TOWARDS THE EMDR: A CASE REPORT

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INTRODUCTION

Eye Movements Desensitization and Reprocessing (EMDR) is the latest psychotherapeutic technique that is showing its effectiveness in the treatment of various psychopathological phenomena every day. Dr. Francine Shapiro began work on structuring the EMDR method in 1987, confirming, in the years that followed, its effectiveness in treating trauma in Vietnam War veterans and in the case of victims of sexual aggression suffering from Post-Traumatic Stress Syndrome (Shapiro 1995, Anonymous 2020).

EMDR is a client-centered method that enables the mobilization of a self-healing mechanism by stimulating an existing system in the brain for adaptive information elaboration. It is considered that the exceptional efficiency of this method is in the direct effect on the brain neurophysiological mechanisms (Bergmann 2000, Anonymous 2020).

This model gives great credit to the physiological components of emotional disorders and works on them, considering the negative cognitive aspect, emotions, and other disturbing factors and symptoms (Bergmann 2008, Anonymous 2018).

Even though EMDR achieves therapeutic results, there is controversy among mental health professionals and others about the true value of this psychotherapeutic technique (Anonymous 2018).

In Bosnia and Herzegovina (BH) after the very severe war (1992-1995), a lot of people of all ages had developed various mental health problems after surviving severe trauma experiences. There were needs to help these people by helping mental health workers in improving their psychotherapeutic skills. We are grateful to the help of the Humanitarian Assistance Project (HAP) of UK & Ireland, today it is Trauma Aid UK led by Sian Morgan helped with their enthusiasts who train BH mental health professionals in EMDR. 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).

The aim is to show my own experience of EMDR therapeutic technique in the first encounter with it, in the decision to educate myself and to apply it in practice with people seeking help, as well as my own experiences in education and working with patients.

CASE REPORT

Back in 1999, nine Ph.D. students and professors of psychology from Seattle University in the USA came to visit the Medica Visoko project to offer their knowledge and skills in working with traumatized women and children. During the 15-day stay, in a series of theoretical facts, they also offered us work on the processing of our own traumatic contents. It was then that I first encountered the EMDR method and since I am curious and prone to constant work on myself, at that time I was processing my grief of the great loss of my girl cousin who had died in the war, at the age of 15. She was my aunt's daughter with whom I was very close and with whom I spent my childhood. Her death occurred two months after the start of the war, shortly after I left for Croatia. I found out about her death via radio amateurs. She was killed by a small grenade shrapnel that hit her right in her temple.

At that moment, my mother was in a state of psychological shock, and my reaction was to rationalize like: "Maybe the information is wrong" or "What can we do, it happened. Life goes on".

Three years after that I came to Visoko and met my aunt. At that moment my feelings "came out" through unstoppable crying. After that, I had the urge to write a song in commemoration of my deceased cousin. That was not the end of it, although it was easier for me. My pain was tied to my aunt, her suffering caused my suffering. Another three years have passed, life continued its way, and I started working in the non-governmental organization (NGO) "Medica" which engaged in providing psychological assistance to women and children victims of war suffering from Srebrenica, Žepa, Bratunac... That's how the story of psychological help to clients with war trauma became my daily work, and I had not yet resolved my own traumas.

Every single day I had doubts about how to deal with other people’s traumatic experiences and how to be helpful to clients. Because of that, I was intensively looking for trainings that would help me do my job more efficiently and to feel more competent.

With the arrival of American experts, I re-started the story of the death of my cousin and then I was able to accept her loss.

I remember the feeling during the treatment. During the treatment, it was quite an uncomfortable
feeling, due to the constant repetition of the process, and after that, it was the feeling of inner peace. I had a feeling that things were coming at their place that the loss was integrating. And now, I can tell that with certainty (Farrell & Keenan 2013).

My next encounter with EMDR was an invitation to education (Hasanović et al. 2013, 2018). I felt joy because I knew the effects. During the training, we had the opportunity to work again on our contents, to be in the role of clients and therapists (Ališahović & Hasanović 2018).

During exercise, I was a therapist to a colleague who wanted to quit smoking. The treatment lasted a bit longer, but she informed me that she was increasingly certain that she wanted to stop smoking. Towards the end of the treatment, she started to laugh out loud. And during my treatment in which I was a client, I remember that in the end, I began to laugh, but for no particular reason.

Between the two blocks of education, I tried to use EMDR with child clients because I assumed that the process was interesting to them. However, the feedback I would get was mostly very short and I couldn’t see the effects of the treatment. I was a little scared to use EMDR more intensively.

**DISCUSSION**

Working in a mental health center (MHC) means that different clients can come to psychotherapy, with different difficulties. However, the use of psychotherapy in small communities requires long and hard work in order to sensitize the community to psychotherapy. This work on sensitizing the community in Visoko has been done since the end of the war, and we have achieved that a large number of citizens fearlessly seek psychotherapeutic treatment now. That fact puts in front of the role of clients and therapists (Ališahović & Hasanović 2018).

CONCLUSION

EMDR as a newer therapeutic method, in the meaning of its use, somewhat different from other therapeutic methods, faces challenges in use for several reasons. One of the reasons is the context in which we live where citizens still show resistance to new things, have a fear of stigmatization, and are insufficiently informed. Although much has been done to sensitize BiH society regarding psychotherapy and its effects, there still is resistance. Insufficient awareness of professionals about different psychotherapeutic directions and their effects, as well as the elitism of some psychotherapeutic directions also favors the slower acceptance of new psychotherapeutic schools (Gavrilov-Jerković 2003).

All this slows down the practical use of EMDR in BiH, but that is why the task in front of the professionals who are educated in this method is to continuously improve in EMDR and to apply it without fear in working with clients.

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**References**


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