



# Civil discourse in scholarly communications: an editorial responsibility?

Kenneth D. Craig<sup>a</sup>, Amanda C de C Williams<sup>b</sup>, Kanwaljeet J.S. Anand<sup>c</sup>

**Editor's Note:** *PAIN Reports* supports open expression by authors, with editorial intervention usually made only on the scientific content, based on peer review. The journal is not a stage for personal argument. Naturally, there might be some disagreements in the interpretation of scientific content, which might touch upon personal issues. The authors of this letter provide a view of the wording chosen by the original article's author, which is different from the editorial interpretation; ie, we do not concur with the 'ad hominem' line. In the spirit of open expression, *PAIN Reports* publishes the letter and response in full, without any editing.

We thank you for the opportunity to respond to Dr. Murat Aydede's critiques of papers proposing revision of the IASP definition of pain as well as to his criticisms of their authors. We endorse scholarly analysis of the proposals but question the propriety of attacking the authors who proposed revision.

## 1. Scholarly analysis

Space constraints do not permit full analysis of the limitations of Aydede's position,<sup>2</sup> in any case *post facto* since revision is underway, but we respond to the more important concerns.

Dr. Aydede's philosophical analysis leads him to the conclusion that the first phrase of the IASP definition, "an unpleasant sensory and emotional experience associated with actual or potential tissue damage...", adequately provides for pain as an experience in populations without verbal skills. But the full definition and particularly the emphasis on description in the second phrase ("or described in terms of such damage") makes it problematic when considering pain in populations unable to use language. There was widespread agreement with the Anand and Craig<sup>1</sup> critique: the IASP Committee on Taxonomy and Definition added to the Notes accompanying the definition, "The inability to communicate verbally does not negate the possibility that an individual is experiencing pain and is in need of appropriate pain-relieving treatment." As well, the current IASP Presidential Task Force has effectively shifted away from a focus on self-report in its

draft definition, "an aversive sensory and emotional experience typically caused by, or resembling that caused by, actual or potential tissue injury"), <https://www.iasp-pain.org/Publications-News/NewsDetail.aspx?ItemNumber=9218&navItemNumber=643>. Although the task force has not provided a rationale, its revision of the IASP definition is consistent with the Williams and Craig<sup>5</sup> observation that methods for assessing pain need not be specified in the definition and are better addressed elsewhere.

A second major focus of Dr. Aydede's remarks was his insistence that the IASP definition, in characterizing pain as (in his words) "a negatively valenced sensory experience" (p.3), adequately delineated the necessary and sufficient features of the experience. By contrast, Williams and Craig<sup>5</sup> noted that a substantial research literature now demands recognition of cognitive and social features that constitute defining qualities of all pain experiences, not only for humans.

There is strong evidence for both, best for memory of previous pain experiences. Dr. Aydede overlooks the rich data generated by scientific observation and clinical practice in declaring that "pain is not in the cognition category" because "concepts" are not always evident when "animals, newborns, infants, cognitively incapacitated or handicapped organisms, or the elderly with severe dementia" process the information associated with pain. It is surprising that Aydede restricts consideration of the phenomenology of pain experience when the phenomenology is embedded in experience and consciousness. His refusal to consider the social features of painful experience is more understandable because of the limited research literature, but it is of growing importance in the scientific literature, and it certainly is of importance to clinicians.<sup>4</sup> Aydede does acknowledge that cognitive and social factors "influence" the painful experience, but "influence" falls far short of demonstrated causal roles that account for significant variance in pain experience.

To characterize key properties of the pain experience, only identifying sensory and affective qualities is inadequate—cognitive and social dimensions demand inclusion. The wisdom of Einstein's injunction that everything should be made as simple as possible, but not simpler, should be appreciated. Aydede aims for a definition of pain "that will collect all and only pains as

Sponsorships or competing interests that may be relevant to content are disclosed at the end of this article.

<sup>a</sup> Psychology, University of British Columbia, Vancouver, BC, Canada, <sup>b</sup> Clinical Health Psychology, University College London, London, United Kingdom,

<sup>c</sup> Pediatrics, Anesthesiology, Perioperative & Pain Medicine, Stanford University School of Medicine, Stanford, CA, USA

Copyright © 2020 The Author(s). Published by Wolters Kluwer Health, Inc. on behalf of The International Association for the Study of Pain. This is an open-access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.

PR9 5 (2020) e811

<http://dx.doi.org/10.1097/PR9.0000000000000811>

intuitively understood by the scientists and folk alike.” We contend that evidence, not intuition, should provide the basis for dispelling the myths and misunderstandings around pain.

Definitions are important because they have consequences. They identify key features of the phenomena worthy of attention in science and practice. A narrow focus on sensory and affective features of the experience may lead to an overreliance on biomedical interventions (pharmaceutical, surgical, etc.), without giving due consideration to cognitive and social features of the pain experience or directing attention to psychological interventions and the social realities of people’s lives, and interventions consistent with the biopsychosocial model of pain.

## 2. Personal criticisms

Concerns about ad hominem remarks were summarized in our letter to you October 19, 2019, as follows:

*“While scholarly disagreements and critical analyses are important to any biomedical advance, a regrettable feature of the paper was the personal criticism of the authors whose arguments the paper critiqued. In particular, there are allegations of personal dishonesty and fraud in the characterizations of arguments as “patently absurd, uncharitable, and unfair,” “bordering on intentional misrepresentation” and “overintellectualizing”. There is no reason to believe the authors of the arguments to which Aydede is responding acted out of anything other than good faith, and they do not deserve these rebukes to their personal integrity. We are surprised that such remarks were included in the paper despite the editorial and peer review process. Please consider this expression of concern seriously and either publish a retraction of the allegations or an apology for the unsubstantiated personal criticisms and vilification contained in this paper.”*

## 3. You responded as follows

*“I have discussed your letter with senior members of our editorial team and of the IASP, as well as our publisher. While some of the discussants thought that wording could have been softer, the common understanding was that this language, maybe as done in the author’s field which is different from ours, was used to strengthen the arguments, and was not meant to be in the personal domain. We agreed that PAIN Reports will ask you to send us a letter to the editor where you*

*will express your comments to Aydede, which will be published together with the author’s response, as commonly done in the scientific literature.”*

Our appraisal of the nature of the language used by Dr. Aydede, quoted above, differs from that of your editorial team. The position that “this language... was used to strengthen the arguments” is recognized as logically fallacious in Dr. Aydede’s field of philosophy, as in commonplace understandings and academic circles. The Oxford English Dictionary describes **Ad hominem** in the conduct of an argument as “in a way that aims criticism at the proponent of a position rather than (directly) at the position in dispute, as by impugning their character or motives....”.<sup>3</sup> Science and scholarly criticism advance through analysis of the substance of arguments rather than through attacking the character, motive or persons proposing positions. “We understand that the author, senior members of the journal and IASP, the peer reviewers, and the consultants that Dr. Aydede named in his paper may tolerate this type of argumentation, but we contend this approach is not in agreement with well-established editorial standards, it diminishes the reputation of your Journal, and it belittles the intent of all scholarly discourse.

It is easy to characterise our response as oversensitivity and have “the discussants” call for “softer” wording. Although our skins are thick enough from many years in academia to withstand attacks on our integrity, such ad hominem arguments, if allowed, risk harm when directed at less experienced researchers who can be devastated by it. We stand by this as a reason to keep the standards of scholarly argument high and focused on the subject in hand.

## Disclosures

The authors have no conflicts of interest to declare.

## References

- [1] Anand KJS, Craig KD. Editorial: new perspectives on the definition of pain. PAIN 1996;67:3–6.
- [2] Aydede M. Does the definition of pain need updating? PAIN Rep 2018;4:e777.
- [3] Oxford English Dictionary, Oxford University Press. Available at: <https://www.oed-com>. Accessed March 3, 2020.
- [4] Vervoort T, Karos K, Trost Z, Prkachin K, eds. Social and interpersonal dynamics in pain: We don’t suffer alone. Cham: Springer, 2018.
- [5] Williams ACdeC, Craig KD. Updating the definition of pain. PAIN 2016;157:2420–3.