Eye Movement desensitization and reprocessing (EMDR) is evidence based trauma focused psychotherapeutic treatment for trauma related disorders. The present study describes its application for the treatment of PTSD along with depressive symptoms in Pakistani scenario. After pre-assessment eight phase protocol EMDR has been carried out in six sessions to reprocess the various traumas of patient. Post-assessment and re-evaluation of patient reported significant decrease on all psychometric tools.

Keywords: Depressive symptoms, EMDR, PTSD.

INTRODUCTION

Individuals who experience traumas in their life may suffer from a variety of psychological problems and PTSD is most common among them. It has a high co-morbidity with other psychiatric conditions causing a worsening prognosis. EMDR consists of eight-phases that address past traumatic events and present triggers of the symptoms. The first two phases include history taking and preparation of the client. The third phase identifies the target traumatic memories. The fourth phase consists of dual-attention stimulation in the form of repeated sets of eye movement, tones, or taps. The fifth, sixth, seventh, and eight phases constitute installation, resolving any residual somatic sensations, closure, and reevaluation. Literature review suggests that EMDR is most effective treatment for trauma patients. Very limited studies have been conducted to see its effectiveness in Pakistani culture. Present case study is unique as it illustrates EMDR’s effectiveness for PTSD along with depression in Pakistani setup.

CASE STUDY

The patient is 37 years old, married man who has been referred to this mental health facility on account of irritability, aggressive outbursts, flashbacks of traumatic events, avoidance to discuss them, headache, insomnia, difficulty in concentrating and lack of interest in daily activities since 2004 when in the back drop of some assassination attempt of a senior officer, he was picked up by intelligence agencies and tortured for three months. Later on, he experienced number of other traumatic events listed in the timeline fig-1. But these
complaints got worse in past 3 months after failure in his exams.

Eight phase EMDR were carried out. After history taking, impact of event scale revised (IES-R), Post traumatic Checklist-Military Version (PCL-M) and Hamilton Rating Scale for Depression (HAM-D)’s Urdu versions were administered and their scores were calculated (IES-R= 58, PCL-M=72, HAM-D= 25). Then, preparation for EMDR was done along with the creation of safe place. The Cue word for it was “SadaBhaar”. In assessment phase, presenting issue (Torturing event) was discussed, worst part of it (Hit religious/personal life), Negative cognition (I am helpless) and Positive cognition (I can do something) were identified. VOC for Positive cognition was “1” and SUDS for Negative cognition was “10”. Emotion of the patient was anger and location of body sensation was head. During desensitization phase, negative cognition was processed which had SUDS of 10. After 13 EM sets, SUDS came to level 1. VOC which was 1 before desensitization and it was 6 after this phase. Two more EM sets were done and it came to 7. Body-scan, closure and re-evaluation was done after one week.

DISCUSSION

The current case illustrates the importance of EMDR in the treatment PTSD along with depression in Pakistani scenario. The patient developed pathological responses to stressful life events after experiencing traumatic event in 2004 as this dysfunctional material got locked in his memory and activated by triggers in later life. His traumatic memories were reprocessed into adaptive ones by using standard protocol of EMDR, which brought positive change in his affect, bodily symptoms and behavior\(^6\). After six EMDR sessions, the patient was able to reprocess his main distressing memory and also became able to generalize it on other traumatic events of his life.

CONFLICT OF INTEREST

The author of this study reported no conflict of interest.

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