Psychogenic pain is also known as psychalgia, as defined by American Heritage Medical Dictionary, is somatic pain that is originated, elevate, or perpetuate by behavioral, emotional or mental factors (by Merskey, H., Spear F.G. 1967). An Individual with this type of pain disorder may report a pain that is not similar to his or her manifestations. Stomach pain, Headache or back pain, are the types of most common psychogenic pain (by Cleveland clinic, August 8, 2014). It may appear, often in people with a mental illness, but more frequently it escort or is prompt by relationship conflicts, broken heart, sorrow, love, illness and such other psychological events.

But as our bodies have abundant of nerve receptors, nerve signals from different parts of the body can be crossed easily due to which brain misinterpret the sensation, location and/or type of pain, the individual is encountering like referred pain, so same is the case with psychogenic pain which may be caused by crossing of nerve signals that is confronting pain without any stimuli. The fact that the psychogenic pain is the production of sub conscious mind leads some investigators to conclude that it is all in head. Individuals with stress and sadness may promulgate psychogenic pain in their whole body, although there is no possible cause.

Psychogenic pain report short-term as well as long-term events of pain that is caused due to some mental disorder, instead of in response to some immediate physical trauma. Short events, and also constant manifestations, are actually very certain and distressing for individuals that experiences psychogenic pain.
An individual having continuous pain with proof of psychological problem, but without a disease that possibly causes pain or its intensity, this pain is referred to as psychogenic. However, psycho-physiologic pain is a more relevant term as the pain is caused due to communication between of psychological and physical factors. Researchers have given three theories that profess to recognize the source of psychogenic pain:

1. Caused by underlying physiologic factors
   - Anxiety disorder
   - Panic attacks
   - Bipolar disorder
   - Depression
   - Obsessive compulsive disorder

2. Caused by previous physical trauma that is not fully cured and emotional stress can increase the pain.

3. Psychological factors causes’ psychogenic pain to feel amplified in comparison with range of physical trauma or illness.

(Psychiatric disorders and mental health issues, June 12, 2014)

Some researchers conclude that chronic psychogenic pain prevail as a defensive hindrance to keep menacing restrained emotions like rage or anger unconscious (by Sarno, John E., MD, et al, 2006). Chronic Psychogenic pain disorders develop many symptoms like Continuous pain, Problem reporting the intensity and location of pain, non-specific pain all over the body and amplified pain independent of any pathological condition. Existence of these symptoms in absence of chronic disease with physical basis causes patient to suffer from psychogenic pain.

Treatment choices for psychogenic pain are behavioral training, hypnotherapy, transcutaneous electrical nerve stimulation (TENS), acupuncture, occupational therapy and family counseling. Psychotherapy, analgesics, antidepressants, and other curatives are used generally for chronic pain. For individuals having chronic psychogenic pain, the aims of therapy is to enhance contentment and better psychological and physical performance. Many patients have reported that using antidepressants there is decrease in the regularity and severity of pain. Particularly, treatment of psychogenic pain with antidepressants is now documented for the therapy of pain linked with migraine headaches (Kaniecki et al., 2006), functional bowel disorder (Drossman, & Whitehead, 2003), bulimia (Faris et al., September, 1998), neuropathic pain (Saarto & Wiffen, 2005), chronic pain associated with depression (Bradley, Barkin, Jerome, DeYoung, & Dodge, 2003), vulvodynia ( Stewart, October, 1994), post-herpetic neuralgia (Max, 1994). It is also evident that pain is frequently the companion of anger, irritability, depression, psychological trauma and anxiety. Even in the absence of any noxious stimuli, only expectation of pain is ample to perceive and originate it as proved by changes to specific brain structures in functional MRI (fMRI) (Keltner et al., 2006). On the other hand, producing distraction or detracting
cognitive concentration can alleviate pain, as described in cortical activation PET scans (Petrovic, Petersson, Ghatan, Stone-Elander, & Ingvar, 2000). Treating psychological stress by stress management is documented as efficacious in curing low back pain that occurs with depression (Middleton & Pollard, 2005). It is also proved that pain related to arthritis or cancer can be treated by psychosocial interventions (Keefe, Abernethy, & Campbell, 2005). Many other approaches like desensitization, behavior modifications and relaxation therapy like yoga and massage, biofeedback, cognition therapy and hypnosis are also proved to be productive in treating unknown origin chronic pain. Colorectal pain can successfully be reduced by Biofeedback therapy (Jorge, Habr-Gama, & Wexner, 2003). Irritable bowel syndrome can be treated by cognitive therapy, brief psychodynamic psychotherapy and Hypnotherapy (Blanchard & Scharff, 2002). Hypnosis is effective against oral pain (Golan, 1997), cognitive behavioral therapy is helpful in relieving functional bowel disorder (Drossman et al., 2003), headaches are treated by behavioral therapy and interventions in family therapy are linked with successful treatment of psychogenic pain (Liebman, Honig, & Berger, 1976).

If treatment is not provided to the individuals experiencing psychogenic pain they can switch to negative lifestyle like loneliness, drug abuse, alcoholism, restlessness and amnesia. (Psychiatric disorders and mental health issues, June 12, 2014.)

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