

## **The Communication of Physical Pain in Clinical Practice: From Subjective Experience to Intersubjective Expression**

This project offers a philosophical analysis of physical pain as an experience that integrates three dimensions: (1) the subjective and private nature of pain, (2) its intersubjective components, which influence how pain is experienced, and (3) the possibility of communicating and objectifying pain through verbal /non-verbal expression. The objective is to address the following research questions:

1. What does it mean that pain is a subjective experience? What constitutes the subjectivity of pain?
2. How do intersubjective and social factors shape the experience of pain?
3. How is effective communication with a person in pain possible in clinical practice? How can an experience that is so deeply subjective and private be expressed?

The project starts from a premise, common in philosophical discourses on pain, that pain is a private and subjective experience. Privacy means that we cannot have direct cognitive access to another person's experience. Unlike perception, where an external object can be observed by multiple subjects, physical pain is a purely internal experience. Subjectivity, in turn, refers to the fact that pain is lived through a first-person perspective. This aspect is also emphasized in the definition by the International Association for the Study of Pain, where subjectivity is recognized as one of the core attributes of pain. The existence of pain depends solely on the individual's feeling and doesn't have to be associated with objectively identifiable tissue damage. For example, a hypochondriac reporting physical pain may be mistaken about their physical condition, yet their experience of pain remains real. The subjective and private nature of pain poses a challenge for clinical practice, as pain cannot be observed or externally measured.

Sociological studies, however, show that pain is not a purely subjective experience—it also contains an intersubjective components. In other words, the meaning of painful experiences can be shaped and shared through interpersonal relations. Our understanding of our own pain and the ways we express it, are embedded in socio-cultural contexts and intersubjective interactions. Particularly important is the relationship between patients and medical staff, as diagnosis and effective treatment depend on the quality of communication. Research indicates that patients feel psychological and physical relief when they believe their experience has been understood. This can even influence the perceived intensity of pain. Therefore, it is essential to adopt a biopsychosocial model, which portrays pain as a phenomenon that merges subjective bodily sensation with psychological and social aspects. These layers aren't separate but mutually influence one another—a perspective central to the second research question.

The third research question concerns how physical pain—subjective and difficult to communicate—can be expressed. Linguistic research indicates that pain is most often described using metaphorical language, frequently based on analogy (e.g., “it feels like pins are being stuck into me”) and is therefore relatively imprecise. The project will include an analysis of pain questionnaires commonly used in clinical practice, aiming to identify and examine the most frequent metaphors and how they relate to patients' actual experiences. The Conceptual Metaphor Theory will be applied here, as it allows for the exploration of the cognitive and communicative functions of metaphor. These analyses will be complemented by phenomenological approaches to embodiment and imagination, which will help reveal the complexity of the experience of pain and the role of imagination in its expression.

**Hypothesis:** Physical pain is a complex experience. At its core lies a subjective and private bodily sensation, upon which intersubjective elements (e.g., meaning-making and expression) are constantly layered. These components aren't isolated but rather interwoven, mutually shaping and transforming the subject's inner experience. For this reason, it is necessary to adopt the biopsychosocial model of pain, which accounts for its multiple layers. The expression and communication of pain are possible precisely because of its intersubjective dimensions. They rely on metaphorical language, whose comprehension depends on shared, embodied imaginaries related to pain. For example, the use and understanding of a statement such as “it feels like someone hit me with a hammer” requires an embodied imaginative sense of what being struck with a hammer feels like—even if neither the speaker nor the listener has actually experienced it. Imagination, therefore, allows a transition from subjective sensation to intersubjective meaning-making and expression.