

PROBLEMS IN WORKING WITH COMPLEX, AND DIFFICULT PATIENT WHO IS PROVIDED WITH EMDR PSYCHOTHERAPY SERVICES: CASE REPORT

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INTRODUCTION

Traumatic experiences are, by definition, horrifying and overwhelming, and trauma is an emotional wound in our being by itself. Events such as various accidents, natural catastrophes or violence change our experience and orientation towards ourselves and the world around us. The world we come in as newborns has become an extremely violent place and more often than not, it happens that we do not receive optimal conditions for healthy growth and development. It is normal that we feel overwhelmed with strong emotions and sensations while adapting to the new and, often, unwanted reality. Sometimes, we avoid places that remind us of our traumas, and sometimes we experience intrusive thoughts and emotions.

Post-traumatic stress disorder (PTSD) relates to the presence of these symptoms long after the events themselves have ended. However, complex PTSD (C-PTSD) and dissociation are a different kind of post-traumatic stress (Steele et al. 2017).

Having experienced neglect during childhood or chronic abuse forms one's orientation towards the world into threat, fear, and survival. Inconsistent, unsure, and untrusting parents endanger the basic feeling of trust and safety in children and make them untrusting and confused. With such caretakers, a safe connection cannot be developed, and that has a devastating effect on the ability to create emotional bonds with other people, later on. A distorted image of love is formed, where a feeling of fear and insecurity dominates. In the cases of neglect or abuse, the child has to rely on inborn biological mechanisms of survival in order to „turn themselves off” from feeling insecure. Fear and dissociation become basic patterns by which the body and mind receive information from the outside world. Symptoms of dissociation can vary from relatively mild such as feeling clouded or dizzy, have a hard time with describing experiences and feeling of tiredness. More intense emotions include the feeling of being „out of control“, holes in the memory, or „lost time“. In the most severe cases of dissociative personality disorder, it is possible to develop multiple personalities. Complex PTSD and dissociation are regulated by way of defenses such as negation, repression, idealization, or past mini-

mization. Substance use or other addictive behavior is manifested in order to evade feeling pain (Steele et al. 2017).

In these cases, a therapeutic relationship with an expert who is familiar with developmental trauma can be of help (Šabanović & Draganović 2018, Hasanović et al. 2018, 2021). Recommended models of psychotherapy involve EMDR therapy and Somatic (body-oriented) therapy. It is also recommended that the treatment of early developmental traumas takes place in the scope of the therapeutic relationship with respect, predictability, stability, and with clear set borders (Steele et al. 2017).

The goal of EMDR therapy with complex PTSD is to help clients to develop an embodied Self that can contain emotions, hurtful sensations, and young (newly occurred) parts in a safe way. The process demands that therapists understand how to work with preverbal or non-verbal memories, integrating a somatic approach since the earliest memories are stored as motor patterns, sensations, affective states, and psychophysiological thrills. Furthermore, due to the interpersonal nature of the injuries, it is important to focus on changing interpersonal relations (Steele et al. 2017).

With such complex clients, the EMDR approach entails work through the eight phases of standard protocol. Each phase entails going through certain difficulties. It is important to help clients to develop a consciousness about parts that contain memories of their earliest traumas. Sometimes, a part can be resistant to the processing of trauma and can try to sabotage therapeutic work (Parnell 1999). In other cases, a part of the Self conserves traumatic experiences from childhood. In EMDR therapy, resources are created from the more vulnerable parts, conjoining them with their allies due to creating safety. The building of resources can last some time. However, when the client has proper resources, the processing of traumatic memories can be a lot easier and more effective. With every EMDR therapy, it is important to know that the process is not linear. That is especially true for early developmental traumas since the process moves forward very slowly and requires constant stabilization and the development of resources. The successful outcome of the treatment requires that a tolerance, to emotions, and

bodily sensations that come with traumatic memories, be built (Morris-Smith & Silvestre 2013). The client becomes more able to access the wise and complete self that is responsible to consciously attend to the needs of its own parts while supporting the responsibility in the world of adults. Sometimes, the overwhelming symptoms of C-PTSD can be solved as we learn how to turn towards parts that contain suffering and pain with greater consciousness and empathy (Steele et al. 2017).

The aim of this case report is to show the problems and challenges in the therapeutic process using EMDR during work with a complex and difficult patient.

CASE REPORT

N.N. insisted on me finding a suitable appointment for her a few times, and she exclusively called on the official number and talked to the colleague at the reception desk, pleading to be received. It was an unpleasant thing from the very start, since I didn't understand why she chose not to call me personally, even though she got my number. When I saw her, I understood immediately that she was in a very difficult situation due to her distorted condition. Her eyes seemed a bit too awake, open, she had a restless gaze filled with fear and expectation. She was restless, always making small movements with her hands, legs, and head. She told me that she was sent by my colleague who has her 16-year old daughter, who is in a difficult state of somatization after an attempt at a hospitalization in the gastroenterological ward, in care. She emphasized that that colleague told her I will „surely not leave her“. Even though, during our first meeting, I had that uneasy feeling in my gut that told me I was facing something very difficult and that I wouldn't be able to carry through with it completely, I agreed to it and made a personal compromise.

During our introduction, there was much resistance and soon, I have transformed into a caring caretaker who tried all possible ways to keep the patient in psychotherapy and to help her. It was a rather exhausting process. I found myself trapped between the horrifying state that emanated from all of the defenses she had set up (and there were three or four of those), my colleagues binding word that I would not leave her, and my moral dilemma which was about whether I should continue working with someone who was convincing me that psychology was made up for those who do not know what to do with themselves and that it (psychology) is useless. What if she goes away from me, she could perish completely!? Powering through the constant „detonating“ of the process and putting great effort into arguing every item of our relationship and communication which she put through critical questioning, I had noticed some weak progress. As if delirious, she gave me broken information about herself and her family, about her life before, during, and after

the war. I tried to put her back in the frame as much as I could, trying to create a structure but she kept slipping back. Every one of our first three séances lasted for three long hours. Her flammable volubility told me that random conversation about everything that comes up will be of some use, but I still tried to keep to the interview's frame and structure. The chosen trauma with which she came to me, but about which she could not speak from the immense pain and disturbance, was the event of getting her apartment roughly broken into by two burglars, a man and a woman, while she was there with her (then) 13-year old daughter. The event itself was so scary that it would cause discomfort to anyone who would witness it in any way; as that kind of reality happening in my surroundings made me feel discomfort. The state of my client was such, that whenever she would think back on the traumatic event, her face would contort into horrible grimaces, from the amount of pain and horror she was going through. It is such a difficult situation, where the client cannot talk about why she came, or to talk about her history (because she always ends up going back to that event), or to calm down, and she is not in the state of being able to listen to me since it is too early for trust. But, every minute of that mutual arduous process, there were hints of hope for recovery because she, the client, stayed and was coming back. I gave her a task to try and describe the main event on paper, to bring up more events from her life that are painful and are uncomfortable. That has shown itself as a good move since she managed to articulate some parts of the event, but she also said that it was extremely hard for her to do it because she never spoke about it with anyone, except sometimes with her husband, while hiding it from her kids, especially her daughters (which will later be revealed as the main reason for her feeling unforgivable guilt). She constantly asked herself how is it possible that all that had influenced her so horribly, and what was especially inconceivable was the fact that her hardships started happening now, after 4 years. How could something like that happen if she carefully made a well thought out plan to not tell anyone about it, and time will eventually heal everything, as it did „heal“ all of her war and pre-war wounds and pains, up until now? She wondered: „How come I am in such a horrible state“?

I tried to show her understanding and to try and reach her, to give her a part of what I know about trauma, PTSD, somatization, EMDR, and other terms originating from the field of therapy, which she just stumbled upon, but with almost unnoticeable success. I did not give up, because words of trust were hanging above my head, warning me, and there were times where I wanted to, sometimes it was more than once during one séance. It was obvious that both of us were in resistance to each other. Transference – countertransference. But we both had some kind of motivation.

In one séance, I was trying to find something, anything, any kind of bright spot in her life that I could use as a starting point in order to create a safe place. All I could find out about her resources was that she loved to study, she loved school. Her father was an educational worker. In that world of learning, we found a speck of something which we used to create something like a safe place: in her current living quarters, when she is reading a news article about the invention of some young Bosnia and Herzegovina (B&H) economist. Those things fascinated her and they pulled her away from the horrible reality: she loved daughter who is now at the psychiatric ward (which N.N. sees no reason for since her daughter only complained about stomach pains and the feeling of „knives stabbing her frontal stomach“). We created a safe place and achieved calmness that managed to open the door for another exercise of diaphragm breathing, which had a positive outcome on softening her hard-held beliefs that therapy could not have any sort of healing effect (how could you treat something that is not there)?

We saw each other once a week, but the need was for two times a week. We worked as best as we could, given the circumstances. Because of the tiny signs of progress, my optimism had grown and I began to look forward to our next meeting once again. Too early, since N. N. came back the next time in a state worse than the one she was in the first time. Visible deterioration could be seen on her face and her cramped body. Two days before the meeting, an incident happened that triggered the trauma of the apartment break-in. Someone knocked on her door a bit harder than usual, and while her husband went to open the door, N. N. ended up under the dining table, shaking from fear and terror. Her husband was shocked by that, so he critiqued her and blamed her for incoherent behavior. In an attempt to calm her, I tried to make the connection with her safe place, but she was angry with herself for letting herself react like she did. Nevertheless, I started with soothing stimulation and deep breathing in order to make a connection with the second picture, the one that invokes calmness in her. On the first set of eye movements, she „slipped“ into processing and abreaction. That was a difficult experience for the both of us. N.N. had immense pains all over her body, especially in her back that caused her to twist and turn with her scared eyes looking to me for help. I watched (with internal horror) what was happening without being able to do much about stopping and re-routing the flow of the process. Not giving up, I continued to give her guidelines with my voice and to call her by name, encouraging her like that so she would not disassociate and lose touch with reality. It seemed to me like it lasted forever, and I cannot imagine what it was like for her. The agony of processing in the preparation phase, where she does not want to know anything about the effectiveness of EMDR, brought her horrible images of the robbers and

them beating her up in front of her daughter. I watched as she silently followed the pictures she could not put into words with a horrified look, and praying for God's mercy inside of me, while fearing for the safety of my patient. Although I witnessed a similar abreaction many times, never before have I had such fear that everything could go wrong and I could „lose“ her. In my fear, I saw her hanging from a cliff, keeping herself up with her nails on the rocky edge. Without a doubt, it was a capital „T“ trauma for both of us. In all of that agony, as she was describing parts of her traumatic experience, she constantly asked „what are these knives that are stabbing my body“, „what is happening to me“?! I told her to just notice those things and continue with the description, that she was now safe, that it is all in the past, that her daughter is now in safe hands. In the end, after the pinnacle, gradual calmness had occurred naturally.

Shock remained, due to sensations experienced, images seen, and pain. She was surprised by the images and parts of the event she was never aware of until now. She heard a woman's voice from the hallway, shouting to the attackers to kill her, throw her off a balcony, and get rid of the garbage. She was happy and horrified because she came upon those images. That séance lasted for four hours. We were both very exhausted. I was worried. Before she left, I recommended her she goes to a psychiatrist, and explain she is working on the processing of a heavy trauma with an EMDR therapist, and ask for a prescription of something to soothe and stabilize her. That way, we could continue working without having to fear of her not being able to hold on. She did not like my suggestion since she was explicitly against any chemical substances. I had to emphasize that it was for our mutual gain and that it wasn't something negotiable. However, at the next séance, she told me she did not listen to my advice and she took some herbal preparation that made her feel „better“, and she even had „a few hours of sleep“. I was angry because I feared that she might be endangering both herself and me, and everyone around her. I asked her if there is any sense in my work with someone who does not respect me. I asked her to define why she was coming here to me if she wasn't ready for cooperation. I felt frustrated because of the feeling that all of my work until then was for naught and that I am not capable to stop my emotional reactions. I stopped being „professional“ and started being „only“ a human being. Later on, with my supervisor, I realized I reacted properly because she needed someone with honest and healthy reactions, someone who can directly teach her it is okay for her to say what she thinks and feels.

She understood the boundaries set (even though she did not really respect them).

At that séance, she gave me her consent that she wants to continue processing and that last time, she had seen that this therapy actually „works“. And that's when

she told me the more complete version of her horrible story for the FIRST TIME (while consulting with a colleague who is treating her daughter, I found out about some details she purposefully kept hidden from me). She told me about an older man – of borderline intellect – an abuser, his wife – the accomplice in the crime, the neighbors next door, the wife who wanted to take over her husband and developed a pathological fixation on her family after her husband (allegedly) turned down the female neighbor's immoral offer, and she told me about the abuse of her children by those two neighbors for many years. She kept talking about reporting all of that to the police and social services and being laughed at by both of them, as well as NOT taking action on official duty. This time as well, the processing was violent. Major strides were made in the content that was included. N.N. had insight into events that were clouded to her. She clearly saw that, despite her earlier beliefs, she was NOT passive during all those years of abuse. In fact, she asked for help from amendable institutions, she wrote letters and had asked for help from other parents. She stumbled across massive disinterest and passivity from everyone. At that moment, I tried to take resources from those insights, but she successfully sabotaged that by denying any kind of affirmation for herself. After all, the loudest questions that remained were: how is it possible that people don't do anything to protect the jeopardized and powerless, and they are paid to do so? Why did the unarmed people in her father's village (this was the first time she talked about this) get massacred? How is it possible that the world is so unjust, yet her father had told her all her life that people are supposed to be fair, honest and should never do injustice toward others = how could she commit such injustice to her kids, by remaining to live in that apartment despite all the violence they were exposed to? How did she not see? How can she continue to live with the grave mistake she made to the innocent souls of her children, who she (probably) had destroyed forever? The most important role she has as a mother: to protect her children, she wasn't able to fulfill it! She has no right to be forgiven and she cannot forgive herself! She had ruined the lives of everyone with her stupidity. How could she have been so stupid?! I was breaking through the forest of defense mechanisms at work, going through them blindly in order to reach supposedly preserved and healthy parts constructed on proper (newly) defined concepts, but I often understood that most of those concepts kept their idealized definition from the time when her deceased father was a teacher. I wondered if she ever got over that loss? Did she ever let him leave? If this story, that she now told me, looks like this; how exactly does the rest of her past look like? We both distrusted each other. Judging by the layers and many used defense mechanisms, I had assumed and feared that there were much deeper and hidden contents we were supposed to uncover, if we were lucky. We had

arranged the next meeting, with me wheedling out a promise that she would visit a psychiatrist for stabilizers. While I was planning the next meeting, her sad eyes had watched me for some time.

She had asked me: „is it normal for an elderly woman to fall in love with my husband (a married man with two kids)?”

I answered that to us, it is not normal. But to those with a skewed set of moral values, many things were „normal“, and in order to understand those things, we should observe them as such. She did not say what was lurking behind her eyes, as well as not saying many other things that were trapped inside of her neurons, between her cell membranes and synapses.

However, instead of coming to the meeting, she had sent me a message that she cannot walk properly due to swollen ankles. She was defending herself with somatization, yet again. It seemed to me like I was gladdened because she would not come, while fearing for her health and future.

I was definitively infected by her trauma, and I would need a long time to recover.

EPILOGUE

Three months have passed since then, and N.N.'s husband had contacted me to arrange a séance for his wife. I told him I was on sick leave due to pneumonia and that she should call me if she wishes to continue working. I think that clear borders could help her to feel stability and restore the trust that was lost, who knows when. A few days after that, N.N. had come to my ordination unannounced and did not find me there. I got in contact with her in order to arrange a term. In the séance before hers, I had a client with a case that was harder than N.N.'s. Third meeting so far. Unlike her, he was almost completely closed off, nonverbally turned to the side opposite of me, with his hands and legs crossed. He was also sent to me by recommendation. And with him, I also had a feeling of additional responsibility.

In his case, physical abuse from both parents (in the least) throughout his entire childhood was present. All of his hopes were gone. He came to me because he was worried he might do something very bad. The entire duration of the war, he had spent on the frontline. He got married 6 years prior and got a son. He describes his wife and his marriage as the biggest problem. He does not have any resources, despite the fact he is running his firm successfully, but to him, that represents a burden and an obligation. He views everything in a negative light. He does not believe anything can help him, and least of all some kind of „EMDR“ therapy that sounds like „science fiction“. When I ask him if he wants me to help him, he angrily answers: „If I did not want you helping me, I wouldn't be here“!

I felt a stronger nausea with him than I did with N.N.

With all of my efforts directed toward going in any possible direction, he had blocked every one of them, making every option impossible. Although we managed to establish a safe space in the last two séances, and had an improvement in communication as well as agreeing about the next steps he should take, he would bury all of that on the next séance and would tell me that all of it was useless. That created an unbearable frustration within me, one that I could not recognize and in seconds I started angrily explaining to him how important it was for us to find at least something positive and that I promise him that we can make a gateway through which we can come back into the light from there. He, of course, could not stand my tone. I immediately realized what I had done. It was the end of the séance. Before that, I had put out to him that I felt helpless and I cannot help him while like that. Now, I had confirmed it.

I thought it was fair towards both of us. I recommended to him that he sees a psychiatrist for medication therapy because he was in a very difficult state. He had agreed and asked me what more should he do. I told him I was afraid that I don't have that what he needs, hoping he would at least say he was there because he hoped he would get something, but he did not. He just said: „okay, Šemsa” and left. I felt completely devastated.

I still did not manage to process N.N., who was coming to me in the next half hour. Deathly scared that I was incapable, incompetent, and that I had potentially endangered his and the lives of people close to him, his threats that he was going to do something bad were ringing loudly in my head. Uncontrollably, I had started crying and, spontaneously, I reached out to connect with my strongest resource, the Creator. I had asked Him to forgive me for hurting the, already, broken heart of His creation that He had (obviously) sent to me. Pain, due to the grief that I could not help him, was tearing at my chest and heart. The worry of how I should deal with N.N. who is supposed to arrive any minute had awakened my rational part. I began to do EMDR on myself. I quickly determined NK, PK, and all other parameters. With alternating tapping of knees and shoulders, I had stopped crying right after the first set of stimulations. Ideas were now coming together with perfect clarity. I had experienced his pain as my own. Since the very beginning. Images of his childhood beating overlapped with mine. It now became clear to me that I could not withstand my own pain. I was hurrying to help him instead of letting him stay silent or talk, or do whatever he would like. I completely lost myself in the countertransference because he had given me the worst part of himself, blocking me out completely, denying every one of my efforts to help him but was persistently insisted with cries for help. That was a combination of my weak spots. My most painful, unprocessed weak spots. I realized that that was why I was angry with him. Frustration from experiencing

incompetence triggered in my childhood had overcome me and had taken control. I was stupefied even deeper (and more disastrous for my spiritual Self) when I realized that my anger came from a dimension of arrogance! Where did I get the right to be angry with a miserably, broken being that was not capable of hearing me, or even understanding me! The arrogance to believe I was there for him, that I was „fighting” to help him, yet I am unable to help myself. It became clear to me how deluded I was when I thought I could be a good mirror, before I even polished myself, before realizing all of my success depended on my motivation. What is that which drives me to expose myself and take into myself the worst contents from other people? The (naive) belief that I can fix the state of mankind (grandiose self)? The idealization and the lack of knowledge of that which I am entering into? The wish to help others that came from the subconscious wish for someone to help me (or to help myself in that way)? The tendency to affirm myself in society in that way and to be respected, and held in high regard (and in that way raise the amount of my self-confidence) and prove (myself) that I'm worthy? The wish to be useful and to serve a mission of restoring good over evil and reaching my desired goal: God's satisfaction?

These insights were extremely valuable to me, as I continued the stimulations! Some of my own clouded parts have cleared up and many more things became clear to me. I asked God to show me whether I should leave this calling if I was not competent and if my heart was not clean in its intention to be an instrument in which broken hearts could look at their reflection and reflect peace back at themselves. I cured my enormous pain with tears. I could breathe again. A colleague interrupted me when she sent me a message that a man was waiting for me in the hallway, for almost an hour! I quickly regained my composure and went to meet the man, and it was my former client! He came unannounced so he could surprise me. He brought me a donation (from his humble income) for orphaned children, and he came to thank me for everything I gave him, since he is a „new” man now and his life has meaning ever since he processed his hardships with me. I started crying again, explaining to him that it was due to his wonderful gesture. I realized that he was waiting for me while the séance with the client before him was going on. What is God teaching me, while looking after me so gingerly, I asked myself? Contrition and humbleness that I started to lose, while being convinced that I was the healer (and there is only ONE healer), that pain is noble and I must teach myself to endure it since it is the only language a broken heart speaks? The only way of communication. The thankfulness I had for the honor that was shown to me because I was placed there (thanks to the suffering of broken hearts) where I can reach my own heart easier, and clean it from various difficult, yet invisible ailments?

Quite upset, but in a positive sense, I welcomed N.N. She had news she found out a day prior: her daughter got a diagnose that confirmed: she had liver cirrhosis! She was shocked. Thanks to everything I have gone through moments ago, I was able to be humble, thankful, gentle, and mild while N.N. went through her enormously heavy states, while trying to hold on to a straw and try to breathe during the séance. She never visited a psychiatrist for her therapy. She promised that she would think about it and that she would contact me. I will wait for her readily, stronger and more secure than before, while praying for all of us.

DISCUSSION

This case report contains a description of therapeutic séances while working with a client who can serve as a common denominator for all similar cases. Within it, great stratification is reflected, along with the demanding nature and the sensitivity of therapeutic work with complex, difficult clients that only come in when they feel like they have no other way out. Usually, they'd have wasted all of their resources, and their beings are in such tumultuous discourse that they expect someone (the therapist, in this case) to somehow put a stop to it all, bringing order to them, but expecting it to happen RIGHT AWAY. Often enough, they have completely lost their will to fight, so they come with an already established belief that it is too late to give one more chance to themselves and their life.

This case displays how hard the circumstances are for the client and the therapist, where the client's motivation is unclear, where everything is clouded and secretive. The layered problem that was appeared over the years, thus evolving into a complex PTSD, with the defense mechanisms of the personality forming barriers that are bridged with difficulty, which cause the therapist to face with their own unprocessed contents, defense mechanisms, and shortcomings.

In situations like this, when it was not possible to prepare the client for processing by walking them through the 8 phases of EMDR treatment protocol, the creative abilities of the therapist come to expression, but also their weaknesses, with a chance for the therapist to build them into their strengths, if the therapist is opened to constant learning and growth. Traps are revealed, ones that are sprung by long-term working, and dangers from the possible becoming of a self-sufficient, arrogant, and vigilant „helper-healer“ are revealed, losing the necessary feeling of humbleness in front of wounded hearts and souls that the Creator sent in our path, and gave us the honor to be in His service against evil.

This case clearly displays the dangers of burning out if the therapist does not awaken her psychodynamic processes and if she carelessly opens herself towards the client's contents, that are always their worst content, taking them inside of herself and allowing them to

accumulate. It also shows how the therapist connects with her strongest resource and resorts to usage of EMDR in order to help herself and prepare for the next client in order to take over and contain their pain and suffering. With the processing of her own grief, triggered by the previous client, she reaches some key insights and gets rid of the burdens accumulated during her work up until then. EMDR therapy is, in accordance with that, a situation where, parallel with hardship and pain, both the client and the therapist simultaneously develop, giving a contribution to their society.

It is also visible, that, aside from it being impossible to follow standard EMDR protocol, it came to the successful processing of certain traumatic memories with positive jumps in the client's attitude, as well as the construction of her trust towards the process.

In thanks to the perfection of the creation that is the human being, as stated in the article by Siručić and Hasanović (2018), it is also visible here through the „lens of EMDR“ that the human mind possesses a hidden and unused capacity for healing in a similar way that the body heals itself from physical trauma.

CONCLUSION

This review shows that EMDR therapy is effective in giving aid to complex, difficult patients, even though the path is painstaking, complicated, with a lot of unexpected turns. The therapist is required to trust in the process while applying a string of creative solutions that are necessary to be applied ad hoc in order to enable the dynamic of the treatment and recovery. In the enactment of the transference and countertransference phenomenon, and resistance and projection, a dramatic dynamic of solving even the most hidden psychodynamic processes takes place, which enables the reset of wrongly placed systems of belief, while giving way for building new, healthy systems of belief.

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