

FORUM

The possibility of imagining pain*

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Ricevuto: 19 maggio 2021; accettato: 24 giugno 2021

Abstract In *Imagined and delusional pain* Jennifer Radden aims to show that experiences of pain – and in particular, the pain associated with depression – cannot be merely delusional. Her reasoning relies crucially on the claim that the feeling of pain is imaginatively beyond our reach. Though she thinks that there are many ways that one can imagine scenarios involving oneself being in pain, she argues that one cannot imagine the feeling of pain itself. In this commentary, I target this claim in an attempt to show that Radden is mistaken. My argument relies on facts about individual differences involving imagination. To my mind, arguments like Radden's involve an unfortunate slide from an "I can't imagine..." claim to an "It can't be imagined claim..." To support my argument, I also call upon empirical findings concerning pain imagination. As I conclude, we have no reason to think that the feeling of pain is something that is, in principle, unimaginable.

KEYWORDS: Pain; Imagination; Feeling of Pain; Delusion

Riassunto *La possibilità di immaginare il dolore* – In *Imagined and delusional pain* Jennifer Radden intende mostrare che le esperienze di dolore – e, in particolare, il dolore associato alla depressione – non possono essere semplicemente illusorie. Il cuore del suo argomento fa leva sull'affermazione per cui provare dolore è immaginativamente al di là della nostra portata. Sebbene ritenga che si possano immaginare scenari nei quali proviamo dolore, Radden afferma che non si possa immaginare l'avvertire dolore di per sé. In questo commento mi concentrerò su questa affermazione nel tentativo di mostrare che Radden si sbaglia. Il mio argomento poggia su fatti relativi alle differenze individuali che riguardano l'immaginazione. Dal mio punto di vista argomenti come quelli di Radden implicano un infelice slittamento da una affermazione come "io non posso immaginare..." a una affermazione come "non si può immaginare ...". A sostegno della mia tesi porterò evidenze empiriche relative all'immaginazione del dolore. Come giungerò a sostenere, non abbiamo ragioni per pensare che il provare dolore sia qualcosa in via di principio inimmaginabile.

PAROLE CHIAVE: Dolore; Immaginazione; Sensazioni di dolore; Illusione

*Comment on J. RADDEN, *Imagined and delusional pain*, Forum on *Imagining pain*, in: «Rivista internazionale di Filosofia e Psicologia», vol. XII, n. 2, 2021, pp. 151-206.

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IN *IMAGINED AND DELUSIONAL PAIN* Jennifer Radden aims to show that experiences of pain – and in particular, the pain associated with depression – cannot be wholly delusional. When a depressed person reports feelings of pain, these reports cannot be dismissed as a “mere figment” of that person’s imagination. Radden’s sophisticated and interesting argument involves many moving pieces, but at its center is a claim about the impossibility of imagining pain. On her view, though there are many ways that one can imagine scenarios involving oneself being in pain, one cannot imagine the feeling of pain itself. Drawing on the notion of *formes frustes* employed in medicine – a notion of “forms that are incomplete, although at first sight apparently possible, conditions” – Radden argues that imagining the feeling of pain is a *forme fruste* of imagining. It’s this claim on which I want to focus in this commentary. As I will argue, Radden is mistaken to think that the feeling of pain is imaginatively beyond our reach.

■ 1 Some preliminaries

Radden takes as her opponent someone who claims that the depressed person’s pain is a delusion, i.e., that it is merely imaginary. Just to have a way of talking about this opponent, let’s call them the skeptic. Though Radden will grant to the skeptic that a depressed person may have various delusional beliefs or other representations about their pain, perhaps about its cause or source, she denies that the affective state itself can be a delusion. To put this in her language, a depressed person may have *affective delusions* (delusions about affective states) but they cannot have *delusional affections* (affective states that are themselves delusions).

To my mind, her argument against the skeptic might be best construed in terms of a dilemma. Consider a case in which the skeptic would grant that someone is genuinely in a painful state P1, i.e., that the state is not merely imaginary. P1 has a particular qualitative feel. Now compare the case that the skeptic wants to dismiss as merely imaginary pain, i.e., as a case where the subject is not “genuinely” in painful state P1 but instead is imagining being in P1. And then here’s the dilemma that I take Radden to have constructed. In imagining being in P1, either we somehow bring ourselves to be in a state with the same qualitative feel as P1, or we don’t. If we do, then what we’re doing doesn’t really give us the kind of case that the opponent needs. If we’re in a state that has the same qualitative feel as P1, then we’re in P1, i.e., it’s a case where we’re experiencing (or re-experiencing) P1. And if we’re experiencing P1, then even if the pain is in some sense imaginary, it is not *merely* imaginary. One is actually having a painful experience. On the other hand, if we don’t bring ourselves to be in a state with the same qual-

itative feel as P1, then here again we don’t get the kind of case the opponent needs. Though we’re now engaged in *mere* imagining, we haven’t succeeded in imagining P1, we’re not in a state with that qualitative feel, so we don’t have a case in which the painful state is merely imaginary because we don’t have a case of the painful state at all. In short, the skeptic’s argument fails on either horn of the dilemma – on the one, because the pain, while imagined, is not *merely* imagined; on the other, because the pain is not imagined at all.

While I think there are some really interesting questions about the difference between something’s being imagined and its being *merely* imagined, I won’t pursue those here.¹ In what follows I will have nothing to say about Radden’s discussion of the first horn of the dilemma. Rather, my interest relates to some of the issues that come up in the course of Radden’s discussion related to the second horn. In particular, I am interested in two related questions: first, what counts as imagining P1, and second, is this something that can be done? My aim is to offer some reasons for thinking that we should reject Radden’s answers to both these questions. In doing so, however, I don’t mean to be taking a position on the main issue that motivates her, i.e., whether a depressed person’s pain can ever be treated as a delusional affection. I see myself as a different kind of opponent from the skeptic. It might well be that, even if my criticisms of Radden succeed, her answer to the skeptic still stands. Sorting that out would require that one think in more detail about several issues, perhaps most obviously, about the nature of delusions and how they can best be understood and accounted for. As is perhaps already clear, my own interests in Radden’s discussion do not really concern what’s going on with the depressed person *per se* (or how to characterize it) but rather what’s going on with someone who is engaged in an act of imagining a painful state.

■ 2 Imagining pain

As a general matter, imagining a particular state of affairs can take many different forms, and matters are no different when it comes to imagining a pain state such as P1. To home in on the kind of imagining she’s interested in, Radden first distinguishes several different kinds of imaginings in the vicinity. For example, consider the distinction often drawn in discussions of imagining experiences between imagining an experience *from the outside* and imagining that experience *from the inside*. When one imagines oneself being in a pain state such as P1 from the outside, one might imagine the way that one looks when in P1 – one visualizes oneself with a grimaced expression on one’s face, doubled over, clenching one’s fists, etc. This kind of imagining does not involve the qualitative

feel of P1. In contrast, when one does imagine the qualitative feel of P1, one engages in an imagining from the inside. But, notes Radden, though imagining the qualitative feel of P1 is sufficient for an imagining of P1 to be from the inside, it is not necessary for the imagining to be of this sort. For example, suppose that one imagines P1 not by visualizing oneself with a grimace and clenched fists but rather by imagining the qualitative feel of the grimace and the clenched first. This imagining is a way of imagining P1, and it is from the inside, but it still doesn't involve the qualitative feel of P1.

It's only when we target that qualitative feel that we are engaged in the kind of imagining that Radden is interested in – a kind of imagining that she calls imagining *simpliciter*. It is this kind of imagining pain that Radden characterizes as a *forme fruste*. With this understanding in place, going forward, I'm going to drop the "*simpliciter*" qualifier – when I talk of imagining pain, I'll mean imagining pain *simpliciter*.

We are now in a position to look more closely at how Radden motivates the *forme fruste* characterization. In her view, when we think closely about our efforts to imagine pain we find a striking lack of success; such lack of success, she concludes, suggests that this type of imagining cannot be done. Central to her argument is the following example, what I will call *the knife case*:

Imagine what must be a painful experience – catching a flying knife. Our minds seize on this visual image, complete with flash of metal moving through the air, a sense of bodily lurching forward, the facial feel of (actual) wince and grimace as the imagined knife makes contact, the image of its searing our outstretched hand, and the line of blood. All of these combine in an unbearable, even painful apprehension. Do we also imagine the feeling of the pain itself? It seems not. An irreducible element of pain experience, a sort of simulacra of the felt pain itself, is absent from this otherwise vivid, complex, and unpleasant imagining. Short of feeling the pain, it seems, we try in vain to imagine feeling it.²

In thinking about this case, I want to start by noting something about Radden's presentation of it. Importantly, the question posed asks not whether we *can* but whether we *do* imagine the feeling of pain. In fact, as the case is presented, the reader is not even invited to try to engage in an imagining of pain. It should be obvious that there might be all sorts of reasons that a reader doesn't imagine pain when presented with the knife case, even if this were something that they could do. People are generally pain averse, and this pain aversion might well carry over into imagining. Just as people shy away from painful stimuli in actual

situations, and do what they can to avoid feeling pain, people might also do what they can to avoid imagining pain. In some cases, this avoidance might be deliberate, even subversive. When asked to imagine the scenario presented, a clever person might deliberately disrupt the intended instruction by imagining that they catch the knife by the handle.³ But even absent this kind of subversive cleverness, one might simply take the path of least resistance. Why imagine the pain itself if one can imagine what one is being asked to imagine without it?

Insofar as my point here seems to be only a concern about presentation, it might seem easily dismissed. Couldn't Radden just have presented the knife case in a different way? But, though the case itself could obviously be recast to account for the concern I just raised, I think the point about presentation reveals a deeper concern. As a general matter in philosophical discussion, one has to guard against sliding from "don't"-claims to "can't"-claims, and this slide seems to be a particular threat in treatments of imagination. Even worse, this slide seems often to go along with a more pernicious one, namely, the slide from "I can't"-claims to "It can't be done"-claims.

Warning us against making this latter slide has been something of a pre-occupation of mine in recent work, and I've issued this kind of warning about a variety of different imaginative contexts. To give just one example, I think we see it many discussions relating to transformative experience. As defined by L.A. Paul,⁴ an experience is transformative when it brings about particularly dramatic changes of both an epistemic and a personal sort – as when one becomes a parent for this first time. On Paul's view, when you have a transformative experience, you learn something that is in principle epistemically inaccessible to you absent that experience. You also undergo personal changes to such a great degree that even your core personal preferences are affected. Moreover, these changes cannot be fully understood or predicted in advance. In claiming that we cannot know what it is like to undergo a transformative experience in advance of undergoing it, Paul explicitly denies that imagination can help us to achieve such knowledge. On her view, someone who is not a parent cannot imagine what being a parent is like. While many people, parents and non-parents alike, find this claim plausible, not everyone does. Interestingly, in a variety of conversations I've had about this topic, some people claim to have engaged in exactly this kind of imagining – and to have done so successfully – in advance of becoming a parent. The moral? The fact that some people can't do it doesn't show that no one can. Some people are simply better imaginers than others. And even for those people who claim that they can't do it, one might have some reason for suspicion that this inability is really a matter of princi-

ple. How hard did they try to imagine this, for example? How long did they work at? What steps did they take to see if they could overcome their imaginative inability?⁵

I suspect that a similar dynamic might well be in play with respect to Radden's discussion about imagining pain. When I first read Radden's knife case, and I got to the question "Do we also imagine the feeling of the pain itself?", my own answer was yes. I do, or at least I think I do, and I see no special reason to think my judgment about my own imaginative practices or capabilities would be faulty. Moreover, it seems that I'm not alone in thinking that this is something I can do. Though I can't claim to have conducted any kind of rigorous study of this, after first reading Radden's paper I have asked a lot of people whether they can imagine pain, and many (indeed, the majority of people I've asked) say that they can.⁶

But perhaps more persuasive than my own unscientific inquiries is the existence of empirical evidence in support of the claim that pain can be imagined.⁷ In a 2007 study, researchers showed test subjects a series of images depicting painful situations and then asked the subjects to imagine the pain they would feel if they were in that situation. The study's goal was to identify the neural activity associated with pain imagination; using functional magnetic resonance imagining (fMRI), the researchers found that «the imagination of pain is associated with increased activity in several brain regions involved in the pain-related neural network».⁸ For our purposes it's important to note that all ten subjects in the study reported being able to carry out the imaginative tasks they were assigned, that is, they all reported being able to imagine pain.⁹ Moreover, the instructions were clear in asking subjects to target the *feeling* of the pain:

During the pain condition, the subjects were instructed specifically to feel their own pain as if they were in the same painful situation similar to the images presented showing painful events. That is, the subjects were instructed to imagine their own sharp acute pain as if it were their own arm while viewing images showing an arm punctured by needles, for example.¹⁰

To be clear, in suggesting that some people (myself included) can imagine pain, I am by no means dismissing Radden's own report that she can't imagine pain, nor the reports of the individuals who I queried who also claimed not to be able to imagine pain. Rather, it strikes me as quite likely that there's some individual difference here. But that said, it also strikes me as quite likely that at least some of this individual difference might be something that could be overcome. In accord with a line of argument I've been pursuing in recent work, imagining is a skill.¹¹ As I mentioned when

discussing how we might counter Paul's argument about transformative experience, some people are better at it than others. And just as we can improve other skills by way of practice, we can also get better at imagining by way of practice.¹²

That's not to say that this is easy. And there are reasons to think that imaginative practice might be particularly challenging when it comes to imagining pain. To engage in imaginative practice, we need some kind of prompt to get our imagination going. But in trying to come up with these kind of prompts with respect to imagining pain, we are likely to hit something of an obstacle. Our vocabulary surrounding pain is fairly limited, and many of us are not very good at describing it to one another. It's hard to go much beyond "sharp" or "dull" or "throbbing." Thus, it's hard to call up the right kinds of descriptions to serve as the necessary imaginative prompts. That may well be one reason that researchers conducting the fMRI study mentioned above used pictures of painful situations rather than descriptions of them. Noting this, however, suggests a possible way around the obstacle: perhaps one could put these sorts of pictures into service as the needed imaginative prompts.¹³

Returning more specifically to the knife case, another reason that people may find it difficult to imagine the pain of catching a flying knife is that they have never experienced pain of that sort. What we can imagine, and how easily we can imagine it, depends not only on our skill as imaginers but also on the stock of past experiences that we have to draw on. So, yes, maybe someone has nicked themselves with a knife while chopping vegetables, but the pain that results from that kind of kitchen accident is quite different in intensity from the pain that results from an accelerating blade that you catch in your palm. If this is right, then again, the imaginative failure would be a contingent matter rather than a matter of principle.

Here, however, there seems a natural rejoinder. Even if we have exactly the right stock of experiences, even if we have previously experienced a pain of the exact sort that we are now trying to imagine, some still report the imagining to be out of reach. Many women who have experienced childbirth and the pain of parturition claim not even to be able to remember that pain – let alone to imagine it.¹⁴ This memory failure is not confined to parturition, as many people claim to be unable to remember the feeling of past pains more generally. Ultimately, however, I don't think that this rejoinder succeeds. That's not to say that I want to dismiss these reports. Just as I accept Radden's claim about her own inability to imagine the pain in the knife case, I likewise accept the claims of people about their inability to remember past pain. But when we talk to people about remembering pain, it turns out that there's a similar dialectic to that found when we talk to people

about imagining pains, i.e., in addition to the people who claim to be unable to remember their past pain, we also find people who claim to be perfectly able to engage in these kinds of imaginative acts. Empirical investigation into this issue reflects this disagreement, with some studies suggesting that most people cannot remember pain and other studies suggesting the reverse.¹⁵ While some take these studies to be contradictory or puzzling, the line I'm offering here suggests that a different diagnosis is available, namely, that there are vast individual differences with respect to pain memory just as there are vast individual differences with respect to pain imagination.

3 The loose vs. strict response

If my argument in the previous section is right, then Radden's characterization of imagining pain as a *forme fruste* is mistaken. But here I envision that there's an obvious line of response, what I'll call *the loose vs. strict response*. One might grant that some people can do something that in some sense counts as imagining pain, but in doing so, they don't imagine the pain exactly as it would feel were they to experience it. Rather it's only a rough approximation. And this is something that Radden might be able to accept, since imagining a rough approximation of a painful sensation P1 is plausibly different from imagining P1 itself. Here's one way to put the point: talk of imagining pain, even when we're focused on imagining pain *simpliciter*, can be understood in a loose sense and a strict sense. If my argument only establishes that we can imagine pain in the loose sense, and what Radden is concerned to deny is that one cannot imagine pain in the strict sense, then she can grant everything I've said without giving up her conclusion.

It's an interesting question whether Radden can accept that people can imagine pain even in the loose sense, i.e., whether doing so is consistent with the overall line of argument that she wants to make against the skeptic about the impossibility of delusional affection when it comes to depression. But let's set that question aside; as noted earlier, I do not aim in this commentary to weigh in on her debate against the skeptic. Instead, I'd like to explore in more detail the distinction between the loose and strict sense of imagining pain. Should we accept this distinction? If so, should we also accept that we can't imagine pain in the strict sense? And again, if so, does that mean that my criticism of Radden's argument fails?

I don't see much promise in trying to deny the coherence of the distinction proposed. One might quibble about whether the distinction deserves to be characterized in the language of loose vs. strict, but certainly one can do a better or worse job at imagining something, and certainly imaginings might differ in the degree to which they accurately

correctly capture their target. This becomes especially easy to see when we consider the distinction between realistic vs. fantastical imaginings. For the purpose of this discussion, we've been focused on realistic imaginings, imaginings which aim at accurate representation of their target. But sometimes our imaginings have a different aim. I might imagine my messy desk in a tidier state, or my white office walls painted in a nice shade of taupe, or my unfinished manuscript in a state of completion. I might even imagine the desk magically tidying itself, the walls magically painting themselves, and the manuscript magically finishing itself. (The last is an especially satisfying imagining.) When compared to the corresponding cases in which I imagine the desk, the walls, and the manuscript as they actually are, these fantastical imaginings clearly differ in the degree to which they accurately capture their target.

So the distinction should be accepted. But how exactly does this distinction help Radden? Why would imagining pain be a *forme fruste* if our pain imaginings are only imaginings of pain in the loose sense? It strikes me that we have good reason to deny that it would. First, though all of the more fantastical imaginings fail to accurately represent what they're aiming to represent – the desk, the walls, the manuscript – they are nonetheless still imaginings of *those very things*. My imagining of the tidy desk, even though it does not accurately represent the desk as it actually is, is still an imagining of the desk, and the same holds for my imagining of the differently painted walls or the completed manuscript. Likewise, then, imagining of a painful state P1 can still be an imagining of P1 even if it does not fully or accurately represent the pain as it actually is.

Of course, there will be some limitations on how dramatically an imagining can depart from the actuality of a thing and still count as an imagining of that very thing. Articulating these limitations is likely to be an incredibly daunting task, but no matter how the precise details get spelled out, my imagining presumably doesn't count as an imagining of the desk if what I imagine looks like a frog, and likewise, my imagining of P1 presumably doesn't count as imagining of this painful state if what I imagine feels like a light and pleasant tickle. That said, it also seems clear that no matter how the precise details of these limitations get spelled out, we can still accept that an imagining of a given target does not need to be wholly and fully accurate in order to count as an imagining of that target. Thus, even if we are only able to imagine pain in the loose sense, our imagining still counts as an imagining of the pain.

But let's suppose that Radden digs in her heels and insists that even if imagining pain can be done in the loose sense, imagining pain will still be a *forme fruste* unless pain can be imagined in the strict sense. If we're granting that pain cannot be

imagined as it actually feels, that it can't be imagined wholly and perfectly accurately, then her argument goes through. It's not clear to me that we should grant this – rather, it seems at best to me an open question – but for the sake of this discussion, suppose that we do. In this case, a further question arises: Why is whole and perfect accuracy required even for imagining in the strict sense? To my mind, this is not a reasonable standard even when we're talking about the strict sense of imagining. Consider visual imaginings. I think we often take visual imaginings that are not wholly and perfectly accurate – that are lacking certain details – to still be imaginings in the strict sense. When I imagine my spouse's face, does my imagining have to contain each miniscule wrinkle, each freckle, in order for me to count as having really imagined his face, that is, as having imagined it in the strict sense? This doesn't seem to me how we really think of imaginings in general, and I see no reason why imagining pain would be any exception. Unless we're going to deny that imagining can ever be done in the strict sense, no matter the context or modality, it turns out that even if we grant that our pain imagining cannot be wholly and perfectly accurate this would not in and of itself mean that imagining pain can never be done in the strict sense.

Ultimately, then, I don't think that the loose vs. strict response succeeds. There seems no question that we can at least imagine pain in a loose sense, and such an imagining will still count as an imagining *of pain*. But I think we also should accept that we can imagine pain in the strict sense. Denying this claim commits one to an impossibly restrictive conception of successful imagining, one that we do not (and should not) typically accept when it comes to other kinds of imaginative activities.

4 Concluding remarks

Before closing this commentary, it's worth considering one last line of objection to my attempt to reject Radden's argument. Suppose I've been successful in showing that we really can imagine pain, perhaps even in the strict sense. In cases where we do so, however, what we've essentially done is to have brought ourselves into a state in which we *re-live* the pain (or, if it's a kind of pain that's never before been experienced, that we *live* it – but for simplicity's sake, let's talk just about reliving pain). Since reliving an experience is different from imagining it (think about flashbacks, for example), this kind of mental activity would not provide us with a case where we're imagining pain. Rather, what's going is an actual pain experience. Thus, one might think that Radden must be right that imagining pain is a *forme fruste*. Ironically, coming to meet the conditions for success in the relevant imaginative exercise guarantees failure.

To my mind, this objection too must be reject-

ed. Perhaps it would be reasonable to say that this is not a case of *merely* imagining, as Radden sometimes puts it, since it is a case of imagining plus experiencing. But an act that is not merely an imagining can still be imagining – in fact, it seems that it should be so as a matter of definition. Something that is not merely a criticism is still a criticism, and something that is not merely a compliment is still a compliment.

For the sake of Radden's argument with the skeptic, the difference between acts that are merely imaginings and acts that are not plays a key role. If she can show that imagining pain is not an act of mere imagining, then she may well have what she needs to make her anti-skeptical case. But showing that something is not merely an imagining does not show that it is not an imagining, and so, for the purposes of the debate that I've been interested in here – a debate about whether the feeling of pain is imaginable – Radden needs to show something more. And that, I contend, is precisely what she has not done.

Notes

¹ That said, this issue will re-arise briefly in section 4.

² J. RADDEN, *Imagined and delusional pain*, p. 154.

³ The deliberate avoidance need not be the result of this kind of game-playing. Suppose, for example, that Radden's question were asked of an accomplished knife juggler. A knife juggler is accustomed to catching knives by the handle, so when they fail to construe this act as one that would involve a painful experience and hence don't imagine pain, this need not be subversive or even deliberate but rather simply what comes most naturally to their mind.

⁴ Cf. L.A. PAUL, *Transformative experiences*.

⁵ I discuss the role of imagination in the context of transformative experience in A. KIND, *What imagination teaches*. Another place I think we might see a similar slide from "I don't" to "I can't" to "It can't be done" is in the context of imagining across experiential divides. I discuss this in A. KIND, *Bridging the divide: Imagining across experiential perspectives*.

⁶ As noted earlier, I am here (and throughout) dropping the *simpliciter* modifier, but I want to be clear that the people I've talked to who claim to be able to imagine pain are talking about imagining the qualitative feeling of pain.

⁷ It's also worth noting that philosophers Frederique de Vignemont and Pierre Jacob commit themselves to the possibility of imagining the feeling of pain in their interesting discussion of empathic and vicarious pain (cf. F. DE VIGNEMONT, P. JACOB, *What is it like to feel another's pain?*, pp. 297-298).

⁸ Y. OGINI, H. NEMOTO, K. INUI, S. SAITO, R. KAKIGI, F. GOTO, *Inner experience of pain: Imagination of pain while viewing images showing painful events forms subjective pain representation in human brain*, here p. 1139.

⁹ Cf. *ibid.*, p. 1141.

¹⁰ *Ibid.*, p. 1140.

¹¹ Cf. A. KIND, *The skill of imagination*.

¹² Cf. A. KIND, *Learning to imagine*; A. KIND, *Fiction and the cultivation of imagination*.

¹³ Matters are probably even more challenging when it comes to the particular kind of pain that Radden is interested in, the pain of depression, which many find hard to describe and where it's harder to see how pictures could be used. But that doesn't mean we're at a complete loss. For example, we might turn to the accounts of gifted writers such as William Styron, who paints a particularly clear picture of the pain of his depression in his memoir, *Darkness visible*, and aim to imagine what's being described.

¹⁴ For an interesting discussion, cf. B.G. MONTERO, *What experience doesn't teach: Pain amnesia and a new paradigm for memory research*.

¹⁵ This research is summarized nicely in B.G. MONTERO, *What experience doesn't teach*. Her own assessment of what we should make of this disagreement is quite different from mine.

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