



Introduction

I became a psychologist because I wanted to help people. One of my first patients happened to be a young woman suffering from chronic pain after a car accident. Before the accident Jenny was a healthy stable young woman in the full bloom of life, looking forward to building a home and having a family. After the accident Jenny was virtually a cripple - reduced to living in the basement of her parent's home. Jenny's days were painful ordeals where she struggled to get relief from her throbbing lower back. The pain-killers she had been prescribed had ceased having any effect long ago. Her only escape was the night when she might snatch a few hours of fitful sleep. Whatever I tried, relaxation, guided imagery, distraction, the effects were so temporary, so inadequate in the face of such unending pain. Although Jenny clearly appreciated my concern and my woeful attempts to alleviate her suffering, this never felt satisfactory to me nor I suspect her. So affected was I by Jenny and other people like her, I spent the next two decades trying to develop skills for how to master this terrible condition. I learned hypnosis, meditation, CBT (Cognitive Behavior Therapy). I had some success with these methods some of which fit into the approach described in this book, but with the occasional exception of hypnosis, they had little or no effect on the core problem - pain. My disappointment with CBT was confirmed in a recent review for the Cochrane library which concluded that the method has at best weak effects in terms of pain control and small to moderate effects on mood problems associated with chronic pain.¹ While not wanting to dismiss the tremendous efforts of clinicians and researchers who have embraced this method, and the many who have benefited from it, I have to agree with the authors of this review that new ideas are needed.

1 The Cochrane library is a collection of reviews of different health treatments conducted by independent medical and research professionals.

About 15 years ago I learned EMDR (Eye Movement Desensitization & Reprocessing). EMDR derives its name from its core element of a dual-focus/bilateral stimulation process where the patient focuses on their problem whilst simultaneously focusing on bilateral eye movements (or audio or tactile stimuli). When tested on single trauma victims, recipients reported complete resolution of traumatic memories in just a few sessions. Although EMDR was mainly used as a treatment for PTSD (posttraumatic stress disorder), the dramatic decrease it stimulated in physiological distress (a key symptom of PTSD) made me wonder immediately if this method might not be helpful with chronic pain. I discovered that an American psychologist named Bruce Eimer had experimented with the method with some success. Building on his early ideas I started treating chronic pain sufferers with EMDR over 10 years ago. Some patients reported dramatic reductions in pain almost immediately, some patients reported more modest effects, and some did not benefit at all.

Over time I saw more chronic pain sufferers gaining mastery over their pain, the elusive holy grail of psychological pain management. I continued to research what it was about EMDR that was helpful and what was different about those who didn't find it helpful. I wrote several peer-reviewed scientific articles describing my research findings. Although there were always failures, there were enough successes to warrant writing a self-help book based on EMDR as a treatment for chronic pain. The first edition of 'Change Your Brain Change Your Pain' (CYBCYP) introduced EMDR and described how to use certain elements of this method to overcome pain. I think I was something of a pioneer in attempting to marry brain science with EMDR and pain. When I first wrote this book it was one of a handful of self-help books with the word 'brain' in them and words like 'Neuroplasticity' were mainly the domain of Neurologists. Now a search of Amazon reveals 1950 self-help books with the word 'brain' in the title and concepts such as neuroplasticity and biochemical imbalances have entered everyday usage.

While the original CYBCYP has held a steady appeal for clinicians and patients looking for new ideas about pain, new discoveries regarding the role of the brain in pain, together with clinical advances arising from my clinical work and research, mean it's time for an update. This revised edition includes new information about the role of the brain in pain, the effects of severe stress and trauma, a broader definition of the problem incorporating past trauma, emotional aspects of pain, current stressors and the effects of chronic pain on identity.

The new Change Your Brain Change Your Pain is divided into three parts consisting of the theoretical basis of this approach and then a description of top-down (part two) and bottom-up (part three) strategies respectively. Part one (chapters 1-3) summarizes the role of the brain in pain and introduces a 7-step brain smart approach to overcoming chronic pain. In chapters one and two you will develop an understanding of your pain based on first principles, the very basic processes which maintain pain in your brain, how your brain works and how it is affected by severe stress in ways which maintain pain. The three levels of information processing will be described; sensory, emotional and cognitive. You will also learn that your brain processes

information in a top-down and a bottom-up direction depending on what type of information it is dealing with. For example, sensory information gets processed in an upwards direction while cognitive information gets processed in a downwards direction. Just this simple fact gives you a lot of power to change your pain – by learning sensory-emotional strategies which influence your pain memories.

Chapter three reintroduces EMDR as a treatment for pain and describes a 7-step process for overcoming chronic pain based on the 7 core challenges of chronic pain, namely;

1. Tame the pain
2. Emotional regulation
3. Trauma processing
4. Self-care
5. Uncovering the meaning of your pain
6. Dealing with other stressors
7. Reintegration

The seven steps are based on a combination of the 8 phases of EMDR and the sensory, emotional and cognitive elements that make up chronic pain. The 7 steps follow a bottom-up direction (reflecting the direction of information processing in the brain) with the first four categorized as bottom-up and the last three top-down.

Part two (chapters 4 – 10) describes how to implement the first four stages of the 7-step approach. These consist of Bottom-up strategies beginning with taming the pain and moving through to self-care. Each chapter introduces one or more of the 7 bottom-up and 8 top-down strategies that action the 7 steps for changing your brain changing your pain. Consequently the self-help part of this book begins with the most basic sensory pathway; touch, followed by bilateral stimulation and then other sensory strategies. Chapters 6 and 7 explain the role of feelings in chronic pain and how to regulate them. Chapter 8 explains how EMDR can help resolve trauma which may be maintaining your pain. Chapters 9 and 10 describe how to maintain good physical and emotional self-care.

Part three (chapters 11 – 13) describes how to implement the three top-down steps for overcoming pain; uncovering the meaning of your pain, dealing with other stressors and reintegration. Chapter eleven describes how to use your prefrontal cortex to interpret negative emotional aspects of your pain in terms of your self-concept and also how to use positive emotions stimulated by the

strategies used as a basis for more positive beliefs. Chapter twelve describes some of the most common stressors associated with chronic pain and five top-down strategies for dealing with them. Chapter 13 describes how to develop a new identity based on the lessons learned from your use of the strategies in this book.

How to get the most out of this book

Reading chapter three and learning about the 7 stages of overcoming pain should give you a sense of where you are at and where you need to start. The 'how to' for each stage consists of 15 strategies divided into eight bottom-up and seven top-down strategies. A total of 40 activities are described (including 15 audio downloads) to help you implement these strategies. These are summarized in appendix B. As you work through the book and select the activities which you feel will be most helpful to you, you might want to list them in appendix C and chart your daily usage of them for 21 days – the recommended time period for developing a new habit.

You will need to be patient – but by the time you complete the process outlined in this book, you should understand your pain more, have a greater sense of mastery over your pain, experience less suffering, and have developed a new sense of self that is able to incorporate the pain into your life in an adaptive way. This book is not meant to be a substitute for professional help, but rather an adjunct to whatever medical, physical and psychological therapies you are already receiving.

With the exception of Tom (chapter 3) and Michael Weisskopf (chapter 13) all the stories of pain sufferer's in this book are based on the authors own clients. Nothing has been made up, only the names have been changed.

The brain graphics in this book are designed to be accessible to the non-professional, meaning they contain just enough detail to convey the concepts being explained – they are not intended to be exact maps of brain structure or functioning; that would require a level of detail which would be unnecessarily complex for the purposes of this book. The purpose of the brain graphics is to provide a neurological rationale for the strategies described in this book, and a way of ordering them in order to maximize capabilities of brain. Of course if this book inspires you to learn more about your brain, this can be a very beneficial thing.

Although this book was inspired by EMDR, which is mainly recognized as a trauma therapy, I recognize that not everyone's pain is based on trauma, and therefore EMDR may not work for everyone. However, EMDR is by definition an integrative approach incorporating many elements of other methods. Consequently the scope of this book is broad, incorporating a range of sensory, emotional and cognitive strategies in addition to the elements based on EMDR. There should be something here for everyone.

The ideas in this book are based on a combination of the results of my own published research, my reading of others' research and brain science literature, and my own clinical experience. The scientific references for each chapter can be found at the end of the book.

Peace and healing,

A handwritten signature in black ink, appearing to read 'Mark Grant', written in a cursive style.

Mark Grant MA
Melbourne, July 2016