

## EMDR THERAPY - SELFEXPERIENCE: CASE REPORT

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### INTRODUCTION

The traumas experienced in the early phase of our lives, which we can label as traumas with a small "t", are carried throughout our whole lives without us unaware of how much they hinder us in everyday life. Eye movement desensitization and reprocessing (EMDR) is a therapy that focuses on processing dysfunctionally stored memory, using bilateral brain stimulation, and reactivating the natural ability to functionally and adaptively process information (AIP) (Shapiro 2001, 2014). We are often not aware of why we feel uncomfortable at certain moments, we feel fear, we are dissatisfied, and so on. EMDR helps us in finding out why these things bother us, and it helps us to overcome these things and become functional in all areas of life (Ališahović and Hasanović 2018).

The effectiveness of this approach is mainly shown in the treatment of posttraumatic stress disorder (PTSD) (Van der Kolk et al. 2007), but there is some evidence that this approach is effective in the treatment of anxiety disorder (Fernandez & Faretta 2007), stressors, family problems and attachment (Madrid et al. 2006).

According to the definition from the dictionary, trauma is any life event that has had a lasting negative consequence on a person's life and functioning. How traumatic a life event can be, depends not only on the severity and seriousness of the event, but also on the age, characteristics, and resilience of the individual (Herman 1997). EMDR uses a structured approach consisting of eight phases and addresses past, present, and future consequences of dysfunctionally stored memories (Shapiro 2001).

Our aim was to show the effects of working on oneself by applying EMDR therapy.

### CASE STUDY

#### First meeting with EMDR therapy

I first came across EMDR therapy in 2016, after I began working on the Clinic for Psychiatry and was assigned to the Ward for social psychiatry where my mentor was practicing EMDR therapy with war veterans suffering from PTSD (Hasanović 2014). The first few treatments that I've seen were very unusual for me. I tried to understand what's happening and how is it

possible that patients come in tears, drained of will and sad, and leave with a satisfied smile. It was as if some magic was happening. I started to take interest in that and I started asking the professor how he was doing it. After some time, the EMDR therapy education begun and I decided to try my hand at it (Hasanović et al. 2018, 2021). During the education, we had the opportunity to experience EMDR therapy on ourselves (Ališahović & Hasanović 2018). We worked in pairs and the events that I worked on were the ones I thought were not very severe for me. However, one event was trying to force its way through, but I deftly repressed it by convincing myself that I don't have a problem with that. Education was finished, but the event that I expertly avoided was still imposing on me. I realized that it was impairing my everyday functioning. Namely, it was about the death of my grandfather. I was in the 7th grade of elementary school when he died. I was very connected to him. It has been more than 20 years since his death, and I was not in any state to talk about him. On every mention of his name, I would leave the room crying. Every celebration, Bajram (a religious holiday after the holy month of Ramadan and during the Hajj/pilgrimage, and is celebrated in the family circle), or any other family event left me in tears after his name was mentioned. I did not want to talk about him, even when others did it. I never told anyone how much I missed him.

#### Personal experience with the effectiveness of EMDR therapy

On one occasion, I was talking with my mentor, and he offered me to do EMDR therapy with me. I accepted because I knew that it was my chance to help myself. However, I picked another event, consciously avoiding my grandfather's death. The session was successfully completed, but I was still bothered by the loss I felt. The next time I decided that I would work on it.

For the worst image, I picked the moment when I was coming back home from an excursion and seeing a lot of people in front of my house. I knew something bad had happened. The Negative Cognition (NC) was „I am helpless“. For the Positive Cognition (PC), I chose „I have control“. Believing in the correctness of the positive cognition (VoC) on the scale of 1-7 (where 1 is completely incorrect, and 7 completely correct) was 3.

My subjective evaluation of disturbance (SUD) on the scale of 0-10 (where 0 is no disturbance and 10 is the strongest disturbance) was 9, the emotion I had was grief. I felt my heart race and I started sweating.

During the first bilateral stimulation with the eyes (BLS), I felt my heart pounding. I saw that many people were in front of the house and I know that something bad had happened. My mom is telling me that my grandfather is feeling bad. I am crying and I'm saying that I know he's dead. Images start showing up. I see my grandmother saying that my grandfather is gone. I don't want to believe in it. I see my father crying. During the entire processing, I cried a lot. My whole body shook and I profusely sweated. Then, suddenly, memories of nice, pleasant moments spent with my grandfather started to appear. I had the feeling that someone had taken him away from me and that I didn't have the chance to say goodbye. During processing, I understood why I don't like saying goodbye. Why every time I go on a journey, I feel a disturbance, and I would rather cancel everything than go. I understood that it was because I was not there when my grandfather died. I was on a trip. The next few sets of bilateral stimulation, I remembered my father who was working abroad at the time. I was happy because he was supposed to come home for his vacation. I started to feel unburdened. I stopped sweating and shaking. After checking, SUDs was zero (0). I realized that I couldn't have influenced his death. I couldn't stop it even if I was there. After the treatment ended, the feeling was indescribable. I felt relieved.

## DISCUSSION

Working on myself through EMDR therapy helped me to understand how exactly important is it to help ourselves so that we can help others. We never know what someone is carrying inside of them and what can be set in motion within us by their stories and what countertransference can be caused. It is important that we recognize countertransference and use it in positive ways. I asked myself: "What would happen if I had a client who had the same or a similar case as me? Would I be able to help them, if I did not help myself?"

When we are talking about countertransference, it's important that we know it represents a collection of subconscious experiences of psychoanalysts or psychotherapists in relation to the transference. The term was first coined by Freud. To understand and control countertransference can be achieved by self-analysis and persistent questioning of oneself. Today, countertransference is considered as an important tool that the therapist can use in order to establish a better relationship with the client and help them in better understanding themselves and the therapeutic process. Therapists must be aware of themselves and their problems, and have adequate training and personal

therapy and supervision. The therapist must be freed of their problems in order to not project unresolved conflicts/issues on the client (Ališahović & Hasanović 2018, Dodaj & Dodaj 2018, Kovačić 2018, Siručić & Hasanović 2018, Vehabović Rudež 2018).

## EPILOGUE

After personal experience of EMDR's efficacy, I am even surer in the power and effectiveness of this method that helps us to resolve our distant, repressed traumas that impede our everyday functioning. The experience of working on oneself using EMDR treatment helped me to not have any problems when talking about my grandfather today. Very often, I initiate conversation about him myself, look at pictures, and gladly remember the nice moments we spent together. The thing that is important to me, the thing I managed to solve with this treatment is that now, when I travel, I don't feel the unease I did. It's a lot easier to live without the feeling of difficulty in my chest and without the fear of bursting into tears at the mention of my grandfather's name. (Ališahović & Hasanović 2017).

## CONCLUSION

EMDR therapy is an efficient method in treating traumatic, repressed events that impede our everyday functionality.

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Dženita Hrvčić: 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. Ališahović-Gelo E & Hasanović M: *Iskustvo rada na sebi sa EMDR terapijom. U: Hasanović M (ur) EMDR u Bosni i Hercegovini. Tuzla: OFF SET i Udruženje EMDR terapeuta u Bosni i Hercegovini, 2017*
2. Ališahović-Gelo E & Hasanović M: *Self-Experience of EMDR Therapy Efficacy - A Case Report. Psychiatr Danub 2018; 30(Suppl 5):260-261. PMID:30095808*
3. Dodaj A & Dodaj A: *Iskustva praktikanata u procesu EMDR edukacije. U: Hasanović M (ur) EMDR od edukacije preko*

- supervizije do akreditacije u Bosni i Hercegovini. Tuzla: OFF SET i Udruženje/Udruga EMDR terapeuta u Bosni i Hercegovini, 2018; 88-93. ISSN 2566-3453
4. Fernandez I & Faretta E: EMDR in the treatment of panic disorder with agoraphobia. *Clinical Case Studies* 2007; 6:44-63
  5. Hasanović M: Eye Movements Desensitization and Reprocessing/EMDR. In: Kozarić D & Frančičević (Eds) *Psihoterapijski pravci*. Zagreb: Medicinska naklada, 2014; 368-380
  6. 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
  7. Hasanović M, Morgan S, Oakley S, Richman S, Omeragić I, Siručić N, Kokanović I, Imširović F, Hrvčić Dž, Stajić D & Oakley Z: Development of EMDR Therapy in Bosnia and Herzegovina –Education by Supervision to Accreditation. *Psychiatr Danub* 2021; 33(Suppl. 1):4-12
  8. Herman JL: *Trauma and Recovera: The Aftermath of Violence – from Domestic Abuse to Political Terror*. New York: Basic Books, 1997; Chapter 1:7-32
  9. Kovačić A: Postajanje evropski akreditiran EMDR praktičar. U: Hasanović M (ur) *EMDR od edukacije preko supervizije do akreditacije u Bosni i Hercegovini*. Tuzla: OFF SET i Udruženje/Udruga EMDR terapeuta u Bosni i Hercegovini, 2018:63-73. ISSN 2566-3453
  10. Madrid A, Skolek S & Shapiro F: Repairing failures in bonding through EMDR. *Clinical case studies* 2006; 5:271-286. doi:10.1177/1534650104267403
  11. Shapiro Shapiro F: *Eye Movements Desensitization and Reprocessing (EMDR): Basic principles, protocols and procedures*. New York, NY: The Guilford Press, 2001
  12. Shapiro F: *The Role of Eye Movements Desensitization and Reprocessing (EMDR) Therapy in Medicine: Addressing the Psychological and Psychological Symptoms Stemming from Adverse Life Experiences*. *Perm J* 2014; 18:71-7
  13. Van der Kolk BA, Spinazola J, Blaustein ME, Hopper JW, Hopper EK, Korn DL & Simpson WB: A randomized clinical trial of EMDR, fluoxetine and pill placebo in treatment of PTSD: Treatment effects and long term maintenance. *Journal of Clinical Psychiatry* 2007; 68:37-46
  14. Siručić N & Hasanović M: Vlastiti utisci I iskustva stečena tokom EMDR treninga I grupne supervizije. U: Hasanović M (ur) *EMDR od edukacije preko supervizije do akreditacije u Bosni i Hercegovini*. Tuzla: OFF SET i Udruženje/Udruga EMDR terapeuta u Bosni i Hercegovini, 2018:74-82. ISSN 2566-3453
  15. Vehabović Rudež N: U susret EMDR. U: Hasanović M (ur) *EMDR od edukacije preko supervizije do akreditacije u Bosni i Hercegovini*. Tuzla: OFF SET i Udruženje/Udruga EMDR terapeuta u Bosni i Hercegovini, 2018: 83-87. ISSN 2566-3453

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