

EMDR PSYCHOTHERAPY IN WORK WITH YOUTH AS PART OF THE PEACEBUILDING ACTIVITIES: CASE STUDY OF THE INTERFAITH WORKSHOP IN BOSNIA AND HERZEGOVINA - CASE REPORTS

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INTRODUCTION

Eye Movement Desensitization and Reprocessing (EMDR) is a psychotherapeutic approach that was developed by Shapiro (1989, 2001) to resolve symptoms resulting from disturbing and unresolved life experiences. It is based on a theoretical information processing model, which posits that symptoms arise when events are inadequately processed and may be eradicated when the related memories are fully processed and integrated.

EMDR uses a structured eight-phase approach and addresses the past, present, and future ramifications of the dysfunctionally stored memories (Shapiro 2001). The processing phases of EMDR guide the client's focus of attention through the relevant memory networks associated with the targeted clinical issue. And as treatment progresses, associations to the targeted memory become positive, the patient's distress is relieved, and related cognitions become realistic and adaptive. Guided by the structured protocols, this transformation is often accompanied by global changes in the client's sense of self, others, and the world, and in behavior and lifestyle.

It's efficacy is mainly shown in the treatment of: posttraumatic stress disorder (PTSD) (Van der Kolk et al. 2007), but also there are some evidence that this approach is efficient in treating anxiety disorder (Fernandez & Faretta 2007) and also in treating life stressors, family problems, and attachment issues (Madrid 2004).

It is used with individuals but also EMDR is an effective means of providing treatment to large groups of people impacted by large-scale traumatic events (e.g., natural disasters, wars, ect.) (Jarero et al. 2006).

EMDR psychotherapy is used in different countries, including Bosnia and Herzegovina (BH) the post-war country in transition. The 1991-1995 war in the former Yugoslavia exemplifies the brutal nature and ravaging effects of modern armed conflict. In Bosnia the war claimed approximately 100,000 lives, with civilians comprising a large proportion of war-related casualties (Shaw 2003) Protracted sieges of cities, ethnic cleansing, shelling of densely populated areas,

prison camps, detention centres, and genocide resulted in multiple trauma exposures, traumatic losses, and severe hardship on a massive scale, including the forced displacement of nearly 1.5 million people (Smith et al. 2003).

Surveys of children and adolescents across the region revealed high rates of violent deaths of parents or family members and associated distress reactions including PTSD, depression and grief (Husain 1998, Hasanović et al. 2006, Hasanović & Herenda 2008, Hasanović 2011, 2012).

Because of very complicated and hard past, youth generation are facing with a lot of stereotypes and prejudices as results of the trans generational learning and negative experiences from the last war.

As Hamzić (2015) highlighted there is a huge need for organizing peacebuilding activities, such as interfaith workshops as part of the reconciliation process within the post-war-of-independence society of Bosnia and Herzegovina.

On one of those workshops we had chance to use EMDR as tool to overcome conflict and to deal with traumatic experiences of the workshop participants.

Aim of this case study was to show and explore how EMDR can be used in different settings from traditional psychotherapy approach with individuals to work with youth as part of peacebuilding activities.

In 2016 (Non Governmental Organization (NGO) "Youth for Peace" from Bosnia and Herzegovina, organized different workshops and activities as part of peacebuilding program for youth leaders. One of the activities was 5 day interfaith workshop. This workshop was organized in Sarajevo and 30 youth participants (age 15 till 25) coming from different religious and national backgrounds took part in it.

During this workshop we faced with some conflict situation among participants and also there were some traumatic experiences so we used EMDR psychotherapy approach (Safe Place exercise with the whole group and standard EMDR protocol in work with individuals) to cope with those situations.

For analysing those situations we used case study approach and we collected qualitative data. Data were collected using observation and unstructured interviews

with individual participants and for the purpose of this case study we changed names of our participants, to protect their privacy

CASE REPORTS

During previously mentioned interfaith workshop participants were exploring and working on topics of stereotypes and prejudice, peace building activities and they discussed about process of reconciliation.

Because of sensitivity of topics and difficult past of some of the participants, during workshop we face some conflict situations among participants in the bigger group and also in smaller group.

Firstly in the bigger group during first day of the workshop there were a lot of tensions and it affected group dynamic in negative way. So after trying some “ice breaking” games and some other techniques in group work, nothing make any change so we decide to try Safe Place visualization exercise. This is self-calming techniques and it is usually an important element of treatment and is used to “close” incomplete sessions, as well as to maintain client stability between and during sessions (Shapiro 2001). But in our case it was used to relax participants, to help them to connect with inner self and to bring back balance into group dynamic that was disrupted.

Efficiency and protocol for EMDR in group work was described by Jarero & Artigas (2015) and we used it in our group work.

We used this technique with whole group (30 participants) and all participants took active part in it.

After we used this technique, we received very positive feedback from all participants and also we could observe that tensions were gone.

Some of our participants report and told us following: “I feel much better after this exercise, I can focus on our work and I will continue doing it on my own after this workshop”. Another participant said: “This is first time that I tried something like this and I find it very useful, I can see that everyone in the room is more relaxed and we can work better, without big tensions and conflict, because we are relaxed and more focused, ...”

Because our participants really like this technique we agree that we will use it every day at the beginning of our workshop so that we can all focus on our work and that all participants can feel relaxed and ready to face with difficult topics.

But beside Safe place technique that we found very important and useful in our group work we have bigger conflict among two participants in this group. So, while they were working on some tasks about reconciliation process, they start arguing about some issues from their past. Then we learn that both of them had some tough past, so we decide to offer them individual work using standard EMDR protocol (Shapiro 1995).

Standard EMDR protocol include eight phases (Client History and Treatment Planning, Preparation, Assessment, Desensitization, Installation, Body Scan, Closure and Re-evaluation) (Shapiro & Forrest 1997) and it required planned visit to psychotherapist. But in our case we had only time for 3 sessions and our participants agreed to try EMDR therapy.

Case 1

Eighteen years old boy named Milan, came from small village from the East Bosnia and Herzegovina; he is an Orthodox Bosnian Serb. He grows up in homogenous place and he didn't have chance to meet anyone coming from different religious or national background. Also his parents and teacher taught him that he should protect himself from others because they can have negative influence on him. Because of this, as he reported, he developed fear of others and during this workshop some conflict has been occurred when he was discussing with other participants.

After he shared basic information about himself, we introduce EMDR therapy and answer some of question that he had. Then we asked him about most memorable memory that he had and that is connected with his negative attitude toward other national and religious groups. In this phase he shared a memory of watching a documentary program about the past war and he remembered the story that his parents shared about how Bosnyaks (Muslims) were killing people in his village. He told us: “I remember seeing that on TV,... There were soldiers and small girl,... she looked so innocent, and then he,... in one moment he just slaughtered her,... and that was terrible, I hated him so much in that moment,...” He also told us that he saw this photo later in his dreams and that he can't forget it. We used this image to move onto next phase of desensitization. We began processing the image using image that Milan identified earlier as being most distressing. As we began processing this image, he soon began describing other related images such as: „I remember other dead bodies from that film, I saw blood and hear screams and of course that I will hate those who did that to innocent people,...“ After we continued reprocessing he expressed that, he felt bad because he thought that he will do something terrible to others just because he has hate that one person from the movie, and he knew that it is not good, so he thought that he is bad person because of that. When we asked him: “What negative cognition best describes how he feels now when the earlier image is visualized?” he stated, “I am a bad person... I can become a terrorist....” We then asked him for a positive cognition or what he would like to believe about himself, now. He stated: “I am a good person, I will not hurt anyone.”

Then we moved to next phase Installation and Milan was asked to recall the images described earlier, particularly the ones that he identified as being most distressing. He was then asked to recall these images

and the positive cognition that he had stated earlier in therapy, “I am a good person, I will not hurt anyone.” After two sets of EMDR processing, he was asked how true that cognition felt now while recalling the earlier image, he stated that it was a seven (completely true). Two more sets were conducted and once again, Milan stated that his assessment on the Validity of Cognition (VoC) scale was seven; at the beginning of treatment it had been three.

Following the complete installation of the positive cognition, he was asked to visualize the traumatic memory and to perform a mental Scan of his entire body, identifying areas where he experiences any kind of unusual sensation. A similar assessment of physical sensations was also performed earlier in the phase of assessment. In the earlier checking, Milan had identified a knot in his stomach, but in the current scan, Milan stated that he felt no unusual sensations.

After this, the phase of closure was done, using safe place; and on every session we did re-evaluation checking Subjective Unit of Disturbance (SUD) and VoC scores.

Beside three session that we had with Milan he decided to continue visiting EMDR therapist and he informed us that it helped him a lot.

Case 2

Fatima, 22 year old lady from south Bosnia and Herzegovina and she is a Bosnyak, a Bosnian Muslim. She lost few family members, including her father, in the previous war, when she was a baby. So she had strong feelings about it and because of her family loss, she wasn't able to communicate or make any relationships with people from different religion or national background.

After she shared some basic information about herself, we introduced EMDR therapy to her. Then we asked her about most memorable memory that she had, and that is connected with her negative attitude toward others. In this phase she shared memory of story and photo that her mother shared with her about her father, that she never met, because he was killed in the war. She told us: “I remember seeing that photo and listening to my mother story... She told me a lot of things about my father and also she mentioned few times that he was killed by Serbs and that they are all bad people and that they are the reason why I grew up without father ...”

Also, whenever she started speaking, she was crying and she told us: “When I saw Milan, I had very bad feelings and I want to revenge my father... I hate them all... and I know that it is not good... but I have that feeling... and I can't get over it...” She also informed us that she had pain in her chest and head when she thinks about those images and feelings.

Then, we asked her, what negative cognition describes how she feels now when the earlier image is visualized best, and she stated: “I am not good, I hate others,

I want to hurt them,...” We then asked her for a positive cognition or what she would like to believe about herself now and she stated: “I am a good person.”

Then we moved to next phase Installation and Fatima was asked to recall the images described earlier. She was then asked to recall these images and the positive cognition that she had stated earlier in therapy, “I am a good person.” After three sets of EMDR processing, she was asked how true that cognition felt now while recalling the earlier image and she stated that it was a seven (completely true). After three more sets were conducted and Fatima stated that her VoC was a seven, when at the beginning of treatment it had been a 2.

Following the complete installation of the positive cognition, she was asked to visualize the traumatic memory and to perform a mental Scan of her entire body, identifying areas where she experiences any kind of unusual sensation. In the previous assessment of physical sensations, she felt pain in her chest and her head; but in the last scan, Fatima stated that she felt no unusual sensations and that she felt relaxed.

After this, the phase of closure was done using safe place. On the every session we did re-evaluation by checking the SUD, and the VoC scores.

Finally, Fatima stated that she will probably continue going to therapy because a few sessions helped her a lot.

CONCLUSION

This case study gave us good insight how EDMR can be used in different areas and situations as a very good tool to overcome conflict situations and traumatic experiences. EMDR may help in the process of reconciliation.

We had a lot of positive feedback after we conduct Safe place exercise in the bigger group as well as using EMDR protocol with two participants individually.

Limitations

This case study has some limitations, because EMDR therapist was a student in the process of supervision, with limited experience. Also the environment in which therapy was conducted was a workshop and not a place for psychotherapy work and clients were workshop participants that didn't seek for professional help but it was offered to them.

So we think that this case study has some limitations that need to be taken into consideration, but it is important to highlight that we observed a lot of positive changes after using EMDR approach. We were able to achieve the aim of the workshop and our participants were able to overcome problems that they had.

So this can be a good starting point to explore EDMR power in a new context and to open space for future research in this area.

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