


THE APPLICATION OF EMDR THERAPY IN THE MANAGEMENT OF CHRONIC PAIN AND ANXIETY IN HOSPITALIZED PATIENTS: A LITERATURE REVIEW

A APLICAÇÃO DA TERAPIA EMDR NO MANEJO DA DOR CRÔNICA E DA ANSIEDADE EM PACIENTES HOSPITALIZADOS: REVISÃO BIBLIOGRÁFICA

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Abstract

Chronic pain and emotional disorders associated with prolonged hospitalization represent significant challenges for multidisciplinary healthcare teams. Patients undergoing long periods of hospitalization frequently present symptoms of anxiety, fear, stress, psychological distress, and dissociative manifestations that may worsen their clinical condition and compromise recovery. In this context, Eye Movement Desensitization and Reprocessing (EMDR) has emerged as a promising psychotherapeutic approach for the treatment of traumatic experiences and emotional symptoms related to medical conditions. The present study aims to analyze, through a literature review, the effectiveness and applicability of EMDR as a psychological intervention for chronic pain and anxiety in patients undergoing prolonged hospitalization. This is a qualitative bibliographic study, conducted through the analysis of scientific articles, books, and academic documents published in national and international databases. The results indicate that EMDR has the potential to reduce pain intensity, decrease anxious and dissociative symptoms, and promote emotional coping with chronic illnesses. However, the literature highlights challenges related to adapting traditional protocols to the hospital context, as well as the need for properly trained professionals. It is concluded that EMDR constitutes a promising therapeutic strategy

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in the hospital environment, although further studies are needed to consolidate evidence regarding its effectiveness in different clinical populations.

Keywords: Anxiety, Chronic pain, EMDR, Hospital Psychology, Prolonged hospitalization.

Resumo

A dor crônica e os transtornos emocionais associados à hospitalização prolongada representam desafios significativos para as equipes multiprofissionais de saúde. Pacientes submetidos a longos períodos de internação frequentemente apresentam sintomas de ansiedade, medo, estresse, sofrimento psicológico e manifestações dissociativas que podem agravar o quadro clínico e comprometer a recuperação. Nesse contexto, a *Eye Movement Desensitization and Reprocessing* (EMDR), ou Dessensibilização e Reprocessamento por Movimentos Oculares, tem se destacado como uma abordagem psicoterapêutica promissora para o tratamento de experiências traumáticas e sintomas emocionais relacionados a condições médicas. O presente estudo tem como objetivo analisar, por meio de revisão bibliográfica, a eficácia e aplicabilidade do EMDR como intervenção psicológica para dor crônica e ansiedade em pacientes submetidos à internação hospitalar prolongada. Trata-se de uma pesquisa bibliográfica, de natureza qualitativa, realizada a partir da análise de artigos científicos, livros e documentos acadêmicos publicados em bases de dados nacionais e internacionais. Os resultados apontam que o EMDR apresenta potencial para reduzir a intensidade da dor, diminuir sintomas ansiosos e dissociativos e favorecer o enfrentamento emocional de doenças crônicas. Entretanto, a literatura destaca desafios relacionados à adaptação dos protocolos tradicionais para o contexto hospitalar, bem como a necessidade de profissionais devidamente capacitados. Conclui-se que o EMDR constitui uma estratégia terapêutica promissora no ambiente hospitalar, embora sejam necessários mais estudos para consolidar evidências sobre sua efetividade em diferentes populações clínicas.

Palavras-chave: Ansiedade, Dor crônica, EMDR, Hospitalização prolongada, Psicologia Hospitalar.



INTRODUCTION

Chronic pain is currently recognized as one of the main public health problems worldwide. Characterized by the persistence of pain for a period exceeding three months, this condition significantly affects individuals' quality of life, producing physical, emotional, social, and functional repercussions. In addition to the limitations resulting from physical suffering, patients with chronic pain frequently present associated psychological symptoms, such as anxiety, depression, fear, hopelessness, and cognitive alterations that directly interfere with clinical prognosis and treatment adherence.

In the hospital context, especially in situations of prolonged hospitalization, emotional impacts tend to be even more significant. Extended stays in a hospital environment often involve invasive procedures, separation from family and social routines, uncertainty regarding the progression of the disease, and continuous exposure to potentially traumatic situations. According to Farrell et al. (2016), many hospitalized patients develop emotional responses similar to those observed in traumatic events, including hypervigilance, intense anxiety, a sense of vulnerability, and dissociative symptoms.

The relationship between pain and emotional suffering has been widely studied in the scientific literature. Research indicates that the experience of pain is not limited to physiological mechanisms but also involves psychological, behavioral, and social aspects. In this sense, emotional factors may amplify the perception of pain, while traumatic experiences may contribute to its chronification (Tesarz et al., 2014).

Given this scenario, the search for integrated therapeutic approaches has gained relevance in contemporary clinical practice. Among these approaches, Eye Movement Desensitization and Reprocessing (EMDR), developed by Francine Shapiro in the late 1980s, stands out. Initially created for the treatment of Post-Traumatic Stress Disorder (PTSD), the technique is based on bilateral stimulation associated with the adaptive processing of traumatic memories, allowing the reorganization of emotionally disturbing experiences (Shapiro, 2018).



In recent decades, EMDR has significantly expanded its field of application. Studies have demonstrated promising results in the treatment of anxiety disorders, depression, phobias, complicated grief, somatic disorders, and chronic pain. According to Shapiro (2018), many persistent physical symptoms are associated with dysfunctionally stored memories, which can be reprocessed through EMDR therapy.

In the field of chronic pain, Tesarz et al. (2014) conducted a meta-analysis that identified positive effects of EMDR in reducing pain intensity and improving patients' psychological functioning. Similar results were observed by Mazzola et al. (2009), who found benefits of the technique in hospitalized patients with phantom limb pain following amputation.

Another relevant aspect concerns the presence of dissociative symptoms in patients subjected to prolonged or highly stressful medical experiences. Dissociation may manifest through alterations in the perception of reality, a sense of emotional detachment, memory difficulties, and disconnection between emotional and bodily experiences. Such manifestations may hinder adaptation to treatment and aggravate patients' psychological suffering.

Despite the growing interest in the use of EMDR in medical-hospital contexts, its application in this environment presents specific challenges. Hospitals frequently impose limitations related to the time available for intervention, patients' clinical conditions, and institutional dynamics. In response to these demands, adapted protocols, such as the EMDR Integrative Group Treatment Protocol (EMDR-IGTP) and the PROPARA protocol, have been used to increase the feasibility of the technique in hospital settings and psychological emergency situations.

Given this context, it becomes relevant to investigate the available scientific evidence regarding the effectiveness and applicability of EMDR in the management of chronic pain and anxious and dissociative symptoms in patients undergoing prolonged hospitalization.



The present study seeks to answer the following research problem: what evidence does the scientific literature present regarding the effectiveness of EMDR in reducing chronic pain and symptoms of anxiety/dissociation in patients during prolonged hospitalization?

The general objective is to analyze, through a literature review, the effectiveness and applicability of EMDR as a psychological intervention for chronic pain and anxiety in the context of prolonged hospitalization.

The specific objectives are: to identify the main EMDR protocols used in the hospital environment; to verify the outcomes reported in studies regarding the reduction of pain and anxious and dissociative symptoms; and to discuss the limits, contraindications, and professional training requirements for the application of EMDR with hospitalized patients.

METHODOLOGY

The present study is characterized as a bibliographic review, qualitative, descriptive, and exploratory in nature. The research was conducted between January 2026 and June 2026, encompassing the stages of bibliographic survey, study selection, critical reading, data analysis, and preparation of the scientific article.

The search for the theoretical framework was carried out in the Scientific Electronic Library Online (SciELO), PubMed, Virtual Health Library (BVS), PePSIC, and Google Scholar databases.

The following descriptors were used in Portuguese and English: EMDR AND chronic pain AND hospitalized patients; EMDR AND anxiety AND inpatients; Eye Movement Desensitization AND chronic pain AND inpatients; EMDR AND dissociation AND hospital; EMDR AND medical trauma; EMDR AND hospitalization.

The inclusion criteria comprised scientific articles, systematic reviews, meta-analyses, clinical studies, dissertations, theses, and book chapters published between 2000 and 2025, in Portuguese,



English, and Spanish, related to the use of EMDR in patients with chronic pain, anxiety, medical trauma, or dissociative symptoms.

Duplicate works, publications without full text available, studies with no direct relationship to the hospital context, or studies without a specific focus on EMDR were excluded.

After applying the selection criteria, the studies were analyzed using the thematic analysis technique, allowing the organization of results into categories related to clinical effectiveness, protocols used, limitations of the technique, and challenges for its implementation in the hospital environment.

DEVELOPMENT

THEORETICAL FOUNDATIONS OF EMDR THERAPY

EMDR therapy was developed by Francine Shapiro in 1987 and is grounded in the Adaptive Information Processing (AIP) Model. According to this model, traumatic experiences may remain dysfunctionally stored in the nervous system, generating persistent emotional, cognitive, and physical symptoms (Shapiro, 2018).

The technique uses bilateral stimulation, generally through eye movements, alternating touches, or auditory stimuli, facilitating the reprocessing of disturbing memories. The standard protocol consists of eight phases that include clinical assessment, patient preparation, identification of target memories, desensitization, installation of positive cognitions, and reevaluation.

EMDR AND CHRONIC PAIN

The literature demonstrates that traumatic experiences can directly influence the perception and maintenance of chronic pain. According to Tesarz et al. (2014), patients with persistent pain present a significantly higher prevalence of traumatic experiences throughout life when compared to the general population.



The meta-analysis conducted by Tesarz et al. (2014) identified that EMDR promoted a significant reduction in pain intensity across different clinical conditions, including fibromyalgia, musculoskeletal pain, and neuropathic pain.

Mazzola et al. (2009) investigated the use of EMDR in amputee patients with phantom limb pain during hospitalization. The results indicated significant improvement in painful symptoms and reduction of the emotional suffering associated with limb loss.

According to Shapiro (2018), the reprocessing of traumatic memories related to the experience of illness or medical procedures may contribute to reducing emotional components that amplify pain perception.

EMDR FOR ANXIETY AND DISSOCIATIVE SYMPTOMS

Patients undergoing prolonged hospitalization frequently present high levels of anxiety. Fear of death, uncertainty about treatment, and temporary loss of autonomy constitute potentially stressful factors.

Farrell et al. (2016) emphasize that EMDR presents promising results in reducing anxiety associated with severe illnesses, invasive procedures, and traumatic medical experiences.

Dissociative symptoms also deserve special attention. In hospital contexts, some patients may develop dissociative mechanisms as a form of psychological coping with intense suffering. In such cases, EMDR enables the gradual processing of traumatic experiences, promoting greater emotional integration.

PROTOCOLS ADAPTED TO THE HOSPITAL CONTEXT

Although the traditional EMDR protocol has an average duration of 60 to 90 minutes, this format is not always compatible with the hospital reality.



In response to this limitation, specific adaptations have emerged. The EMDR Integrative Group Treatment Protocol (EMDR-IGTP) allows group interventions, reducing the time required for care and expanding therapeutic reach.

Another frequently cited model is the PROPARA protocol, developed for crisis and acute trauma contexts, allowing shorter interventions adapted to institutional needs.

These protocols have been used in hospitals, emergency units, and disaster contexts, demonstrating potential to reduce psychological suffering in vulnerable populations.

CONCLUSION

The present study aimed to analyze, through a literature review, the effectiveness and applicability of Eye Movement Desensitization and Reprocessing (EMDR) therapy as a psychological intervention aimed at managing chronic pain, anxiety, and dissociative symptoms in patients undergoing prolonged hospitalization. Based on the analysis of the selected studies, it was possible to understand that the suffering experienced by hospitalized individuals is not limited to the physical aspects resulting from disease, but involves a complex interaction among biological, psychological, emotional, and social factors, requiring increasingly integrated and humanized therapeutic approaches.

The findings show that chronic pain should be understood as a multifactorial phenomenon, whose maintenance often goes beyond the pathophysiological mechanisms initially responsible for its manifestation. The analyzed literature demonstrates that traumatic experiences, situations of intense stress, fear, insecurity, anxiety, and emotional suffering can directly influence the perception and intensity of pain. Thus, interventions that consider the emotional aspects involved in the illness process have significant potential to complement conventional treatments provided in the hospital environment.

In this context, EMDR emerges as an innovative and promising approach, based on the Adaptive Information Processing Model, which understands emotional and physical symptoms as possible consequences of experiences inadequately processed by the nervous system. The reviewed studies



indicate that the technique has been used with positive results in different clinical conditions, contributing to the reduction of pain intensity, anxiety, psychological suffering, and dissociative symptoms associated with traumatic experiences related to illness, medical procedures, and hospitalization itself.

The analysis of the publications made it possible to verify that patients undergoing long periods of hospitalization often experience situations capable of triggering emotional responses similar to those observed in traumatic events. Fear of death, uncertainty regarding prognosis, loss of autonomy, separation from family, continuous exposure to invasive procedures, and dependence on specialized care constitute factors that may generate significant psychological suffering. In many cases, these factors contribute to the worsening of physical symptoms, forming a feedback cycle among pain, anxiety, and emotional stress.

The studies analyzed indicate that EMDR has the potential to interrupt this cycle by promoting the adaptive reprocessing of traumatic memories and emotionally disturbing experiences. By reducing the emotional charge associated with these experiences, the technique may contribute not only to patients' psychological improvement, but also to the reduction of the subjective perception of pain and to the strengthening of internal coping resources in the face of illness and hospitalization.

Another relevant aspect identified in this review concerns the use of EMDR in patients presenting dissociative symptoms. Dissociation is frequently understood as a psychological protective strategy in the face of extremely stressful or traumatic situations. In the hospital context, dissociative manifestations may arise as a response to the intense suffering caused by illness, medical procedures, or the perception of threat to one's own life. Studies indicate that EMDR may assist in the integration of these experiences, favoring greater emotional stability and better adaptation to treatment.

In addition to the benefits observed in the management of pain and emotional symptoms, the literature highlights that the use of EMDR may contribute to the humanization of healthcare assistance. In a setting often marked by interventions primarily directed toward the biomedical aspects of disease, the inclusion of psychotherapeutic strategies capable of addressing patients' subjective suffering represents an



important advance in the promotion of comprehensive care. This perspective is supported by the principles of multidisciplinary care and person-centered care, widely advocated by contemporary health policies.

However, despite the promising results found, the review also made it possible to identify important limitations related to the application of EMDR in the hospital environment. One of the main difficulties concerns the adaptation of the technique's traditional protocols to the clinical and institutional conditions of hospitals. The standard EMDR protocol was originally developed for structured sessions, generally conducted in outpatient settings and with relatively long duration. In hospital contexts, especially in inpatient units, intensive care, or palliative care, it is not always possible to reproduce these conditions.

In view of these limitations, the literature points to the development of adapted protocols, such as the EMDR Integrative Group Treatment Protocol (EMDR-IGTP) and the PROPARA protocol, which seek to make the intervention more flexible and compatible with the demands of the hospital environment. These models represent important advances in expanding access to the technique, although additional research is still needed to enable a more robust evaluation of their effectiveness in different clinical populations.

Another challenge identified concerns the need for specific training of the professionals responsible for applying the technique. EMDR requires specialized training, adequate supervision, and strict adherence to internationally established protocols. Thus, the expansion of its use in hospitals depends not only on the production of scientific evidence, but also on investment in the continuing education of psychologists and other mental health professionals.

The review also showed that, although there is a growing number of studies on the use of EMDR in chronic pain and medical trauma, there are still important methodological limitations in the available literature. Many studies present small samples, differences in the protocols used, and absence of



longitudinal follow-up of participants. These limitations make it difficult to compare results and reinforce the need for future research with more robust methodological designs.

In this sense, randomized clinical trials, multicenter studies, and longitudinal research are recommended in order to evaluate the effects of EMDR in different hospital contexts, including wards, intensive care units, oncology, physical rehabilitation, and palliative care. Future investigations may also contribute to identifying which patient profiles benefit most from the intervention, as well as which methodological adaptations are most appropriate for each clinical reality.

In light of the findings presented, it is concluded that EMDR therapy constitutes a promising psychological intervention in the management of chronic pain, anxiety, and dissociative symptoms in patients undergoing prolonged hospitalization. Its capacity to simultaneously address emotional aspects and traumatic experiences related to illness expands the therapeutic possibilities available for the promotion of comprehensive healthcare.

Finally, it is emphasized that the incorporation of evidence-based psychotherapeutic strategies, such as EMDR, represents an important opportunity to strengthen humanized and comprehensive care practices in the hospital environment. By recognizing the complexity of human suffering and the interdependence between physical health and mental health, healthcare services can offer more effective interventions, contributing to improvements in quality of life, emotional well-being, and clinical outcomes among hospitalized patients.

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