

Chapter 10

Pain Experience and Structures of Attention: A Phenomenological Approach

Agustín Serrano de Haro

Abstract A general principle of the phenomenology of pain states, in agreement with everyday knowledge, that normal human experience oriented towards one's environment is distorted and its direction reversed whenever an unexpected pain arises. In my paper, I intend to shed some light on this descriptive principle by considering it in terms of Edmund Husserl's account of attention as a universal factor in conscious life, articulated in three main levels: attentional focus; co-attention, which necessarily accompanies the salient focal appearance; and finally, inattention, which is to be identified not with unconsciousness, but with the conscious horizon and background of whatever appears to experience. My essay accordingly draws a distinction between those physical pains that occupy the foreground of consciousness and violently monopolize the focus of interest, on the one hand, and on the other hand, other physical pains that allow some co-attention and therefore do not subjugate the attentional focus. There are even pains that due to their weakness or insignificance do not attract co-interest and do not interfere with the articulation of present experience. Concerning the first type, it nevertheless seems true that not even this "invasive pain" is capable of annihilating every other present experience, so that consciousness would be entirely reduced to "being in pain" and pain would be the sole content in these temporal phases. With regard to the quest for a general model of why pain captures attention, I finally propose that the lived body does not operate in conscious experience as a foreground, middle ground or background. Instead, one's own body is not only the "absolute here" for any spatial direction and the "zero point" of orientation, but is at the same time the "zero level" for exerting attention, the level from which one acts and upon which bodily pain impacts.

A. Serrano de Haro (✉)
Institute of Philosophy, Consejo Superior de Investigaciones
Científicas (CSIC), Madrid, Spain
e-mail: agustin.serrano@cchs.csic.es

1 The Threefold Structure of Attention

As soon as physical pain appears, current normal human activity changes. Disruptively or not, pain is promptly felt and attended. This common fact seems to be altogether obvious and uncontroversial. Psychological accounts of human behaviour and phenomenological descriptions of lived experience have both remarked upon such elementary evidence; namely, pain demands attention, and, in quite a few cases, pain even captures attention and monopolizes it. Both theoretical approaches could also agree with the statement that, “a theory or model of how and why pain captures and maintains attention has not been developed” (Eccleston and Crombez 1999, p. 357).

The significant methodological differences between psychological research and phenomenological analysis should briefly be described. The former focuses on factual reality and relies on experimentation and measurement in order to gain empirical statements of variable generality. The latter, a discipline within philosophy, searches for a structural description of conscious experience, for example, of what it is like to be in pain, discerning patterns of possible types of experience and setting aside the question of the empirical distribution of these types in this or that or any population. Phenomenology is committed to a first-person perspective. It does not invoke any physical or physiological structure underlying the “phenomena” that appear, the data of experience. Instead, what is of interest is how the subject experiences what he/she is aware of through perception, memory, or feelings. However, at the same time phenomenology is exclusively focused on universal claims concerning experience; that is, verifiable laws that do not permit exceptions—such as “there is no pain without a lived body” (against Descartes and Putnam), “without temporal extension” (against the empiricist tradition of instantaneous contents of mind), or “without attentional modifications.” Finally, “the experiential-phenomenological approach” comprises a diverse range of experiential methodologies based on phenomenology for the scientific study of conscious human experience (Price and Aydede 2006).

In the following pages, I intend to shed some further light on the relationships between pain and attention by considering Edmund Husserl’s account of attention as a universal factor in conscious life. No present conscious experience may be so simple, so atomic, as not to include a plurality of simultaneous awarenences, a multiplicity of “contents” that coexists in it. Attention in a generic sense is a primary principle governing the articulation of this simultaneous complexity. Through it, each present content is offered with different prominence or different importance to the conscious subject. From the point of view of subjective experience, preferential attention and interest can be identified; from the point of view of that which is experienced, the interest has its reflection in the degrees of prominence with which the object or the matter appears.

The founder of phenomenology, Edmund Husserl (1859–1938), distinguished at least three distinct levels of attention coexisting in every conscious experience in normal adults: attentional focus, co-attention and inattention (Husserl 1976, pp. 56–

60, 71–73, 185–187; 1984, pp. 419–425). Attentional focus makes something the centre of my interest and brings it into the foreground of appearance; that is, it becomes the most relevant correlate of the present experience: the thing, feature or issue that at this moment matters above all else to the subject of the experience. A tennis player is aware, for example, beyond anything else, of the direction and speed of the ball that he must immediately hit and of how he wants to return it. Therefore, this basic theme on which the focus falls stands out and is highlighted; it appears in a prominent, preferred, distinct way.

In contrast, co-attention is similar, not to the illuminating central beam of attentional focus, but rather to a “cone of light” that confers on the primary presence illuminated by attentional focus the immediate environment of sense within which it appears. Co-attention necessarily accompanies the salient focal appearance and articulates its environment as a consistent totality of sense: thus, both the entire tennis court and the opposing player moving on the other side of the net are co-present to the gaze that is fixed above all on the trajectory of the ball to be hit. However, not even these two simultaneous attentional fringes exhaust normal conscious attention of something. No matter how focused the tennis player may be on the match, in every moment he preserves a diffuse, peripheral, almost inert awareness of the other nearby courts, of the background noises, of the tennis club itself in which he is playing. Even this city, which is his, is announced in the horizon as a landscape beyond the court’s fence. In truth, inattention is to be identified not with unconsciousness, but with the conscious horizon and background of what appears to experience. The player is aware in a passive manner of all this vast and complex area situated in the attentional margin, which does not currently attract his interest, which does not need his participation in order to be conscious. This does not make inattention irrelevant or suppressible. In line with Husserl’s extraordinary thesis, the constant awareness of the world as the all-encompassing presence, in which the centre of subjective interest and the environment is inserted, arrives in this marginal form, inattended, in all experience; the certainty of the world as unique global reality pervades my experience at every moment through conscious inattention.

According to Husserl, focus or centre of interest, co-attention and inattention coexist in every conscious present, so that none of these forms can subsist without the others. The three levels form a continuity in experience and a fluid communication runs between them. The coherence with which I capture the context of my experience depend on this structure, which is at the same time fixed and flexible, with constant changes from the foreground to co-interest and to inattention, and vice versa. However, it should not therefore be supposed that the information that the person has from himself/herself at each moment of the experience, the “knowing” of the state of his own body, necessary relies on one or another of these levels. As we will see, pain seems to emerge from yet another, even deeper attentional plane.

However, in my view, this threefold articulation permits, with regard to painful experiences, a useful preliminary distinction that Husserl did not work out. Subsequent phenomenologists have only begun to deal with it (Leder 1984,

pp. 255–258; 1990, pp. 70–79; Grüny 2004, pp. 28–49; Serrano de Haro 2010). There are, on the one hand, frightful physical pains that occupy the foreground of consciousness and violently monopolize the centre of interest. Other painful occurrences, on the other hand, do not dominate the attentional focus and still allow some free co-attention; finally, there are still other physical pains that due to their weakness, familiarity or lack of relevance do not even dominate co-interest and may pass by in the mode of inattention, scarcely interfering with present interests. Such a threefold typology—focal, co-attended and inattended pain—seems to be intimately related to the intensity of pain as it is felt by the person in pain, and can fruitfully help to conceptualize degrees of pain (for example, it is impossible to undergo severe pain without at least having to co-attend to it).

The three differentiated forms are not self-contained compartments in which to distribute the enormous variety of painful body situations. For theoretical purposes, it is much more relevant to consider how the intrusion of pain into one of the integrating fringes and as one of the types affects in turn the attentional structure in its tripartite whole; that is, it also conditions and affects other attentional fringes. The typology does not claim to impose a name or label on each pain according to the degree of attention that it draws. It deals instead with analysing how this pull impacts the other simultaneous forms of attentional consciousness, in such a way that it can clarify, among other basic questions, whether an extreme pain is capable of cancelling all other simultaneous awareness, of abolishing any co-attention and inattention. I will therefore first present this triple descriptive schema (2–4), and I will subsequently turn (5) to the general question of why pain captures attention.

2 Invasive Pain

Intense acute pain attracts the focal point of attention and immediately alters the arrows of co-attention, of co-interest. A sudden sharp pain in the tennis player's chest, according to the well-known example of Drew Leder,¹ an onset of migraine, a violent blow of any origin, bring with them this global transformation in conscious experience: they invade the attentional centre, detaching attention from previous occupations and focusing it on the event that has occurred, on the painful affection. In addition, even these words offer too mild a description. The violence of pain first pulls the attention and then forces it to stay fixed on the suffering point or area; it remains focused, concentrated, absorbed on the “there” of pain, as if the focus of attention and the focus of pain were a single focus.

The disruption of intense pain has a marked tendency to monopolise conscious life. All the rest, everything that up to an instant ago occupied my present moment of experience, suddenly moves to a second or third plane of interest. The previous

¹The references that I mentioned previously to the attentional planes of the tennis player do not come from Leder's *The Absent Body*, but rather are my responsibility.

articulation of interest and of co-interest is broken down, almost en bloc, causing the entire context of sense of the previous activity to fall at once literally into inattention, and its continuation is no longer viable.

The abrupt pulling of the focus of attention, with its simultaneous impact on the other planes, is, in my judgment, a tendency of any lived experience of intense pain, although it certainly admits different degrees of magnitude of the affliction. For this reason, I now examine with more precision what happens, in the midst of extreme pain, within the scope of the co-present and of inattention. This problem is of special theoretical interest.

The great study by Elaine Scarry, *The Body in Pain* (Scarry 1985), appears to defend the thesis that the absorption of attention by pain can be complete; the person who suffers the invasion of pain, as in the cases of torture to which Scarry gives priority, would not experience anything else, nothing distinct, not even in the margins of his/her consciousness: "Pain annihilates not only the objects of complex thought and emotion but also the objects of the most elemental acts of perception. It may begin by destroying some intricate and demanding allegiance but it may end (as it is implied in the expression *blinding pain*) by destroying one's ability to see" (Scarry 1985, p. 54). Scarry speaks thus of "world dissolution," in harmony with Hannah Arendt, who also qualified the situations of extreme pain as "loss of the world." In some way, the painful lived experience would consume everything, effecting an "obliteration of the contents of consciousness," which, stated in terms of a phenomenology of attention, would entail a powerful exception to the simultaneous three-dimensionality of the planes of consciousness previously sketched.

I would nevertheless like to defend the position that even in midst of the brutal domination that the painful affliction imposes, consciousness continues to be a field broader than the mere feeling of pain, a scope a bit more plural than pure suffering. In order to be able to live in "a pure scream of pain," the experience has to retain a slightly greater dilation, which barely has any influence, but which theoretical analysis can recognise. It is effectively true that because of the onslaught of pain, the phenomenal delimitations between the co-present environment (the second plane) and the background or horizon (the third plane) are contracted, restricted, weakened. The immediate context of sense is flattened and tends to converge, to become merged with the further background of sense; pain reigns supreme, and it appropriates any other prominence standing out against a merely inane objective background. However, even though that minimal remainder of contrast is flattened and irrelevant, it does endure and has to endure. In support of this affirmation, let me put forward an autobiographical testimony of great drama, one that is also very expressive of the conceptual nuance that I want to use in opposition to the thesis of total obliteration.

The "tabes dorsalis" or consumption of the back was well known in medical practice of the 19th century as the terminal form adopted by neurosyphilis. The writer Alphonse Daudet, who suffered it in his own body, offered an overwhelming testimony of suffering. In his notes, he writes of the "atrocious surprises" that the pathology produced (Daudet 2007). Occasionally, without warning, a sudden

discharge of extreme pain could assault him in the midst of a stroll down the street or, catch him in a moment of calm reading at home. He not only lost motor control of his body, but the perceptive axes of spatial orientation also disappeared; no proper field of intuition and experience subsisted any longer.

However, in his account of these episodes, the attack did not bring with it the complete disappearance without a trace of the spatial environment in which he found himself. The awareness of being in Paris, or else in the thermal spa of Lamalou, did not completely vanish. Certainly, the pragmatic and experiential environment of the patient lost recognisable form; it was disarticulated and entered into disintegration. But, “in the midst of” the successive and insufferable stabbing pains, as he himself describes, the table of the room and the book he was reading survived for him. Although no longer the meaning of the phrases recently read but rather only a general echo, tied to one or another individual word; a type of worn and confused sketch of the whole that a moment before he was capturing. Without identifying before and behind, right and left, a consciousness of external reality remained as a globality without articulation, as a distant or lost world. Thus, a shred of the co-attentive and inattentive order of a moment ago continues to be experienced, even if this same residuum is experienced in retraction, as if it too were threatened.

Therefore, rather than a literal loss of the world and rather than an integral absolute of pain, what is produced is a disintegration of the specific components that give form and meaning to reality; the horizon is veiled—as Daudet also notes (Daudet 2007)—but under this veil, like an encompassing fog, it continues to appear. The Spanish and French languages do not use a phrase similar to “blinding pain,” but they do use (as does English) the striking expression of “seeing stars,” especially in cases of violent blows. To the sufferer who no longer attentively “sees” anything, who no longer experiences more than his pain, “something” appears, an unconnected reality, with hardly any materiality or shape. It is about celestial bodies (“stars”) that have nothing to do with my existence; I am not looking at them, but they do fly over me and, in this anomalous mode, appear to me.

I would like to add a second consideration with regard to the problem posed. The only awareness in extreme pain, over and above this supreme pain, is not merely something like stars that indicate reality. What also seems necessary is an added presence of one’s own body, which is preserved and which extends a bit beyond the focus of suffering. I am thinking, in this regard, about the phenomenological law that Frederick Buytendijk formulated, that any painful suffering always has a location in the lived body. Unlike bodily deficiencies (fatigue, sleepiness, hunger), which are essentially unitary or global, any pain hurts here or there, in this area, in this direction (Buytendijk 1948, p. 22). This location will be more or less vague, more or less oscillating, will or will not correspond to the organic cause, but the pain is experienced as located in principle, as situated in the corporeal space that I feel inside. The onset of migraine, biliary colic, a piercing pain in the knee absorbs my consciousness equally, but such domination does not annul the distinctive affected location of each one of these situations. The acute pain justly suctions the intimate presence of the body towards its site, towards that determined focal point

of the body that is not erased. It is not as if my entire body were hurting, nor as if the extreme suffering in that location adopted a qualitative aspect that corresponded to the whole body as a unit and impeded me from distinguishing where it was hurting me. The here or there of a painful affection, this partiality that is experienced as such, is recognised thanks to a certain tenuous, muted presence of the rest of the body.

Consequently, a “coenesthesia,” perhaps also residual, coexists with the painful lived experience; it flanks it and contributes to its virulence. In these situations, the remaining non-painful part of my body seems to passively reinforce its unity; it retracts its delimitations of organs, areas, prominences, and is compacted in a single tension of contrast with the afflicted area. However, in any case, while I live subjugated by the focus of the pain, the undifferentiated remainder of my body continues to tick along for me, marginal, unfocussed, inattentive. A slight remainder of one’s own body is also needed in order to be entirely in pain, that is, in order to feel how pain is invading almost all of my total sensibility.

This second exception to the phenomenon of pain completely capturing attention should not be confused with the previous one. They are not to be understood as “two contents” of consciousness—the residuum from the world and the remainder of one’s own body—that cooperate or reinforce one another. Each one floats on its own, and the second forms a part not so much of the external world as of the same corporeal reality that has exploded in pain.

To my understanding, this analysis does not require new complements. In an acute pain crisis, no other stimulus of the environment and no other bodily affection are in play. Any other possible factors either do not reach the threshold of consciousness (the negligible degree of inattention), or they are submerged in the suffering and contribute to it (thus, the lighting of the room, the noise of the street, “hurt” no matter how little they are noted), or they remain in that unconnected shred of reality. The second possibility coincides with the so-called “allodynia” in medical approaches: “pain due to a stimulus that does not normally provoke pain” (IASP 2016). The third takes us back again to this peculiar phenomenon of “seeing stars.”

Given that the monopoly of attention by extreme pain admits being conceived as an increasing process, it is curious to suggest the following hypothesis concerning a final overcoming of the two provisos that I have indicated. In addition, this ultimate flooding, this obliteration, with attention now entirely consumed by the pain, would seem to lead to the limit at which the painful crisis brings with it the loss of consciousness. If the tendency to capture any form of attention and to eliminate any other object does indeed come to its culmination, a situation would still not arise in which absolutely everything is now pain, since an instant before this happens, fainting occurs, and so there is no longer any awareness at all, not even of pain itself. This is certainly no consolation, and in any case, this internal relationship between obliteration and fainting would need a more careful examination.

3 Co-Attended Pain

This first model of the painful alteration of the attentional structure merits being called “invasive” disturbance or “totalized pain,” although, as I have indicated, the totalisation is an immanent tendency that is never completed. Let us now consider a second model. There is no lack of situations of notable and, where applicable, increasing pain that, however, do not lead to subjugating the focus of interest. Instead of absorbing the central axis of attention, a tension is produced between the different requirements, a struggle between motives that fight to occupy the foreground and to displace the rival motive to the second plane. The headache strongly felt in the middle of a work meeting, abdominal or tooth pain in the course of a social event that one does not want to leave, or any pain that plagues an athlete in a competition from which he/she refuses to withdraw, are suitable examples. However, I want to use as a paradigm another autobiographical story that we owe to another great man of letters. It deals with the myocardial infarction that the Catalan writer Josep Pla suffered in his home, and that he survived to tell about (Pla 2002).

The cardiac alarm occurred unexpectedly to Pla in the early hours of the night in the solitude of his country house. It was noted immediately, and immediately misinterpreted as a respiratory disorder; a product of the change of weather and of poor digestion of his supper. The writer’s narration moves through a long night of suffering while he simultaneously sought home remedies. The disturbing impact of the pain, which was not at all slight, coexisted with a series of actions and activities aimed at escaping from or at least alleviating the pain: deliberate changes of position, substitutions of body support—the bed, a chair, a couch, the floor—in a deliberate attempt to sleep. In addition, ruminations took place, aimed at identifying the cause of the pain, at detecting the origin of the phenomenon in the body. Note that all these initiatives and actions justly require focal attention, which is still governed in part by subjectivity; the pain itself does not guide them. It is true that the pain is the theme that occupies attention and that this attention is in turn conditioned, shaken by the pain. However, it is not invaded, expropriated, captured. The totalised pain of the first model was reflected in the initial words of Daudet’s story: “What are you doing right now? Suffering” (Daudet 2007). The invasion of suffering does not leave room even for initiatives that discern how to stop or counter the attack of pain; only writhing with pain is possible, the convulsion of the body toward or away from itself and against itself, that is not even a deliberate change of posture. Conversely, the severe pain of the second model corresponds well with the definition of it proposed by Pla: “I have to confess also that *I was not at any time dominated, overwhelmed by the pain*. I never lost mental consciousness” (Pla 2002, p. 366). The ego who suffers the pain is not at its mercy and can still guide his/her attention.

This second model does not require the ego to concentrate the co-attention in responding to its own pain. As noted in the other examples of the headache in society or the athlete in competition, the ego may have to distribute attention and co-attention between the pure pain and the response to the social or personal

situation in which it is found. The rider of a bicycle at great speed who is surprised by the violent sting of a wasp on his back feels that his focal attention suddenly diverts. In turn, he feels an urgent need to maintain at least co-attention on his vehicle and on the road in order to avoid a certain accident, which would be even more painful. In this second general type, the pained ego does not lose, in sum, his/her communication with the specific order of sense, with the area of action in which his existence is situated. Stated in terms of a phenomenology of the field of consciousness, co-attention is not broken down, the simultaneous awarenesses—for example, of the curve the bicycle is approaching—is not distorted, the perceptive horizon is not ruptured.

A clean break in the body schema of the ego is not produced in this form of suffering. The location of the focus of suffering presents a greater specification and precision, that discriminates the affected area with respect to its ramifications and area of influence; one does not, then, experience only the contrast between an affliction exacerbated in one area and all the rest of the body, numbed, with barely any prominence or distinction. The severe but not total pain delineates a type of immanent topography that can be described from within. It is true that few patients are capable of the detail that Pla demonstrates: “Shortly after lying down, with the book in my hand, I noticed that in the high part of my chest a kind of very painful bar was formed, right above the area of the heart, and that in the back part of the trunk a parallel bar was formed, as painful as the front one” (Pla 2002, p. 363). However, it is also well known that neurophenomenology as a scientific orientation based on phenomenology trains patients and study participants to improve both their bodily sensitivity and their ability to describe their bodily experiences (Varela 1996).

4 Inattended Pain

In the second model, the pain alternates between claiming focal attention and demanding only co-attention. This characteristic tension is not resolved, and fear arises with the concomitant concern for a possible increase in intensity that would transform the current pain into invasive pain. However, at the same time, the severe pain of the second model, which could be characterized as “aggressive,” can also be distinguished by the other extreme of the attentional structure, by the lower extreme of the more tolerated pains that flow between co-attention and the inattention. The very pains that ease up, that begin to decline, the burn or contusion on a descending curve, the headache leaving, also the dull, more or less familiar pains, would fall into this third type. There is no longer a threat on the first attentional plane, such pain is compatible with an active task centred on other matters, but even so, the pain makes itself noticed and the co-attention realises it and returns with some frequency towards it. It would also seem that the pains that open the way, that materialise with greater clarity, that are already something more than a simple background discomfort, could be situated in this wide band between co-attentive and inattentive.

The lower limit of this third model is mild or bearable pain, which can flow in mere inattention; it is there, on the horizon or in the margin of consciousness, and does not impose; I notice it, but it does not protrude. The sore muscles in the legs after a long walk (sometimes called “pleasant pain”), the plugged-up feeling that begins to provide pressure in an ear or the murmur of a tooth that begins to give signs of discomfort, are experiences that only stand out if the subject directs explicit attention or co-attention towards them. That is, if the ego pays attention to them. These lived experiences call weakly for attention, barely draw on it and do not interfere in the simultaneous tasks: it is the ego, in this case, that takes the initiative in focusing on them and emphasising them. Here the normal, usual presence of the body does not undergo a significant alteration that indisposes it for action; the point of pain is integrated more or less peacefully in “the special colouring of this instant of life,” as the Mexican phenomenologist Antonio Ziri6n likes to say (Ziri6n 2002).

This third model, by uniting borne or bearable pain along with mild pain, would present a notable range, which corresponds in part to the principle that the three attentional dimensions do not have fixed limits and communicate with each other fluidly. In some ways, mild pain is closer to simple discomforts, to body phenomena like the numbness of a limb, an uncomfortable posture, a rather unpleasant itching or pressure. These events do not twist the normal dynamics of attention, since they do not disturb the continuity of the first and second operative planes. In my view, those who have only experienced this mild level of pain would not know what it really is to suffer pain, what hurting in one’s own body really consists in. However, between this benign figure and the pain that dominates in co-attention (second type), it is advisable to recognise not-so-benign figures of the last type that are projected on the co-attention, insinuating or housing a possible threat.

It does not have to be said that a single individual pain is able to pass through, during its temporal course, the complete scale of attentional models, or a more or less broad section of it. The principle that no individual pain is experienced, throughout its duration, in a single and invariable attentional form is a phenomenological law. Such conscious constancy is not possible; it would not allow understanding how the painful lived experience grows or how it declines.

5 The Ego

The three interdependent planes of the field of consciousness are not Husserl’s only contribution to the general analysis of attention. In his mature phenomenology, the attentional factor is a basic reason for recognising the existence of an ego in the heart of conscious life. The ego is the subject of attention, the agent or manager, to put it this way, of the attentional deployment, that directs interest towards a thematic centre or issue, withdraws it or diverts it to another theme, holds the threads of the co-attention. It is the ego that “lends,” with certain freedom, “its” attention, as language wisely puts it; it is limited to conferring it for a time on one or more phenomena. To this same ego, to the subject of the experience, incessant invitations

or stimulations arrive from the environment and from the background that urge the ego to turn his/her attention towards this or that which is conscious but inattended. The inattended passivity is thereby conceived as a field of affections that invite or urge the ego, that move towards the ego, so that the subject who pays attention is never an absolute and unconditional master of the focus of interest, but is conditioned by that which affects him/her. In light of this approach, how is it possible to understand that in invasive pain an actual expropriation and alienation of the attentional dynamic is produced? How is it that the ego can become and remain dispossessed of attentional control?

A fundamental part of the answer to this question points to the body. I refer not so much to the organism or to the visible physical reality as to the *lived body*, to the body of the subjective agent lived “from within”: the corporeality of the ego, who is carrying out a job and manages the necessary utensils or who is engaging in a sports activity or holding a conversation with some friends. Without the body, the action of the ego is unthinkable. However, none of these actions puts the body in the centre of interest; none converts it into the direct theme of the subject’s attention. The energetic manipulation of the carpenter, the mobility of the tennis player, the intervention of the speaker are concentrated on the work in fabrication, on the direction of the ball or on the meaning of the words that he/she wants to pronounce, not on the body that grasps the tool or that pronounces the sounds. According to the schema indicated, the body of the ego does not offer itself as the permanent object of co-attention either, as if an attentional beam weaker than the principal one and dependent on it had to take note of its presence, of its status, of its possibilities. As long as the action lasts, corporeality is presupposed without ever needing to become a co-protagonist standing out in relief within the field of intuition. In a certain sense, the body only appears in the inattended margin of the experience, in the passive background of perception, and here it shows itself, in addition, to a small degree. Some part of my body visually appears, and I marginally perceive, as if out of the corner of my eye, my hands, my general posture, the colour of my skin. In addition, the embodied agency in the experience and the control of the ego over the body do not depend on the familiar phenomenal presence of the figure of my body in the inattended background of perception. I move without needing to see myself.

In conclusion, with the body not being in the first or second, or even the third attentional level as a marginal awareness, the corporeality of the ego is found instead beyond, in “the zero plane” of experience. This plane defines the viewpoint of the agent, that makes his/her intervention possible and from which all the attentional complexity opens up. In a parallel way to Husserl’s emphasis on the body as “the zero point” of spatial orientation, the “absolute here” from which what is near and far, on the right or left, above and below, before or behind is defined, the body occupies a type of zero plane of attention that actively deploys the other attentional forms while its agency is kept safe from the focus of interest.

In my way of thinking, this privileged position of the body, this unique intimacy with the operative ego, helps us to understand the attentional alterations that pain brings with it. Pain reverses the attentional dynamics as a whole, since it makes it “centripetal”; that is to say, it turns it back on one’s own body, on the embodied

subjectivity (zero plane) that normally exercises its powers “centrifugally”.² The absolute here of the body as a reference oriented to any spatial position is also a carnal, affective, sensitive density, which in pain reveals its vulnerability, violating the very ego of the experience. The zero plane of experience and of attention is a carnal subjectivity that feels its body while it acts in the world. Through this connection in principle, through this radical twinning of the ego that governs attention on the one hand with the body in which the ego lives on the other, pain is never restricted to provoking a change of content and a movement in the direction of the attentional focus. Even in the inattentive form, the appearance of a bearable pinprick is not similar to a background noise, to a background landscape, to which I can if I want attend. Pain incorporates a warning signal; it encloses a possible threat, such that if I do not attend to it soon, later I may not be able to attend to it well. Corporeal sensitivity is part of the identity of the ego; in fact, it is the conscious “substrate,” the intimate “base” of perceptual and personal activity (Husserl 1952, pp. 275–280). It is because of this connection that the co-attended form of pain produces the split between the body affection, that aversely pulls on the attentional axis, and the body ego that wants to preserve its power to control attention, precisely in order to combat that very affection. The centripetal direction of the pain towards the ego and the centrifugal direction of the attention of the ego cross each other and mutually block each other. In addition, of course, invasive pain generates an almost complete bending of the zero plane from which attention emanates, a turning back on itself in which the focus of the suffering swallows the focus of interest from within the experience. The pain crushes the attention of the ego, it bends it over itself, because it exacerbates it, discharges it, while closing off any operative centrifugal channel of interest.

6 Conclusion

The threefold attentional structure that operates in each experience can be expressed in a diagram of this type (Fig. 1).

This outline is applicable not only to the visual perception from which it seems to be primarily extracted, but also to any type of perception, and in reality to any form of objectifying awareness (memory, fantasy, judgement), as well to emotions and volitions. Any conscious experience of the ego possesses this complexity or richness. A primary contribution of my paper is that physical pains can be located in one or another of these three levels. They can be classified according to the quantity and quality of the attention they pull, and thus as focal, co-attended or inattended pains (Fig. 2).

²The notions of centripetal and centrifugal direction of the experience were elaborated by Drew Leder in the texts cited previously.

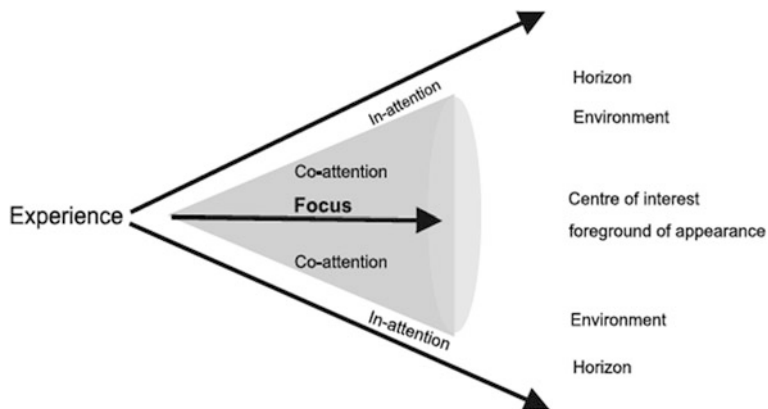


Fig. 1 Threefold structure of attention

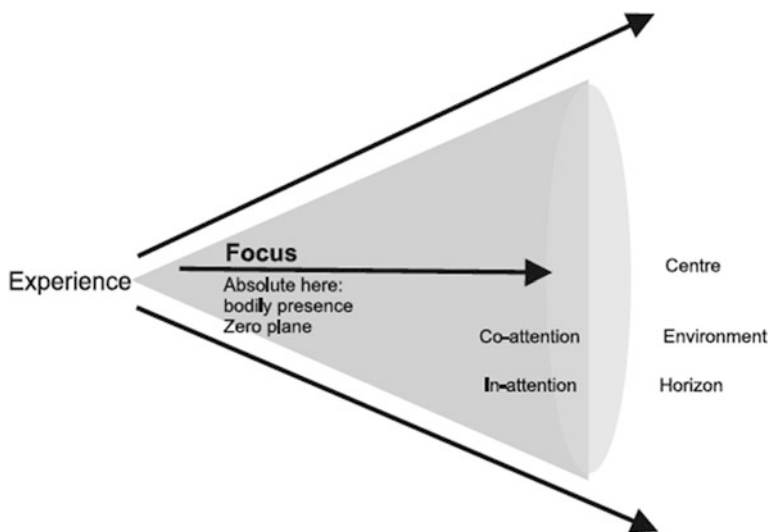


Fig. 2 Body as zero plane of attention

A second contribution concerns, however, the profound disruption of the attentional structure that focal pain brings with it and that accompanies, as an uncertain threat, co-attended pain. Pain is not another presence, another datum among the multiple data that coexist in the present, but rather an event that involves an immediate shock to the general structure of the experience. This impact of physical pain has essentially to do with the privileged position the body has in any experience of the ego. In fact, although the body can be the object of attention (such as when washing) and of co-attention (such as when changing clothes), and is always in awareness in an unattended manner, at each moment it is informed by a

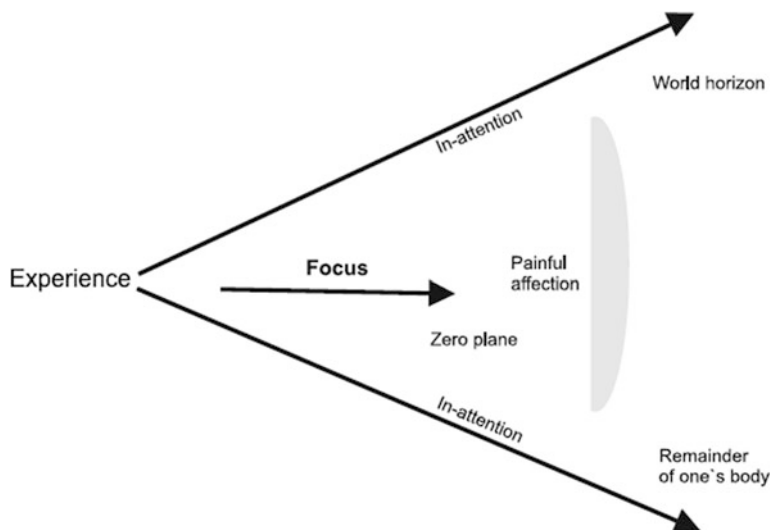


Fig. 3 Disruption of attention in invasive pain

special, unique attentional dimension that is still more radical. One that is, so to speak, “before” the foreground; the appearance of pain has its place in this “zero plane,” and from there, pain can leap to the foreground, unbalancing and disturbing any attentional structure. These theoretical nuances are more difficult to reflect visually, but one can turn to two diagrams that are based on the previous one. The first diagram presents the constant, silent presence of the body in normal experience (Fig. 2), while the second presents the global alteration by invasive pain (Fig. 3).

In accordance with these phenomenological considerations, a first conclusion seems to be clear. Research on why pain captures and consumes attention has to advance through a better description of the ego, manager and agent of the attentional deployment. This lived body is sensitive, and sensitivity has to be acknowledged not only as belonging to the ego who experiences in the first-person, but also as having its own autonomy, its own ability to attract, urge, pull and even monopolise focal attention.

This conclusion clearly notes the need for delving deeper in the phenomenological analysis of pain through its relation with sensitivity. The most promising idea in Husserl’s thinking in this respect points out that somaesthetic sensitivity is, in principle, tactile. The intimate spatiality of my body reaches as far as my tactile affective field reaches; so that the other forms of sensations and sensitivity (auditory, visual) are somaesthetic due to their involvement in tactile sensitivity, due to their inseparability from the tactile field. Husserl expressly indicated that any physical pain is, in fact, an intra-tactile affection (Husserl 1952, p. 150), but the founder of phenomenology did not explore the possibilities or the difficulties that

this approach generates. The works of Buytendijk, Scarry, Leder, Toombs, Grüny, Geniusas, among other names of importance, have not clarified why the field of tactile sensitivity defines the lived body and is the locus of pain.

In any case, the phenomenological focus that I just sketched can have certain practical and, in particular, clinical interest. The patient's pain assessment scales that are used in medical practice: verbal description, numeric, visual analogical scales, and those of painted faces, could be complemented on the basis that the intensity of pain always involves a relation with the rest of the field of experience. What is not painful within the current experience, what has another attentional status, is revealed as important for determining the scope of the pain itself. However, the usual scales are limited to classifying and assigning a value to the painful experience and tend precisely to omit this greater complexity. The "pain diaries" do take into account, of course, the relationships between pain and daily activities. This theoretical model of the three or rather four dimensions integrating the attentional structure, in a changing and precarious balance, can serve as a conceptual instrument of support when analysing the information and data that the patients transmit in the diaries. Something similar may be said with regard to non-drug treatments for pain. The so-called "techniques that improve distraction" deserve having a more elaborated, more subtle, theoretical model, which fundamentally has to respond to a phenomenological inspiration. This last element can contribute to strengthening these techniques, although it also contributes clarity about the limits that make it impossible "to be distracted" entirely from pain.

Acknowledgments This paper has been prepared in the Research Project "Fenomenología del dolor y análisis del cuerpo," FFI 2013-43240P (Ministry of Economy and Innovation, Government of Spain). I am highly indebted to Elizabeth Behnke for her constant help with the English version of my paper. I thank Simon van Rysewyk for his comments on the earlier version of this article.

References

- Buytendijk FJ (1948) Über den Schmerz (trans: Plessner H). Hans Huber, Bern
- Daudet A (2007) *La Douleur*. Gallimard, Paris
- Eccleston C, Crombez G (1999) Pain demands attention: a cognitive-affective model of the interruptive function of pain. *Psychol Bull* 125(3):356–366
- Geniusas S (2016) On pain, its multidimensionality, and its alleged indefinability. In: Brudzinska J, Lohmar D (eds) *Phänomenologie und Anthropologie des Sozialen*. Springer, Dordrecht (in press)
- Grüny Ch (2004) *Zerstörte Erfahrung. Eine Phänomenologie des Schmerzes*. Königshausen and Neumann, Würzburg
- Husserl E (1952) *Ideen zu einer reinen Phänomenologie und phänomenologischen Philosophie II*. Martinus Nijhoff, The Hague
- Husserl E (1976) *Ideen zu einer reinen Phänomenologie und phänomenologischen Philosophie I*. Martinus Nijhoff, The Hague
- Husserl E (1984) *Logische Untersuchungen. Zweiter Band: Untersuchungen zur Phänomenologie und Theorie der Erkenntnis. Erster Teil*. Martinus Nijhoff, The Hague

- IASP (International Association for the Study of Pain) (2016) Taxonomy. <http://www.iasp-pain.org/Tax>. Accessed 16 Jun 2016
- Leder D (1984) Toward a phenomenology of pain. *Rev Existent Psychol Psychiatry* 19(50–51):255–266
- Leder D (1990) *The absent body*. The University of Chicago Press, Chicago
- Pla J (2002) Un infarto de miocardio (trad Pericay X.). *Pla J Dietarios II*. Madrid, Espasa Calpe, pp 361–384
- Price D, Aydede M (2006) Use of introspection in the scientific study of pain and its integration with third-person methodologies: the experiential-phenomenological approach. In: Aydede M (ed) *Pain: new essays on its nature and the methodologies of its study*. MIT Press, Cambridge
- Scarry E (1985) *The body in pain. The making and unmaking of the world*. Oxford University Press, New York
- Serrano de Haro A (2010) Atención y dolor. Análisis fenomenológico. In: Serrano de Haro A (ed) *Cuerpo vivido*. Encuentro, Madrid, pp 123–161
- Toombs SK (1992) *The meaning of illness. A phenomenological account of the different perspectives of physician and patient*. Kluwer, Dordrecht
- Varela FJ (1996) Neurophenomenology: a methodological remedy for the hard problem. *J Conscious Stud* 3(4):330–349
- Zirión A (2002) Sobre el colorido de la vida. Ensayo de caracterización preliminar. In: *Acta Fenomenológica Latinoamericana I*. Pontificia Universidad Católica, Lima