

## APPLICATION OF EMDR THERAPY IN THE TREATMENT OF COMPLICATED PATIENT IN FAMILY MEDICINE - A CASE REPORT

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### INTRODUCTION

Complex trauma occurs repeatedly and escalates over its duration. In families, it is exemplified by domestic violence and child abuse and in other situations by war, prisoner of war or refugee status, and human trafficking. Complex trauma also refers to situations such as acute/chronic illness that requires intensive medical intervention or a single traumatic event that is calamitous. Complex trauma generates complex reactions, in addition to those currently included in diagnosis of post-traumatic stress disorder (PTSD). This article examines the criteria contained in the diagnostic conceptualization of complex PTSD (CPTSD) (Curtis 2008).

Complex trauma refers to a type of trauma that occurs repeatedly and cumulatively, usually over a period of time and within specific relationships and contexts. The term came into being over the past decade as researchers found that some forms of trauma were much more pervasive and complicated than others (Herman 1992a, 1992b).

For persons with consequences of psychological trauma, unfortunately there isn't simple psychotherapeutic method. Eye movement desensitization and reprocessing (EMDR) is not a „miraculous” method in this field. Still, based on existing studies, it is one of the most tolerable and efficient therapeutic methods in use with traumatized persons (Ebner & Hofman 1997, Eschenröder 1997).

The advantage of EMDR is the fast improvement of symptoms, it doesn't trouble the patient, a small number of breaks is evident, and it gives patient the possibility of personal control (Peterschik 2014, Hasanović 2014).

EMDR can be utilized to target distressing situations that significantly impact an individual, even if they do not meet standard criteria to be classified as traumatic. Because processing is learning, and in EMDR, processing occurs in a way that is natural for the person, EMDR will not take away anything that the client needs or that is appropriate for the situation. EMDR seems to foster the natural adaptive healing and resolution patterns that are innate within human beings (Solomon & Shapiro 2008).

The fundamental premise of the adaptive information processing model (AIP) is that current disturbance is the result of dysfunctional stored information (Shapiro 2001). Processing involves the forging of new associations, with adaptive information from other memory networks able to link in to the memory network holding the dysfunctional stored information (Solomon & Shapiro 2008).

According to World Health Organization (WHO) for the year 2001, prevalence of mental disorders in primary health care was approximately 24%, from which 7.9% belongs to generalized anxious disorders. A huge number of the world's population is affected by chronic and excessively high anxiousness, whose effects on health are considered worse than lung diseases, sleeping disorders, medication dependence and depression (Stojanović Špehar 2007).

General practitioners had assessed that one third of the most frequent patients have combined physical and psychological problems and more than half subclinical and clinical psychiatric symptoms. A good relationship between patient and doctor is the condition for recognizing and diagnosing the psychological component of the patient's problem, regardless of its cause, and also the doctor's application from what is understood, no matter was it expressed by verbal or non verbal communication (Marić 2010).

The aim of this paper was to show the efficiency of EMDR treatment in family medicine in improvement of symptoms in patient with multiple traumatic experiences during his life, who suffered psychological and somatic symptoms.

The patient is on EMDR treatment since June 2017 which is still not completed. Eight sessions are completed so far, with the last one being on the 25<sup>th</sup> August 2017.

First two sessions were preparatory sessions with each of them lasting for 120 minutes. The following sessions were 60-90 minutes long. All sessions were done once a week; with a 3 week break after the 7th session.

Standard EMDR protocol was used along with tapping bilateral stimulation, because the client felt more comfortable if it was used tapping as a type of bilateral

stimulation. In the first reprocessing session, we started with eye movement bilateral stimulation, but the client reported dizziness, so we suggested tapping as a bilateral stimulation which he accepted. In the beginning of all following sessions he reported that he wanted tapping bilateral stimulation instead eye movement bilateral stimulation.

## CASE REPORT

Male patient age 54 comes to family medicine accompanied by his daughter on the 19<sup>th</sup> June, 2017, with symptoms of chest discomfort, tongue numbness, and high blood pressure, which started previous day after a verbal conflict with his boss. During the examination, he is being very anxious and was crying. Until that day he did not have history of chronic illness and he is not on any medication. During the examination and further diagnostic evaluation, he was confirmed with diagnoses of arterial hypertension, dilatation of ascending aorta, generalized atherosclerosis. Besides that, he has a psychiatrist's diagnosis as well: Reaction to stress, which was the reason to start his leave of absence which lasts until this day.

### Client's history

The client finished primary school and a bricklayer course. Employed in the local company as a guard, but at the moment does the work of a stoker and various other jobs that his supervisors command him to do. He is on absence leave at the moment.

He was widowed since a few months ago, his wife died of stomach cancer. He has a 30 year old son, and 17 year old daughter. Seven years ago his middle child, a 21 year old son died in a motorbike accident when he was hit by a car.

Since 1992-1995 he lived in Bosnia and Herzegovina and after that left for Germany with his family. He cannot recall when he came back to Bosnia. During the war '92-'95 he was a soldier on a battlefield. "Two times during the war I was surrounded by the enemy and luckily both times somehow I managed to get away". He remembers when the anti-aircraft machine gun fired and blew his colleague's head; he was shocked and terribly scared at that time. At another time he remembers an instance carrying his neighbor who had a bullet wound through his mouth.

When he was 5 years old, he had undergone a surgery for tonsil removal.

Twenty years ago he had an accident while at work in Germany. Two long metal objects went through his body; one went through his upper leg and the other one through his anus, all the way into the abdomen. He lost consciousness. He remembers that he woke up in the operating room and wondered if he was alive.

Patient's father was agriculturist and died of natural cause one and half year ago. His parents divorced when he was a child. After their divorce he lived with his

father who left to Zagreb for work one or two years after the divorce. Client stayed with his grandmother (father's mother) who lived in the same house with them. His father had five more wives after his mother and client lived with each of them and his father. He said that he blamed, loved and respected his father at the same time," he is still my father". One of his father's wives took all the properties from them and left after eight months of marriage. The other one wanted to throw him into a lime creek when he was nine years old. His grandmother saved him.

Relationship between his parents was good from what other people saw. He can't recall that his father ever hit his mother except when his mother wanted to leave. That time, his father beat his mother so hard that both her arms were broken.

His father beat him all the time. He forbid him to see his mother. His father has always beaten him in the "mutvak" (small old house beside main house) so other people couldn't see it. He was so afraid that he could not control his urine during those times. His clothes were soaked with blood. The methods his father used were always different, sometimes it was with hands, sometimes with legs, other instances with sticks or even wooden objects. There were times when his father covered his head with something like a linen bag when he beat him. There were times when his sister found him lying on the ground unconscious. He was throwing him into the wall so hard that he urinated from the fear. That happened almost once or twice a month. Since those dark and bitter times he never had the courage to enter that place again, for 25 years now.

His father stopped beating him at the age of 16. He ran away from home for a few times. The longest he was away from home was for 5 days, when he was in a forest, but then he was forced to go back home because of the rain. He knew what was going to happen. "Father was waiting for me to come back to beat me, I was only 14 at the time".

Mother left for Germany two years after the divorce. "I am alive because of my mother and I love her for that reason but I am upset that they couldn't live together and we couldn't live together as a family, like everybody else". She was strong, wise, angry and tricky. They met two to three times a month secretly before she left for Germany. She lived with her mother 500 to 800 meters away "across the fields". "Sometimes I waited for her hours before she came back home, I was only a child and didn't know to read a clock. Mother died 8 months ago. He has an older sister and a younger brother.

### Brief description of the sessions

Session one and two were preparation sessions when the client's history was taken and safe place installed.

As safe place he reported was a mountain, he sees water, green grass, feels fresh air, smell of leaves and feels drowsy.

**Key word:** *calmness in the back of the head - in the chest*

### Session 3

The worst part (picture in the head): "When the owner of the company who was in alcoholic state put me in front of him as if I was a child, and asked me if I knew who he was. I said I know to only do my job. After that humiliation started, I was ordered to put my hands in front of me..."

A negative cognition (NC) chooses from group control/choices: "I am weak", and positive cognition (PC): "I am strong". Validity of positive cognition (VoC) (scale 0-not correct to 7-fully correct) was five, feels grief, chest discomfort, subjective units of distress (SUD) (scale 0-neutral to 10-maximum disturbance) was seven.

Reprocessing started with eye movement bilateral stimulation, when the client reported that he felt dizziness. I suggested we try with tapping bilateral stimulation, which the client accepted.

After the first set of tapping bilateral stimulation (BLS) he reports: "I was thinking about what has happened, I saw my bosses shoes and started to shudder", after next BLS reports: "I went to my garden", "I left my garden..I see darkness in front of me".

In a further processing, client reports: "It looks like a brighter picture, I would like to rest, it feels like I am floating on water, like waves, a dark hole". Therapist's question (T): "Where is that hole, is there anything in it", client answers: "In front of me", three sets after that he feels heat inside, his neck tightens, he feels sleepy, his hair is rising, feels brain "numbness". He remembered his military service when the other soldiers sprinkled him with water from plastic bags while sleeping so he threw out a soldier above him out of bed (military beds, two floors). That soldier bit off a piece of his (patient's) ear. At the moment of describing the event, he felt itchy on that ear. Then he reported that he remembered the friend who helped him in that situation and a few sets after, he saw a picture of his wife. After that he felt nervous and asked permission to finish the session.

Checked SUDs were five, then relaxing exercise "wave of light" was done and the session finished as uncompleted.

### Session 4

Patient reported anxiousness, insomnia and exhaustion. The worst part (picture in the head) was as in previous session. He changes NC into: "I am humiliated" (Responsibility: insufficiency), PC: "I am proud" (I am confident), VOC=3. He reported feelings: "anxiousness in chest and skin, anger".

SUDs=8.

Tapping bilateral stimulation was also used during this session from the same reason as in previous.

After first BLS reports: "I feel anger inside of me because I did not grab his hand when he raised it", "I am humiliated because I did not stand for myself". A few sets after that he said he felt fear, shame, nervousness, then

pride, and asking himself if he did it wrong. He realized that he humiliated himself for the money in order to survive. After that he says: "I tried so hard to hide it, I did not fight back, I acted as if I was brave but in fact I am nervous".

Two sets after he says: "I humiliated myself for unknown reasons, that is what I feel".

„I was prepared for everything in order to feed my family“. Patient gives stop sign. He feels chest discomfort. I assessed that we could continue reprocessing, so I continued tapping with a bit slower tempo and let the patient talk. I told him to breathe deeply a few times and continued tapping BLS regularly. Patient reports: "I feel like someone is pinching my heart".

BLS: "I feel chest discomfort, heart pain". BLS continues with tapping and suggestion to breathe in deeply, and then continuing on regularly.

BLS: "He feels better, but still feels pain". BLS continues with tapping and breath exercise. Patient reports relief. BLS continued regularly.

One set after, he reports he feels much worse and that he wants to end a session, but we continued BLS with encouragement.

After that he reports he feels good, but with pain behind his left shoulder. In the next two sets reports feeling safe and then feels good. Checked SUDs were eight and we continued BLS. He reports he would be even more aggressive, becomes anxious and describes what he would do now if he was in the same situation. Reports anger and tries to „hide his thoughts“.

Therapist's intervention: "Why are you trying to hide your thoughts? "

Patient: "To feel better".

A few BLS tapping sets after patient starts to remember his childhood: "When I was a child my brother and sister used to make traps similar to the ones at my work. That man, he has acted kindly; but actually he was making traps". He feels anger again and gives a stop signal. Again I did tapping BLS a bit slower and told him to breathe deeply. When the client felt calmer, I started tapping regularly. He reports that he was „questioning me“ (his EMDR therapist), and that he could get revenge on his boss. He gives stop signal and reports feeling uncomfortable.

Therapist intervention: "You are safe here" and continues BLS.

During following sets he felt chest discomfort, hypocrisy, and in the end he realized that he could not get revenge, he just couldn't do that.

Again, a few sets after, he wanted to stop the session. Checked SUDs were 6 and relaxing exercise „wave of light“ was done, when finishing the uncompleted session.

### Session 5

Client claimed that he felt well the first three days after the previous session, and after that, he felt anxious.

Previous night, he had nightmares, dreaming about his wife and had insomnia.

This session's target was: "I had nightmares last night, I was dreaming about my wife and couldn't sleep until the morning".

He chooses cognitions from the group responsibility.

NC: "I am worthless"

PC: "I am worth it"

SUDs: 6

Tapping BLS was used in this session.

He felt heat in his chest and on the back of the head, nervous because of an upcoming computerized tomography (CT) test; reported fear of the sick leave committee, he said that he is trying to encourage himself. Then he asked me to help him at the committee, if I could. I answered: "I am helping you now". BLS continued and he felt chest discomfort, he remembers his surgery of tonsil removal when he was 5 or 6 years old, sees very vivid pictures of scalpel, a blowpipe, and feels scared of the possibility to have heart surgery. After next set he has nice memories of his mother and that he would like to hug her at that moment. He started crying and said that he did not feel shame for that, thanked me, and then wanted to end a session.

Safe place exercise was done before finishing uncompleted session.

### Session 6

Client claimed that he felt better and positive, had dreams about his wife smiling. Still has insomnia.

I had plans for my vacation in days to come, so I informed the client about it and did resource strengthening.

As a pleasant memory he remembers dating with his wife, when he had to bring a ladder with himself in order to see her. He described the whole situation like he was there, while we were talking, and he remembered his mother in law for whom he only had nice words. He felt like he was her child. At the end of the session he felt well, so we agreed when to meet next.

### Session 7

On the beginning of the session client was very happy and satisfied because he just came back from the mountain where his wife was from. The day before he came, he was very anxious seeing a state politician visiting the company where he worked. He wanted to make a scandal, but luckily his son managed to calm him down.

Target for this session was: "Like every morning, I woke up after a good night's sleep, I felt refreshed, drank my coffee, when suddenly I saw something happening in front of the office. There were roughly ten policemen waiting out in front. Suddenly I felt nervous".

He chooses cognitions from group control/choices.

NC: "I feel helpless (I have no choice)"

PC: "Now I can choose".

Bilateral stimulation used is tapping.

SUDs: 7

After few beginning sets of tapping bilateral stimulation in which he described his activities that morning, he claimed that he was nervous. He took quite a long time to decide whether he is going to stay in his garden or go to the office. Finally he chose to stay at home to please his son. "I had got a terrible headache, one hour after, and I felt my heart beating so fast. I asked my daughter to make coffee for me so I can smoke my cigarette to be able to continue with my activities feeling less anxious".

During following sets client talks about his daughter and the decision whether to allow her to go to vacation with her friend. That made him feel better. After a few sets of talks about his wife: "A few things about my wife bothered me, and sometimes I feel angry, like the fact that she was afraid of me, she was not completely honest about her problems and I blame her for that".

In the following sets he is talking about future plans, planning to go for a trip and that he doesn't want to stop EMDR therapy in the future, even if he decides to live in some other town. Client wanted to stop the session which lasted 60 minutes.

SUDs = 3 - 4

### Session 8

He can't stand a huge number of people, because that makes him nervous, he starts sweating and gets a headache. That is the reason he couldn't visit the fair in his town which was happening at that time.

Two days ago he saw his boss from his garden, and 3 hours later got a headache, felt anger and grumpiness.

He said that every time after an EMDR session he feels tired, feels pins and needles below his ribs that lasts for two or three hours and after that, he feels relief.

Target for this session was: "Two days ago I saw my boss from the garden and 3 hours after I got headache, felt anger and grumpiness. My blood pressure rose."

He chooses cognitions from group control/choices.

NC: "I feel helpless (I have no choice)"

PC: "Now I can choose".

SUDs: 8.

I used tapping for BLS.

BLS: "I feel heat inside".

BLS: "I feel sick when I think about him, I have known him for five years".

BLS: "I would scream and curse, but I am helpless".

After a few following sets, he feels anxious, angry, "I feel chest discomfort" and remembers his sister, brother, son and daughter in law and feels much better. That night he was dreaming about his wife, couldn't sleep and was nervous the whole day.

Therapist: "How do you feel now?"

Patient: "I am well".

Let's continue with that. First he reports feeling better, and two sets after that, he reports that he is well.

SUDs=3.

Continued with BLS, patient reports: "I imagined water, avoiding thoughts about my boss, I can control it, I feel well".

After two more sets he reports feeling well.

SUDs=0.

During the body scanning, he reports disturbance in his ankle joints, upper arm, under the ribs, neck and hair, feels chest pain. Continued with BLS: "Only discomfort in my hair"

BLS: "I do not feel it in my hair anymore, still some in the neck, everything else is forgotten".

BLS: "I feel heat on the palms of my hands".

In the next two sets he reports well.

Scanning of the body was done again and client doesn't report any anxiousness. In the end of the session, installation was done and session was closed as a completed session.

## DISCUSSION

This case report shows a positive effect of EMDR treatment in improvement of psychological symptoms with a complicated patient in primary health care. EMDR treatment of this patient is not complete since he is still undergoing the program. Repeated studies show that by using EMDR therapy, people can experience the benefits of psychotherapy that once took years to make a difference. From the client's history it is evident that he had multiple traumatic experiences during his life. Verbal conflict with his boss was a trigger for the beginning of psychological and somatic symptoms of the client who had no history of mental or somatic illnesses until then. We could conclude that his work environment was a trigger which started everything else.

The environment often puts us in a position of dealing with stressful life events, which significantly affect our daily functioning, changing the rhythm of life that we have been used to until then. The concept of life events is differently defined, and so, very often, life events are defined as an objective experience that disrupts or transforms to disrupt the usual activities of the individual, leading to significant changes in its behavior and adaptation (Dohrenwend 1974, according to Đuketić 2001).

Stress is likely to appear when there is a demand for the adjustment in environment. Stress is a category of subjective nature, so what is stressful for one person is not for the other, or what is stressful for one person at a particular moment does not have to be stressful at some other time. (Lazarus & Folkman 1984, Selye 1979).

Of all reactions to stressful events, the most pronounced changes are in the emotional plan. The most common are negative emotions, such as fear, sorrow, regret, anger, which can be of varying intensity, so severe that can lead to anxiety and even depression (Stojanović Špehar 2007).

It is widely assumed that severe emotional pain requires a long time to heal. EMDR therapy shows that the mind can in fact heal from psychological trauma much as the body recovers from physical trauma. When you cut your hand, your body works to close the wound. If a foreign object or repeated injury irritates the wound, it festers and causes pain. Once the block is removed, healing resumes. EMDR therapy demonstrates that a similar sequence of events occurs with mental processes. The brain's information processing system naturally moves toward mental health. If the system is blocked or imbalanced by the impact of a disturbing event, the emotional wound festers and can cause intense suffering. Once the block is removed, healing resumes. Using the detailed protocols and procedures learned in EMDR therapy training sessions, clinicians help clients activate their natural healing processes (Solomon & Shapiro 2008).

Considering EMDR is proved as an effective therapy option for the patients with traumatic experiences, who are a large number of patients in primary health care every day; we wonder how would training of family medicine doctors for EMDR therapy contribute helping patients with traumatic experiences in improvement of their symptoms.

## CONCLUSION

Since the EMDR is an effective therapy for the treatment of patients with traumatic experiences, and in family medicine, we are faced with such patients on a daily basis, we wonder how the training of family medicine practitioners in EMDR therapy could contribute to relief of symptoms and help survivors of traumatic experiences.

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Nejra Siručić: 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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