

# TREATMENT OF CHRONIC PAIN WITH EMDR

## PATIENT INFORMATION SHEET

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### INTRODUCTION

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EMDR has proven to be an effective form of treatment for patients with post-traumatic stress disorder. More or less by accident, it was discovered that some patients who also had chronic pain complaints had fewer complaints following EMDR. That's why increasing numbers of EMDR therapists are treating pain patients. However, the use of EMDR in chronic pain is still at the experimental stage, and to date there are few scientific publications on the subject. This brochure is based primarily on practical experience and scientific insights into pain, the brain and EMDR.

### BRAIN OFF-BALANCE

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Normally, pain is a signal that something is going wrong in the body. Sometimes the cause of the pain is gone, but the pain remains, or the pain is worse than the nature of the injury would lead you to expect. We experience pain with our brains, where several brain areas work together in a network. It has been shown that intense, threatening and chronic pain cause changes in the nervous system. In chronic pain patients, some brain areas become hypersensitive or overly active, while activity in other areas decreases. In chronic pain, it's as if the brain is off-balance. Another potential cause for this unbalancing of the brain (signalled by pain) is the loss of nerve pathways, for example due to amputation (phantom pain) or nerve damage. Scientific research has shown that EMDR normalises brain activity in post-traumatic stress disorder. EMDR may also be able to influence brain patterns in certain types of chronic pain, but research has not yet been conducted into the subject.

### IS EMDR FOR ME?

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The EMDR therapist will determine whether your type of chronic pain can benefit from EMDR treatment. If doctors cannot find a cause for the pain in your body, EMDR may be useful. If you have experienced nerve pathway loss (due to amputation or complete damage of nerve pathways) and experience pain in the area belonging to the damaged nerve, it is worth trying to influence the pain with EMDR.

The therapist will examine whether your pain is sustained in part by post-traumatic stress. For example, if you have been experiencing pain since a car accident and the memory of the accident is still emotionally laden, this can worsen the pain sensations. Conversely, the pain also keeps reminding you of the accident. Chronic pain and traumatic stress can sustain each other in this way. EMDR can at the very least decrease the negative effects of unprocessed traumatic experiences. This alone can lead to a decrease in pain if your pain is linked to the traumatic memory, regardless of the specific effect of EMDR on the pain itself.

If body tissue is damaged or nerve pathways are impinged, EMDR will not be effective. For example, EMDR will not be effective in treating the pain caused by an inflamed joint. The effect of EMDR can be lower in people using certain medication (high-dose benzodiazepines).

## **DURATION OF TREATMENT**

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Following the intake meeting, there will be three to ten treatment sessions, each lasting one to one and a half hours. Depending on your past history and the complexity of your pain problem, treatment may take more or less time.

## **EMDR, HOW DOES IT WORK?**

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First, the EMDR therapist will analyse your pain and the history of the pain. You will be asked when the pain began, how it developed, and what situations influence the pain. Together with you, the therapist will determine whether there are any important pain memories or traumatic events that are related to or lead to worsening of your pain. These memories can be the subject of the EMDR treatment.

The treatment goes like this: The therapist will ask you to think back to a specific event, including visualising specific images, thoughts, feelings and physical sensations. While you concentrate on the event, the therapist will ask you to look at his/her hand, moving back and forth about 30 cm from your face. This is a technique that stimulates both halves of the brain. Common variations include sounds (clicks) or touching of the hands, alternating between right and left sides. The therapist will regularly ask you what you notice or what you are thinking of. The only thing you need to do is tell him or her what you notice, without judging or guiding the thoughts. Once the traumatic events or pain memories have been processed, the treatment focus will shift to the current pain. This occurs in a similar fashion.

## **EFFECT**

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It is difficult to predict how you will respond to an EMDR treatment. In some people, the pain gradually decreases, in others the effect is much quicker. Unfortunately, some patients do not respond to treatment at all. You may also temporarily experience more pain immediately before or shortly after a session, or suffer from fatigue or headache. The sessions may also trigger memories (either waking or in dreams). These kinds of after-effects generally do not last longer than one to three days. The therapist will ask you to keep a diary to record the progression of your pain (and anything else you notice). As the use of EMDR in pain remains experimental, it is impossible to predict the odds of success in your specific case.

## **MORE INFORMATION**

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EMDR stands for **E**ye **M**ovement **D**esensitisation and **R**eprocessing. More (background) information about EMDR is available from:

- The Dutch EMDR website: [www.emdr.nl](http://www.emdr.nl)
- The American EMDR website: [www.emdr.com](http://www.emdr.com)
- An Australian website on the use of EMDR in pain treatment: [www.overcomingpain.com](http://www.overcomingpain.com) (specifically the page on 'What is EMDR and how can it help with pain' under the 'Books and Articles' link).