Healing Pain;

A trauma-informed process based on EMDR

Introduction

Who this book is for.

Do you suffer from pain and;

- Hypervigilance (can't relax)
- Mood swings
- Intrusive thoughts or memories
- Exhaustion that sleep doesn't fix
- Dissociation (feeling numb/disconnected)

As a chronic pain sufferer you are twice as likely to have PTSD symptoms (PTSS) than a person who doesn’t suffer from pain.

The connection is not always obvious. Some pain is obviously caused by trauma; the pelvic pain of a rape victim or the whiplash of a crash survivor. But what about fibromyalgia? irritable bowel syndrome, those grinding headaches? Even if you have never experienced a life-threatening event, adverse childhood experiences such as physical or emotional abuse or neglect, or inadequate emotional nurturing can produce PTSS. Add in injury or illness and it becomes even more complex. Trauma might not cause your pain directly, but it stacks the deck through PTSS. You're more likely to get sick, more likely to develop chronic pain after a minor injury, and less likely to heal on a normal timeline.

The machinery that keeps it running

It’s not hard to imagine how PTSS such as increased physiological arousal, fatigue and mood swings might maintain pain. Less obvious is dissociation, an emotional defence mechanism hidden process whose role in maintaining pain has only recently come to light. Dissociation is a de-coupling of normally integrated elements of thinking, feeling and behaving. It also often involves amnesia - your minds way of saying ‘that never happened.’ Dissociation also involves a disconnection from yourself and the world.

The writer D.H. Lawrence, who battled illness most of his life, captured it: "I am only half there when I am ill, and so there is only half a man to suffer. To suffer in one's whole self is so great a violation it is not to be endured."

He's describing depersonalization (watching yourself from a distance). This protects you from intolerable feelings (thank goodness for that protection when you need it), but it also means those feelings never get processed. They stay raw, undigested, ready to flare at the slightest trigger.

To be clear, PTSD is not usually the cause of the suffering I'm talking about. Yes, sometimes pain comes directly from trauma—but for most of us, it's not that straightforward. Post-traumatic stress symptoms don't usually cause pain directly. Instead, they make you more vulnerable to it, amplify it when it arrives, and keep it hanging around long after your body should have healed.

The mainstream approaches you've probably tried weren't built for this combination.

Cognitive Behavioral Therapy wants you to think differently and do more. But when you're disconnected from your body, pushing harder is like walking on a sprained ankle. Until you and your body find a truce ("I hear you, body"), those activity-first techniques tend to stall out.

Mindfulness gets promoted everywhere, but there's only small to moderate evidence for its use in pain relief. The challenge of this approach is that it demands steady practice, doesn't suit everyone, and can sometimes turn up the volume on feelings you're not ready to handle.

Brain re-training approaches harness neuroplasticity to re-train your brain to reduce the activity that maintains pain, but like other methods they don’t address the dissociation which renders trauma-based pain memories resistant to normal change processes.

EMDR: built for this problem

Changing PTSS requires a phased trauma-informed approach that puts safety first. Eye Movement Desensitization and Reprocessing (EMDR) gives you a way of revisiting these memories and upgrading them with new information. It’s built around a well-established three-phase approach incorporating safety, memory processing and reintegration. You do this through eye movements or tapping, which helps your brain go back and finally digest what it couldn't process before. It's like repairing an old, corrupted file on your computer. You're in the here and now but you're fixing a broken part of your memory. When you use EMDR, you'll come away feeling less physical distress. You won't be so emotionally overwhelmed, and you'll have a stronger sense of yourself.

Good EMDR weaves together multiple elements:

- Building safety (so you're not drowning in feelings)
- Working with different parts of yourself (the scared part, the angry part, the part that just wants to sleep)
- Tuning into your body

- Gathering strengths and good memories
- Learning what's happening in your nervous system
- Processing trauma in small, manageable bites

Just reading about the possibility of safety, you might notice your shoulders dropping a bit! While you'll find some of these pieces in other therapies, only EMDR combines them with specific tools for when you feel disconnected from yourself. Research shows meaningful drops in pain, anxiety, and depression. EMDR is backed by solid evidence today, and as new research wraps up, it’s on track to be recognized as one of the top treatments available.

What you'll learn (a 7-step process)

How are post-traumatic stress symptoms driving your pain versus other factors? Chapter one goes deeper into this question. You'll gauge your symptom load and learn to dial it down.

The process unfolds like this:

1. Define the Problem. Map your symptoms, triggers, and pain-maintenance loops**.**

2. Find Safety. Build internal and external safety that actually sticks.

3. Build Regulation Skills. Befriend emotions, build emotional tolerance and regulation, manage mood swings and pain flare-ups.

4. Heal Dissociation. Repair the split between thoughts and feelings through parts-aware work.

5. Process Traumatic Memories. Use EMDR and other methods in safe doses**.**

6. Rebuild Identity. Integrate gains into relationships, purpose, and daily life.

7. Stay Steady. Prevent relapse, spot early-warning signs, maintain support.

The promise (and the posture)

No miracle cures here. No promises I can't keep.

Practical strategies. Each one is grounded in current research on post-traumatic stress and pain. You'll find these studies listed at each chapter's end.

Is this you? Then let's begin.

References

Gasperi, M., Afari, N., Goldberg, J., Suri, P., & Panizzon, M. S. (2021). Pain and trauma: the role of criterion a trauma and stressful life events in the pain and PTSD relationship. *The journal of pain*, *22*(11), 1506-1517.