

EMDR TREATMENT POSTTRAUMATIC STRESS DISORDER CAUSED BY MULTIPLE WAR TRAUMA - A CASE REPORT

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INTRODUCTION

Although the war in Bosnia and Herzegovina ended 22 years ago, it is still largely present in the souls of the largest number of citizens who stayed in this country during the war in the nineties (Hasanović 2009, Delić et al. 2014, Kravić, Pajević & Hasanović 2013). So, despite not being in situation to hear the sound of shells, sniper shootings, and not being in situation of a shortage of food, electricity and water, ordinary people experience war horror every day. Every day we witness the consequences that the war and war events lingered on the survivors. The pictures of the war keep coming back, and a contributing situation to this is a disadvantageous political, economic and social situation in the country we live in. The exact number of people affected by the war trauma is unknown. The most affected are those who were in combat, women who were raped, the ones who escaped and have been displaced, and all of them suffer from posttraumatic stress disorder. But, even those who do not suffer from it, feel that their life perspective has changed, are more inclined to depression, and taking antidepressants. People suffering from trauma aren't the sole victims, the trauma is transmitted to the entire family and the balance of family life is disrupted. Often, children of the veterans show that they are disturbed in their mental functioning, as well as their wives, so entire families of war veterans could be present during treatment. The mode of communication within these families is often silence or disclosure of war traumas, leaving the children traumatized by both options (Hasanović et al. 2011, Brennen et al. 2010, Kravić et al. 2013, Avdibegović & Hasanović 2017).

"PTSD is an anxiety disorder that occurs in some people after testifying or experiencing a dangerous event. When a person finds himself in a dangerous situation, it is natural to feel fear. This fear triggers many exceptionally fast changes in the body that prepare a person to defend against danger or avoid it. This body response "fight or flight" is a normal reaction whose purpose is to protect a person from injury. However, in PTSD, this reaction has been altered or damaged. People who are at risk of developing PTSD include: war veterans (Pavlović et al. 2012), people who experienced physical or sexual assault, abuse, accidents, natural disasters and many other difficult events. A person does not have to survive a dangerous event to get

struck by PTSD. People suffering from PTSD feel tension and fear even when they are no longer in danger. PTSD can cause many symptoms that are grouped into three categories:

- Symptoms of Reexperience:
 - Flashbacks-repeatedly experience of trauma, including physical symptoms such as fast heartbeat and sweating;
 - Nightmares;
 - Scary thoughts.

Symptoms of reexperience of traumatic experience often cause problems in the everyday life of the affected person. Triggers of reexperience symptoms may be words, objects or situations that remind you of a traumatic event.

- Symptoms of Avoidance:
 - Avoidance of locations, events or objects that remind of a traumatic experience;
 - Feeling of emotional dullness;
 - Strong feelings of guilt, depression or worry;
 - Loss of interest for activities that were previously the subject of interest;
 - Difficulties to remember a dangerous event.

Things that remind the person of the traumatic event can trigger the symptoms of avoidance, and cause people to change their own routine.

- Symptoms of hyper arousal:
 - A person gets scared easily;
 - A feeling of tension or feeling that a person is "on the verge";
 - Difficulties in sleeping, and / or outbreaks of anger.

The symptoms of hyperarousal are usually constant and not just triggered by things that remind of a traumatic event. A person can feel angry and under stress as these symptoms make difficulties in performing everyday duties, as well as sleeping, eating or concentrating.

It's natural for a person to experience some of these symptoms after surviving a dangerous event. Sometimes people face very serious symptoms that disappear after a few weeks.

Such a condition is called acute stress disorder (ASD). However, when symptoms last for several weeks and become a permanent problem, then it may be a post-traumatic stress disorder (PTSD).

Some persons with PTSD do not exhibit any symptoms for weeks, even months "U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, National Institutes of Health, 2009, <http://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml>

In 1987 it was discovered, and in 1989 the new psychotherapeutic technique of desensitization with rapid eye movements was promoted (Shapiro 1989). This, basically a behavioral technique, and later, by introducing cognitive reprocessing, and the behavioral-cognitive method is based on the principle of reciprocal inhibition (especially systematic desensitization and hidden desensitization - "imaginative flooding"). It incorporates experience also of other therapeutic modalities: psychodynamic (early experience and content of dreams), the significance of body sensations (body-oriented therapy), client empowerment (client-centered therapy) as well as systemic approach to ultimate integration of therapy effects (interactive therapy) (Shapiro & Forest 1997, Shapiro 2000).

Since its inception, more than 25,000 clinicians have been educated in the world, and thanks to the awareness of empirical efficacy and the speed of impact on the posttraumatic stress disorder (PTSD) symptoms (Perkins & Rouanzoin 2002), they have often become uncritical advocates of this method.

On the other hand, the biggest objections of the opponents of this methods come because of pseudoscientific explanations of way of functioning, overestimating the importance of eye movements, incomplete and often methodologically unfounded researches, indiscriminate use of the method in a huge number of psychiatric disorders and commercialization of method (Herbert et al. 2000).

The greatest number of papers on all psychotherapeutic methods in treating the consequences of traumatic events still comes from the field of EMDR application. This meant that the International Society for Traumatic Stress Studies (EMDR) labeled EMDR as an effective modality in treating PTSD (Chemtob, Tolin, van der Kolk & Pitman 2000), and some other studies have shown better efficacy than other psychotherapeutic modalities in treating PTSD (Van Etten & Taylor 1998). Three controlled studies show the elimination of PTSD diagnosis in 77 to 90% of civilians after 3-7 sessions (Lee et al. 2002, Marcus et al. 1997, Rothbaum 1997).

Other studies have shown a significant reduction of PTSD symptoms after 2-3 sessions of active treatment (Ironson et al. 2002, Scheck et al. 1998, Wilson et al. 1995), and studies of monitoring reflect the good remission in 84% of cases even after 15 months (Wilson et al. 1997). Still, it is often necessary to have more sessions, so Carlson et al. (1998) achieved elimination of PTSD diagnosis at Vietnamese veterans after 12 sessions. A study published in 2007 in the "Journal of Clinical Psychiatry" compared the therapy EMDR, drugs (Prozac) and placebo, in order to determine their efficiency during therapy and 6 months later. The results showed that EMDR led to a large and continuous

reduction of PTSD and depression in most of the victims of trauma in the adult age. Compared with placebo, medicines and EMDR are equally superior, but 6 months after therapy, 58% of those treated with EMDR were asymptomatic, while none of these improvements were noted in the group of people who received the medication.

CASE REPORT

Client, 56, married, father of three children, unemployed, participant of war in B&H 1992-1995. At the Bureau of Labor, 11 years of working service together with military serving. He is the second child in line. Father and mother did not have a harmonious marriage. Father used to leave home often, and sometimes wouldn't come home for several years. His mother worked in Germany and he lived with his grandfather, grandmother and uncle. He suffered a variety of psychic and physical abuse by his uncle and grandfather. They lived in a very difficult economic condition. There were times when they did not have anything to eat. He had four brothers and two sisters. Three brothers died in the war. He has a step-sister from his father's second marriage, he never met her. His father died during the war while his mother is still alive. He states that relationship with wife is changeable, and he lives in a tough economic situation. His wife was wounded during the war. He does not use alcohol, neither does he smoke.

Current situation

He complains of insomnia, feels helpless and does not see a way out of the situation, he has flashbacks from war and war events. The first hospitalization at Clinic for Psychiatry followed in March, 2017 due to changes in the mental plan of the patient which are manifested in the form of nervousness, tension, bad mood, nightmares, fear, and suicidal thoughts. He states that something tells him to "kill himself". He often has the dreams of brothers and father who got killed during the war, and in his dream they call him to come back to them. He is not functional in family and society.

Session 1

The first session was conducted while the patient was severely disturbed while attending therapeutic community, because of stories about war and war events. EMDR was applied without standard protocol. Since the patient was unable to follow hand movements as a form of bilateral stimulation (BLS), tapping was applied. During first six sets, patient was very agitated, with strong physical sensations, such as writhing and crying. After the seventh set, the patient opened his eyes and reported that he was very upset about the story he had heard. He continued to cry several following sets and then reported strong pain in his hands. I asked him to describe that pain, to give it a shape, a color, of which the pain was made. Then I asked the client to say what

he would do with this pain. He said that he would probably bury it. He was told to excavate the hole in which he would put it. He describes with which tool and how he digs, he describes the depth of the hole. After that he throws the pain in the hole and buries it. He says he will put a stone above that place. He reports that there is no pain in his hands. There are no bodily sensations. He says he is sweaty and he feels like he was reborn. Few more sets were applied in order to strengthen that feeling. Conversation with the patient was made and it was explained to him what kind of therapy was being applied. Continuation of work was proposed. Patient gave his consent and next session was scheduled in two days.

Session 2

On the proposed EMDR treatment he comes as agreed because he still easily gets upset when someone mentions the war. After the first two preparation phases, which consisted of taking an anamnesis and installing a safe place, we started with reprocessing. The client has chosen his home for a safe place. He feels best when surrounded by family. There, he feels serenity. That feeling is all over the body. He's happy. The key word that best describes this feeling is "family". For the bilateral stimulation, the client chose tapping. The first disturbing target, the worst part, or the picture, is the moment when someone starts talking about the war and he feels like he cannot move. Negative Cognition (NC) "I'm weak" Positive Cognition (PC): "I'm Strong". He rated PC with mark three (VoC - Validity of Cognition). Emotion was fear. The Initial Subjective Unit of Distress (SUD) had a value of seven (on a scale from 0 to 10, where zero means being without disturbance and 10 is the biggest possible disturbance). The place of body sensation was his chest. After the first set of bilateral stimulation, the client is very upset. He shakes and cries. He says he sees images of horror and war events. He feels the pain in his hands, his legs. He says he feels the fear that overwhelms him. In the later process, images of war and war events are followed by strong body sensations. After 24 sets he reports that he feels better and calm. He says there are no pictures or disturbances. SUD is checked and the client reports mark six. Reprocessing was continued and the client once again sees the images of war with strong body sensations that rise and fall. After re-checking SUD, the client re-reports again mark six. We continue with that, and the client states that there are no pictures but he still has strong body sensations, pains in his hands, legs, and head. In the further work the client calms down. He states he has no pain but he feels "broken" and asks for the session to be interrupted because he feels very tired. SUD is checked out and he reports mark five. The relaxation exercise is done. The next meeting with the client is arranged.

Session 3

The third session took place after four days. The client states that he is much calmer. He states that after

the session he felt the pain in his head and was "broken", but he feels better. The client has chosen something else he wants to work for this session. He said that, after the previous session, he was thinking a lot about things from the war and that there is one thing that is particularly tough for him. We started with that. The worst image is an image of a dead brother, where he sees a hole in his back made by shrapnel. Negative Cognition (NC) "I'm weak". Positive cognition (PC): "I am strong". PC was rated with mark three (VoC - Validity of Cognition). The emotion was sadness. Initial subjective unit of distress (SUD) had value ten. The place of body sensation was the entire body. After the first set of bilateral stimulation client recalls a scene related to his dead brother. He was upset, shaking and crying. In the following work, he reports various images from the war period, he talks about his father's death, the concern for survival and the state of poverty during the war, about the time his wife got wounded and the loss of property, with strong bodily sensations. He stated that he felt great fear because of all he had to worry about. Gradually the body sensations are greatly reduced, no distractions or images. SUD is checked out and client reports mark eight. Due to the expiration of time, the session is interrupted. Relaxation exercises are performed and instructions are given to the client for further on: that he keeps a diary and records about what he would like to continue to work on.

Session 4

The fourth session is held after seven days. From conversation with the client it is learned that he feels much calmer. He is involved in work of veteran groups where he can now listen to war stories without the desire to escape from the room. He talked to the groups, and told them parts of his story and what he survived in the war. He considered it as a great success. When asked what he would want to talk about, he said he would like to talk about something nice. Then, in a session for client's resources strengthening was applied. The client chose the moment when his son was getting married, and he talked about how proud he was and what he was doing. He said he felt peace and quiet when thinking about his family. He is proud of everything he has achieved in life along with all the problems he has encountered.

Session 5

On the fifth session with the client, upon his request, resource strengthening was applied again. He says that previous session helped him to understand what and how important something was in his life. This time, the client chose the moment when his daughter was born. He says he was the happiest man in the world at the time. He described how beautiful she was and how he felt proud.

DISCUSSION

This case study has shown that EMDR therapy is very effective in minimizing the symptoms of PTSD induced by lifelong multiple traumatization, with the losses of close persons in the war. The patient had many symptoms of PTSD that were significantly reduced during the 5 sessions of EMDR therapy. The client now avoids stories of war and war events much less. He regularly comes to veteran groups to talk about his problems and losses he experienced during the war. Progress has been maintained and confirmed on check up after a month. "The plan of treatment of patients with PTSD involves informing patients about reactions to a traumatic event, including PTSD symptoms and their flow and treatment. Persons suffering from PTSD are treated with respect, confidence, understanding all the while maintaining the technical language at a minimum. Psychological treatment focused on the trauma involves the patient being considered safe for the beginning." (Guide for Posttraumatic Stress Disorder (according to recommendations of National Institute For Clinical Excellence) (<http://www.stecak.ba/vodic.htm>).

One of the most acceptable explanation of the mechanism of action of EMDR is based on the therapeutic stimulation of Accelerated Information Processing Model, a physiological system that under normal circumstances processes information until its adaptive resolution and integrates the experience of how it could be used in the future (Lipke, 1992). When trauma occurs, this system does not function properly, leaving the information in the neurobiological stasis, which means in a disturbing unprocessed form. During the EMDR technique, the effect of the instant generalization was observed, which means that, besides the memories we treat, we are successfully desensitizing all the similar memories, as we could see at the client that through the processing of death of a brother comes death of a father, wounding of wife and so on. The advantage of this technique is that the clinician does not have to be familiar with all the details of the event, avoiding his burden and burnout syndrome, which often occurs in the psychotherapy of traumatized persons.

CONCLUSION

The result of this case study suggests that EMDR could be a good choice of therapy for clients suffering from PTSD. The symptoms are considerably reduced and the client is much more functional in his everyday duties.

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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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