

EFFICACY OF EMDR TREATMENT IN GENERALIZED ANXIETY DISORDER AFTER A LONG-STANDING PHARMACOLOGICAL TREATMENT - A CASE REPORT

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INTRODUCTION

Anxiety is generally defined as a response of the human body to danger or threat. It usually occurs when, on the one hand, a person does not expect that in the future everything will be alright, and on the other hand, does not feel ready for such a future. It can be more precisely defined as a feeling of apprehension, which occurs as a response to a threat that a person considers vital for his/her existence. Anxiety is an unpleasant emotion of fear and apprehension. The main difference between fear and anxiety is that, with fear, there is a real threat in the present. Whereas with anxiety, this threat is anticipated in the future. The purpose of anxiety is explained with the evolution theory (Bujas 2014, Crnković 2017). During human evolution, anxiety has served to enable the protection of the system, namely to motivate the adaptive functions inducing the flight-or-flight response in potentially dangerous situations. (Beck et al. 1985, Hawton et al. 2008).

Anxiety is an inevitable part of life in the modern world. There are many situations in our everyday life in which it is appropriate to react with a certain level of anxiety.

Anxiety becomes a problem when it occurs at times when there is no real danger or when it continues long after the stressful situation had passed. When the acceleration of processes in the body is delayed at the time when no action is needed, a person will notice only the bad sides of anxiety, unpleasant aspects of body changes. After that, anxiety starts affecting a person's everyday life and it is necessary to learn how to control it.

In a later stage of his thinking about anxiety, Freud linked the appearance of anxiety itself to "traumatic situations" in which anxiety develops automatically because the psyche is overwhelmed by an excessive influx of stimuli that it can no longer control and can be relieved of "dangerous situations" in which a person learns to anticipate danger before it becomes traumatic. In anticipation of a dangerous situation, signal anxiety arises, which serves to mobilize forces under the guidance of the Ego, to make the person more prepared to face the traumatic situation or to avoid it. Given that the function of the Ego is to control incoming stimuli or to relieve them effec-

tively, it is to be expected that traumatic situations will occur more frequently in early childhood, when the ego is still relatively weak and underdeveloped (Rudan 2017).

Anxiety affects the entire being because it is simultaneously a physiological, behavioral, and psychological reaction. On a physiological level, it can include bodily reactions such as palpitations, muscle tension, nausea, mouth dryness, or sweating. On a behavioral level, anxiety can decrease a person's ability to act, to express himself/herself, or to deal with everyday situations. Psychologically speaking, anxiety is a subjective state of apprehension and anguish. By itself, anxiety is not an abnormal reaction but a normal manifestation of human nature which is a part of a hereditary repertoire (Born 2012). However, being in a prolonged state of anxiety is a self-devastating tendency in humans. People have a choice to leave the state of anxiety when they realize it is dysfunctional, that is, when it hinders solving problems (Ellis & Harper 1996). Although not abnormal, the state of anxiety does not contribute to efficient problem solving, on the contrary, it interrupts it.

Generalized anxiety disorder is characterized by chronic anxiety that lasts for at least six months. Dealing with generalized anxiety disorder is followed by a worry whose intensity and frequency are always excessive compared with the probability that the events a person is afraid of will ever occur. Generalized anxiety disorder, according to the view that Beck and Emery suggest (according to Born 2012), is manifested with 'basic fears' which are more general in nature than specific phobias. Examples of basic fears are: fear of loss of control, fear of not being able to overcome difficulties, fear of rejection or abandonment, fear of death, or illness.

Eye Movement Desensitization and Reprocessing - EMDR Therapy

No matter the cause, anxiety, stress, and fear are extremely unhealthy if they last for a long time. Our body uses a process similar to digesting in order to resolve disturbing experiences, namely the information processing system in our mind, when functioning properly, takes useful information from our experiences. What we learn from this information enables us to move ahead.

During the processing of disturbing memories, emotions, and beliefs, bodily functions, and thoughts that are connected with them transform and thus become healthy and adaptive. However, negative experiences sometimes remain unresolved leaving accumulated emotions to dominate our everyday life. The system gets 'stuck' and needs assistance to 'run smoothly' again. That is the time for using EMDR (Shapiro & Forrest 2012). EMDR procedure has been guided by the adaptive information processing (AIP) model.

Following the adaptive information processing model, EMDR therapy deals with experiences that contributed to the problems. EMDR therapy helps to unblock these 'trapped' memories and connect them with other, functional memory networks. Consequently, past experience ceases to be disturbing in the present.

Although in the beginning, EMDR therapy was only used in PTSD treatment, nowadays it is used for the treatment of different psychological disorders for problems in the past, in the present, and for desired behavior in the future (Shapiro 2002, Shapiro & Forrest 2012).

Due to the fact that mental health experts in Bosnia and Herzegovina have undergone the necessary training in EMDR therapy, it was possible to help the patient more efficiently than when she was treated exclusively with psychopharmaceuticals for a long period of time (Hasanović et al. 2018)

After the war in Bosnia and Herzegovina (BH) (1992-1995), a lot of BH citizens of all ages showed sufferings due to developed different mental health problems after numerous severe traumatic experiences. Besides the use of psychopharmaceuticals, mental health workers were in need to increase their professional skills, to help their patients as better as possible. With the help of Humanitarian Assistance Project (HAP) of UK & Ireland, Trauma Aid UK led by Sian Morgan helped with their enthusiasts to train BH mental health professionals in EMDR, so the first training was organized in 2009, and in 2014 Association of EMDR Therapists in Bosnia and Herzegovina was established (Hasanović et al. 2018, 2021).

Accordingly we nowadays may help to our clients in need by using EMDR treatments (Omeragić & Hasanović 2018).

This case report aims to show the use and efficacy of EMDR in generalized anxiety disorder (GAD) treatment after a long-standing pharmacological approach.

CASE REPORT

A client, aged 46, comes from a large nuclear family, born as the eldest of three children of legally married parents. Her early psychomotor development was without any major difficulties. She finished primary school, after which she did a textile course, and is currently unemployed. She got married at the age of 19 and has two daughters who also have families of their own.

She lives with her husband in a good condition family house. She denies having marital problems.

Current problem

She came to see a psychologist, on a gynecologist's recommendation, after a routine gynecological examination, where she stated that she 'had been seeing a private practice psychiatrist for the past 20 years, but was not been feeling well'.

On the first visit with a psychologist, she pointed out that her panic attacks first appeared 20 years ago, when her father-in-law asked her to change the clothes of her husband's dead aunt, which she refused. After some time, panic attacks 'disappeared', but she was still not feeling well, as she 'is afraid of everything', 'always worried about her husband and children', 'afraid of ending up alone', 'afraid that something might happen to her husband'. She also suffers from several somatic complaints, problems with concentration. She does not dare go anywhere without her husband. She needs support for doing everyday activities. Previous psychiatric treatment was exclusively based on introducing psychopharmaceuticals such as sertraline and benzodiazepines.

The first psychological assessment showed a high rate of anxiety and depression symptoms and somatization disorders (SCL-90-R).

The first psychiatric examination done within primary healthcare service showed a diagnosis of generalized anxiety disorder, and a psychologist's recommendation for EMDR treatment application. Due to persistent problems and inefficacy of sertraline, escitalopram and alprazolam were prescribed at the psychiatric examination.

Case Conceptualization

Speaking in terms of the EMDR approach (Shapiro & Forrest 2012), the client has unresolved negative experiences, which caused 'entrapment' in the system and caused negative emotions and behavior that started dominating the client's everyday life. Specific cognitive dynamics of generalized anxiety disorder is rooted in several disturbing experiences in the client's learning history (Jongh & Broeke 2009).

Treatment Session Reports

Session 1

After the preparation phase, which included taking history and providing psychological counseling, the therapeutic relationship between the client and the therapist was being developed. After the client had agreed to receive EMDR therapy, the relaxation exercise "Safe Place" was done and the client was given an instruction/task to apply it until the next session and in high-stress situations as well.

Session 2

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

Target, worst part/image: "My father-in-law makes me change the clothes of a dead aunt".

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

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

Initial Validity of positive Cognition - VoC - (on a scale of 1-7, where 1 represents completely true, and 1 represents completely false) was rated 2.

Initial Subjective Unit of Disturbance scale - SUDs - (on a scale of 0-10, where 10 represents the greatest disturbance, and 0 represents absolute calm) was rated 7.

Emotion of fear that she felt the most as a bodily sensation was palpitations.

After the client was instructed about the eye movement, the therapist initiated bilateral stimulation (BLS). The desensitization eye movement process with BLS caused the appearance of images. The images were initially of the mother-in-law's illness, death, her father's funeral since it was the client who, at the time, consoled everyone else in the family saying "we are strong".

Next was the image of a violent storm, when the wind blew away the roof of the house, while the client's two daughters were sleeping in a room on the second floor. The client then asked if she was supposed to speak only about negative things, because she remembered some very nice things, when she was happy, such as the time when she was a young single girl or when she had her first baby.

Remembering her first child being born and her happiness at the time, there was an image of her three-year-old child being hospitalized, while she, being a parent, did not know the right diagnosis. Next, there were images of positive and negative events from the past, until the moment when she said that she had to leave because of some work in her orchard, adding that she was sure she would be fine.

After two sets of stimulation, she did not verbalize disturbing material. An assessment was done, and the disturbance was rated zero.

During the installation, she retained positive cognition "I am strong", and then rated the validity of positive cognition six. After four sets of the stimulation and a 60-minute work with the client, the validity of positive cognition was rated six. Due to this, I checked with the client if she agreed with the positive cognition rate. She verbalized that she agreed, and after being asked what hindered her to rate it seven she said that "she can't believe it completely, because all the things have been happening for too long for her to believe right after one session that she could be her old self". I decided to accept her validity rated six, then move to the body scan which did not show any disturbance. Instructions following the EMDR therapy were given and a new session was scheduled.

Session 3

During the day when the first EMDR session was held, the client felt 'numb', but the next day she was more cheerful than before. Between the two sessions, she noticed a lower level of disturbance, but also a recurring thought "What if it all comes back to me?".

Upon the client's request, Session 3 was about the past – mother-in-law's illness.

Target, worst part: "Mother-in-law is bed-ridden with wounds, I change her bandages."

Negative Cognition (NC): "I am weak."

Positive Cognition (PC): "I am strong."

VoC was rated 4.

Emotion was sadness.

SUDs was rated 7.

Bodily sensations: "Pressure in the chest."

Desensitized eye movement induced fear of loneliness, after which she reported bodily sensations such as pressure in the head, numbness, and tingling of hands; and as she was crying and sobbing she was being subjective saying that she had never felt worse.

I intervened using the 'flow-back' procedure to bring the client back to 1997, when her husband had a conflict with his father, who threatened that unless they obeyed him not to go and visit the client's parents and do work in the orchard, they should not come back home.

Her husband then said that they would go and visit her parents, but if his father did anything negative about it, he would blow up the family house.

None of this happened, but the family relations were damaged for a long time.

Further stimulation induced the images of the client nursing her mother-in-law, who suffered severe pain and often begged to be killed because she could not stand the pain any longer.

The images of the mother-in-law's illness appear, then the image of tending her wounds during the war, after which the client concludes that it is no wonder "she was behaving like that" and that she "had a great wish to escape it all".

Further stimulation-induced thoughts about her daughter coming back home from abroad and herself being happy about it. Assessment of disturbance was done and it was rated three.

A relaxing slap light technique was applied within the procedure for an incomplete session closure.

Session 4

The client verbalized that she felt better, that there was a lower level of disturbance, a better functionality, but that occasionally there was a feeling of suffocating.

Session 4 was about the past – daughter's illness, hospitalization, surgery.

Target, worst part: "I was locked in a room, and she was taken for a surgery."

Negative Cognition (NC): "I am helpless."

Positive Cognition (PC): "I can choose now."

VoC was rated 5.

Emotion was fear.

SUDs was rated 8.

Bodily sensation was pressure in the chest.

Moving away from the target image during the stimulation, she reported the images of her daughter being taken for surgery, images of her waking up after anesthesia, images of treatment by the medical staff, and then concluded that she disliked Tuzla because of the hospital. Next, she remembered her childhood and the day her father beat her up for the first and the last time in her life, due to a mistake that her mother and her father's mother made.

Further stimulation brought us back to the hospital and her husband's two-month hospitalization period, and the discovery about the client's ideas to have an abortion during her second pregnancy, which her husband did not allow.

The stimulation-induced the memories about an event when her mother-in-law had surgery, after which she died, then dealing with suspicion made by doctors that her husband might suffer from the same illness as his mother.

The images change from visiting her husband in the hospital to dilemma how to raise another child during the war-time, with an uncertainty about what her husband was suffering from.

Assessment of disturbance was done and it was rated three. A relaxing exercise Safe Place was applied within the procedure for an incomplete session closure.

Session 5

The client often verbalized that she was "expecting something" bad to happen to her family members, and upon the client's request Session 5 is about her husband's work in the forest, logging and tree cutting, while doing preparations for the winter.

Target, worst part: "I am home alone, I hear the sound of a chainsaw."

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

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

VoC was rated 5.

Emotion was fear.

SUDs was rated 5.

Bodily sensation was pressure in the chest.

Eye movement desensitization induced a change in images and bodily sensations. In the beginning, there were images of her activities during her husband's work in the forest, then the images from the past appear, the images of her father and brother having disagreements. Afterward, she started crying and asked the question "Why do I have to be like this?", "Why do I feel sorry for everyone?".

There were images of disagreements between parents over her brother, over the visits to the parents' house, separate visits to father and mother.

Assessment of disturbance was done and she rated it three. A relaxing slap light technique was applied within the procedure for an incomplete session closure.

Session 6

The client verbalized a significant reduction of symptoms that had brought her to the psychologist. The problem that she pointed out was an 'argument' with her husband's uncle. She asked why she couldn't talk to him 'calmly', why she was upset by this.

Target, worst part: "After an argument, I have difficulty breathing, I am upset."

Negative Cognition (NC): "I am inadequate."

Positive Cognition (PC): "I can resolve it."

VoC was rated 2.

Emotion was anger.

SUDs was rated 8.

Bodily sensation is pressure in the chest.

Eye movement desensitization induced a change in images from the past, images of the uncle's interference in her marriage, his attempt to influence her husband, father- and mother-in-law while pointing out the client's character flaws and even telling lies about her. There were images of a mother-in-law who always took her side, as well as images of her husband.

During the process, she verbalized that in a positive sense her husband was different from the rest of the family. As the desensitization process continued, the client verbalized that the uncle "has nothing to do with her and is absolutely unimportant in her life". After this, on two occasions she did not verbalize disturbing material. Assessment of disturbance was done and she rated it zero. During the installation she retained positive cognition "I can resolve it", and rated the validity of positive cognition seven. The body scan showed a few bodily sensations, then the reprocessing was continued until disturbance disappeared, and then strengthening stimulation was done.

Session 7

Session 7 is about the past – getting married without parents' consent.

Target, worst part: "I cry at night because my father won't talk to me."

Negative Cognition (NC): "I am a disappointment."

Positive Cognition (PC): "I am good the way I am."

VoC was rated 2.

Emotion was sadness.

SUDs was rated 5.

Bodily sensation was nausea.

Eye movement desensitization induced a change in images from the past and bodily sensations. Starting with the target image during the stimulation she reported images of her father, images of all the children except her being obedient and listening to him, images of her being guilty for his heart attack, which he had

two months after she had got married. As desensitization continued, there was an image of her making up with her father and an image of her husband and father getting along well. Afterward, she asked, "What is it with my head, I've been crying and now I feel relieved and feel like laughing?"

Next, two sets of assessments of disturbing material were done and the result was negative. Assessment of disturbance was done and she rated it zero.

She retained positive cognition "I am good the way I am", then rated the validity of positive cognition seven. During the body scan, she did not report disturbance. The complete session was finished.

Session 8

Session 8 is about the present – a car accident.

Target, worst part: "I step out from the car and see the damage."

Negative Cognition (NC): "I did something bad."

Positive Cognition (PC): "I did my best."

VoC was rated 3.

Emotion was guilt.

SUDs was rated 7.

Bodily sensation was nausea.

There were images of a car accident while she verbalized an emotion of guilt "It was I who said: 'Come on, drive' and then it happened". As the process continued there was an image of her daughter saying that she felt sorry for her father, and the client felt worthless. Next, she verbalized that she got used to accommodating other people and "I made my life the way it is, but it doesn't have to be like that".

Processing was continued until the moment when the client denied the presence of disturbing material. During the installation she retained positive cognition "I did the best I could", then rated the validity six. After the stimulation, she rated the validity seven. Body scan did not detect disturbance. The complete session was finished.

Session 9

The client verbalized a reduction of symptoms. During the appointment, she pointed out that she and her husband were earlier invited to visit their daughter in the Netherlands, but she never dared to even think about it. Assessment of disturbing material from the past and the present was done, and the result was negative. The desired solution to the problem in the future was addressed afterward.

During the desensitization process, the client verbalized a blockade. Upon the therapist's request to describe the blockade in terms of shape, color, warmth, the client stated it was black, round, with no warmth and located in the brain. Using visualization the client agreed to remove the blockade with a joint client-therapist effort and throw it in the river. It was done after the client verbalized light and a thought "I can travel to see my daughter, just like anyone else".

Session 10 - Follow up Appointment (a month later and six months later)

Follow up appointment was held a month after the treatment and the client reported that she felt good, that she had visited her daughter in the Netherlands with no problems. During the follow-up appointment, the treatment efficacy evaluation was objectivized with an application of the symptom checklist (SCL-90-R), which showed the disappearance of the symptoms.

Six months after the treatment the client was contacted via telephone in order to monitor her progress, and in her subjective verbal statement, she not only denied the return of the symptoms but added that her functionality was rather high and that there were positive changes in her life such as traveling, going on summer vacations, which were previously unimaginable activities for the client.

DISCUSSION

Contemporary treatment of anxiety disorders includes psychopharmacological treatment, psychotherapy, and other ways of a single or combined treatment. Our Case Report supports achieving good results with GAD in case when the client was approached with a combination of psycho-pharmaceuticals and psychotherapy (EMDR therapy).

The achieved results of our Case Report show positive effects of EMDR therapy, and they are following the results that show that the application of EMDR therapy speeds up the recovery from pathology that has been created due to disturbing events (Jongh & Broeke 2009).

EMDR is also very efficient at removing generalized anxiety disorder symptoms, not only in PTSD (Andereg 2015).

While reading the report it is clear that during five sessions the client's negative cognition was about control/choice: "I am weak", "I am helpless", "I don't have control" and "I am inadequate", but during the sessions seven and eight her negative cognition was about responsibility: "I am a disappointment", "I did something bad", which is in accordance with the earlier findings that beliefs involved with generalized anxiety deal with control and responsibility.

After the desensitization and reprocessing of dysfunctionally stored memory, there was an installation of positive cognitions: "I can resolve it", "I am good the way I am", "I did the best I could".

We could see the client being 'stuck' in the past, her negative beliefs about herself that dominated her life in the present and caused her decreased functionality, and caused the development of so-called protective behavior.

Using the EMDR technique, we stimulated the client's information processing system and as long as it was ongoing, there were insights, necessary associations were made, and appropriate emotions followed.

In terms of EMDR therapy, during the sessions, we had a chance to see how EMDR treatment reactivates the natural information processing system and alleviates adjustable resolution of previously distorted material (Bergmann 1998, 2000, 2008, Shapiro 2002, Stickgold 2002, Van der Kolk 2002, Gauvreau & Bouchard (2008).

Some of the factors which could have contributed to such a positive outcome certainly are the client's extraordinary cooperation and readiness to deal with her emotions and the past.

CONCLUSION

This Case Report supports achieving good results with the combined effect of psychopharmaceuticals and psychotherapy, namely the EMDR technique in order to reduce worry and related anxiety to the level, where the client does not meet the diagnostic criteria for generalized anxiety disorder.

The current report confirms the allegations that EMDR treatment enables restructuring and contextualization of experiences until they are perceived as positive or negative, which enables assimilation to some individuals and a production of future adaptable answers, so that EMDR therapy can be used as a choice therapy in GAD treatment.

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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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