

# Pleasure and Reality

**Post by “Elayne” of April 8, 2019 at 9:57 AM**

We have had several threads lately on FB addressing the principle that pleasure is pleasure-- no higher or lower pleasures. There is still often some contrast made between pleasures which involve altered states, such as through drugs or foods-- the use of extrinsic molecules which bind to receptors which otherwise bind our own endogenously produced neurotransmitters. I would like to consider this from a slightly different angle, while maintaining still that pleasure is pleasure.

The contrast in comfort level with feelings of pleasure mediated by intrinsic neurologic/hormonal pathways and those mediated by extrinsic factors may be based on an intuition that the extrinsic pathways are not credible contacts with reality. I'm saying intuition here because I don't get the sense that it is a reasoning process-- it seems like a visceral distrust. Perhaps a prolepsis?

The extrinsic molecules bind differently from our intrinsic molecules-- often more "tightly", less reversibly. They can result in down-regulation of our receptors, a hallmark of tolerance which happens in addiction. To my knowledge, feelings of pain and pleasure produced by unaltered contact with reality do not have this effect at the molecular level. We can become habituated to smells, so that we only notice a new smell after some time of contact with a particular odor, but we do not down regulate our ability to feel pleasure at a new, pleasant smell. We may become habituated to a particular pleasure without losing responsiveness to a new one. Whereas with extrinsic mimics, we can, if addicted, temporarily lose access to normal pleasure entirely.

Perhaps we have an intuitive sense of caution around extrinsic mimics of our pleasure pathways. From an evolutionary standpoint, this would make sense, because pleasures and pains are signposts about reality-- they tell us what will help and hurt us. If we alter our senses of sight, touch, hearing, smell, and taste so that we do not contact reality in the way we have evolved to do, this can be unsafe-- and in the same way, altering our ability to get feedback from reality-based pains and pleasures could be dangerous.

I have taken courses in medical hypnosis, which can be very useful for reducing both chronic and acute pain without medication side effects. I have mostly used it for patients with migraines and "functional" abdominal pain, where the pain is not serving a useful purpose as a warning. I've occasionally used it for acute pain, such as for a little boy whose mother brought him to my office unexpectedly with a serious, obvious broken arm. While splinting him and contacting ortho for an emergency appointment, I quickly used hypnosis to resolve his severe pain and panic.

However, a key element of medical hypnosis is always the suggestion to never remove ALL the

pain and to never remove pain that has not yet been diagnosed-- because then we have removed a critical warning system for tissue damage. We do not want people self-hypnotizing away their appendicitis pain. It should really be used very very selectively.

I am wary of extrinsic molecular mimics of my pleasure pathways, as well as other practices which could alter my normal contact with reality-- such as trying to lose my spontaneous emotional response to painful or pleasurable events-- a goal of certain meditation practices. While maintaining that pleasure is pleasure, net pain can result from losing our usual contact with Nature.