

Correspondence

MENTAL HEALTH AND STUDENT WASTAGE

DEAR SIR,

Dr. Lucas *et al.* (*Journal*, March 1966, p. 277) in demonstrating the importance of psychological distress in student wastage have made a most valuable contribution to the study of this important area.

It is most gratifying to learn from the Provost's prefatory note that the College will continue to do studies in co-operation with the Student Health Service. Some of the earliest formative work in this field was done at University College: the encouragement it gave in sponsoring the work and authorizing the publications stands as a tribute to its integrity.

There is a tendency on the part of university administrators generally to view studies in student wastage with a somewhat guarded apprehension. This attitude slows down research. It is important to see problems such as academic inadequacy, anxiety at examinations, laziness and wrong choice of subjects, not as immutable, but as psychosocial phenomena, open first to study and analysis, and thence to remedy.

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PAIN AND THE PSYCHIATRIST

DEAR SIR,

In view of the attention (1, 2, 3) which my definition of pain (4, 5) has received, I should like to indicate briefly two difficulties for which I hoped it would provide a solution.

The first is that it is irksome to accept that a definition is impossible or unnecessary. The difficulty of defining pain is well indicated by Beecher (6), but Hall (7) has suggested that what is meant by pain should be apparent in each investigation from the description of the experimental conditions and controls, the instructions, the results and the conclusions. If, as seems reasonable, Hall is right, we ought to be able to summarize the appropriate situations in a definition.

Secondly, it seems to me that the lack of a definition reflects widespread failure to distinguish between

psychological and physiological concepts. There is a common tendency, which leads to much confusion, to think of pain both as an experience and as a physical event, mainly occurring in peripheral nerve pathways. An illustration of this is provided by a remark of Jaspers (8) that "severe pains need not be felt". I submit that wounds may not be felt but that pains must be. A definition of pain which respects the distinction between experience, which is a psychological concept, and noxious stimulation, which is a physiological concept, should enable us to avoid this type of confusion.

Looking at the phenomena which in ordinary talk are most often called pain, there are two principal ideas. There is the idea of something like a knock, blow or wound and the idea of an unpleasant experience. I believe these features are covered by the phrase "an unpleasant experience which we primarily associate with tissue damage." As Professor Stengel (5) rightly says, "we" was intended to refer to the ordinary layman. "Tissue damage" was a convenient shorthand for the doctor where perhaps I might have said "bodily damage". These last are however minor matters. The problem at the root of all the discussion is that there are patients who have an experience which they take to be that of pain but do not have "tissue damage", either because the pain is psychogenic or because the noxious stimulation or physiological disorder (as in headache) may be insufficient to cause damage. I think that nearly all psychiatrists, physicians and surgeons judge these patients to have pain, as I do, mainly by the account they give of their experiences and are only disturbed in their judgment by failure to find physical explanations. Yet in these cases the experience is still pain, and the sufferer uses the term which he or she has learnt to associate with pain due to obvious lesions. The definition therefore had to be expanded to the form "Pain is an experience which we primarily associate with tissue damage, or describe in terms of such damage, or both".

I do not claim originality in taking the view, which this definition embodies, that the term pain is best kept for psychological events. For example, Walters (9) observes "The first psychological aspect of bodily pain to be firmly grasped is the fact that physical pain is a psychic event and not a physical event. The physical side is the physiological mechanism . . . The pain is . . . the perceptual experience of discomfort

in a spot in the body. . . . This fact is often ignored. Time and again you will hear yourself or your colleagues say that 'pain travels in the spinothalamic tracts' or that 'the end organs pick up pain and transmit it up the pain pathways'. But these impulses centrally bent to excite further mechanisms in the thalamocortical and reticulo-cortical systems are no more the pain than the visual impulses from the retina are the perceptual fields of color and pattern that present to us when our eyes are open". Szasz (10) has strongly advocated a similar point of view.

It is true that so far as research is concerned I gave myself needless trouble by attempting a definition, but having taken that trouble I have no doubt that doctors will all be saved still more bother if they can be persuaded universally to avoid calling certain impulses in nerves "pain". It is not easy, and I find myself liable, despite taking care, to make the sort of mistake that Walters stigmatizes, of saying that pain travels up the spinothalamic tracts, etc. However, the effort to preserve the distinction seems to me to help our understanding of the concepts we use, and if my definition contributes to this I shall be more than satisfied.

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STUDY TOUR TO DENMARK

DEAR SIR,

As you may know, there has been quite a considerable interest in the Study Tour to Denmark which was undertaken in September, 1964 by a group of Scottish penologists, under the leadership of Dr. James McWhinnie and the Director of The Danish Institute.

It has been suggested that a similar tour should take place in October 1966, this time for English people, actively engaged in the matter. The tour would be planned (in co-operation with the Danish appropriate authorities) to be comprehensive and representative of the wide range of provisions for the treatment of the offender.

Experience has shown that such a tour is most valuable if it is representative of all the professional interests concerned in the field of study. For this reason, places in the delegation will be limited to allow representation of all the various professional interests concerned with such work in England.

The cost of the Study Tour would be approximately £85 (1st Class travel and 1st Class hotels) from Harwich back to Harwich. Copies of the full programme can be obtained from the Secretary, R.M.P.A.

The tour lasts a fortnight and the principal visits are to three State prisons, the institutions for psychopaths, a probation hostel, a borstal and other institutions for young adult offenders and a "work-house" for recidivists as well as some sightseeing items.

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