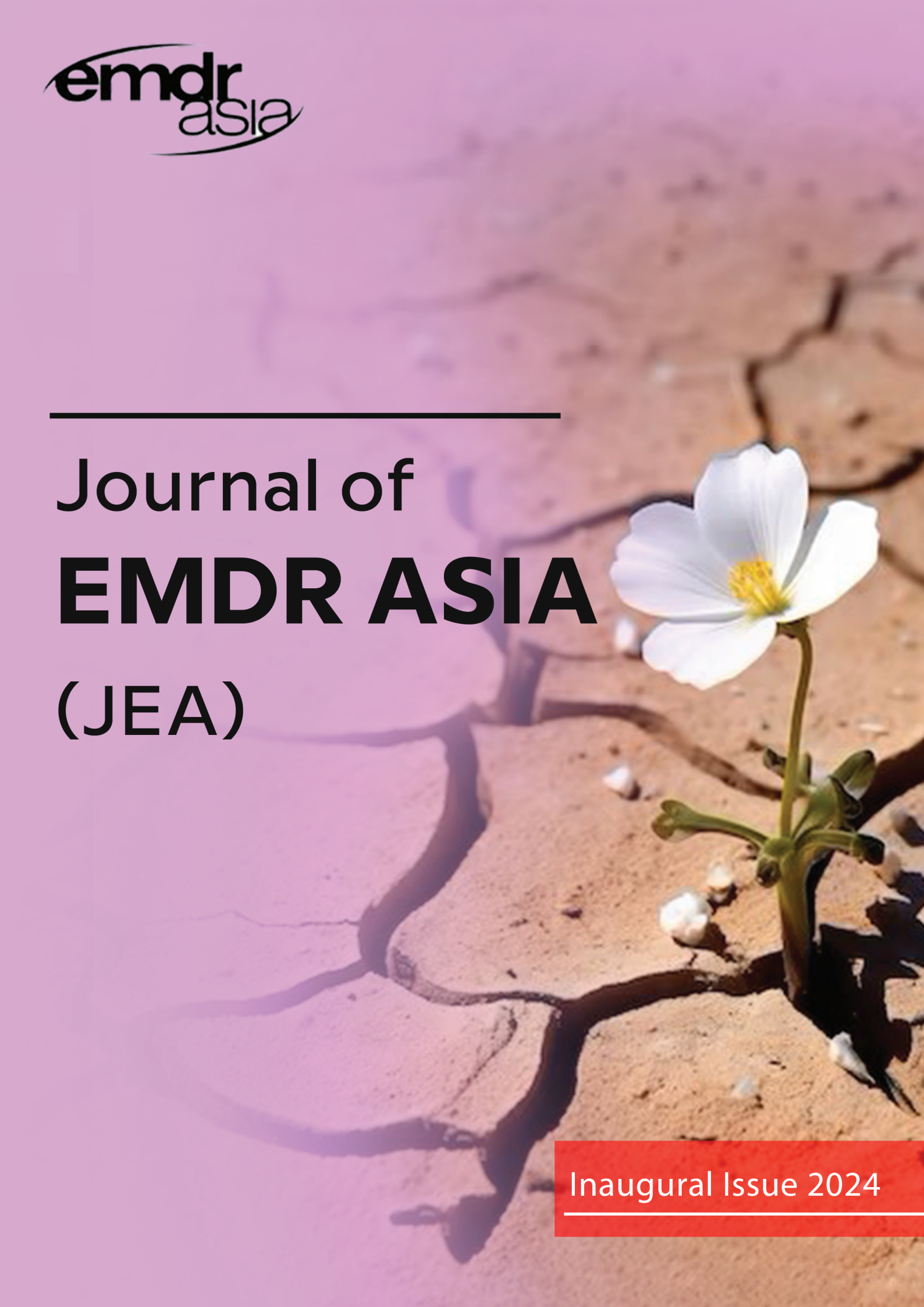
emdr asia

Journal of EMDR ASIA (JEA)



Inaugural Issue 2024

EDITORIAL BOARD

Table of CONTENTS

EDITORIAL

Journal of EMDR Asia
2024

BRIDGING THE GAP: ADVANCING EMDR RESEARCH & PRACTICE IN ASIA

By
Mowadat H Rana*
Zahrasari Lukita Dewi**

On behalf of the President and the Board members of EMDR Asia, we, the editorial board of the Journal of EMDR Asia (JEA), are delighted to welcome our readers to the first issue of our official Journal. We feel privileged to be part of the history-making pioneering efforts to launch the official scientific journal of EMDR Asia. The inaugural issue of this scientific peer-reviewed open access e-journal is merely a test edition; the first step in a 'journey of a thousand leagues'. It has an experimental look and layout to include a mix of scientific articles and a reportage of EMDR in Asia. In its subsequent editions JEA will be dedicated fully to the promotion of the advancement of the scientific research-based pursuits in Eye Movement Desensitization and Reprocessing therapy in Asia, as well as the world.

Introduced by the late Francine Shapiro in 1987, EMDR has been now accepted as an effective, safe, and evidence-based intervention to deal with clinical fallouts of psycho-trauma in disaster settings. Effective in individuals and groups, the therapy has found fertile ground in Asia and has spread far and wide in countries of the continent.In the last one and a half decades, EMDR Asia has evolved into a dynamic, forward-looking organization that is the sole representative of its member countries in Asia. A custodian of training standards, EMDR Asia is also the provider of updated and standardized training manuals and internationally

recognized training for EMDR practitioners, consultants, and trainers. EMDR Asia has been instrumentalin helping its member countries develop a critical mass of EMDR in helping its member countries develop a critical mass of EMDR practitioners and creating national EMDR associations in these countries across Asia.

In December 2023, the Board Members of EMDR Asia approved the President's suggestion that the organization launch its own journal. An editorial board was formed, and EMDR Pakistan was assigned the task of launching the Journal of EMDR Asia, initially to be published yearly, with an aim to foster research and showcase the academic work undertaken in the member countries of EMDR Asia.

The Journal of EMDR Asia, JEA, is a significant milestone in the field of psycho-trauma in Asia. It will provide another option for researchers, clinicians, and practitioners to share their experiences and findings with the global EMDR community and the world of psycho-trauma.

At JEA, we aim to foster scientific collaboration and knowledge sharing among Asian researchers and clinicians, in particular, as well as fraternities from around the world. We promote high-quality research on EMDR therapy and address regional specificities and cultural diversity. This enhances the visibility and recognition of Asian contributions to the global EMDR literature, dissemination of evidence-based practices, and informed clinical decision-making. We hope to influence health policies across Asia in the field of psycho-trauma.

The international influence that we hope to achieve through JEA in the times to come is to take the Asian EMDR experience beyond its boundaries to showcase how culture and socioeconomic factors, family structures, and anthropology can impact the experience of psycho-trauma, the practice of EMDR, and the eventual therapeutic outcomes. The paucity of research in these areas and the lack of publications on these subjects in Western journals create an ever-increasing gap between the unique Asian experiences and the practice of EMDR using Western models alone. This blocks the possible culturally sensitive adaptations and applications of EMDR, as well as the context-specific treatment protocols and guidelines.

JEA will invite researchers, clinicians, and practitioners from Asia and beyond to contribute original research, clinical trials, metanalyses, case studies, and theoretical papers. Together, the global EMDR fraternity can bridge the gap between Asian and global EMDR communities, fostering a richer understanding of this powerful therapy and its potential to transform lives afflicted with psycho-trauma.

The publishing of JEA is yet another milestone achieved by EMDR Asia and its visionary leadership. We must thank our elders and the experts from USA, UK, Europe, and Australia who have shown us the way in our journey. They have traveled long distances to provide us with guidance and support in training and capacity building for over two decades now. It is through ongoing networking and collaboration that the Western experts have played a significant role in introducing and

developing EMDR therapy in Asia. We at JEA look forward to their support in the future development of our Journal. We have already received significant guidance and patronage in this direction from them. Some of the Asia-specific research themes that we will be promoting for research and publication through JEA are as follows:

1. Integrating cultural values and beliefs in understanding psycho-trauma and the practice of EMDR.
2. Considering the impact of collectivist vs. individualist orientation in studying the impact of psycho-trauma and its influence on the therapeutic outcomes of EMDR.
3. Study the impact of traditional healing practices used for patients suffering from clinical outcomes of psycho-trauma and their efficacy in comparison or in addition to EMDR.
4. Address cultural stigma around mental health by linking psycho-trauma, grief, adversity, and abuse with mental illnesses.
5. Focusing on family and community dynamics in studying psycho-trauma and their influences on EMDR outcomes.
6. Incorporating EMDR in clinical trials in patients with a history of psycho-trauma to determine its efficacy. This is to show the efficacy of EMDR in the Asian population and build robust evidence for EMDR as a front-line therapeutic tool.
7. Study the influence of ancient Vedas, Taoist, Buddhist, Confucian, Christian, and Islamic traditions on Asian's experience of trauma and how these traditions can enhance the efficacy of EMDR.
8. Research the variations in the experience of psycho-trauma and response to EMDR caused by typically Asian traditions of humility and sensitivity, reliance on the wisdom of the elderly, the role of faith healers, and extensive rituals to handle grief and loss.
9. Asia, the world's largest and most populous continent, has faced an unprecedented traumatic event. This provides opportunities to research the unique historical traumas and transgenerational trauma consequent to tragedies like the Korean and Vietnam wars, the Division of the Subcontinent, Chemical and Nuclear disasters in Japan and India, the Tsunami, the Earthquake 2005, the War on Terror, Wars in Afghanistan, Iran, Iraq, Palestine, & Middle East Invasions and colonization of Asia.
10. The exposure of Asia to the above traumas has led to the high prevalence of PTSD, anxiety, and depression, intergenerational transmission of trauma, and cultural and societal normalization of trauma. This makes Asia a peculiar setting for undertaking research on psycho-trauma and comparing evidence-based interventions in their efficacy in dealing with human-made and natural disasters and traumas at the level of individuals, families, and communities.

By acknowledging Asia's distinct cultural, spiritual, and historical contexts, EMDR therapy can be adapted to address and negotiate the Continent's complex trauma landscape effectively.

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BRIEF PROGRESS NOTE ABOUT EMDR ASIA

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EMDR Therapy in Asia is still in its evolutionary stage. Emerging EMDR Asia pays tribute to EMDR Institute &Trauma Recovery/HAP (USA), EMDR Europe, Trauma Aid Europe, and HAP Europe (Europe).

Prior to the establishment of EMDR Asia, there has been gradual progress in EMDR therapy in several Asian countries organically and by design. We, in Asia, have become one of the beneficiaries. Initially, the natural disaster brought EMDR assistance from the USA and Europe to some parts of Asia, which subsequently generated interest among mental health professionals. Training, supervision, follow-ups, and interventions continued.

EMDR Asia was informally established in 2008. Its first conference, held in 2010 in Bali, led to the formation of EMDR Asia. EMDR therapy training began soon after its presence in the USA and Europe in the 1990s.

Enormous EMDR work during the natural disasters in Asia brought everyone together. Although EMDR has been associated with specific natural disasters in Asia, it is now becoming popular among mental health professionals for a variety of clients. Psychotherapists have imbibed EMDR as a method within their existing practices.

Since the formation of EMDR Asia in 2010, the National EMDR Associations have

started interacting periodically and providing EMDR Therapy basic/standard training across Asia. The biggest challenge was the lack of uniformity in the training curriculum, methodology, and contents. To overcome this challenge, the EMDR Global Alliance training standards were accepted by the EMDR Asia board in 2014.

Due to the lack of uniformity in educational standards in Asia, different levels of participants' selection criteria were applied; therefore, EMDR training, too, has had differential approaches. University departments, NGOs, and Psychological Associations came together to organize EMDR therapy training and later to form EMDR Associations across Asia.

EMDR Asia formed the Training, Standards & Accreditation (TSA) Committee in 2017 to initiate a think tank for developing a possible roadmap ahead for bringing uniformity in EMDR Therapy Basic/Standard training. Now, EMDR Asia has guidelines for Trainers, facilitators, and Consultants training, which are similar to those of EMDR Institute and HAP, barring some adaptations to cultural requirements. The training guidelines have been carefully drafted following EMDR Europe, EMDR Institute, and Trauma Recovery/HAP procedures. Currently, all EMDR Asia Trainings are using EMDR Institute's most updated manual and teaching aids. TSA members are in constant touch with EMDR Institute and Trauma Recovery/HAP for updates. EMDR Asia's process for Accreditation is roughly equivalent to the standards meeting most International Certification practices.

All the training covers the information in Dr. Francine Shapiro's third edition of the Basic Principles, Protocols, and Procedure and the additional information and reference material recommended in the Manual's Appendices.

The training organizers follow national boundaries for selecting the participants for the training. Trainers and Facilitators/ Consultants from other National Organizations are invited to share and cross-learn.

The Basic/Standard training courses in Asia are provided by the EMDR Associations, by the trainers accredited/certified by EMDR Asia. Private training by individual trainers as commercial training is not recognized and certified by National Associations and EMDR Asia so that we can maintain the quality and standards set up by EMDR Asia. There are mixed experiences of private trainers providing the training by non-certified trainers from outside Asia, some maintaining high standards and others of substandard qualities. Every Asian country does not have its own EMDR trainers, and trainers from other Asian Countries are frequently invited to conduct local training and also to handle preparing new consultants and trainers.

During the lockdown and COVID restrictions, several online Training sessions were organized. Participants witnessed the enriching experience of cross-learning by participating in the training conducted by the National Organizations. Some training had Trainers and Consultants doing their portions and part fulfillment of Trainers

and Consultants' training, including Supervision during these online training sessions.

Currently, there are 19 member countries/ Special Administrative Regions in EMDR Asia (Bangladesh, Cambodia, China, (Mainland), Hong Kong, India, Indonesia, Iran, Japan, S. Korea, Malaysia, Myanmar, Nepal, Pakistan, Philippines, Singapore, Sri Lanka, Taiwan, Thailand, Vietnam. Some countries don't have the Associations but are in the process and may join as members soon (Bhutan, Maldives, Mauritius, Nepal); however, participants often join the training organized by any of the Asian countries.

BANGLADESH

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EMDR THERAPY IN BANGLADESH: PSYCHOTRAUMATOLOGY AS A PUSH FORWARD

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Contextual Background For Expansion Of EMDR Practice:

Indisputably high numbers of people suffer from trauma in Bangladesh (Alam et al., 2021; Rozario & Islam, 2022). Recurrently, people are facing natural and man-made catastrophes, causing enormous tragedy and misfortune (Rozario et al., 2017). The clinical experience and research data denote the presence of a significant number of ACEs among people seeking psychological help (Chowdhury & Islam, 2019). Resulting trauma and its psychological consequences have a long-lasting impact on the quality of life. Not all but a significant percentage of trauma survivors suffer from mental distress and post-traumatic symptoms that warrant trauma-informed psychological help as a key strategy for recovery and healing. Eye Movement Desensitization and Reprocessing (EMDR), as developed by Francine Shapiro (Shapiro, 1989), is an officially (WHO) and scientifically validated therapeutic tool. As a first-line treatment approach for trauma, EMDR has gained wide acceptance and recognition among world endorsement bodies that improve and accelerate the treatment of psychologically traumatized people (APA, 2004: NICE, 2005).

The central construct underpinning EMDR as a therapeutic tool is the brain

information processing system, and maladaptively or inadequately stored memories of disturbing experiences are the basis of pathology (Shapiro, 2007). Direct reprocessing of stored memories of past traumatic experiences through bi-lateral stimulation in clinical application can have a positive effect on recovery from most clinical complaints (Shapiro, 1995, 2001)

EMDR as a tool for trauma recovery was initially introduced to Bangladesh for nearly two decades back by Rolf Carriere, UNICEF regional Country Representative, in 1998. For two batches over 200 psychiatrists and psychologists attended EMDR Basic Level 1 and 3 training. Yet only 1.94% of trained attendees practiced EMDR subsequently. The stumbling blocks to continuing EMDR in practice as revealed from the interview with the key participants of the former training were identified as:

1) Time constraint: Psychiatrists do not have enough time to expend on EMDR in their medical practice

2) Supremacy of CBT: The dominance of CBT overpowered the use of EMDR among clinical psychologists.

3) Insufficient scope for practice: Other than those who already had a setup for clinical practice, very few could sustain their practice in EMDR.

4) Low motivation: Academicians were skeptical and lacked the internal push to pursue EMDR.

5) Short of psychotraumatology knowhow: The budding counselors and psychotherapists felt the need of psychotherapists felt the need of readiness to handle trauma with EMDR.

6) Fear of keeping standard: The lack of further opportunities for consultation and supervised practice on the EMDR protocol canceled out enthusiasm among the interested parties.

7) Limited opportunity for continuous professional development:

8) Ethical concern about doing unwarranted harm without any handholding by the excellence in EMDR (Islam, 2017)

Nevertheless, it paved the path for psychological treatment in response to mental health needs in general. Even though, the thirst for EMDR practice remained dormant for a long period among many. Later, in 2014-15, it was revitalized under the leadership of Dr Shamim F Karim, who perused the international community to expand EMDR practice in Bangladesh. In cooperation with the good office of Trauma Aid/HAP-Switzerland, years-long training and supervision were undertaken to scale up trauma-informed therapists to integrate EMDR as a clinical tool to heal from trauma. Hanna Egli-Bernd (Dipl. Psych.) identified the gaps, and to fill in the gaps, she initiated intensive training and supervision on psychotraumatology that laid the foundation for receiving EMDR Basic Level training. Initially, Dhaka Shishu Hospital and later the Educational and Counselling Psychology Department of Dhaka University acted as the focal point of implementation of the project “Psychotraumatology and EMDR”.

Inclusion Of Psychotraumatology Foundation For Sustainable EMDR Practice:

An intense, culturally appropriate curriculum on psychotraumatology was developed by Hanna Egli-Bernd. LOU was signed between HAP/Trauma Aid Switzerland and Dhaka University to run the training program on psychotraumatology and EMDR with the goal of establishing self-sustainable EMDR treatment capabilities in Bangladesh.

The curriculum included extensive topics concerning theory and treatment approaches for psychotraumatology, focusing on psychotherapeutic and psychodynamic techniques related to the treatment of a variety of trauma-related syndromes, centering from the lens of complex trauma and attachment issues. It also covered practical knowledge, stabilization, diagnostics, and treatment planning for traumatized adults, adolescents, and children. It went on for 5 years of supervised practice and development of local resources in 2 batches. Participants were psychologists, psychiatrists, and social workers who were serving in the mental health field.

A 10-day training on psychotraumatology and case supervision, spaced over a one-year period, was subsequently followed by basic EMDR training (Levels 1 and 2) by trainers from India, sourcing the EMDR manual of Trauma Recovery, USA. The successive hierarchy of the two batches leading to EMDR basic certification is presented in Figure A.

Psychotraumatology scored High: Initially, 30 selected participants joined the Psychotraumatology training, of whom 25 persisted in EMDR training, and 18 were certified as trained in EMDR (Fig A). A survey was conducted on them to trail the benefits and barriers of integrating EMDR practice as a tool for mental health in Bangladesh, based on firsthand experience of the group involved in the action. The learning objectives of this action research were:

- To mark out the use of EMDR in Bangladesh
- To score the need for an appropriate curriculum
- To identify gaps in EMDR practice
- To appraise effectiveness in trauma recovery

The participants included psychologists, counselors, and university teachers working in the mental health field. All were over 28 years old, with 83% being female and the majority married. 77% of the respondents had a psychology background, and 67% had more than 5 years of experience in counseling. The respondents belong to diverse workplaces, including hospitals, NGOs, universities, and schools.

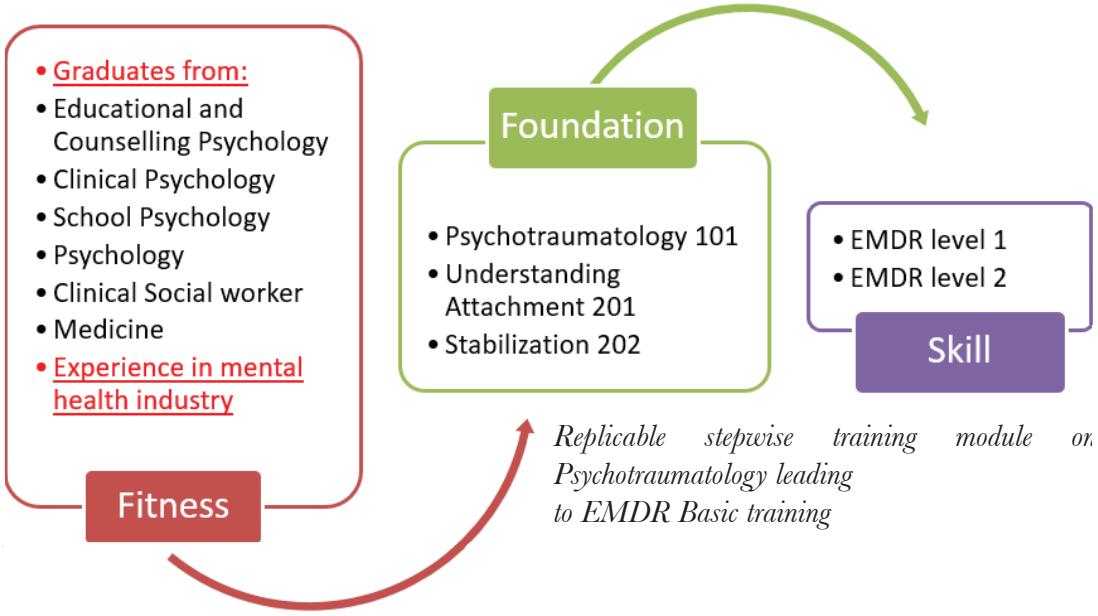
Survey results show that 100 % of the respondents incorporated EMDR in their regular practice, with the application of EMDR on average 20-40% of their clients.

Of which 22% reached up to 8 phases, while the majority of clients had positive effects after stabilization. Importantly, EMDR was applied to both adults and children with diverse issues: parenting, PTSD, child abuse, sexual abuse, phobia, relationships, and even drug addiction. 100 % of the respondents found the curriculum of psychotraumatology extremely beneficial and helpful for laying the foundation for a better understanding of EMDR, theoretical know-how, and stabilization techniques for handling complex trauma, selecting clients, and identifying core issues. It certainly enhanced the skill and confidence of the practitioner. On average, the respondents took 5-6 case supervision, and 67% were comfortable with using EMDR for healing and reducing discomfort. The study revealed that 127% of the respondents faced difficulties at 4 stages of desensitization and reprocessing. The next important area of difficulty was the assessment phase (45%), particularly at the stage of identifying NC and PC. Major difficulties from the side of the client were identified as physical or emotional distress of the client (67%), reluctance to recall the past (31%) or discontinuation (33%), and uneducated (28). Overall, all were amazed by the wonder and magical effect of EMDR in quick recovery and healing. The need for continuous supervision and further training for enhancing competence and skill in handling complex trauma and difficult clients by using diverse protocols was emphasized. The ethical issues of maintaining boundaries and standards, and adapting the manual to the Bangla language to make it more culturally appropriate were the primary future concerns (Islam, 2019).

Revitalizing EMDR Therapy In Bangladesh:

Basic Level

The success of the program "Psychotraumatology and EMDR," supported by Trauma Recovery/HAP Switzerland, under the leadership of Hanna, twisted the demand for scaling up and continuity. The outcome of the project was: (a) a replicable stepwise training module on psychotraumatology leading to EMDR Basic Basic training (Figure A) and (b) a group of mental health professionals practicing EMDR effectively to handle the effects of trauma (Table 1).



Replicable stepwise training module on Psychotraumatology leading to EMDR Basic training

The trainers of EMDR India conducted two batches of training with the support of Trauma Recovery/HAP of the EMDR Institute. The training team was headed by Dr Shushma, the president of EMDR India.

Table 1.

Number of participants who completed EMDR Basic training

Batches	Psychotraumatology & EMDR	EMDR Basic Level 1 & 2
Batch 1	31 Participants	24 completed
Batch 2	40 Participants	28 completed
Total	71 Participants	52 completed

In total, 52 completed and got certified as EMDR Basic trained professionals, with many more waiting for the opportunity to join in the future. This highlighted the necessity of strengthening the local body and resources to expedite and sustain the benefit that would further guarantee the forward movement of EMDR therapy in Bangladesh

Viability of EMDR and Professional Development: for Effective Implementation

Existing services for traumatized people are very limited and mainly Dhaka-based. To address the necessity of effective, long-term viable infrastructure for the EMDR as a treatment approach for traumatized people, a project, 'Viability of Trauma Therapy in Bangladesh: Professional Development for Effective Implementation', was undertaken by Shaheen Islam, PhD. The project was funded by the GARE fund of the Ministry of Education. The aim of the project was to validate the quality and output of EMDR as a qualified and efficient psychotherapeutic tool for trauma recovery in Bangladesh (Islam,2021).

The methodology involved action research as a disciplined process of inquiry where the mental health professionals in the process of developing their expertise as psychotraumatologists and EMDR therapists were the actors. The process of triangulation to collect data from multiple independent sources was used to establish evidence-based practice on trauma-informed care. During the project period a) the 8 phase protocol of EMDR were adapted and translated in Bangla for workable practice of EMDR therapy for trauma recovery and b) the impact of EMDR therapy on psychological health outcomes was assessed. Step by step systematic translation and adaptation procedure was followed to develop the Bangla 8 phase protocol of Part 1 of the two level intensive EMDR Basic training. A structured documentation protocol was developed and used to assess the impact of EMDR therapy. 6 practitioners having EMDR Basic training completion certificates documented 40 clinical cases with and without EMDR, keeping an ethical stance of confidentiality and informed Consent. Impact of Event Scale (IES), Trauma Symptom Checklist, and Brief Dissociative Symptom Checklist (DES-B) were taken as feasible measures of health outcomes after field testing. Health outcomes were measured on 3 occasions (Pre-test, Intermittent test, and Post-test). The mean scores on all the health outcomes showed a steady decrease over the time points of trauma-informed EMDR therapy. DES scores showed that none of the cases had dissociative symptoms. The decrease in mean scores from 1st test to 2nd test indicates the benefit of the stabilization procedure as trauma-informed care. Notable

decrease in 2 cases at 3rd test after completion of EMDR therapy validates the effectiveness of EMDR therapy for trauma recovery. In addition, the project work extended its access to crisis situations and provided supervision and self-care to 26 Rohingya crisis responders. The success of the project marked:

(1) The launching of WHO-recognized EMDR therapy for trauma recovery in the mental health program of Bangladesh
(2) Recognition of the group of EMDR-trained experts in trauma recovery by professional bodies in the mental health arena
(3) Increased opportunity for recovery for trauma and PTSD clients by referring to EMDR-trained experts
(4) Inclusion of EMDR therapy into the rapid humanitarian response to national crises and disasters.

The project also initiated the formation of a National body of EMDR to monitor and expand EMDR training and practice in Bangladesh and networking with local organizations working to expand the scope and benefit of EMDR therapy for common people. Firsthand information gathered in the said research project supported the existing evidence of EMDR as a recognized trauma therapy viable for use in Bangladesh (Final report).

The Crusade Of EMDR In Bangladesh:

Since 2015, EMDR therapy in Bangladesh has had its own steady pace, resulting in the formation of the EMDR Bangladesh Association, with Dr Shamim F Karim as the president in 2019. To date, there are 31 practicing members in the association. Simultaneously, Bangladesh TR/HAP was formed to serve in humanitarian crises both at the national and global levels. We, from the EMDR Bangladesh Association, are providing training on basic Psychotraumatology as a prerequisite to enter EMDR basic-level training. The structure of the training comprises three successive course curricula in Psychotraumatology: 101 (Trauma Informed Care), 201 (Understanding Attachment), and 202 (Stabilization). Last year, in 2022, in total, 62 participants attended this training (Picture 1). This resulted in organizing EMDR level 1 virtual training in March 2023. It was conducted online by the trainers from EMDR Asia (Picture 2). As part of the scaling-up process, 2 members, Shaheen Islam, and Mahjabeen Haque, are continuing their trainers' training under EMDR Asia. They attended the consultant orientation at the Shanghai EMDR Asia Conference 2017 and then Part 1 trainer's training at the EMDR Asia Conference Bangkok (2020).

In this conjunction, the HEAL Bangladesh Foundation, which served as a platform for standard training and humanitarian services for psychological well-being, organized training on Advanced EMDR Protocols in 2018. Kelly Smith Dent provided hands-on training on Ignacio Jarero's ASSYST, PRESI, and IGPT.

We are also continuing to have regular case supervision by our mentor, Hanna Egli, from Switzerland (Picture 3). It provides a supportive space for EMDR practitioners in Bangladesh and increases a positive work environment. Members of the EMDR

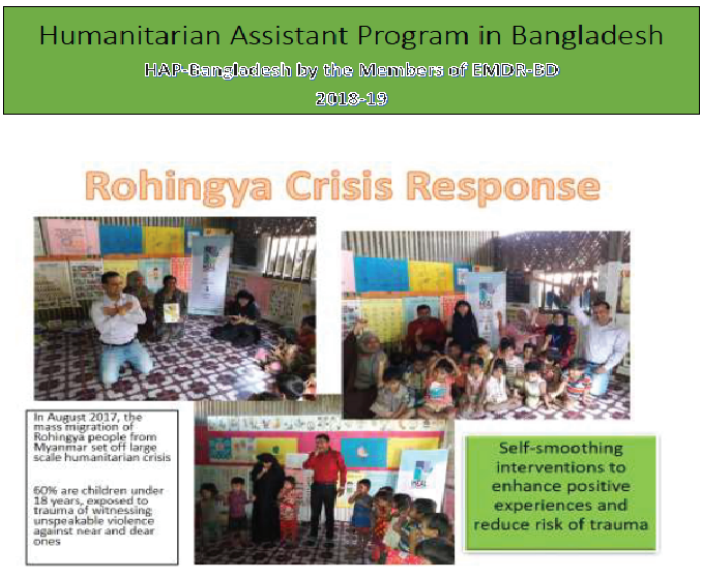
Bangladesh Association are attending and presenting at international and regional conferences in person or virtual to meet the quest of learning special protocols and disseminating their work with EMDR. EMDR-Bangladesh stepped into the international community by participating and presenting papers at the EMDR Europe Congress in 2019 and 2021, the EMDR Asia conferences in 2017 and 2020, the EMDR India Conferences in 2019, and many more virtual conferences of EMDRIA and EMDR Europe. One of our members is pursuing a PhD in EMDR in Holland and has become recognized as a practitioner in Europe.

Humanitarian Action:

The first and foremost humanitarian effort in Bangladesh was undertaken in 1998 in response to flood-affected people. With the support of UNICEF, this led to the initial training of EMDR professionals in 1999 (Mehorta,2014)

HAP-Bangladesh was formed under the leadership of Shaheen Islam. As a part, the members of EMDR-BD responded to many humanitarian calls of disaster like massive fire incidents, road accidents, and suicide incidents of school children. In the time of the Rohingya influx in 2012, members of HAP-BD extended self-smoothing treatment strategies to Rohingya children to enhance positive experiences and reduce the risk of trauma (picture). Integrative group treatment protocols have been reported to be used with a disfranchised population in Bangladesh (Kelly et.al., 2020)

During the COVID-19 pandemic, the members of EMDR-BD received training from Gary Quinn and responded with a Self-Care protocol to more than 200 distressed people. Dereck Farrell also provided training on G-TEP for self-care. Furthermore, throughout the year, TR/HAP Bangladesh has been providing probono sessions for psychotraumatology training participants who showed an urgent need for trauma healing.



EMDR Bangladesh, a small community with a big heart, became the bearer of Francine Shapiro's dream by making a token contribution to the "Francine Shapiro Memorial Fund." It also donated to support disaster response in Turkey.

To conclude, the timeline of EMDR-Bangladesh shows the introduction of the psychotraumatology curriculum was a milestone that set the ultimate stage for the growth and expansion of EMDR therapy in Bangladesh. The formation of the EMDR Bangladesh Association and joining EMDR Asia gave formal recognition to the EMDR community. The EMDR Bangladesh association focuses on strengthening the local body with advanced resources to expedite and sustain the benefit that would

further guarantee the forward movement of EMDR practice in Bangladesh. The goodwill and benevolence of the EMDR community around the globe will help to develop EMDR as a public health approach to achieve social justice in trauma initiatives in Bangladesh.

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CHINA

EMDR IN CHINA

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In the face of crisis and trauma, psychologists and psychiatrists in China have been troubled by the lack of suitable intervention methods and have been relentlessly seeking and introducing effective methods.

The Training Of EMDR In China

In 2002, EMDR was first introduced to China by psychologists from Peking University. Dr. Helga MattheЯ, the President of Human Help Europe and Germany at that time, led experts from many European countries to launch the first international psychological trauma continuous training program, training the first batch of EMDR therapists in China, most of whom are now well-known experts in the field of psychotherapy in China. The entry of EMDR into China has also stimulated the attention of Chinese scholars to trauma psychotherapy.

In 2008, after the Sichuan earthquake in China, EMDR trainers from the United States were invited to China for EMDR treatment training.

Professor Qiuyun Lv, a psychiatrist at the Institute of Mental Health of Peking University (Peking University Sixth Hospital), is a pioneer and persistent explorer in China's psychological crisis intervention and trauma treatment. She and Professor Mingyi

Qian (a clinical psychologist at Peking University) advocated and applied for the establishment of EMDR in China (referred to as EMDR China). The EMDR China was established on December 28, 2009, and is affiliated with the Psychotherapy and Counseling Committee of the Chinese Mental Health Association. Professor Qiuyun Lv was the first session and 2nd president (three years a session), and Professor Qian Mingyi was the first and 2nd vice president. Dr. Jinsong Zhang is the 3rd and 4th team leader till now. On the 10th anniversary of the establishment of EMDR China in 2013, EMDR China awarded Dr. Qiuyun Lv the China EMDR Special Contribution Award.

Since the establishment of EMDR China in December 2009, EMDR therapy has been developed in an organized and planned manner in China, which is in line with the purpose of the EMDR International Association (EMDRIA) to standardize the development of the world in the world. Every year, we host EMDR trauma psychotherapist training, EMDR supervisor' training, EMDR trainer orientation training, and EMDR treatment for children with trauma. Many EMDR trainers from Europe and the United States came to China to help with the training. In addition, EMDR China has also invited senior international EMDR experts to conduct training in the treatment of children with EMDR, as well as short-term continuing education training such as Dagmar Eckers, Dolores Mosquera, Ana M Gymez, etc.

In April 2017, the 3rd Asian Conference on Eye Movement Desensitization and Reprocessing in Psychological Trauma Treatment was successfully held in Shanghai, which was highly praised by the EMDR International Association and the European EMDR Committee. After the meeting, the EMDRIA of the United States and the EMDR Association of Europe jointly launched the first Asian EMDR Trainer and Supervisor Training in Shanghai.

Before 2019, EMDR training in China was mainly conducted by European EMDR trainers. In 2011, Dr. Yuchuan Yang and Dr. Weiliang Chen became the first trainers in China to obtain the EMDR European certification, and Dr. Fang Li obtained the trainer certification soon after. Since 2012, the EMDR Basic Training Department in China has been taught by Chinese teachers, and until 2019, the European EMDR training manual was used as the primary reference. Twenty supervisors have been certified by EMDR in Europe, and more than 60 EMDR-accredited therapists have been approved by EMDR in China.

In December 2019, at the invitation of EMDR China, Dr. Rosalie Thomas, EMDR Senior Trainer from the United States, came to Beijing on behalf of EMDRIA/Human Help (HAP) and Dr. Sushma Mehrotra, President of EMDR Asia, to start a new round of EMDR Therapist Training, which is the first high-level training in China, and uses the latest teaching materials provided by EMDR Institute/HAP. Since then, EMDR basic training in China has been carried out in close cooperation with the EMDR Asia Committee, under the management of the Asian EMDR, and has participated in the training and certification of EMDR supervisors and trainers in Asia.

By 2024, more than 700 people in China will have undergone basic training in EMDR treatment. At present, there is a senior trainer of EMDR Asian (Dr. Fang Li), a trainer of EMDR/HAP & EMDR Institute (Dr. YuchuanYang), and 3 EMDR-Level I trainers (Dr. Jinsong Zhang, Dr. Xiangzhen Ma, and Ms.Jianjun Li).

EMDR China Supervisor Candidates Training I & II

EMDR China Supervisor Candidates Training I & II

Chinese team with Dr. Francine Shapiro on 1st EMDR Asian Conference 2010.7.8-12

Application and scientific research of EMDR in clinical practice and disaster relief in China

After the 5.12 Wenchuan earthquake in 2008, professionals trained in trauma psychotherapy showed a positive backbone role, using stabilization technology to intervene in the earthquake-stricken areas and successfully alleviating post-earthquake orphans with post-traumatic stress symptoms or disorders with EMDR. Since then, in the early intervention of many major crisis events in China, the stabilization technology with bilateral stimulation and EMDR treatment have shown the advantages of rapid onset.

Many professionals at all levels who have been trained in EMDR have a long history of successfully handling complex clinical cases using EMDR treatment. In recent years, clinical research on EMDR treatment has been gradually carried out in China, including projects awarded by the National Natural Science Foundation of China. Relevant results have been published in SCI papers on clinical RCTs.

The book Guide to the Standard EMDR Therapy Protocols for Clinicians, Supervisors, and Consultants, 2nd (by Andres M. Leeds) has been translated into Chinese and published by two senior board members of EMDR China, Dr. Weili Wu and Dr. Yuchuan Yang.

The book Eye Movement Desensitization and Reprocessing (EMDR) Therapy (by Dr.Francine Shapiro) is in being translated. The following is the EMDR China app.

INDONESIA

Journal of EMDR Asia
2024

THE HISTORY OF EMDR IN INDONESIA: GROWING TOGETHER THROUGH DISASTERS

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The journey of EMDR (Eye Movement Desensitization and Reprocessing) in Indonesia began in 2000 with the first EMDR training session conducted by the Ministry of Health of the Republic of Indonesia. This training was facilitated by EMDR trainers from the United States, including Dr. John Hartung, Dr. Reihana Sidat, and Michael Keller. The session was attended by 64 psychiatrists from 32 mental hospitals and six psychologists from HIMPSI (Indonesian Psychological Association).

In 2004, a significant event accelerated the growth of EMDR in Indonesia: the earthquake and tsunami disaster that struck the Indian Ocean region, severely affecting Aceh, one of Indonesia's thirty-eight provinces. This catastrophe resulted in approximately 130,000 fatalities, 30,000 missing persons, and over 500,000 displaced individuals in Aceh alone (Meisl, 2006). The enormity of the humanitarian crisis attracted various forms of domestic and international aid, including assistance from the international EMDR community through the Humanitarian Assistance Program (HAP). Two HAP organizations were involved in providing aid in Aceh: HAP USA and HAP Germany.

From April 2006 to December 2007, HAP USA conducted 11 training sessions for 262

mental health professionals and paraprofessionals, focusing on Banda Aceh (population 2,000,000) and Meulaboh (population 180,000). Additionally, 31 mental health professionals underwent Level 1 and 2 EMDR training followed by supervision programs (Biehle & Keller, 2008). HAP Germany's initiative, known as the Aceh Project, was a collaboration between Terre des Hommes Germany, Trauma Aid Germany, and HIMPSI Jaya (the Jakarta branch of the Indonesian Psychological Association), funded by Germany's Federal Ministry of Economic Cooperation and Development (BMZ) (Sadatun, 2015). This project, running from 2007 to 2009, included Level 1 and 2 EMDR training for humanitarian aid workers in Aceh and training programs in Jakarta to develop EMDR professionals, given Jakarta's substantial population (12,000,000) and potential for professional development in EMDR. Principal trainers included Helga Matthess and Arne Hoffmann. Furthermore, senior Indonesian psychologists Tri Iswardani and Shinto Sukirna received Level 2 EMDR training in Cologne, Germany 2006, and later advanced to trainer training.

Following the humanitarian aid program in Aceh, EMDR continued to grow rapidly in Indonesia, leading to the establishment of EMDR Indonesia, with Shinto Sukirna as the first chairperson. The HAP Europe training program alumni were recruited for the Mekong Project initiated in 2010. This project, supported by Terre des Hommes Germany and the German Federal Ministry of Economic Cooperation and Development, aimed at treating trauma victims across Thailand, Cambodia, Indonesia, and Myanmar, training numerous trauma therapists who handled thousands of cases. Key figures in this project included Dr. Ute Sodemann and Dr. Peter Bumke, with Dr. Helga Matthess and Professor Derek Farrell serving as principal trainers.

A significant milestone for EMDR Indonesia was successfully organizing the first EMDR ASIA conference in Bali in 2010, chaired by Dr. Tri Iswardani. This event attracted hundreds of EMDR practitioners worldwide, including EMDR's founder, Dr. Francine Shapiro. The success of this conference set the stage for subsequent conferences, solidifying Indonesia's role in the EMDR community.

To further promote EMDR in Indonesia, EMDR Indonesia collaborates with educational institutions like the University of Indonesia, providing trauma-informed care and an introduction to EMDR to psychology students. The organization also works closely with HIMPSI and IPK (Association of Clinical Psychologists) to offer various training programs that enhance the competence of Indonesian psychologists, particularly in trauma-related cases, including Level 1 and 2 EMDR training.

EMDR Indonesia remains committed to its humanitarian roots, actively engaging in psychological support during numerous humanitarian crises and natural disasters in Indonesia. The organization also provided free psychological services during the COVID-19 pandemic.

The potential for EMDR growth in Indonesia is substantial, as evidenced by the significant interest from mental health

practitioners and increasing demand from the public for EMDR therapy access. This challenges EMDR Indonesia to continually improve and adapt to the growing needs. As of 2024, EMDR Indonesia boasts one senior trainer, three junior trainers (part 1), and at least five supervisors. Over a hundred individuals have completed EMDR training in Indonesia, conducted by various organizations, including EMDR HAP USA, EMDR HAP Europe, and EMDR Indonesia. EMDR Indonesia, akin to a young adult, stands poised for a bright future. With the guidance of experienced pioneers, the strong collaboration of a dedicated core team, and a growing new generation of EMDR practitioners, EMDR Indonesia is well-positioned to become a significant part of the international EMDR community, contributing to global humanitarian efforts and well-being.

2007-2008

Training for Aceh Project therapist by EMDR Germany, inviting co-facilitators, supervisors, trainers in training in Asia.

2010

Building Bridges Between East and West

The First EMDR Asia Conference in Bali, Indonesia

Reference

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IRAN

Journal of EMDR Asia
2024

EMDR THERAPY IN IRAN: AN OVERVIEW OF ITS HISTORY AND DEVELOPMENT

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Abstract

EMDR psychotherapy was developed to relieve suffering and help personal growth in those who have experienced trauma and other disturbing life events by providing skillful and effective techniques. Iran has a unique geographical and geopolitical situation that makes the country a very high-risk area for different kinds of disasters and an appropriate place for political and military tensions. Many studies reveal the high burden of PTSD and trauma-related disorders among the Iranian population. Therefore, EMDR, as a treatment to support those who are affected by trauma, PTSD, and other mental disorders caused by stressful experiences, is so crucial in Iran. EMDR Iran, the National Society of EMDR Therapy in Iran, is established as a member of EMDR Asia. The primary aim of this new Society has been to promote the development of the highest standards in training EMDR in Iran. Newly qualified practitioners will have support and supervision.

Keywords: EMDR therapy; therapist training; EMDR Iran; trauma; Iran

Introduction

Eye Movement Desensitization and Reprocessing, EMDR, is a powerful

integrative psychotherapy developed by Dr. Francine Shapiro, an American clinical psychologist, in the 1980s. Her first research was published in 1989 (Shapiro, 2012a). The protocol looks at past events that formed the presented issues, the present where the problem is experienced, and the way the client would like to deal with future challenges (Shapiro, 2012a, 2018). Francine Shapiro's Adaptive Information Processing model focuses on the client's resources (Shapiro, 2007, 2012b, 2018). The AIP model assumes that the human brain can typically process stressful information to achieve integration. EMDR is most commonly used to treat trauma, but it can also be helpful for anxiety, depression, addiction, and other mental disorders. Studies have shown the effectiveness of the treatment for various psychological problems in children and adolescents (Shapiro, 2007, 2012b, 2018; Solomon & Shapiro, 2008).

The World Health Organization, the American Psychiatric Association, the International Society for Traumatic Stress Studies, the American Psychological Association, the U.S. Dept. of Veterans Affairs/Dept. of Defense, the National Alliance on Mental Illness, the Substance Abuse and Mental Health Services Administration, the U.K. National Institute for Health and Care Excellence, are among many other national and international organizations that recognize EMDR therapy as an effective treatment (Shapiro, 2012a).

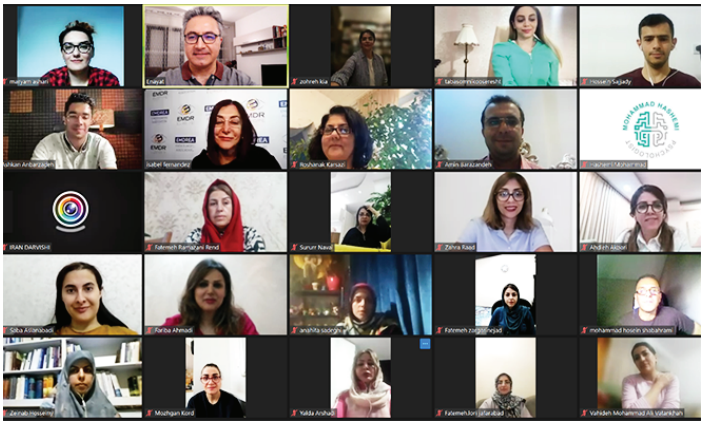
The Development of EMDR in Iran

EMDR, as an extensively researched, effective therapy, is crucial in countries prone to disasters to aid individuals in recovering from trauma and other distressing life experiences. Iran is one of the ten most accident-prone countries in the world; additionally, it is one of the top five countries globally in terms of the variety of incidents. Out of 41 known disasters globally, more than 30 are common and occur in Iran. Having a unique geopolitical situation, it has always been an appropriate field for political and military tensions and is constantly threatened by various terrorists and military enemies (Sepahvand, 2019). Many studies reveal that the burden of trauma-related disorders among the Iranian population exposed to wars and disasters is high (Behnammoghadam et al., 2019; Hosseinnejad et al., 2022; Maredpour et al., 2013; Saboorimoghadam et al., 2013; Sahebi et al., 2020; Sepahvand et al., 2019; Zandifar et al., 2020). The COVID-19 pandemic has created a new source of severe trauma and deteriorated the situation (Zandifar et al., 2020). This highlights the growing interest in incorporating EMDR into Iranian mental health practices. EMDR should be promoted as a treatment in Iran to support those who are affected by trauma, PTSD, and other mental illnesses caused by stressful experiences.

Many studies in Iran reveal that the burden of PTSD among the Iranian population exposed to wars and disasters is high (Behnammoghadam et al., 2019; Hosseinnejad et al., 2022; Maredpour et al., 2013; Saboorimoghadam et al., 2013; Sahebi et al., 2020; Sepahvand et al., 2019; Zandifar et al., 2020). One study, which examines the prevalence of PTSD in the Iranian population from 2000 to 2015 through a

meta-analysis of the published studies to analyze the epidemiologic evidence of PTSD after disasters and wars, has also demonstrated this high prevalence (Sepahvand et al., 2019). Furthermore, in studies done on Iran-Iraq war veterans and people suffering from war experiences, PTSD prevalence is high (Maredpour et al., 2013; Sepahvand et al., 2019). Iran is a very high-risk area for earthquakes. Iranians have experienced frequent earthquakes, some of which were severe and major. A systematic review and meta-analysis study done on the prevalence of PTSD after earthquakes in both Iran and Pakistan demonstrates that the prevalence of PTSD in the countries was higher than the global average, and the rate of the disorder in Iran was higher than in Pakistan (Hosseinnejad et al., 2022). Therefore, EMDR therapy in Iran is crucial to dealing with natural and manmade disasters.

Iranian researchers, like those worldwide, have also found EMDR to be an effective approach to trauma therapy, especially for PTSD. Some Iranian researchers have conducted various types of studies on the efficacy of EMDR for different psychological disorders. Most studies have been accomplished as university theses, while most researchers are not certified EMDR practitioners. Although EMDR is theoretically known in Iran, it has not been practically developed due to a lack of official training. Moreover, a big challenge was the need for more methodology and educational content consistency. Therefore, the Iranian psychologists, psychiatrists, clinicians, and researchers needed to be appropriately trained through a certified EMDR Association.



Due to this lack of standard and appropriate training content, Dr. Enayatollah Shahidi, an EMDR Europe practitioner trained in EMDR Italy, organized the first official EMDR training in Iran in July 2022. Dr. Isabel Fernandez conducted the workshop; the past president of EMDR Europe and she and six European supervisors trained almost one hundred Iranian psychotherapists.

EMDR Iran was established by going through the required steps and presenting all the necessary documents, with the great assistance of Dr. Tri Iswardani Sadatun, the EMDR Asia President, and Dr. Sushma Mehrotra, the Training Committee Chair.

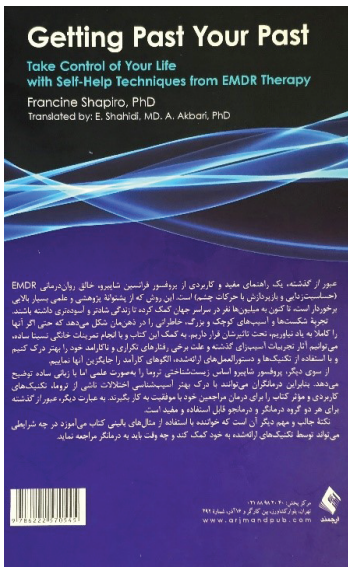
Under the auspices of the "Iranian Institute of Psychology and Mental Training," EMDR Iran was officially recognized and announced by EMDR Asia on May 20, 2024.

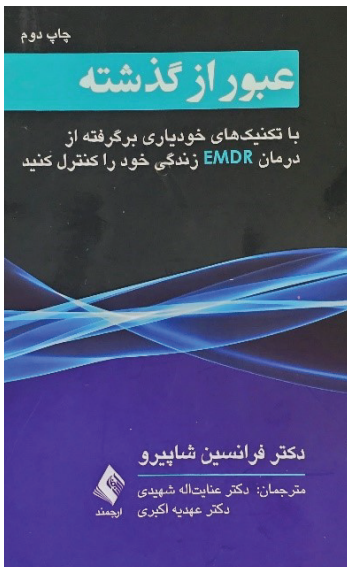
Likewise, EMDR Iran, the National Society of EMDR Therapy in Iran, was established as a member of EMDR Asia. The BOD members/officers who actively run the EMDR Iran include Enayatollah Shahidi, MD, PhD, as the Founding President, Ahdieh Akbari, PhD, as the Secretary, and Fakhri Dourandish, PhD, as the Vice President. The Society has a well-organized construction with one hundred trained members who gather at orderly hybrid bimonthly sessions to stay connected and scientifically updated.

EMDR Iran has been committed to scheduling its training calendar with EMDR Asia and EMDR Europe to have the highest standard for the clinical use of EMDR therapy. Having a greater community of professional certified EMDR practitioners, keeping pace with active EMDR associations worldwide, and developing scientific and clinical studies are three of EMDR Iran's primary goals. Moreover, Due to the scientific connections between EMDR Iran and high-rank Iranian Universities, psychology students are interested in the subject, and eligible post-graduate colleagues are encouraged to learn and use EMDR. EMDR Iran looks forward to utilizing and contributing its member's professional skills to improve the mental health situation of Iranian people, particularly those who are survivors of a traumatic experience in the past.

The long-term strategy of EMDR Iran will be educating a core group of Iranian colleagues in basic EMDR principles with the help of international trainers. The aim is not only that professionals working in the mental health field should gain this competence but also that they can develop as instructors to train younger colleagues later on. This strategy will be developed further with groups of senior colleagues doing supervisory training after completing their basic training. We then will have participants at both basic and advanced levels and supervisors in the future program. The participants in the supervisory training can then, as part of their training, supervise younger colleagues.

To build familiarity with EMDR therapy among the public, Shapiro's book Getting Past to Past has been translated by Dr. Enayatollah Shahidi and Dr. Ahdiyeh Akbari into Persian. In her self-help book, Getting Past Your Past, Francine Shapiro takes EMDR to people everywhere, making the insights of EMDR available to a wide range of audiences. The book's straightforward, conversational, and real-life narratives make it simple to understand the mental world and how EMDR can help if they get stuck in various ways. The book's translation has already reached the third reprint with the wide acceptance of Iranian readers.





Conclusion

The current Board of Directors of EMDR Iran has worked hard to develop EMDR in the country over the last six years. The first training session with the highest standards was held with European EMDR trainers, and almost one hundred Iranian psychotherapists were trained. Francine Shapiro's self-help book, Getting Past Your Past, was translated into Persian by members of the BOD as an attempt to get EMDR known to a larger audience. Moreover, Participation in the European and Asian EMDR Congresses is another activity the members pursue to stay up to date with the latest innovative approaches in the field of EMDR therapy. EMDR Iran aims to promote EMDR more among Iranians who are working in the field of mental health. EMDR Iran is committed to the development of EMDR therapy in the country, utilizing the highest training standards and valuing collaboration with our members and anyone with an interest in EMDR. In this regard, communication with international EMDR societies, developing collaboration amongst EMDR practitioners, training more Iranian EMDR practitioners via official EMDR training, conducting scientific/clinical research, and organizing an international EMDR congress in Iran are among the future goals the BOD follows. EMDR Iran believes that by teaching EMDR to Iranian therapists, they will be equipped with a very effective and efficient tool in the therapeutic situation. EMDR Iran's vision is to have mentally healthy people by helping them find their potential through EMDR therapy.

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JAPAN

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HISTORY OF EMDR IN JAPAN

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The Beginning

In 1991, Mark Russell, a research associate of Dr. Francine Shapiro, visited Japan with his Japanese wife and taught EMD at a small symposium in Tokyo. In 1993, Dr. Hiroaki Kumano presented a case report of EMDR applied to agoraphobia at the Japanese Association of Behavior Therapy conference. Several behavior therapists presented case reports at the same JABT conference until 1995.

In 1995, the Kobe earthquake occurred. Masaya Ichii visited Kobe to apply EMD to survivors who strongly fear aftershocks. Francine Shapiro visited Fukuoka the same year to attend the Pan-Pacific Brief Psychotherapy Conference. Masaya Ichii presented a case report of earthquake survivors and received consultation from Francine.

July 29, 1995: The 1st Pan-Pacific Brief Psychotherapy Conference in Fukuoka, Japan

History Of Emdr Training In Japan

The first EMDR training was in March 1996 when Dr. Gary Fulcher was invited from Australia as a trainer with 27 participants. At that time, EMDR-Network, JAPAN, was born as an alumni association of the graduates. After that, from 1997 until 2007, Dr. Andrew Leeds, a clinical psychologist in private practice in California, was invited as a trainer from the United States once a year for level 1 and level 2. Facilitators who have visited Japan with him include Sheila S. Bender, Nancy Errebo, Wendy Freitag, Barbara Hensley, Jari Preston, Curtis C. Rouanzoin, Mark Russell, Caroline Sakai, Carolyn Settle, Christie Sprowls, Rosalie Thomas, David Wilson, Carol York, Jamie Zabukovec.

Dr. Andrew M. Leeds with Nancy Errebo, Carolyne Settle, and JEMDRA Board members

The number of participants has also expanded to approximately 90 people for level 1 and 50 for level 2 training. During this time, some Japanese facilitators have also been trained and certified. Since 2007, Masaya Ichii has been conducting Part 1 (Level 1) twice a year and Part 2 (Level 2) once a year for 70-90 people as a Japanese trainer with Japanese facilitators.

The EMDR basic training was revised in the fall of 2013, with 10 hours of basic consultation required. Furthermore, it will be revised significantly in 2023. Both revisions aimed to support the completers' daily practice.

Due to the influence of the coronavirus, training was postponed for a while. Since the summer of 2021, online training has been held with a few participants, but face-to-face training has resumed this year, 2023.

On the other hand, Masaya Ichii has focused on EMDR training at graduate school since 1998. Graduate students who completed the EMDR class at the graduate school were certified by EMDRIA (EMDR International Association) and eligible to join the Japan EMDR association.

History Of Emdr Training In Japan

The original purpose of EMDR-Network, JAPAN, was to exchange information about EMDR clinicians and research, create a system for mutual referral of clients seeking treatment, create an organization for the healthy development of EMDR in Japan, and help in times of disaster, etc. This included creating a system allowing volunteers to be dispatched to the area. With the cooperation of Seiwa Shoten, we have included a newsletter in the quarterly magazine " Kokoro no Rinsho A La Carte " once a year since 2001. The website www.emdr.jp was launched in 2000, and a mailing list was started in 2002, allowing members to exchange opinions. A general meeting was held in 2003, and the association rules were established.

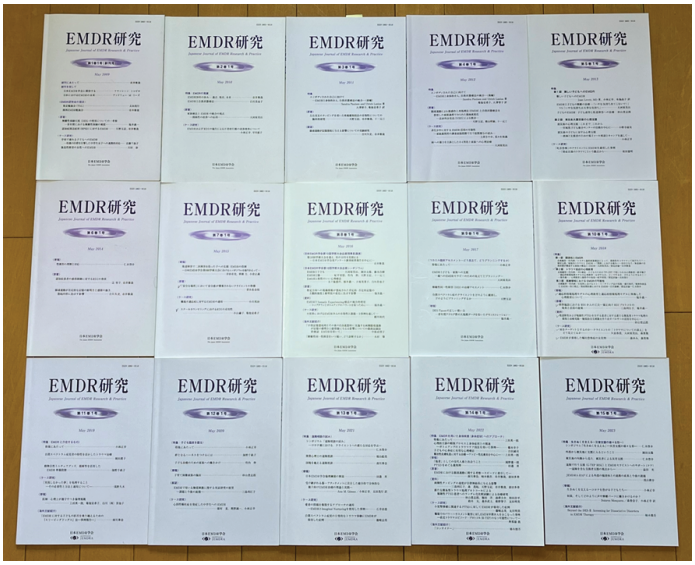
EMDR International Association (EMDRIA) establishes standards for EMDR training in each country. In Japan, the EMDR-Network, JAPAN (currently the Japan EMDR Association) was appointed by EMDRIA in 2004 as the organization responsible for establishing standards for EMDR training in Japan.

Our association was designated as a cooperative academic research organization by the Science Council of Japan on October 21, 2010, and it can be said that it has reached the final stage as an academic research organization. Furthermore, in December 2013, our association became a member of the Federation of Japanese Psychological Societies, and we will be required to further enhance our activities and respond to the demands of society. In 2005, the society changed its name to the Japan EMDR Association to focus more on academic activities. Since 2006, it has held an academic conference and general meeting once a year.

Annual Conference Proceedings & Continuing Education Workshop handout (2006-2023)

At that time, we held continuing training sessions inviting instructors from overseas who have so far taught EMDR Application to children(Dr. Robert Tinker, Dr. Sandra Wilson, Ms. Carolyn Settle, Dr. Joan Lovell, and Ms. Ana Gomez), dissociative disorders, and complex PTSD and borderline disorders (Carol Forgash, Jim Knipe, Sandra Paulsen, Ulrich Lanius, Dolores Mosquera, Onno Van der Hart, Anabel Gonzalez) and grief (Joany Spierings). In addition, a list of therapists has been posted on the website since 2008 and is available for the general population seeking treatment.

We began publishing the annual academic journal “Japanese Journal of EMDR Research and Practice" in 2009.



Japanese Journal of EMDR Research and Practice (2009-)

Up to now, fourteen original articles, four short reports, two review articles, and seventeen case reports have been published. Many interesting suggestions for little or reasonably modified EMDR applications to various populations were proposed, including autism, children, the criminal

population, dementia, juvenile delinquency, medical operations, OCD, pain, power harassment, school problems, stuttering, violence, vomiting phobia, and so on. Also, several investigations on the mechanism of bilateral stimulation were included.

The number of registered members of this association is 1,175 (April 2024). Since the transition to an academic association, the selection of board members has been based on a vote of all members of the association.

History Of Hap(Humanitarian Assistance Program) Activities In Japan

Activities to support disaster areas are also among the association's essential activities. At the time of the Great East Japan Earthquake and Tsunami, the JEMDRA-HAP (Humanitarian Assistance Program) Committee was born to carry out voluntary support activities for those affected by the disaster, including overseas HAPs (HAP-US, HAP-Europe) and ITC (Israel Trauma Coalition). Dr. Elan Shapiro, Bruit Laub, Marilyn Luber, and Ignacio Jarero(Nacho) greatly supported us after the Tsunami in 2011. Various support activities have been carried out in response to the Kumamoto earthquake in April 2016 and the heavy rain disaster in western Japan in June 2018.

Japanese Journal of EMDR Research and Practice (2009-)

Future Of The EMDR In Japan

Since our society began to recognize EMDR's potential, many clinicians have been waiting to receive EMDR training. To increase training opportunities, we should hire more trainers and facilitators.

Although we began the Certification system to become the certified EMDR clinician and certified EMDR consultant by the Japanese EMDR Association, which was arranged around 2006, we still have only thirteen certified consultants and forty-one certified clinicians. To meet the needs of the public, it is necessary to grow well-qualified clinicians and consultants.

Although we have a long history of EMDR research, we do not have a randomized control trial. To be recognized by the government for our health insurance system, we should publish strong evidence.
The EMDR Asia Conferences were held in Bali, Indonesia, in 2010; Manila, Philippines, in 2014; Shanghai, China, in 2017; Bangkok, Thailand, in 2020; and Siem Reap,

Cambodia, in 2024. Asia is characterized by great linguistic, cultural, and religious diversity, and the situation regarding qualifications in the field of mental health varies significantly from country to country. Within Asia, Japan is an advanced country in EMDR and is expected to take a leadership role. It can be said that the whole of Asia is watching the trends of the Japanese EMDR Association with great expectations.

Right now, we began the project to collect the data from a randomized controlled trial on the efficacy of EMDR with the adult PTSD population in Japan. Although academic research and dissemination will be very important, we should have a wide perspective with international and humanitarian assistance in mind.

MALAYSIA

MALAYSIA: TRAUMA THERAPY ASSOCIATION

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In 2020, the world was grappling with the unprecedented challenges posed by the Covid-19 pandemic. This global crisis led to an increased demand for trauma-informed therapists, as many individuals were facing heightened levels of stress, anxiety, and trauma. Simultaneously, there was a surge in individuals seeking to train in the field of trauma therapy to address this growing need.

This surge in interest and demand created a unique opportunity to establish a Trauma Therapy Association. The key facilitator for this initiative was the advent of virtual meetings. With the ability to hold formal meetings online, geography and commuting challenges were no longer barriers. This was particularly significant in a city characterized by frequent traffic jams, making face-to-face meetings impractical, especially after long workdays.

For a dedicated group of individuals, this development marked the realization of a longstanding dream and vision. They aspired to create an Association that would serve as a beacon for ethical practice in trauma therapy. This envisioned Association aimed to provide a platform where the names of practitioners who adhered to high ethical standards in trauma therapy could be prominently displayed. Furthermore, the Association sought to establish a website that would serve as a centralized hub for laypersons seeking well-trained and reputable trauma therapy practitioners.

In essence, the formation of this Trauma Therapy Association in 2020 was a response to the urgent need for professional, ethical, and accessible trauma therapy services in the midst of the COVID-19 pandemic. The combination of increased demand, a surge in training, and the availability of virtual meeting platforms created a fertile ground for the establishment of this Association, which aimed to not only support practitioners but also serve as a trusted resource for those seeking trauma-informed care.

The journey to establish the Trauma Therapy Association was marked by collaboration and perseverance. Initially, the inspiration for this Association stemmed from observing the successful operation of a similar entity in Singapore. The neighboring country's Association generously shared its resources, which became invaluable in formulating the constitution for the new Association. However, coordinating meetings proved to be a significant challenge. Finding a time that suited everyone, or at least a substantial portion of the group, proved to be a time-consuming endeavor. It took over a year to bring the vision to fruition.

The experience of being part of the creation of this Association and being involved in its day-to-day operations revealed the depth of commitment and effort required. Associations may appear straightforward from an external perspective, but being intimately involved in their workings is a profound experience. Personally, this journey taught me a deep appreciation for the dedication exhibited by each member, especially in the face of personal challenges amplified by the pandemic.

Upon attempting to register the Association with the registrar of societies, a hurdle was encountered. The name "EMDR Association" had already been claimed. Rather than being discouraged, the group demonstrated unwavering determination. They decided to name it the Trauma Therapy Association, with a specific dedication to EMDR Therapy. This decision to persevere ultimately led to a stroke of fortune. EMDR ASIA, recognizing the sincerity and the unique challenge faced, welcomed the new Association under its umbrella. This collaborative spirit and the willingness to adapt and overcome obstacles played a pivotal role in the Association's establishment and its subsequent affiliation with EMDR ASIA.

In 2023, a fresh wave of elections brought in a new set of office-bearers for the Trauma Therapy Association. These individuals are imbued with the same fervor and dedication to nurturing and advancing Trauma Therapy as their predecessors.

Recognizing the profound wisdom in the adage "prevention is the best form of cure," the Association has taken a proactive approach. We now host monthly online talks, a valuable platform for educating both the general public and therapists eager to broaden their understanding of trauma. This initiative addresses a crucial gap felt by many practitioners after completing their training. Peer support group meetings serve as a vital bridge, offering a safe haven where practitioners can candidly discuss their challenges and triumphs. Through these exchanges, a rich tapestry of collective wisdom emerges, illuminating various approaches and solutions to complex cases. This communal learning not only bolsters

confidence but also reinforces a sense of camaraderie among members, strengthening the fabric of the Trauma Therapy Association. It's within these conversations that the seeds of innovation and best practices in trauma therapy find fertile ground to flourish and evolve.

Looking ahead, the Association is poised to offer regular talks specifically focused on EMDR therapy, with the aim of heightening awareness about its benefits and potential applications. This proactive stance not only empowers practitioners but also ensures that the broader community is informed about this crucial modality in trauma therapy. This dynamic approach reflects a commitment to continuous learning, growth, and the shared advancement of trauma therapy.

In a strategic move to sustain the Trauma Therapy Association's growth and initiatives, a nominal fee is levied for each talk, akin to the cost of one and a half cups of Starbucks coffee. This modest contribution serves as a financial backbone, channeling funds directly into the fledgling Association's coffers. This innovative funding approach is a testament to the Association's self-sufficiency and determination to realize its goals.

From February 2024: We have started offering a two-day workshop, “Introduction To Psychotraumatology,” exclusively for those working in the Mental Health Profession. This is a prerequisite to training in EMDR Therapy. It has had a very good response.

The accumulated resources are earmarked for a noteworthy cause - to invite esteemed trainers from around the world to conduct specialized workshops within the country. This forward-thinking endeavor aims to democratize access to training in this invaluable modality of trauma therapy. By bringing renowned experts on board, the Association seeks to empower a wider cadre of therapists, enriching the pool of professionals proficient in trauma therapy.

Reflecting on the journey thus far, it's clear that the Trauma Therapy Association has traversed a remarkable path from its inception. The evolution from a vision to a self-sustaining entity underscores the collective dedication and strategic thinking of its members. With this innovative funding model and ambitious plans to host distinguished trainers, the Association stands poised to make a substantial impact on the field of trauma therapy in the years ahead.

PAKISTAN

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TRACING THE TRAJECTORY: A NARRATIVE REVIEW OF THE EVOLUTION OF EMDR PAKISTAN ASSOCIATION

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'Verily with every hardship, comes ease'

Resilience Rising: EMDR Therapy in Post-Earthquake Pakistan

The aftermath of the 2005 earthquake in Pakistan was marked not only by devastation but also by the emergence of resilience and unity in the face of trauma. As the country grappled with unprecedented levels of destruction and psychological distress, a collective effort was initiated to address the profound impact of the natural disaster. Among the first responders were frontline workers, supported by medical professionals from Cuba, Turkey, and England. Notably, a specialized team from the UK, comprising Dr. Derek Farrell, Dr. Paul Keenan, and Dr. Saleem Tareen, conducted EMDR training sessions under the EMDR Europe Humanitarian Assistance Program. The first glimmers of hope emerged with the completion of the basic EMDR training by 13 practitioners from Abbottabad in 2007. This pivotal moment marked the inception of a series of training initiatives aimed at equipping mental health professionals with the tools to effectively address Psychotrauma in Pakistan. Subsequent training sessions held in Rawalpindi and Karachi further expanded the cadre of certified EMDR practitioners across the country.

The seeds of mutual collaboration planted during these training sessions culminated in establishing the EMDR Pakistan Association on August 16, 2009. Spearheaded by esteemed leaders such as Professor Mowadat Hussain Rana alongside a cohort of dedicated mental health professionals, the National University of Science and Technology (NUST) provided a platform for the association's launch. EMDR therapy was introduced as a complementary approach to existing treatments, thus enhancing mental health outcomes and fostering community well-being. The former Rector of NUST, Lt. General Muhammad Asghar, was named the Patron-in-chief of this association, along with Brigadier Prof Mowadat H Rana as the founding Patron. The Association was then formally registered in Pakistan in accordance with the law of the land, its constitution was authored by its Patron, and it was duly endorsed by the Patron in Chief.

Before the inception of EMDR Pakistan, a crucial gap existed in the coordination of EMDR practitioners across the country. This void impeded practice standardization, hindered collaboration, and limited the scope of training initiatives. However, with the establishment of the association, a transformative shift occurred, ushering in a new era of unity, excellence, and professionalism within the EMDR community in Pakistan.

EMDR Pakistan's vision was clear from its inception: to promote excellence and integrity in EMDR practice, research, and education throughout the country.

The main aims of launching EMDR Pakistan were:

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- To establish, maintain, and promote the highest standards of excellence and integrity in EMDR practice, research, and education throughout Pakistan.
- To promote the development and spread of EMDR as a scientific therapeutic intervention in Pakistan
- To provide training to qualified mental health professionals (psychiatrists, clinical psychologists, and social workers) as EMDR facilitators, consultants, and trainers within Pakistan with international recognition.
- To maintain a register of qualified EMDR clinicians, consultants, and trainers in Pakistan
- To inform the general public about EMDR and how to access EMDR professionals for support
- To maintain international relationships and exchange of professional information with other EMDR associations in the world, and in particular with the EMDR International Association (EMDRIA), EMDR Europe (EMDRE), EMDR HAP, and EMDR Asia

EMDR Pakistan was committed to improving the lives of people affected by trauma and mental illness through EMDR therapy in order to alleviate distress and promote mental well-being in our communities.

The Pioneer EMDR Executive Committee of EMDR Pakistan was comprised as follows:

- Patron: Brigadier Professor Mowadat Hussain Rana
- President: Brigadier Rashid Qayum
- Vice President: Brigadier Farrukh Hayat Khan
- General Secretary: Kaukab Khawaja
- Joint Secretary: Dr. Uzma Beg
- Finance Secretary: Afsheen Pervaiz
- Office Secretary: Shamshad Perveen

Constitution of EMDR Pakistan Association: A Pillar of Excellence and Integrity

The constitution of EMDR Pakistan was conceived as a simple, futuristic, and dynamic consensus document. Its prime objective is to facilitate the association's smooth functioning and provide broad parameters for its operations.

The constitution defines membership categories (full, associate, student, and honorary) with clear criteria and benefits. Members can enjoy training opportunities, networking, and access to learning resources while adhering to strict standards of professionalism. The constitution outlines the executive committee's structure, roles, and responsibilities, ensuring effective governance and decision-making. The committee comprises a president, vice president, secretary general, joint secretary, finance officer, and executive committee members, each with specific duties promoting accountability and transparency. Overall, the constitution of EMDR Pakistan provides a solid foundation for the organization to ensure accountability, transparency, and ethical conduct. By providing a framework for governance, defining membership criteria and benefits, and outlining objectives and responsibilities, the constitution lays the groundwork for the association's endeavors to advance EMDR therapy in Pakistan.

The Transformative Journey of EMDR Pakistan Association: Achievements and Impact

The foundational years of EMDR Pakistan were marked by a series of training sessions held in various cities in Pakistan, including Karachi, Lahore, Peshawar, Quetta, Islamabad, and Karachi. These served as catalysts for the growth and development of EMDR therapy in Pakistan. Throughout this journey, the unwavering dedication and guidance of Prof Derek Farrell, alongside Prof Saleem Tareen, played a pivotal role in shaping the trajectory of EMDR Pakistan. Subsequent National conferences in Rawalpindi, Lahore, and Karachi provided platforms for knowledge exchange and collaboration among mental health professionals.

Within a year of its establishment, EMDR Pakistan gained international recognition with its participation in the formation of EMDR Asia in 2010. Led by Patron Prof Mowadat Rana as the founding General Secretary of EMDR Asia, the association joined hands with EMDR leaders from across Asia to promote the understanding and application of EMDR therapy in the region. Dr Khadija Tahir emerged as a

prominent figure, becoming the country's first Accredited EMDR Trainer and actively contributing to the technical and academic committees of EMDR Asia. Over the years, EMDR Pakistan has grown exponentially in stature, membership, and impact. The association has actively participated in EMDR-Europe and Asia conferences, presenting research papers and showcasing its role in addressing psychotrauma in Pakistan.

Notably, EMDR Pakistan has remained resilient and proactive in times of adversity. During the COVID-19 pandemic 2020, the association collaborated with the Pakistan Red Crescent Society to provide psychosocial support to patients and frontline healthcare workers at their hospital dedicated to COVID-19 services. Group protocol (IGTEP) therapy and Individual EMDR sessions were provided online through volunteer members of the EMDR Pakistan Association. Similarly, during the Monsoon floods in 2022, EMDR basic practitioner training was offered on a Humanitarian basis to equip local therapists to provide support to flood-affected populations. Medical camps were established to screen cases with significant trauma, to provide stabilization support, and to ensure referrals for EMDR therapy as indicated.

EMDR training remained an integral part of EMDR Pakistan's activities. Under the dynamic leadership of Dr. Khadija Tahir, who served as President from 2020 until 2023, EMDR Pakistan witnessed rapid growth and expansion. Dr. Tahir's tenure saw the training of over 250 mental health professionals in EMDR therapy. Notably, she led a significant number of EMDR practitioners into advanced training as consultants and trainers.

Her successor, the current President, Dr. Sawera Mansoor, continued to elevate the profile of EMDR Pakistan, leading the association to the EMDR Asia Conference in Cambodia in Dec 2023. During this event, a sizable contingent from Pakistan participated in the conference and presented high-quality research papers, including case studies, case series, and Randomized Control Trials (RCTs). This marked a proud moment for EMDR Pakistan, showcasing its intellectual and research contributions on the international stage. Moreover, EMDR Pakistan successfully advocated hosting EMDR Advanced Trainings for therapists in the region as part of the ‘Road to the EMDR Asia Conference 2026’. In that context, the inaugural EMDR Advanced Training titled "Breaking the Cycle: EMDR Therapy Solutions for Problematic Behaviors," facilitated by the former President of the EMDR International Association, Mark Nickerson, took place on May 18th and 19th, 2024. This hybrid event received an overwhelmingly positive response, and a total of 90 EMDR practitioners, consultants, and trainers from various countries, including India, Malaysia, Indonesia, the UK, Bangladesh, Myanmar, and Sri Lanka, participated, contributing to its success. Another proud achievement of EMDR Pakistan is that its Patron, Prof Mowadat Hussain Rana, has been appointed the founding Chief Editor of the Journal of EMDR Asia (JEA), highlighting his dynamic leadership and commitment to promoting high-quality research and advancements in the field of EMDR therapy in the region.

Shaping the Future of EMDR Pakistan: A Vision for Progress and Impact

In the realm of mental health, particularly in addressing Psychotrauma, EMDR Pakistan's journey has been one of dedication, growth, and resilience. From its inception until now, the vision for EMDR Pakistan transcends mere therapy; it encompasses a holistic approach to healing, capacity building, community support, and scientific advancement. As we embark on this transformative journey, guided by professionalism, compassion, and innovation principles, let us share the envisioned future of EMDR Pakistan and the strategic initiatives poised to shape its trajectory.

Inaugurated with profound gratitude, the current office bearers acknowledge the foundational contributions of our pioneers, whose visionary leadership laid the groundwork for EMDR Pakistan. Their legacy serves as a beacon of inspiration as the organization evolves to meet the evolving needs of Pakistan's mental health landscape.

At the heart of EMDR Pakistan's mission lies the commitment to nurturing a skilled workforce aligned with rigorous ethical and professional standards. Leveraging the expertise of emerging consultants and trainers, EMDR Pakistan aims to expand its training initiatives, particularly in underserved regions such as Gilgit, Chitral, and Kashmir. Through refresher and reaccreditation courses, workshops, and collaborations with international trainers, the organization seeks to ensure the dissemination of cutting-edge practices and the cultivation of a vibrant EMDR community across Pakistan.

In a nation familiar with adversity, the establishment of a robust trauma response network emerges as paramount. EMDR Pakistan endeavors to mobilize a cadre of volunteers equipped to provide timely and practical support to communities in crisis. By fostering collaboration among provincial committees and the effective use of online platforms, the organization aims to deliver targeted interventions tailored to the unique needs of affected populations.

Recognizing the pivotal role of research in advancing clinical practice, EMDR Pakistan underscores the importance of documenting and disseminating local insights. The organization seeks to catalyze a culture of evidence-based practice through initiatives such as e-logbooks and institutional support for researchers. For the first time in EMDR Pakistan's history, the Research and Development Committee has been formally inaugurated. By facilitating ethical approvals, fostering mentorship, and advocating for research funding, EMDR Pakistan endeavors to position itself as a hub for pioneering research in trauma therapy.

With a growing repository of clinical expertise and research endeavors, EMDR Pakistan endeavors to amplify its global presence. By participating in international conferences and forging partnerships with esteemed counterparts worldwide, the organization aims to showcase Pakistan's contributions to mental health. Initiatives such as travel scholarships and research

awards underscore EMDR Pakistan's commitment to fostering international collaboration and knowledge exchange.

With the new Executive Council of EMDR Pakistan in place, we remain steadfast in our commitment to the Constitution of EMDR Pakistan, invoking the timeless wisdom of our Patron, Professor Mowadat Hussain Rana, urging stakeholders to stand united in realizing the shared vision of EMDR Pakistan. As has been beautifully expressed by Rumi, 'The wound is the place where the light enters', and within our deepest wounds lies the capacity for profound transformation and post-traumatic growth. As the organization navigates the challenges and opportunities on the horizon, we can collectively illuminate the path forward, fostering resilience and empowerment in the communities we serve. In this pursuit of healing, each step forward brings us closer to a brighter, more resilient future for EMDR Pakistan and the community it serves.

EMDR Training Rawalpindi, Aug 2007

Inauguration of EMDR Pakistan Association, Aug 2009

EMDR Pakistan team at EMDR Asia Conference in Cambodia, Dec 2023

EMDR Hybrid Advanced Training, May 2024

SINGAPORE

HISTORY OF EMDR SINGAPORE

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EMDR Singapore started as an idea that spawned in the minds of four founding members, Matthew Woo, Linda Wan-Koh, Ip Lee, and Ben Ho Kar Yue, at Sigmund Burzynski's training seminars in 2009. A dialogue of beginning aspirations resulted in the formation of EMDR Singapore in 2010. Today, we have over 90 members, and EMDRIA and EMDR Asia recognize us as key contributing members of the regional/international network.

The Association has been the coordinating body for approved EMDR basic level training, with our key members initiating and organizing seminars at various venues. In 2011, Dr. Jasmine Pang coordinated the Basic Level Training at Changi General Hospital with Dr. Gary Quinn as the trainer and some EMDR Singapore committee members as facilitators. In July 2012, Sigmund Burzynski conducted the training at the Institute of Mental Health with several committee members contributing as facilitators and supervisors. EMDR Singapore hosted Dr. Roger Solomon in June 2012 for an expert forum and an Advanced Skills Workshop aptly named "The Art and Dance of EMDR." Our inaugural run of the "Art and Dance" in 2010 was a success, with 35 members attending the forum. Dr. Solomon continues to train practitioners in Structural Dissociation and treating complex trauma 13 years later. Clinicians from the fields of psychiatry, psychology, psychotherapy, social

work, and mental health have had the honor of working with young people and adults and helping them obtain much-needed gains through EMDR therapy.

Our practitioners here are building capacity here. Currently, we have four EMDR Institute Facilitators and four in training with EMDR Asia. Thirteen members are certified Practitioners. Our members have also shared their expertise and presented at three EMDR Asia Conferences in 2014 (Manila), 2017 (Shanghai), 2020 (Bangkok), and 2023 (Cambodia). The executive committees have supported Various initiatives and sub-committees over the years, including the certification committee, training development committee, and community development committee. Other committees that are being formed include the membership committee and the training events committee.

Presentations to the public on the introduction to the use of EMDR are conducted on a regular basis, as are peer learning opportunities. To further build on our practitioners' knowledge base, presentations were conducted on the use of EMDR with conditions such as depression, anxiety, addictions, erotomania, functional neurological symptom disorder, protocols with adolescents, and the use of cognitive interweaves with the Satir Iceberg model.

The Association has the ethical responsibility as gatekeeper to ensure clinicians have the proper and professional foundation of approved Basic Training created by Francine Shapiro, the foundress. In this way, practitioners use EMDR responsibly and are set up for success, especially in treating complex cases. EMDR Singapore sees itself as the guardian of good practice, ensuring fidelity to the model as intended.

This article was first published by founding president, Dr Matthew Woo (2012), in his address found on www.emdr.sg/founders-message/

SOUTH KOREA

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DEVELOPMENT AND DISSEMINATION OF EYE MOVEMENT DESENSITIZATION AND REPROCESSING THERAPY IN SOUTH KOREA

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Abstract

This article explores the development and dissemination of EMDR in South Korea over the past twenty years. While the retrospective analysis is conducted from the perspective of EMDR Korea (formerly the Korean EMDR Association), it is also based on personal recollections from the authors involved since EMDR therapy first began in the country. Starting with the introduction of the history of EMDR therapy in Korea, we will review the process of training, dissemination, and research efforts and conclude by addressing the current challenges and future directions of EMDR therapy in Korea.

Keywords: EMDR therapy; Korea, history; EMDR Asia

Eye Movement Desensitization and Reprocessing (EMDR) therapy first took root in Asia with the initiation of basic training in Japan in 1997 and the involvement of HAP in India and Bangladesh in 1998. Efforts to introduce EMDR to this continent were primarily driven by local therapists who received training abroad or by HAP projects aimed at bringing EMDR therapy to their respective countries (EMDR Institute, 2024).

South Korea was no exception. In the 1990s, local professionals such as Paul Gyu Man Chae, a clinical psychologist from Sungshin Women's University; Moon Yong Chung, a psychiatrist from Korean Veterans Hospital; Kiyoung Lim, another psychiatrist from Ajou University, participated in EMDR basic training in the US. However, it was not until Daeho Kim returned to Korea after receiving basic training in North America and began practicing EMDR and delivering a special lecture on the subject at the Department of Psychiatry, Hanyang University Medical Center, in 2001 that EMDR started gaining traction in Korea. These developments caught the attention of psychiatrists at the department and others, leading to the formation of a study group in the spring of 2002. Among the psychiatrists, four clinicians, including Seok Hyeon Kim, participated in EMDR training workshops in Tokyo and Hong Kong that same year. During the Hong Kong workshop, the clinicians met with trainers Gary Quinn and Udi Oren from Israel, whom Seok Hyeon Kim invited to conduct basic training sessions in South Korea the following year. Additionally, in 2002, the Health Insurance Review & Assessment Service of the Ministry of Health and Welfare of Korea officially recognized EMDR therapy as an effective treatment for posttraumatic stress disorder, granting it the same status as cognitive behavioral therapy.

The first EMDR training in South Korea was held in 2003. In the same year, the Korean EMDR Association (KEMDRA) was established, with Yong Chon Park as its first president. Since then, Israeli trainers have conductedPart I and II training annually. Facilitator training also began; by 2012, six local facilitators had been trained. In 2016, the Korean EMDR Association changed its name to EMDR Korea. Training continued, and five EMDR Institute trainers emerged the following year: Nam Hee Kim, Daeho Kim, Seok Hyeon Kim, Joon Ki Kim, and Jae Hyun Bae. These achievements would not have been possible without the contribution and dedication of Gary Quinn and Udi Oren. Since local trainers began offering independent basic training, participation in Korea has grown significantly. As of this writing, 886 therapists have completed Weekend 1 (previously Part 1) training, and 484 have completed Weekend 2 (Part 2).

Additionally, one or two-day post-training specialty workshops have been conducted by internationally renowned speakers, including Andrew Leeds, Massaya Ichii, Ester Bar-Sadeh, Barbara Wizansky, Gary Quinn, Ignacio Jarero, Sandra Paulsen, and more recently, Ad de Jongh with Suzy Matthijssen. As part of our efforts to interact with the international EMDR community, EMDR Korea also formed symposiums at academic conferences. In 2007, Gary Quinn from Israel and Tzan-Fu Sun from Taiwan were invited to join Korean speakers at a symposium titled "Integration of EMDR in Psychiatry" held at the World Psychiatric Association Regional Meeting. In 2015, Sushma Mehrotra, former president of EMDR Asia, was invited to speak at the Ansan International Symposium under the theme "Overcoming the Catastrophe and Recovering our Community."

Research efforts are another important aspect of EMDR therapy in Korea that needs

to be addressed. Articles written in English by members of EMDR Korea are readily accessible at Francine Shapiro Library (www.francineshapirolibrary.omeka.net). Therefore, in this part, we will briefly review local journal articles written in Korean that may be more challenging for the international audience to access. These include clinical articles only, and review or theoretical articles, along with experimental studies using eye movements or other bilateral stimuli unrelated to EMDR therapy, have been excluded. A summary of these articles is provided in Tables 1 and 2.

Using the search engine on the Korea Education & Research Information Service (www.riss4u.net), we were able to locate 17 articles in Korean that met the selection criteria outlined above. These articles can be categorized as follows: 1) application of EMDR therapy to novel clinical entities, 2) special trauma population, 3) combined therapies, and 4) others. The first category consists of case reports covering various conditions, including Tourette's syndrome (Kim, 2009), alcohol use disorder (Han & Bae, 2016), psychiatric disorders other than PTSD (Lee et al., 2008), simple phobia (Bae et al., 2009), and attention deficit hyperactivity disorder (Ju & Song, 2014). The second category includes studies on victims of violent crimes (Gong et al., 2020), practicing nurses (Oh et al., 2018), firefighters (Chung et al., 2014), survivors of motor vehicle accidents (Kim, 2018), special education teachers (Kang, 2022), and survivors of complex trauma (Ju & Song, 2016; Kim & Choi, 2004; Kim, 2006). The third category includes EMDR therapy combined with trauma-focused cognitive behavioral therapy (Gong et al., 2020) and combined therapy with antidepressants (Lee et al., 2007). Others include a brain imaging study (Oh & Choi, 2004), a descriptive study on correlations of dropouts in EMDR therapy (Kim et al., 2005), and a case of EMDR therapy for older memories (Jo, J. Y., n.d).

Media coverage of EMDR therapy in Korea is also noteworthy. A case in point is a popular documentary titled "Maum" (Mind in English), aired on the Korean Broadcasting System in 2006. In this six-episode series, the fourth episode featured EMDR therapy and interviews with Francine Shapiro and Gary Quinn. The documentary received widespread acclaim from the public and contributed to increased support for using EMDR in treating mental health conditions. The documentary was later adapted into a book in 2006 (Lee, 2006).

In Korea, basic training in EMDR therapy is reserved for individuals meeting specific qualification standards, including psychiatrists, clinical psychologists, mental health nurses, mental health social workers, and counseling psychologists. Currently, W1 and W2 basic workshops are held annually, and monthly online consultation and conference meetings continue to cater to the needs of trainees and members. At present, Joon Ki Kim is the current president of EMDR Korea.

Future challenges of EMDR Korea include: 1) continuing education and certification of therapists, 2) providing EMDR training for government agencies such as trauma centers and the military, 3) implementing EMDR therapy-based trauma care, and 4) fostering

international cooperation with EMDR communities through EMDR Asia. Finally, the authors express their heartfelt gratitude to all the EMDR mentors who have visited South Korea for their dedicated teaching, especially Drs. Gary Quinn and Udi Oren.

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Summary of case reports on Eye Movement Desensitization and Reprocessing therapy published in Korean

Study	Year	Population	Diagnosis	Sessions	Measurement	Findings
Bae et al.	2009	Child (n=1)	Simple phobia	2	Children's state anxiety & depression scales	Anxiety & depression were decreased to non-clinical level
Han & Bae	2016	Adult (n=1)	Alcohol use disorder, PTSD	4 + 1	CAPS, alcohol use measures	Loss of PTSD diagnosis & improved alcohol use measures
Kang	2022	Adult (n=1)	none	10	none	Clinical improvement
Kim & Choi	2004	Adults (n=2)	Complex PTSD	1	SCL-90-R, IES-R, DES, BDI, STAI	All measure scores were decreased to non-clinical level post-treatment & after six months
Jo	2021	Adult (n=1)	none	3	none	Clinical improvement
Ju & Song	2014	Children (n=3)	ADHD	3	Anxiety scale, anger expression scale, self-esteem scale	Improvement in all measures
Ju & Song	2016	Child & parent (n=2)	none	8	Child & parent PTSD & attachment scales, ERC	Improvement in attachment & emotional regulation
Kim	2009	Adult (n=1)	Tourette's disorder	5	Yale global severity tic scale	Returned to the previous
Kim	2006	Adult (n=1)	Complex PTSD	12	SIDES, BDI, BAI, IES-R, DES	level of symptom Improvement in all measures
Kim	2018	Adult (n=1)	none	3	None	Clinical improvement

PTSD: post-traumatic stress disorder, CAPS: clinician-administered PTSD scale, SCL-90-R: Symptom Checklist-90-Revised, IES-R: impact of events scale-revised, DES: dissociative experiences scale, BDI: Beck depression inventory, STAI: State and trait anxiety inventory, ADHD: attention deficit hyperactivity disorder, ERC: emotional regulation checklist, SIDES: structured interview for disorder of extreme stress

Summary of clinical studies on Eye Movement Desensitization and Reprocessing therapy published in Korean

Study	Year	Type	Population	Diagnosis	Sessions	Measurement	Findings
Chung et al.	2014	Case series	Firefighters (n=7)	Partial PTSD	4	CAPS	Symptoms were decreased to non-clinical level
Gong et al.[1]	2020	Open trial	Victims of crimes (n=19)	PTSD & others	8-12	PDS, IES-R, BDI, BAI	Significant improvements in all measures
Lee et al.	2007	Case series	Adults (n=2)	PTSD	3 & 6	CAPS	Loss of PTSD diagnosis & maintenance after six months
Lee et al.	2008	Open trial	Adults (n=17)	mixed (other than PTSD)	2-8	SCL-90-R, BDI, STAI Clinical global impression - change	Treatment response in 70%; all the scores were significantly decreased except obsessive-compulsivity & trait anxiety.
Kim et al.	2005	Cross-sectional	Adults (n=42)	mixed	varies	SCL-90-R, BDI, STAI, DES, Toronto Alexithymia Scale	Dropout (40%) was associated with lower education & higher trait anxiety
Oh & Cho[2]	2004	Case series	Adults (n=2)	PTSD	6	fMRI CAPS, STAI	The perfusion change in bilateral dorsolateral prefrontal & the temporal association cortices
Oh et al.	2018	Controlled clinical trial	Nurses (n=22)	none	8	Self-rating depression & anxiety scales, PCL, self-esteem scale	Improved anxiety & self-esteem compared to a control group

[1] Combined EMDR and trauma-focused cognitive behavioral therapy [2] Translated and reprinted in Journal of EMDR Research and Practice (2007)

PTSD: post-traumatic stress disorder, CAPS: clinician-administered PTSD scale, PDS: posttraumatic diagnosis scale, IES-R: impact of events scale-revised, BDI: Beck depression inventory, BAI: Beck anxiety inventory, SCL-90-R: Symptom Checklist-90-Revised, STAI: State and trait anxiety inventory, DES: dissociative experiences scale, fMRI: functional magnetic resonance imaging, PCL: PTSD checklist

SRI LANKA

EYE MOVEMENT DESENSITIZATION AND REPROCESSING THERAPY IN SRI LANKA

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Background

Sri Lanka, once known as the pearl of the Indian Ocean, is an island that lies south of the Indian subcontinent. Formerly known as Ceylon, Sri Lanka received independence from British rule in 1948 and is 65,525 sq. km in size with an estimated population of twenty-two million people (Department of Census and Statistics, 2024). The country comprises people from multiple ethnic and religious groups, with Buddhists comprising the majority religion and Islam, Hinduism, and Christianity comprising the other notable minority religions. Three languages are commonly spoken on the island, mainly Sinhala, Tamil, and English. Sri Lanka has been plagued with multiple civil unrests since colonial rule, with the thirty-year civil war being the most prolonged and most recent conflict. Psychology as a field in Sri Lanka was very limited in the early 2000s (de Zoysa & Ismail, 2002) but has rapidly gained prominence in recent years.

Origins and Establishment of Sri Lanka EMDR Association

The Sri Lanka EMDR Association (SEA) strives to promote eye movement desensitization and reprocessing therapy (EMDR) among those working in the mental health field in Sri Lanka and maintain the highest standards of excellence, consistent with worldwide EMDR Associations. The influence of EMDR in Sri Lanka is close to two decades. EMDR was first introduced to Sri Lanka after the fateful tsunami of December 2004 that wreaked havoc throughout South Asia. The country then was ill-equipped to handle a disaster of that scale. This was also true regarding the mental health response to such a disaster. Therapists with various theoretical backgrounds came to Sri Lanka to help the thousands of those affected. This also resulted in them training local practitioners. EMDR was one of them.

The first team of EMDR therapists came to Sri Lanka in 2005. The Humanitarian Assistance Program (EMDR/HAP), sponsored by International Relief Teams, U.S.A., came to Sri Lanka with several experienced EMDR therapists. The team corresponded with the Sri Lanka National Association of Counsellors (SRILNAC) to coordinate and conduct their relief efforts locally. Between March and December 2005, 30 Sri Lankan counselors were trained in EMDR. The EMDR/HAP team led by Dr. Nancy Errebo visited Sri Lanka several times to strengthen the local counselors trained in EMDR therapy. The invaluable service this team rendered to the Sri Lankan clinicians was remarkable and produced a dedicated, efficient group of EMDR therapists. Due to the magnitude of the tsunami disaster, they were able to visit many places in Sri Lanka and help thousands of those affected. Another team of EMDR therapists from Israel came to Sri Lanka in February 2006, led by Dr. Udi Oren. They also trained a group of mental health workers in EMDR therapy.

At the end of the Two-Stage Training Program after the tsunami, though an effort was made to form an EMDR Association, it was unsuccessful. Sr Janet Nethisinghe, a longstanding counselor and psychotherapist in Sri Lanka, was also a founding member of the Sri Lanka National Association of Counsellors. She was invited to participate in the first EMDR Asia Conference held in Bali, Indonesia, in July 2010. Energized by her experience in Bali, Sr. Janet convened a meeting inviting all those who have followed EMDR training by the EMDR/HAP and Israeli teams. On the 2nd of October 2010, a small group gathered at St. Anthony's Convent in Colombo for this purpose. At the meeting, she briefed the members who were present about the events that took place in Bali. It was decided to start anew the Sri Lanka EMDR Association (SEA), where Sr. Janet was unanimously elected to be the President. The first Annual General Meeting was held on the 12th of April 2012 at St. Anthony's Convent, Colombo 08. The Association's main objective was the training of existing clinicians in EMDR. With a generous Trauma Recovery/HAP grant, the first workshop was organized from the 2nd to the 5th of July 2012. The workshop was conducted by the Indian trainers Prof. Sushma Mehrotra and Dr. Parul Tank.

Current Status

Since 2012, a series of training workshops have taken place annually in Sri Lanka, all conducted by Indian trainers. The training in the initial stage was supported financially by EMDR/HAP, while the trainers offered their expertise at no cost. Since then, the training has been uninterrupted yearly, with a slight lull in 2020 due to the COVID-19 pandemic. Training conducted by the SEA also became a platform to train Maldivian therapists, given the geographical proximity of Sri Lanka to the Maldives. Many Maldivians have received and continue to receive training through the Association.

The Association has begun training its own trainers, a long process per requirements of the International EMDR Association and EMDR Asia training standards. The Association conducted its first training with its local trainer in training in 2024 under the supervision of Senior Trainers. The Association currently has a membership of 32 EMDR therapists. There is great hope for EMDR in Sri Lanka as more and more psychologists and therapists eagerly await to be trained in EMDR.

Given the context in which EMDR was established in Sri Lanka, its ethos, and Dr. Shapiro's vision to bring hope and healing to the suffering, SEA strives to better individuals in different communities locally. Since its first AGM, the Association has also engaged in psychological awareness programs and humanitarian projects in

remote villages during various crises in the country.

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TAIWAN

DEVELOPMENT AND PROSPECTS OF

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1. Origin of the Association

The Taiwan EMDR Association was established in 2007 and affiliated with the EMDR International Association in the same year, becoming one of its many branches worldwide. Over the years, under the leadership of its founding president, Professor Pei-Li Wu, former president, psychologist Chen-Jung Hu, and current president, psychologist Alexandra Nai-Wen Hsu, the association has been dedicated to promoting EMDR therapy within Taiwan's helping professions. In addition to benefiting a broader population to know EMDR therapy, the association strives to offer both basic and advanced EMDR training courses for helping professionals, thereby enhancing their competence in EMDR therapy.

2. Promotion and Professional Training of EMDR

A. General EMDR Introduction Workshop:

Since its establishment, TEMDRA has organized a general EMDR introduction workshop yearly. Initially, Professor Pei-Li Wu introduced EMDR to the public. Later, members introduced EMDR based on their expertise, helping the public and professionals understand this therapy. For

example, Dr. Zheng-Yang Li introduced EMDR to community residents and shared work combining EMDR with biofeedback; psychologist Li-Jian Wu introduced EMDR and addiction. Professor Sue-Hwang Chang and psychologist Yu-Wen Lin introduced OCD and EMDR, Dr. Chan-Hen Tsai and psychologist Chen-Jung Hu introduced EMDR for memory processing, psychologist Pin-Chieh Chu introduced dissociation and trauma, psychologist Yu-Jie Liu shared depression and EMDR, psychologist Hsin-Yi Hsieh shared working with children and adolescents using EMDR, Professor Pei-Li Wu, and Professor Sue-Hwang Chang introduced and compared CBT therapy, and psychologist Alexandra Nai-Wen Hsu shared experiences in advancing EMDR professionalism.

B. Basic Training:

TEMDRA has invited EMDR Institute Trainer of Trainers Sigmund Burzynski from Australia to Taiwan since 2014 to conduct the EMDR basic training. Except during the pandemic, when online group supervision was held instead, Sigmund Burzynski visited Taiwan seven times. He has brought facilitators such as Darra Y Murphy, Matthew Woo, Linda Wan Koh, and Vera Handojo to assist in learning. Throughout this period, numerous sessions of Weekend 1, Weekend 2, group supervision, initial interview assessment workshops, and live dissociation case demonstrations have been conducted, providing rigorous and solid training for helping professionals in Taiwan interested in learning EMDR. To date, TEMDRA has facilitated the completion of Basic Training for 41 people, and some have qualified as EMDRIA Certified Therapists. Additionally, to enhance local learning, Sigmund Burzynski started training senior EMDR therapists in Taiwan in 2023. The goal is to eventually develop local Chinese-speaking EMDR facilitators, accelerating the promotion and advancement of EMDR in Taiwan.

C. Advanced Courses:

Building upon the EMDR foundation laid by Sigmund Burzynski in Taiwan, TEMDRA first invited Dr. Roger Solomon via an online workshop in 2022 to conduct a Structural Dissociation lecture. Starting in 2023, Dr. Roger Solomon personally came to Taiwan to lead Structural Dissociation workshops and master class. In 2024, he returned to conduct a smaller master class, enhancing the abilities of local senior EMDR therapists in Taiwan to handle complex trauma.

D. Others:

The current president, psychologist Ms. Hsu, continually enhances her expertise in EMDR. She achieved EMDRIA Approved Consultant status in 2023. Under her leadership, it is believed that Taiwan, as well as the Asian region and even internationally, will see increased exchange and learning opportunities in EMDR.

3. Research and Publication

A.
Book Translation

TEMDRA plans to systematically translate books related to EMDR therapy. The order of publication in Chinese is as follows:

1. Shapiro, F. (2011). *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures* (2nd ed.) Guilford Publications.

2. Robbie, A. & Carolyn, S. (2013). *EMDR and the Art of Psychotherapy with Children*. Springer Publishing Company.

3. Tal Croitoru. (2021). *The EMDR Revolution: Change Your Life One Memory At A Time (The Client's Guide)*. Morgan James Publishing.

4. Robbie, A. & Carolyn, S. (2023). EMDR and the Art of Psychotherapy with Children (2nd ed.).Springer Publishing Company.

5. Korn, D. L., Maxfield, L., Smyth, N, J., & Robert, S. (2023). EMDR Fidelity Rating Scale Manual

6. (In the works) Ana M. G. Dark, Bad Day Go Away: A Book For Children About Trauma & EMDR Therapy. (2nd ed.)

B.
Research

TEMDRA is also dedicated to research and publication efforts. The summary is as follows:

1. Chang, S. H. (2005). *Mechanism of EM in EMDR: Change strength of semantic association. Presented at the* 2005 American Psychological Association Annual Convention, Washington, D. C.

2. Chang, S. H. (2007). *Role of EM and stimulus valence presentation order in the return of fear: Possible implications for the therapeutic mechanism.* Presented at the 2007 EMDRIA Conference, Dallas, Texas, USA.

3. Chang, S. H. (2010). *The Roles of eye movement in the therapeutic mechanisms of EMDR: An evidenced-based experimental approach.* Presented at the 2010 EMDRIA Conference, Research Symposium, Minneapolis, Minnesota, USA.

4. Wu, P. L., Hsieh, H. Y., Chu, P. C., & Huang, C. H. (2011). *The Use of EMDR to the Middle-Aged Men in Taiwan: A Case Study.* Poster presented at the 2011 EMDRIA Conference.

5. The EMDR Asia Conference was presented in Shanghai in 2017:
- Hu, Chen-Jung《The culture-specific application of EMDR in Taiwan: A preliminary study》
- Chu, Pin-Chieh《The Efficacy of EMDR for Taiwanese Female with

Relationship Trauma : A Case Study》
- Lu, Yi-An《The Healing of Relational Trauma—EMDR Case Study of Dissociation》
- Wu, Li-Jian《EMDR for Fetishistic Disorder and Kleptomania》

6. Lin, Yu-Wen.(2017). *Psychologist Lin Yu-wen presented in Taiwan in 2017. Research on the Efficacy of EMDR for Patients with OCD.* Taiwan.

7. Hu, Chen-Jung.(2023). *The study of the effects of EMDR G-TEP protocol on the caregivers serving in residential institutions for children and adolescents.* Taiwan.

8. Tsai, Chan-Hen.(2023). *A Case Report: The treatment course in EMDR.* Kingdom of Cambodia.

9. Jhai, Zong-Ti. (2024). The impact and adaptation of EMDR therapy on the Taiwanese deaf university students. *Journal of EMDR Practice and Research, 18(1), 31-43.* http://dx.doi.org/10.1891/EMDR-2023-0043

10. Founding president Professor WU, Pei-Li, and Director Professor Chang, Sue-Hwang, have long been leading graduate students in using EMDR as the topic of their research papers. Relevant research results can be found on the TEMDRA website.

C. Manual Translation

Starting in 2018, TEMDRA's Basic Training introduced its first Chinese training manual. The manual was updated for the training courses in 2023 and 2024, and another updated version is planned for 2025. Chinese speakers from the Asian region are welcome to participate. For the latest updates, please visit the TEMDRA website and Facebook page.

4. Prospects

TEMDRA, established 17 years ago, has gathered a group of EMDR enthusiasts in Taiwan who work together to enhance each other's professional capabilities. We hope for increased international exchange in the future and further advancement of everyone's advanced EMDR skills.

The founding chairperson, Professor Wu, PEI-LI, authored the poster, which was exhibited and awarded at the 2011 EMDRIA Conference. She was also invited to deliver a speech at the conference banquet.

Professor Wu Pei-li personally presented the Traditional Chinese version of "Eye Movement Desensitization and Reprocessing: Basic Principles, Protocols, and Procedures (2nd ed.)" to Francine Shapiro.

Chairman Masaya Ichii and Consultant Shigeyuki Ota from the Japan EMDR Association participated in the Basic Training in Taiwan in 2015. They took a group photo with Trainer Sigmund Burzynski and the participants.

EMDR ASIA Conference 2023 in Siem Reap
Left: Alexandra Nai-Wen Hsu (President)
Middle: Burkhard Schulz
(EMDR EUROPE consultant)
Right: Dr. Chan-hen Tsai

Dr. Roger Solomon held the Structural Dissociation Workshop and Master Class in Taiwan for the first time in 2023.

USING EMDR TO TREAT RAPE TRAUMA & DISSOCIATING SELF-DISGUST WITH COCKROACHES: A CASE STUDY

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Abstract

This paper describes the application of Eye movement desensitization and reprocessing for the treatment of trauma caused by rape. The study describes the application of Shapiro's Adaptive Information Procession (AIP) model in the treatment of PTSD symptoms. It explores the use of EMDR with a twenty-nine year old woman who had multiple traumas, including her parents' divorce and rape. She was raped by one of her alliances at the age of eighteen, outside of the house she was residing. She also had a fear of cockroaches, which, during reprocessing, came out as strongly associated with her self-disgust. She associated herself as disgusting as cockroaches. With the Standard protocol of EMDR, her rape trauma and her self-disgust association with cockroaches were resolved. She no longer related cockroaches to herself, and rape was only an event to her. Her subjective units of disturbances dropped from 8 to 0 at the end of the desensitization process.

Keywords: EMDR; rape; self-disgust; cockroaches

Introduction

Rape Crisis England and Whales defined rape as unwanted, forced, or non-consensual sex that occurs when a victim consents to fear of death or injury or when the drug is used by brute force, intimidation, or

deception (Rape Crisis England & Whales, n.d). Rape and sexual violence frequently result in many negative consequences (Chaudhury et al., 2017). According to Chen et al., as cited by Bragesjц et al. (2020), sexual assault, like rape, can lead to a variety of problems, including lifetime diagnosis of anxiety disorders, depression, post-traumatic stress disorder (PTSD), eating- and sleep disorders, suicide attempts, gynecological problems. The effects of rape include numerous acute and chronic sequelae, both physical as well as deep psychological (Gluck, 2021).

Physical trauma of rape causes visible bruising or bleeding in and around the vaginal or anal area and bruises on other parts of the body from coercive violence. Rape can have many different physical consequences, such as painful intercourse with a significant other, urinary infections, pregnancy, and sexually transmitted diseases (STDs) – HIV, syphilis, gonorrhea, chlamydia, and others (Gluck, 2021).

Rape also results in emotional trauma along with physical and psychological effects. Common emotional problems include lack of trust, anger, blame, shock, numbness, loss of control, helplessness, fear, self-blame, or guilt (Hargitay, 2022). Following a sexual assault, individuals may experience a range of psychological reactions such as acute stress, emotional detachment, and sleep disruptions. They may also face challenges like self-blame, struggles in social and work settings, and issues with sexual functioning. Additionally, they may experience feelings of fear, anxiety, depression, and post-traumatic stress disorder (PTSD) (Chaudhury et al., 2017).

Fleurkens et al. (2018) suggest that individuals who have undergone severe traumatic events such as rape or sexual violence may exhibit various symptoms associated with Post-Traumatic Stress Disorder (PTSD) and Depression, such as re-experiencing the event (flashbacks, nightmares, thoughts), avoidance, dissociation, hyper-arousal and reactivity. Symptoms of depression may include persistent feelings of sadness, hopelessness, unexplained tears, changes in weight, loss of energy, or lack of interest in activities once enjoyed (Hargitay, 2022). Further symptoms also appear in the form of anxiety, anger, fear, shame, disgust, loneliness, worthlessness, and shattering the ability to trust oneself and others. On various levels, the re-experiencing syndrome dissipates; the only known condition remains disgust and fear, which are specific phobias (Fleurkens et al., 2018).

Traumas like rape are strongly connected to elevated feelings of disgust (Badour et al., 2013). Disgust responses frequently manifest during or after a traumatic event and can indicate the likelihood of experiencing symptoms of post-traumatic stress (Badour & Feldner, 2018). Besides, disgust is an emotion commonly associated with sexual violations, mainly associated with self. Self-disgust is directed internally by disgust with oneself, i.e., disgusting self (Brake et al., 2017). This is critical in light of evidence documenting a unique association between disgust and increased post-traumatic stress symptoms following sexual trauma (Hargitay, 2022). According to Rьsch et al. (2010), women with PTSD manifest stronger associations between the self and disgust. In addition, disgust sensitivity also gives rise to other

types of anxiety disorders such as specific phobias, obsessive-compulsive disorder-contamination type, and health anxiety. One study found that sexually assaulted adolescents were six times more likely to retrospectively endorse the presence of traumatic disgust (Badour et al., 2012).

During a traumatic event, individuals may be exposed to a wide array of disgust elicitors, including tangible contaminants such as bodily fluids such as blood, semen, and vomit (Badour & Feldner, 2018). Such experiences may lead to an intense feeling of being polluted- an internal sense of dirtiness. Amidst mental clutter, the source of contamination can be an individual, an action, or a thought. Physical substance contamination threatens integrity and violates the embodied self, thereby threatening the integrity of the core self. Sexual assault can be considered a severe infringement on one's core self, leading to the standard clinical observation that feelings of self-disgust often manifest after experiencing sexual abuse or assault. Such type of self-disgusting also compromises sexual performance by causing individuals to avoid sexual activities or intimacy that could trigger feelings of impurity, such as intimate physical contact (Brouwer et al., 2023).

In cases where individuals relive traumatic memories, such as experiencing sexual arousal, thoughts of the perpetrator can also trigger feelings of disgust and contamination (Brake, 2021). Research conducted by Badour et al. (2012) found that women often experience heightened self-focused disgust following sexual trauma (Brake, 2021). Furthermore, Olatunji et al. (2023) linked self-disgust and sexual assault in their study and found that participants with a history of sexual assault also experienced higher self-disgust.

Cambridge Academic Content Dictionary (2024) defines cockroaches as flat brown or black insects sometimes found in houses. Delving into cockroach lore, Nuwer (2022) learned that the distaste for them goes way back to the ancient Egyptians. Richard Kaae, 17, an entomologist, states that cockroaches may be the most feared insect. According to Jacobs (Editorial Staff, n.d), many individuals experience unease or fear when encountering insects such as cockroaches. These creatures are typically found in dark and warm areas with abundant food, which can evoke strong emotions of fear and revulsion. In certain instances, especially during nighttime or poorly lit conditions, cockroaches may inadvertently contact human skin, leading to discomfort. On numerous occasions, individuals may have encountered negative or traumatic experiences involving cockroaches. Children may have experienced punishment or confinement in closets or other dark areas where these insects typically reside. Children with a higher likelihood of developing a fear of cockroaches may be those who find these insects repulsive and experience fear when encountering them.

From the literature mentioned above, it is clear that there is a significant impact of rape on the physical, emotional, and psychological health of victims. However, enormous work has been done in exploring the impact of rape on individuals and its treatment. Still, very little to no work has been seen in its association with self-disgust

and any specific fears or phobias. Even though an amazing therapy, Eye Movement Desensitization and Reprocessing (EMDR), is already modeled for treating rape and other traumas, it is still unclear whether the self-focused disgust caused by rape be separated from fear and disgust from cockroaches. Therefore, this study aims to examine the effects of EMDR therapy in treating rape trauma and dissociated self-disgust with cockroaches.

Eye Movement Desensitization and Reprocessing (EMDR) is widely recognized as the first line of treatment for such trauma-related conditions. It involves eight phases, including history collection and preparation of the client, identification of the intended traumatic memories, dual-attention stimulation in the form of repeated eye movements, installation, resolving any remaining somatic sensations, closure, and reevaluation that address previous trauma events and present triggers of the symptoms (Wajid & Rana, 2022). In this article, a case study is described in which EMDR therapy was used to resolve the trauma of rape and separate the association of self-disgust from cockroaches.

Method

Design

The research design of the present research study is a descriptive case design in which one client with psychological trauma was enrolled for the administration of EMDR by the therapist through convenient purposive sampling. After the initial sessions, her suitability for the EMDR was established through the protocol suggested by EMDR, which includes a client's history of psychological trauma, her willingness to get EMDR, and her positive response during safe place building. She was briefed about it, and her consent was obtained before the start of treatment. All other ethical considerations were undertaken, like confidentiality, debriefing, no deception involved, etc. The details of the case are narrated below.

Sample

The participant was a twenty-nine-year-old married female. She completed her bachelor's degree in computer science from Karachi and is the eldest of three siblings: a brother and a sister.

Measures

PROMIS Emotional Distress Short Forms were performed to assess the level of Depression and Anxiety. Trauma Checklist Adult, developed by Elliot and Briere in 1992, was performed to collect a list of all traumatic events and the worst event and how they are affecting her daily functioning on a scale of 0-3, where 0 means not all and 3 means 5 times per week or almost always, for example having bad dreams and reliving events.

Case Study

The client came into therapy with self-referral, having multiple traumas of childhood. At the age of eight, she experienced her parents' divorce. Following the separation, she resided with her father for eleven years before transitioning to live

with her mother.

Father stayed with them for one year after the divorce and then moved to another country for business with his brother. Meanwhile, they moved to one of their father's sisters while another sister adopted her brother. After some time, the father remarried, and the kids were brought back together. Throughout this time, she faced strict parenting by her father, who used to physically abuse her, favor her sister over her, and was annoyed by her way of talking.

When she was five years old, she developed a fear and disgust of cockroaches after witnessing her mother wearing a shirt full of them. This and other similar incidents occurred when she witnessed many cockroaches at once. Despite her fear and disgust for cockroaches, her father would force-eat her Dates that looked like cockroaches, and her stepmother would force her to use the same washroom that had cockroaches.

Even though parenting was strict, she claimed it was better than what she lived earlier and later. Her aunties got the parents separated again. Father left the country again, and the kids returned to their aunts. During her stay there, her aunt used to doubt her about having an affair with any boy. She was always suspicious of her to the point that she doubted her. One day, she made both sisters leave the house, and they were out of the home. The client used to secretly carry a small phone, which her friend gave her. She took that phone off with the battery out. She missed calling her father from that phone, who then asked his nephew to take them home. She was at her level now, and her father stopped sending them the money. She had no money for Cambridge International Examinations registration (CIE's). Her school helped her pay her CIE's fees by raising funds. That is when a friend's boyfriend learned about her and contacted her. He contacted her and threatened to come out; otherwise, he would tell the family members about her. She went out, and he raped her. She bled for 3-4 days.

After completing their A's level, her father refused further study and asked his sisters to look for proposals. That is when she searched for her mother's contact number and called her. She sent her the tickets, and the sisters moved with their mother to another city.

She had also spent some time with one of her mother's relatives, where she had a good time and good relationships with the family. She graduated, and the family was looking for her proposals. That is when she suggested considering her now husband. Although her relationship with her In-laws is disturbed and disrespectful, her husband supports her in this matter.

When she came for consultation, she was four months pregnant. Since she had lived with multiple traumas, therefore she was experiencing flashbacks and vivid dreams of different events on different occasions, particularly related to her father and aunts. She was experiencing extreme anxiety and nightmares, which had become difficult for her to cope with. Therefore, she decided to take therapy and resolve her past issues that are causing difficulty in her present life.

In the initial sessions, a detailed history was taken, and assessments for PTSD,

depression, and anxiety were done. For the first seven months, she was in talk therapy. She was introduced to anxiety management exercises-deep breathing, passive and progressive muscle, and stretching exercises, ,aligned with her pregnancy to alleviate day-to-day anxiety and stress. Later in the stages of therapy, she was also introduced to imagery rehearsal for nightmares to overcome the nightmare effect and improve sleep quality. Cognitive distortion is challenging, and mindfulness strategies help them come out of the loop of negative thinking during their daily routine. Mainly, her dreams, thoughts, anxiety, and discussions were about her family and their past and current attitude toward her. According to her, these strategies help her feel better temporarily after making conscious efforts. She was psycho-educated about the situation and EMDR therapy and its limitations.

Therefore, she paused therapy for the delivery and resumed after childbirth; she was introduced to EMDR therapy three months postpartum. Her husband, financial independence, and her job are some of her strengths and sources of support. During the preparation phase of EMDR, the client had no problem. The client was well able to establish a safe place; she also had other stabilization tools, such as mindfulness and anxiety management, learned in therapy earlier. The interventions provided earlier helped her bring back to the present and alleviate anxiety tentatively, but they could not treat her traumas entirely.

Of all the trauma events listed in Trauma Checklist Adult, she chose the rape incident for EMDR reprocessing. The rationale behind selecting this was that she talked very little about it. However, its ripples contribute, particularly to her marital and sexual life. Ten EMDR sessions of sixty minutes were done.

In the first EMDR session, the Subjective Unit of Disturbance (SUD) was tested with a scale of 0 to 10, where 0 indicates no disruption, and 10 indicates the maximum disruption; it was 7 for the rape incident. The worst part of the incident was penetration that she bled for three to four days. Negative Cognition was "I am inadequate, I am not enough," while Positive Cognition she wanted to have about herself in relation to the rape event was "I am loveable" and "I am fine as I am." The validity of positive cognition (VOC) was determined, ranging from 1 to 7, where 1 has poor positive cognition, while 7 has strong positive cognition, which was found to be 2 for this client.

The emotions she felt were loneliness and sadness, and she felt these emotions in her heart and pelvic floor in her body.

During desensitization, her association of rape events emerged with cockroaches. She had a fear of cockroaches, which she felt disgusted by. She said, "I am as disgusting as cockroaches". She was also experiencing associations with any crispy food or items like chips or biscuit wrappers. She was equating their crunch sounds with that of killing cockroaches via slippers.

Each incomplete session ended with deep breathing and a safe/calm place. For the initial two sessions, her SUD remained at 6, while from the third session, it dropped to 2

and sometimes 3 at the end of the session. However, the session would begin with an increased SUD level from 5 or 6. The ninth session was a complete session. The tenth session was a re-evaluation session, and no new channel opened.

In the re-evaluation phase, according to the client, the incident was a 'demonic event, now it's only an event'. Her physical relationship with her husband has also now improved. She can trust herself and her decisions, as she is spending more time with herself, going out of home, and exploring new food places, a new realization that she can also do that.

With EMDR reprocessing as her rape memory is reprocessed, her association of disgust and cockroaches also ended. The fear of cockroaches is now a separate entity. With rape memory reprocessing, her self-disgust is resolved, and she no longer feels disgusted with herself. However, the fear of cockroaches remains, but that is no longer a part of her recognition: " I am as disgusting as cockroaches".

Discussion

The case study illustrates the importance of targeting etiological events in EMDR. The divorce of the parents, splitting the siblings between the relatives, and moving from home to home lays the foundation for the subsequent traumatic events of rape, which became the basis of the pathological responses to other stressful life situations. Apart from the psychological stress engendered by these events, the client also experienced stigmatization and humiliation imposed by her relatives throughout her childhood, adolescence, and young adulthood. The dysfunctional materials were stored in her memory network and were triggered by stressors in her life. After reprocessing the most traumatic memory of her life, the rape incident, she engaged in an adaptive resolution, and positive changes in her affect, cognition, bodily symptoms, and behaviors were noted. Edmond et al. conducted a study to evaluate the efficacy of employing Eye Movement Desensitization and Reprocessing (EMDR) therapy for adult women who have experienced sexual abuse. Similar to the results of their study, they showed that the use of this method can significantly reduce the psychological symptoms related to this trauma.

An improved physical relationship with the husband was reported. Her physical relationship with her husband has also now improved. Van Berlo et al., as cited by O'Callaghan et al. (2018), reviewed the literature on sexual harassment and sexuality and found that sexual activity decreased after sexual harassment. In contrast, sexual satisfaction decreased for many women at least a year after the assault. Some individuals may continue to experience issues for an extended period, which may include problems related to response inhibition, such as fear, arousal, and desire dysfunctions.

She can trust herself and her decisions, as she spends more time with herself, going out of the home and exploring new food places, a new realization that she can also do that. She regained confidence in her own abilities,worth, and adequacy, as well as her overall self-esteem. The findings of the

current research indicate that EMDR therapy may be a promising intervention for individuals experiencing low self-esteem (Griffioen, 2017), as the aftermath of sexual assault can significantly affect a survivor's self-esteem, self-worth, and perceptions of themselves and the world.

The current case study illustrates the importance of EMDR in the treatment of trauma caused by rape and dissociating self-disgust with cockroaches. From the case study mentioned above, fear and disgust for cockroaches were significantly seen as a part of a specific phobia that existed since her childhood, well before the rape happened. In this case, her fear and disgust for cockroaches blended into self-disgust, which in turn was associated with herself: " I am as disgusting as cockroaches."

It was during desensitization that the client connected rape bodily sensations with that of a cockroach. For example, the sticky, wet feeling of his saliva, the sharp pinching sensation inside her body, the crunching sound of grass, all of which she connected with the cockroaches' greasy, slimy body, sharp pinching legs, the sound of crunch when kills with a slipper. These sensations took the form of 'I am as disgusting as cockroaches'. Feelings of disgust, contact with bodily products (e.g., saliva, semen, blood), and perceptions of violation, debasement, or immorality during a sexual assault may result in perceived impurity (Badour et al., 2012) or self-disgust.

While self-disgust came with rape, it has been shown that, indeed, sexual by-products, for example, saliva and sperm, can be potent elicitors of disgust (Brouwer et al., 2023). Sexual assault also led to the belief that the experience has polluted one. However, many people with past traumatic experiences, including with insects, develop a fear of insects. An unsettling incident involving cockroaches, such as a disturbing encounter during childhood, can potentially initiate a phobia, as the client developed in this study. Sharip et al. (2023) found that university students in Malaysia reported cockroaches as fearful and disgusting insects.

Nuwer (2022) details cockroaches have greasy, smelly, slimy things. Their unpredictable movements and phenomenal speed – relative to their size, anything that can move faster than humans will trigger the fear response. None of these traits bode well for the human observer. Human brains are wired to be wary of the roach's oily, greasy appearance, ureic smell, and dark, dank, and dirty habitats. These characteristics are not favorable for humans to encounter. The shiny and oily look of roaches, ureic odor, and dark, damp, and unclean living environments are all factors that trigger caution in the human brain. According to Sharip et al. (2023), while certain insects or arthropods may be small in size, they can secrete venom or saliva to defend against threats such as other insects or humans. The act of ejecting saliva or fluid onto the skin of a perpetrator can result in itchiness, causing discomfort and ultimately leading to avoidance of the insects.

The client's traumatic memories of rape were reprocessed into adaptive ones using standard protocol EMDR. Therefore, this case study not only measures EMDR effectiveness in a complex trauma casebut also proposes an explanatory model.

The unique aspect of this case report is the integration of cockroaches with self. Evidently, her childhood experiences developed her phobia of cockroaches, which was later associated with herself in the form of disgust. Hayati et al., as cited by Sharip et al. (2023), concluded that phobia toward insects is not due to the injurious effects of insects but due to psychological emotion and perception toward insects.

Conclusion

EMDR is a therapeutic approach primarily used for trauma treatment. Its goal is to help clients reprocess dysfunctional information related to traumatic events, leading to improved adaptive functioning. The study suggests that EMDR therapy is effective in addressing trauma resulting from rape. It helps individuals process and cope with the emotional impact of such experiences. Interestingly, EMDR also played a role in disentangling associations. Specifically, it helped eliminate the link between self-disgust and fear of cockroaches, which were previously connected to the trauma of rape. In summary, EMDR appears to be a valuable tool for trauma resolution, and its effects extend beyond the specific traumatic event itself. Addressing associated emotions and reactions contributes to overall healing and well-being.

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COMPETING INTERPERSONAL TRAUMA WITH EYE MOVEMENT DESENSITIZATION & REPROCESSING (EMDR): A CASE SERIES OF PAKISTANI WOMEN WITH MULTIPLE TRAUMAS

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Abstract

Eye Movement Desensitization and Reprocessing (EMDR) is a trauma-focused, evidence-based psychotherapy for trauma and stress-related disorders. It has exclusively expanded recognition as the most worthwhile intervention for Post-Traumatic Stress Disorder (PTSD). In this article, two case studies of females are defined where EMDR Treatment was conducted according to the standard protocol presented by Shapiro (1995) to resolve trauma effects in the context of Pakistan. After pre-assessment, eight-phase protocol EMDR for both cases was carried out in five and six sessions, respectively, to reprocess the various traumas of patients. Post-assessment and re-evaluation of the patient reported a significant decrease in all psychometric tools. The scale used for preassessment, and post-assessment was the Impact of Event Scale-Revised (IES-R) as a measure of post-traumatic stress disorder (PTSD) symptoms. Scores on IES also validated the reduction in traumatic symptoms after EMDR sessions. It can be used for repeated measurements to monitor progress and is best used for recent and specific traumatic events.

Keywords: Eye movement desensitization and reprocessing (EMDR); Post-traumatic stress disorder (PTSD); trauma; Trauma-focused

Introduction

Traumatic and adverse childhood experiences may lead to a variety of psychological problems, and PTSD is the most common among them, which has high comorbidity with other psychiatric conditions such as anxiety, panic attacks, major depressive disorder, and various other related symptoms (American Psychological Association, APA, 1994; Kessler et al., 1995). EMDR is widely acknowledged as the first line of treatment for trauma-related conditions and during man-made or natural disasters (Hase & Brisch, 2022; Shapiro & Laliotis, 2011). It consists of eight phases: initiating with history taking and preparation of the client, identifying the target traumatic memories, dual-attention stimulation in the form of repeated sets of eye movement, installation of positive cognition, resolving possible residual somatic sensations, closure with resource-building, and reevaluation that addresses past traumatic events and present triggers of the symptoms (Davidson, 2001; Marcus, 1997; Shapiro, 2001).

Clinical applications of this therapy are primarily explained by the Adaptive Information Processing model (AIP; Hase, 2021), which theorizes that the undeviating reprocessing of the stored memories of etiological events and other experiential contributors can have a positive upshot on the treatment of most clinical symptoms. This prophecy has established support in several research studies, including clinical trials and case studies (Hase, 2021; Shapiro & Laliotis, 2011; ; Shapiro, 2002; Valiente Valiente Gymez et al., 2017). Minimal studies have been conducted to see its effectiveness in Pakistani culture. One such study was carried out by Mustafa (2015) in which the application of EMDR treatment of PTSD along with depressive symptoms in the Pakistani scenario was established (Mustafa, 2015). In recent years, additional applications have been developed by expanding the standard protocols by experts and consultants in several sub-specialty areas, such as clients with acute trauma, a wide variety of PTSD, and even trauma-related personality issues (Brown & Shapiro, 2006). Similarly, in the present study, two clinical case studies were conducted using EMDR as a strategy to deal with blocked processing.

Methodology

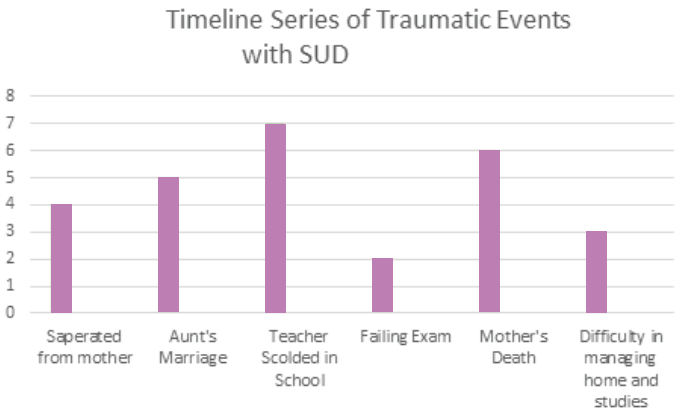
The research scheme of the existing study was a descriptive case series design in which two patients having psychological trauma were enrolled for the administration of EMDR by a therapist through convenient purposive sampling. The therapist was a Clinical Psychologist and EMDR practitioner. These patients came to the Psychologist in person for the management of their psychological issues.

After the initial session, their suitability for the EMDR was recognized through the protocol suggested by EMDR, which comprises each client's history of psychological trauma, their willingness to get EMDR with consent, and their positive responses while establishing a safe place and building psychological resources. They were prepared for the process, and their approval was acquired before the start of the conduct. The detail of these two cases is reported further down:

Case Study 1

The client was a twenty-two-year-old, single female student in a Bachelor's degree program. She is the only child of her parents, and his father is doing business, whereas her mother died four months ago due to sudden cardiac arrest. She was presented with three three-month histories of disturbed routine as she has been unable to look after home chores with studies since her mother's demise. She feels burdened because now they are packing and shifting home to a new place, and she feels angry about her mother for leaving her too early. She feels loneliness, overwhelmed, and guilt, as well as crying spells after the flashback of the moment when her mother collapsed at home that evening.

After seven months of personal struggle and trying to manage studies and home chores, she consulted for professional help. The client was fortunate that she had her father as her support system to share the loss and grief and friends at university to help her in her studies and academic life. After in-depth history taking and studying case progression, EMDR was opted as the first-line treatment for her. Five EMDR sessions were done in a total period of about one and a half months. The client's background history was taken on the first assessment, and details of past traumatic events were documented. Her mother's death was the most traumatic memory for the client, whom she wanted to work with willingly. The graphical representation of the timeline series of her traumatic events is depicted in Figure 1.

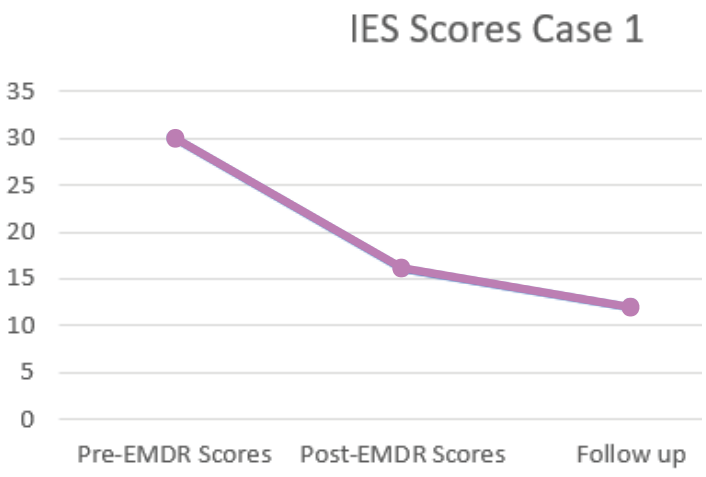


The graphical representation of the timeline series of traumatic events for Case 1

She narrated that at the age of 3, her mother rejoined her teaching profession and sent her to her maternal aunt (a bachelor at that time), and she had very limited interaction with her own parents (only on weekends). She stayed at her maternal grandmother's place for 10 years. At 13, her aunt got married and shifted to Australia with her husband while the client returned home. At the age of 14, there was an embarrassing incident in school, and the teacher scolded her badly. At 15, she failed the chemistry board exam. At 22, 4 months back, her mother died of a heart attack. After detailed history taking, the client was asked about which traumatic event she finds significant in her life and the one she wants to work on priority, and she selected the event of her mother's death as the most traumatic of all. The first session took 55 minutes. The next two sessions comprised 45 minutes each; during these two sessions, the preparation stage was conducted, where the client was prepared by building psychological resources and developing the safe place that she named a "peaceful corner." Before starting EMDR formally, her Impact of Event Scale (IES) scores were

rated 30. In this EMDR session, the Subjective Unit of Disturbance (SUD) was checked with a range of 0 to 10, where 0 means no disturbance, and 10 donates maximum disturbance; it was 6 for the significant traumatic memory she selected.

The Validity of Positive Cognition (VOC) was determined, which ranges from 1 to 7, where 1 feels completely false, and 7 feels completely true positive cognition. It was found to be 1 for this client. Negative cognition was that "I am not lovable," and preferred cognition was that "I am loveable". Her dominant emotions were anger and guilt, while her body sensation was a heavy stomach. This session was for 90 minutes. During the desensitization session, 16 sets of eye movements (EM) were conducted in total; while the client was doing eye movements, after 2 sets, she started crying, and her body sensations shifted from the stomach to Chills in the spine. Numbness in her hands, then tingling in her feet with each passing set of EM. As she was taught to feel comfortable/safe during psychological resource building, her SUD dropped to 3 from 6 after 7 sets of EM. Subsequently, her SUD was 1 after 12 sets and eventually reduced to 0 after 13 sets of EM. Her VOC rating was 7. In the fifth session, the therapist observed that her mental state had changed. Her mood was more pleasant than before. There were no flashbacks or intrusive thoughts. She said, "At first, after the first and second sessions, I was very tired. But then, I was amazed as things eased up. Now, when I think of the incident, it doesn't affect me as it used to. It's an amazing phenomenon, and I'm working a few more hours. I feel much better and look forward to perform better. I want to do things at home. The fourth session was a complete session of 90 minutes, and significant traumatic memory was successfully processed; in the fifth session, minor scenes of traumatic memories were processed completely with standard EMDR protocol. After the conclusion of eight staged EMDR protocols, post-assessment on IES was 14. Her follow-up session was conducted for 2 months post-therapy, where she expressed her contentment by mentioning the impact of exercising a safe place and other techniques of psychological resources she was being equipped with during her therapy. On follow-up, she scored 12 on IES. A graphical description of the reduction in scores of IES in Case 1 is given in Figure 2.



Graphical Description of reduction in IES scores for pre and post-EMDR along with Follow up in Case 1

Case Study 2

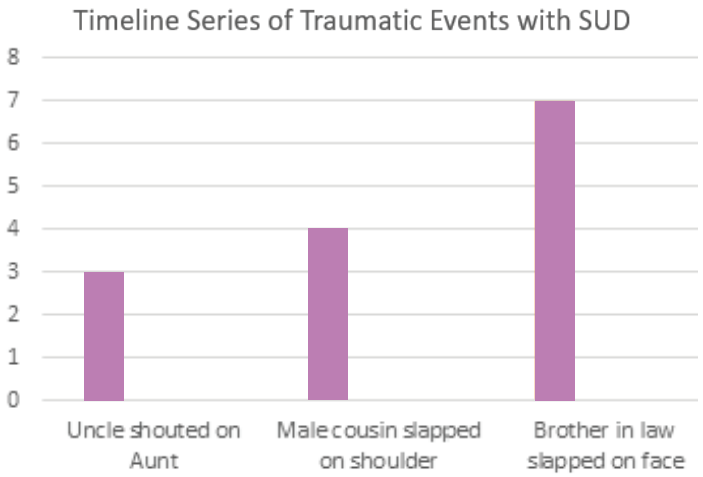
In the contemporary study, the second lady was 46 years old female adult, the youngest of five siblings, mother of 3 children, has a master's degree in economics, and married to a senior Government officer. She lives in Rawalpindi, and she is a homemaker. She consulted for complaints she noticed about six months ago that were hindering her functioning in her normal routine. Her main complaints were difficulty socializing, having no friends, and being confined to home chores. She experiences episodes of anger outbursts on kids and has constant thoughts of being mentally and physically burdened. Moreover, she feels anxious when her husband is at home and has persistent feelings of hatred and crying spells. She also feels lonely and experiences low moods most of the time.

EMDR was decided with the client's consent as the planned therapy for her treatment. She was prepared for EMDR by socializing her with Bilateral Stimulation (BLS) through Eye Movement (EM), and the therapist explained the EMDR model in detail for her Psychoeducation. Moreover, she developed her safe place in the preparation phase and named it "Green Beach." She verbalized her imagined safe place as being very peaceful and refreshing, with no human existence around, and she is sitting alone barefooted on wet sand. She also described her safe place as having an open, wide sky above her head, and she could see far at any distance without any hurdles.

During the history-taking session, she revealed that she is the youngest of 5 siblings and the daughter of a landlord. She had been pampered and taken care of since childhood by her immediate and extended family. At the age of 26, she got married, which was arranged by her family after seeking her consent. Her husband had aggressive behavior since the start, and her in-laws were controlling. She was living in a joint family of her in-laws. There, she had multiple fights as her mother-in-law was authoritative and used to blame her for her minor mistakes. At 28 years of age, her first daughter was born. Since then, her husband has started abusing her physically. She narrated that a few months after the birth of her 1st child, there was a fight at home when her younger brother-in-law slapped her in front of her husband, but he didn't respond in her favor. Since then, she has had a disturbed relationship with her husband and couldn't mend their marital bond.

In this session, she was not able to develop a timeline of a series of traumatic events and found it difficult to pick up the most disturbing traumatic memories. To counter the mental blockage, a float-back technique was used to help her go down memory lane and identify as many related events as possible. The float-back technique helped her, and she could identify three events where, once, at the age of 6 years, she witnessed her uncle shouting at her aunt. She also recounted that her male cousin slapped her mildly on her shoulder at a birthday party when she was 15 years old. And the next disturbing memory was when her brother-in-law slapped her at the age of 28 years. From the series of events she described, she picked up the third event as the most disturbing traumatic memory that she wants to process as a priority. The

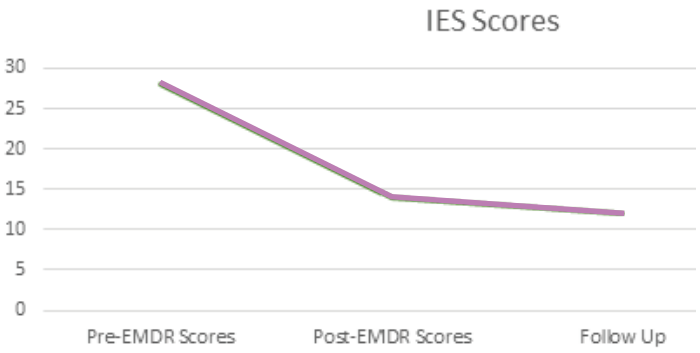
graphical representation of the timeline series of her traumatic events is depicted in Figure 3.



The graphical representation of the timeline series of traumatic events for Case 2

The subjective unit of distress (SUD) about this event was 7. Her negative cognition was "I am shameful," and her positive cognition was, "I am honorable". The validity of cognition (VOC) was 2. Her dominant emotions were anger and hatred, while her body sensation was a headache. Before proceeding with EMDR, her Impact of Event Scale (IES) score was 28.

The desensitization session lasted for 75 minutes. In the start, she was very uncomfortable and said, "I was so lovable, but today my husband has put me in this agony". Her body sensation shifted from headache to tingling feeling in her hands and then to numb her arm. After 8 EM sets, she said her SUD reduced to 5, and she verbalized that "I am strong enough to work on myself". After that, she started feeling dizzy, saying she felt more relaxed than before. After 13 EM sets, her SUD reduced to 3, and she said, "I am my kid's support". After 17 sets of EM, she said "I am strong to keep myself going through tough days". After 20 sets of EM, her SUD was again 1, and she expressed that "I cannot forget that slap, but I honor my strengths more than anyone else." The installation phase took 3 more sets of EM. During the re-evaluation, upon post-assessment, her score on IES was 14. A graphical description of the reduction in scores of IES in Case 12 is given in Figure 4.



Graphical Description of reduction in IES scores for pre and post-EMDR in Case 2

Discussion

The current case reports illustrate the importance of EMDR in the treatment of PTSD and interpersonal trauma in two female clients in the Pakistani scenario. Patients' traumatic memories were reprocessed into adaptive ones using standard protocol EMDR (McNally, 1999). So, these case studies not only measure EMDR effectiveness in complicated interpersonal trauma. The unique aspect of these case reports is the application of EMDR with pre and post-assessment of the effectiveness of therapy on IES. The traumatic memories of both clients were reprocessed into adaptive ones by using a standard protocol of EMDR, which brought a positive change in their effect, bodily symptoms, and behavior. After a few EMDR sessions, the clients were able to reprocess their main distressing memory and were also

able to generalize it to other traumatic events of their lives. Later on, that was also validated by their scores on IES.

There are also a few limitations of this study, such as these case reports cannot provide information regarding a control group of individuals who did not receive any EMDR. The ostensible improvement resulting from EMDR in these reports may be due to numerous variables other than EMDR itself, such as placebo effects (Gastright, 1995). It should also be noted that these case studies do not challenge the existing explanatory model of EMDR. It looks at one component of the EMDR treatment.

Conflict of Interest

The author of this study reported no conflict of interest.

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APPLICATION OF EMDR (EYE MOVEMENT DESENSITIZATION & REPROCESSING) THERAPY: A STUDY OF DELINQUENCY ON MADRASA SCHOOL STUDENTS EXPOSED WITH PEDOPHILIC ACTIVITIES

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Abstract

EMDR psychotherapy has become the most effective way of treating traumatized clients, according to WHO (2013). The objective of this article in a suburban area is to show that EMDR therapy can have an extensive influence on reprocessing maladaptive information related to past trauma memories and present stress. It enormously positively influences Madrasa going students' central nervous system CNS (Shapiro,1995). Especially those who have a history of experience with pedophilic person's activity. The consequence was identified as grade failure with several maladaptive behaviors. As a CSA victim, trauma memories have the continuous capacity to make the clients pathological; thus, students' academic abilities are extremely hindered. Using EMDR components in Madrasa premises, these students' emotional, cognitive, and behavioral states can be addressed. Sample size: 200 students aged 12-17 (with a history of exam failure, exam phobia, physical illness during the exams, withdrawal symptoms, and restless behavior) were recruited from grades 5 ---9. Result: Among all students, 17% (both boys and girls) reported more than two to three events or illustrations of sexual abuse from childhood memories. Children, both boys and girls, 35% have shown abandonment and attachment issues with their parents as they are separated, divorced, and used not to address children's emotions. 65% have

received recovery from the said health issues, and 30% reported that they have no emotional disturbance and are mentally sound. 38% reported reduced criminal behavior, such as stopping attacking peers and mates and destroying other things. 32% reported stress or anxiety-free. 40% reduction of low feelings, and the exam results obtained showed that the students passed all subjects with 50% - 60% marks, while the other 35% progressed mildly. Students' diversity shows that among 200 participants, 36% were from regular family environments, orphans were 35%, (girls 20%, boys 15%,) separation in the parents 42%. And 65% of them are from slum areas and with single parents. Among them, 16% have single parents, and with a huge surprise, 22% do not know their parents; they are from neighboring shops or roadside abandonment areas.

Keywords: EMDR therapy; delinquency; pedophilic

Introduction

Eye Movement Desensitization and Reprocessing therapy, known as EMDR therapy, has become the most effective way of treating traumatized clients, according to WHO (World Health Organization, 2013). Eye Movement Desensitization and Reprocessing therapy, commonly known as EMDR, is a mental health therapy method. Francine Shapiro (February 18, 1948 – June 16, 2019) was an American psychologist and educator who originated and developed eye movement desensitization and reprocessing (EMDR), a form of psychotherapy for resolving the symptoms of traumatic and other disturbing life experiences. EMDR treats mental health conditions that happen because of memories from traumatic events in the client's past. It is best known for its role in treating post-traumatic stress disorder (PTSD), but its use is expanding to include the treatment of many other mental conditions as well.

This method involves the client's eye movement in a specific way while the client processes any traumatic memories in her life. EMDR's goal is to help clients heal from trauma or other distressing life experiences. Compared to other therapy methods, EMDR is relatively new. The first clinical trial investigating EMDR was in 1989. Dozens of clinical trials since then have shown that this technique is effective and can help a person faster than many other methods.

EMDR can help people with a wide range of mental health conditions. Adolescents, teenagers, and adults of all ages can benefit from this treatment. Some healthcare providers also specialize in EMDR for children. EMDR therapy doesn't require talking in detail about a distressing issue. EMDR instead focuses on changing emotions, thoughts, or behaviors that result from a distressing experience (trauma). This allows the human brain to resume a natural healing process. While many people use the words "mind" and "brain" when referring to the same thing, they're actually different. The human brain is an organ of the human body. So, according to Francine Shapiro, the human mind is the collection of thoughts, memories, beliefs, and experiences that make them feel who they are. Some memories have substantial power to trigger us to go back to events or incidents.

Triggers- Sights, sounds, and smells that are connected or similar to a trauma event will "trigger" those improperly stored memories. Unlike other memories, these can cause overwhelming feelings of fear, anxiety, anger, or panic. An example of this is post-traumatic stress disorder, or PTSD, flashback, where improper storage and networking causes our mind to access those memories in a way that's uncontrolled, distorted, and overpowering. That's why people with a history of flashbacks describe feeling as if they were reliving a disturbing event. The past becomes the present. So here are some problems:

Reprocessing and repairing what?

When somebody undergoes EMDR, s/he can access memories of a traumatic event in particular ways. With eye movements and guided instructions, accessing those memories helps him /her reprocess what s/he remembers from the negative event. That reprocessing helps "repair" the mental injury from that memory. Remembering 'what happened to me' no longer feels like reliving it, and the related feelings will be much more manageable.

What conditions and problems does EMDR treat?

The most widespread use of EMDR is for treating post-traumatic stress disorder (PTSD). Mental healthcare providers also use it in the treatment of the following conditions:

- Anxiety disorders: Generalized anxiety disorder, panic disorder, phobia, and social anxiety/ phobia.
- Depression disorders: major depressive disorders, persistent depressive disorder, and illness-related disorders.
- Dissociative identity disorders or amnesia and depersonalization or de-realization disorder.
- Obsessive Compulsive disorder (OCD) Gender Dysphoria (feeling as with a different gender from birth).
- Personality disorder: Borderline personality disorder, avoidant personality disorder, and antisocial personality disorders.
- Eating disorder: Anorexia nervosa, Bulimia nervosa and binge –eating disorder.

The research study was conducted at eight (8) religious schools, locally and regionally named 'Madrasa' School, to check the hidden reason why students have not been concerned with study-related purposes and exam failure, rather showing aggressive behavior repeatedly, which indicates their unconscious involvement with delinquency or criminal activities indirectly. Prior to this topic, we may have a brief scenario of our Madrasa education system: the importance of student well-being and behavior management within Madrasa. By exploring the resources mentioned above, we anticipate gaining valuable insights into the presented issues, the underlying causes, and the corrective practices. While there are reports of occasional criminal activity involving Madrasa students in Bangladesh, it's important to understand it within a broader context.

There's no comprehensive data on the rate of criminal activity by Madrasa students compared to the general student population in Bangladesh. Media reports often focus on isolated incidents involving Madrasa students, which can create a perception that such crimes are widespread. The types of reported Crimes usually considered need to be addressed, such as:

- Some inappropriate or wishful theft.
- intentionally or unintentionally stealing other objects.
- Physical altercations: Interested in starting a cross communication what triggers to be involved in fighting, damaging others' objects, and threatening others, saying insensible aggravation words.
- Drug use (limited cases); to exhibit one's independence and individual daring mentality by taking and testing drugs with the group and showing own supremacy.
- Involvement in protests or defiant demonstrations, which might be constructed as criminal activity.

Bangladesh has a rich history with the Madrasa education system, dating back centuries. British rule introduced the English language into the Madrasa curriculum. The mosque-based "Maktab" system provided basic education in the Quran and Arabic language. At the beginning of the 18th Century, The Aliya Madrasa system emerged, offering a structured curriculum with Islamic studies alongside subjects like Bengali and Mathematics. The Aliya Madrasah in Kolkata (established 1780) pioneered changing curriculum and establishing many Madrasa settings around the Subcontinent or South East Asia.

In Bangladesh, after independence in 1971, the role of the Madrasa became a topic of discussion. As part of the history of our glorious independence, a couple of decades ago, Madrasa served as a center of Islamic learning, similar to institutions across the Muslim world. All the mosque has a common space to orient young stars with the basics of the Quran and the Arabic language. Hence, some viewed the traditional system as outdated, while others emphasized its historical significance. The government took steps to reform the Aliya Madrasa system, introducing streams with humanities and sciences alongside Islamic studies. The Qawmi Madrasa system continues to operate independently, focusing on religious scholarship. At present, Bangladesh has three main Madrasa systems: Aliya, Qawmi, and Maktab. Each caters to different educational needs and interests. Debates on integrating Madrasa into the mainstream education system and ensuring a well-rounded education for graduates continue. The board of education integrated with the Madrasa system Ministry recognized and approved by both govt. and private sectors. On the subject of the study, questions have been raised about why many of the Madrasa students, in several cases, were identified as criminals or engaged in criminal activities. So, the local Madrasa authorities in the selected area are asking if they want some basic training on mental health and personality development issues. Regarding these questions, the researcher has offered her method of training and workshop as EMDR to conduct sessions on the topic while they asked for it.

New words: Container exercise, making Trauma Map, List of (PCs & NCs) Positive Cognitions and Negative Cognitions, Touchstone memories with associated body feelings, SUD the scales of disturbance and affect in the body, Cognitive interweaving, Checking VOC Bridge e.g. how much true the cognition; is that low or high or where are you now on your positive Cognitive Bridge?). And Bilateral Stimulation (BLS) for understanding the essential protocols of EMDR.

Often, our brain stores trauma memories in a way that doesn't allow for healthy healing. Trauma is like a wound that our brain hasn't been allowed to heal. Because it didn't have the chance to heal, our brain didn't receive the message that the danger was over. Newer experiences can link up to earlier trauma experiences and reinforce a negative experience over and over again. That disrupts the links between our senses and memories. It also acts as an injury to our minds. And just like our body is sensitive to pain from an injury, our mind has a higher sensitivity to things we saw, heard, smelled, or felt during a trauma-related event. This happens not only with events we can remember but also with suppressed memories. Much like how we learn not to touch a hot stove because it burns our hand, our mind tries to suppress memories to avoid accessing them because they're painful or upsetting. However, the suppression isn't perfect, meaning the "injury" can still cause negative symptoms, emotions, and behaviors whenever it triggers.

The way our mind works relies on the structure of our brain. That structure involves networks of communicating brain cells across many different brain areas. That's especially the case with sections that involve our memories and senses. That networking makes it faster and easier for those areas to work together. That's why our senses – sights, sounds, smells, tastes, and feels – can bring back strong memories. EMDR relies on the Adaptive Information Processing (AIP) model, a theory about how the human brain stores memories. This theory, developed by Francine Shapiro, PhD, who also developed EMDR, recognizes that the human brain stores normal and traumatic memories differently.

During normal events, our brain stores memories smoothly. It also networks within them, connecting them to other things we remember. However, during disturbing or upsetting events, that networking doesn't happen correctly. The brain can go "offline," and there's a disconnection between what we experience (feel, hear, see) and what our brain stores in memory through language.

Importance and severity

Depending on the type of sexual abuse, the severity and importance of the issue vary a lot for different groups of people. In a survey, it has been shown that 53% of boys children and girl 48% said that when anyone does anything against the consent of

the child, that is sexual abuse. To them, having physical relations with boys, teasing, and rape are also considered sexual abuse. They think it has a negative impact on health, and basically, it encourages and accelerates stress in the institution as well as in the psycho-social context of a country.

Types of perpetrators

Ironically, Madrasa school students, both boys and girls children, identified neighbors and relatives as the most risky people for Pedophilic behavior. Boys said that among abusers, 29% are relatives, 32% are neighbors, and 18% are peers from the same community. Girl Children said that among abusers, 30% are relatives, 37% are neighbors, and 15% are peers. This indicates that children are insecure at home and in the neighborhood. From the survey and qualitative findings, it's clear that neighbors, relatives, and peer groups are playing a vital role in children's lives as abusers. In case of bad experiences with peers from the same family or neighboring family group children hardly disclose that to parents even.

Where and how are children mostly abused?

Findings show that children are mostly abused in quiet places and at home, school, and workplace. According to 42% of children are abused in a quiet place, and 24% at home, and on the other hand, adults said 42% of children are abused in a quiet place, and 25% are abused at home. Girl children said that they feel uncomfortable going to any public places Eid Gah Moydan, Puja and community center or organized cultural programs, Boishaki Mela Utshab, etc., because in these festivals, even 15 years old boys can show aggressive attitudes towards girl children, that cause anxiety in their life.

Types of children violence and ill-treatment

At Madrasa School, children are victims of ill-treatment and violence by the senior students and by staff. The practice of corporal punishment is quite high in primary sections. Several quantitative and qualitative findings show that adults believe punishing children is an absolute necessity in life because if they do not show juniors the right path by punishing them while children are making mistakes, then in the future, this generation will not grow properly.

On the other hand, due to the impact of socialization, children strongly believe that if parents and elder caregivers do not discipline them by punishing them otherwise, they will not grow as proper human beings. Teachers do not allow children to speak up and share their problems and queries about life and daily living activities. Listening to children does not exist even if children become aware of CSA. So, somehow, they are still not safe in school.

Status of service delivery and various 'awareness raising' programs

Bangladesh Government and NGOs have been working in different educational organizations like Madrasas to provide Child right education and inclusion. Breaking The Silence (BTS) is the only NGO that has been providing training on child protection issues under the umbrella of awareness-raising activities. They include child rights protection and awareness, Girl Child Sexual Health, and effects of Early Marriage. Unfortunately, institutions working for children do not collaborate and coordinate with them. They have no horizontal networking among themselves and also do not have any direct relation with the existing govt. mechanism to protect children from any kind of violence.

UNICEF calls on the government to prioritize further expanding and empowering the child protection workforce to effectively support the country's vulnerable child population. Together with the European Union and other stakeholders, UNICEF remains committed to building a comprehensive national child protection system that ensures the rights and well-being of every child in Bangladesh.

Child participation at home

The existing study findings show that adults are very reluctant about children's involvement, relationships, and their freedom to choose their partner. If any kind of violence and sexual abuse ever happens in the garden in general, we gathered from the survey that 65% of children share their problem with both parents, 12% of children can share their problem with another sibling, and subsequently, their family can make decisions about the following action.

Children all over the world are vulnerable to abuse/ violence based on the class, power, and social system where they live. The knowledge, attitude, and behaviors of child sexual abuse and exploitation vary from society to society and the class status of the children as well as to other people to support the children. Parents and other close caregivers are almost unaware to some extent about the nature of the violence/abuse the children experience in their childhood. Also, most abuse/ violence cases of children occur at the family level by close family members, and the relations in most cases remain unnoticed by all. Though some perpetrators are strangers, children were found to be more commonly victimized by close relations. Parents, stepfather, stepmother, brother, cousin, brother-in-law, and uncle were identified as abusers by participants. Influential and socially respected people like teachers, religious leaders, police, and community leaders were also found to be misusing their power and/or status to abuse and exploit children. Study Children's Perspectives on Abuse: A study in three rural/urban communities in Bangladesh by Rachel Kabir and others showed that sometimes Children go to Certain people like Mother, Father, Elder brother, Elder sister, Dada, Dadi, Friends (educational settings), Friends (workplace) for Support, but very often

they were not treated as they explained the matter to their hopefully supportive people. At times, they are rebuked for such allegations. People from all platforms are against child abuse/ violence. However, children are being abused, and child rights are being violated at family and private levels, where, most often, children do not have any places to object/ complain. In different forms, children become the victim of abuse/ violence, either may be sexual or may be in other abusive forms. Abuse always starts with the use of verbal language, the form of passing comments with contents of sexual acts, talking about sexual organs, or referring to the female body in a vulgar manner. Looks are used to express a desire for a sexual act, such as physical movements (sign), and to gaze at a child with sexual intention indicated by the eyes, specifically winking. Other acts, such as the removal of a girl's scarf, were recognized by students and even teasers as Child Sex Abuse (CSA).

The understanding level, perception, and knowledge regarding child abuse and violence are sometimes responsible for child abuse and violence. A study on the Knowledge, Attitude and Behavior (KAB) of Child Sexual Abuse and Exploitation (CSAE) in Bangladesh conducted by Farzana Islam and Mehtab Khanam (2011) by adopting Finkelhor's model of the "Four Pre-conditions" to the occurrence of sexual abuse showed that the (Knowledge, Attitude and Behavior) KAB of students, teachers, parents, community members, police, religious leaders, child sex workers, mothers of child sex workers, street children, eve-teasers, young criminal offenders, community organizers, NGO workers and partners of SCI regarding the child abuse and violence are not identical.

A large number of people are unable to distinguish between affection and abuse. This makes it harder for children to get support when an act of abuse occurs. In poor families, where parents and children live in one small room, children are frequently exposed to adult sexual activities. This ignites children's curiosity towards sex and makes them interested in trying such things themselves, which may eventually contribute to Child Sex Abuse and Exploitation performed by or to them.

On the other hand, in wealthy households, unmonitored private space allows CSAE to occur quickly, but it also remains overlooked. Regarding child abuse protection, a study on Community Based Child Protection: Experiences of UDDIPAN and SCI, Conceptual Understanding on Community Based Child Protection System conducted by Uddipan showed that the 'Child-centered Community-Based Protection' (CCBP) method as an approach through which children, families, and communities can be active participants in promoting and protecting their children's rights rather than passive recipients of assistance. Psychosocial counseling, as part of the protection mechanism, is not defined. Protecting children from injury and unnatural death from drowning, road accidents, and falls from trees is, at best, sporadically addressed or discussed. Establishing poverty is a difficult task. Non-discriminatory intervention may allow children from poorer families to benefit from CBCP. An escalation of advocacy and programs to protect children from economic exploitation and child labor may make CBCP more oriented toward poor children and be able to help communities

out of poverty sustainably. The life-skill development of rural youth and the rehabilitation of children from hazardous work to dignified income-generating opportunities may contribute to poverty alleviation.

Global Capacity Building Workshop on Working with Boys and Men on Ending Violence against Children, 2007, Global Task Group on Violence against Children, Report by Savita Malla, Fahmida Shoma Jabeen, Ravi Karkara, and Neha Bhandari focused on the root causes of violence related to the process of construction of gender roles and gender socialization and masculinity. Not all boys are socialized to be violent, and the fact that not all definitions of being men imply violence gives us hope for changing the world we live in. Neither do all boys adopt these gendered behavior patterns, nor do they execute these roles all the time. Thus, it is important to identify and promote the many positives.

Children's Perspectives on Abuse

In a study in three rural/ urban communities in Bangladesh, Rachel Kabir and others showed that there are some Important Places and People in Children's Lives give the context in which children experience negative behaviors, namely, the most important settings in their lives and the key people in those settings. Certain places and people emerged as being of central importance to all children, irrespective of their gender, age, socio-economic background, and the setting in which they lived.

Contextually, it needs to be revealed that children with disabilities are more vulnerable to sexual abuse compared to physically and mentally stout children. A study on Explore the Vulnerability of Sexual Abuse and Exploitation of Children with Disabilities by Dr. Naila Zaman Khan (2010) in a country-level situation analysis showed the understanding of the vulnerabilities of sexual abuse and exploitation of children with disabilities (CWDs). The parents, community people, special education teachers, and even service providers have little understanding of the meaning of disabilities of children, concepts of child sexual abuse, the effect of child sexual abuse, and intervention for survivors of child sexual abuse. In most cases, parents are kept out of the side of their disabled kids. The most vulnerable factors are age, types of disabilities, economic status, region, working conditions of children with disabilities, etc. Lack of self-protection, social stigma and taboo, lack of education, attitude towards children with disabilities, unaddressed rights of disabilities in society, inappropriate knowledge and learning of sex and sexuality, and lack of social safety-net make children with disabilities more vulnerable than non-disabled ones. Whenever a disabled child becomes abused by others, there emerges fear, anxiety, and depression among them. When the abuse becomes public, there grows social stigma and injustice to the child's life and its family. Intellectually disabled children are the most vulnerable group than other groups of disabled children.

This research study was conducted to reveal that EMDR therapy can contribute with broad support toprocessing the maladaptive

information of Madras's students' traumatized experiences, especially those who were exposed to pedophilic people's activities. Students who experience contact with a pedophilic person become isolated or restless, inattentive in daily activities, and destructive in behaviors with peer mates, creating small gangs of delinquency. Show different deviant patterns of behaviors and destroy other objects indirectly, even directly. They unconsciously involved them in showing violent behavior, which was triggering other students to noncompliance, as the head Maulana (religious principal) has reported. Authorities used academic disciplinary action, reprimanded in front of the peer friend, and verbal control on this matter. Unfortunately, that was not appropriately addressed from its underlying origin. Also, cognitive distortion is the child's explanation to himself or herself of why the need was never satisfied, i.e., "Something is wrong with me," and/or determines how to protect himself or herself, i.e., "I'll get hurt if I ask for what I want" (Erskine, R.G).

Some teen students who have experienced contact with a pedophilic person suffer from the thought that 'something was very wrong with me' (Erskine, R.G). And they hardly cried, yelled, destroyed objects, or stole other things. And finally, it breaches organizational rules unconsciously. . They got the impression that, somehow, they were the victim of such injustice. Being abused or sexually molested by an older pedophilic person (those could be students, staff, or teachers), the memories appear to them as their traumatic memories at present. So, they as Knipe (2015) has stated here, "any mental action or behavior that functions to prevent the conscious emergence of post-traumatic disturbance can be regarded as defensive, and then some type of reminder of that trauma may occur, resulting in a flood of unexpected feeling. Such a person might have an immediate impulse to push the trauma material back out of consciousness by any means possible, and the result is a defense".

Students' stress has a terrific negative influence on their present thoughts, feelings, and behavior. They started with different types of processing of their thoughts, feelings, and behavior. Especially those who had the early manifestation of Attention Deficit Disorder or a history of ADD, ADHD, attention deficit and hyperactivity disorder, OCD (Obsessive Compulsive Disorder), Emotional and Behavioral problems, Grade Failure GF, and some cases of dropout. Trauma memories have the continuous capacity to make clients pathological. Thus, students' academic abilities and performance are highly hindered. They wanted to address these difficulties with professional support. After sexual asexual, it's hard to know how to react.

Generally, it may be physically hurt, emotionally drained, or unsure of what to do next. You may be considering working with the criminal justice system but unsure where to start. Learning more about what steps you can take following sexual violence can help ground you in a difficult time. They unconsciously engage in behaviors, e.g., Deliberate Self-Harming - self-harm or self-injury, usually when a person inflicts

physical harm on himself or herself, usually in secret, even openly. Suffered with sexually Transmitted Disease --A sexually transmitted infection (STD) is a bacterial or viral infection passed from one person to another through private parts or oral contact. Substance Abuse- If you are concerned that you're using substances in a way that could be harmful to your health or have concerns for someone you care about, consider learning more about the warning signs and places to find support. Dissociation – dissociation is one of the many defense mechanisms the brain can use to cope with sexual violence or even assault or molestation.

A panic attack is a sudden feeling of intense fear and anxiety that happens in situations when there may be no immediate danger. Students exposed to pedophilic people tend to be affected as they experience such injustice or sexual abuse and high levels of stress. Eating Disorder: Sexual violence may affect survivors in many ways, including perceptions of the body and feelings of control, and they may develop eating disorders. Symptoms of sleep disorders can include trouble falling or staying asleep, sleeping at unusual patterns or times, or sleeping longer or shorter than usual. Suicidal tendency: Students shared their planning to commit suicide or homicide or go crazy as a means of reaction and the effect of continuous blaming consequences.

Adult Survivors of Child Sexual Abuse

Child Victims or young students who experienced activities with pedophilic persons have the chance to become perpetrators revengefully but without awareness in their adult age as they had to compromise with the evoked situation, and they had no way of self-protection earlier. Children such as students of grades six to ten have no option to reveal or disclose their pain or fear to anybody, only to suffer. Recovering from sexual assault or abuse is a process, and that process looks different for different ones. It may take weeks, months, or years; the process has no limit or timetable for healing.

Studies suggest prolonged separation during critical developmental periods can impact cognitive development, including language skills and learning abilities. Along with these, children start unusual problems and behaviors. Children may act out as a way to express their distress. This could include tantrums, aggression, or withdrawal from activities. Some children may regress in their development, such as bedwetting or needing help with tasks they previously mastered. Difficulty with self-regulation: Children may struggle to manage their emotions and behaviors due to the stress of separation.

The severity of these impacts depends on various factors, including Individual Differences. Younger children are generally more vulnerable to separation anxiety. The longer the separation, the greater the potential for negative impacts. A supportive and nurturing environment can mitigate some of the negative effects. Some children are more adaptable than others.

According to a news report published earlier, a total of 496 children were raped

raped in the first six months of 2022, and among them, 53 were gang raped. The number of such incidents is rising alarmingly, and that is why many of us are urging the government policy level to implement stricter laws against that crime or make the existing laws stronger. But almost nobody still considers it as a disease or psychological disorder, giving many opinions, yet there are many controversies. This is because people in Bangladesh are not still aware of the need for proper sexual education. Until now, A considerable population believes it is taboo/prohibited to learn, discuss, or be taught about the topic. Behind these scenarios, the hidden existence and exercise of persons with Pedophile behavior are ongoing, which has a terrible effect on the young population's psychological condition and interpersonal level. Pedophiles don't have signs on their backs or neon arrows pointing over their heads. So, it's easier to believe that the "dirty old man in the park" rather than the clean-cut loving relatives or home tutor is a pedophile. Pedophiles aren't confined to outreach persons. They are everywhere in Protestant churches, temples, or mosques. Some are teachers, religious teachers, drivers, domestic helpers, counselors, scout leaders, authorities, and relatives from families and neighborhoods. In fact, they are wherever children can be found, irrespective of age, race, education, occupation, class, social standing, or income.

In Greek, 'Pedo' means child, and 'Phile' is a derivative of Greek, Latin, and French, meaning love. Pedophiles are popular with both children and adults. They appear to be trustworthy and respectable. They have good standing in the community and prefer the company of children. Feel more comfortable with children than adults. They are mainly attracted to pre-pubescent boys and girls. They "groom" children with quality time, video games, parties, candy, toys, gifts, and money. They manipulated children who seemed troubled and in need of attention or affection. He often dates or marries women with children that are the age of his preferred victims. Rarely forces or coerces a child into sexual contact, usually through trust and friendship. Physical contact is when a female pedophile usually abuses a child when partnered with an adult male pedophile and is often a victim of chronic sexual abuse. The mental effects of experiencing pedophilic activities can be severe and long-lasting. Gradually, they have developed PTSD.

Post-Traumatic Stress Disorder (PTSD): According to the American Psychiatric Association, PTSD is included in a new category in DSM-5, Trauma- and stressor-related disorders. All conditions in this classification require exposure to a traumatic or stressful event as a diagnostic criterion. The DSM-5 divides PTSD symptoms into four categories. These symptoms are associated with traumatic events. Each of the four categories includes a group of related symptoms. PTSD is defined as an anxiety disorder that develops in reaction to physical injury or severe mental or emotional distress, such as military combat, violent assault, natural disaster, or other life-threatening events. Having cancer could also lead to PTSD. The top five signs of PTSD are life-threatening events. This includes a perceived to be a life-threatening event. It is always an internal reminder of a traumatic event.

These signs of trauma typically present as nightmares or flashbacks. Avoidance of external reminders, altered anxiety state, changes in mood or thinking. Symptoms can include flashbacks, nightmares, intrusive thoughts, avoidance of the abuse, and hyper-vigilance.

Depression

Depressive disorder (also known as depression) is a common mental disorder (APA). It involves a depressed mood or loss of pleasure or interest in activities for long periods of time, poor concentration

- feelings of excessive guilt or low self-worth
- hopelessness about the future
- thoughts about dying or suicide
- disrupted sleep
- changes in appetite or weight
- feeling very tired or low in energy.

Depression can cause difficulties in all aspects of life, including in the community and at home, work, and school. A depressive episode can be categorized as mild, moderate, or severe depending on the number and severity of symptoms, as well as the impact on the individual's functioning. Feelings of sadness, hopelessness, and worthlessness are familiar to them.

Anxiety

Generalized anxiety disorder involves persistence and excessive worry that interferes with daily living activities(APA). This ongoing worry and tension may be accompanied by physical symptoms, such as restlessness, feeling on edge or easily fatigued, difficulty concentrating, muscle tension, or problems sleeping. They have lots of anxiety feelings, which can manifest generalized anxiety, phobias, or panic attacks.

As a result, to cope with the newness of the experiences, they dissociate (APA) themselves from others. Personally, they feel excessive shame and guilt and face difficulty in trusting others, even worthlessness and self-blame. Generally, through these terms, in the long run, they mainly face relationship problems. Building and maintaining healthy relationships can be challenging for them. Moreover, they have sexual problems in their adult stage. This can include difficulty with intimacy, sexual dysfunction, or unhealthy sexual behaviors. Experiencing pedophilic activities as a child can have a significant and long-lasting impact on a person's life. Some people may turn to drugs or alcohol to cope with the emotional pain.

However, these potential effects have no chance to occur in everyone's lives who has been abused. The severity of the effects will also depend on factors such as the age of the child when the abuse occurred, the duration of the abuse, and whether the child abuse has been reported and received any mental and physical support after the abuse ended.

Method

Study design

Cross-sectional descriptive study

Target population and sample population

The study was conducted among eight Madrasa students living in the areas of Mirpur, Uttara, Tinsho feet, Dhaka

- Study site and area: Mirpur 12, 13, Tinsho feet, Dhaka
- Study period: From January 2023 to May 2024m in a total of 17 months
- Sample size: The sample size for the study was 200, 100 boys and 100 girls
- age 13-17 Samples were collected purposively by the teachers of the respective Madrasa
- Grade 7th ---10th)
- Sampling technique: Selected by the class teachers, a controlled sampling technique was applied
- Data collocation tool: Pre-tested semi-structure questionnaire
- Data management and analysis plan: Data were collected by pre-tested semi-structured questionnaires and face-to-face interviews. Information on socio-demographic characteristics was also obtained.

Ethical consideration

- Ethical permission from the appropriate authority
- Informed consent
- Voluntary participation
- Maintain confidentiality
- Participants were allowed to withdraw themselves at any stage of the study. From an ethical context, this researcher promised the students and authorities that therapy sessions would maintain 100% confidentiality, so there was no chance to take any photos or video recordings.

Materials

1. Adult Attachment Interview (AAI, 2014) and Resources-Team (Egli-Brend, Hanna. 2014)
2. Robbie Adler Tapia & Maura Tapia's MY EMDR WORKBOOK 2008),
3. A semi-structured Questionnaire set for students' attentive engagement in the sessions.

Time

- 17 Months
- Session conducted: 10 -15 with each group

Data analysis strategy

Descriptive qualitative method

Background of the study

DDuring the training periods in EMDR in the years of 2015-16, this researcher used these tools to address emotionally disturbed behavior problems, cognitively delayed students who have low school performance and have shown many other non-specific destructive (though not ever diagnosed clinically) behaviors. From that experience, in January 2023, this researcher (M.B.) and seven Madrasa school teachers planned to conduct a program on the students who had reported destructive behavior at the Madrasa school. The reports were collected from years back. Day by day, the situation was increasing. So, teachers first selected 25 students from each center, in total two hundred (of 200), to have EMDR regular sessions on them.

There were some non-govt. Madrasa school, where in total students, both boys and girls, 2330 were residential. Four Girls Madrasa /school authority has requested me to conduct therapeutic sessions and motivational workshops to help the students increase their self-esteem and personal growth, especially for their academic development. Literally, it was requested to provide them guidelines on personality correction purpose and to stop their unhealthy behaviors, which include defiant, violent, fighting, aggressive, revengeful, and destructive behavior.

MY EMDR WORKBOOK (Adler Tapia & Maura Tapia's 2008), we used to introduce the children to EMDR protocols and teach them the skills to make them familiar with psychotherapy as a play pattern tool. So that they could be able to remove their pent-up feelings and get a chance to deal with strong negative emotions with awareness collectively, this researcher initiated her work with them in an exploratory manner. Translating from English to Bengali (Bangali is the national and native language) of Robbie Adler-Tapia & Maura Tapia's 'MY EMDR WORKBOOK (2008) to create a playful work setting for them.

Thirdly, we work on building resource teams to experience the group and enhance their willpower. This work provided them with an individual chance to feel safe in the midst of a big group. They were able to utter their own thoughts and feelings. Involving and engaging with junior and senior students without stress gave them a good somatic feeling and a deep understanding of their inner selves.

The 200 students aged 13-17 were recruited from grades 7th ---10th for this research. Not ever clinically diagnosed but treated with a non-residential, local general practitioner in minimum abnormal cases. They have a history of conduct disorder, according to the authorities; they were disobedient, deviant, violent, attacking mood, fighting, showing vengeance aggressiveness, frequently stealing others' objects, keeping secrets with denial, threatening each other, shouting, yelling, and damaging house property. These behaviors were also related to exam phobia and psychosomatic issues of illness, e.g., recurrent fainting, headache, dizziness, fever, chest pain, vomiting, breathing difficulty, or asthma attack. So they remain withdrawn during the exams and, after the results, are used to disobeying the housekeeper's commands, showing withdrawal, and sometimes restless behavior.

The 'questionnaire form' was designed, and the session was conducted to learn new words and their meanings. We have planned to keep the three-hour session attractive and playful with lots of fun and games. For that purpose, we created 'group discussion plots. Here, all students had lots of 'positive permission' (Crossman, G.). After the interval, with some refreshments and a break, we shared the 'questionnaire form' to fill in and were requested only to mark with a tick. Group work was done mainly to run the motivation work. I regularly took individual sessions for some of them after the session.

The treatment plan was designed carefully for the students only in groups. Students with the majority were addressed with their

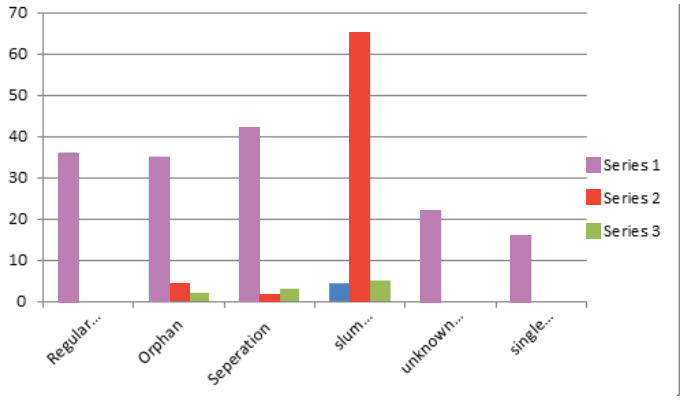
small 't' (In the EMDR literature, small 't' refers to small trauma. A person can have many small traumas, e.g. parental illness, grade failure, sudden accident with minor loss, break up in friendship or relationship) in the group, while clients with their big 'T'(In the EMDR literature, big T used to refer big trauma, e.g. death, parents' divorce, separation, accident with huge loss, abandonment, trafficking,)'s were treated individually. Here, new metaphorical words are used to make the group acquainted with those words' intentional meanings. They were allowed to visit their past events of trauma memories, to feel past traumatic experiences, and present worries, which often relate to unusual body sensations and future anxieties. Thus, they got their target memory and could choose their negative cognition and related body sensations regarding those events.

During the working days with the groups using the first, second, and third phases, plenty of work on Container exercise, making a Trauma Map, List of (PCs & NCs) Positive Cognitions and Negative Cognitions, Touchstone memories with associated body feelings, SUD the scales of disturbance and affect in the body, Cognitive interweaving, Checking VOC Bridge e.g. how much true the cognition). And Bilateral Stimulation (BLS) for understanding the essential protocols of EMDR.

Result

Figure 1 indicates that 65% of students have recovered from the said health issues, with physical comfort, 30% reported having no emotional disturbance, and now they are mentally sound. 38% reported reduced criminal behavior, like attacking peer mates or destroying or throwing things. Instead, they were newly engaged in watering plants, re-organizing household Items, and helping housekeepers. 32% of them reported themselves as stress or anxiety-free person. 40% reduction of low feelings, and the exam results showed that the students passed all subjects with 40-50% marks, while the other 35% progressed mildly.

Students' diversity in percentile rank %, among the 200 participants, regular family environment 36%, orphan was 35%, girls 20%, boys 15%, and separation in the parent 42%. And 65% among them are from slum areas and with single parents. Among them, 16% have single parents, and with a huge surprise, 22% do not know their parents; they are from neighboring families or adopted and are unaware of their family background. A maximum of them lived in socioeconomic conditions below average.

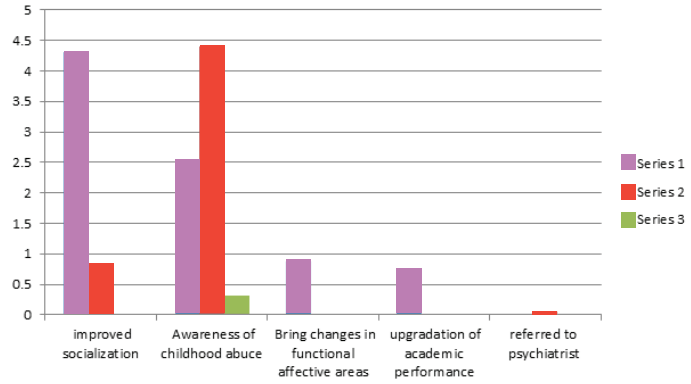


Students' diversity of several areas of living

Interactive behavior indicates their self-controlling capacity, being in touch with reality, and integrating their feelings, thoughts, and corresponding behavior. Improve interpersonal communication and expression by giving them frequent positive, unconditional, and conditional 'strokes' (Berne, E.). .). Others have significant improvement in social performance, like all they have seen with

regular school attendance, sharing teaching materials with peer friends, and technical views with peer mates as they communicate with interactive skills for social contact. 37% of the boys reported more than 3 to 4 events or image of physical/sexual abuse from childhood memories which they perceived as big 'T' and an injustice on them. The abuser was known as a relative, family member or friend, senior classmate, and teacher or religious teacher. The girls are not only the victims' boys but also have the same predicament. So, according to the girls we recruited, 35% have shown issues of abandonment with the same 3 to 4 events or images of physical/sexual abuse from childhood memories, which they said were their small trauma 't' and confirmed that the abusers were relatives with confidential. 40% have revealed attachment issues with primary caregivers; they perceived it as a big 'T' as some of them are abandoned. Some other parents were separated, divorced, absconding, or in jail imprisoned for life. Thus, these young students missed the proper emotional support. 15% of students have shown total numbness as their primary caregiver was the perpetrator. According to the report of class teachers, it is shown in the table below:

Improved Socialization	Awareness Of Childhood Abuse	Bring Functional Change In Affective Areas	Academic Performance Upgrade	Referred To Psychiatrist
82%	30%	87%	72%	06%



Students' diversity of several areas of living

As the research article was divided into three phases:

1. It discussed briefly the introduction of pedophile characteristics and its total prevalence and psychological impact on young children's minds.

Research Focus: This study investigates the potential link between underlying psychological problems in children and criminal behavior.

Theoretical Framework: The study explores the effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) therapy as a treatment method for these psychological issues in children.

The aim is to understand how addressing these underlying problems through EMDR might prevent future criminal acts. All these rearrangements clarify the research focus, the theoretical grounding, the chosen intervention (EMDR), and the potential criminological implications. It positions the research within the field of criminology by highlighting the connection between childhood mental health and criminal behavior.

3. Finally, the working plan through using EMDR tools to observe a comparison with the post and previous states of conducting the sessions. The

result was obtained through the children who have experienced pedophile activity in person using that individual questionnaire set privately.

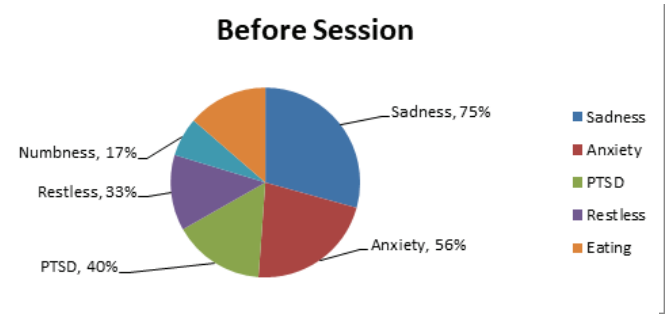
Prevalence and impact on young innocent children mind

The impact was about good touch, bad touch, verbal abuse or assault or sabotaging, threatening, or different types of manipulating the victims. For example, the question was to a student: Did the perpetrator threaten you before the abuse? Or do they plan it with you as a new means of something? Maximum's response was that it meant some game situation introduced by the perpetrator, yet they disagreed to play. They sabotaged them, saying that all secrets would be exposed to the authorities and others, and they would be punished and humiliated with the cancellation of school admission. Even they could report to the police. All these fears and fright shocked them. They panicked about themselves and thus lost self-control over others or the situation. Overall, the socioeconomic background of students impacted them in general:

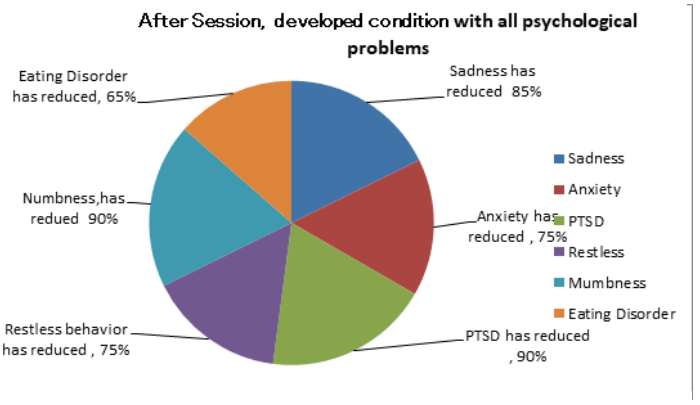
- Peer pressure
- Uncertainty about the future and
- Frustration with the education system
- Lack of social and emotional support mechanisms
- Impact on family and Society

Relating these issues with criminal act and criminological aspect

The questionnaire set was prepared (based on EMDR languages) for the group to get their personal information. Formally this questionnaire set was named it as 'A fun full session of learning new words with meaning' and the way of application and reflection on self". It was applied in a flexible manner. Each group member was suggested not to feel pressurized. Rather, while they thought they can fill it, they will fill the form, even can do any change as they wish for so they have given pencil and erasers. For each group provided sessions number were 10-15. Most sessions were conducted as motivation workshop for participant's personal development and growth sharing including each other's views. A lot of time has spent to explore the Child Examples of Negative and Positive Cognitions (EMDR Therapy- basic Training, Shapiro) in respect of the common self-limiting believes among the participants.



The previous state before sessions



The post state after sessions

Limitation

It is vital to conduct research work in a risk free environment is a necessity, but unfortunately the Madrasa authorities were ethically too strong to sustain the institutional regulation which helped not to disclose the internal measures but draws an evident based feature and facts only. It is needed to explore the environmental factors with deep exploration criterion for bringing positive change using several psychological instruments inside the institutions what may serve them productively.

Discussion & Conclusion

Bangladesh's National Budget has highly prioritized and emphasized the education and technology sector and considered it a vital force in achieving the Sustainable Development Goal. So, maximum support has been provided to reach that goal in the last ten fiscal years. However, the 100% literacy rate has yet to be attained in the school secondary examination, so there is a huge gap in reaching that target.

Dropout contributing the literacy rate

Overlooked dropouts can contribute to the literacy rate secretly and negatively. According to research, prolonged stress in a young child whose nervous system is still rapidly developing can profoundly affect neural growth, migration, and differentiation (Perry, 1994b). Apparently, normal children's bad feelings can be reflected in their past trauma-related memories, sensations, images, and cognition, and they are unable to articulate it in words, so all these put more traumas on their Trauma Map. The study was descriptive research, so the qualitative findings are as follows:

Acceleration of proper education and vocational training

Acceleration of proper education and vocational training with ecologically valid curricula in all schools is a must. The local authority should handle disorganized family systems (Social Welfare, Union Parishad, Victim Support Center, and Shelter Home).
Children with abandonment issues: Children with abandonment issues are of high risk internally and externally and need to be addressed by the Social Welfare Authority to rehabilitate them with proper basic needs. As only feeding and lodging can't be the solution. Safety, security, and overall protection from an internal and external perspective should be mandatory. For these purposes, all ministries and emergencies should have prioritized units to address the necessity individually or in a group approach. Flexible Madrasa environment with skill development training and occupational training

A flexible Madrasa environment with skill development and occupational training with patience can be a positive weapon to explore their innate capacities and potential. They can be addressed and treated by using EMDR protocol, with flexible school curriculum and technical models thus, it is possible to reduce the rate of young mental health problems, which has a terrific increasing rate in criminal activity (17%) and also subsequently correlates in progressing to the adult mental health problem issues (18%) according to the NIMH Survey, (National Institute of Mental Health Survey, 2020-22).

As the adolescents are present-oriented, predicting a brighter future and finding resources to cope with reality, using EMDR psychotherapy, this study revealed that the young generation has the capacity to become their own authority, to choose their options, and become their own mentor (based on observing their talent in practical session experiences).

A non-judgmental approach to teaching can help explore students' psychosomatic disturbance levels. Disturbance in a child also has a significant correlation with her parental dysfunction. Stigmatization and unawareness about mental health and educational rights lead this population to be more traumatized, stressed, and pathological. Young students' psychosomatic levels can be enhanced through EMDR therapy and offer them therapeutic assistance to minimize the difficulties they face day by day intra-psychically, interpersonally, publicly, and academically.

In the last stages, teachers expressed their need for EMDR therapy for their traumatic personal issues to be dealt with EMDR professional support. But earlier, when I politely asked them if they had students with emotional crises? They vigorously responded, 'No, no! We don't have any students with mental trouble'. Sorry to inform you.' was maximum Madrasa's response. So, I wanted to continue my work in a way that minimized their tension. Not in every sphere but in residential, public institutes like Madrasa's premises, still, there was a taboo to using the name mental health issue or support. In some instances, I have found that authorities may feel a threat to some security crisis.

Needs for Further Research

The probability of better learning, development with many more merits, and a bright future for young students depends on the new planning based on current information and technology. Reliable data on crime rates within Madrasas compared to the general student population is needed for a more accurate picture. Research on successful initiatives within Madrasas to promote student well-being and positive behavior management would be valuable. By understanding the issue's complexities and focusing on positive developments, we can move towards a more balanced perspective on Madrasas and their role in Bangladesh's education department and civil society.

In conclusion, based on these research results, I would say that further research may explore the young, vulnerable people's mental state who are struggling constantly with their surroundings. Additional studies are required to make a significant, widespread exploration of EMDR therapy by treating Pedophile activity-exposed populations in various unseen family and social setups. As therapists, we must be careful to view our clients as they deserve the ability to love, bond, excel, and, if they choose, find the desire to serve others. They deserve all the attributes that Maslow (1970) described as self-actualization.

Abbreviation

EMDR	Eye Movement Desensitization and Reprocessing Therapy
WHO	World Health Organization
AIP	Adaptive Information Processing
PTSD	Post–traumatic Stress Disorder

NIMH	National Institute of Mental Health.
STD	Sexually Transmitted diseases
BLS	Bilateral Stimulation
NGO	Non-Government Organization
UNICEF	United Nations International Children's Emergency Fund
CBCPC	Community Based Child Protection Committee
VAW	Violence Against Women
KAB	Knowledge, Attitude, and Behavior
CSAE	Child Sexual Abuse and Exploitation
GP	General Practitioner

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EMDR ASIA CONFERENCES

The first EMDR Asia Conference, held in Bali, Indonesia, from July 9 to 11, 2010, became the starting point for the formation of EMDR Asia. With the theme "Building bridges between East and West through EMDR," EMDR Asia, which has members from several Asian countries, is determined to develop EMDR Therapy in the Asian region and can join hands and cooperate with EMDR associations in Western countries.

The First EMDR Asia Conference, Bali 2010

The 1st EMDR Asia Conference in Bali, Indonesia

In line with the development of EMDR Therapy in Asia through EMDR training and humanitarian projects, EMDR Asia held the second EMDR Asia conference from January 10 to 11, 2014, in Manila, Philippines. Three years later, on April 21 – 23, 2017, EMDR Asia held the third EMDR Asia Conference in Shanghai, China, with the theme "Treating Trauma Through EMDR For Peace".

The 3rd EMDR Asia Conference in Shanghai, China

With the increasing development of EMDR Therapy in Asia, standardized EMDR training in Asia and the application of EMDR in various humanitarian activities have also become more sustainable. Following its development, EMDR Asia held the fourth EMDR Asia Conference in Bangkok, Thailand, from January 3 to 5, 2020, with the theme "Empowering EMDR Asia: Reaching the Unreached".

The 4th EMDR Asia Conference in Bangkok, Thailand

The global COVID-19 pandemic that peaked in 2020 did not dampen the spirit and efforts of EMDR Asia to continue developing EMDR Therapy in member countries of EMDR Asia through EMDR online Training. After going through the crisis due to the COVID-19 pandemic, EMDR Asia was finally able to hold the fifth EMDR Asia conference on December 15– 17, 2023, in Siem Reap, Cambodia, with the theme "EMDR Therapy, Rebuilding Hope." Unlike the previous four meetings, in which the conference was attended in person, EMDR Asia was held in hybrid mode, considering the transition period after the COVID-19 pandemic. In this way, EMDR Asia can allow participants to attend Siem Reap in person or online via video conference.

The 5th EMDR Asia Conference in Siem Reap, Cambodia

INSTRUCTIONS TO AUTHORS

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The Journal of EMDR Asia is dedicated to advancing the understanding of trauma and its multifaceted impact. We welcome original research, review articles, case reports, and clinical studies on topics including but not limited to:

- Psychological trauma (PTSD, anxiety, depression)
- Physical trauma (injury management, rehabilitation)
- Trauma in special populations (children, military personnel, first responders)
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- Title: Concise, descriptive, and specific.
- Authors: Full names, affiliations, and corresponding author contact information.
- Word Count: Up to 3,500 words.

2. Abstract and Keywords

- Abstract: 250 words max, structured (for research articles): Background, Methods, Results, Conclusion.
- Keywords: 4-6 keywords for indexing purposes.

3. Main Text

- Original Research: Introduction, Methods, Results, Discussion, Conclusion.
- Review Articles: Structured based on topics/themes.
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- Figures: JPEG or PNG (high resolution)

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- All authors listed have contributed and approved the final manuscript.
- Ethical compliance statements included.

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