POLISH ANNALS OF MEDICINE XXX (2017) XXX–XXX

Available online at www.sciencedirect.com
ScienceDirect
journal homepage: http://www.elsevier.com/locate/poamed

Case report

Application of eye movement desensitization and reprocessing therapy for cancer patients: A case study

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ARTICLE INFO

Article history:
Received 2 February 2016
Received in revised form
5 July 2016
Accepted 14 November 2016
Available online xxx

Keywords:
EMDR therapy
Breast cancer
Radiotherapy
Psycho-oncology

ABSTRACT

Introduction: The increase in cancer incidence and mortality calls for a search of effective methods to improve patient's quality of life and well-being.
Aim: The aim of this article is to present a case study that examined the application of eye movement desensitization and reprocessing (EMDR) therapy for a cancer patient.
Case study: The patient (Mrs B) was diagnosed with malignant neoplasm of the breast; and during her stay at Holycross Cancer Centre she decided to undergo EMDR therapy in order to deal with pre-existing feelings of helplessness and anxiety. She attended three 90-min sessions, all performed according to the EMDR therapy standard protocol. Furthermore, Mrs B's level of distress was measured using the distress thermometer and she filled in a problem checklist before and after the treatment. The target event, the worst image as well as positive and negative cognition were identified. Also, the validity of cognition (VOC) and subjective units of disturbance were measured before and after the therapy. Furthermore, the patient reported negative body sensations. Then, desensitization phase followed.
Results: The results of the therapy were: significantly lower level of distress and less problems reported. The patient did not feel any negative emotions or physical sensations and her VOC increased too.
Discussion: The results are discussed in relation to other studies and future directions for the research are suggested.
Conclusions: This case suggests possible advantages of EMDR therapy, demonstrating an improvement in patient's well-being in a short time.

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http://dx.doi.org/10.1016/j.poamed.2016.11.009
1230-8013/

Please cite this article in press as: Trznadel A, Grzybek P. Application of eye movement desensitization and reprocessing therapy for cancer patients: A case study, *Pol Ann Med.* (2017), http://dx.doi.org/10.1016/j.poamed.2016.11.009

1. Introduction

According to International Agency for Research on Cancer (IARC),[1] in 2012, 1.7 million women were diagnosed with breast cancer and there were 6.3 million women alive who had been diagnosed with breast cancer in the previous five years. Breast cancer is also the most common cause of cancer death among women (522 thousand deaths in 2012).

In clinical practice, cancer-related stress reduction is one of the biggest challenges for psychologists and psycho-oncologists.[2] Cancerophobia is still very common in Poland. Cancer is believed to be an incurable illness, which leads to death and is associated with pain, suffering and various side effects.

The aim of eye movement desensitization and reprocessing (EMDR) therapy is to help client learn from the past negative events, desensitize distressing current triggers as well as incorporate future templates, which will allow the client to excel individually and within his/her interpersonal system.[3] The therapy was successfully used with patients suffering from various diseases, such as fibromyalgia,[4] neuromuscular pathologies,[5] phantom limb pain[6] and phantom breast syndrome,[7] psychogenic pain[8] and also with cancer.[9]

2. Aim

The current case study describes the application of EMDR therapy with a breast cancer patient struggling with pre-existing symptoms of anxiety and helplessness, discusses possible benefits of the therapy for cancer patients and suggests future directions for the research.

3. Case study

The patient, Mrs B, was a 57-year-old female, divorced, with an adult son who was a student. She had a secondary education and she was an office worker. Mrs B was diagnosed with malignant neoplasm of the breast (breast cancer). Her overall condition was good and there was no contraindication for EMDR therapy. She was diagnosed with F43 – reaction to severe stress and adjustment disorders, according to the 10th International Statistical Classification of Diseases and Related Health Problems (ICD-10) (2016). The patient started EMDR therapy on October 17, 2012. She decided to seek therapist's help during her stay in Holycross Cancer Centre in Kielce, at the Radiotherapy Clinic. She attended three sessions (90 min each) once a week.

3.1. *Phase 1 – History and treatment planning*

Mrs B was diagnosed with F43, which is a reaction to severe stress and adjustment disorders.[10] The aim of the therapy was to deal with pre-existing feelings of helplessness and anxiety. During the first session, patient's level of stress was measured using the distress thermometer adapted by Życińska et al. with the agreement of American Cancer Society.[11] Distress thermometer is scored on an 11-point Likert scale from 0 (no distress) to 10 (extreme distress). Mrs B scored 5, which indicates that she was experiencing some distress that might had been affecting her life quite significantly.

Moreover, she filled in the problem checklist covering five main domains: practical, family, emotional, spiritual/religious and physical. The patient reported practical problems, such as child care, housing, insurance/financial problems, transportation and work. She also indicated emotional problems: fears, nervousness and worry; as well as physical problem, which was tingling in hands/feet. Mrs B did not report any family problems, spiritual/religious concerns or other problems. Additionally, she filled in Life Orientation Test – Revised (LOT-R) questionnaire. She scored 21 points out of 24, which classifies her as an optimist.

Mrs B was concerned that she will not recover from her illness and that she will be bedridden. She was also afraid of relapse. During the history taking, it was found that Mrs B felt similarly before. She stated that she had been 'living for others' for the last 40 years. Events, which caused that feelings, were: taking care of her 80-year-old mother as well as taking an university entrance examination when she was 19 years old. It was determined that the touchstone memory, which she recalled and which was experienced similarly to present problem, was the feeling of anxiety that she will not pass her exam. Because of the strong feeling of helplessness and anxiety, she failed. Since the patient's past memories were the reason of her disturbing feelings, whilst the ongoing cancer diagnosis and treatment were just present triggers, it was decided that the memory of the exam would be the therapy's target.

3.2. *Phase 2 – Preparation*

Mrs B was already familiar with the procedure as her acquaintance had undergone EMDR therapy, so there were no problems with the preparation. The patient practiced 'safe/calm place' exercise.

3.3. *Phase 3 – Assessment and reprocessing*

Second session involved presenting the target event and identifying its aspects. Mrs B's target event was taking a university entrance examination when she was 19 years old. The worst image was the end of the line for the exam. Her negative cognition connected with the event was: 'I am helpless,' while the positive cognition (PC) was 'I can manage.' On the 1-to-7 validity of cognition (VOC) scale,[3] where 1 equals 'completely false,' and 7 equals 'completely true' she rated her positive belief to be 4. Emotions that the patient felt were fear, anger and anxiety. On the 1- to-10 subjective units of disturbance (SUD) scale,[3] where the 0 is neutral and 10 is maximal distress, Mrs B estimated her disturbance to be 5. What is more, the patient reported disturbing physical sensations throughout her body.

3.4. *Phase 4 – Desensitization*

Then, the desensitization phase followed. Eye movement bilateral stimulation was used, and each set lasted roughly 20–30 s. Mrs B's level of SUD decreased from 5 to 0 in around 0.5 h.

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