

External Examiner's Report on the Dissertation of Vojtěch Linka

Approaches to Pain in Classical Greek Philosophy and Medicine

Submitted in 2023 at the Department of Philosophy and Religious Studies

I. Brief summary of the dissertation

This thesis addresses the concept of pain in ancient Greek classical cultures, looking at the genres, vocabulary and ideas expressed within three realms: poetry and high literature, medicine, and philosophy. The questions asked concern the origins, typology and meaning of pain in a variety of Greek classical and early Hellenistic texts, highlighting the dialogue, influences and points of contact across medicine and philosophy. The inclusion of close scrutiny of the medical material, focusing on the clinical (the *Epidemics*), dietetics and gynaecology is a welcome addition to the more abundant scholarship and studies on philosophical ideas. In this work, pain is largely objectivised – there is little query about the individual, private, reflexive experience of pain, whether traceable or not behind the discussion by a third party (be it a philosophical commentator, or a physician). Also, the scrutinised 'pain' is nailed to a precise lexical range and to explicitude of mention, rather than interrogated as a range or as a problem; the approach is 'positive', understanding pain first and foremost as symptom, as physiological phenomenon, and as instrumental to ethical self-improvement.

II. Brief overall evaluation of the dissertation

This is a competent examination of a large body of Greek material, carefully selected against a clear set of research questions and themes. It is certainly deserving of the award, not only for its thoroughness but also for the novelty of its extensive engagement with medicine in the chosen connection, and the attempt to build a bridge between medical observation and practice and more often scrutinised genres. A few queries and methodological objections remain, as well as smaller points, which I suggest leave room for revision for future publication - I welcome a chance to discuss these during the defence.

III. Detailed evaluation of the dissertation and its individual aspects

1. Structure of the argument

[Is the argumentation lucid throughout? Is it always clear what the author is attempting to express and why he/she is doing so at specific instances in the text? Is the dissertation clearly structured? Is the dissertation aimed at achieving a clearly set objective and is the author successful in following this objective?]

The dissertation is structured clearly around a fixed set of questions vis-a-vis the chosen corpus of primary sources: what is pain, are there different 'kinds' of pain, what is its meaning/'role' (as first set out at p. 10). The sources considered are also clearly delimited in terms of texts, authors or groups of authors (literature, medicine, philosophy) up to the 4th

century BCE. At the end of each section a summarising section ‘Conclusions’ is offered, which both synthesises and interprets the findings. The general conclusions too are very helpful, and so is the introduction; the objective of the research project is so to say delivered. This neatness comes at some cost, and at times some rigidity and simplification could be felt, with respect to three aspects in particular:

- The neat distinction between genres, groups of sources, authors, disciplines, sometimes reliant on conventional labels: ‘the presocratics’ (p. 12 and ff.); ‘From Homer to Demosthenes’ as ‘context’ to medicine and philosophy (26 ff.); see discussion in p. 17 ff.
- The ‘lexical’ fallacy: are you sure that the terms you quote at p. 10, 14, 50, 71 (ἄλγος [*algos*], λύπη [*lupē*], ὄδυνή [*odunē*], πόνος [*ponos*] and their cognates) are enough to cover, or even represent this elusive object of inquiry – ‘pain’? You write ‘such as...’, but in fact the analysis focuses on these terms only. One missing item springs to mind: *pathos* and the verb *pascho*, admittedly a difficult and wide-ranging semantic group which is however relevant to the discussion, especially since a ‘neutrality’ of pain is important to some of your points (pain is unpleasant, but can be useful – as medical sign – or worth it in the name of a greater good – therapy, exercise, ethical improvement)
- The risk for optical distortion, so to say, in posing the same questions (those at p. 15: what is pain, what kinds of pain are there, what is its meaning/‘role’) for very different authors and communicative contexts and then building on the compatibility of the answers (or not). These three are questions philosophy is more equipped to address: tragedy, or medicine, would perhaps have readier answers, or interest, to questions such as ‘why do we feel pain’, ‘what should we do against pain’.

It is well known that some of these ‘simplifications’ are the necessary constraint posed by the limited space and scope of inquiry of a PhD dissertation; they give rise however to some questions which are worth exploring, and developing further in future publications (see below)

2. *Formal aspects of the dissertation*

[Is the author coherent in the use of abbreviations, syntax of bibliographical references, transcriptions of foreign terms, etc.? Are the footnotes formatted correctly? Is the language of the dissertation grammatically correct and free of linguistic infelicities? Is the dissertation visually well-presented, and graphically well-formatted?]

The thesis is professionally presented and well written in a correct and fluent English, building its argument clearly and structuring the sections in a fitting way. The referencing style and bibliographical parts are also properly presented.

3. *Use of sources and/or material*

[Does the author work transparently with secondary sources? Are all relevant sources made

use of? Are the primary sources used properly and reference made to their original language wherever appropriate? Are the sources employed in a methodologically correct manner?

The author engages in a suitable and mature way with the scholarship considered; I only noticed one major lacuna, the lack of mention of D. King's 2018 monograph on pain, which is at least the last major study devoted to the topic and gives space to medicine and contemporary medical-psychological theory. It focuses on the empire, but of course many of the themes and cultural premises are valid for the ancient world as a whole.

As far as primary sources are concerned, the candidate engages with the original texts competently and with attention to linguistic and terminological points; there is some occasional superficiality or naiveté in assessing the semantics of the chosen terms, and in searching for nuancing and/or giving up to impossibility to distinguish such nuances: a more precise analysis, however, would have belonged to a less broad ranging study, one focusing on one author or instance only. Also, some aspects of the categorisations ('Homer', 'Hippocratic texts', 'Presocratic', 'Plato', 'Aristotle' may appear, at times, to create a mechanical progression along a gallery of canon giants: perhaps a thematic rather than 'by author' organisation would have worked better in the case of important topics (e.g.: 'pain of the soul', emotions, etc).

4. Personal contribution to the subject

[Is the dissertation merely a compilation of information, or does the author employ the primary and secondary sources to propose an original, organically formulated contribution to the field?]

While it is true that the compilatory and survey component is important in this work, if in some part more than in others, there is also original value in the attention paid to medicine, and in the interest in what a reading of medicine and philosophy as being aware of each other can give (along the lines traced by recent research, especially Ph. van der Eijk's, as the candidate is well aware, pp. 11 ff. especially). The synoptic perspective of the dissertation allows the author to notice and highlight macroscopic differences – for example, the topic of localisation vs. 'holism' qualifying Aristotle's vs. Plato's understanding of pain respectively; the association of pain with the body part in which pain is felt in the medical sources; individual valuable insights, e.g. in the sections on gynaecology and dietetics.

IV. Questions for the author

[You may wish to propose several questions for the doctoral candidate to address at the defence. It is possible to do so in the form of a more extensive critical analysis of the dissertation. However, if you do so, you are advised to arrange your main questions into

separate points.]

I have various questions, which do not always signal points of objection or disagreement on my part; some are invitation to think further, or just open questions and points of interest. I focus more on the medical, literary and methodological parts, where my own expertise and research are more relevant:

1) Medicine as 'precursor' of philosophy: this is a strong way of putting it (p. 16). It is worth discussing the features of this relationship: common question, shared practitioners, use of medical imagery in philosophy, of philosophical language in medicine? These are different levels of interaction. Also, at p. 18 a combination of authors is offered, where Democritus, Diocles, Theophrastus are grouped together as philosophical authors interested in medicine (yes?) in a rather short way that left me curious to understand more about your views.

2) What is the methodological reasoning behind beginning the dissertation with literature (over 50 pages – so more than just a quick mention) and only then address medicine? Or even of putting them together in a dissertation which mentions in the title specifically philosophy and medicine. Why is it important to include literature/poetry, and how do you conceive of these cultural products in relation to medicine and philosophy? What is the relationship poetry/culture, philosophy/medicine? You thematized the relationship between the latter (philosophy and medicine), but the use of poetry and literature appears to be considered somehow to be self-explanatory, and abandoned in the second and third parts and at p. 59 the two seem to be understood as neatly separated.

3) What is the role played by genres and modes of cultural productions, of audiences, and occasions? These differences seem to be elided from your account

4) What about the pitfalls and risks of 'asking everyone the same question' – your questions are questions philosophers are best equipped to answer. Is this correct to say that your dissertation looks at the material through the lenses of philosophy?

5) How is subjectivity and individual experience related to how pain is more theoretically conceptualised? Is this individual experience even accessible? This is an issue for medicine, but also in the discussion about Plato (p. 90) in relation to pleasure, ethics, self-control. At 176 experience is mentioned though. The importance of the issue (pain as subjective experience, the pain 'felt') is especially conspicuous at pp. 58 ff., on pain as symptom in gynaecology. A 'female pain' and a 'general pain' are distinguished: is that so for the experiencing sufferers, in the taxonomy proposed by doctors, in the historiography, in the present discussion...? What about the elusive character of pain in the perception of the outside world? I feel that the subjectivity of pain, which is irreducible, could have received greater and more explicit attention.

6) lexicality. You proceed, in your research, by highlighting a group of core 'pain' terms: ἄλγος, λύπη, ὀδύνη, and πόνος and analysing them in context (p. 15). Of course, this is a place to start and complete coverage is never possible; still, you do not articulate a full justification for this restricted choice. For example, do you consider cognate terms (verbs, participles, adverbs,

adjectives), to be also relevant, or even identify variations in relevance depending on forms? This might change the picture about the meaning and use of one term or the other. What about linguistic evidence beyond the restricted vocabulary – for example, metaphors and general imagery which convey pain? Or “clouds” of related concepts, such as heaviness, torture, desperation..? Or how about the embodiment, and enactment of pain, fundamental in medicine, conveyed – for example – by symbolic or token gestures and behaviours such as screaming or silence, hiding oneself, self-isolation? Especially in literary sources these are surely very important - while partly in medicine and especially in philosophy substantives may well be the main ‘signposts’ for a topic of discussion.

7) What about religion, absent from your presentation of the ‘theoretical framework’ on p. 14? You mention ethical projects, training, and generally self-improvement as one of the spheres which make pain meaningful. Especially in the discussions involving poetic sources, but perhaps also on the background of philosophical ones (e.g., in the *Phaedrus* 251 a-c, the growing of the wings and the discomfort associated with it, similar to teething pain), I would have expected some mention of the role played by ‘destiny’ and its fulfilment as human participation in a divine plane of existence to come into play. When Aeschylus speaks of *patheimathos*, learning through pain (perhaps – or ‘direct experience’, undergoing things) he evokes a religious as much as sapiential wisdom acquired through suffering.

7) at p. 14 ‘current medical science’ is mentioned: to what extent is a neuro-scientific, or psychological approach to pain important to this discussion? That hint is not picked up later it seems.

8) p. 26 (and 31): I found the claim that in the *Iliad* pain should be visual more than verbal, quite puzzling. Is it not more the way you/we read the *Iliad* as poetry that determines that impression? The Hippocratic *Epidemics* are quite visual too. Also, the ‘shift’ seen in the *Odyssey* should have been clarified a bit more (an interesting point to mention is the possible/received etymology of the name Odysseus, in connection to endurance of pain or hatred). Here I found that some more attention to genre and literary conventions would have paid off. Same for the use of Hesiod, and tragedy.

9) emotional pain is evoked various times, especially in connection with the literary sources. A bit more space could be given to the positioning of emotional pain vis-a-vis physical - this opens a huge chapter on the emotions in general, and *lype*. E.g., at pp. 87 ff. pain and psychology emerge in combination: a tighter discussion of this topic, its thematisation would have been worth (see also 146 ff. on Aristotle)

10) on the Hippocratic writings (*Epidemics*, dietetics, gynaecology): in the discussion of some of these it becomes evident how composite and varied the vocabulary of pain can be, making the focus on the limited number of terms more problematic (e.g., p. 54); and indeed, at p. 56 the thesis that there is no particular rule behind the use of one term or the next is put forth. These are largely unanswerable questions, I agree: but the issue expose the limitations of a lexical approach (see my question 6).

11) a smaller point: at p. 89 in medicine and philosophy, you say, pain can be integrated (and

be 'positive', as I understand it), in two senses: as diagnosis, and in painful treatments. I find the coupling of these misleading. Pain as indicator for diagnosis is useful *qua* pain – as it shows where-what the problem is. Painful therapy, just like bitter medicine, is not useful *qua* unpleasant, it is just accidentally unpleasant – so not exactly relevant to the analysis. An analogous issue arises at p. 128: pain in exercising and pain as the price to pay for acting courageously in battle are not the same. Proper training is impossible without the pain of straining oneself: without perceived pain and effort there is no training of the muscle (in our current way of putting it). If in battle one is strong, courageous, *and* lucky, instead, he might well go through it with no pain at all...Just a point for clarification.

I repeat: these are mostly questions for discussion and for future developments, and do not detract from my appreciation of this work.

V. Conclusion

I provisionally classify the submitted dissertation as ***passed***.

It is obvious that the candidate has placed much effort and study in this dissertation. A great amount of primary sources have been read and searched, and much relevant secondary literature has been consulted and profitably used; at times deeper engagement and discussion would have been possible, but on the whole this is a sound piece of work, both surveying exhaustively and contributing a less studied connection between medicine and other genres. Several exciting themes emerged (ethics, training and pain; localisation, pain and psychology; pain, body and soul; pain as fundamental semiotic marker; the possibility of gendered or specific pain; and more); not all could be developed fully, and the many insights remain as potential for the future, perhaps as articles or further studies.

Berlin, 27.09.23

Chiara Thumiger