


## CASE REPORT

**Rapid Remission of Trauma-Related Somatic Pain with a Single Session of EMDR: A Case Report**Kübra Özcan Çetin <sup>1,\*</sup> Mehmet Rıdvan Varlı <sup>1</sup> Çiğdem Kınık <sup>2</sup> <sup>1</sup> Department of Psychiatry, Ankara Etlik City Hospital, Ankara, Türkiye<sup>2</sup> Department of Psychology, İstanbul Galata University, İstanbul, Türkiye

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**Abstract:** Trauma-related somatic symptoms are common complaints in the psychiatric and general medical community. These somatic complaints often lead to repeated consultations and unnecessary investigations. Eye Movement Desensitization and Reprocessing (EMDR), originally developed as a treatment for Post-Traumatic Stress Disorder (PTSD), is increasingly being applied to the treatment of a wide range of trauma-related conditions. This report describes a 47-year-old man who complained of persistent pain in his left upper arm immediately after the death of his mother. Despite many evaluations in orthopedics, neurology and physical therapy, no organic pathology was identified regarding the patient's complaint. In this case, after a single EMDR session, the patient's pain disappeared completely and did not recur. This case highlights the potential of EMDR as a rapid, safe, and effective intervention for trauma-related somatic complaints.

**Keywords:** Eye Movement Desensitization and Reprocessing, EMDR, Trauma, Somatic Pain, Case Report

**Introduction**

Traumatic experiences not only lead to psychological distress and functional impairment but can also manifest as a variety of physical symptoms in the absence of identifiable medical pathology. In clinical practice, trauma-related somatic symptoms are highly prevalent, complicating both diagnostic evaluation and treatment planning.<sup>1,2</sup> Such somatic complaints often present in the form of musculoskeletal pain, gastrointestinal disturbances, headaches, or generalized fatigue, and are frequently resistant to biomedical treatments, leading

patients to consult multiple specialties without sustained relief.<sup>3-4</sup>

Pain, in particular, is among the most common somatic manifestations associated with trauma. Neurobiological research has shown that traumatic experiences can induce lasting alterations in the central nervous system, heightening sensitivity to pain perception.<sup>5</sup> Moreover, the concept of "pain memory" suggests that traumatic experiences can be re-experienced through bodily sensations as well as emotions.<sup>6,7</sup>

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Eye Movement Desensitization and Reprocessing (EMDR), developed by Shapiro (1989), is grounded in the Adaptive Information Processing (AIP) model and aims to facilitate the adaptive reprocessing of maladaptively stored traumatic memories.<sup>8,9</sup> EMDR has been described as a structured, evidence-based trauma therapy<sup>10,11</sup> and has been shown effective not only in PTSD but also in a wide range of clinical conditions, including chronic pain and medically unexplained symptoms.<sup>12-17</sup> Randomized controlled trials have also confirmed its efficacy compared with pharmacological interventions such as fluoxetine.<sup>18</sup>

Recent studies have demonstrated that EMDR is effective not only in post-traumatic stress disorder but also in conditions with psychosomatic features such as depression, anxiety, chronic pain, and fibromyalgia.<sup>10,12-16</sup> For instance, de Roos et al. (2010) reported that EMDR treatment in patients with fibromyalgia led to significant reductions in pain intensity and psychological distress.<sup>12</sup> Similarly, Gerhardt et al. (2016) found that EMDR improved pain perception and functional capacity in individuals with chronic low back pain.<sup>14</sup> These findings suggest that trauma-related pain can be alleviated not only through biomedical approaches but also through trauma-focused psychotherapeutic interventions.

In this case report, we present a patient with persistent arm pain considered to be trauma-related, which completely and rapidly disappeared following a single EMDR session. This case contributes to the understanding of trauma-related somatic symptoms and highlights EMDR as a potentially effective

intervention not only for psychiatric complaints but also for physical symptoms associated with trauma.

### Case Presentation

A 47-year-old single, childless male, with a primary school education and working as a tradesman, presented to the psychiatric outpatient clinic with persistent pain localized in his left arm. The patient had repeatedly consulted orthopedic, neurology, and physical therapy clinics. The patient had no prior psychiatric history, and no history of psychiatric treatment or psychotropic medication use. He reported no significant medical illness and no history of alcohol or substance use. Despite comprehensive evaluations and repeated diagnostic testing, no organic pathology was identified that could account for his somatic complaints.

The absence of a medical explanation had increased the patient's feelings of helplessness and hopelessness, and the ongoing pain had negatively affected his daily functioning. He reported that his symptoms began immediately after the death of his mother, which he described as extremely distressing and a turning point in his life. He further noted that the pain intensified when he recalled the moment of her passing or when confronted with reminders of her absence.

Given the clear temporal association between the onset of symptoms and the traumatic life event, alongside the absence of additional medical findings, the complaints were considered to be psychogenic in origin. Therefore, Eye Movement Desensitization and Reprocessing (EMDR) therapy was recommended.

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### Procedure

The therapeutic process was initiated with a Safe Place exercise in order to enhance the patient's emotional regulation. During this phase, the patient focused on an image that evoked a sense of calm and security, thereby establishing a coping resource to manage potential overwhelming emotional reactions. Following the exercise, the patient reported feeling ready to begin the session.

In the first EMDR session, the target memory identified was the patient's mother's admission to the intensive care unit. This event elicited profound feelings of helplessness and anxiety. To begin the reprocessing work, the following elements were established:

Image: *"his mother's gaze when she learned of the severity of her condition"*

Negative Cognition (NC): *"I will always be incomplete"*

Positive Cognition (PC): *"I can manage to live alone"*

Subjective Units of Disturbance (SUD): 8

Validity of Cognition (VoC): 2

Emotions: *Anxiety and fear*

Somatic sensation: *Pain in the left arm*

Throughout the session, the standard EMDR protocol was applied. While the patient focused on the traumatic memory, bilateral eye movements were administered as simultaneous stimulation. Between sets, the patient's emotional responses, the validity of negative and positive cognitions, and bodily sensations were assessed.

In the early stages of the session, the patient reported that the pain in his left arm became more pronounced. This indicated a strong activation of the traumatic material, manifested through somatic sensations. However, in subsequent sets, the pain gradually decreased. As the session progressed, both the level of anxiety and the intensity of the pain showed a marked reduction.

The session, which lasted approximately 90 minutes, concluded with the disappearance of the physical symptoms and a clear sense of emotional relief. No persistent discomfort, functional impairment, or dissociative symptoms were observed during or after the intervention. At the end of the session, the patient reported that the pain in his left arm had completely resolved (SUD: 0). Moreover, the initial negative cognition, "I will always be incomplete," was replaced by the positive belief, "I can manage to live alone," with an increased Validity of Cognition (VoC: 6).

At the one-month follow-up, the absence of left arm pain persisted, with no recurrence of the symptom. The patient reported improved daily functioning and noted that he had not sought further medical consultations for physical pain. Additionally, he described a reduction in the emotional distress associated with his mother's death, an ability to continue the grieving process in a more adaptive manner, and a stronger sense of security regarding living alone. These findings indicate that a single-session EMDR intervention led to sustainable improvements in both somatic symptoms and emotional adjustment.

### Discussion

This case demonstrates the potential of EMDR to provide rapid and sustained relief from trauma-related somatic symptoms. The patient's persistent arm pain, resistant to repeated biomedical consultations, resolved completely after a single EMDR session, highlighting both the clinical and economic implications of trauma-related somatization.<sup>4</sup> Such presentations often lead to unnecessary diagnostic procedures, repeated specialist visits, and increased healthcare costs, while leaving patients feeling helpless and invalidated. Addressing the traumatic origin of these symptoms can therefore contribute not only to symptom relief but also to reducing healthcare burden.

The existing literature supports EMDR's use beyond PTSD. Evidence indicates beneficial effects in fibromyalgia, chronic low back pain, phantom limb pain, and other medically unexplained somatic symptoms.<sup>12,13,16</sup> EMDR has been shown to reduce pain intensity, improve functional capacity, and alleviate psychological distress in patients with chronic pain conditions.<sup>14-17</sup> These findings support the view that trauma-focused interventions may address the underlying mechanisms contributing to somatization, mechanisms which are often overlooked in conventional biomedical approaches.

The mechanism of action in EMDR is thought to involve the adaptive reprocessing of trauma-related memories that were previously stored in a maladaptive way, thereby reducing associated cognitive, emotional, and physiological responses.<sup>9,10</sup> In this case, the death of the patient's mother functioned as

both an emotional trauma and a somatic trigger. The pain in his arm intensified during the early phases of reprocessing but diminished and ultimately disappeared as the traumatic memory was integrated. This course suggests that somatic symptoms may be directly linked to unresolved trauma memories, and that reprocessing such memories can lead to the remission of physical complaints.

Furthermore, EMDR has been described as a versatile and flexible therapy, with applicability extending to non-trauma domains such as test anxiety<sup>19</sup>, which broadens its clinical relevance. Reports of rapid symptom change after a single session, as seen in this case, have also been documented in the literature.<sup>9,20,21</sup> This rapidity may be particularly advantageous in contexts where access to mental health care is limited, or where immediate symptom reduction is critical, such as in disaster settings or primary care.

From a theoretical perspective, this case is consistent with Shapiro's (2001) notion of "survivors of physical illness," emphasizing that trauma can manifest not only through psychological distress but also through physical illness and pain syndromes.<sup>9</sup> The present findings add to the growing body of research advocating for the development of tailored EMDR protocols for chronic medical conditions and trauma-related somatic disorders.<sup>13</sup>

Although the generalizability of a single case report is limited, it nevertheless provides valuable clinical insights. This case underscores the need for randomized controlled trials, multicenter studies, and long-

term follow-up research to establish EMDR as a standard treatment option for trauma-related somatic symptoms. By integrating psychotherapeutic approaches such as EMDR into the management of chronic pain and medically unexplained symptoms, clinicians may be able to address not only the subjective suffering of patients but also the broader social and economic burden associated with these conditions.

### Conclusion

EMDR may offer an effective, time-efficient, and non-invasive treatment option for patients exhibiting trauma-related somatic symptoms. This case highlights the importance of considering trauma as an underlying factor in medically unexplained pain and supports the inclusion of EMDR in the treatment repertoire for such conditions. However, this increasing clinical use has necessitated the need to test the effectiveness of EMDR in pain management through randomized clinical trials. Larger, multicenter, and controlled studies are needed to further explore the effectiveness of EMDR treatment for psychosomatic disorders.

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