Integration of Analytic Intervene and Autosuggestion in Eye Movement Desensitization

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ABSTRACT

Eye movement desensitization and reprocessing (EMDR) is evidence-based trauma focused psychotherapeutic intervention for trauma related disorders. It has specially gained acceptance as most efficacious treatment for Post-Traumatic Stress Disorder (PTSD). But, in majority of cases, it is used as singular module and there has been no report on integration of any other psychotherapeutic approach with EMDR in the treatment of PTSD. In this article, two case studies of individuals were described in which EMDR Treatment was conducted according to the standard protocol presented by Shapiro in combination with few psychodynamic principles in one or two sessions to resolve trauma effects. It was supportive therapeutic relationship along with deeper understanding of the clients and therapists' unconscious processes. It was called and discussed it as "Analytic Intervene'' in EMDR.

INTRODUCTION

Traumatic experiences lead to a variety of psychological problems and PTSD is most common among them which also has high comorbidity with other psychiatric conditions. EMDR is widely recognized as a first line of treatment of such trauma related conditions (American Psychological Association [APA], 1994; Hase & Brisch, 2022; Kessler, et al., 1995; Shapiro & Laliotis, 2011). It based on the Adaptive Information Processing (AIP) model and large number of studies has been done across the globe on the effectiveness of this intervention (Hase, 2021; Shapiro & Laliotis, 2011; Shapiro, 2002; Valiente-Gómez et al., 2017). In recent years, additional applications and integration of components of other psychotherapies into the standard EMDR was in practice (Brown & Shapiro., 2006; Capps, 2006). However; there is scarcity of literature in this area from Pakistan (Mustafa,2015), so present study was premediated with two clinical case reports where psychodynamic psychotherapy has been integrated into EMDR as an

CASE STUDY 1

A man in his late-forties presented with seven months' history of low mood and flash backs of traumatic memories related to various traumatic experiences where main scene was massive firing by terrorists. He has disturbed sleep, problems in memory and concentration, and use of alcohol. At the same time, he lost an important promotion and he had a sense of losing his carrier due to the same experience which was traumatic and now professionally embarrassing as well. He started to feel persistently low and has had frequent reminders of this traumatic event. After seven months of personal struggle, he decided to consult. Patient was fortunate that he had a large support system, including a family who cared for him and an active professional life. He has an easy access to a psychiatric help. On first assessment, Individual fulfils DSM IV diagnostic criteria for Post-Traumatic Stress Disorder and Major Depression simultaneously. After detailed history taking, EMDR was decided as first line of treatment for him. Six EMDR sessions were done in total period of about two months. In the first EMDR session, Subjective Unit of Disturbance (SUD) was 8 for the major traumatic memories. The Validity of Positive Cognition (VOC) was 1. Negative cognition was that "I am a failure" and preferred cognition was that "I am competent and successful". This session was done as incomplete at the end SUD was 6 in the next session again SUD didn't drop below 6 and again it was declared as incomplete session ad ended again on safe place. In the third session Light Stream Technique was also done to soften the image in addition to cognitive discussion about the acceptance of himself in the present rank and blocking belief of losing carrier after that traumatic military operation was challenged in cognitive intervene but at the end of third session SUD was still not less than 5. It was at this time that therapist realized that in spite of not improving with the therapy, the patient still feels good and accepted during the therapy sessions that he was very punctual about his appointment and started to share his feeling. It was the time that therapist tried to understand the client at analytic level. The patient (as opposed to the client in EMDR) talked and the therapist made interpretations about the patient's words and behaviors. In this broad therapeutic orientation, it was realized that there is conflict between desire to get promoted and social need to adjust in the present rank.

Predominant defense mechanisms were intellectualization and denial. He has underline perfectionist personality traits. After the trauma, this person was regressed in the latency phase of his psychosexual development. In the fourth session, the individual was offered support and his defense mechanism of intellectualization was supported like that of supportive psychotherapy in a supporting transference relationship. During this session, while patient was doing eye movements, he was suggested to feel comfortable/safe and also to encourage himself about his participation in this important operation of his country. After that SUD dropped to 2 and the session again ended on safe place.In the fifth session, it was revealed that his mental state changed. His mood was euthymic. There were no flash backs and intrusive thoughts. He said, "At first, after the first and second sessions, I was very tired. But then, I was amazed as things lightened up. Now, when I think of the accident, it doesn't get me going like it used to be. It's amazing phenomena, I'm doing a few more hours' work. I feel much chirpier about it and I'm looking forward to working more. I want to do things at home. It's lifted a weight - pressure that was overbearing for a very long time. I'm conscious of it not being there. My wife has noticed difference in me. I'm thinking that I might be able to do write on "war and peace" based on my own views, my own experiences and knowledge. "Fifth session was a complete session and major trauma was successfully processed and in the sixth session minor scenes of traumatic memories were processes completely with standard EMDR protocol. Graphical description of case 1 is given in figure 1 below.

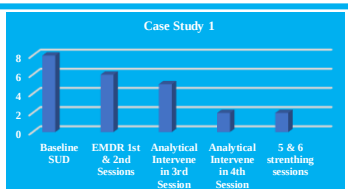

FIGURE 1

CASE STUDY 2

A 21 years old young boy came with four months' history of difficulty interacting in his day-to-day social life. This interaction was unavoidable and every time after the interaction, he used to feel sadness and guilt. He started feeling difficulty in concentration in his studies. These academic difficulties ultimately brought the problem to the surface. Moreover, there were repeated reminders of the traumatic events related to his Academy. History revealed that boy has the history of being bullied by senior for two days, he decided to quit the academy and at night he flew away. Soon after that he realized that he has missed an important opportunity of his life and now he can never join back. He spent most of his childhood away from both the parents with his grandparents and he has never been able to make a cohesive sense of self.

In first EMDR session, the Major traumatic memories were realized to be the scene of leaving the Air Force Academy at night. Subjective unit of distress (SUD) in relation to this event was 9. His negative cognition was that "I am unacceptable" and positive was that "I can learn to become accepted". The validity of cognition (VOC) was 2. First two sessions were done as incomplete sessions. His SUDs after first session was 7 and was 5 after the second incomplete session. The individual was grounded with the safe place technique in both of these sessions. In the third session, light stream technique was tried. In the beginning, it was followed by EMDR session, in which SUD dropped to 4. This session again ended as incomplete on safe place. On psychodynamic understanding of this student, it was identified that the conflict between unconscious desire to identify with the military father and social need to continue life as a university student. His behavior was explained in terms of past experiences and motivational forces. His actions were viewed as stemming from his unconscious desire. In the fifth session, the client was offered support and acceptance by the therapist in a transference and defense mechanism of regression and denial was registered for the Analytic Intervene. Transference was encouraged. The defense mechanisms of denial and regressions were supported.

The individual was accepted as a young educated civilian by the therapist and the co therapist the client was encouraged to develop himself in the civilian life. He was encouraged to explore himself as a successful civilian. In the sixth session the SUD dropped to zero. VOC was raised to 7. At this point he was given insight into his behavior and defense mechanisms were also brought into his conscious. Graphical description of case 2 is given in figure 2 below.

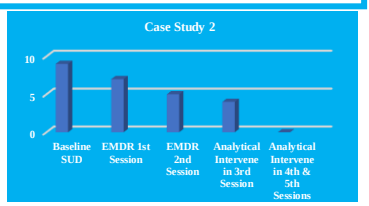

FIGURE 2

DISCUSSION

The current case reports illustrate the importance of EMDR in the treatment PTSD along with depression in Pakistani scenario. Patients' traumatic memories were reprocessed into adaptive ones by using standard protocol EMDR along with additional uniqueness (Richard, 1997). So, these case studies are not only a measure of EMDR effectiveness in complicated trauma clients but also provide proposal of an explanatory model. It looks at one relatively ignored or unidentified component of the EMDR treatment, namely the therapeutic relationship and analytic intervene. The unique aspect in these case reports is the integration of EMDR with psychodynamic psychotherapy. Author prefers to call it Analytic Intervene. We suggest that by incorporating key concepts of psychodynamic theory in the EMDR session as an analytic intervene, we can help the client.

It is suggested that that this analytic intervene can be used just like cognitive intervene. Theoretically it can also include supportive therapeutic relationship which encourages transference and provides more opportunity to share feelings. The therapist identifies defense mechanisms and notice any arrest in psychosexual development. During intervention therapist supports the healthy defense mechanism. It is proposed that in few cases after analytic intervene, it becomes easier to deal with and reduce the subjective distress (SUD). Researcher wanted to introduce it as a remedy for blocked processing and not as a component of standard EMDR therapy. It can also include analysis of transference, interpretation of dreams and slips of tongue. Practically at the time of blocked processing the therapist may choose any of these psychodynamic mechanisms depending upon the individual case or his training and perform analytic intervene to get the therapy going.

Although, cognitive intervene is useful in many cases but it may not be acceptable by few clients or therapists as it may affect the nonjudgmental stance of the therapist especially with an emotionally charged clients. Analytic intervene on the contrary is a supportive technique for a client who is in depression and dealing with traumatic memories. It places emphasis on the influence of past experience on the development of current behavior. It lays emphasis that previous relationships leave lasting traces which affect self-esteem and may result in maladaptive patterns of behavior as we have noticed in our second client. Important innovation in our first patient was auto suggestion. This is different from the suggestion of hypnosis where patient is in altered state of consciousness. In the suggestion part of analytic intervene of EMDR therapy patient is fully alert and he can learn to do this at his own. In present study, psychodynamic basis of the therapeutic relationship and possible analytic intervene was suggested for future research. There is substantial reason to conclude that a carefully aimed analytic intervention just like cognitive intervention may result in significant impact. Psychodynamic basis of EMDR is not a new subject.

CONCLUSION

In the treatment of stress related disorders, EMDR may be seen as having the primary goal of helping clients to reprocess information that is held dysfunctional to enhance adaptive functioning. In certain cases, EMDR therapy may get blocked, so it is proposed that in the course of working with clients to achieve these goals therapists may use analytic intervene.