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Sartre and the Phenomenology of Pain

A Closer Look

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Introduction

Conventionally distinguished as a problem for medical professionals, experiences of embodied pain have prompted a significant set of themes and perspectives in the Continental tradition of philosophy. The discipline of phenomenology, in particular, offers thought-provoking approaches for understanding the fullness and diversity of living one's pain in everyday life. In contrast to scientific practices that tend to take for granted the subjective structures of human consciousness in action, the phenomenological framework of lived experience offers profoundly subtle accounts for explaining how a person's pain alters their ways of relating to themselves, to others, and to the wider world around them. In recent years, scholars of phenomenology have undertaken extensive research on the complex relationality between health and human consciousness, including the behavioral grids and existential textures that come with that relationship. Greatly influenced by twentieth century phenomenology, this new development in the scholarship has undergone three distinct waves. The first wave focused on the work of Martin Heidegger and Hans-Georg Gadamer to develop a hermeneutic of healthcare practice; the second wave incorporated Maurice Merleau-Ponty to understand illness from an increasingly carnal point of view; and the third and most recent wave has relied primarily on Edmund Husserl to construct the intentionality involved with the consciousness of pain.¹

Interestingly, this expanding index of major twentieth century sources has yet to include and affirm the discoveries of one of the most vocal philosophers of pain and lived experience, the French existentialist Jean-Paul Sartre. This dismissal is especially surprising because one of the most—perhaps the most—highly discussed of Sartre's texts, *Being and Nothingness* (1943), examines the notion of pain at great length in critical junctures of his acclaimed ontological explorations. Indeed, he was the first French

existentialist to take up the question of embodied pain as a matter of serious phenomenological significance. (Merleau-Ponty did not publish *The Phenomenology of Perception* until 1945.) The purpose of this essay, therefore, is to expand the scope of the phenomenological discussion of pain by incorporating more fully the ideas of Sartre so as to better reveal their positive originality. In so far as he uncovers and deconstructs the meaning of pain in lived experience, Sartre offers new angles by which we can better appreciate the finer elements in his philosophical vision. This essay demonstrates that a renewed understanding of Sartrean phenomenology enables us both to re-evaluate the role and dynamic of pain as a source of awakening human consciousness and to uncover the deeper layers of choice-making that inevitably come with the experience of pain in social settings. In doing so, this essay provides evidence that Sartre's phenomenological method, though nearly eighty years old now, is far from exhausted and still offers crucial insights for contemporary contexts today.

The focus of this essay draws from Sartre's interpretation of pain in his section on "the Body" in *Being and Nothingness*. Specifically, I show how Sartre's notion of pain operates in relationship to his three ontological dimensions of embodiment: the body for Itself, the body for the Other, and the body for Itself as known by the Other.² In the first dimension, the initial sensation of bodily disturbance is understood as pain. In the second dimension, the experience of one's bodily pain is layered with the point of view of another and perceived as illness. In the third dimension of the body, illness becomes construed as disease,³ the final layer of pain experience in which the initial embodied disturbance is fully apprehended by another.⁴ These three dimensions (i.e., pain, illness, and disease) not only supply a unique understanding of embodiment but also provide a crucial insight about component of intersubjectivity within the phenomenology of pain.

Fundamentally, I use Sartre's phenomenological approach to argue that our understanding of pain and our attempts to surpass it relate to the fact that we as individuals live in an intersubjective world wherein personal issues such as pain are dynamically associated with other individuals.⁵ In this context, the contemporary doctor-patient relationship—an example that Sartre himself employs—is given due consideration as a telling intersubjective sphere of pain. Recent criticism of Sartre's stratification process of pain, illness, and disease in *Being and Nothingness* has been shaped and colored by an increasingly negative assessment of his notion of the Look; critics presume that the coping experience involved in the intersubjectivity of pain inevitably leads to bad faith (i.e., living without freedom), especially when this experience takes place in view of the Other.⁶ My contention is that Sartre has yet to be incorporated into the lexicon of phenomenologists of pain because his notion of the Look has been misconstrued as an insurmountable hurdle by theorists of health and human consciousness. These critical interpretations, however, have not fully realized the social reversibility of the Look in Sartre's

project. In this manner, I defend Sartre and argue that his explanation of the Look is more effectively tied to his notion of freedom. In so far as Sartre's exploration of the social layering of pain is depicted more transparently, the complications about his notion of the Look will be mitigated and found more amenable for practical applications, for instance, in medical care. Ultimately, as Sartre helps to show, what is imperative is maintaining a field of free subjectivity for individuals as they work with and through their pain in the midst of situations with others.

Sartre on the Body

Sartre's attitude toward the body is slightly ambivalent; he himself struggled with disability throughout his life. In his texts concerning the body, then, he unsurprisingly writes as a kind of dualist in which he sees the body as something to transcend, surpass, or 'get out of'. In his novel *Nausea*, for instance, Sartre provides a scene in which Roquentin is looking in the mirror and begins to question his embodied schema. In disgust, he tries ardently to tear the flesh off of his face. At another moment in the story, in Cartesian fashion, Roquentin later perceives his hand as a cold object full of dead weight below and against his human consciousness. In a third scene Roquentin's hand appears like a crab, a brute creature with sprawling claws.⁷ These multiple literary expressions parallel a special sensitivity to the relationship between pain and embodied consciousness found in Sartre's philosophical work.

Sartre's account of bodily pain in *Being and Nothingness* is as fruitful and rewarding as it is complex and multi-faceted. Sartre diverges from his exploration on multiple occasions, thus, rendering it difficult to fully achieve a concise definition. For this reason, I begin in this section by defining each ontological dimension of embodiment: the body for Itself, the body for the Other, and the body for Itself as known by the Other. Once these definitions have been established, I will further develop them in the next section by discussing Sartre's distinctions between pain, illness, and disease.

In *Being and Nothingness*, Sartre provides an analysis of embodiment by way of three ontological dimensions. The first is the body for Itself, in which the body is used by the individual as a medium for first-person engagement in the world. The second dimension is understood to be the body for the Other, in which the individual's body becomes objectified from the third-person point of view. The third ontological dimension is the body for Itself as known by the Other. This last distinction is unique in the sense that Sartre combines the first two cases of embodiment to further clarify the ontological dimension of what individuals do as they are being watched or caught under the 'gaze' of another. These three dimensions provide an important groundwork for understanding the role of intersubjectivity in Sartre's phenomenology of pain and, therefore, will be discussed at greater length.

In the first ontological dimension, the body for Itself, Sartre argues that our engagement with the world is one in which the body is constantly at play and always implicit in the field of action.⁸ Fundamentally, for Sartre, human consciousness is intertwined with embodied experience. The body is indicative of our contingency, that is, we are automatically endowed with a body and can utilize it for particular tasks as we see fit. Importantly, though, Sartre explicitly departs from both Husserl and Merleau-Ponty who argue in favor of the principle of double sensation. While the body remains a fundamental site of human consciousness it nevertheless relies on the exterior world to be awakened. As Sartre writes:

But this phenomenon of double sensation is not essential: cold, a shot of morphine, can make it disappear. This shows that we are dealing with two essentially different orders of reality. To touch and to be touched, to feel that one is touching and to feel that one is touched—these are two species of phenomena which it is useless to try to reunite by the term “double sensation.”⁹

To be sure, this does not mean that the body is wholly a physical object nor does it mean that the body is entirely a stream of pure consciousness. It is somewhere in between; it is the lived body.¹⁰ As Sartre puts it: “I exist my body.”¹¹ For instance, when I write I use my hand to direct the pen as it draws out the letters on the paper. Although, the object of my consciousness is the writing and not my hand, still, “I am my hand.”¹² The hand is there as a given, like a piece of equipment, but it is not the entire point of attention; I can shift my perception of my body between subjective and objective modalities. In other words, the way in which we experience our bodies occurs, on the one hand, at a distance such that body parts and organs are ‘outside’ or ‘below’ consciousness and, on the other hand, immediately through our bodies as instantiating us in the world. Our corporeity thus can be construed in two paradoxical ways: “Either [the body] is a thing among other things, or else it is that by which things are revealed to me. But it cannot be both at the same time.”¹³ Indeed, this effectively frames Sartre’s distinctions between the body for Itself and the body for the Other: they are two distinct but connected spheres of being.

Consequently, for Sartre, our knowledge of the world is “engaged.” He writes: “‘To be is to-be-there’ ... ‘there in that chair,’ ‘there at that table.’”¹⁴ The simple fact that we have a body is proof of our contingency in the world; there are natural limitations to what we can and cannot do. Furthermore, it is this spatio-temporal contingency in which things are in front of us, behind us, or ‘not within our reach’ that, for Sartre, revivifies the “upsurge” of the body for Itself to utilize and manipulate it to our advantage.¹⁵ “The very nature of the for-itself demands that it be body; that is, that, its nihilating escape from being should be made in the form of an engagement in the world.”¹⁶ Human consciousness cannot escape embodied experience. We are trapped in our

given bodies while simultaneously yearning to overcome their contingent reality.

The second ontological dimension is the body for the Other. As opposed to the first dimension of embodiment in which the body is viewed entirely within the first-person (i.e., for Itself), the second dimension places the body under the third-person viewpoint of another. Sartre calls this the body's "other plane of existence."¹⁷ For instance, the location and operations of our organs are all accounted by means of the Other; the anatomy textbooks and medical studies that provide this information are explicitly not our own.¹⁸ My perception of my embodied self is inextricably linked to the gaze of the Other and, therefore, seemingly lacks the means to ground me as an autonomously conscious being. Hence, whereas Descartes's idea of consciousness is packaged into a version of solipsism, Sartre's metaphysical framework is radically influenced by and predisposed to social relations. Herein, lies the innovative paradox of Sartre's social ontology. For him, the reality of the body for the Other proves that my body can always assert a point of view as the 'Other's Other' and, thus, be brought to life by inter-personal relations.¹⁹ "Because of the mere fact that I am not the Other, his body appears to me originally as a point of view on which I can take a point of view."²⁰ Moreover, in Hegelian fashion, this encounter becomes an arena of conflict between the body for Itself and the body for the Other. Just as the master-slave dynamic amounts to a battle between two sets of consciousnesses, so, too, does Sartre see this realized in everyday lived experience. On the one hand, the body is for Itself and useful to its own field of activity. On the other hand, it appears for the Other as something that exists within their horizons of action, too. Recognition, consequently, takes place in contestation.

The conflict between the body for Itself and the body for the Other becomes decidedly dramatic in the third and final ontological dimension: the body for Itself as known by the Other. This phenomenological distinction becomes most apparent "with the appearance of the Other's look."²¹ Sartre states: "The shock of the encounter with the Other is for me a revelation in emptiness of the existence of my body outside as an in-itself for the Other."²² As we go about our everyday affairs we engage with our surroundings (i.e., seeing, smelling, touching, tasting, etc.); however, for Sartre, as soon as the Other enters into our horizon these sense perceptions now disintegrate into a different plane of action which the Other has now introduced and monopolized. "Thus, at the very moment when I live my senses as this inner point of view on which I can take no point of view, their being-for-others haunts me: they are. For the Other, my senses are as this table or as this tree is for me."²³ In the body for Itself as known by the Other, our consciousness of the world shifts channels and becomes redirected into the domain of the Other. To put it more precisely, to be seen by or caught under the gaze of the Other is to be comprehended by them. The Look signifies a rupture in consciousness; the ego's awareness of itself in lived experience becomes

petrified in time and space. Just as Sartre's famed voyeur is surprised on the stairwell by the stranger, so too does the cogito lose its capacity to authenticate itself in the comfort of an unimpeded social existence. The Look of the stranger on the stairwell flips the power dynamic of thinking away from the voyeur, leaving them existentially naked and without freedom.²⁴ Sartre's point is that the body is the essential locus of the shock and shift in consciousness that we feel while being perceived by others.

Sartre provides an example to further illustrate the relationship between the Look and what it means to be 'known' by the Other as an embodied subject. While volunteering for a medical experiment in Paris, he was placed in an examination room and, as he says, "remained in the Other's presence."²⁵ He writes that as a reflective subject he could apprehend other objects in the room (e.g., the table, the screen, and the lights), but as an embodied subject he was apprehended by the doctor as a mere object among these other objects. As Sartre puts it: "The illumination of the screen belonged to my world; my eyes as objective organs belonged to the world of the experimenter."²⁶ Previously presumed to be a transcendent subject capable of perceiving and reflecting on other objects in the room, Sartre was himself transcended by the doctor and reduced to an object. In short, his body was no longer for Itself. It became increasingly thematized by the Other—known by the Other. In this third dimension, subjectivity is relegated to a third-person point of view in which bodily movements and the possibility for engagement with the world come under the dominion of another's consciousness.²⁷

The account I have provided of Sartre's explanations of embodiment fits neatly with his phenomenology of pain and the significance of intersubjectivity to it.²⁸ The three ontological dimensions of the body correspond to Sartre's three stages of pain. The next section will demonstrate how this is the case and, moreover, how intersubjective relations can change the texture and meaning of the experience of pain.

Sartre on Pain, Illness, and Disease

Sartre's discussion of pain in the body for Itself begins with a vivid illustration for the reader. Imagine it is late in the evening; I am reading a book and I suddenly feel a slight onset of fatigue. At first, the fatigue is felt below consciousness, that is, I am not yet fully aware of it and cannot entirely apprehend it 'as fatigue' because my attention is focused on the book (i.e., the object of consciousness). However, I soon begin to feel a twinge of discomfort in my eyes as I strain to read the lines on the pages. As Sartre writes, "In all this the body is given only implicitly Pain is not yet considered from a reflective point of view."²⁹ So far, we have only "existed" the pain of fatigue; we have not yet localized or apprehended it as an object. We have only experienced it as "eyes-as-pain" or "vison-as-pain."³⁰ The body for Itself exists its pain; it does not yet know it.

Sartre then shifts the narrative bringing us to the edge of the second ontological dimension: “But now suppose that I suddenly cease to read and am at present absorbed in apprehending my pain. This means that I direct a reflective consciousness on my present consciousness or consciousness-as-vision.”³¹ Now, I have established a point of view on the embodied pain; I have made it into an object of potential knowledge as though it were something ‘out there’ like the lamp or armrest adjacent to me. Moreover, the pain is no longer interpreted as simply pain but as something just prior to an illness—that which can be diagnosed. The fatigue in the eyes is no longer merely a passive experience but nears a kind of reflective experience that puts the body at a distance below the mind which now actively strives to apprehend this newly emergent and strange phenomenon. The pain in the body, continues Sartre, suddenly takes on a pattern and rhythm of its own which has my full attention and keeps me constantly aware of when it strikes me, as though by an outside force. At this point, my urge is to locate and ‘catch’ the pain, preventing it from returning once more. The spontaneity of the pain irks me and resists my efforts at containing it, as though the fatigue has a life and mind independent of me. The pain seemingly eludes diagnosis; it ebbs and flows of its own volition according to its own melodic tune.³²

At this level Sartre asks: what has become of the body? It has yet to enter into the domain for the Other; it still remains as the body for Itself. What is presumed to be an illness at this stage (i.e., the pain of drastic, sustained fatigue as verifiably diagnosable), though rising in lyrical intensity, still remains within the bounds of my experience and feeds on my passivity to it.³³ *I alone* am dealing with the fatigue, both captivated and constrained by it. The pain remains an “affective objective” of mere feeling-sensations in which my conscious experience is only texturized further and makes me ever eager to comprehend this new phenomenon.³⁴

In the second stage, pain experience undergoes a new change and, therefore, brings us to the second ontological dimension. The experience is no longer slightly below reflection but advances into the realm of the body for the Other, in which the body is viewed from a third-person perspective.³⁵ By utilizing the concepts and tools of the medical community (i.e., the Other), the pain now becomes fully realized in the form of an illness in the precise sense of the word. Indeed, only by way of using these frameworks provided by the Other do I finally *know* my body’s experience of pain—“which I should in no case have been able to form by myself or think of directing upon my body.”³⁶ By assuming the third-person point of view of the Other (e.g., the medical community), I am finally able to turn my pain into an object and something which can be manipulated. However, the question then becomes *how* I go about overcoming this illness, that is, how I ultimately transcend my bodily ailment and heal the fatigue which continues to plague me. This brings us to Sartre’s third and final layer of pain experience: disease.

So far, we have learned that the fatigue-pain initially felt as a 'twinge in the eye' was affective and still below the realm of reflection. Then, the pain intensified and shifted my attention completely in its direction, enabling me to admit that the pain is radiating throughout my body, thus, opening the body's field of action for Itself. Later, the pain came to be defined and discerned precisely as an illness by way of consulting medical concepts provided by the Other. Now, in the final stage of the pain experience, the illness becomes construed as a disease due to the ontological dimension of the body for Itself as known by the Other.

The identification of the pain as disease occurs when the sustained, diagnosable fatigue becomes a perpetual object of apprehension by the Other (e.g., the doctor), which involves the Other's constant observation and intervention—their Look. The doctor's gaze produces a surging rush of thoughts as the news of treatment is moments away. The social suspension mounts in the examination room. This is precisely the moment of tension in which Sartre asserts that the patient is left with a choice. In this last stage of pain experience (i.e., disease), the patient living through the fatigue is brought to a dilemma: either continue to suffer (i.e., exist the pain as the body for Itself) or obey the advice of a doctor (i.e., flee the pain by allowing oneself to be the body for Itself as known by the Other). In Sartre's vocabulary, this amounts to the difference between submitting to the Look of the Other and accepting their subsequent diagnosis and treatment plan versus rejecting the Look of the Other and choosing an alternative path more readily in tune with one's individuality. It seems that Sartre would argue that in the former case we presumably shift the onus of our experience onto the doctor. As Sartre writes: "Thus another is responsible for my disease."³⁷ However, if we do not seek the doctor's treatment then the pain will continue to overwhelm us. Discerning between these two options is by no means an easy task; the choice is layered with phenomenological riddles. To be sure, Sartre conveys to us a critical question which strikes at the core of the situation: how do we preserve our subjectivity while at the same time submitting to the support and aid of another? We are caught in an existential flux, exacerbated by the Look of the Other.

Criticism and Defense of Sartre

Critics of Sartre's phenomenology claim that his ideas wrongly render the individual as an unfree, passive agent under threat from a more powerful and dangerous 'Other'. As early as 1946, Gabriel Marcel observed this difficulty within Sartre's philosophical arguments: "There is perhaps nothing more remarkable in the whole of Sartre's work than his phenomenological study of the 'other' as looking and of himself as exposed, pierced, bared, petrified by his Medusa-like stare."³⁸ Today, the same unnerving observation finds itself rehabilitated in a contemporary critique of Sartre's work and its relationship

to professional medicine. For instance, in “Sartre and the Doctors” Sarah Richmond asserts that Sartre’s ambivalence toward doctors is indicative of the structure of his phenomenological interpretation of pain. She argues that the patient who adheres to Sartre’s ontology of the body and decides to seek the help of a doctor is complicit in committing Sartre’s notion of bad faith.³⁹ Richmond’s ultimate premise for this conclusion stems from her reading that, for Sartre, to undergo illness and by extension the healing process of disease means “to be subject to the doctor’s Look.”⁴⁰ In as much as the patient remains under the third-person gaze of the doctor, they are incapable of remaining in the first-person field of action of the body for Itself. According to Richmond, the shift from the first-person perspective to the third-person perspective of experience implies that the individual has been reduced to an object and, therefore, is ‘caught’ and without freedom. The patient is known by another in a way that they themselves cannot lay claim to. Furthermore, to choose to remain in this state of being caught by the Other (i.e., intervention by the doctor) leads to bad faith.⁴¹ By forfeiting first-person responsibility of healing to that of the doctor’s methods, the patient willfully chooses to be reduced to an object by the Other.⁴² Thus, Richmond concludes that Sartre’s ontology of the body is unfit to answer questions related to healthcare practice because it does not allow for the shifting of responsibility to the doctor.⁴³

Richmond’s claim,⁴⁴ I would argue, is incomplete because it incorrectly approaches and misunderstands the notion of the Look and, consequently, the intersubjectivity of the doctor–patient relationship in Sartre’s account. Her assumption is that the doctor knows us in a way that we do not know ourselves which implies that the doctor is in control of the situation and is reducing us to a Sartrean facticity. The crucial paradox, however, is that we also know the doctor in a way that they do not know themselves. We can reverse the power of the Look. For instance, upon entering the examination room the doctor may ask us a number of questions and propose a series of tests including MRIs, X-rays, or simply take our pulse in which the body is reduced to a facticity to be known by the Other. During this time, we listen intently to the diagnosis results and treatment options meanwhile watching attentively how the doctor might carry out the healing process.⁴⁵ Furthermore, in this case, the patient can actually decline the doctor’s help after seeing their methods.⁴⁶ The Look of the patient enables this reversibility to occur. Upon analyzing the kinds of stratagems the doctor plans to implement, the patient remains free to reject them, challenging the doctor as they attempt to objectify the body and reduce the patient’s subjectivity (albeit for the sake of scientific precision). In this way, the patient retains their capacity of choice-making for Itself and, therefore, in principle, never necessarily or irrevocably sacrifices their freedom in the situation. Sartre refers to this capability to choose even after having been objectified by the Other as our “compass,” an organizing principle or original point of orientation which allows us to scope out the horizons in which we make choices as human beings within a socially dynamic world.⁴⁷ The Look, therefore, can be both deployed by the Other as

well as re-asserted back on them, since the patient can always reestablish their subjectivity over against the doctor and their medical practices.

To be sure, declining the doctor has serious consequences. Sartre himself admits that choices like these come with a price.⁴⁸ Our decisions, whether done in good or bad faith, always set the conditions for our future freedom and, thus, fundamentally reorient our way of being in the world.⁴⁹ Perhaps the patient's perception of the doctor was flawed; it is likely that an MRI, X-ray, or surgery would be of great benefit for delivering a cure to the patient. However, it is also possible that the doctor has made a mistake in their diagnosis of the illness. Herein lies the originality of Sartre's understanding of the layering of pain as an intersubjective experience. He identifies the tension inherent to our experience of pain, namely, that it is never only our own but rather is increasingly caught in a web of relations of alterity. When dealing with my pain, I am not acting within an insulated zone of private experience; my choice for or against certain treatments involves my own perception of my pain, the doctor's view of my pain, and my own perception of the doctor's perception of my pain. We are inescapably entangled with the Other as we try to surmount our ailments; moreover, it is this intersubjective tension which colors the stratification process of pain, illness, and disease at large. Our situational horizons influence and shape how we perceive and try to handle our pain. We exist our pain first-hand, but the doctor's diagnosis and treatment occur from the third-person point of view. The Look does not create this tension *per se* but rather unmasks it and puts it in view of the individual. Though the shock of this kind of social reality can incur a sense of frightfulness and awkwardness, it nevertheless provides a grid in which individuals are better suited to navigate the situations that they find themselves in.

While Sartre is generally labeled a skeptic of professions, he is not an anarchist of modern medical practice. Importantly, his insights address a frequent, yet commonly overlooked, intersubjective dynamic between doctors and patients: the double effects of the Look. He, therefore, provides a phenomenological paradigm by which to locate different points of views (i.e., first-person versus third-person) and how these can lead to tense asymmetries between the two groups concerning the experience of pain. In seemingly ironic fashion, Sartre's recognition of these socially layered variations in pain consciousness also parallels a growing movement within healthcare practice to seek second opinions. In fact, this has become a widespread cultural phenomenon; patients seek second opinions in order to avoid becoming trapped in a third-person treatment that they believe is not conducive to who they are and to the pain they themselves are undergoing. This kind of choice is not only welcomed within the healthcare community but also coincides with Sartre's phenomenological understanding of freedom. In Sartrean terms, the decision always rests with the individual, and they alone are responsible for the consequences of their choices. Freedom, for Sartre, is always about

mapping the subtleties of responsible living. The consequences of the Look can just as easily be redemptive as they can be aggressive.

What was previously taken to be a situation of being for the Other (i.e., of being without freedom) has reversed in favor of the patient and become redefined as being for Itself. In seeking the second opinion after ‘seeing’ the first doctor the patient shows that they are not completely caught in a moment of bad faith.⁵⁰ While the doctor may be the one providing a treatment strategy for the disease, the patient is the one who ultimately perceives the doctor’s opinion and decides whether or not they would like to pursue the treatment with them. The patient, in making this decision, transcends the doctor and reduces them to the practical skills and medical expertise which they offer. This is in fact the process by which patients generally make healthcare choices today; they objectify a diverse array of providers in order to apprehend what the most optimal option appears to be. In so far as this is the case, the patient maintains being for Itself; they modify the meaning of the situation and thus reclaim it. Just as the patient’s body exists within situational horizons, so too does the doctor’s body. Freedom occurs through our ability to reshape the situation to a constructive advantage. This existential pivot in social relations is always a possibility.⁵¹

It would be wrong to reduce the doctor-patient relationship to only a competition of rivals; however, Sartre’s assertion of the intersubjective tensions concerning pain resonates with experience nonetheless. For instance, when we visit the doctor, we have a sense of anxiousness deeply associated with a fear that we will *become* the ‘bad news’, namely, the disease that the doctor diagnoses and treats. As a result of this third-person objectification, one fears the risk of losing contact with oneself, of being reduced to a mere object for perpetual examination and intrusion.⁵² Furthermore, just as we become an object for the Other (i.e., the doctor) we also increasingly become that object for ourselves. The diagnosis of pain as an illness and the continuous treatment of it as a disease can lock us in a facticity as known by the doctor. Today’s medical establishment frequently employs physiological and statistical tools that tend to objectify our bodies as amalgams of matter and nerves.⁵³ In this way, our lived body can be easily forgotten and lose its texture as a first-person consciousness for Itself. For Sartre, it is necessary that individuals remain in possession of their lived experience and thus maintain an attitude capable of unlocking critical—but productive—modes of seeing others in action.

As I have been arguing, a proper theory of pain must be able to recognize the intersubjective tension of the first-person versus the third-person inherent to our experience of pain. Indeed, this is what Sartre himself appears to fear about the role of overly invasive clinical practices, as alluded to in his work. He worries that the lived body in these situations becomes a body for the Other. This shift can radically modify how we look at ourselves because, as Sartre demonstrates in his ontological dimensions of the body,

how we look at our own body also stems from how the Other views it. Though not inevitable, this third-person point of view can threaten to rob us of personal meaning. Sartre's phenomenology effectively recognizes the kind of flight which the look of the doctor as the Other can induce on the body for Itself, consequently, tilting the balance beam of meaning away from the patient and towards the doctor. Importantly, Sartre believes that we can recover our individuality within these compromising situational horizons by recalibrating our consciousness of who we are for ourselves in relationship to who and what is outside of us. In this way, we can rebalance the doctor-patient dynamic, for instance, by seeing the situation differently (i.e., as a first-person consciousness). Sartre's phenomenology, I would argue, emboldens us to view ourselves from the first-person (e.g., for Itself) in order to avoid being frozen in the third-person (i.e., for the Other). Considering pain from the first-person viewpoint reminds us that that pain fundamentally entails an experience of, as Sartre states, "our living it."⁵⁴ The problem is not the presence of the doctor; their aid and expertise is integral to the healing process. Rather, Sartre is identifying what we naturally take for granted in this environment, which is to say that inter-personal relations necessarily imply the shock of another's assessment of us thereby complicating how we see ourselves in lived experience. Hence, we need to be aware of the possibility of objectification and maintain our first-person viewpoint when making medical decisions.

In sum, Sartre's presumable ambivalence toward doctors as an intersubjective experience does not lead to a definitive rejection of the medical establishment. Rather, his "ambivalence" better reveals our relationship to pain as a layering process in which the Other (e.g., the doctor) interrupts our first-person experience and, thereby, changes its texture. In other words, Sartre seems to suggest flipping the doctor-patient dynamic and rearranging it so that the patient maintains a free voice within the situational horizons of the healing process (e.g., their ability to seek second opinions for treatment options). Sartre wants us to realize how the experience of being for Itself illuminates the intricateness of the healing process and the decisions that accompany it. Moreover, understanding the intersubjective layering of pain operative in Sartre's phenomenology—as seen in the doctor-patient relationship—allows us to better comprehend our own, meaningful subjective experience of pain, thereby, renewing our sense of personal freedom in diverse fields of human interaction.

Concluding Remarks

Sartre's phenomenology uncovers original insights in pain, explicating details that deepen the everyday experience of it. While critics such as Richmond may acknowledge the vivid character of his interpretative vision of the experience of pain, she is unable to accept the practicality of his notion of the

Look, for it seems to undermine the possibility of medical treatment. Her criticism, after all, centers on the supposed inevitability of bad faith, as though the patient accepts being locked into an objective existence while under the doctor's gaze. In short, this accepted objectification in the third stage of the disease, consequently, leads to bad faith. Seen from this angle, Sartre is construed as a cynic of science. I argue, however, that critics like Richmond have misinterpreted his notion of the Look, especially in the third ontological dimension. While his idea of freedom does hinge on competitive-like view of social existence that is most explicitly found in the Look, nevertheless his understanding of the simultaneous social layering of pain contains remarkable subtleties. As I have argued, the problem of intersubjectivity in relation to professional medicine has been approached from an incorrect angle. I showed this to be the case in three ways.

Firstly, I began by defining the three ontological dimensions of the body: the body for Itself, the body for the Other, and the body for Itself as known by the Other. Secondly, I demonstrated how Sartre interweaves the experience of pain through each distinction of embodiment, thus, showing what it means to undergo pain, to have an illness, and to cope with a disease. In this way, I made apparent the idea that pain is fundamentally an intersubjective experience in which each dimension of the body reflects the rising presence of the Other as we undergo our pain and try to surpass it. Lastly, I provided evidence that Sartre's existential-phenomenology of pain contains within itself a situational openness to affirmations of freedom. Consequently, I defended Sartre's phenomenological account against Richmond's accusation that his theory of pain is not conducive for professional medicine. My conclusion was that her criticism lacked a complete explanation of Sartre's interpretation of the Look involving pain in the body, particularly in the form of the doctor-patient relationship. As Sartre shows, the Look incurs a deep uneasiness and awkwardness about ourselves and our relationship to others; moreover, these can be exacerbated in situations where our natural limitations appear in view of others. However, the existential linkage between consciousness of pain and social life offers a paradoxical affirmation of freedom: we can at any time choose to flip the power dynamic of the situation by re-taking the Other under our gaze. The notion of freedom is wholly operative in his account but its intricacies indicated in the reversibility of the Look were overlooked by his recent critics.

Sartre's account in *Being and Nothingness* by no means exhausts the growing phenomenological discussions of pain experience. However, re-exploring the insights of his phenomenology of embodied consciousness, especially in connection with the Look, clarifies crucial questions about the intersubjectivity of pain and the doctor-patient dynamic. Pain is a highly interpersonal experience that beckons us to consider asymmetries that might occur between the patient and the physician who operates on them. We, therefore, ought to be aware of the escalating presence of the Other (e.g., the

doctor) and the ways it can potentially alter the lived experience of how we perceive and feel our pain as our own. Sartre might appear to be agnostic—even pessimistic—about the social circumstances surrounding human pain, but he nevertheless provides avenues by which his ideas can be thought anew and with ever-appealing decisiveness.

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- ¹ For a perspective which uses the ideas of Martin Heidegger and Hans-Georg Gadamer, see Fredrik Svenaeus, *The Hermeneutics of Medicine and the Phenomenology of Health: Steps Towards a Philosophy of Medical Practice* (Dordrecht: Kluwer Academic Publishers, 2000). Svenaeus also highlights and critiques Sartre's notion of pain in the body; see Fredrik Svenaeus, "The Phenomenology of Falling Ill: An Explication, Critique and Improvement of Sartre's Theory of Embodiment and Alienation," *Human Studies* 32, no. 1 (2009). For a framework that uses both Maurice Merleau-Ponty and Martin Heidegger, see Havi Carel, *Phenomenology of Illness* (Durham: Acumen Publishing Limited, 2013); also see Havi Carel, *Illness: The Cry of the Flesh* (New York: Oxford University Press, 2016). For a Husserlian framework involving affectivity and intentionality, see Saulius Geniusas, *The Phenomenology of Pain* (Athens: Ohio University Press, 2020).
- ² Although Sartre, at times, spells these concepts in the lower case in *Being and Nothingness*, I write them in the upper case in order to convey their phenomenological significance as conceptual frameworks throughout the essay.
- ³ In *Being and Nothingness*, the three dimensions of pain experience—pain, illness, and disease—come from the French words *douleur* (meaning bodily aches or soreness), *mal* (meaning recurrent pains or ills), and *maladie* (meaning a full-blown ailment or infirmity which constrains at all times).
- ⁴ To further clarify, Sartre's ontological dimensions do not subscribe to either naturalism or social constructionism. These latter two positions rely either on biological causal mechanisms (i.e., naturalism) or on external socio-cultural constructs (i.e., social constructionism) to explain pain. Sartre's analysis, in contrast, relies on an existential-phenomenological approach which focuses on how we exist things in themselves, namely, pain in itself apart from outside definitions or attitudes of the experience which tend to take the uniqueness of it for granted.
- ⁵ For further reading and criticism of Sartre's reliance on the notion of the Other to understand the experience of pain, see Fredrik Svenaeus, "The Phenomenology of Falling Ill: An Explication, Critique and Improvement of Sartre's Theory of Embodiment and Alienation."
- ⁶ The criticism that Sartre's phenomenology of pain inescapably results in bad faith by virtue of his definition of the Look will be addressed directly in the pen-ultimate section of this essay.
- ⁷ See Jean-Paul Sartre, *Nausea*, trans. Lloyd Alexander (New York: New Directions Publishing Corporation, 1964), 4-5, 16-18, 98-99.
- ⁸ Jean-Paul Sartre, *Being and Nothingness: An Essay on Phenomenological Ontology*, trans. Hazel E. Barnes (New York: Philosophical Library, Inc., 1956), 347. According to Sartre, the body is

construed as the object *par excellence* of the human psyche; it is ever-present to us in waking life and in dreams.

⁹ Sartre, *Being and Nothingness*, 304.

¹⁰ See Dermot Moran, "Sartre on Embodiment, Touch, and the 'Double Sensation,'" *Philosophy Today* (2010): 136 -137.

¹¹ *Being and Nothingness*, 351.

¹² *Being and Nothingness*, 323.

¹³ *Being and Nothingness*, 304

¹⁴ *Being and Nothingness*, 308. Here, Sartre refers to engagement in the world as an ontological necessity.

¹⁵ *Being and Nothingness*, 322. As Sartre writes in poetic fashion: "Thus, the world from the moment of the upsurge of my For-itself is revealed as the indication of acts to be performed; these acts refer to other acts, and those to others, and so on The thing perceived is full of promises; it touches me lightly in passing, and each of the properties which it promises to reveal to me, each surrender silently consented to, each meaningful reference to other objects engages the future."

¹⁶ *Being and Nothingness*, 309.

¹⁷ *Being and Nothingness*, 339.

¹⁸ *Being and Nothingness*, 303.

¹⁹ For further explanation about the assertion of points of views and knowledge of the Other, see S. Kay Toombs, *The Meaning of Illness: A Phenomenological Account of the Different Perspectives of Physician and Patient* (Boston: Kluwer Academic Publishers, 1992), 58-60.

²⁰ *Being and Nothingness*, 340.

²¹ *Being and Nothingness*, 351.

²² *Being and Nothingness*, 352.

²³ *Being and Nothingness*, 352.

²⁴ *Being and Nothingness*, 259-261.

²⁵ *Being and Nothingness*, 311.

²⁶ *Being and Nothingness*, 311.

²⁷ Sartre calls this ontological movement "transcendence - transcended" (*Being and Nothingness*, 291-292, 339).

²⁸ For further reading on the body and intersubjective relations in Sartre's ideas, see Luna Dolezal, "Reconsidering the Look in Sartre's 'Being and Nothingness,'" *Sartre Studies International* 18, no. 1 (2012).

²⁹ *Being and Nothingness*, 332.

³⁰ *Being and Nothingness*, 333.

³¹ *Being and Nothingness*, 335.

³² *Being and Nothingness*, 336.

³³ *Being and Nothingness*, 337.

³⁴ *Being and Nothingness*, 337.

³⁵ *Being and Nothingness*, 355. While it is apparent that Sartre is arguing to treat illness from a reflective point of view, it does not follow that illness automatically and immediately leads to the body for the Other. In his discussion of pain for the Other, he explicitly states that in prior sections “we had to stop midway in our description because we lacked the means to proceed further” (355). By this I take him to mean that the “magical” and “melodic” character of pain impeded our chances at a full reflective treatment of it in which we fully apprehended it as an object. In other words, the pain still appeared to evade diagnosis. Indeed, in this context, we can finally see that only by way of utilizing the language and intellectual tools of the Other do we initially gain a transcendent position over and against the pain and can truly call it as an illness.

³⁶ *Being and Nothingness*, 355.

³⁷ *Being and Nothingness*, 356.

³⁸ Gabriel Marcel, *The Philosophy of Existence*, trans. Manya Harai (Freeport, NY: The Philosophical Library, Inc., 1969), 51.

³⁹ For a succinct discussion of Sartre’s notion of bad faith in *Being and Nothingness*, see Dermot Moran, *Introduction to Phenomenology* (London: Routledge, 1999), 385-389.

⁴⁰ Sarah Richmond, “Sartre and the Doctors,” *International Journal of Philosophical Studies* 18, no. 4 (2010): 519.

⁴¹ Sarah Richmond, “Sartre and the Doctors,” 520.

⁴² “Sartre and the Doctors,” 528.

⁴³ “Sartre and the Doctors,” 518. Richmond puts her points plainly: “Sartre’s phenomenology is not suitable for this task.”

⁴⁴ Richmond’s analysis, though incomplete concerning the issue of bad faith, does revitalize an important development which other phenomenologists have explored: the stratification process of pain experience. For particular discussions on this general topic, see Saulius Geniasas, “Pain and Intentionality,” in *Perception, Affectivity, and Volition in Husserl’s Phenomenology*, ed. Roberto Rubio, Shigeru Taguchi, and Roberto Walton (Springer International Publishing AG, 2017), 113-133. Geniasas frames this phenomenological discovery in terms of Husserl’s solution to a debate between Carl Stumpf and Franz Brentano. Indeed, Geniasas further shows that Sartre’s analysis of pain actually coincides with Husserl’s conclusion that pain begins affectively below reflection but later moves into the domain of reflective consciousness as an intentional experience (116 - 126).

⁴⁵ Another point might be further considered here. The patient can ‘read the room’ in trying to understand whether or not this particular practice or physician displays certain qualities that coincide with what they feel is important to the healing process. For instance, the doctor may be impolite or seem to convey a lack of focus; they might even have cold hands or halitosis. These things are not only valid reasons to decline treatment but also ways in which the patient knows the doctor in a way that that doctor does not know himself; their transcendence is transcended.

⁴⁶ Havi Carel cleverly puts the situation’s reversal this way: we “can touch back” (*Phenomenology of Illness*, 53).

⁴⁷ *Being and Nothingness*, 463-464, 475.

⁴⁸ *Being and Nothingness*, 454.

⁴⁹ *Being and Nothingness*, 464.

⁵⁰ This coincides with Sartre's notion of transcendence - transcended whereby being for Itself establishes a position over and against the Other and lays claim to the situation (*Being and Nothingness*, 291-292, 339).

⁵¹ *Being and Nothingness*, 350.

⁵² If I may add a personal note to this observation. I myself suffer from two herniated discs which make simple activities like walking, sitting, eating, and sleeping very difficult and painful to accomplish. Furthermore, I objectify myself as a result of the doctor's diagnosis; I treat and see myself as the diagnosed disease (e.g., as 'the herniated discs'). This kind of attitude, in Sartre's terms, reduces me to a facticity and constrains my possibilities in the world.

⁵³ For further discussion on the general importance of the first-person experience of pain and rising levels of asymmetry between patient and doctor in today's medical climate, see Fredrik Svenaeus, *The Hermeneutics of Medicine and the Phenomenology of Health: Steps Towards a Philosophy of Medical Practice*, 29-33, 146-148.

⁵⁴ *Being and Nothingness*, 463. The point of orientation must be accommodating to the first-person experience of the patient's pain. For further reading on this kind of stance and the importance of the lived body in a Husserlian context, for instance, see Saulius Geniusas, "The Subject of Pain: Husserl's Discovery of the Lived-Body," *Research in Phenomenology* 44, no. 3 (2014).