Critical comments on Williams and Craig’s recent proposal for revising the definition of pain

Andrew Wright & Murat Aydede

Amanda Williams and Kenneth Craig has recently proposed to revise the definition of pain [2]. We have two major concerns. First, their proposed definition excludes experiences which are pains and includes experiences which are not pains. Second, describing the affective quality of pain affect in terms of ‘distress’ rather than ‘unpleasantness’ is confusing.

W&C’s desire to highlight the importance of psychosocial aspects of pain is laudable from the standpoint of assessment and treatment, and we agree that the IASP’s definition needs revising. However, the IASP’s definition is a taxonomic definition and as such it is not the appropriate vehicle for this emphasis. The purpose of a taxonomic definition of pain is to express the conditions required to pick out all and only pains. Any non-pain experience which is included and any pain experience which is excluded by a definition of pain provides good reasons to reject that definition. According to W&C’s proposed revision, something is a pain if, and only if, it is a “distressing experience associated with actual or potential tissue damage with sensory, emotional, cognitive and social components”. Each of the condition cited by W&C is proposed to be individually necessary and jointly sufficient for something to be a pain experience. We think that there are plenty of experiences that satisfy all the conditions but are not pains, and there are many that are clearly pains but do not satisfy all the proposed conditions.

For example, a persistent itch sometimes accompanies healing tissue. These experiences can be distressing, they involve sensory neurology and are emotional. Although it is not entirely clear what W&C mean by ‘cognitive and social components’, some persistent itch is amenable to construal in these terms — for instance, conscious awareness of an itch seems to amplify the intensity of the itch and thus the desire to scratch, but the subject may have been socially influenced in her thought that scratching will be harmful in some way. Consider also someone with a phobia for dental treatment. For such a subject, according to W&C’s proposal, the experience of hearing a dentist’s drill would seem to count as a pain. For it would be a distressing auditory experience with sensory and emotional components clearly associated with tissue damage. The distress of the experience might well be cognitively mediated and involve reinforcement by others who have had negative experiences of dental treatment. W&C’s proposal will count this auditory experience as a pain experience. It is easy to generate other counterexamples along these lines.

W&C write that “events other than tissue damage can serve as determinants” of pain. This may be taken as endorsing the widely held view that actual or potential tissue damage is not a necessary component of every pain. Nevertheless, unlike the IASP’s definition itself, W&C’s revision makes such an association a necessary condition on
pain. Thus the proposal seems to exclude some of the clinically problematic chronic pains that are not caused by tissue damage. Perhaps W&C have evidence that all pains are causally associated with actual or potential tissue damage. Perhaps their understanding of the nature of the association between pain and tissue damage is one of learning or function rather than cause. But in the absence of such evidence or a clear statement of what they mean by ‘association’, we should reject the requirement of association with actual or potential tissue damage for each pain.¹

W&C’s revision also excludes many, perhaps most, ordinary pain experiences. You are likely to experience pain if you sit far too long in one position, bang your elbow against a wall or comb tangled hair. Experiences like these clearly have a sensory component but often they are transient and are not committed to memory. This is not to say that the experiences fail to attract attention, so it might be argued that they have a cognitive component in this sense. But clearly many times, they do not — in the hustle and bustle of daily life we move on after experiencing many such pains sometimes without even noticing. Furthermore, the claim that they all have a social component appears untenable. It is not even clear to us what it means to say that all pains, by their essential constitution, have a social component.

According to W&C, “most acute or chronic clinically problematic pain is more than ‘unpleasant’,” for this reason, they say, they prefer to describe the negative affect of pain in terms of ‘distress’. Whether or not this specific point stands up to scrutiny, it is questionable whether ‘distress’ is an appropriate descriptor for the negative affect of the everyday pains mentioned above. Buttock ache from sitting on a hard chair or the sudden pain of a knock can hardly be described as distressing. Part of the problem is that a simple descriptor is unlikely to prove adequate for the purpose of capturing both slight and intense negative affect. We accept that the word ‘unpleasant’ doesn’t quite capture the negative hedonic valence that all pains, in different forms and intensities, are supposed to have. Nevertheless, we think ‘distress’ is less apt. W&C presumably intend to use ‘distress’ to pick out the immediate negative affective quality of pain. If so, someone may be distressed because her pain is very distressing (i.e., has negative valence). So the revision confusingly uses a term which is commonly used for higher order or secondary affect to describe the first order immediate or moment-to-moment affect of pain. It is more natural and far less confusing to say that someone is distressed by her pain because that pain is particularly unpleasant.

Finally, we want to put to bed the myth, first aired by KJS Anand and Kenneth Craig in 1996, that the IASP definition excludes organisms incapable of self-report. Unlike W&C’s own proposal, the IASP definition is formulated as a disjunction: an organism is in pain if, and only if, it is the subject of either (i) an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or (ii) an unpleasant sensory and emotional experience described in terms of actual or potential tissue damage. There is no requirement for description in the first disjunct (i), the satisfaction of which is sufficient for something to be a pain.

¹ For a critical discussion of the endless troubles the term ‘association’ has caused and a more detailed critical review of the issues surrounding the IASP definition of pain, see [1, 3, 4].
In conclusion, although Williams and Craig’s proposal may prove to be a welcome catalyst for overdue revision and clarification of the IASP’s definition, we have argued here that adoption of their revision would represent a backward step.

References

