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Reply to Manhapra

This interesting letter to the editor[2] does not really address the issues raised in my paper, A New Way of Thinking About Pains.[1] My concern was the fallacy of a temporally based classification of pains, and I did not address the utilities of painful states, which is Manhapra's concern. It is certainly possible to describe a variety of roles for pain and suffering, which are usually based on the describer's belief system rather than something inherent in pain itself. I also object to his statement about the utility of disability in relation to healing and recovery from injury: Consider the immense burden to society of the disability ascribed to low back pain in those for whom no injury can be detected. Human behavior is always complex and cannot be reduced to anyone's concepts of sickness and health.

Conflict of interest statement

The author has no conflicts of interest to declare.

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Reply to Manhapra

Manhapra[9] offers an interesting clinicians' perspective on acute pain and how chronic pain differs from acute pain. We agree with most of the author's ideas but would like to add further clarification about 2 issues.

First, the idea that pain motivates protective reactions is very much in line with a modern view that "*pain is not only a sensory and emotional experience but also part of a motivational system that alarms, directs, and energizes behavior to minimize bodily harm*"[12] (p. 189). Such a perspective is reminiscent of the homeostatic approach to pain, considering pain being more akin to hunger and thirst, rather than sensory experiences such as vision or hearing, and urging the individual to act.[3,14] From this perspective, pain is a strong driver of learning, as predicting, preventing, and controlling harmful events adaptively helps to minimize potential harm to the body. Once predictive cues are identified, anticipatory avoidance behavior is deployed to prevent further injury, which then may cause other experiences and behaviors that can further interact with each other.[13] Although avoidance is a strong protective response to threat, it does not occur in a motivational vacuum. Individuals in pain are often confronted with so-called goal conflicts or dilemmas.[1,2,4,11] On the one hand, there is the urge to avoid potentially harmful events, and on the other hand, there is the wish to pursue valued life goals. Disability becomes more likely when priority is given to controlling pain vs pursuing nonpain goals. A key challenge for researchers and clinicians is finding ways to shift the balance towards exploring various ways to continue daily life, rather than sticking to the limiting protective actions.[12]

Second, the differentiation between acute and chronic pain has a long history and remains a topic of debate.[5,8,10] The assumption is that when pain has become chronic, it has lost its protective function and a different kind of management may be needed. Manhapra[9] proposes to conceptualize chronic pain as a well-intended but maladaptive response to threat. Following this line of thought and acknowledging that the time course of the recruitment of central pain generators varies among individuals and type of injuries, we suggest challenging the acute–chronic dichotomy and instead focus on whether the pain response of an individual is supporting or preventing recovery, irrespective of the time since pain onset. Such "primary" pain might be characterized by the presence of obstacles to recovery, such as expectancies and protective actions that are hindering the pursuit of daily life goals and leading to emotional distress and functional disability.[6] An additional advantage of such an individualized approach is that there are more opportunities for preventing long-term functional disability before the traditional 3 months cut-off of chronicity if appropriate.[7]

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