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Effectiveness Of Eye Movement Desensetization and Reprocessing In Anxiety: A Case Report

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Eye Movement Desensitization and Reprocessing (EMDR) is an eight-phase, three-pronged therapeutic approach that helps in reprocessing maladaptively stored and inadequately processed memories. The present case is a part of pilot study for the main research titled 'Efficacy of Eye Movement Desensitization and Reprocessing Intervention in Adults with Anxiety Disorders and Insecure Attachment.' The case is of a client X, a 24-year-old male, graduate and pursuing CS (Company Secretary), unmarried, living in nuclear family presented with chief complaints of fear and anxiety related to mathematics since school. More recently, as he was preparing for CS exams, one of the subjects being math, he started experiencing anxiety again. After administration of the tools for baseline evaluation, EMDR intervention was initiated. After the intervention, tools were administered to determine post-intervention evaluation. In the present case, EMDR was found to be helpful in decreasing anxiety and increasing self-soothing behaviour. Further, larger sample to be taken for better generalization.

Keywords: Eye Movement Desensitization and Reprocessing, anxiety, adaptive-resolution, three-pronged approach.

Anxiety

Anxiety is a natural response which occurs when we are in situations of danger or threat. It is our body's natural response system to threats as it helps in transmitting signals from the brain to the body to prepare us for action. Anxiety is usually an anticipated future response. Omeragic and Hasanovic (2021) point out the difference between fear and anxiety in terms of the presence of threat, that is, "with fear, there is a real threat in the present. Whereas, with anxiety, this threat is anticipated in the future" (Omeragic & Hasanovic, 2021).

Anxiety is not inherently all bad. If it is viewed on a spectrum, ranging from normal levels to clinical anxiety, normal or mild levels of anxiety will present as mild muscle tightening, sweating and doubts about one's ability to perform a task, but such level may boost your attention and motivation to work; it does not interfere with functioning. For example, think about going for a new job or an important exam, we may notice our heart pounding and mind racing with the thoughts of 'what ifs?,' which usually is a normal level of response on the spectrum of anxiety. We all experience anxiety from time to time, but it becomes a problem or reaches clinically significant levels when the anxiety crosses the optimum threshold and starts to hamper functioning. On the other end of the anxiety spectrum, it will present itself as severe, persistent, and excessive worry, with extreme avoidance of the threatening situation. "These symptoms cause distress, impair daily functioning, and occur for a significant period" (Marques, 2020).

When anxiety continues in the absence of a threat or even after the dangerous situation has ended, it will impact the body and will have adverse negative physiological

effects, as the body is ready for action, but there is nothing to act against. Hence, this will further lead to an unpleasant experience. This also has a cognitive impact as the person can now misinterpret normal physiological reactions to be anxiety and further develop a fear of impending episodes.

Components of anxiety

There are majorly three components of anxiety:

1. Affect/emotional: this may show as fear, dread, confusion etc.
2. Bodily/physiological: this may show as palpitations, sweating, uneasiness in the stomach etc.
3. Cognitive/thoughts: this may show as negative thoughts, such as, self-defeating thoughts of incapability etc.

For instance, imagine appearing for an important exam, you may notice feeling fear and nervousness, which is the emotional component. You may also notice bodily sensations, such as sweating, stomach tightness etc., which is the physiological component. Finally, there may be thoughts, such as, 'what if I fail?' etc., which is the cognitive component.

Perspectives on anxiety disorders

From a cognitive perspective, our thoughts, emotions, and behaviour are connected, as thoughts influence behaviour and emotions and vice versa. The cognitive triad in anxiety involves negative views about self, world and future relating to physical or psychological threat and danger.

More recently, the Self-wound Model of Anxiety Disorders (SMAD, Alladin, 2016), which is an etiological model of anxiety disorders, posits that self-wounds, that is, a person's chronic struggles with subjective distress, may cause anxiety. It is a circular model, and talks about five components, with self-wounds in the centre:

1. Anxiety symptoms: it is the conscious awareness of symptoms, as a result of cognitive distortions.
2. Implicit meaning of anxiety symptoms: it is the implicit or unconscious interpretation of the symptoms for the person.
3. Cogitation: it is the preoccupation with symptoms, which may also serve as a defence mechanism by preventing from "painful view of the self".
4. Exacerbation of symptoms
5. Maladaptive behaviours

Anxiety affects the entire being, as it includes emotional, physiological, and cognitive changes. Prolonged anxiety, stress and fear has an impact on the person. The anxiety may get stored in our body in the form of an information processing system in our mind, which can get activated by triggers, images, cognitions, emotions, and body sensations. These negative experiences, if stored maladaptively and unprocessed inadequately, can make a person get hijacked in the past, where the 'past becomes the present' that is where EMDR becomes useful (Shapiro, 2007, 2018).

Eye Movement Desensitization and Reprocessing (EMDR)

Eye Movement Desensitization and Reprocessing, abbreviated as EMDR is an eight-phase and three-pronged approach. Developed by Francine Shapiro, it involves using bilateral stimulation (BLS), that is eye movements (or tone, tactile) for memory reprocessing. Developed initially for use in Post Traumatic Stress Disorder, it is being increasingly and empirically used in big T and small t traumas, anxiety, phobias etc. The basic premise is that when an unpleasant event occurs, it is maladaptively stored and

inadequately processed, which causes the disorder or disturbance. EMDR helps in reprocessing the memory adequately. It targets triggers, images, cognitions, emotions and body sensations (TICES) to achieve adaptive resolution. The therapy follows Adaptive Information Processing Model (AIP).

The eight phases are:

- Phase one: preparation
- Phase two: history/target identification
- Phase 3: assessment
- Phase 4, 5 and 6: reprocessing
- Phase 7: closure
- Phase 8: revaluation

Three prongs include past, present, and future.

The present case is part of the pilot study for the main research titled 'Efficacy of Eye Movement Desensitization and Reprocessing Intervention in Adults with Anxiety Disorders and Insecure Attachment.' This case report aims to demonstrate the use and efficacy of EMDR in attachment insecurity and specific anxiety.

Method

Case report

Mr X, a 24-year-old male, graduate, and pursuing CS (Company Secretary), unmarried, living in a nuclear family. The client has been facing the issue of fear and anxiety related to mathematics since school. He recalls that he started facing this issue since class 6th, when the subject gradually started becoming tough. During the interview and history taking, it came to light that he started feeling uneasy as he was not able to understand the concepts the teacher taught, as they would ramble on without properly explaining and he was scared to ask them to clarify. As the grades progressed, the syllabus became tougher and he felt left behind than other fellow learners. As he recalls, the going got tougher since class 9th, when alphabets were also included with numbers. Gradually, he started to avoid doing homework and would be worried for the math class. However, he continued with it feeling scared to the extent that he would fall ill before his math exam. More recently, as he was preparing for CS exams, one of the subjects being math, he started experiencing anxiety related to the subject. Thus, he came for therapy to overcome the fear and anxiety related to math subject.

Tools administered

The client was administered the following tools to assess baseline scores as well as, keeping in view the inclusion and exclusion criteria.

Hamilton Anxiety Rating Scale (HAM-A/ HARS): The scale consists of 14 items, which are symptom-defined. Each item is scored on a basic numeric scoring of 0 (not present) to 4 (severe), with a total score range of 0-56, where a score of Ã17 indicates mild severity, 18–24 mild to moderate severity and 25–30 moderate to severe anxiety.

Experience in Close Relationships-Relationship Structure (ECR-RS): The Relationship Structures (ECR-RS) questionnaire is a self-report instrument designed to assess attachment patterns in a variety of close relationships. Developed by Fraley et al. (2006), this 9-item questionnaire can be used to assess attachment styles with respect to four targets (i.e., mother, father, romantic partner, and best friend).

Dissociative Experiences Scale (DES): Developed by Carlson and Putnam (1993), it is a clinical tool to help identify patients with dissociative psychopathology. The DES is a brief, self-report measure of the frequency of dissociative experiences for adults older than 18 years of age. It consists of 28

questions of experiences in the daily lives of the participants, asking the participants to respond to the degree to which the described experiences occur for the participants, ranging from 0% (never) to 100% (always).

Self-soothing Behaviour Scale (SBS): The SBS consists of eight items that assess the ability to calm oneself as well as the "inner child," to regulate feelings, thoughts, and distressing memories, to control impulses to self-harm and suicide impulses, and to have confidence in other people. The items range from 0 ("little") to 10 ("very good").

After assessing the baseline scores, the intervention, that is, Eye Movement Desensitization and Reprocessing was given, following the protocol by Francine Shapiro. Ten sessions were adequate for adaptive resolution. Post-intervention follow-up was done after 45 days.

Case conceptualization (AIP informed)

1. Presenting problem, symptoms, and goals

   Problem: fear related to mathematics during the preparation of CS exams.

   Symptoms: anxiety, fear, sleep disturbance.

   Client goals: to be able to move over this fear, to be able to manage anxiety.

2. Underlying issues including clinical themes of responsibility, safety, control, and connection: responsibility and control/choice

3. Adaptive memory networks

   Existing resources (internal/external): family and friends

   Needed resources (preparation focus/stabilization needs): strength and self-confidence.

Table 1. Case conceptualization of the client

Past experiences	Present triggers	Future templates
Adult-onset experiences: 1. Being asked to perform mental math. Childhood-onset experiences: 1. In 6th standard, math class, while the teacher was explaining, he was unable to understand.	1. Preparation of CS exam (subjects where math is involved).	1. To be able to manage anxiety and not be worried about math.

4. Treatment planning: Developing resources: safe/calm place and Resource Development and Installation (RDI) for self-confidence.
   - Reprocessing present triggers.
   - Future template following present trigger.

Treatment Sessions

Session 1

The session focused on preparation (phase 1) and history-taking (phase 2). Preparation was carried out by psychoeducation of the client regarding the therapy, use of bilateral stimulation, seating position and stop signal for the client. History as per the AIP model involves a three-pronged approach including past and present life issues, traumatic events, childhood attachment status and significant health history (lifetime). A target memory was selected to be reprocessed.

Session 2

This session focused on creating a safe/calm place, assessment of the target

memory, and initiating reprocessing. A safe/ calm place is a relaxation exercise that helps the client. It generates a cue word that can be used in stressful situations. It helps in state shift. The cue word in the present case was 'home.' In the assessment phase (phase 3), the target memory is assessed. The assessment was as follows:

The target chosen for the session: touchstone or the first memory

The worst part of the experience: The one-minute pause occurred when I poked my classmate and asked if he is understanding what the teacher is writing/explaining and he said that he is able to understand.

Negative Cognition (NC): That I am incompetent

Positive Cognition (PC): That I am competent.

Validity of Cognition (VOC): 1

Emotions: Anxious, numb, nervous

Subjective Unit of Distress (SUD): 8

Body sensations: Neck, forehead, eyes, and throat

After the assessment, the therapist initiated the desensitization/reprocessing (phase 4). The use of bilateral stimulation (BLS) helps in storing the memories adaptively. Initially, the images were related to the client sitting in the class and feeling embarrassed, and left behind. He could see himself as the child, who wanted to scream but could not. He was able to notice how the teacher used to scold other kids and he felt scared to ask his doubts in the classroom. He did not get much support from home as well and was left on his own.

Then came the point where he was able to notice a tape recording in his head, saying to him that he is dumb and will not be able to succeed if he is unable to understand this. As the session progressed, the recording got louder and decreased when he was reoriented to the original memory.

Next, he was able to see him giving exams and feeling stressed and incompetent. He does not get good results and is scared to face this teacher. He is able to sail through this and puts in much more effort with the help of his tuition teacher. Again, he started noticing the tape recording playing in his mind. But this time, he also notices that he was able to score decently in the exams and takes a sigh of relief. Then, he used the stop signal as he felt exhausted. This was acknowledged and the session ended with a relaxation exercise (light stream exercise). Installation (phase 5) and body scan (phase 6) could not be done in this session as reprocessing was incomplete. Hence, closure for incomplete memory (phase 7) was done using standard EMDR protocol.

Session 3

The session started with revaluation (phase 8) and proceeded to reprocessing/ desensitization.

Revaluation of the incomplete target memory

T (Therapist): Tell me, what have you noticed that is different in your life since our last session?

C (Client): I have observed positive change my father brought up the stock market and I was less anxious than I used to be. I was able to understand the discussion in a better manner.

T: What changes have you noticed in your response to the issue we have been working on?

C: Same as I told you.

T: Any new insight? And new dreams?

C: No

The worst part of the memory now was him feeling tensed and defeated that he is

unable to understand math. He felt scared, tired and SUD was 6. He felt it in his forehead and shoulders.

With this assessment, reprocessing/ desensitization was continued. It started with him being in school and the tape recording playing in his mind, 'you are not good enough.' Then, this shifted to him overpowering this recording and it gradually fades. Then the memory shifted to him being taught by another teacher in school and he was able to understand the concepts. This was the point when he thought that maybe it was not entirely his fault. From here, he started to see himself distant from the memory and gradually able to resolve the memory. By the end of the session, the disturbance was gone (0) and installation was done. He retained the original PC, 'I am competent' and the validity of cognition was reported to be 7. The body scan was clear. In this session, the client was able to reprocess the memory completely. Hence, phases 5 and 6 were carried out. Closure for completed memory was done.

Session 4

In this session, reprocessing/ desensitization of the past adult trigger was carried out. The memory that was selected was when he was asked to perform mental math. The assessment was:

The worst part of the experience: when someone asked to perform mental math, I look fearful and scared and went blank.

Negative Cognition (NC): I am dumb

Positive Cognition (PC): I can do this

Validity of Cognition (VOC): 4

Emotion: scared, confused, embarrassed

Subjective Unit of Distress (SUD): 7

Body sensation: chest and diaphragm

Staring with the chosen image, he reported that he was feeling better at handling it and he was surprised at that. He noticed that the tape recording started playing in his mind, which continued to say negative things, 'if you do not understand this, then you will not be able to understand anything.' With gradual reprocessing, the noise grew louder and he was stuck in this. At this point, he was asked to imagine a glass wall between him and the memory and he was able to distance himself from the noise, however, it was still playing in the background. When he was reoriented to the original memory, he noticed that it was not all his fault that he was not good at math, it was also the doing of his teacher who was unable to explain properly. He was also able to notice that he did better as the teacher changed and he got help from the tuition teacher, who was also encouraging. The negative tape recording that played in his mind was very faint and he was able to overpower it. Since, the session reached the time limit and the memory was not completely reprocessed, the closure for incomplete memory was done.

Session 5

The session started with revaluation and the client reported feeling relaxed through the week. Since the exams were approaching, he did feel a tinge of nervousness, but he reported it to be quite manageable. Related to the memory that was being reprocessed, he reported a disturbance/SUD of 4, feeling uneasy and felt it in his chest. Hence, reprocessing was started. The client started with the memory of him giving exams and feeling anxious, which he was able to link with the upcoming exams. When this link became clear, he noticed an instant shift in his perspective, which helped him reprocess faster. However, he was still able to feel some tension in his chest. At this point, SUD was reported by him to be 1, and the thing which was stopping it from becoming 0 was his upcoming exams. Hence, this was found to be ecologically valid and the next phase was

started. during installation, he retained the PC, 'I can do this.' And the VOC was 7.

Further in this session, resource of confidence was installed using RDI Protocol (Resource Development and Installation). RDI is used to develop resources. The image that represented confidence for him was a man standing tall with confidence on his face and the phrase that he came up with was, 'Yes, I can do this.' Closure for complete memory was done.

Session 6

The session started with a general check-in of how the client was doing. The treatment plan was reviewed to understand if there are any more memories related to the past that he would like to work upon. The client said that he was able to recall how his parents reacted to his academics. He recalls that although they were supportive, he still felt insecure and embarrassed related to how he performed in school. That was the memory that was selected with mutual consent to be reprocessed. The assessment of the memory was:

The worst part of the experience: going to Parent Teacher Meeting (PTM) and him feeling anxious as to what his teacher would say.

NC: I am helpless

PC: I tried my best

VOC: 3

Emotion: anxious, heavy, restless

SUD: 8

Body sensation: chest and palpitations

The reprocessing started with this memory, where he was going to the PTM with his parents and he was so scared as to what his teachers are going to say. The PTM goes fine and when it is turn to go and meet the math teacher, he starts making excuses so that they do not go to her. However, his parents take him anyways and to his surprise, his teacher does not give as bad reviews as he expected. Nonetheless, his parents are not very happy with his result and he reads a lot into their facial expressions. And he feels that this is not the first time he had let them down. When he is reoriented back to the original memory, he noticed that he has now reached back home and he is dejected and unable to eat properly. He is unable to understand why is he so scared of math and not able to perform in this subject. At this point, as the client was stuck in a loop, a cognitive interweave was introduced. He was asked, what choices does he have now that he did not have back then? To this, he understood that he is an adult now and his schooling is behind. He has better tuition teachers now and he is also able to understand the subject better. Till now, he has not faced any issues in his educational journey due to not knowing math that well. This led to a massive change in perspective. However, since the session approached the time limit, it was ended at this point and closure for incomplete memory was done.

Session 7

The session started with the revaluation of the memory that was being reprocessed. He felt much more confident than before and seemed more relaxed. The memory was now blurry and the tape recording in his mind had stopped altogether. The worst part of the memory was how the teacher and somewhere his parents had made him feel. The emotion was sadness, the disturbance/SUD was 4 and he felt it in his chest. With the reprocessing, the memory which was already blurry became even more blurry. The image shifted to him remembering the instances where he was in fact able to perform mental math adequately. He could see himself to be confident in his abilities and the fear gradually decreased. With further reprocessing, the SUD became 0 and installation was done. He wanted to change the PC 'I am intelligent' and VOC was 7. The body scan was clear.

After the past memories were reprocessed, the treatment plan was reviewed for present triggers and the present trigger that was selected for reprocessing in the next session was related to the CS examination. The session ended with reorienting the client to his safe/calm place. Closure for complete memory was done.

Session 8

After revaluation, the session proceeded to reprocess the present trigger. On the assessment of the memory, it was found:

The worst part of the experience: when he studies the subject, he feels anxious and breathing becomes shallow.

NC: I will not be able to do this

PC: I will be able to do this

VOC: 5

Emotions: irritable, anxious

SUD: 5

Body sensations: stomach and diaphragm

The memory started with him studying for his exams and solving questions, but when the questions got tough and he is unable to solve them, then feeling anxious. The predominant thought playing in his head is, I cannot do this, it is difficult, how will I pass my exams? As the memory reprocessed, he was able to notice that he is now able to put in more effort and not give up after one attempt to solve the questions. He has become more consistent and confident in solving now. He was able to reprocess the memory in the session, and after the SUD became 0, the installation was done where he retained the same PC, 'I will be able to do this.' The body scan was clear.

Before closing the session, the treatment plan was reviewed again, and future templates for installation were selected for the next session. Closure for complete memory was done.

Session 9

In this session, the focus was on the third prong, that is, the future template. The future template of the present trigger was related to managing anxiety and not being worried about math in the future. He retained the PC, 'I will be able to do this' for future scenarios as well and expressed that he would like to feel confident and carefree relating to this. Hence, future template installation was done using EMDR protocol, by running a movie of the future situation while he imagined effectively dealing with the situation. Additionally, a challenge was generated in the future situation which he was able to deal with effectively. The session ended with closure for complete memory.

Session 10

Follow up session was done after 45 days and the client reported that he was able to give his exams while being relaxed. He had also incorporated certain relaxation techniques that were taught during the sessions, such as, the container and light stream exercise. Post-intervention scores were measured using HAM-A and SBS, which indicated a reduction in anxiety and an increase in self-soothing behaviours. Feedback was also taken from the client regarding his experience in therapy.

Results

The pre-intervention and post-intervention scores of the client are as follows:

Table 2. Pre-intervention and post-intervention scores of the client

Pre-intervention Scores	Post-intervention Scores	Feedback
HAM-A: 24 ECR-RS: preoccupied DES: <25% SBS: 3	HAM-A: 17 SBS: 5	It was certainly a new experience. It is a wonder how the memories are resolved.

As can be observed from table 1, there was a drop in anxiety score and increase in self-soothing behaviours post the intervention.

Discussion

The course of therapy with the present client provides an example of the core principles and strategies of Eye Movement Desensitization and Reprocessing. After the tools were administered, the intervention followed careful history taking and preparation, which allowed the therapist to develop and organize the case conceptualization. This was achieved in collaboration with the client. During the intervention, the therapist used specific techniques, the primary one being bilateral stimulation for reprocessing/desensitization, as well as certain techniques for developing resources and during closure. Some relaxation techniques were also taught to the client to be used throughout the week.

Although the present case study focuses on anxiety related to math, EMDR has been found to be effective in various anxiety-inducing situations as well, for example, Baker and Baker (2007) found that EMDR was effective in reducing presentation anxiety in a 26-year-old student. EMDR has also been found to be efficacious in reducing distress in other anxiety disorders, that is, phobia, panic disorder and obsessive-compulsive disorder. For example, Doering et. al. (2013) found a substantial improvement after three sessions with participants suffering from dental phobia.

Conclusion

In the present case, EMDR was found to be helpful in decreasing anxiety and increasing self-soothing behaviour. Further, a larger sample is to be taken for better generalization.

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