

Autobiography and Chronic Pain: Reflections on the Unity of Soul and Body

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Abstract

Classical philosophy and contemporary neuroscience recognize that chronic human pain involves conscious experience, emotional reactions, and physical sensations. With the advent of advanced imaging in pain research, corporeal and nervous system involvement in chronic pain are now better understood. Consequently many scholars today see pain as a combination of micro-processes rather than a simple event. This bottom-up vision of human pain explains it through a combination of its objective and subjective elements.

Chronic human pain, which is pain that lasts for more than three months or persists without reason following acute pain, goes beyond consciousness, emotional reactions, and physical sensations. Its subject is urgently moved to seek meaning and fulfilment. That search, while involving cortical and other bodily processes, is not limited to these. Narrative self-understanding and autobiographical thinking takes into account the faculties of intellect and will and can situate pain within a broader context of a meaningful life story. In this way, a top-down approach is adopted. The micro-processes involved in a painful event are thus integrated into the understanding of the self.

One's experiences and how one narratively understands pain and its place in life can contribute to the debate on the union between the body and soul. This article contributes to that debate by exploring the role of narratives and autobiography in chronic pain while seeking to understand corporeal and psychical unity and cooperation in the human's quest for wellbeing and fulfilment.

Keywords: *Pain, Narratives, Autobiography, Body-Soul, Self-understanding*

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1 INTRODUCTION

Many scholars approach the enquiry into the unity of the various dimensions of human life through understanding the link between bodily and psychological experiences. This link has also been referred to as the body-soul union. The philosophical notion of the body-soul union has been a source of debate over the centuries. In the contemporary dialogue between the sciences and philosophy, the mind-body relationship refers to the same question.¹ A full exposition of the main theories on the topic and their proponents falls outside the scope of this write-up. However, we present the concept as it applies to the use of the terminology in this paper. The soul in classical philosophy is often described as the life-giving principle which makes a being what it is.² The spiritual soul of the human being is its form, and defines its essence.³ The implications of the understanding of the soul in that light is that the soul is an essential part of the duality and unity of the human person. Each human being begins life in a body-soul body union capable of sustaining life with all its vagaries. The result is that the human being is seen not only as a soul, or only as a body, nor does it involve a form of extreme dualism where the two aspects are invariably at war with each other. Instead, the human is seen as one entity with the complexity of the nexus between its dimensions identified. In other words, the body and the soul can be seen as two co-principles of the one living individual.⁴ Although theoretically separated for study, the unity in the complexity of the human subject implies inseparability for the living human being. Separation of the two dimensions would mean death. In life, as a consequence of that body-soul union, factors affecting the body can affect the soul and vice versa.

The study of pain is an opportunity to study this union as it is a common experience of sentient beings. The universality of the experience has been documented through the use of images, literature, myths, legends, paleontological studies, natural science, and neuroscience. It is, therefore, a phenomenon as old

as human history itself.⁵ Pain in spite of being an unavoidable experience in human life can be difficult to understand and accept. It often brings up existential questions to both nonphilosophers and those engaged in academic philosophy. Thus pain can be a catalyst for deepening one's reflections on the self, the meaning of life, the value of the body, and human unity. It can spur one to ask questions regarding the complexity of the mode of existence of a human being's ontological status, and the possibility of grasping the value of one's experiences in a way that such experiences go beyond bodily perceptions. There are different ways of going through the process of understanding pain and one's self. One such way is through a narrative self-understanding in which the person brings together the elements of their lives, pleasurable or not, with the help of narratives in order to seek meaning underlying them or to give them one according to their life's goals.

This article explores the role of narrative self-understanding and autobiographical thinking in understanding the unity of the body and soul by situating chronic pain within the structure of the human being's quest for wellbeing and fulfilment. We propose that the application of narratives and an autobiography of the self in the context of a chronic pain experience can shed light on our understanding of human union. It begins by exploring the meaning of pain for humans and then goes on to explore the impact of pain on the body-soul relationship. Subsequently, it applies narrativity to the understanding of pain and presents the roles of narrative self-understanding of the subjects of pain as a means of identifying a nexus between those two dimensions of a human being. This paper's integration of views from different fields makes it an interdisciplinary one that can open up new paths of dialogue between science, medicine, philosophy and the humanities in general.

2 UNDERSTANDING HUMAN PAIN

The experience of pain is a well documented historical fact.⁶ Its universality cuts across times and cultures and is set to be projected into the future as long as there is sentient life. The reactions and attitudes to pain vary with social and cultural phenomena yet there is a common characteristic that makes it apt for a study on the body-soul union in humans. The common characteristic is reflected in the International Association for the Study of Pain (IASP) definition of pain as "an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage".⁷ With this definition, pain is understood to be both a sensation and an emotion associated with tissue damage. Tissue damage may actually be present and detected through modern physiology where cellular and molecular studies are possible. This damage does not refer only to gross injury, but to damage at any level of system organisation

which can prove a threat to the function of that system. Tissue damage may also be absent while there is pain but in the experiencing subject, be associated with a belief in the possibility of some damage. The negative associations of pain make it liable to be the harbinger of some *malfunction*, *dis-ease*, or *dysequilibrium*. As the scientific definition of pain benefitted from modern science, the philosophical understanding of its nature has continued to witness debates about its essence as a sensation or an emotion. The modern introduction of a body-mind dualism aided the progress of a neural concept of pain but also introduced difficulties in the understanding of the complexity and union of its various dimensions.

Diverse understandings and classifications of pain make reference to the cause or origin of pain as its essential description. This is reflected in the denomination of certain experiences as physical, emotional, spiritual, or social pain. The IASP definition which relied on the neuroscientific studies of the time and the modern pain theories points out a certain complexity in the understanding of pain with different dimensions being concurrently present with each experience. Simple descriptive labels assume that the experience of that pain is wholly explained by its cause and one-dimensional. On the contrary, there is simultaneous involvement of both a physical aspect and an emotional aspect. With subsequent progress in the study of pain, it was recognised that these two aspects also insufficiently explain its nature or essence. This was a significant step in understanding the complexity of pain and explains why there are objections to the IASP definition of pain by some scholars. The fact that there is a physical element that always interacts with an emotional one is a pointer to the possible union of body and mind even though a weak one. Based on this possible union, the study of the experience of pain has developed a new approach. New specialties and reflections on the nature of pain began in the twentieth century and there is an interdisciplinary study of the various aspects of pain.

Medicine remains the specialty principally responsible for confronting and managing pain. The majority of pain sufferers at some point in their life approach a health worker to seek care. Evidence-based medicine continues to see pain as divided into different entities depending on their location in the body or in the mind and manage it as such.⁸ This explains the continued use of such terms as physical pain, psychogenic pain, psychosomatic pain, neurogenic pain, and the different regional pains which facilitate the development of a management technique. These terms reflect that pain is spatially located either in the body or in the mind even if an interaction occurs. Neuroscience, with its recent advances, shows that there is a complex interconnection of neurons involved in the transmission of pain signals known as nociception. It is able to show that neural processes can be dissociated from the experience of pain so that puzzling pain conditions exist, not entirely explained by the neural processes. Thus pain as an unpleasant sensation

and emotion may be separated from nociceptive signals. There are conditions in which pain signals are observed but no unpleasant sensation occurs such as with pain asymbolia. There are other occasions where there are no nociceptive signals and yet pain is felt as occurs in neuropathic pain where there is direct damage to the nerve. Still, other conditions are associated with pain signals from no longer existent limbs such as with the phantom limb syndrome where there is pain from a limb that has already been amputated. Therefore the definition of pain though encapsulated by the IASP remains insufficient for all the instances of pain that can be experienced.

These puzzling situations are added to a time dimension in the understanding of pain so that pain is classically divided into acute and chronic pain based on chronological markers. “Acute pain is pain elicited by the injury of body tissues and activation of nociceptive transducers at the site of local tissue damage”.⁹ It is the classical withdrawal response to a harmful or dangerous event achieved by the transmission of electrochemical messages from the peripheral receptors to the central nervous system. Acute pain tends to occur chronologically close to the time of injury and to resolve naturally when the threat disappears. This response is easily observed to correspond to a biological protective mechanism to keep the organism intact. This makes acute pain easier to understand with fewer associated puzzles. Chronic pain, on the other hand, is a more puzzling situation. It is pain lasting three or six months after its initiation or persisting long after healing is expected to have occurred. Its persistence is often the source of problems because its reason for existence is not as easily understood as acute pain. It could also be idiopathic when no primary cause is found for it and yet it continues to persist with no seeming reason. Understandably, chronic and idiopathic pain tend to be associated with existential questions about their meaning even when there are other chronic illnesses which do not directly account for them. They defy the simple definition of a sensation or emotion and introduce other factors like the question of meaning.

Chronic pain becomes a problem not only to the one who suffers but to the caregivers and the people in direct relation to the patient. This pain is influenced by and in its turn influences the cognitive, affective, socio-cultural, and environmental aspects of the subject. This means that the damage is more than tissue damage. There is no doubt that there is a relation to tissue damage which may be obscured by the duration of pain. The time interval may be disproportional to the damage, may endure beyond the normal time for healing, or maybe worsened by the treatment. The experience, therefore, goes beyond a biological threat to an existential threat of self disintegration. This is why philosophical reflections are directed to the understanding of chronic pain and the comprehension of its meanings. The processes that make up pain, though helpful in understanding their course and providing relief, are insufficient for providing meaning. This

question has engaged philosophers throughout history.

There have been various interpretations of the nature, biological role, phenomenology, and meaning of human pain. Notwithstanding the duration and progress of these reflections, there are still debates about the nature of pain, its consequences, components, and best approaches. It continues to be argued whether pain is a sensation or an emotion; a conscious process or simply a nociceptive process; always associated with potential or actual damage or a disease in its own right; and whether it is better studied by medicine, philosophy, or theology. While the experience of living with pain remains common and universal, its conceptualization is more complex. Early philosophical reflections were closely related to studies by physicians and philosophers who mutually supported each other. The Hippocratic Corpus considered pain an important symptom in the diagnosis, treatment, and prognosis of any disease.¹⁰ It saw the patient as indispensable for providing essential characteristics necessary for understanding pain such as its character, location, and duration. There was a reliance on keen observation and methodological documentation of the external manifestations of pain. The patient's story and the physician's knowledge of disease symptoms were therefore equally necessary. The subjective and the objective were important. This systematic study influenced the medical and philosophical thoughts of the time with evidence that later philosophers and physicians were exposed to the Hippocratic Corpus and helped by it. Aristotle's keen observation of nature resulted in his books on biology and physics. He considered pain a passion impacting both body and soul.¹¹ While acknowledging the existence of physical pain, he placed emphasis on its orientation to living a virtuous life.¹² He considers that even if pain originated in the body, it resided in that part of the soul which is appetitive or desiderative and which shares in reason while being irrational. Within the framework of Aristotle's understanding of the hylomorphic union of soul and body, pain could be directed to the attainment of happiness desired by all human beings. This metaphysical understanding of pain as both a property of the soul and body largely endured until the inception of modern medicine. The understanding of the central organ of perception as the heart as understood by Aristotle was corrected by the Cartesian model of pain and subsequently corroborated by neuroscience. Therefore the neural basis of pain transmission became the popular method to describe the processes of pain. It, however, worked with the assumption of the body as an objective entity that could be described and studied distinctly and with no influence from the soul. This ushered in the biomedical model of medicine.

With biomedical medicine, the body and mind are studied as separate entities where the body is made up of quantifiable and measurable processes which objectively represent events in the patient.¹³ An alternative to this mind-body dichotomy was to see persons as psychophysical, socioculturally situated beings

which was the next step in approaching the medical understanding of pain. Pain was therefore understood as a process resulting from a somatosensory perception, subsequently present in the brain as a mental image and followed by an unpleasant emotion as well as changes in the body with social and cultural consequences. This opened the way for interdisciplinary studies of pain. The many dimensions of pain make it necessary to approach its understanding in different ways. By the mid 20th century it was agreed that pain was composed of sensation, emotion, and consciousness.¹⁴ In a certain sense, it involved the body and the mind. There still remains a problem with explaining how these two relate and why there are individual differences in the experiencing of pain. Neuroscientific studies have helped with the elaboration of interactions which explain the connection between physical events and psychological events. Yet the existential questions generated are still not explained. It is structured by the contexts of different social, moral, philosophical, and religious discourses and by people's beliefs. Pain remains a puzzle that is deeply subjective, can be studied with advanced imaging, but also has cultural, personal, and historical dimensions which cannot be measured.

3 CHRONIC PAIN: BODY-SOUL IMPACT

The impact of pain is felt significantly when it is chronic or idiopathic. Chronic pain continues to be a growing problem in spite of the investigations and studies on its elimination.¹⁵ Epidemiology which studies the distribution of health problems in a specified environment and in specified populations confirms that the incidence and frequency of chronic pain are increasing.¹⁶ Chronic pain is associated with the leading causes of morbidity and mortality and is present along with most chronic diseases. It is the most common cause of hospital visits, missed workdays, and the use of opioids. When, rather than considering a time period of three or six months, the definition considers chronic pain as persisting after the initial cause has disappeared without a time frame, then the numbers are even more significant. Some epidemiological reports state that half of any audience will have had an episode of pain lasting more than one day in the prior month.¹⁷ Other studies show the huge economic burden from work loss and disability related to incidences of chronic pain.¹⁸

The economic and social impact is often measurable in terms of insurance payouts and monetary loss from missed workdays. However, the body-soul impact is not as easily measurable. Even when pain originates in a bodily part, its strength, and character cannot be measured by objective, third-person instruments. Sometimes even the location is difficult to determine because of its diffuse nature, its commencement in a different organ with a subsequent referral of the

pain, or its involvement of other structures. This difficulty provides a problem for biomedical theories where clinical diagnoses are based on physical observations. In that case, pain escapes the visual sense and is only “seen” by the subject undergoing the pain. This is why pain has been closely associated with consciousness. Consciousness is here understood as awareness or attention rather than intentionality. With phenomenology, intentionality is a necessary trait of consciousness but with pain, intentionality is not a significant feature.¹⁹ This is intention understood as referring to an object or being about something. In a way, pain is neither about any object nor about anything. It includes in it the sense, emotion, indication of damage, and awareness of that specific state so that the experience of pain is its own object. There are still studies ongoing to determine the awareness and reaction to pain in all its dimensions in the unconscious or semi-conscious state. This does not deny that pain can be felt in these conditions as neonates and unborn babies have already been noted to react to painful states with withdrawal reflexes.²⁰ It is the quality of pain that may differ depending on its association with the conscious state which influences its emotive and cognitive dimensions. What can be said is that the impact of pain is possible because it involves a conscious state which takes a particular posture in relation to itself and others. Not only does it require consciousness, but it also draws consciousness to itself and demands complete attention.²¹ In this way pain impacts cognitive, emotive and sensory awareness.

With the pain experience, physical and psychological dimensions are involved and the body and soul are impacted. The body is involved because there is a specific stance in a spatiotemporal dimension which the subject adopts. The soul is involved because pain draws attention to itself with the desire to transcend its spatiotemporal confines. The search for meaning is a common occurrence with chronic pain.²² This is why Cassell defines pain as a phenomenon which includes the mechanism involved in receiving painful stimuli, nociception, and the meanings given to such sensations.²³ Meaning includes the sense that is ascribed to nociception but also the broader questions about why this, why now, why me and what can I do? The questions basically remain the same but the answers are seen to have variations from culture to culture and from individual to individual. Depending on varying factors, pain can be understood as beneficial or deleterious. It may represent the possibility for motivation, bravery, relief from some other pain or boredom, self-control and increased sensitivity. It can also represent a threat to life, relationships, bodily or mental control, and economic stability.

These differences can also be accounted for by its impact on the intellect and will. The intellect seeks to understand the experience in a specific context in which the subject is situated. Decisions are taken based on the understandings that follow. The difficulty in understanding the persistence of chronic pain can

prove problematic for intellectual activities and engage reflection and thought so avidly that there is little room for other reflections. It can be a catalyst for deepening one's reflections at the moments of self-examination. It presents different ways to approaching the overall context of life in the complexity of the mode of existence of a specific person. It tasks the way different elements of one's life are brought together to signify a meaningful whole.

Since the person is inserted in a particular social and cultural environment and a specific historical period, these can also be impacted by the experience of pain. Thus problems in any of these areas are associated with pain and loss of normal functioning. The impact of pain is not limited to the body and soul but extends to space and time. The definition of pain as an unpleasant sensory or emotional experience associated with potential or actual damage, therefore, extends beyond the physical and psychological as is usually understood. Pain transcends the mind-body dualism and cannot be simply understood as an unpleasant reaction to a physical or psychological event. Other problems that can be included in the understanding of pain and its impact include social problems like poverty, social isolation, peer pressure, difficulties with interpersonal relationships, and existential crises. Pain is not simply something which occurs in the body and impacts the body nor is it a problem of the soul with an existential dimension. It is not consciousness, emotion, sensation, increased healthcare utilisation, or reduced labour productivity alone. The totality of the subject is involved no matter the origin of the pain inasmuch as the experience depends on the person's attitude, resources for management, as well as choices and commitments related to the attachment to life and the world. It is a complex experience that involves the self. When this is not adequately acknowledged, the attempt to understand and relieve pain is undermined and expressed in terms of bodily processes. This in itself may become a source of pain. First-person narratives provide some help in this area. A narrative self-understanding brings together the elements of one's lives, pleasurable or not, in order to seek the meaning underlying them or to give meaning according to one's life goals.

4 NARRATIVE SELF-UNDERSTANDING

There are many debates on the role of narrative in human life. For different schools of thought, narratives play an important role in human life and human fulfilment. One of the predominant viewpoints states that humans understand their selves with narratives²⁴. For these scholars, humans understand themselves with the help of stories. The stories are either those we live out or just those we tell to ourselves or to others in order to help us understand our varied actions and situate them within the context of the unfolding of our life stories.

Among the several scholars and great thinkers who write on narrative philosophy, MacIntyre is perhaps the most influential. For him, the self is best understood in the context of a life which has the structure of a narrative flowing from a beginning, at birth, to an end, at death. Various events, actions, and choices by the individual who is the protagonist within the personal narratives are best understood and perhaps can only be fully understood in the light of the whole story. In that view, human actions are often not isolated events but are connected to the greater overarching structure of a narrative²⁵. Thus narrative is enriched or impoverished with each passing moment by the choices, actions, and reactions to events by the protagonist. Keeping that view in mind, no event is strictly speaking indifferent. Each event and experience constitutes a part of the protagonist's personal myth. Each occurrence leaves its marks whether positive or negative. The value which the individual gives to these events will depend on the framework of interpretation and the significance for the person's quest for meaning in life. Different aspects of life can be connected with narrative-self-understanding. For MacIntyre, the narrative understanding of human lives is not random or chance occurrence but connected to the *telos* proper to human nature, to the ultimate end of human life. That *telos* is the Aristotelian Eudaimonia or the beatitude of Aquinas. Thus narrative self-understanding is neither arbitrary nor fictional but involves a more or less purposeful orientation of the agent towards happiness.²⁶

In addition to the philosophical debates, various disciplines including, psychology, and neuroscience also point to the latent structure of narratives in human lives²⁷. One may say that the physical bodily activity, vivified and directed by the spiritual and immaterial dimensions of each individual constitutes the material for building personal narratives and interpreting them. The self integrates episodes of its experiences and practical activity with moral and ethical motives, within its life narrative, and the narratively structured unity of life as a whole is what provides the individual with a personal identity. "Like each episode singly, my whole life—that is, my self—is something temporal that unfolds in time and whose phases I survey prospectively and retrospectively from within an ever-changing present. As such, the self calls for the same sort of structuring and similar principles of unity and coherence as other storied orderings of temporal events."²⁸ The experience of pain is not an exception to that norm. As a significant part of a person's life, chronic pain can influence the type of stories one tells about the self, to the self or to others in order to find meaning.

Thus, an individual may decide to fit their painful experiences into a redemptive story in which they are able to overcome obstacles or at least see the positive side of the story. Narrative psychologists propose that redemptive personal narratives are important for individuals who want to overcome pain and disappointment and look beyond themselves and their experiences to become generative by doing things that help the future generations to live better lives²⁹. In

that sense, there is scientific evidence that pain can lead to positive outcomes when managed properly and painful experiences are properly integrated into a person's life story. Extant literature shows the possible good outcomes following pain, which could be physical, psychological, or those resulting from traumatic experiences. There is however little work on the effects of chronic pain in narrative self-understanding and this article contributes a conceptual framework for understanding the role of chronic pain in narrative self-understanding.

For some people, chronic pain is a catalyst for existential and religious questions. It can prompt the person to reflect on the meaning of life, the most important things in life and the possibility of an afterlife. In that process, as with other processes of meaning-making, humans will make use of stories. It is significant that the process of self-discovery in the midst of discomfort may be enhanced by conversations with others which would also involve recall and narration of many past events in a coherent way. In these persons, the narrative of the self, accompanied by persistent pain, can be fitted into the narrative of redemption in a religious sense. Such narratives thus have a place within the creation story as it progresses in the narrative of the history of salvation. The individual may then see pain, not as a source of discomfort or an unwanted burden but may come to accept it as their contribution to the redemptive sacrifice of Christ in the Christian religion.

5 AUTOBIOGRAPHY, NEUROSCIENCE, AND PAIN

It is possible that contemporary narratology with its perspective on the self could help in understanding the union of an experience involving the whole subject and a perceptual experience located spatiotemporally. When considered at the level of the subject, there's the perception (act) of a concrete reality (the object) and the awareness of a self perceiving (subject). To consider pain in physical terms separated from suffering which involves the whole person is an anachronistic division between body and non-body, a sort of artificial division. The idea is that it is always an individual who feels pain and suffering rather than a part of that person. The perception of that pain is thus strongly influenced by personal situations, cultural behaviours, cognitive activities, and even religious beliefs. In this way, pain and suffering can be understood in the context of destruction of the self or an expansion or construction of the self. Contemporary narratology and narrative philosophy in general, propose that the self is best understood when seen as a narrative self³⁰. For the narrative philosophy built from a reading of MacIntyre's thought which remains within the Aristotelian-Thomistic tradition, the objective meaning of each human action and the meaning of human life as a whole is best understood when viewed as a narrative³¹. That narrative built

by the choices of the acting person moves from the beginning towards an end. The acting subject defines himself with the use of free will and in that process of living and understanding life, describes his identity within his personal narrative. This ability to develop a narrative is constitutive of human nature even when the protagonist is unaware of the narrative structure in life.

The application of narrativity to self-understanding requires a biological framework for proper functionality. Neuroscientists also apply narrative methods and terminology in the explanations of the experience of the self and in the understanding of oneself. The acting person consciously performs many actions directed towards ends. These activities require a proper functioning neural system. Experience tells us that everyday actions are not necessarily unconnected even though they may be separated in time. The temporal dispersion is connected by common motivations for each action. Science has shown that sequences of conscious actions leave their mark on our nervous system and define us and the manifestation of who we are. The link between the different realms of experiences has both neural and psychological connections. Narratives are a means for achieving a profound understanding of the nexus between the different layers of our lived out experience and existence.

As Damasio explains, in *The Feeling of What Happens* the extended consciousness is linked to the self—to the “you” of core consciousness,—so that it connects the lived past and the anticipated future to form part of an autobiographical record.³² This is what is seen in chronic pain patients. There is the question of meaning which is linked to the anxiety and depression that may ensue when meaning is not found. There is a need to fashion out a story, a narrative, to explain oneself to oneself. The neuronal sensations can acquire a meaning that is beyond the physical. However, the making of narratives of different genres depends on the choices of the protagonist. Sense-making and the search for explanations that go beyond bodily sensations is a voluntary option. Such narratives change a person’s view of life and the different events that make it up. The mechanism is basic for all repeated purposeful actions which later on become a part of the person. The actions can be either or helpful or not.

Marc Lewis, a neuroscientist, in his studies of addiction proposes that the ability of an individual to imagine a valuable future self helps to motivate changes in behaviour and choices.³³ It is interesting to note that the addict may feel some form of psychological pain or pressure to maintain their negative habits. This type of pain felt may be heightened by their understanding of a need to quit the habits and the sense of helplessness and moral or almost physical pain they feel at not being able to do so. The acting agent, who desires change, then needs to envision a self in its process of evolution towards the desired personality or personal attributes. Within that process, the person has to keep their personal narrative in mind and also tell oneself narratives that make life’s meaning visible.

These narratives help to keep the individual focussed on the change in their habits which they hope to achieve. One can see the role of narrative and time in the self-orientation needed to overcome old habits and form new ones. With chronic pain and the attendant changes in the relationship to space and time, the sufferer needs to change several old habits. The way in which this is confronted is influenced by the personal narrative of each one. This may account for the differences in pain perception and tolerance which is unexplained by simply studying neural processes in chronic pain patients.

Since the self is experientially continuous over time even when its circumstances change, despite transformations in its contents and activities, there is a search for a coherent personal narrative with the experience of pain. It is this narratively structured unity of life as a whole that provides the individual with a personal narrative identity. In addition, the self integrates episodes of practical activity with moral and ethical motives, within its life narrative. As such, the self calls for the same sort of structuring and similar principles of unity and coherence as other storied orderings of temporal events. This structuring gives continuing identity beneath the flux of the individual's activity or experiences. For this, memory and other internal faculties are required. This integration has been corroborated even by neuroscientific studies in pain.³⁴ The cortical areas that subserve memory and particularly autobiographical memory are activated with chronic pain. Neural networks and maps are recreated within the brain with these experiences and in their turn, they cause biological changes which shape the way we experience things subsequently. In other words, changes in brain structure make that way of experiencing things more available, more probable, on future occasions. This can take the form of a self-reinforcing perception, expectancy, a budding interpretation, a recurring wish, a familiar emotional reaction, a consolidating belief, or a conscious memory. They are all different forms of "permanence"—of the way brain patterns settle into place so that traces of the past can shape the present.

Damasio proposes that the key elements of our autobiography "arise from a continuously reactivated network based on convergence zones which are located in the temporal and the higher frontal cortices, as well as in the subcortical nuclei. The coordinated activation of this multisite network is placed by the thalamic nuclei while holding reiterated components from extended periods of time requires the support of prefrontal cortices involved in working memory"³⁵. These neuronal frameworks and their activity underlie the psychological and intellectual manifestations of the human capacity to weave and live stories. Furthermore, there is a coincidence of the neural activity involved in pain perception and in those which connect life's episodes. For instance, scientists affirm that the prefrontal cortex makes complex representations that permit us to create concepts in the present, think of experiences in the past, and plan and make images about the

future. According to Damasio, “the brain naturally weaves wordless stories about what happens to an organism immersed in an environment”³⁶ The bodily sensations of pain, stored in the memory, are the raw material for building narratives. With the sensations and contents of the autobiographical memory, the intellectual, spiritual faculty of the soul can build narratives while it tries to make sense of its existence and experiences.

Still, on the topic of self-understanding, the idea of an “alienated self” presupposes the idea of a kind of “authentic self” with an “authentic life story”. Suffering can alienate us from our previous concerns and can even displace us into a state of liminality, where we do not feel at home in the world or in our bodies as we once used to. However, as stated previously, these are not definitive consequences of suffering, and persons are not static unchangeable beings. Alongside the possible “loss of the self” exists the possibility of “reconstructing the self” (we were not our “definitive self” before “losing ourselves” due to suffering and we cannot recover something like a “definitive self”). Instead, we are the result of our experiences, including suffering and pain. A narrative structure can then help us to connect these painful experiences together to give coherence and meaning to them. The stories we tell ourselves are always partial, fragmentary and never definitive but they can lead to a reconstruction of the self. They can lead to the creation of an identity.

6 CONCLUSION

The body and the soul are two dimensions of the same being possessing the metaphysical characteristic of unity. The interest in understanding how these very different dimensions interact is unsurprising. That unique combination of material and immaterial attributes calls for a special inquiry in order to grasp how unity if it exists in the human being, is achieved. This article contributes to the discussion on the unity between the body and soul through the analysis of the experiences of people who experience chronic pain and their understanding of those experiences as part of a narrative with a meaning which transcends bodily sensations.

Autobiographical thinking and understanding the self with narratives leads to a re-discovery of the self which goes beyond material sensitive capacities and functions. This approach to human life encompasses the self in its entirety, with its aspirations and goals and the path through which it will attain those goals.

Narrative self-understanding helps the individual to find the meaning of pain and to integrate these positively into their life stories. The nervous system which captures painful sensations which are then stored in the subject’s memory is structured in a way that it is essential to the biological framework

for autobiographical thinking and narrative self-understanding. Appreciation of the above points may lead one to harness that human capacity for narrative self-understanding often manifested in conversations and thought patterns.

The scientific exploration and mapping of the neuronal connections between the pain pathways and the integration of the information they carry with the biological networks which underlie autobiographical thinking may shed more light on one of the connections between the body and the soul. One must, however, interpret scientific finding carefully in the light of the metaphysics of being human so as not to negate the invisible but logically verifiable truths about humans. From the arguments of this paper, one can see that the contributions from medicine, neuroscience, and philosophy can enrich our understanding of the human being. Such a robust meaning of what it is to be human is often needed today as many people are faced with the inescapable experience of pain whether physical, psychological or moral. Narrative self-understanding, by uniting life's events to the ultimate end of life gives a robust view of the human being and life.

NOTES

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