

7 No Way Out

A Phenomenology of Pain

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Introduction

Pain is a complex phenomenon. What does a sprained ankle have in common with a testicular torsion or a bullet wound, and how do these relate to labor pains, chronic neuralgia or the suffering of a torture victim? Does it make sense to use the same term for these radically disparate experiences? Still, we don't hesitate to call all of them "pain" and even extend the use of the word to emotional suffering. Speaking of the pain of loss is not a metaphor, and separation and death *hurt* just as much as physical injury—albeit in a different way. We don't usually confuse social injuries with physical ones, but the facts that no physical pain is emotionally neutral and that in somatization emotional anguish can be expressed by bodily symptoms make it clear that the line between the physical, the mental and the social cannot be clearly drawn. So rather than saying that this chapter will be dealing exclusively with physical pain, we should say that it focuses on pain of physical *origin*.

In the following, I will attempt to flesh out a phenomenology of pain by drawing on Merleau-Ponty's phenomenology of the body, Erwin Straus's concept of sensing, and Bernhard Waldenfels's philosophy that retains the idea of the lived body but focuses on rupture and non-coincidence within experience. After considering the problem of the unitary character of the phenomenon of pain, I will turn to a concept of pain as process and the question of the experience of the body in pain. In conclusion, I will take a brief look at questions of meaning.

At Pains

When we look at different experiences, it is interesting to see what distinguishes the examples I gave in the first section. First of all, the intensity of pain varies greatly from the hardly noticeable to the unbearable. Secondly, pain takes on different forms, and we speak of a stinging, a gnawing, a burning pain etc. It's a third difference, however, that is most important: a difference in meaning and context. Slightly bruising your

shoulder or breaking it causes pain of different intensities, but they also impinge on your life in very different ways, and if after surgery and a prolonged healing process a chronic pain condition remains, the experience and its impact change completely. While the extreme pain of giving birth may be somewhat alleviated by the fact that it is transitory and gives life, so to speak, the pain of torture is aggravated because it is intentionally inflicted and there is no telling when it will end. So while it is extremely important to include these meanings and contexts into a philosophical inquiry into the nature of pain, it might still make sense to look for an experiential core that warrants the use of a single term without losing sight of the vast differences it is meant to encompass.

But pain is complex in another sense that threatens the very idea of such a core: far from being a clearly defined single phenomenon or the simple transmission of information concerning a physical lesion it was once thought to be, pain involves the whole nervous system or rather the whole organism. To quote Nikola Grahek: “although pain appears to be a simple, homogenous experience, it is actually a complex experience comprising sensory-discriminative, emotional-cognitive, and behavioral components.”¹ Note that Grahek does not refer to neurological or physiological facts but to components of experience (which are, to be sure, related to such facts). While it seems undisputable that pain comprises these different *dimensions*, it might be questionable to construe them as *components*. Is it appropriate to say that experience consists of parts? The logic behind such an understanding is usually founded in some reference to biological structures and functional systems, but Grahek’s argument is a different one: there are pathological conditions like pain asymbolia where the sensation of pain is dissociated from the emotional and behavioral aspects, *ergo* they have to be independent.

But is this plausible? His point is to defend the complexity of the experience against a view that identifies pain with a certain quality or quale of sensation. But the best way to counter such a reductionist stance seems to me to point out that this quality is an *abstraction* from a complex experience rather than a component of it—which is precisely what the term *complexity* entails. Normally this quality simply doesn’t exist by itself, and when it does, as in pain asymbolia, it constitutes a radically changed experience that has little to do with pain as we know it or, for that matter, with any other experience.

Insisting on complexity is “radical[ly] antisubjectivist” only if subjectivism consists in postulating an irreducible and defining quality that can be studied without any reference to its context. To claim that “the sensation of pain or pain quality plays no important role in our total pain experience and that what really matters is only how we respond affectively, what we believe, and how we act,”² throws the baby out with the bath water. If there is something that can rightly be called “pain quality” it is an experience in an affective and social context, an experience whose

quality is obscured by drawing a sharp distinction between sensation and response. To insist on the complexity of pain, as Grahek does, should amount to a defense of experience against subjectivist reductionism.

On the other hand, an objectivist position that hopes to reduce pain to scientifically observable facts is just as misplaced. Since, as Genias observes, “the pre-scientific experience of pain is the very subject matter of diverse sciences of pain and . . . scientific determinations are meant to be nothing other than clarifications of pain experience,”³ this pre-scientific experience must remain the guiding thread of any scientific research. As a complement to this research we need an approach that tackles experience head-on without ignoring the results of scientific research or falling into the trap of subjectivist reductionism.

The key to such an approach is an understanding of pain not as a thing, a state, or a conjunction of states but as a process that involves the whole person and whose complexity lies in the way it implicates all kinds of different biological structures and layers of meaning so that it cannot be easily mapped onto distinctions like that between sensation and feeling. Even hybrid categories like Carl Stumpf’s “feeling-sensation” (*Gefühlsempfindung*)⁴ are not enough if, as two of the most important medical researchers on the subject remark, “pain becomes a function of the whole individual, including his present thoughts and fears as well as his hopes for the future.”⁵ There really is an irreducible experiential quality here but it lies in the complex process as a whole, and accordingly the quality changes if any of its dimensions change.

In my view, the philosophical approach best suited to this task is still the phenomenology of the lived body as it was elaborated by Maurice Merleau-Ponty in his *Phenomenology of Perception* and related writings. Insisting on the lived body as a “third term between the psychic and the physiological”⁶ while drawing on both physiological and psychological research, Merleau-Ponty offers a concept of experience and the body that is decidedly anti-reductionist. Surprisingly, pain is mentioned in the *Phenomenology of Perception* only in passing and without any systematic consequences, so instead of simply presenting a phenomenological theory of pain we have to develop such a theory with the means that Merleau-Ponty provides us with.

In addition to this, there are two other thinkers I will mainly rely on: Erwin Straus and Bernhard Waldenfels. In his *Vom Sinn der Sinne* (*On the Sense of the Senses*), Straus presents his concept of sensing (*Empfinden*) as an elementary mode of interacting with the world, which comes to play an important role in the *Phenomenology of Perception*. Straus’s original elaboration provides a necessary supplement for an adequate account of the complex experience of pain. Bernhard Waldenfels, on the other hand, has developed the phenomenology of the body in important ways. Waldenfels is most known for his phenomenology of the alien (*Phänomenologie des Fremden*), and only few of his books have been

translated into English. His philosophy is centered on the notions of non-coincidence, diastasis and asymmetry, which are highly relevant for an understanding of the body in pain, which will in turn shape our understanding of the lived body in general.⁷

Motor Physiognomy

Merleau-Ponty begins the second part of his *Phenomenology of Perception* with a long chapter on *le sentir*, which Colin Smith renders as “sense experience.” This translation misses one of the author’s essential points and also obscures his reference to Straus, Max Scheler, and Heinz Werner. Like these, Merleau-Ponty chose the verbal form to point to the fact that the basic embodied sensory experience must be conceived as a dynamic process: sensing instead of sensation, *Empfinden* instead of *Empfindung*. According to Straus (and Merleau-Ponty), the hypothetical qualia of sensations are products of their assimilation to physiology on the one hand and to knowledge and cognition on the other, thereby producing the idea of an entity that is at once a physical occurrence and a unit of information. Getting rid of this artifact is a prerequisite for formulating an adequate theory of experience.⁸

Straus describes sensing as an embodied, affectively charged mode of interaction or communication with the world that must be distinguished from cognition in that it lacks any reflective detachment. Rather than detached observation, it is sympathetic experience (*Erleben*) that cannot be separated from the movement of the body. Whatever I encounter affects or threatens or promises to affect me in a certain way, and it prompts a certain type of movement toward or away and a specific posture. The different senses and also pain must be considered variations of “the basic theme I-and-the-world,”⁹ ranging from harmonious communion to threatening violence. This primordial mode of interacting with the world isn’t a phase in ontogenetic or phylogenetic development but a substructure of all experience that comes to the fore in certain situations. Straus draws a clear distinction between sensing and perception because he assimilates the latter to an objective cognition that encounters “a world of things with fixed and variable properties in a general, objective space and a general, objective time.”¹⁰

This is where Merleau-Ponty’s conception diverges from his: for the philosopher, this kind of objectivity belongs to scientific theory, and projecting it onto perception is a scientist myth. Despite the increase of differentiation and integration from the primordial mode of sensing to fully developed perception, there is a fundamental continuity between the two, hence: “Every perception takes place in an atmosphere of generality and is presented to us anonymously.”¹¹ There is no clear break from sensing to cognition, just as there is no break between the lived body as “natural self”¹² and the self-conscious ego.

If our primary mode of encountering the world is sensing, conceived not as a reception of data from the world but as an embodied interaction with it that encompasses movement and affectivity, then pain must primarily be an occurrence within this sphere; only here can it make sense to speak of “a perception inclusive of sensation, emotion and cognition.”¹³ But if any sensory quality is a specific form of this interaction, what is the form of interaction in pain? Merleau-Ponty’s main example for a specific instance of sensing is color, even though this dimension of experience is hardly noticeable in everyday perception where colors appear as properties of defined objects or self-enclosed qualities. He observes: “Sensations, ‘sensible qualities’ are then far from being reducible to a certain indescribable state or *quale*; they present themselves with a motor physiognomy, and are enveloped in a living significance.”¹⁴ It is this idea of motor physiognomy that I find particularly well suited for conceptualizing pain. Merleau-Ponty draws on research from early twentieth-century Gestalt psychology that suggests that colors embody a certain movement impulse and are only fully realized in perception when traces of this movement occur. If this is true, even the standard case of qualia in cognitive science and the philosophy of mind must be understood as an occurrence between a sensing body and an environment where quality and affect cannot be separated.

While this might seem speculative in the case of colors, it is highly plausible in the case of pain. The only problem with Merleau-Ponty’s descriptions of the relation to the world in sensing is that they are remarkably harmonistic, and the metaphors he employs are communication, pairing, synchronizing, communion—it seems like nothing bad ever happens to the lived body in this colorful, friendly world. We can retain from these metaphors the idea that in any instance of sensing a quality appears *in* the interaction, involving both the world and the embodied subject, but we have to question the harmonious to and fro they suggest. All sensing includes “an experience of *being moved*,”¹⁵ or, more precisely, an experience where moving and being moved cannot be clearly separated, and in pain this balance is shifted drastically toward the passive: something is being done to us, even if it is done by our own hands. But we have to turn to other thinkers if we want an adequate account of this shift.

There is an observation we find in numerous texts on pain that seems to disrupt the idea of a continuous movement between subject and environment altogether and that undermines the notion that pain is *primarily* an information about a certain state of things. In his book on pain, F.J.J. Buytendijk employs biological terms when he calls sudden pain “an unexpected rupture of communication between organism and milieu.”¹⁶ His reference to expectations shows that he is not talking about a fact stated by an outside observer but something that is felt by the organism itself. If communication stands for a more or less peaceful exchange, pain must indeed be felt as its rupture. But maybe we should speak

more neutrally of interaction, which would avoid some of the normative overtones the notion of communication tends to have, and of pain as a rupture *in* rather than *of* interaction, a rupture that is itself a mode of interaction but radically transforms it. Sudden pain shares this trait with other sudden occurrences like loud noises or flashing lights in that it momentarily eclipses all other perceptions—it catches us off guard. Pain differs from these because its demand to attend to it does not cease, and it seems to me that all pain has this element of rupture, of a disruption of the unproblematic flow of experience that we can never be adequately prepared for. Even minor injuries that briefly capture our attention but can then be ignored continue to gnaw at the edge of consciousness.

The concepts Waldenfels suggests to subvert the traditional phenomenological notion of intentionality from within are particularly elucidating here. Intentionally referring to something presupposes having been affected, for which he suggests the Greek *pathos*. Any act we perform must then be considered a response to this pathos, an affection that never appears in itself but only in the response that regards it *as something*. The pair of pathos and response is thus not identical with that of stimulus and reaction: “Pathos and response do not follow one after the other like two events; they are not even two distinct events, but one and the same experience, shifted in relation to itself: a genuine time lag.”¹⁷ Waldenfels calls this time lag *diastasis*, which does not refer to a delayed reaction or a measurable temporal distance between cause and effect but to the fact that we’re responding to something that has always already happened, that we’re always too late in our intentions and our making sense of something.

This dimension of pathos and diastasis tends to get normalized and finally all but disappears in habitual everyday existence; only in experiences like surprise, shock, pain, and trauma does it appear as disruption and disturbance. Pain continues to disturb. Again and again it lets our attention slip from whatever we’re doing and draws it toward itself. We cannot get over it because something continues to affect us and to demand our response, something we never quite come to terms with. It does that because something continues to happen that we cannot escape and, what’s more, inevitably have a part in. This is what we mean when we say “it hurts”: an infliction and intrusion that continues to act upon us and forces us into re-acting by unavailingly attempting to withdraw.

In the case of injury by an outside factor or agent like the blade of a knife or a hot stove this recoiling impulse takes the shape of an actual physical movement, but in the case of internal pains no such movement is possible. In one of his few remarks on the subject, Freud claims that pain acts “like a continual instinctual stimulus, against which muscular action, which is as a rule effective because it withdraws the place that is being stimulated from the stimulus, is powerless.”¹⁸ I would argue that this powerless attempt to get away is *part* of the pain rather than merely a reaction to it, and it is precisely the fact that it is impossible that makes

it so upsetting. This, the futile effort to withdraw from part of ourselves, is the motor physiognomy of pain, and it obviously encompasses the sensory, affective, and behavioral aspects Grahek insists on. Freud underplays how catastrophic this can be when he continues: "If the pain does not proceed from a part of the skin but from an internal organ the situation is still the same. All that has happened is that a portion of the inner periphery has taken the place of the outer periphery."¹⁹ To treat an inner organ as one's periphery amounts to an internal fragmentation, a split that runs right through the embodied self. To really flee from the intrusion of pain we would have to flee from ourselves.

But still: wherever the pain is situated and whether it has a perceptible cause or not, it is not a worldless event. Sensing is our primordial mode of encountering and dealing with the world, neither a self-enclosed quality nor an emotion but a type of interaction. We respond to being affected in a certain way, and this response contributes to how the world we encounter is perceived. So when, as Straus writes, "in pain the world encroaches upon us and subdues us,"²⁰ it is of secondary importance whether there is an actual external cause. We feel that we are being assaulted and find ourselves exposed. The greater its intensity, the less we can ignore this assault and our involuntary response to it, and we find ourselves continually being thrown back from the world of perception with its things, qualities and actions to the less differentiated sphere of sensing where we are at the mercy of a hostile world that may even have occupied our insides. This feeling is increased immeasurably if the pain is actually inflicted on purpose by somebody else. In this respect, pain isn't so much a means of torture but its essence.²¹

In its demand for attention pain has a totalizing tendency, and in extreme cases it can occupy all experience, reducing the world to nothing but an undifferentiated origin of assault. Since withdrawal is impossible but still attempted desperately, organized and purposeful behavior tends to disintegrate into what Kurt Goldstein called "catastrophic reaction": "disordered, inconstant, inconsistent, and embedded in physical and mental shock."²² To be sure, this totalized disintegration only happens in extreme cases. Agustín Serrano de Haro distinguishes "invasive," "co-attended" and "inattended" pain and stresses that even in situations of extreme pain some background awareness of the situation and one's body remains.²³ Disintegration is a tendency, not a given. But if the pain persists, the world of the sufferer is changed permanently even if he/she retains the outside appearance of self-control. A typical description of this situation is that "terrible things are being done to the person and worse are threatened" and "others, or outside forces, are in control and the will is helpless."²⁴

If, as I have claimed, pain is not just something that happens to us but something that we *do*, however reluctantly, we must be able to change it by changing our behavior. Indeed, intensifying the futile effort to

withdraw by enacting it with our whole body makes the pain worse, while many of the non-invasive methods of treating it include relaxation techniques. Since there is no *adequate* bodily reaction to the assault of pain, we must try to counteract our own tendency by practicing what Buytendijk calls “the somatic equivalent of composure.”²⁵ Our emotional situation and our knowledge and beliefs also have a distinctive impact. Being emotionally unstable or outright depressed and expecting the worst considerably intensifies pain, and Geniusias rightly observes that “bodily, emotive and cognitive responses up to a large degree make up the painfulness of pain.”²⁶ Unfortunately the inherent tendency of pain is to provoke the worst responses possible, and here too we must counteract our own impulses to fight it and rely on the help of others to provide care, emotional support and information. In the case of minor pains our response remains local and brief, and we continue with our lives without further ado, but even here we find the same basic structure. To uncover it, we have to look at pains of greater intensity.

Most pains take their place in our ongoing intentional relation to the world, and we all have developed techniques to hold their demand for attention at bay (and of course there are always painkillers within reach). But what about the intentionality of pain itself? Does it make sense to call pain intentional? Merleau-Ponty described sensing as a primordial mode of intentionality that cannot be grasped with the Husserlian triad of *ego*, *noesis* and *noema*. Intentionality then refers to an elementary type of dynamic relatedness where any quality “does not rest in itself as does a thing, but . . . is directed and has significance beyond itself.”²⁷ In this type of intentionality the quality does not reside in an intended object but in the relation itself, as I have tried to elaborate. Mistaking pain for an intentional or mental *object* amounts to assimilating the sentence “I feel pain” to “I feel a sharp knife.” Guy Douglas illustrates this fallacy with analogous examples: if “to leave in a hurry” was structurally the same as “to leave in a taxi,”²⁸ a hurry would have to be a means of transportation. Instead, it must be understood adverbially: leaving in a hurry is a *mode* of leaving, just like feeling pain is a mode and not an object of feeling. As such, it may tinge all our conscious relations to the world, as in Sartre’s observation that “pain can itself be indicated by objects of the world.”²⁹ The global character of sensing is thus transformed into an atmosphere that colors everything.

But of course that is not the end of the story. When we consciously assume a certain relation to our pain, we are not *in* it anymore, as it were, but actually do relate to it as an intentional object, and this is far from exceptional: we do it all the time. Abraham Olivier makes the important point that if pain was a state or mode and nothing else this would mean that it was truly inexpressible. We would then “either talk about something else but not pain when we talk about pain, or . . . revert to a position prior to language in which there is no talk and only pain.”³⁰ In fact

relating to pain this way often has a liberating quality: it makes a global experience into a localized event that we can distance ourselves from and thus try to master. We can describe how it feels and specify the kind of help we need.

We find a famous example of this kind of objectification in Nietzsche's *Gay Science*: "I have given a name to my pain and call it 'dog': it is just as faithful, just as obtrusive and shameless, just as entertaining, just as clever as any other dog—and I can scold it and vent my bad moods on it, as others do with their dogs, servants, and wives."³¹ Naming the pain creates distance, and naming it "dog" aims to make it into a subservient being. Nietzsche's cynical account obscures one thing, however: distance and mastery remain precarious. The stronger the pain gets, the less likely our attempts to objectify it will succeed. So the point is not that this is an impossible or inauthentic way of relating to pain. What's important is to understand that it is not our primary way of feeling pain. We never get a clearer understanding of the experience of pain if we insist on conceptualizing it as an intentional or mental object because this object is really a process we are implicated in and can never fully detach ourselves from.

Not a Single Body

If pain is a specific instance of sensing, a futile attempt of withdrawal from a hostile intrusion, how does it affect our experience of the body? What is a body in pain? *The Body in Pain* is of course the title of a much-quoted book by Elaine Scarry that attempts to construct a fairly speculative theory of culture from an analysis of the experience of pain, focusing on the extreme, socially destructive pain of torture.³² While her perspective is illuminative in many ways (and problematic in others), she doesn't have a lot to say about the actual experience of the body in situations of pain, apart from its "huge, heavy presence"³³ that increases as that of the world diminishes. In order to develop a more nuanced account of the body in pain, we have to take a step back and ask how the body is experienced in everyday experience and then examine how this changes in pain. For this I will turn back to Merleau-Ponty.

As is well known, the *Phenomenology of Perception* is first and foremost a philosophy of the body—but there is a reason why it has its title. The phenomenal or lived body, the *Leib* Merleau-Ponty is concerned with, is a body in action and in perception, and the most important concepts that characterize it are situatedness and involvement. The body marks a perspective on the world, a place from which we act and perceive that cannot be reduced to an objective location in space; instead, phenomenal space is constituted by a multitude of relations that are not static perspectives but related to modes of action, of bodily involvement in the world. The lived body cannot be understood apart from this involvement but is determined by it through and through.

The psychological concept that best captures this is the body schema. As Merleau-Ponty traces it, the idea of the body schema was developed from a kind of mental representation of the relative positions of the limbs to the point where “the body schema is finally a way of stating that my body is in-the-world.”³⁴ Thus identifying his own concept of the lived body with a sophisticated version of the body schema, he makes it clear that he understands the lived body not as an entity, not as a complex of organs and parts but as a system of different ways of relating to the world. The systematic character is important to this argument, and Merleau-Ponty carefully stresses its unity, which he compares to that of the work of art. The body in action doesn’t have to be assembled from parts; its division into discrete parts is a posterior move, the division of a system where every “part” is implicated in the others and they are all unified in their orientation toward worldly goals. It would be misleading, however, to understand this coherence as that of a whole, as an integral unity where everything has its place or rather: where there is an “everything” that it could encompass.

Intentional through and through, the lived body in action is discreet rather than discrete, and it is so to the point of being self-effacing in the literal sense of the word. This understanding of the lived body can be called adverbial, designating a mode of being, a functional structure rather than a substantial entity, which makes it somewhat misleading to speak of “the body” at all. The *Phenomenology of Perception* abounds with phrases like “bodily existence,” “bodily experience” or “bodily space,” and this adjective captures Merleau-Ponty’s intentions much better. In this adverbial or modal existence, the body itself tends to disappear: it is, as Drew Leder appropriately titled his book, an *absent body*.³⁵ The body or parts of it may be absent from experience because the focus of our attention is directed somewhere else, but they may also disappear because they are at the very center of attention or, more precisely, because they are the means of our attentiveness: when I write it’s not just my feet, the back of my head etc. that disappear but my writing hand as well. Leder speaks of “background disappearance” and “focal disappearance” and adds a third type that characterizes our non-awareness of our inner organs: “depth disappearance.”³⁶ To be sure, there is always a background awareness of our body, but it is stunning how little we notice even those parts of it that are within our visual field. We could say that the ideal kind of presence of our body is that of a neutral “I can”³⁷ where the body is a reliable and flexible system of abilities that never gets in the way, rather than a perceptible whole. Ultimately one would have to say: “I am a field, an experience.”³⁸

Recognizing and describing this adverbial or modal nature of our body is one of the most important achievements of Merleau-Ponty’s philosophy, but it does tend to obscure other modes of relating to it.³⁹ First of all the body has to be trained and groomed, washed and clothed, in short:

explicitly addressed and acted upon, in order to function at all. In some of these activities it is treated almost but never quite like a thing. The most fundamental and quotidian way of relating to one's own body is touching it, and the most puzzling instance of this is touching one hand with the other, which Merleau-Ponty calls, following Husserl, "a kind of reflection."⁴⁰ The touching and the touched become interchangeable but never quite coincide, and "in this bundle of bones and muscles which my right hand presents to my left, I can anticipate for an instant the integument or incarnation of that other right hand, alive and mobile, which I thrust toward things in order to explore them."⁴¹ In his later philosophy, this relation is formalized and universalized: the touching of one's own hands becomes the paradigm of the chiasm and the key to our relation to the world where the body is the hinge between the touching and the touched, seeing and seen, self and other, and self and world.⁴²

But what happened to the "bundle of bones and muscles"? What about the materiality that can't be incorporated or formalized? What about the body being exposed to hurt and injury? The body that tends to disappear in perception reappears when things go wrong, when we sprain our ankle, when a sudden headache hits us or we are struck by a falling branch. This mode of appearance of the body, which Leder calls "dys-appearance,"⁴³ has some obvious parallels to the appearance of the broken useful things in Heidegger's analysis: the focal disappearance of my writing hand will only last until it starts to hurt, just like the pencil will only remain handy until its tip breaks.⁴⁴

Pain seems to be a paradigmatic case of this kind of dys-appearance, which Merleau-Ponty largely ignores. It is obvious that by drawing attention to itself, pain also lets the affected body part appear. But in what way, or *as what*? First of all, the affected organ is ejected from the system of implicit functioning and obtrudes on me. It changes from a transparent medium of action or implicit background into an impediment. Its spatiality changes: whereas the hand as a medium of exploration is in motion as a whole, a vector rather than a definite location even when it is momentarily resting on the table, pain is localized and has a localizing effect. The cramped muscle is clearly located, and kneading it treats it as a material object. The kidney that suddenly makes itself felt emerges from darkness, letting something appear where there used to be nothing but "heavy mass."⁴⁵ Apparently this is even true for the heart, and according to the physician and philosopher Herbert Plügge the first words of the cardiac patient are these: "I never knew that I have a heart. Now I know."⁴⁶ Even though the heart is one of the few inner organs that can be felt all the time, pain seems to change this experience so drastically that it appears to produce something that wasn't there before at all, a thing inside oneself that remains a foreign body, as it were.

Numerous authors have associated this experience with materiality, insisting that it reveals the material dimension of the body. I think this is

an accurate description, even though it remains unclear what exactly could be meant by materiality. Plügge speaks of a kind of “coagulation” or “congealing” of the lived body and then writes: “The *res extensa* appears as phenomenon at the heart of the normally unnoticed lived body.”⁴⁷ There is obviously something fundamentally wrong here: first of all, Descartes’ concept of *res extensa* explicitly made no reference to materiality, density etc. but referred to pure spatial extension. Second, it is a theoretical construct that by definition can’t be experienced as such and that philosophers have been keeping alive long past its usefulness in science.

A more productive phenomenological conception of materiality can be found in the second volume of Husserl’s *Ideas* and in some of Hans Jonas’ essays. Husserl points to the fact that we discover the materiality of the world not by watching it but by feeling its resistance. “Impact and pressure” let us experience the firmness and the weight of the things around us, and we have to strain our muscles to explore them.⁴⁸ The “I can” is intimately related to an “I cannot” where the resistance of the world is too great for our powers or where we feel its potentially crushing impact⁴⁹ and while Husserl primarily speaks about the materiality of things, it is obvious that our own body shares this property. However, we should not misunderstand the feeling of resistance to always imply suffering and failure: there can be joy in exerting our physical powers and overcoming obstacles, and even the enjoyment of the fluidity of our bodily movements at the height of its capability could not exist without a trace of the feeling of weight and resistance.

Still, there is a degree of heterogeneity here that comes to the fore in pain and that cannot be explained away. Pain is the paradigmatic experience of a force that we suffer and that forces us into awareness of our own materiality. It limits our range and lets our body get in our way. If we are a thing among things, “bundles of bones and muscles,” we can get crushed between them. If my reconstruction of the motor physiognomy of pain is feasible, interior pains without any perceptible external cause give us the same experience of force and vulnerability. This might be one of the reasons why we tend to employ the “language of agency,”⁵⁰ as Scarry calls it, to describe all kinds of pain: my abdominal pain feels as if I was being stabbed not just because this is my way of externalizing and objectifying a private experience, as she thinks, but because I really do feel assaulted by an alien force that alienates part of my body, and I find myself nailed down without any way out.

The body is obviously both, disappearing capability and vulnerable materiality, but how can we reconcile these two dimensions? Can we simply add materiality to the concept of the lived body? Is there an overarching concept that encompasses both? The experience of pain and hurt throws this into doubt. “The body in dys-appearance is marked by being away, apart, asunder,”⁵¹ Leder writes, and the very fact of dys-appearance is a reminder that the body is not one even when it is not broken apart.

We can turn to Waldenfels one more time for an elucidation of this inner heterogeneity. There is a sentence from Merleau-Ponty's *The Visible and the Invisible* that sums up his own approach so well that he quotes it several times: "the originating (*l'originaire*) breaks up, and philosophy must accompany this break-up, this non-coincidence, this differentiation."⁵² This means that there is no originary unity of the body just like there is no originary unity of being. Waldenfels spells out the formal chiasm of the touching/touched into the concept of a body that is destined to miss itself as it relates to itself, whose very reference to itself (*Selbstbezug*) is also an evasion of itself (*Selbstentzug*): "This noncoincidence should be viewed as a liability, for it characterizes the very being of our body, which refers to itself and at the same time evades itself."⁵³

While Helmuth Plessner's distinction between being a body (*Leib*) and having a body (*Körper*)⁵⁴ is one of Waldenfels' points of reference, this might create the impression that there are exactly two modes of existence of the body that we somehow have to mediate between. But having a body refers to an objectifying relation to our body that ranges from cutting one's fingernails to neurophysiological research, and while it may make formal sense to group all these different ways of relating to ourselves together, this should not obscure their heterogeneity: taking care of our body is not the same as reifying it. The materializing effects of pain disrupt or transform the implicit lived body in a different way, and they find no place in Plessner's distinction at all.

Moreover, all these transformations usually remain local and transient, they are never complete and stable enough to form "a body." Not even scientific objectification creates another version of the body that we "have": while it obviously leaves permanent traces in our self-understanding—I *know* that I have a heart, roughly how it works and what it looks like—it will never completely take root within the lived body, let alone replace it. If it did, the strange statements of the cardiac patients would be utterly inexplicable. Pain is the experience that makes the non-coincidence at the heart of ourselves most acutely felt.

Centering our understanding of the body not on a substance or unitary organization but on non-coincidence prevents us from declaring one of those modes the original core and others as negligible or improper—but it doesn't absolve us from carefully investigating the different modes and their relations. The body is a field of different modes of experience that are related but not identical. The implicit, adverbial lived body that merges into its relation to the world can be seen, touched, hurt, dissected, and reconstructed from a third-person perspective; it is one body, but this body is not one.

The What, the Why and the How

There is, of course, a lot more to be said about the experience of pain, for instance about the way it affects space and time and our self-perception,

and how all this changes again in the cases of chronic pain and torture. Also, the concept of a pluralized body had to remain a mere sketch. To conclude, I would like to add a few equally sketchy remarks on the problem of meaning and sense—another field that would demand much more attention.

In its dependence on context, pain is always intimately related to questions of meaning, and the plurality of contexts makes it clear from the outset that asking for “the” meaning of pain makes little sense. In the case of excessive pain deliberately inflicted by someone else, there is no meaning to be found outside the pain because it is its very embodiment. Torture primarily aims at destruction, and destruction is the meaning of the pain: its potentially destructive effects are intentionally mobilized and the victim “understands” this meaning only too well.⁵⁵

In chronic pain, the relation to meaning is more complex. While normally the first and simplest questions about pain’s meaning and sense—why does it hurt? When will it stop? What can be done about it?—are fairly easy to answer or at least presumed answerable, in chronic pain they all become problematic. The mere fact of not knowing when the pain will stop will exacerbate it, and not having satisfactory means to fight it makes things worse. Almost inevitably the question will be transformed and shifted to other kinds of meaning: psychological, moral and even metaphysical.

Finding metaphysical meaning presupposes faith in some kind of order in the world, an order where everything has its place and there is a reason for everything that happens, whether there is a supreme will behind it or not. This kind of faith can be surprisingly effective but it isn’t as widespread as it used to be—and it cannot be prescribed. The moral dimension that often goes along with this but can also be linked to a more secular understanding may help bear the burden of chronic pain, but it is far from harmless: there must be something I have done to deserve this, and the pain is a punishment for my misdeeds even if I have no idea what they are or what to do about them.

Luckily prayer isn’t medicine’s last resort, and if the pain can’t be assuaged pharmaceutically or surgically, other ways of treatment are employed, among them the relaxation techniques I referred to in the second section. But meaning tends to play a role as well, and biomedical treatment is complemented by hermeneutics. Psychosomatic approaches try to provide patients with the resources to understand the pain and its consequences on them, relate it to other issues in their lives, and transform its meaning to make it less damaging. This should not be confused with the attempt to give it meaning, as if a higher meaning would somehow elevate pain to a “meaningful” or beneficial experience that somehow promotes personal growth. When Geniusias insists on complementing the de-personalizing effect of chronic pain with a re-personalization, he means that we have to take account of the way the pain induces a change

in personality that cannot be reduced to mere destruction;⁵⁶ when Olivier speaks of “liberation,” he is not talking about a liberation *through* pain but a liberation *from* pain: what’s at stake is “encountering hurt,” “surviving affliction” and “overcoming agony,”⁵⁷ the difficult and precarious ways of coping with it.

But there’s a thin line between restoring agency and blaming the victim. If the pain *persists* despite all efforts to treat it, it must seem like the patient is *insisting* on it, unwilling to let it go—if she isn’t making it up. Indeed, this suspicion seems to be almost inevitable, as Arthur Kleinman remarks: “If there is a single experience shared by virtually all chronic pain patients it is that at some point those around them—chiefly practitioners, but also at times family members—come to question the authenticity of the patient’s experience of pain.”⁵⁸ It would be too simple to blame this on an exaggerated faith in the powers of modern medicine, even though this might be a contributing factor as well. It is likely that physicians will find it problematic to deal with their own powerlessness, but there is another factor that runs deeper: for most of us, pain is an episodic occurrence. It will pass. If somebody tenaciously claims that it doesn’t, we have to strain our imagination to relate to it, which apparently isn’t so easy. In chronic pain, Scarry’s statement “to hear that another person has pain is to have doubt”⁵⁹ starts to ring true. What’s at stake for the patient is the recognition of his/her own experience as valid and him/her belonging to a common social world.

This is a real problem that physicians should be aware of, but it is not the truth about pain as such. In most cases doubt is not a relevant category at all. Usually there is a direct link between the expression of pain and its perception by others: hearing someone moan or cry in pain and seeing them flinch affects us physically. We don’t “hear that someone has pain,” as if this was a neutral information that will yet have to be proved right or wrong; we hear and see someone in pain. We might take this as an example of what Merleau-Ponty called “intercorporeity” and linked to the chiasm,⁶⁰ but maybe this is still too formal. Emmanuel Levinas offers a different account: he identifies the body with exposition and vulnerability as he speaks of “the living human corporeality, as a possibility of pain, a sensibility which of itself is the susceptibility to being hurt, a self uncovered, exposed and suffering in its skin,”⁶¹ thus placing at the center precisely that which Merleau-Ponty ignored. However, the fact that we are exposed and vulnerable doesn’t imprison us within ourselves but opens us to the vulnerability of the Other. Our non-indifference toward him/her is dependent on our own bodily materiality.

Of course non-indifference is neither compulsion nor obligation; all it says is that turning away is not a neutral act. Pain’s deepest meaning is always negative: that it should stop. It is a cry for help even if no cry is heard, and there are no innocent bystanders. It implicates the vulnerability of our material bodies in a way that there can be no neutrality. What it

is asking for is ultimately not explanation or some sort of higher meaning but recognition and relief.

Notes

1. Nikola Grahek, *Feeling Pain and Being in Pain* (Cambridge, MA and London: The MIT Press, 2001), 2.
2. *Ibid.*, 95.
3. Saulius Geniusias, "Phenomenology of Chronic Pain: De-personalization and Re-personalization," in *Meanings of Pain*, ed. Simon van Rysewyk (Cham: Springer Verlag, 2016), 148.
4. Carl Stumpf, *Gefühl und Gefühlsempfindung* (Leipzig: Barth, 1928).
5. Ronald Melzack and Patrick D. Wall, *The Challenge of Pain* (London: Penguin Books, 2nd ed. 1988), 145.
6. Maurice Merleau-Ponty, *Phenomenology of Perception*, trans. Colin Smith (London New York: Routledge, 2002), 140.
7. For an elaboration of these ideas cf. Christian Grüny, *Zerstörte Erfahrung: Eine Phänomenologie des Schmerzes* (Würzburg: Königshausen & Neumann, 2004).
8. Cf. Renaud Barbaras, "Affectivity and Movement: The Sense of Sensing in Erwin Straus," *Phenomenology and the Cognitive Sciences* 3 (2004). For a similar critique of the concept of sensation cf. Jean-Paul Sartre, *Being and Nothingness: An Essay on Phenomenological Ontology*, trans. Hazel Barnes (London: Routledge, 1956), 315.
9. Erwin Straus, *Vom Sinn der Sinne: Ein Beitrag zur Grundlegung der Psychologie* (Berlin: Springer, 2nd ed. 1956), 402.
10. *Ibid.*, 215.
11. Merleau-Ponty, *Phenomenology of Perception*, 279.
12. *Ibid.*, 239.
13. Abraham Olivier, *Being in Pain* (Frankfurt am Main: Peter Lang, 2007), 51.
14. *Ibid.*, 243.
15. F.J.J. Buytendijk, *Pain*, trans. Eda O'Shiel (London: Hutchinson, 1961), 114.
16. *Ibid.*, 124.
17. Bernhard Waldenfels, *Phenomenology of the Alien: Basic Concepts*, trans. Alexander Kozin and Tanja Stähler (Evanston, IL: Northwestern University Press, 2011), 31.
18. Sigmund Freud, *Inhibitions, Symptoms and Anxiety*, trans. Alix Strachey (London: Hogarth Press, 1936), 169. Similarly Henri Bergson, *Matter and Memory*, trans. Nancy Margaret Paul and W. Scott Palmer (New York: Zone Books, 1991), 56.
19. Freud, *Inhibitions, Symptoms and Anxiety*, 169.
20. Straus, *Vom Sinn der Sinne*, 215.
21. Cf. Christian Grüny, "Zur Logik der Folter," in *Gewalt-Verstehen*, ed. Burkhard Liebsch and Dagmar Mensink (Berlin: Akademie-Verlag, 2003).
22. Kurt Goldstein, *The Organism: A Holistic Approach to Biology Derived from Pathological Data in Man* (New York: Zone Books, 1995), 49.
23. Agustín Serrano de Haro, "Pain Experience and Structures of Attention: A Phenomenological Approach," in *Meanings of Pain*, ed. Simon van Rysewyk (Cham: Springer Verlag, 2016).
24. Lawrence LeShan, "The World of the Patient of Severe Pain of Long Duration," *Journal of Chronic Diseases* 17 (1964): 120.
25. Buytendijk, *Pain*, 57.

26. Genusias, "Phenomenology of Chronic Pain: De-personalization and Re-personalization," 156.
27. Merleau-Ponty, *Phenomenology of Perception*, 248.
28. Guy Douglas, "Why Pains are not Mental Objects," *Philosophical Studies* 91 (1998): 131.
29. Sartre, *Being and Nothingness*, 332.
30. Abraham Olivier, "When Pains are Mental Objects," *Philosophical Studies* 115 (2003): 48.
31. Friedrich Nietzsche, *The Gay Science: With a Prelude in German Rhymes and an Appendix of Songs*, trans. Josefine Nauckhoff (Cambridge: Cambridge University Press, 2001), 177. Cf. also Christian Grüny, "Vom Nutzen und Nachteil des Schmerzes für das Leben," in *Schmerz als Grenzerfahrung*, ed. Rainer-M.E. Jacobi and Bernhard Marx (Leipzig: Evangelische Verlagsanstalt, 2011).
32. Elaine Scarry, *The Body in Pain: The Making and Unmaking of the World* (Oxford and New York: Oxford University Press, 1985).
33. *Ibid.*, 31.
34. Merleau-Ponty, *Phenomenology of Perception*, 115 (translation modified). Smith translates "schéma corporel" as "body image," which completely misses the point. Cf. Shaun Gallagher, "Body Image and Body Schema: A Conceptual Clarification," *The Journal of Mind and Behavior* 7, no. 4 (Autumn 1986).
35. Drew Leder, *The Absent Body* (Chicago and London: The University of Chicago Press, 1990).
36. *Ibid.*, 26, 53.
37. Cf. Edmund Husserl, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy, Second Book: Studies in the Phenomenology of Constitution*, trans. Richard Rojcewicz and André Schuwer (Dordrecht: Kluwer Academic Publishers, 1989), § 60.
38. Merleau-Ponty, *Phenomenology of Perception*, 473.
39. What it also obscures is the fact that the effortless ease of the lived body relies on an accommodating world, both socially and materially, which presupposes a "normal" body. Cf. for the role of gender Iris Marion Young, "Throwing Like a Girl: A Phenomenology of Feminine Body Comportment Motility and Spatiality," *Human Studies* 3 (1980); for a reflection on disability Vivian Sobchack, "'Choreography for One, Two, and Three Legs' (A Phenomenological Meditation in Movements)," *Topoi* 24 (2005).
40. Merleau-Ponty, *Phenomenology of Perception*, 107.
41. *Ibid.*, 106–107.
42. Cf. Maurice Merleau-Ponty, *The Visible and the Invisible*, trans. Alphonso Lingis (Evanston, IL: Northwestern University Press, 1968).
43. Leder, *The Absent Body*, 69–99.
44. Cf. Martin Heidegger, *Being and Time*, trans. Joan Stambaugh (Albany: State University of New York Press, 2010), 67–75. Stambaugh's choices of "useful things" for *Zeug* and "handy" for *zubanden* strike me as being less clumsy and artificial than the old "equipment" and "ready-to-hand."
45. Merleau-Ponty, *Phenomenology of Perception*, 61.
46. Herbert Plügge, *Der Mensch und sein Leib* (Tübingen: Niemeyer, 1967), 76.
47. *Ibid.*, 63.
48. Husserl, *Ideas Pertaining to a Pure Phenomenology and to a Phenomenological Philosophy*, 42.
49. Cf. Hans Jonas, "Causality and Perception," *The Journal of Philosophy* 47, no. 11 (May 1950).

50. Scarry, *The Body in Pain*, 15.
51. Leder, *The Absent Body*, 87.
52. Merleau-Ponty, *The Visible and the Invisible*, 124.
53. Waldenfels, *Phenomenology of the Alien*, 49–50.
54. Cf. Helmuth Plessner, *Die Stufen des Organischen und der Mensch* (Berlin: de Gruyter, 1975), ch. 7.
55. For the political issues at stake here cf. Darius Rejali, *Torture and Democracy* (Princeton, NJ: Princeton University Press, 2007).
56. Geniusias, “Phenomenology of Chronic Pain: De-personalization and Re-personalization.”
57. Olivier, *Being in Pain*, ch. 7.
58. Arthur Kleinman, *The Illness Narratives: Suffering, Healing, and the Human Condition* (New York: Basic Books, 1988), 57.
59. Scarry, *The Body in Pain*, 7.
60. Cf. Merleau-Ponty, *The Visible and the Invisible*, 141.
61. Emmanuel Levinas, *Otherwise than Being, or Beyond Essence*, trans. Alphonso Lingis (Pittsburgh, PA: Duquesne University Press, 1998), 51.



Routledge Research in Phenomenology

PHENOMENOLOGY OF THE BROKEN BODY

Edited by
Espen Dahl, Cassandra Falke, and
Thor Eirik Eriksen



ROUTLEDGE

Phenomenology of the Broken Body

Some fundamental aspects of the lived body only become evident when it breaks down through illness, weakness or pain. From a phenomenological point of view, various breakdowns are worth analyzing for their own sake, and discussing them also opens up overlooked dimensions of our bodily constitution. This book brings together different approaches that shed light on the phenomenology of the lived body—its normality and abnormality, health and sickness, its activity as well as its passivity. The contributors integrate phenomenological insights with discussions about bodily brokenness in philosophy, theology, medical science and literary theory. *Phenomenology of the Broken Body* demonstrates how the broken body sheds fresh light on the nuances of embodied experience in ordinary life and ultimately questions phenomenology's preunderstanding of the body.

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