

## Correspondence

### PAIN AND THE PSYCHIATRIST

*An open letter to Professor Stengel*

DEAR STENGEL,

Your Maudsley Lecture on "Pain and the Psychiatrist", published in the issue of September 1965 of this Journal (**111**, 795-802) is of such importance and interest that I hope you will forgive me if I ask you, in the correspondence columns of this Journal, to clear up what I believe are some basic ambiguities. You offer us three definitions of "pain", and we gather that the third, Merskey's, seemed to you the most practical.

J. Z. Young's definition of a painful stimulus as something which made his octopus retreat, need not be further discussed, as it lacks generality; it would seem to be applicable only to a specific mode of response elicited in an experimental situation.

The definition proposed by Wolff and Wolf has to be taken seriously. "Pain is a specific sensory experience mediated through nerve structures which are separate from those which indicate other sensations, such as touch, pressure, heat and cold." However, you regard this definition as not helpful for the clinician and useless for the student of psychogenic pain. I am afraid that I am not fully conversant with current neurophysiological teaching, and it may be that the definition should be enlarged; perhaps the specific quality of a sensation depends not only on anatomical pathways but also on physiological characteristics, such as pattern of neuronic discharge. I believe that physiologists distinguish between at least two different kinds of painful sensation: one, the so-called cutting or pricking pain, which travels by relatively fast pathways, and the other, the slower burning or aching pain. But surely Wolff and Wolf are right in putting sensations of pain on a level with sensations of touch, pressure, heat and cold. Each of these types of sensation, on emerging into consciousness, is marked with its specific quality; and there would seem to be little doubt that this specific quality is related to anatomical and physiological aspects of the nervous system, differing from one another in the case of each type of sensation.

It is not immediately apparent that the formulation by Wolff and Wolf, perhaps slightly re-phrased, should not be helpful both to the physician and the psychiatrist. Is there any reason why we should not demand that, for acceptance as "painful", a

sensation should have the quality, not of being a feeling of heat, or cold, or pressure, or tightness, or vibration, or movement, but simply of this specific quality of painfulness? We are, of course, aware that all kinds of other sensation may take on an unpleasant quality. A patient may say he has a pain, because he does not like the feeling he wishes to describe. However, there are few patients who cannot discriminate between a definite pain and say, an unpleasant sensation of tightness, when called on to do so. If we want this information, as I believe we should, we have to ask our subjects for it.

Without some degree of precision and rigidity in our definitions, it would seem to me that we run the risk of confusion. Unless we know what our fellow workers are talking about, we cannot engage with them in useful discussion. How are we to know whether our patients have anything in common with those of Spear who, you say, did not attempt a formal definition of pain, and considered it to be present when the patient reported it? We are little better off with the definition of Merskey: "Pain is an unpleasant experience that we primarily associate with tissue damage or describe in terms of tissue damage, or both." This definition would seem to include a great variety of feelings, e.g. of weakness, fainting, vertigo, etc., which, if regarded as painful by Merskey, are so regarded by him alone. And how about all the other distressing, but in my sense non-painful, feelings of which our patients complain: a tight band round the head, a pressure on the top of the head, a sick feeling in the stomach, an icy coldness in the back, a feeling as of ants crawling under the skin?

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#### REFERENCE

WOLFF, H. G., and WOLF, S. (1948). *Pain*. Springfield, Ill.: Chas. Thomas.

#### *Reply from Professor Stengel*

DEAR SLATER,

I am grateful to you for giving me the opportunity to clarify some aspects of pain in relation to mental disorder.