine now. […] The operation had done little or nothing to the sensory patterns corresponding to local tissue dysfunction that were being supplied by the trigeminal system. The mental images of that tissue dysfunction were not altered and that is why the patient could report that the pains were the same. And yet the operation had been a success. It had certainly abolished the emotional reactions that the sensory patterns of tissue dysfunction had been engendering. Suffering was gone. The facial expression, the voice, and the general deportment of this man were not those one associates with pain. (Ibid., 74f.)

In another lobotomy case, reported by Paul Brand and documented in Brand & Yancey (1997), a woman suffering from constant, intractable vaginal pain, who was desperate after unsuccessfully having tried different kinds of medication and surgery, finally underwent a lobotomy. Brand reports that

the woman emerged from surgery completely free of the suffering that had shadowed her for a decade. […] When I [more than one year later] inquired about the pain, she said, ‘Oh yes, it’s still there. I just don’t worry about it anymore.’ She smiled sweetly and chuckled to herself. ‘In fact, it’s still agonizing. But I don’t mind.’ (Brand & Yancey 1997, 210)

In the case of cingulotomy, the same pattern is reported to have regularly occurred. In Foltz & White (1962), for example, the case of a patient is described who suffered severe vaginal and perineal pain for more than two years and was reported to show extreme emotional reactions to her pain (cf. Foltz & White 1962, 93f.).