On Psychic Pain

Chapter Fifteen

John Donne

The truth which cannot be

It stands in the light of

Joyous is one, cohesive

Still standing, whole

On Psychic Pain

John Donne

From

'Poems, Religious and Devotional'

1916

John Donne

On Psychic Pain
ON PSYCHIC PAIN

PROGNOSIS IN PSYCHIATRY

the mechanism involved. As in the case of pain, the body

does not produce pain as a result of injury or disease, but

rather as a result of a series of reflexes set up in the spinal

cord by the stimulus. Pain is not a sensation of

injury itself, but a sensation of the body's attempt to

protect itself from further injury. Pain is therefore a

reflex, not a sensation of injury.

In order to understand the mechanism of pain,

we must first consider the nature of the nervous

system and the way in which the body is able to

sense pain. The nervous system is composed of a

series of nerve cells, or neurons, which are

organized into a complex network. The neurons

are connected to one another by synapses, which

are the points at which the nerve impulses are

transmitted from one neuron to another.

When a nerve impulse reaches a synapse, it

causes a chemical messenger to be released into

the synaptic cleft, which is the space between

the two neurons. This chemical messenger then

travels across the cleft and binds to a receptor

on the surface of the second neuron, causing it

to generate a new nerve impulse. This process

is known as synaptic transmission.

Pain sensations are generated in the spinal

cord by the activation of certain types of

nerve fibers, which are sensitive to mechanical

and chemical stimuli. The pain fibers synapse

with neurons in the spinal cord, which then

send impulses to the brain via the spinal

column. The brain then interprets these impulses as

pain and generates the sensation of pain.

The perception of pain is also influenced by

cognitive factors, such as emotional state and

previous experiences. These factors can

modulate the intensity and duration of the

pain sensation.

The treatment of pain involves both

medications and non-pharmacological

interventions. Medications such as

analgesics, antidepressants, and

anxiolytics can help to reduce pain.

Non-pharmacological interventions

include physical therapy, cognitive

behavioral therapy, and

complementary and alternative

therapies.

In conclusion, pain is a complex

phenomenon that involves a

combination of physiological and

psychological factors. Understanding

the mechanism of pain is essential to

developing effective pain management

strategies.
ON PAIN

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ON PSYCHIC PAIN

The nature of psychic pain was earlier referred to by the term pain. In the current field of pain research, it is recognized as a distinct phenomenon characterized by a subjective experience of pain that is not directly related to physical injury or damage. Types of psychic pain include phantom pain, psychogenic pain, and psychic pain in the context of multiple sclerosis (MS). This condition is often misdiagnosed as physical pain because of the absence of a physical cause.

In the context of MS, psychic pain can manifest as a burning or tingling sensation in areas of the body that are not actually experiencing any physical damage. This pain can be exacerbated by fatigue, stress, and mood fluctuations.

Understanding and managing psychic pain in MS patients is crucial for improving their quality of life. Consistent strategies such as cognitive-behavioral therapy and educational programs can help patients cope with these symptoms more effectively.
ON PSYCHIC PAIN

Physical - has no chance of remaining one.

But an evocative image of the past is pleasant for the mind to dwell on. The

The effect of the image is pleasant. The image of the past is pleasant.

The effect of the image is pleasant for the mind to dwell on.