

# EMDR TREATMENT OF PSYCHOSOMATIC DIFFICULTIES CAUSED BY A SPECIFIC STYLE OF FAMILIAL INTERACTIONS - CASE REPORT

Dajana Stajić<sup>1,2,3</sup> & Mevludin Hasanović<sup>4,5</sup>

<sup>1</sup>Association „Amica Educa“ Tuzla, Tuzla, Bosnia and Herzegovina

<sup>2</sup>Online consulting „World without Ethics“ Tuzla, Tuzla, Bosnia and Herzegovina

<sup>3</sup>Polyclinic „Vaše zdravlje“, Tuzla, Tuzla, Bosnia and Herzegovina

<sup>4</sup>Department of Psychiatry, University Clinical Center Tuzla, Tuzla, Bosnia and Herzegovina

<sup>5</sup>School of Medicine University of Tuzla, Tuzla, Bosnia and Herzegovina

\* \* \* \* \*

## INTRODUCTION

Children's behavior is viewed in a dynamic relationship with the context in which it lives. This means that at every moment of their development, their behavior is the result of a transaction between their personal characteristics and the environment (Vulić-Prtorić 2001b). Very often the child's perception of interactions in the family is not significantly related to the reports of the parents, or even objective observers, but it is confirmed to be the best predictor of psychological problems in the child.

Family interactions that have rejection manifested through control and emotional neglect of the child, as well as criticism, especially by the mother, negatively affect the healthy mental development of the child (Rapee 1997, Rohner 1999, Rohner et al. 1984). Such forms of family interactions have been confirmed to be associated with the occurrence of aggression, depression, anxiety, and somatization in children and adolescents (Vulić-Prtorić 2002). Somatization in children is most commonly associated with marital conflict, triangulation, overprotection, rigidity, and conflict avoidance. Author Beatrice Wood (1994-2000) argues that patterns of insecure attachment identified at an early age are crucial in this process and are a good basis for the emergence of fear of rejection. Thus psychosomatic disturbances arise when emotional dialogue with parents or significant others is interrupted or disturbed. Spritz-Bilen (1994) states that these are families that are generally completely inconspicuous, deny any problems other than the child's illness, and most often describe themselves as an ideal family. A child in such a family creates psychosomatic symptoms at times when conflict threatens. In that way, there is a redirection from the current family problem to the child and his symptom.

An additional cause of somatization arises as a result of dissociating the false from the true self in the period of early emotional development. Due to the inadequate realization of the role of "good enough mother", and her

constant pressure on the child, which he interprets as a potential danger of psychological collapse, there is a forced suppression of the child's true self and the formation of a false self. This false child's self is a copy of the mother's self and is created as a protective function of the child against psychological disintegration. The true self, in this case, remains deprived of expression and realizes its appearance through the appearance of the psychosomatic structure of the personality (Winnicott 1965).

## CASE STUDY

A twelve-year-old adolescent started psychotherapeutic treatment at the initiative of her mother due to frequent panic attacks and polymenorrhea. Symptoms existed for six months, and end with the girl falling asleep. In the past year, she has been going through the process of adjusting to a new school environment, as well as having more frequent conflicts with her classmates who see her as a "nerd". She is otherwise an excellent student who is favored by teachers. In the family, she is faced with relocation, frequent parental conflicts due to their financial situation, emotional distancing, and tension due to her father's academic advancement to the title of doctor of science, as well as her grandfather's sudden illness. She comes from a complete family and has a brother four years younger than her. No difficulties are reported prenatally and postnatally, except for atopic dermatitis, which is still present today. Periods of separation from the mother were recorded when she was hospitalized due to the illness of a younger child in her vicinity, when the client was 7 years old. The client's family is seemingly well organized, structured, with a dominant position of the mother, and present patterns of criticism, perfectionism, and favoring academic success. Through the initial interview and treatment, the lack of the expected form of social support, high academic demands from parents and teachers, fear of authority, and manifestation in confrontation are visible.

## EMDR treatment

In working with the client, a total of six EMDR sessions were realized through the application of a standard protocol. The introductory two sessions were used to empower, raise awareness and install resources as well as a safe place. The last session is considered crucial when it comes to insight and reprocessing of negative cognition, so they will be briefly presented in this paper.

Through our meetings, there's a stretch of the client's constant statements that can be classified into several categories of low self-esteem (I want to become stronger, whatever I do as if it is not good enough) fear of rejection/reaction of the false self, and inability to express authentic self-compliments, and they often seem to be disappointed in me / betray me, and every day I experience disappointment, but I feel like I can't leave, and I stay even though it hurts me / I take everything on myself / don't cry and show your classmates that you are weak / I feel like I cannot say what I think, to oppose).

### *Two introductory sessions*

We work on resources where the client wants to see herself as strong, on her own, free to express herself. Do a set of BLS (knee taping): see a cousin with whom she spent playing with, in her childhood - we don't have time to be together like before - feeling sad - it's hard for me to accept - we're together again - it's wonderful to know I can summon him when I need him - we dance - all my dear people gather - she locates them in her heart - I am happy. A positive feeling is installed.

### *Session 3*

The client comes feeling very nervous for no apparent reason. She feels stiffness in her legs and lumps in her throat. With the "float back" technique, we come to the school scene in a physical education class. Negative cognition (NK) - I'm not sure, positive cognition (PK) - I'm sure and I believe in myself, the validity of positive cognition (VoC) - 2, emotions - nervousness, SUD - 9, bodily sensation is that she feels shivering in legs, big lump in throat, it's hard for her to swallow. Through 20 sets of tapping on her knees, she goes through all the sensations that remind her of a panic attack. An important moment in this unfinished session is facing the panic attack and raising awareness of the feeling of neglect by the parents, especially the mother "They seem to have forgotten about my attack".

### *Session 6*

This was the last session in a row and it focused on a future event, facing her professor after they had a conflict during the physics test, as well as the fear of her assessment and condemnation. NC - whatever I do is not good enough, PC - I do the best I know, VOC - 2/3, emotions - nervousness, fear, stiffness when talking to adults, place of bodily sensation - chest pain, heart is rapidly beating, like it would before a panic attack,

shivering. Made 25 sets of taping per knee. The client reports through the process: the teacher yells at me with ridicule, I can't say anything - I say I'm sorry (I say/improvement) - she starts yelling again - I'm angry because she doesn't hear me, everyone just expects things of me, as if I have no right to make mistakes - teachers, peers, parents, they all make fun of me all the time - mom and dad expect perfection from me, but I can't do it anymore. I'm just a child. We introduce resources, body sensations, and sources of support from the initial session to empower the client. We return to the initial scene. After another 10 sets, the client reports: as if the teacher heard and understood me this time, she didn't shout - I feel as if I no longer have tension. The client is still crying but with relief now. She is instructed to look at her mother and address her as well, as she fears her in daily confrontation. Client: "I want to finally tell her that I don't agree - my mother is petrified, but I feel like I'm doing the right thing - I feel it's easy to say what I feel now - I'm in front of my class and I tell them everything when something doesn't suit me - there is nothing here that bothers me anymore - everyone is there and I seem to be allowed to do whatever I want". The client's relief is visible, so we return to the initial scene where the excitement is SUD 1, with the explanation that it is not "0" because she knows it will not be easy. Positive cognition changes to "I can do whatever I want" with VOC 7. With the realized phase of the installation and a body scan that did not show residual disturbing sensations, we end the complete session.

### *Control after 7 months*

After 6 realized sessions and 7 months after treatment, the client reports the complete disappearance of psychosomatic symptoms, a sense of empowerment in contact with peers and significant others, new experiences in connecting with her mother, as well as academic success through numerous competitions in mathematics.

## DISCUSSION

This case report showed an efficient EMDR treatment of female adolescent who suffered from frequent panic attacks and polymenorrhea after six months of symptoms existed, which ended with the girl falling asleep. The symptoms occurred during the process of adjusting to a new school environment where she experienced more frequent conflicts with her classmates who see her as a "nerd". After the EMDR treatment completed and seven months after the client reports the complete disappearance of psychosomatic symptoms, a sense of empowerment in contact with peers and significant others, new experiences in connecting with her mother, as well as academic success through numerous competitions in mathematics.

This case report supports the results of papers presented in the First EMDR Conference in Bosnia and Herzegovina (Hasanović et al. 2018, Omeragić & Hasanović 2018, Kokanović & Hasanović 2018, Smajić-Hodžić & Hasanović 2018) which indicate the effectiveness of the EMDR technique in working with children and adolescents with symptoms of trauma. Extensive studies based on clinical case studies (Jaberghaderi et al. 2004, Soberman et al. 2002, Farkas et al. 2010), especially in groups of children and adolescents with multiple childhood trauma, suggest that the EMDR technique after only 3 sessions leads to a reduction in symptoms of PTSD, anxiety, and symptoms of depression lasting for several months after treatment. Its effectiveness was established in relation to the application of other types of therapies used in the control group (MASTER treatment, routine individual, and group therapy). Regarding the number of sessions required for a statistically significant reduction in symptoms compared to the CBT technique, EMDR shows a better average (6.1 EMDR sessions vs. 11.6 KBT sessions).

As the EMDR technique is aimed at the body's bodily sensation of breathing, we can say that it is particularly suitable for psychosomatic symptoms as the body's response to imbalance within the psychic sphere. It allows the body to return and integrate especially for childhood traumas and unfinished business, and even from the verbal stages when there are no words to describe those experiences. As bodily sensations and breathing represent a direct path to sensory traumatic experience and authentic stored emotion (Kepner 1987, Van der Kolk 2014), the EMDR technique is the perfect tool to enable dysfunctional memories created through trauma to become part of explicit memory and thus be integrated into us in a new way (Shapiro & Forest 2012). With this process, a new insight leads to a change in affect, beliefs, and later to a new form of behavior, which results in the disappearance of physical symptoms.

## CONCLUSION

EMDR treatment may be efficient in the treatment of psychosomatic difficulties caused by a specific style of familial interactions. Seven months after the EMDR treatment completed the client reports the complete disappearance of psychosomatic symptoms, a sense of empowerment in contact with peers and significant others, new experiences in connecting with her mother, as well as academic success through numerous competitions in mathematics.

**Acknowledgements:** None.

**Conflict of interest:** None to declare.

## Contribution of individual authors:

Dajana Stajić: 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.

## References

1. Bowlby JA: *Secure Base: Clinical Applications of Attachment Theory*. London, 1992
2. Chen R, Gillespie A, Zhao Y, Xi Y, Ren Y & McLean L: *The Efficacy of Eye Movement Desensitization and Reprocessing in Children and Adults Who Have Experienced Complex Childhood Trauma: A Systematic Review of Randomized Controlled Trials*. *Front Psychol* 2018; 9:534. doi:10.3389/fpsyg.2018.00534. PMID:29695993; PMCID:PMC5904704
3. Hasanović M, Morgan S, Oakley S, Richman S, Šabanović Š & Pajević I: *Development of EMDR in Bosnia and Herzegovina - from an Idea to the First EMDR Conference*. *Psychiatr Danub* 2018; 30(Suppl 5):243-248. PMID:30095804
4. Kepner JI: *Telesni proces – interni prijevod (Body process - internal translation)*, 1987
5. Kokanović I & Hasanović M: *Would the Well-Timed Use of EMDR Therapy in the School System Save the Mental Health of Youth? Case Reports*. *Psychiatr Danub* 2018; 30(Suppl 5):276-281. PMID:30095812
6. Omeragić I & Hasanović M: *EMDR Treatment of Early Trauma Activated by Present Events - A Case Report*. *Psychiatr Danub* 2018; 30(Suppl 5):286-290. PMID:30095814
7. Smajić-Hodžić L & Hasanović M: *The Efficiency of EMDR Therapy in Treating Early Multiple Traumas - A Case Report*. *Psychiatr Danub* 2018; 30(Suppl 5):302-306. PMID: 30095817
8. Shapiro F & Forrest MS: *The Breakthrough „Eye Movement“ Therapy for overcoming anxiety, stress and trauma*, New York: basic Books, 2004
9. Shapiro F & Forrest MS: *EMDR terapija reprociranjem – nova dimenzija psihoterapije*, Novi Sad, Psihopolis Institut, 2012
10. Šprajc-Bilen M: *Psihosomatski poremećaji u djece kao reakcija na stres i trauma*. U Miharija Ž & Leko -Kolbah A. (ur.) *Pomozimo djeci stradaloj u ratu - priručnik za psihologe, Ministarstvo prosvjete i kulture, Zavod za školstvo, Zagreb, 1994 str. 33-42*
11. Trlin I & Hasanović M: *EMDR Treatment of a 10 Years Old Boy Who Suffered from Continuous Overnight Waking - A Case Report*. *Psychiatr Danub* 2018; 30(Suppl 5):271-275. PMID:30095811
12. Van der Kolk BA: *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma*, 2014
13. Vulić-Prtorić A: *Suočavanje sa stresom i depresivnost u djece i adolescenata*. *Suvremena psihologija* 2001a; 4:25-39

14. Vulić-Prtorić A: *Razvojna psihopatologija: normalan razvoj koji je krenuo krivim putem. Radovi Filozofskog fakulteta u Zadru* 2001b; 40
15. Vulić-Prtorić A: *Obiteljske interakcije i psihopatološki simptomi u djece i adolescenata, Suvremena psihologija* 5 2002; 1:31-51
16. Winnicott, DV: "Ego distortion in terms of true and false self" in *The Maturation Process and the Facilitating Environment. Studies in the Theory of Emotional Development*. New York: International UP Inc, 1965: 140–152
17. Wood BL: *One articulation of the structural family therapy model: A behavioral family model of chronic illness in children, Journal of Family Therapy* 1994; 16:53-72
18. Wood BL, Klebba KB & Miller BD: *Evolving the biobehavioral family model: the fit of attachment. Fam Process* 2000; 39:319-44. doi:10.1111/j.1545-5300.2000.39305.x. PMID:11008651
19. Youniss J & Smollar J: *Adolescent relations with mothers, fathers and friends*. Chicago: University of Chicago Press, 1985

*Correspondence:*

Dajana Stajić, MSc, Education, MA  
Amica Educa  
Klosterska 13, 75 000 Tuzla, Bosnia and Herzegovina  
E-mail: dajana.stajic@gmail.com