EDITORIAL

Implications of the IASP's new definition of Pain: time for new paradigms and rescuing its meaning

Implicações da nova definição de Dor da IASP: tempos para novos paradigmas e o resgate de seu significado

Dear editor,

Approximately 41 years ago, the International Association for the Study of Pain (IASP)[1] proposed a concept of pain that aimed to standardize its definition so that it could be employed in various contexts. In July 2020 a final updated definition[2] was presented to the scientific community, which was translated into Portuguese by the *Sociedade Brasileira para o Estudo da Dor* (SBED - Brazilian Society for the Study of Pain)[3]. Theoretical definitions usually guide practices, manuals and academic curriculums, whose importance lies in their conceptual derivations and implications, reflecting in the professional practice. This results in variations in the understanding of pain and the related diseases and suffering.

The objective of this editorial was to pinpoint some considerations about this conceptual update, considering the notes on the discussion and relevance of the concepts of pain, specially while a subjective perception phenomenon, in the social and psychological contexts of its etiology and implications.

Based on the proposal of Merskey et al. of the definition of pain[1] and despite the divergence of several theorists and researchers, the word pain has been used in several languages to refer to both the nociceptive system and its perception and behavioral response. We understand that scientific definitions are adaptable and flexible instruments subject to cultural and social circumstances influenced and resulting from individual and community behavior. Like any other instrument, the art of its good appliance is not in merely employing it, but to do it in a skillful way.

We understand that this new taxonomy, among other judicious demands, requires a change of paradigm.

Forty decades have gone by and although some new terminology proposals have arised and evidences have pointed in the direction of falsifiability or mishaps of the definition and its theoretical and ethical limitations, the development of a new unanimous terminology has not been an easy task. The higher goal for which so much work is being invested can only be guaranteed by the special attention of those who will use the new definition.

The development of this endeavor through extensive investment by the Task Force has promoted long theoretical, linguistic and ethical discussions emphasizing that the new definition should be applicable to all populations, including animals, as well as contemplate the disciplinary, subjective and psychological and social dimensions.

Although public consultations with the community, discussions and reflections on conceptual changes at first not seem significant to many people, they are, because they further emphasize the presence of behavioral, psychological and social elements based on the development of knowledge in recent decades, especially that related to behavioral sciences.

The new taxonomy includes a binary conceptual dimension that covers both the neuroplastic and epigenetic perspectives, even if implicit. This is indispensable, since the pain phenomenon always includes both perspectives and, many times, one of them ends up being forgotten.

If on the one hand there is an advance in the extended understanding of pain, there is also the defense of a more "objective" criteria, based on biological or organic components and phenomena. This defense, however, to us seems to be based on the illusory guarantee of absolute control over pain, ignoring that a "control" is only possible by respecting the nature of the pain phenomenon: subjective, influenced by various factors, subject to the quality of decisive vital experiences, and of adaptive role. It's also important to consider that the verbal description of pain is as or more important than the pure description of data that surrounds it.

It is worth noting that Psychology, a science of behavior, has already developed very objective methods of measuring variables and currently provides elements to other fields of knowledge, provided they are used by agents with adequate background.

It seems to us that the IASP, with this new definition, besides emphasizing pain as an experience broader than physiopathology allows, retakes the path that may have been lost as a result of the advancement of technology or of purely biological isolated intervention measures. These, undoubtedly, have their importance, however, some professionals, even due to the difficulty in understanding their principles, end up leaving aside other relevant factors.

Given these brief remarks, would it be pertinent to reconstruct our biopsychosocial pain model as well? We understand that it would.

We hope that in terms of public policies the new definition of pain and the inclusion of the pain concepts in the International Classification of Diseases (ICD-11) may reflect more directly on clinical practices and manners of pain treatment, as well as the inclusion of courses that address the subject of pain in the curriculum of health undergraduates, also mobilizing the class of psychologists to act more vehemently in the field.

Yours truly,

Dirce Maria Navas Perissinotti[1]
https://orcid.org/0000-0002-0346-1190
Jamir Sardá Junior[2]
https://orcid.org/0000-0001-9580-8288
Walter Lisboa de Oliveira[3]
https://orcid.org/0000-0001-5798-6737
Fabrício Fernandes Almeida[4]
https://orcid.org/0000-0002-1730-8779
Virginia Turra[5]
https://orcid.org/0000-0002-6468-5462
Andrea Golfarb Portnoi[6]
https://orcid.org/0000-0003-1140-6463

1. Psychologist, Neuropsychology (Evaluation and Rehabilitation) and Psychotherapies Specialist; Master's and Doctorate in Sciences at the Neurology Department of the Medical School of Universidade de São Paulo (FMUSP) and Post-Doctorate at the Psychiatry Department of EPM-UNIFESP. Administrative Director of SBED (administrations 2016-2017; 2018-2019; 2020-2021). São Paulo, SP, Brazil. E-mail: dircelko@gmail.com
2. Psychologist. MSc. PhD at the University of Sydney - Australia. Professor of the Graduate Program and the Psychology Course at Univali. Clinical Psychologist at Neuron Dor. Member of the SBED Pain Education Committee. Florianópolis, SC, Brasil.
3. Associate Professor at the Department of Psychology of Universidade Federal de Sergipe, PhD in Sciences at the Clinical Psychology program of the Institute of Psychology of USP, Specialist in Hospital Psychology at Santa Casa de Misericórdia de São Paulo. São Paulo, SP, Brazil.
4. Psychologist, Vice-President of Sociedade para os Estudos da Dor de Brasília (SED-DF), Neuropsychology and Health specialist at the Secretaria de Estado de Saúde do Distrito Federal (SES/DF). Master in Processes of Human Development and Health at Universidade de Brasília (UnB). Brasília, DF, Brazil.
5. Psychologist, Master and Doctor at Universidade de Brasília (UnB). Post-doctorate at Universidade Católica de Brasília (UCB). Psychologist at Fundação Universidade de Brasília, and Professor at UCB. Brasília, DF, Brazil.
6. Psychologist. Master's and Doctorate in Psychology at Universidade de São Paulo. Coordinator of Psychology at the League of Pain of the Medical and Nursing School of Universidade de São Paulo and at the Multidisciplinary Group of Pain of Hospital das Clínicas de São Paulo. São Paulo, SP, Brazil.

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