

Intentionalism and Pain

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Abstract. The pain case can appear to undermine the radically intentionalist view that the phenomenal character of any experience is entirely constituted by its representational content. That appearance is illusory, I argue. After categorising versions of pain intentionalism along two dimensions, I argue that an “objectivist” and “non-mentalist” version is the most promising, provided it can withstand two objections: concerning what we *say* when in pain, and the *distinctiveness* of the pain case. I rebut these objections, in a way that’s available to both opponents and adherents of the view that experiential content is entirely conceptual. In doing so I illuminate peculiarities of somatosensory perception that should interest even those who take a different view of pain experiences.

Take a perceptual experience, such as a visual experience of a red cube.¹ There is “something it is like” for a subject to undergo the experience; the experience has phenomenal character. It also has representational content; being its subject involves representing something as being the case, e.g. *that there is a red cube in front of oneself*. Now, the traditional view holds (postponing a qualification) that some aspect of the phenomenal character of an experience is constitutively *independent* of any content it has; by contrast, “radical intentionalists” hold that an experience’s phenomenal character is *wholly constituted* by its content. This intentionalist revolution, applied to perceptual experiences, is currently taking hold—for good reason. But it’s often thought that a comprehensive intentionalism, applied to experience *in general*, is blocked by the bodily sensations. I disagree.

Consider “pain experiences”—experiences in virtue of which subjects are *in pain*. These have phenomenal character, yet many philosophers think not only that they resist radically intentionalist treatment, but that they’re “representationally blank”. As Richard Rorty puts it, “pains are not intentional—they do not represent, they are not *about* anything” (1980, p. 22). Many agree: Block, McGinn, O’Shaughnessy, Searle, and perhaps Davidson and Peacocke.²

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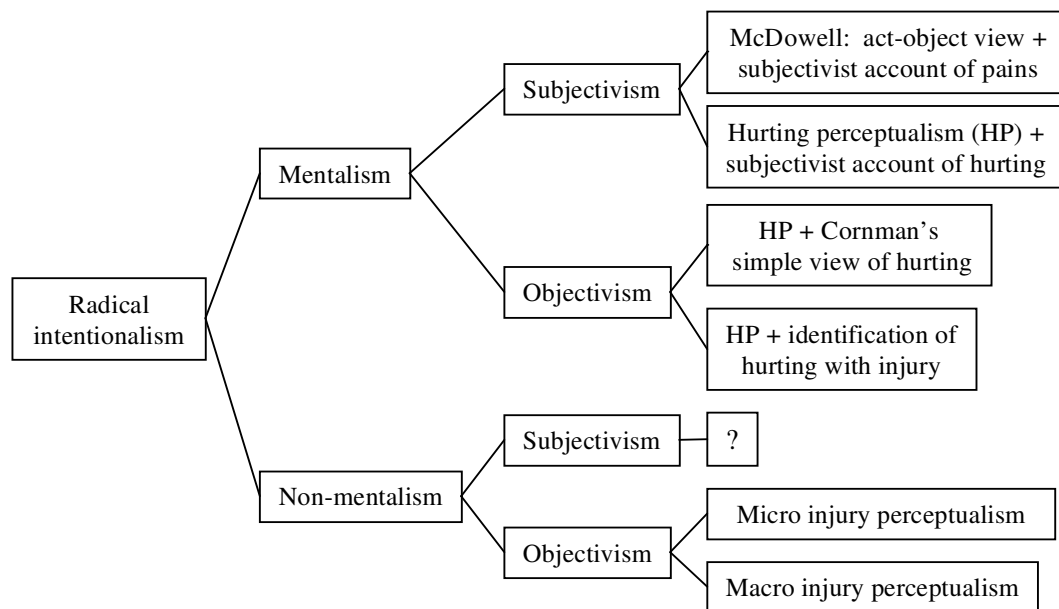
² Block (1995, p. 234), McGinn (1982, p. 8), O’Shaughnessy (1980, i, pp. 169-70), Searle (1992, p. 2), Davidson (1970, p. 211), Peacocke (1983, p. 5; but see 1984).

Even those who disagree often reject radical intentionalism, at least in the pain case: for example, Boghossian, Evans, and Velleman.³

But I want to defend radical intentionalism, precisely in the pain case. On my taxonomy, intentionalists about pain must choose between “mentalism” and “non-mentalism”. In §§1-3, I touch on difficulties facing the mentalist, and formulate a non-mentalist alternative. I then turn to my main task: to see whether non-mentalism can withstand two serious objections that I suspect underlie many philosophers’ misgivings about the account. In the process, I illuminate peculiarities of somatosensory perception that should interest even those who take a different view of pain experiences.

1. MENTALISM

Here’s how I cut up the territory:



Radical intentionalists take the phenomenal character of pain experiences to consist wholly in their content; so if being a pain experience is entirely a phenomenal matter, it’s entirely a representational matter. I’ll let the “radical” label slip, but it distinguishes this view from another (see Evans, 1982, pp. 230-31): that, although pain experiences have content, they are pain experiences at least partly in virtue of properties that are both phenomenal and *non*-representational—“qualia” or “sensational properties”, as I use those terms (see Peacocke, 1983).

The intentionalist about pain must choose, first, between mentalism and non-mentalism, i.e. between claiming and denying that the content of pain experiences is specified, at least partly, by *mental* concepts, like *pain* or *hurting*; and second, between subjectivism and objectivism, i.e. between claiming and denying that the subject matter of pain experiences is, at least partly,

³ Boghossian and Velleman (1989, p. 95), Evans (1980, pp. 230-31). For further references, see Byrne (2001, p. 227).

constitutively dependent on its being represented in such experiences. The first distinction is between classes of *psychosemantic* view about what circumstances pain experiences represent; the second is between classes of *metaphysical* view about what it is for those circumstances to obtain.

Let's start with mentalism. John McDowell is a mentalist subjectivist.⁴ As a mentalist, he holds that pain experiences are episodes of awareness of mental items: pains. As a subjectivist, he thinks a pain's existing consists in its being *experienced* as a pain. Another form of mentalism, "hurting perceptualism", holds that pain experiences represent body parts as *hurting*—and, on a subjectivist version, that what it is for a body part to hurt is for it to be *represented* as hurting.

This enables a better description of my target. The traditional view holds, I said, that at least some aspect of the phenomenal character of an experience is independent of its content. But that omits a central strand in the tradition: the sense-datum theory, on which undergoing perceptual experiences involves awareness of subjective items. This is hopeless as an account of the *objective* content of experiences; but what if it claims that experiences have only "inner" content, and that their phenomenal character consists entirely in such *inner* content? That's a version of radical intentionalism. Still, contemporary intentionalists have *not* taken that view of perceptual experiences; they oppose not only blank qualia, but also sense-data. Similarly, when it comes to pain experiences, I depart from McDowell in preferring versions of intentionalism that invoke only objective content. Let me explain why.

Here, telegraphically, are two problems with subjectivism. The first is the dependence problem. It is questionable whether we can—as I think we must—understand an experience as being an episode of concept-involving awareness of an item, *x*, as being *F*, *if* we hold that *x*'s existence and its being *F* *consist* in its being that experience's object. So a subject's experiencing a pain is difficult to construe as a piece of genuine conceptual recognition, an episode in which a pain is correctly *classified* as being a pain, if the subject could not have deployed some concept other than *pain* in his awareness of that item. Yet that is what McDowell's subjectivism implies: the subject could indeed *not* have deployed some concept other than *pain*, since the object of awareness, the pain, depends on his bringing it under that very concept. I've put this objection in terms of concept-involving experiences, but I suspect a version of it arises even for those who go in for non-conceptual content. In any case, McDowell famously doesn't, so his view is directly under threat.

Subjectivism's second weakness is the circularity problem. Consider the case of redness. Some claim that what it is for an object to be red is for it be disposed to cause visual experiences of a certain type. The relevant type, on intentionalist versions of the view, is this: experiences representing objects as *being red*. At this point the familiar objection is that it's viciously circular

⁴ See his 1989, 1991, and 1994 (especially pp. 18-23 of Lecture 1 and pp. 36-38 of Lecture 2). For his subjectivism, see 1994, p. 21, p. 38, and p. 120.

for an account of what it is for objects to *be red* to advert to experiences representing objects as, precisely, *being red*. My point is straightforward: if this view of redness is indeed viciously circular, then so are subjectivist views of what's represented by pain experiences—on which, for example, what it is for a body part to be hurting is for it to be experienced as, precisely, hurting.

Here, I cannot do more than register those worries. It might seem as though the mentalist could avoid them anyway, by embracing objectivism. James Cornman (1977) is a hurting perceptualist who models hurting on colours conceived as *objective*, along the lines of John Campbell's (1993) "simple view". Campbell takes colours to be occurrent and irreducible: objective, metaphysically "transparent" qualities grounding the relevant sensory dispositions. And that's Cornman's view of hurting. An alternative form of objectivism would claim that hurting can be reduced to some physiological condition.

But both versions face a problem. Unlike an object's being red, a limb's hurting is of itself a phenomenal matter; yet mentalist objectivism implies the possibility of a severed limb's hurting *independently* of any conscious subject. Together these claims require that hurting be a quale (a non-representational, phenomenal property), and, oddly, one instantiated not by experiences, but by body parts. This is not only inconsistent with intentionalism, but arguably incoherent: that things might *seem* some way, but not to a conscious subject. Was I too quick to say a limb's hurting is a phenomenal matter? I don't think so. Consider, for example, Ed, who is in pain because he's aware of his hurting right arm, and Ted, the same subject in a counterfactual situation of lacking a right arm. Intuitively, giving Ted two things would suffice for his right arm also to hurt: an attached right arm, and a pain experience subjectively indistinguishable from Ed's. The worry is how to make sense of this, if you think hurting is an objective property.⁵

To take stock: if mentalism is unacceptable in conjunction with either subjectivism or objectivism, then it is unacceptable *simpliciter*. In this section, I've argued for that conditional's antecedent. The argument is far from conclusive, but my main aim is to see where intentionalism is left *if* mentalism has to go.

2. INJURY PERCEPTUALISM

Rejecting mentalism leaves the intentionalist with non-mentalism. And it is the following non-mentalist (and objectivist) view that I want to defend:

Injury Perceptualism

- (1) A's being in pain (feeling or having a pain) *consists in* his having a somatosensory experience as of a part of his body being in some physiological state, P.

⁵ If you conjoin mentalist objectivism with a form of disjunctivism on which experiences' predicative contents are world-dependent, then you can explain why giving Ted the *same* experience as Ed's implies he'll have a hurting right arm. That's why I frame the intuition in terms of a *subjectively indistinguishable* pain experience. I am grateful here to a referee for *Analysis*.

- (2) A's having or feeling a pain *consists in* A's somatosensorily perceiving O as being P
 in a body part, O (at (and at L).
 location L), or O's hurting

Notice, first, that “P” is a place-holder for a term referring to some physiological property. But which? Here are two options: for the micro injury perceptualist (e.g. Armstrong, 1968, pp. 315-19), it is some arcane *micro*physiological condition, such as firing “nociceptors”; for macro injury perceptualists (e.g. Pitcher, 1970, p. 371), it is some macro-level property such as “disorder”, where a body part’s being disordered is a matter of its being in (or nearly being in, or developing) a pathological condition—its having something wrong with it. I shall largely focus on *macro* injury perceptualism.

Second, by “somatosensory experiences” I mean experiences belonging to what might be regarded as a sixth sense: “body sense”, by which one is aware of one’s own body not by means of the five exteroceptive senses, but rather “from the inside”—as when one knows the location of one’s limbs independently of looking, touching, hearing, or smelling. This poses a difficult question for the injury perceptualist: he thinks seeing your body’s injured state isn’t painful but somatosensorily perceiving it is; but can an account of that phenomenological difference be given in purely representational terms, or must it mention distinctively somatosensory qualia? Radical intentionalists are committed to the former option, of course, so in the final section I provide just such an account. For now, then, “somatosensory” and its cognates are promissory notes.

Finally, it’s clear what any “intentionalist” view amounts to only to the extent that it’s clear what its adherents mean by “content”. There are many accounts of content, but my use of the notion is meant to be relatively free of theoretical commitment. My definition of intentionalism, for example, excludes neither adherents nor opponents of the idea that the content of experiences is partly non-conceptual. I propose the following: what it is for a mental episode to have content is for it to be accessible to its subject and to have, of itself, a truth-value. Two things need emphasis. First, the relevant notion is of *accessible* content, i.e. *personal-level* representation. Consider, by contrast, the sort of “informational content” cognitive psychologists invoke to explain an organism’s catching a ball, for example, by citing computational states “representing” arcane laws and data about the ball’s trajectory. That’s sub-personal “content”, and *not* the notion my intentionalist is using. Second, representational content is “non-derivative”. To be representational, a mental episode must *itself* have a truth-value. It is insufficient that the episode strike the subject in a way from which he then *infers* truth-evaluable judgements. Rather, the episode must itself be contentful; the subject’s undergoing it must *of itself* be a matter of his truly or falsely representing how things are.

Philosophers differ about what an experience's having such content requires. But my use of this theoretically thin notion means that those who get that matter *wrong* aren't thereby disqualified from being intentionalists.

Despite this ecumenicalism, I should mention the dispute between adherents and opponents of the idea that experiential content is entirely conceptual. "Conceptualists" hold that having a contentful experience requires possession of the concepts specifying its content, where exacting conditions are imposed on concept possession: for example, having inferential capacities and even a natural language. Most injury perceptualists reject this: for example, Dretske (1995), Lycan (1996), and Tye (1996). By contrast, McDowell, while rejecting injury perceptualism, *insists* on it. Now, one of my aims is to make injury perceptualism available to conceptualists. So, for the purposes of this paper, I forswear non-conceptual content, even though this blocks various ways of alleviating the injury perceptualist's difficulties, and even though many take pain experiences *especially* to demand non-conceptual content.

Here is one difficulty conceptualism immediately raises: what are we to say about creatures that are seemingly capable of pain experiences but not the relevant concepts? This is an instance of a quite general problem, one faced not only by conceptualists about pain experiences, nor only by conceptualists about experiences generally, but also, for example, by those who hold that the content of *beliefs* is conceptual. What, they will be asked, are we to say about creatures that are seemingly capable of *beliefs* but not the relevant concepts? At this stage, many philosophers suggest that though such creatures lack beliefs, they have states *analogous* to beliefs in various respects—proto-beliefs, as José Bermúdez calls them (1998, ch. 5). I suggest that a move parallel to this might handle the problem of creatures seemingly capable of *pain* but not the relevant concepts. Here, though, is not the place to pursue the proposal.⁶

3. MOTIVATING INJURY PERCEPTUALISM

Why is injury perceptualism attractive? Because intentionalism is attractive, and injury perceptualism avoids the problems of mentalism. But why is intentionalism attractive? The motivations, well aired in the literature, are various. Intentionalist accounts of *being in pain* enable the following explanation of pains' *locations*, for example: what we describe as "the location of a pain" is really the bodily location at which is *represented* whatever item pain experiences represent. This defuses puzzles associated with our talk of located pains. Injury perceptualism, for example, handles phantom limb cases well, implying that when Nelson had a phantom-limb pain experience, he didn't have a pain anywhere, since injury perceptualism's second clause was failed (Nelson lacked a limb of the represented sort at the represented location). Nonetheless, clause

⁶ See McDowell on the "proto-subjectivity" of animals (1994, pp. 49-50, pp. 63-5, pp. 69-70, and pp. 114-21; 1991, p. 311, n. 29, p. 313, n. 34; and 1989, pp. 293-5).

(1) ensures that Nelson was still *in* pain, since he was undergoing an experience (albeit hallucinatory) as of a part of his body being disordered.

Intentionalism about pain experiences also fits smoothly into a radically intentionalist account of the mind, an account that conceives of the mentality of mental items in terms of their possession of content—their constituting subjects’ perspectives on the world. We could, on this view, do without qualia, and that is something to be glad of. For one thing, the relation between the mental and its behavioural manifestations is more puzzling in the case of qualia than in the case of intentional states, which raises both metaphysical worries about qualia and epistemological concerns about how we’re to *know* about others’ qualia. For another thing, McDowell (1994) has argued that only states with content—indeed, fully conceptual content—could constitute *reasons* for judgements. If McDowell’s right (a big “if”, but I’m sympathetic), then it becomes unclear how we’re supposed to know even about our *own* qualia. Again, McDowell thinks pain experiences need to and can rationalise judgements, including judgements that oneself is in pain—but only if they’re contentful.

This is merely a thumbnail sketch of the motivations. But I now turn to the principal task, to defend injury perceptualism against two serious objections: the problem of mentalistic idioms and the distinctiveness problem.

4. THE PROBLEM OF MENTALISTIC IDIOMS

When Sue sees a red apple we can report the following: her experience, the perceptual judgements in which she endorses (part of) the experience’s content, and the judgements in which she self-ascribes the experience:⁷

A.

- | | |
|--|-------------------------|
| (1) It seems to Sue as though <i>this apple is red</i> | (perceptual experience) |
| (2) Sue judges that <i>this apple is red</i> | (perceptual judgement) |
| (3) Sue judges that <i>it seems to her as though this apple is red</i> | (self-ascription) |

In the pain case, injury perceptualism suggests the following parallels:

B.

- (1) It feels to Sue as though *her left foot is disordered*
- (2) Sue judges that *her left foot is disordered*
- (3) Sue judges that *it feels to her as though her left foot is disordered*

⁷ My examples are of experiences involved in perceivings. This makes the embedded content sentences more straightforward, especially for disjunctivists, who want to say that the contents of veridical perceivings and hallucinations must differ. It is not meant to imply that only experiences involved in perceivings can be self-ascribed.

The worry is that (B2) and (B3) seem not to be the judgements we in fact make on the basis of our pain experiences—those apparently expressed by what we *say* when in pain. In particular, (B2) and (B3) arguably do less justice to the ordinary situation than (C2) and (C3):

C.

(2) Sue judges that *her left foot hurts*, or *she has a pain in her left foot*

(3) Sue judges that *she's in pain*, or

that *it feels to her as though her left foot hurts (or has a pain in it)*

Where the injury perceptualist might expect Sue to say “My left foot is disordered”, for example, it would be more natural for her to say “My left foot hurts”. And that raises a further worry, for if “My left foot hurts” is a perceptual judgement, simply endorsing the content of her experience, then the injury perceptualist can't deny that *hurting* is represented by that experience.

The objections, then, are twofold: what the injury perceptualist would have us judge, we don't; and what we do judge—and express in mentalistic vocabulary—the injury perceptualist is unable to account for. Those who take pain experiences to be non-conceptual episodes may find these objections less pressing than conceptualists. Tye, for example, suggests it's of “no significance” what a subject says when in pain (1996, p. 117).⁸ But, for conceptualists particularly, a more robust response is surely desirable.

So, starting with the second problem, can the injury perceptualist explain Sue's utterance of “My left foot hurts”? I think he can. Indeed, an account of that utterance is already encapsulated in his second clause: that for a body part to hurt is for it to be *experienced* as disordered. This makes “My left foot hurts” a self-ascription of an experience, *not* a perceptual judgement endorsing the experience's content. Use of that sentence, therefore, doesn't imply that pain experiences represent hurting. Moreover, as a self-ascription of an *experience*, the fact that the report involves the mentalistic term “hurts” is less surprising than a non-mentalist ought otherwise to find it.

But worries persist. For one thing, “My left foot hurts” still *looks* very much like the expression of a perceptual judgement, simply endorsing the content of the subject's experience. For another, even if the relevant utterances *are* self-ascriptions of experiences, their involvement of such mentalistic terms as “in pain”, “a pain”, and “hurting” can continue to appear strange in light of the injury perceptualist's insistence that such terms refer neither to items represented by pain experiences nor to qualia they instantiate.

Here I think the injury perceptualist should take his cue from a brief remark David Armstrong once made (1962, p. 103), and develop as a model for “My left foot *hurts*” the sentence “My left foot is *blurred*”—said, let's suppose, by Sue as she looks down at her foot

⁸ Tye makes the point in a slightly different context. See also Pitcher (1970, p. 373, p. 381, and p. 384); and Armstrong (1962, p. 116).

through teary eyes. Here are three plausible claims. First, “My left foot *is* blurred” and “My left foot *looks* blurred” are equivalent. Hence it would be odd to say either “My left foot is blurred, though it does not look it” or “My left foot looks blurred, though it isn’t”.⁹ Second, at least part of the role of both sentences is to self-ascribe visual experiences. Third, the experiences they self-ascribe neither instantiate blurry qualia (contra Boghossian and Velleman, 1989, pp. 94-96), nor represent the property *being blurred*. Admittedly, to make this final claim plausible, I must suggest some alternative account of the content of blurred experiences. Armstrong thinks they represent the light as dim, the air as misty, and the outlines of objects as wavering (1962, p. 103). But surely that’s what *causes* things to look blurred; it’s not the content of the experiences in which they do so. It’s better to say that blurred experiences have spatial content that’s incomplete or indeterminate and does not enable the subject precisely to ascertain the position of the object’s edges. But, either way, the crucial point is that blurred experiences do *not* represent a property *being blurred*, and nor does the term “blurred” refer to some quale they instantiate.

This account ought to steady the nerves of the injury perceptualist. For here we have phenomena that parallel those he has to tolerate in the pain case. For one thing, “My left foot is blurred” looks like an expression of a perceptual judgement, endorsing the content of an experience, just like “My left foot is pink”; but actually it isn’t. And that is just what the injury perceptualist has to say about “My left foot hurts”. For another thing, the term “blurred” is used in a self-ascription of an experience, “My left foot is blurred”, even though it refers neither to a property represented by that experience nor to a quale it instantiates. And, again, this is just what the injury perceptualist has to say about “hurts” in “My left foot hurts”, and indeed about such mentalistic vocabulary as “in pain” and “a pain”.

Admittedly, the steadfast opponent of injury perceptualism may want an explanation of *why* we sometimes use “blurred” and “hurting” to report experiences. Perhaps the reason in the pain case is that the sentence “I am somatosensorily perceiving my left foot as disordered” is a mouthful; and since the information it expresses often needs to be conveyed urgently, we have adopted “hurts” as a convenient shorthand.

So much for the judgements we clearly *do* make on the basis of our pain experiences. What about the earlier challenge: that we *don’t* make the judgements the injury perceptualist should expect us to? Well, he can just deny that. It is not true that we *never* report pain experiences by means of a term referring to disorder. We sometimes say, on the basis of pain experiences, “My left foot has something wrong with it” and “It feels as though it has something wrong with it”. The injury perceptualist can take these as a perceptual judgement and a self-ascription of a pain experience, respectively. Indeed even the *micro* injury perceptualist can

⁹ It has been suggested to me that we never say “x is blurred”. My intuitions differ, as must the intuitions of those who think that “blurred” refers to an objective property. Unlike those philosophers, though, I might concede that “x is blurred” is elliptical for “x looks blurred” without undermining the points I am about to make. I discuss “blurred” further—for example, the different sense it has when applied to photographs—elsewhere (Bain, forthcoming).

handle the objection, and claim that we make pain-based judgements about, say, firing nociceptors. Admittedly, you don't need the concept, *firing nociceptors*, in order to be in pain. But surely you can use demonstrative-predicative modes of presentation (see McDowell, 1994), and hence can represent what are in fact firing nociceptors as *that process*. Hence you might judge on the basis of your pain experience either "My left foot is undergoing that process" or "It feels as though it is".

In short, it's far from clear that our use of mentalistic idioms on the basis of pain experiences requires a mentalistic account of their content. So much, then, for the first objection.

5. DISTINCTIVENESS: TALKING THE TALK OF INTERIORITY

The distinctiveness problem has two strands. The first, borrowing Mackie's term, is a "queerness objection" (1977, p. 38). But whereas Mackie complains that various items are *too* queer to be countenanced, the current objection is that the injury perceptualist hasn't made the pain case queer enough. The second strand concerns whether an intentionalist can account for the existence of *any* phenomenal difference between somatosensorily feeling disorder and seeing it. I start with the queerness point.

McDowell complains that, for the injury perceptualist, sensations "lose their interiority" (1991, p. 313). "The interiority intuition" is the compelling if inchoate thought that there is something idiosyncratic about pain experiences, some way in which they or their objects are "inner" or "subjective", some way in which the relationship between them and their subject matter is more intimate than the relationship between ordinary perceptual experiences and theirs. One way of capturing this idea has been to assert that the subject matter of pain experiences is radically "private": necessarily, only I have access to my pains, only you to yours. Another way has been to claim that pain experiences are *infallible* episodes of awareness of a *self-intimating* subject matter: necessarily, if it seems to Sue as though she has a pain, then she does; and if she does, then it seems to her as though she does. Infallibility and self-intimation, in turn, have been accounted for by embracing the view jettisoned earlier: mentalist subjectivism. For the subjectivist will say that the reason a pain is self-intimating is simply that its being experienced is *what it is for* it to exist.

As an objectivist and non-mentalist view, by contrast, injury perceptualism seems hard pressed to say anything about interiority, except what Armstrong says: that the circumstances a subject represents in his pain experiences are sometimes literally inside his body, and consequently that his first-person judgements based on those experiences will typically be more authoritative than anyone else's (1968, p. 325). In short, then, injury perceptualism risks making pain experiences and their subject matter seem rather ordinary.

I think the injury perceptualist can do better than this. For one thing, I argue in the remainder of this section that, by focusing on the way in which we *talk* about our pain experiences, and on the relationship between such experiences and *not* their subject matter, but rather the subject's *attention* and his *self-ascriptions* of those experiences, the injury perceptualist can identify significant peculiarities in the pain case—peculiarities he can plausibly accuse his opponent of having misconstrued as self-intimation and infallibility. And in the final section I argue that, by focusing on the distinctiveness of somatosensory modes of presentation, the injury perceptualist can explain the differences between pain and visual experiences, *without* holding that pain experiences represent items that are mental, private, subjective, self-intimating, or infallibly accessible. Together, these moves demonstrate the surprising degree to which injury perceptualism can accommodate the interiority intuition, and in a way that goes far beyond pointing out that disorder is sometimes literally inside the body.

5.1. Talking the Talk of Infallibility and Self-Intimation

If the interiority intuition is glossed as the claim that pain experiences are infallible episodes of awareness of a self-intimating subject matter, the injury perceptualist *cannot* accommodate it. This can seem problematic, if the following seem plausible:

- (1) Sue's foot *is* hurting iff Sue's foot *feels* to be hurting
- (2) There *is* a pain in Sue's foot iff there *feels* to be a pain in Sue's foot
- (3) Sue *has* a pain in her foot iff Sue *feels* a pain in her foot.

But even if those claims *are* plausible, the problem seems less serious once we reflect on:

- (4) Sue's foot *is* blurred iff Sue's foot *looks* blurred
- (5) Sue has an experience of red iff Sue *experiences* an experience of red.

After all, (4) is true. But it is true, recall, not because blurred experiences are episodes of infallible awareness of a self-intimating property, *being blurred*, but rather because the sentences on its right- and left-hand sides are just different ways of saying the same thing. So too with (5). It is not that one's having an experience of red consists in that experience being the object of some *further* experience. Rather, just as we talk not only of one's having a smile (or smiling), but also of one's smiling a smile, so too we speak not only of one's having an experience (or experiencing), but also of one's experiencing an experience (Tye, 1996, p. 86). This is just a fact about ordinary language, not the high road to inner sense, let alone to claims about infallible experiences of self-intimating subject matters.

Surely the injury perceptualist can make the same move regarding (1), (2), and (3), claiming that their left- and right-hand sides are just different ways of saying the same thing, and idiomatic ways of saying it. This requires that the injury perceptualist allow, not implausibly, that

just as “experiences” in “Sue experiences an experience” is not functioning as it is in “Sue experiences the pencil”, so too “feels to be” in “Sue’s foot feels to be hurting” is not functioning as it is in “Sue’s foot feels to be hot”.¹⁰ So, if the objection is that the injury perceptualist cannot accommodate claims such as (1), (2), and (3), it is mistaken: he can. Hence, while the plausibility of such claims might explain his opponent’s commitment to self-intimation and infallibility, they don’t vindicate it.

I now turn to three implementations of another injury perceptualist strategy: finding surrogates for the notions of self-intimation, infallibility, subjectivity, and privacy—and finding them elsewhere than in the relationship between pain experiences and their subject matter.

5.2. *Surrogates for Infallibility, Self-Intimation, Subjectivity, and Privacy*

First, consider:

(SA) Sue has a pain *iff* it *seems* to Sue as though she has a pain.

This too can appear to imply that pain experiences are episodes of infallible awareness of a self-intimating subject matter. But, actually, it admits of another interpretation, one acceptable to the injury perceptualist. For he can take the representational episode reported by (SA)’s right-hand side to be a self-ascriptive *judgement*, not an experience, and allow that self-ascriptions of pain experiences may be infallible, even though the experiences themselves aren’t. The same point goes for self-intimation: to whatever extent other perceptual experiences intimate themselves to self-ascriptive judgements, pain experiences can too. So, if the opponent of injury perceptualism merely insists on (SA), he has failed to say anything the injury perceptualist needs to deny.

Second, consider:

(SU) There are no objective pains, nor any objective instances of hurting. Every pain, and every instance of hurting, must be had or felt or experienced by some subject.

(PR) No one else can have or feel my pains, or the instances of hurting that I feel.

These claims are easily taken to imply that pains are subjective objects of logically private awareness. But (SU) and (PR) also admit of interpretations more congenial for the injury perceptualist. Regarding (SU), the injury perceptualist can make three conciliatory remarks. First, pain *experiences* are experience-dependent, of course, in the sense that they *are* experiences. Second, there are indeed no objectively hurting objects. One’s left foot can be (or feel to be) hurting only if there is some way it is *experienced* as being; it’s just that the way the left foot must

¹⁰ By counting these sentences as idiomatic, I mean to avoid the following diagnosis: “experiences” is ambiguous and, on the right-hand side of (5), it means “undergoes”, not “is aware of”. That might seem acceptable for (5), but there is no parallel translation for “feels” that the injury perceptualist could appeal to on the right-hand sides of (1) and (2), for example. Notice, incidentally, that the left-hand sides of (1), (2), and (3) are also idiomatic for the injury perceptualist; and again, this is better than assuming, as Tye and Pitcher sometimes seem to, that “a pain” really means “a pain experience”—as if, “I have a pain in my foot” means “I have a pain experience in my foot”.

be experienced as being, for it to hurt, is *disordered*, not *hurting*. Similarly there are no objectively blurred objects, since things can be blurred only if they are visually represented; but it is not *as* blurred that they need to be represented. Third, experiences are events whose subjects are conscious persons; and so every pain experience (or pain *feeling*) must be had (or experienced, or felt—as the idiom allows) by someone. The injury perceptualist can make all these points without being committed to pains as subjective objects of awareness.

He can be conciliatory about (PR) too. For one thing, pain experiences, as events, are individuated according to their subjects, hence no one else can have (or feel, or experience—as the idiom allows) my pain experiences. For another, if my left foot is hurting by dint of *my* perceiving it as disordered, and if no one else could have been the subject of that perceiving, then that is a sense in which no one else could have felt that instance of hurting. And none of this commits the injury perceptualist to pains as private objects of awareness.

Finally, let's return to self-intimation. One way of expressing that idea is to say that the items pain experiences represent are guaranteed to grab a subject's attention. Now, the injury perceptualist can't say that; but he *can* claim that it's a misconstrual of a genuine phenomenon that is also expressible in terms of attention.

The point requires a distinction between, on the one hand, something's being an *object* of attention, where this is the notion of an item's being perceived, and on the other hand, something's *engaging* or *occupying* the attention, where one's attention may be engaged by any number of things: thinking about something, perhaps, or perceiving or hallucinating some object (see Peacocke, 1998). Shifting the focus from the subject matter of pain experiences to the experiences themselves, the injury perceptualist can say that one peculiarity of pain experiences is that they tend to *occupy* the attention, distracting the subject from other things that might have done so. Again, what is represented by pain experiences is the bodily equivalent of a loud bang: it doesn't clamour more than anything else for perceptual representation; but once it gets it (or seems to), the experiences in which it's represented tend to engage our attention more fully than other experiences. This goes some way towards capturing the distinctiveness of pain experiences, since many ordinary perceptual experiences (one's experiences of green, for example) are not so automatically engaging. Admittedly, one's tingling sensations aren't either, so the present point applies more to pain experiences than to sensations in general. But that need not worry us, for I'm advancing this attention-engaging feature of pain experiences as a surrogate for the idea of self-intimation, and it is in the pain case specifically that the injury perceptualist's opponent is most likely to appeal to self-intimation. The injury perceptualist's current point vitiates that appeal by offering the following diagnosis: his opponent has mistaken the attention-engaging feature of pain experiences for the self-intimating character of their subject matter.

In short, the injury perceptualist can “talk the talk” of subjectivity, privacy, infallibility, and self-intimation.

6. DISTINCTIVENESS: SOMATOSENSORY SENSES

Even if injury perceptualists can “talk the talk”, though, one may worry that talking the talk is not enough, that there is something genuinely peculiar about the way in which pain experiences relate to their subject matter. Moreover, we have yet to deal with the following strand of the distinctiveness problem: “The phenomenal difference between seeing disorder and somatosensorily feeling it cannot reside in the difference between the experiences’ contents, since their contents *don’t* differ—both represent disorder.” These two strands—interiority and specificity—come together in Descartes’s remark: “I am not merely present in my body as a sailor is present in a ship, [for if I were then] I would not feel pain when the body was hurt, but would perceive the damage purely by the intellect, just as a sailor perceives by sight if anything in his ship is broken” (1996, p. 56). Descartes was right: being in pain is quite unlike seeing *anything*—not only the damaged state of one’s ship, but also the damaged state of one’s own body. The question is whether the injury perceptualist can accommodate that.

In part, our problem is an instance of the general question how to give an intentionalist account of the phenomenal differences amongst the sense modalities. Intentionalists also have an even more general difficulty, which Frank Jackson calls “finding the feel” (2002): how to explain the phenomenal differences between experiences, on the one hand, and thoughts, on the other. Faced with the distinctiveness problem, therefore, the injury perceptualist might try to adapt strategies intentionalists have used in these other contexts.

One option, then, is to follow William Lycan and Gilbert Harman in restricting our intentionalist account to phenomenal differences *within* a sense modality, such as body sense—what Alex Byrne calls “intramodal intentionalism” (2001, p. 205). For the radical intentionalist, however, this amounts to giving up without a fight. Another option is to agree with Tye that whereas visual representations of disorder are conceptual, somatosensory representations are not (1995, p. 237, n. 8; 1996, p. 118, p. 139). But even if I had not (for this paper) forsworn non-conceptual content, it’s hard to see how this distinction could be what we’re looking for. Why should the imposition of relatively demanding conditions on *seeing* that one is injured, as against *feeling* that one is, make the former painless and the latter painful?

A more promising route for the intentionalist is to distinguish between what’s represented in visual and pain experiences respectively. Challenged to account for the difference between visual and tactual representations of *squareness*, Fred Dretske claims squareness *isn’t* tactually represented: it’s a “proper sensible” of vision, not a “common sensible” accessible to vision and touch (2000, p. 458). Likewise, one might argue that *being disordered* is a proper sensible of body sense, and hence simply *isn’t* visually represented. Alternatively, one might concede that it *is*, but (following Jackson’s attempt to “find the feel”) insist that, somatosensorily, it’s represented in much richer detail.

These strategies are worth pursuing. But I want to recommend a different idea: that the injury perceptualist explain the phenomenal differences between feeling disorder and seeing it by focussing not on the *referents* of somatosensory contents, but on their distinctive *modes of presentation*. Sense, not reference, is what I propose we investigate.

The radical intentionalist can elaborate the approach in various ways. For one thing, we need to decide which item's mode of presentation to focus on: the represented body part, the represented state of disorder, or the represented location of such items. I think all three candidates deserve attention. The injury perceptualist could, for example, make use of Bermúdez's account of the distinctive *spatial* content of somatosensory experiences. Bermúdez claims that sensation experiences differ from exteroceptive experiences in not specifying locations in terms of a single frame of reference whose axes are centred on an origin constituted by a single body or body part (1998, pp. 152-3). Rather they represent locations in terms of a *series* of frames of reference, some nested within others. Hence the injury perceptualist could claim that a pain experience's content specifies the location of the represented state of disorder firstly in terms of a frame of reference centring on, say, the left *wrist*, the location of that entire frame then being specified in terms of another whose origin is the left *elbow*, and whose own location is in turn specified in terms of yet another—and so on, until the specification “bottoms out” in a frame centring on the torso (1998, pp. 154-8). So, although Bermúdez has different aims from mine, his point can be incorporated into an account of the distinctiveness of pain experiences. For my part, however, I want to focus not on pain experiences' spatial content, but on other peculiar aspects of their modes of presentation of body parts. In what follows, I identify two.

6.1. Being Aware that the Object of Experience is Oneself

How should we elaborate my proposal that body parts are somatosensorily represented under distinctive modes of presentation? One point of departure is the recent idea that in bodily awareness, unlike exteroceptive perception, the subject is aware of his own body not only as a material object, but also as *himself*, or as a *conscious subject*. Against this, there stands a venerable tradition—running through Hume, Kant, Schopenhauer, and Wittgenstein—that the self is systematically elusive: one is never aware of oneself as *both* a material object *and* a subject. But this tradition has recently been opposed—by, for example, Ayers, Bermúdez, Brewer, and Cassam—and opposed partly on the basis that, whatever we say about other modes of perception, *body sense* is not eluded by the self.¹¹ The idea needs sharpening; but, on its face, might it be just what the injury perceptualist needs?

¹¹ Ayers (1991, i, pp. 285-88), Bermúdez (1998, chs. 5-6), Brewer (1995), and Cassam (1993, 1997, and 1998). On the elusiveness thesis, see Cassam (1997, ch. 1).

There are two problems with thinking so. First, almost all who deny that the self eludes bodily awareness use a *mentalist* argument. Bill Brewer, for example, argues that in sensation we're aware of mental properties, that their mentality means that they are "properties of the body that are also necessarily properties of the basic subject of that very awareness", and that this provides a sense in which having a sensation involves awareness of one's bodily self *as a subject* (1998, p. 300).¹² Having rejected mentalism, however, the injury perceptualist cannot say *that*. By contrast, one of Quassim Cassam's arguments is promisingly non-mentalist. But here a second problem arises: Cassam's argument concludes that the self does not elude *visual* experiences either. And if that is right, then we have lost our desired contrast between body sense and vision.

We're on the right tracks, but we need a point that is non-mentalist and yet preserves the contrast between somatosensory and visual experiences. To that end, let's start with Cassam's argument that the self eludes neither body sense nor vision, that in both perceptual modalities one is aware of oneself as a subject.

Cassam illuminates experiential modes of presentation by adverting to the judgements the experiences ground. By saying that in both body sense and vision one is aware of oneself *as a subject*, he means that both somatosensory and visual experiences ground a special sort of first-person judgement: namely, judgements that are "immune to error through misidentification relative to the first-person" (1997, pp. 56-68). An example of such an "FP-immune judgement" is "My legs are crossed", based on the subject's somatosensory experience. To say it is FP-immune is to say that it can't be mistaken *in the following way*: though the thinker *knows* on that basis that *someone's* legs are crossed, he is mistaken in judging that it is *his* legs that are crossed. That's impossible because when one gains knowledge *somatosensorily* (contrast, visually) that *someone's* legs are crossed, one does so precisely by gaining knowledge that *one's own* legs are crossed. Hence, it would be unintelligible in the somatosensory case (but not the visual case) for one to wonder: "*Someone's* legs are crossed, but are they *my* legs?"¹³ For us, the principal point is straightforward: when one is somatosensorily aware of one's own legs, one experiences them *as* one's own.

Our problem, though, is that Cassam's point about FP-immunity cannot by itself capture the distinctiveness of somatosensory experiences. For he rightly extends it to a certain class of *visually*-based judgements. The spatial content of visual experiences is egocentric: their objects are presented as standing in spatial relations to their subjects. You see Nelson's Column as in front of *yourself*, for example. Correlatively, when looking at the Column, even though you do not straightforwardly *see* yourself, there is a sense in which you are visually aware of yourself. And,

¹² See also Brewer (1995, p. 297, p. 302), Ayers (1991, ii, p. 286), Cassam (1993, pp. 113-14; 1998, p. 328; and 1997, p. 57, p. 77).

¹³ That's not quite right, for we can imagine a case in which A's brain is wired to B's body, causing A to make the *false* somatosensorily based judgement that it is his own legs that are crossed. But in that case we can deny that A *knew* that someone's legs were crossed (Evans, 1980, pp. 184-91, p. 221; Cassam, 1997, pp. 62-3). Moreover, even if it is someone else's legs A experiences somatosensorily, he experiences them *as* his own.

crucially, judgements such as “I am standing in front of Nelson’s Column”, based on this curious species of visual self-awareness, are also FP-immune. Hence in visual experience too, one is aware of oneself as a subject.

We need not be side-tracked by the question exercising Cassam: whether FP-immunity is the way to explain the notions of experiencing yourself or your body *as yourself* or *as a subject* or *as your own*. For our purposes, I can use all three phrases simply to mean “experiencing yourself (or your body) in a way that grounds FP-immune judgements”. Because what is important for us is the FP-immunity, not the concepts Cassam uses it to illuminate. Our problem is that *both* visual and somatosensory experiences ground FP-immune judgements; hence the sought-after contrast between these experiences eludes us.

Nonetheless, I think there *is* a contrast: only in somatosensory experiences is it *manifest* that the *object* of one’s experience is, or is a part of, oneself. To see this, contrast a somatosensory experience that has this feature with two visual experiences that lack it: in the first case, because the object of one’s experience is neither oneself nor a part of oneself; and in the second, because it is not *manifest* that it is. So my three examples have the following structure:

	A. <i>Seeing</i> Nelson’s Column	B. <i>Seeing</i> your own foot in a Jacuzzi	C. <i>Somatosens-oriily</i> perceiving your own foot
Are you aware of yourself <i>as yourself</i> ?	YES (P)	YES (R, not Q)	YES (T)
Are you the <i>object</i> of your experience?	No	YES (R)	YES (U)
Is it <i>manifest</i> that you are the object of your experience?	No	No	YES (S)

Case A: seeing Nelson’s Column. In this case, recall, you are aware of yourself as a subject, since your visual experience grounds the FP-immune judgement, “I am standing in front of Nelson’s Column” (P). But, crucially, you are not the *object* of your visual experience. You do not straightforwardly *see* yourself, though you *are* visually aware of yourself. Though you’re in the wings of the scene, you’re not on the stage.¹⁴ What’s on the stage—the object of your experience—is Nelson’s Column. That, in other words, is the object about which your experience enables you to make perceptual-demonstrative judgements. So this is one difference between case A and the somatosensory case, case C, in which you *are* the object of your experience.

¹⁴ The metaphor is Brewer’s (1992, p. 17). Evans (1982, pp. 232-3) and Gibson (1979, p. 112), and perhaps Cassam too, miss this distinction.

Case B: you're sitting in a bubbling Jacuzzi, and you see what is in fact *your* left foot sticking out above the bubbles. First, a caveat: it is tempting to describe this as the converse of case A—to say that, though you now are the *object* of your visual experience, you're no longer aware of yourself as its *subject*. And that in turn makes it tempting to say that what's distinctive about the somatosensory case is simply that both phenomena are present: you're *both* the object of the experience *and* aware of yourself as its subject. But that's too quick. For in case B, just like case A, you *are* aware of yourself as the experience's subject; again, *some* visually based self-ascriptions in case B *will be* FP-immune. Admittedly, many won't be: having judged “My left foot is muddy” (Q), for example, you might go on intelligibly to wonder “*Someone's* left foot is muddy, but is it *my* left foot?” But consider “My head is *above* that foot” (R), thought as you look down at your foot. That judgement, made on the basis of seeing your own body, *is* FP-immune. So in case B you are *both* the object of the experience *and* aware of yourself as its subject. What, then, is the difference between this and the way you, or your body part, is presented in case C, the pain case?

A crucial difference between case B and case C is that in case C it is *manifest* that the object of your experience is you (or a part of you). In case B, that's *not* manifest. Consider: “That left foot is my left foot” (S). In the Jacuzzi case, that judgement is visually based and *not* FP-immune: one might wonder, “That left foot is *someone's* left foot, but is it *my* left foot?”. But in the pain case, it *is* FP-immune. It is based on an experience in which it's manifest that the object of awareness is a part of *you*—again, an experience whose object is a part of you *as such*. After all, the judgement is an identity claim, on one side of which your left foot is identified *demonstratively* (meaning that a part of you is the *object* of your experience), and on the other side of which it is identified via an FP-immune occurrence of the first-person (meaning that it is *as* a part of you that it's the object of your experience).

So, not only does your somatosensory experience ground the FP-immune judgement “My left foot is disordered” (T), but it grounds the perceptual-demonstrative judgement “That left foot is disordered” (U), which sets it apart from the first visual case, and, crucially, the FP-immune *and* demonstrative judgement of identity, “That left foot is my left foot” (S), which sets it apart from both visual cases. So here, at last, is a representational difference between visual and somatosensory representations of one's own body.

Moreover, though I have been engaging the second strand of the distinctiveness problem, what I have said is also relevant to the first. For one of my glosses on the interiority intuition was that the relationship between sensation experiences and their subject matter is more intimate than the relationship between visual experiences and *theirs*. The current suggestion is that, when one is in pain, one somatosensorily represents oneself. And we now know that somatosensorily representing oneself is not merely a matter of one's having a sense of oneself in the wings of the scene (case A), nor merely of one's being the object of one's own awareness

(case B); rather, it is a matter of the object of one's experience being *manifestly* oneself (case C). Without this, having a pain experience would indeed be like being Descartes's sailor in a ship, as is *seeing* your own disordered limb. But, understood properly, a pain experience involves being *confronted* with what is *manifestly* a disordered part of *yourself*.

6.2. *Martin and the Sense of Ownership of One's Body*

Michael Martin describes a related contrast between somatosensory and ordinary perceptual experiences (1998, pp. 269-70; 1993, p. 206, pp. 209-10). Unlike Cassam, he speaks of a subject's somatosensory experience presenting her body as *her body*, rather than as *herself* or as a *subject*. But, again, what concerns us are the terms used to explain these notions, not the unpacked notions themselves. So, what does Martin mean in claiming that when a subject is somatosensorily aware of a body part, she is aware of it as a part of *her own* body, whereas when she sees it or touches it she is not?

Somatosensory and visual experiences give us a sense of the boundaries of our own bodies. What Martin thinks is distinctive about somatosensory experiences is the way they present that boundary. They present it as a *limit* to the region of which the subject can have somatosensory awareness, a region enclosed within a larger space of whose remainder she cannot be aware *in that way*. So, when a subject has a sensation in her arm, she is aware of it—or (as the injury perceptualist will prefer) she is aware of the experience's *subject matter*—as *internal*, in the sense that it's experienced as being within a region in which she has somatosensory awareness, that region being presented as set against a larger space in which she does not (1993, p. 212; 1992, p. 203, pp. 209-10). By contrast, when she *sees* the boundary of her own body, this involves her seeing *both* the body *and* what's beyond it. She does not see her body as set against a space of which she can have no visual awareness. And the same point goes for touch (1993, p. 214). So she does not see or tactually feel her body as being *her own* in Martin's sense. Rather, in vision and touch, she can at best *identify* it as her own from amongst the other potential objects of her awareness (1993, p. 206, p. 209; 1992, p. 201). And here Martin's account makes contact with mine: for notice that the identification in the visual case brings with it the possibility of *misidentification*, thus preventing the visually-based judgement, "This is a part of my body", from being FP-immune.

So in this way too the injury perceptualist can explain a sense in which the subject matter of pain experiences is presented as "inner". When in pain, I experience disorder as located within a boundary of whose exterior I can have no similar awareness; I am aware that a part of *my* body—not just *that* body—is disordered. So, again, pain experiences represent one's own body in a way in which exteroceptive perceptual experiences never do.

If this section is right, then it's a "projective error" to think that the distinctiveness of pain experiences requires them to represent items that are mental, subjective, self-intimating, infallibly accessible, or private. It involves trying to explain at the level of reference (the items of which pain experiences constitute awareness) peculiarities that in fact belong at the level of sense. Given this, and my attempts both to explain mentalistic idioms and to "talk the talk" of interiority, intentionalism remains a live option, and for the conceptualist as well as the non-conceptualist. We can, in other words, stand the tradition on its head: rather than modelling perceptual experiences on pains, blankly conceived, we can take pain experiences to be a special kind of perceptual experience, intentionally conceived.

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