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EMDR TREATMENT OF EARLY TRAUMA ACTIVATED BY PRESENT EVENTS - A CASE REPORT

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INTRODUCTION

Central topic of contemporary mental health literature is traumatization and influence of traumatization on psychological and physical functioning of people.

According to a dictionary definition, trauma is any life event that has a permanent negative effect on life and functioning of a person. How traumatizing a life event can be depends not only on severity and seriousness of the event, but on the age, personality and resilience of an individual (Petrović 2004, Herman 1997).

Shapiro (2012), speaks about traumas that do not happen due to a life-threatening experience (war, disasters, victims of violence), but also about traumas that we mark with small 't', primarily referring to traumas from developing age (abandonment, neglect, conflict environment in the primary family, etc.).

Ackerman (Ackerman & Kuburić 2009, as cited in Sinđić 2013) points out that family has a primary role in development of a personality. In a psychological sense members of a family relate to one another because family is a place where primary emotions are exchanged. Emotional climate or common family communication style creates relations which are in bigger or lesser amount suitable for a healthy or unhealthy mental development of each family member. Family environment is considered to be the key factor in psychological adaptation of adolescents. (Moos 1984, Lofgrem & Lapsen 1992 as cited in Todorović 2006). A significant role in personality development in an early age and later in life has family environment (Tomić 2008).

Developing traumas are painful, hurtful experiences gained during development age in an interaction with people who raised us (parents or guardians). Each of these injuries does not have a power of a traumatic experience nor can it by itself disturb psychological and physical integrity of a person. What makes developing traumas to be traumatic and gives them strength is cumulating minor injuries which make wounds that are more difficult to heal.

Any criticism and insulting children can cause them to have a feeling of rejection which a child understands as his/her own inadequacy. Repeated, cumulated experiences of rejection make a child feel inadequate, less worthy or even worthless.

Jeremić et al. (2006), emphasize that in children and youth depressive responses, states and neurosis are linked to unsuitable family circumstances and usually come from the outside. Depressed children and youth have often lost one or both parents due to divorce, death, abandonment, rejection and belittling by their parents. A child's response to parents' divorce depends on the age of the child at the time of divorce, previous experiences gained from the relationship with parents and other family members, parents' personalities, their behavior and attitude towards the child and towards divorce (Tadić 2009).

Research has shown that divorce changes the image that a child has about himself/herself. Children of divorced parents show a bad opinion about themselves (Čudina-Obradović & Obradović 2006).

Frequent quarrels, expressing anger and abuse of parent's authority leave devastating consequences on the child's personality (Ćatić 2006). If we add to this families without one or both parents, divorced parents, children born outside marriage, preoccupied parents it is more evident how vulnerable children are (Ćatić 2006).

A long-term effect of divorce is manifested through creating permanent emotional relationships in adulthood on children from divorced parents, meaning that people whose parents divorced have more problems in romantic relationships, which authors explain with social learning (Čudina-Obradović & Obradović 2006).

Many neurobiologists and memory researchers emphasize that memories about a big trauma and other disturbing life events are stored in a wrong type of memory. Instead of being stored in explicit or narrative memory (conscious, linked to other experiences, memorized without pain), they are stored in implicit or non-declarative memory where there are emotions and bodily sensations which were a part of a traumatic event. These painful emotions and sensations are triggered in situations similar to a traumatic event (Siegel 1999, according to Shapiro & Forrest 2012). Memories are, in fact, linked memory networks organized around the earliest experiences. Memory networks contain thoughts, images, feelings and bodily sensations.

It is traumatization and impact of stress that were in the main focus of the author Francine Shapiro that led to development of "Eye Movement Desensitization and Reprocessing" EMDR psychotherapy approach – "Eye Movement Desensitization and Reprocessing" therapy.

Developing an original concept about functions of brain structure connected with memory processes in traumatic life experiences, both for traumatic events of big and small scale, EMDR provides hypothetical possibility for creating dysfunctional stored memory with not only its psychological but also physiological aspects. Originality of EMDR therapy is in focusing on processing dysfunctional stored memory, assisted by bilateral brain stimulation and reactivating natural capacity for functional, thoughtful and adaptive information processing (AIP) (Shapiro 2002, Hasanović 2014).

According to EMDR approach, inside the brain structures there is "a system for adaptive information processing" which is innate, adaptive and determined by physiological processes inside the brain. Traumatic events can lead to "locking-up", blocking this natural system for information processing when dysfunctional memory is formed (Shapiro & Forest 2012). Dysfunctionality of traumatic memory is its "non-processing", its relatively primordial form which still contains visual, cenesthetic, affective and negative cognitive aspects connected with an event which, due to that, can affect causing psychological problems. EMDR facilitates to unblock these "locked" memories and connect them with other functional memory networks. In this way previous experience ceases to be disturbing in the present.

Although in the beginning EMDR therapy was used only in PTSPD treatment, nowadays it is also used in treatment of various psychological disorders such as other anxiety disorders, somatoform disorders, mood disorders such as depression, whereas in treatment of aspects connected with self-esteem EMDR therapy is used for treating problems from the past, the present, and desired behavior in the future (Shapiro 2002, Shapiro & Forest 2012).

CASE REPORT

A client, aged 40, born into an incomplete family as the only child of the parents. The parents got divorced prior to the client's birth. Until the age of 11, the client lived with her maternal grandparents (the grandmother was suffering from schizophrenia).

Between the age of 11 and 18 she grew up with her mother, stepfather and stepbrother, and witnessed frequent conflict situations between her mother and her stepfather.

Her mother was rigid, controlling, critical, and the client described her life with her mother as 'grim'.

She had no contact with her father. She finished secondary school, she is unemployed. She got married in Germany, where she was a refugee. After the war, pregnant with her second child, together with her husband and her pre-school-aged daughter, she moved to the family house of her mother and stepfather. At the moment she lives with her husband and her 16-year-old son, while her daughter started her own family.

Three months prior to seeing a psychiatrist she had had a surgery of cervix, and at the same time her daughter had got married. After this she found out about her husband's emotional affair, which led to a verbal conflict that was resolved with an agreement that they would live 'as friends'. She now realizes that it does not work.

Current Problem

She came to see a psychologist upon the recommendation of the family doctor, because she had no will power to do anything, she often cried and did not sleep well. She wanted a divorce, but it was hard for her, because she is a child of divorced parents, she did not want to be like her mother, because she has always blamed her mother for her parents' divorce. Her husband did not want a divorce and believed that they could overcome the 'crises'. Her mother has always been strict, overly critical, and someone who wants to control. The client verbalized immense difficulties about making a decision about the divorce, since her mother had always been the one to make decisions and give orders.

She has a small circle of friends, but she pointed out that they are mutual friends of hers and her husband, so she has no one to confide in.

The first psychological assessment pointed to symptoms of depression, as well as low Self-confidence and low self-esteem.

Case Conceptualization

Using the EMDR therapy approach terms, (Shapiro & Forrest 2012), the client had a reaction to inner, associative reality, i.e. her perception of the present events (marital problems), was automatically connected with the past in the memory network and led to storing negative emotions and overwhelming the person with them. Her processing revolves around the relationship with her mother, a 'locked' inappropriate feeling of responsibility, inadequacy, low self-worth, and even worthlessness.

Treatment Session Reports

Session 1

After the preparation phase, which included taking history and providing psychological counseling about marriage for the husband, the therapeutic relationship between the client and the therapist was being developed.

After the client had identified her traumatic life experiences, she was informed about the possibility of applying EMDR therapy, which she accepted, so the next to be done was relaxation exercise "Safe Place" and the client was given a task to apply it until the next session and in high-stress situations.

Session 2

In the next session the standard EMDR target plan was defined and initiated processing of the target event, experience from the past, the image of the mother, criticizing.

Target, worst part/image: mother yelling, criticizing ("you don't know, you didn't do it right, not good") with a raised index finger.

Negative cognition (NC): "I am worthless."

Positive cognition (PC): "I am worthy."

Initial Validity of positive Cognition (VoC), was rated five, while the initial Subjective Unit of Disturbance scale (SUDs) was rated seven.

Emotion of fear that she feels the most as a bodily sensation is pressure in the chest.

The client was instructed to keep the image and the negative cognition connected with it, emotion and bodily sensation while following the fingers of the therapist in order to achieve bilateral eye movements.

Desensitization eye movement process induced a change in images and various bodily sensations. In the beginning the images were about mother's absence in her childhood and presence of intense feeling of loneliness.

Afterwards there were images of life with the mother, exposure to constant criticism, dysfunctional family relations and the need to hide everything from the mother.

A year of the life she spent with her mother in Libya she described as follows: "I am alone with her; that is the most difficult year in my life." After a series of disturbing images and bodily sensations, she said that the image of a strict mother was fading, and now there was an image of a mother who was also a victim of others, and that she wanted to hug her.

An intervention was done so that she did it instantaneously.

After the stimulation the client informed the therapist that she managed to do it, to hug her mother and she hugged her back: "We didn't talk, but it is alright.", after which the client cried, lowered her head and said: "She didn't know better."

After the stimulation she verbalized that she forgave her mother, after which she did not verbalized disturbing material.

Subjective Unit of Disturbance is rated two, after the stimulation implemented in two sets, disturbance was rated 1, after which two sets of stimulation were implemented and she rated it zero.

During the installation she retained positive cognition "I am worthy.", and then rated the validity of positive cognition as six. After the stimulation she rated the validity of positive cognition as seven. Body scan did not show disturbance. The complete session was finished.

Instructions in accordance with the EMDR therapy were given and a new session was scheduled in 10 days.

Session 3

After the first EMDR session the client already reported better quality of sleep, crying less and a lower level of disturbance.

Next session, upon the client's request, was started with the current trigger, the current problem which was defined as unpleasant smell of her husband, which caused difficulties in maintaining sexual intercourse with him.

Target, worst part: "A specific smell, bad odor when her husband approaches her."

Negative Cognition (NC): "I am not good enough."

Positive Cognition (PC): "I am good enough."

VoC (on the scale from 1 to 7, where 7 is absolutely true and 1 is false) was rated four.

Emotion was sadness.

SUDs (on a scale from 0 to 10, where 10 is the greatest disturbance and 0 is absolutely calm) was rated six.

Bodily sensations: "Pressure in the chest. "

Desensitized eye movement induced various bodily sensations such as severe pressure in the chest and breathing difficulties. After three sets of stimulations she saw only one image: "I am lying motionless on the marriage bed.", which she reported about in tears.

Due to all this I made an intervention, suggesting that she should try to take binoculars and turn it around and then look at the bed in which she saw herself lying.

After the intervention she reported that she had doubts whether to "tell her -meaning herself- something". However, after the stimulation she realized that she had nothing to say, but she asked again: "Did I do this to myself?"

Repeated stimulation led to a statement: "It is nobody's fault, not mine nor his."

After further stimulation she reported: "I have to do what others tell me, I feel the pressure in my chest.", and "I want it to stop, so that I don't have to do it.", after a new stimulation: "I have the right to choose."

Next stimulation led again to tears and verbalization: "I feel disgusted, I hate myself." Then, she reported twice that she felt better and that she could choose, she smiled, and after the stimulation she reported: "I see flowers, the light as if there had been window blinds, and now they are gone, I feel relieved, I am worthy, I can have control."

After the report she felt better, she rates SUD as two, and after two sets of stimulation, she rated it zero.

She maintained positive cognition and quickly installed positive cognition.

During the body scan she did not report disturbances, so the reinforcement stimulation was done.

Session 4

Having finished two complete EMDR sessions, the client verbalized migraine the following day or several days after the treatment with EMDR therapy.

Through the interview I found out that the client had been having migraines for the past 20 years and that their occurrence made the client nonfunctional.

She was then interested to find out why her migraines had occurred twice during the EMDR treatment, although she described the second migraine as "cheerful", which did not affect her functionality.

The client agreed to do EMDR treatment for migraine. The standard protocol was applied, because it was assessed that migraine appeared as a symptom.

Target, worst part: "The road from Sarajevo to Gradačac, the Karaula Mountain Pass, I can't feel half of my head, as if it is not me."

Negative Cognition (NC): "I don't have control."

Positive Cognition (PC): "I have control."

VoC was rated five.

Emotion was fear.

SUDs was rated seven.

Bodily sensation was heaviness in the body.

During desensitization the client reported various bodily sensations such as feeling hot, sweating, pressure in the chest, a feeling of heaviness followed by crying. Starting with the target image, she reported the image of her daughter who was in the pre-school age at the time, and the fear for her, she mentioned feeling helpless and numb.

After the stimulation she reported: "It feels as if some colors are in front of my eyes, they flicker, and she shows with her finger a shape of a lightning." After the stimulation she declared: "As if this is not me, as if a part of me is missing, as if there is someone else next to me."

Next: "As if I just had had a migraine, I see flickering light, but there is no pain." After the stimulation she reported: "It seems that I was again afraid of her (the mother), and I am walking with my children to the unknown place, one child is with me hopeless and the other is in my belly, and I don't know what to do."; after that she quickly said that she felt fine, and that "her entire life has been sorted out", that "the entire time she was afraid of her mother and her criticism" and she verbalized: "Finally I am aware of everything. All this time I was afraid of her, but it is me now who is mother-in-law and I achieved everything, I have no reason to be afraid.

After the report she quickly informed that there was reduction of disturbance to zero and a quick installation of the positive memory was done.

Body scan did not show disturbance, and the positive sensation was reinforced.

DISCUSSION

Our Case Report is about positive effects of EMDR therapy and it is in accordance with the results of the research that shows the speed and efficiency even with only three 90-minute EMDR sessions for individual traumatic experiences, i.e. "small-t" traumas (Lazrove & et al. 1995, Shapiro & Forrest 2012, McCullough 2002).

In the first two sessions the client's negative cognition was in the category of responsibility. "I am worthless", "I am not good enough", whereas in the third session negative cognition was in the category of control: "I don't have control."

All three sessions were completed which means that after desensitization and reprocessing of the dysfunctional stored memory, positive cognitions were installed: "I am worthy", "I am good enough", "I have control".

During successive sets in the three sessions, besides achieved desensitization and reprocessing of dysfunctional material from the early age, which dealt with the client's relationship with her mother, the fear of her mother, the feeling of guilt for her parents' divorce, the feeling of being unloved, insecurity and lack of control, the insight was achieved, as well as cognitive restructuring.

Three months after the last session the client felt fine, she completely dissociated herself from the idea of divorce, her self-confidence improved, there were no migraines, which positively affected her functionality in family and social environment.

Using EMDR therapy terminology, during the three therapies we were able to see how old experiences cause deterioration of negative reaction towards new experiences, and how the new ones deteriorate reactions towards old ones. (Shapiro & Forrest 2012).

Some factors which could have contributed to the positive outcome are most definitely client's own initiative to come the treatment, outstanding co-operation, and willingness to confront emotions and the past.

CONCLUSION

The current case report confirms the statements made by Shapiro (Shapiro & Forrest 2012) that the past is the present until application of EMDR treatment facilitated dysfunctional memories from the early childhood to become narrative, i.e. a part of explicit memory integrated in a new meaningful way, which resulted in disappearance of symptoms, establishment of positive affect, achievement of insight, as well as change of beliefs and behavior.

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Irma Omeragić: conception and design of the manuscript and interpretation of data, literature searches and analyses, clinical evaluations, manuscript preparation and writing the paper;

Mevludin Hasanović: made substantial contributions to conception and design, participated in revising the article and gave final approval of the version to be submitted.

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