

APPLICATION OF EMDR THERAPY IN TREATMENT OF FEAR FOR AN ADULT, CAUSED BY TRAUMATIC EXPERIENCE DURING CHILDHOOD: CASE REPORT

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INTRODUCTION

Fear is an intense, negative, and unpleasant feeling that a person experiences when meeting a real or unreal, or nonexistent danger. Fear is the primary and innate, genetically programmed reaction to painful or threatening stimuli. In acceptable boundaries, fear similar to pain is intended to protect the body. It mobilizes the whole body towards its source, raising the level of alertness and readiness to protect itself, excluding less important stimuli at that moment.

The human is a social being and its brain is an organ of adaptation to a given sociality that makes positive and negative interactions with the world and the events that surround it. People are constantly crammed with numerous stimuli, internal information about their own body, as well as numerous stimuli from the environment. Gregurek (2012) states that keeping the individual alive is the most important task of the brain, after that the management of the body.

The brain has the task of accepting and selecting information important for functioning and survival in different situations. It can undergo short-term stress periods, with no negative consequences, while acquiring experience, knowledge, and learning.

According to Andrilovć and Čudina (1990) "The man is an open autoregulation system" that receives messages from the outside, fits them into its functioning. This emphasizes Lindsley's theory of the vigilance of the organism according to which the efficiency of behavior is highest with considerable emotional excitement, which is neither very high nor very low. According to the same authors, weaker emotions can help the efficiency of cognitive processes, while strong emotions disorganize those processes. The aforementioned social exchange forms and substantially enriches feelings that contain both conflicts or crises, as well as rebalancing (Piaget 1990).

The programming of the brain to maintain balance can disrupt the perception and processing of strong stimuli. Little children are almost completely dependent on others, mostly parents who care and support them so

that in the process of growing up they can interact better with peers and adults. By growing up, the child moves from dependence on others to dependence on oneself.

According to Andrilovć and Čudina (1990), in intellectual maturation, emotions emerge as a consequence of the perception of danger and one own's inability to protect themselves. That's why at that age, fear plays an important role.

Early experiences establish neural connections that are a biological substrate of personality, adaptive abilities, and strength, as well as vulnerabilities that may later occur during life, as some form of pathology (Gregurek 2012).

Shapiro and Forrest (2002) state that "fear is one of the common denominators of human nature." Fear's role of caution is indisputable, which has a protective role in order to survive. However, Herman (1997) argues that a powerful event "overwhelms and paralyzes the system" of self-aggrandizement and the sense of control, which can, as a consequence, cause trauma, suffering as a result of weakness. As rare and, therefore, unknown, unexpected, traumatic events immobilize the adaptive mechanisms necessary for life or physical integrity, or a close encounter with violence and death.

The most typical human reaction to fear is escaping. As escape can also be considered the exclusive use of medication therapy which is mostly practiced in the treatment of fear. Unfortunately, in the long run, it does not solve the suffering or "cracks" the traumatic memory network by recycling it into functional experiences, it only mitigates the current symptoms.

Frankl (1953) believes that phobia begins with the establishment of a pathogenetic avoidance relationship and disappears with gradual confrontation with fear. His views are confirmed by Marks's discovery (1970) that phobia can be overcome by the client's confrontation with the phobic situation as well as the "extended exposure" behavior-therapy technique (Frankl 1987). In the base of these experiences, however, there is a Classical Conditioning (Pavlov 1927) stimulus-response concept, whereby the stimulus is a disturbing event, and the response is caused by fear.

Stored negative emotions can form a network of anxiety responses that can become more and more complex and compromising general everyday functionality. Shapiro and Forrest (2002) believe that current pathological responses have a root in earlier life experiences, which give different clinical characteristics depending on the symptoms they cause.

Shapiro and Forrest (2002) point out that EMDR cures various anxiety disorders, using protocols that are adapted to problems, guided by the significant principle outlined in the accelerated information processing model. Experiences point to the assumption that people have an internal physiological mechanism that activates emotional healing when it is accessed and managed appropriately.

Traumatic experiences, which directly affect the functioning of the organism, are experienced on four levels: psychological, biological, social, and cultural (Pavlović et al. 2012). They call into question the basic relationships between people by destroying love and attachment to family, friends, and community. Why Herman (1997) points to the obligation to support a person in organizing her future after she has undergone a traumatic past.

In Bosnia and Herzegovina (BH), with the help of enthusiasts from Trauma Aid UK (earlier HAP UK & Ireland) the first training of EMDR for the BH mental health professionals was organized in 2009, and in 2014 Association of EMDR Therapists in Bosnia and Herzegovina was established (Hasanović et al. 2018, 2021).

The aim is to show the effectiveness of the EMDR technique in the treatment of childhood caused traumatic adolescent anxiety.

CASE REPORT

The patient without permanent employment, married mother of two daughters who are excellent students, the elder is 18 years old and enrolled at a faculty, while the younger is 14 years old and attends high school.

A husband (49 years old) is employed overseas, mother-in-law (74) inherited a pension from a deceased husband. They live in a common household in their own home with very good living conditions. Traditional, domicile, situated family.

Out of losses, she mentions the sudden death of a high school student in the neighborhood who committed suicide, with 11 years she lost her grandmother. At the age of 18 she visits a relative who "steals" that evening, which means, she married in old tradition without the knowledge of her parents. When the cousin's father found out, he was very angry, he did not yell, did not even talk, he was just silent. She had to sleep alone in the room, but she did not sleep all night, she did not even dare to turn because she remembered that her grandfather (mother's side) died on that couch, whom she loved very much. She did not have the courage to rise and change the sleeping place. When she was 21 years old, her sister married at the age of 25. It is difficult for her to bear the departure of

her sister to another place, to other and different people. They have been living in an old house for two years and then they moved to a new one, not long afterward she got married. It is difficult for her to bear the death of a friend's son who died while playing in a football game, and he was 20 years of age and especially the death of a neighbor who died from lightning strikes at the age of 45.

The current problem

Fear of death dominates, accompanied by strong anxiety and somatization in the form of cramps in the stomach, headaches, sleep disorders, which lasts about 5 to 6 days. The causes were mostly losses and unpleasant events from the surroundings.

Five months ago a neighbor, which she often visited, often helped her with hygiene, dressing, and bathing, suddenly died because of her carcinoma. Fear and anxiety generalized even then, until then, usual losses such as the sale of animals.

The client has a fear of fear that something bad will happen to her. She is afraid of the possible consequences of her attacks, that she will fall into unconsciousness, experience a nervous breakdown, lose her children, her husband, and that she will die.

Problems disappear during some activities, occupation, or socializing.

Conceptualization of the case

Traumatic events in the past have led to precipitation and even a complete blockage of natural processing from one and/or the other side of questioning the meaning of life, her inefficiency, and the unwillingness of the way of life she leads. Viewed from EMDR perception (Shapiro & Forrest 2012), the client disrupted her own associative reality. Her perception of current events, which are dominated by sudden and unexpected losses, is rapidly and strongly linked to the existing memory network, leading to the accumulation of negative emotions that result in a general non-functionality. Her processing of new traumatic events disappears and is lost in the loss of the meaning of life goals.

Course of Treatment

Session 1

The preparation consisted of gaining trust, building a therapeutic relationship between the client and therapist, and taking anamnestic data.

After remembering and interpreting traumatic experiences, she was presented with the possibility and effectiveness of applying the EMDR technique. Which she accepted. She was introduced to the relaxing exercise "Safe Place" with the note, to apply it until the next session during troublesome situations.

In the case of unbearable situations, the STOP sign was raised in the form of a raising arm.

Session 2

A standard EMDR targeting plan was defined and work began at the starting basic event related to the death of the young man while playing a football game. She learned of the death whilst she prepared a traditional meal for the religious holiday, she lost consciousness, the food burned. The client was unable to isolate the worst picture, for her it was dominated by the indescribable "anxieties and helplessness."

Negative Cognition (NC): "I am weak"

Positive Cognition (PC): "I am strong" with an initial weak belief (Validity of Cognition -VoC = 2-3). The emotion of fear dominated with a severe initial disturbance assessment (Subjective Unit of Disturbances - SUDs = 7-8) with body sensation in the stomach.

After the patient was brought into the sense of association of negative cognition, emotions of fear and physical sensation of discomfort in the stomach, bilateral stimulation (BLS) began with eye movements, following the fingers of the therapist in order to desensitize and reprocess. After each set, the client is suggested to inhale, exhale and report what is happening then.

The process of desensitization with eye movements at first brought many body sensations without the appearance of images. In the beginning "an unpleasant feeling in the stomach", "nausea in the stomach" had dominated, then a calming phase - when the client reports "calmness", "nothing special" and "unspecified" to be followed by a feeling of nausea and vomiting, feeling of anxieties, loss of air, squeezing in the throat and a feeling of choking. By further bilateral stimulation, the client reports the disappearing of body sensations in the form of stomach blistering, streaming towards the throat which goes into a clear one-way line path from the stomach to the head. Relief and relaxation in the facial expression are followed by a cough. Continuation of stimulation attempting to get a picture, but the client still reports exclusively body sensations in the form of severe contraction in the stomach that makes her uncomfortable. After encouraging, the treatment continues with several other sets after which she feels tired and begins to yawn. She does not verbalize disturbance and reports SUDs = 0.

Positive cognition "I am strong" maintains with the much stronger VoC 5. The continuation of stimulation did not lead to improvement. Scanning the body does not reveal anxiety. Complete a complete session. Instructions are given in accordance with EMDR therapy, with the note that the substances of dreams and possible changes are recorded. A new appointment has been made, in 7 days.

Session 3

A vivid change in the facial expression of the patient confirmed also by the subjective feeling of improvement, alleges the disappearance of confusion and blurring with a clear sense of complaints about the head, in the form of a stone slab on the scalp gesturing with her palm.

The continuation of bilateral stimulation of the eyes again lacks images, but there are clear body sensations that the client states as followed: "Feels relief, streaming from the stomach through the chest and throat trying to break the plate in the head, like drilling, a feeling of weight, tingling, anxiety, clearing in the head, relieving the slab in the head, it feels half lighter, thinner, easy, diluted, and until complete disappearing."

During the installation, she remains with the initial positive cognition "I am strong" with a slight improvement of VoC=6.

The body scans do not reveal disturbance and a stimulation to underline the feeling that has been made. Instructions are given according to EMDR therapy that the process is likely to continue, perhaps new memories may be revealed, with the note that she records dreams and possible changes. In case of disturbance, use the relaxation technique. A new appointment in 7 days has been agreed on.

Session 4

When opening a new session, I mentioned the importance of the effort and progress made, asking what else had happened, and whether to continue the story we started or did she want something else? The client states that she dreamed, but nothing is clear or specific, more like a nightmare, but nothing specific. Asking what she would like to do today, after a brief silence, the client states that she put out everything she had and that the only thing left in her head was the suicide of a neighbor in high school when the client was about 9 years old.

The patient fails again to get the worst picture. She had a lot of details: that she was small, that she did not see anything, only that she knew that the girl suicided, that she was buried, that the children were otherwise removed from such events and happenings. Body sensations like feeling weakness, helplessness and powerlessness, dominated

NC: "I am weak"

PC: "I am strong"

Emotion is fear, SUDs: 6-7

Reports the appearance of anxiety in the body.

After the instruction of linking the mentioned event with the feeling of weakness, the process of bilateral stimulation with eye movements was carried out. The client reports chills through the body, a feeling in the stomach, burning in the stomach, pressure in the body, pressure in the head, a stone slab in the head, again a discomfort in the stomach, then reports calmness, and starts yawning verbalizing that she is tired and wants to finish for today. She denies the disturbance with a very good reaction of the positive memory installation, which she evaluates with VoC 7.

Following the instructions provided by the EMDR protocol, the next visit is scheduled in 7 days.

Session 5

The session begins with the verbalization of the client who takes an active role in the process. Lists various events and her critical insights on them without any connection and systematicity. On my intervention, I asked that she tries to match all the roles in two groups, one group being what she likes to do and the other what she does not like and to evaluate them. After a short pause, she emphasized her role as her mother, giving it the best grade 5, then herself as a sister - five, as daughter - five, she ranked herself as aunt - five and her wife role - four. She did not point out any disliked role. I asked the patient about the wife role and to explain the poorer grading.

"Nothing special, I am here with the children and my mother-in-law, my husband works abroad as a construction worker, coming once or by chance twice a month for a weekend or two-three holidays he is very nice, silky and loving ..."

I intervened with the question of who her husband reminds her of? She was silent for a long time with disbelief, looking at the floor she said: „Father, he is the same as my father, calm, nice ..." and your mother? " My mother is the same as my mother-in-law, everything must be according to their will ..."

After several sets of processing, the client reports a clear vision of herself, her roles and roles of other people, reporting: "I'm fine, I'm really good, I'm great ..." verbalizing further "I want to live for what I have now, I can not live a life in fear of what will happen, it is not my role to revive, I can work, dig, plant seeds, I do everything ..."

The client confidentially denies any disturbance, continued to the installation of positive cognition.

Body scans reveal the body's sensation of relief that manifests itself in the form of air passing through the body and exits to the fingertips, no specifying of any difficulties or disturbances.

Considering the completion of processing, the client is suggested to possibly come again after 2 months or earlier if needed.

Session 6

Two months after, the client came obviously in a good mood with visible consequences of improving the attitude towards oneself, better self-deprivation, better attitude, better posture. After emphasizing and support from my side, I asked her to tell me how she had made such a significant improvement. She states that after a session she had a conversation with her husband and mother-in-law, that she can not live in fear when she will die or "end up on pills".

She accepted the installation of positive cognition, the body scan did not show anxiety, and a positive sensation was fixed.

DISCUSSION

Our case study of the use of EMDR therapy in the treatment of fear in adolescence caused by traumatic events in the childhood undoubtedly points justified applicability of EMDR, effectiveness, precision, and efficiency in only four sessions of reprocessings, which is consistent with experience (Omeragić & Hasanović 2018, Shapiro & Forrest 2012, Lazarove et al. 1995).

Also, this example indicates the success of EMDR therapy in treating fear in a situation where the traumatic event is covered to the extent that the client failed to visualize it until the end of the treatment. The strong concealment of traumatic content is confirmed by the appearance of dreams that were also for the client indescribable, unclear, and in the form of a mallet. In support of this Gregurek (2012) also highlights the phenomenon that sometimes the "central event is hidden in the client's life history", and his understanding of Moro et al. (2012) "a look below the surface" is one kind of wisdom.

The overall processing was guided by the level of body sensations in the entire spectrum of manifestations that were initially blurred and vague, through fragmented disturbances in the stomach, chest, head, to a clear, picturesque visualized flow of energy from the stomach across the breast and neck/throat to the head. The reporting of the client after the application of the „Bundle of Light“ goes into the same direction, she felt the flow through the entire body that ended through the fingers.

By presenting this experience in the process of trauma from childhood in order to avoid uncontrolled fear in adulthood, a pathological mechanism is visible. Any loss in a wider and narrower environment, close or not to the family, makes the client dysfunctional. Shapiro and Forrest (2012) state that it is only visible in several sessions that the old experiences cause a negative reaction to a new event, and new experiences aggravate the reaction to the old events.

This view is confirmed by Omeragić & Hasanović (2018), and Shapiro and Forest (2012), that the past is the present, as long as the implementation of EMDR treatment does not enable the transformation of dysfunctional memory from childhood into the narrative, integrating those in a different, meaningful and functional way.

Herman (1997) warns that traumatized women are struggling with self-regulation issues in more difficult circumstances, since, unlike men, their difficulties are largely aggravated by poor or no tolerance surroundings. Namely, society does not offer women a lot of space to diminish or express their feelings.

Losses are an unavoidable phenomenon during the life of each individual. The issue is, why did the client react right now, and what triggered the circumstances and triggers? As each new research offers discoveries but also raises several new questions, so does this case report, whether and how much interconnectedness

and/or causality exists between a child's fear because an object that "has just disappeared under the fabric or pillows" (Piaget 1990) and fear of real, natural, expected but also normal losses of a woman in adulthood, but also the extending child's hands to very distant objects?

In addition to the undeniable efficacy of EMDR therapy in the above-mentioned case of treatment of fear, other factors must be mentioned, which have influenced a greater or lesser extent to overall success and but are not covered by this opus. Above all, it is important to mention the sensitivity of a psychiatrist who timely sent the patient to EMDR therapy, the preserved client resources, the support of daughters and husband, and the partial fear of the lack of treatment of medication therapy to prejudices, stigma and fears in the form of selfquestioning: "Did I come to this point", thinking of being mental health patient who ask for help in the Center for Mental Health.

CONCLUSION

EMDR therapy may help to cope with the fear in adolescence caused by childhood trauma; effectively process early traumas that are deeply suppressed. Furthermore, it can make the dysfunctional memories from childhood into narratives, recycled and processed memories integrate into a new meaningful way of experiencing, reach insights and change behavior and beliefs.

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