REACHING THE UNREACHED: AN OUT REACH TO TRIBAL SETTLEMENTS

Sany Varghese * Gincy Mathew Mary Mathew*****

INTRODUCTION

Eye movement desensitization is a therapeutic approach (Shapiro,1989) developed to resolve the symptoms resulting from unresolved trauma, distressing events, exposure to natural disaster, or childhood trauma(Lee and Cuijpers,2013). Thus it is a valid treatment method for PTSD and it is recommended for children, adolescents, and adult by WHO in 2013. Positive effects of this treatment procedure have been scientifically reported under well documented researchers (Van den Hout and Engelhard, 2012). Shapiro (1995) explains that it results from catalysing a rebalancing of the nervous system and it leads to shifting of information that was dysfunctionally locked in the nervous system. EMDR though started out as a therapy for trauma recovery, therapists across the globe began to use it as an effective tool for a wide range of disorders (Van den Hout etal,2001).However they have reported that in many conditions clients are not only tormented by disturbing memories, thoughts and images of past aversive life events, which are stored in the 'retrospective memory' but also by irritating, disturbing, unpleasant thoughts and images about possible future outcomes, which are located in 'prospective memory'. Thus retrospective memories have the characteristics of flashbacks and prospective memories have the characteristics of flash forwards. Further, Working Memory theory says flash forwards have similar impacts as flash backwards (Engelhard, Vanden Hout, Janssen & Berk, 2010); (Engelhard etal,2012). This shows the importance of adverse effects related to future oriented mental images (Brewin, Gregory, Lyston & Burgers, 2010). Theory of working memory and theory of inter hemispheric communication are postulated and hypothesized to test the effectiveness of EMDR. Gunter and Bodner, 2008 reported that bilateral stimulation increases inter hemispheric communication, irrespective of the sensory channels being used to stimulate inter hemispheric communication as long as the stimulus is rhythmically left, right and alternating.

Eye movement Desensitization and reprocessing-interactive-group treatment protocol (EMDR-IGTP) had been used with children and adults since 1998, after hurricane 'Pauline' ravaged the western coasts of Mexico in 1997, in numerous settings around the world for thousands of survivors of natural or other calamities. Given the pervasive negative mental health effects from natural calamities and related traumas, the possibility of EMDR as a comprehensive intervention to promote healing and enhance resilience in the post disaster phase has received important global implications(Shapiro,2009). Jarero, et al (2011) viewed it as a key to early intervention and a brief treatment modality. It thus promote adaptive processing of trauma memories and may prevent sensitization or accumulation of negative associated links, thus promoting mental health and resilience, and reducing suffering and later complications (Shapiro,2009). Aduriz, et al (2009) reports that IGTP protocol compares favourably with other group treatment protocol in terms of time, resources and results. The IGTP protocol combine the eight standard EMDR treatment phases (Shapiro 1995,2001) with a group therapy model and uses the

butterfly hug originated by Artigas as a form of self administered bilateral stimulation (Artigaz, et al, 2000). The theoretical rationale for modification to this group protocol was based on the AIP model (Shapiro, 2001).

State of Kerala in India has witnessed a devastating natural calamity in the form of flood and landslides in August, 2018. Wayanad district is one of the most affected area, typically known for tribal settlements, where hundreds of people died and thousands lost their life time settlement areas. The presenters visited the location where a group of adolescents where addressed on 17/5/2019 at a NGO providing residential care system. EMDR-IGTP session was conducted in an NGO in Thonichal, Wayanad. The institution up brings the tribal children, adolescents and youth, those who are dropouts and facing tragic life events. A group of 55 adolescents consisting of 15 to 18 years of age from various courses for self employment by imparting skills in computer, stitching etc were the participants of the study. The induction part of IGTP protocol was briefed, the causes and symptoms of stress were explained, and different types of soothing methods like abnormal breathing and safe place were taught. Distress level at each stage after self administered bilateral stimulation was self rated. EPTS were present while conducting IGTP session. Many of them reported relief towards the end of the session. The high risk population was identified and still on follow up session with intervention evaluations.

METHOD

AIMS AND OBJECTIVES

1. To explore the percentage of cases with maximum subjective unit of distress on the initial reporting for IGTP sessions.
2. To explore the percentage of cases having '0' distress score before processing.
3. To explore the percentage of cases showing '0' distress score after processing.
4. To explore the percentage of cases showing decrease in distress score after one IGTP session.
5. To explore the percentage of cases showing increased distress score after processing.
6. To explore the percentage of cases showing no change on post scores of distress after processing.

PARTICIPANTS Fifty five children from tribal settlements (15-18 years) from Wayanad district of Kerala State of India with Malayalam as first language who were in the residential care for skill installation, have expressed their interest. 46 children expressed their willingness and assent was collected from home, who appeared for the study after briefing and IGTP procedures were initiated.

DESIGNS Study had pre post design. Self administered bilateral stimulation- the butterfly hug was done following the procedures of the IGTP in the group. Serial evaluation of the SUDs were recorded and analysed. Percentage was done to analyse the data meaningfully.

MATERIAL IGTP protocol required a space to conduct the group orientation. White sheets and colour pencils were given to the participants as described in the procedure. Following that instructions were

followed and ratings of subjective units of distress after each processing were entered by the client group.

PROCEDURE An important part of the procedure includes the recalling of traumatic memories by the clients while making butterfly hugs as bilateral stimulations based on API model. EMDR IGTP protocol is administered by an EMDR Clinician who took the lead and assisted by other clinicians as EPTs who were also trained in this protocol. The emotional protection team (EPTs) are of great help to the children to write their name, age, date, subjective disturbances (SUD) and also helps them to be in track with appropriate tasks and emotions. Procedures took 90 minutes. A team of three clinicians, one leading the protocol and two doing the EPT treated 46 children out of the 55 children who attended the initial 30 minutes briefing.

RESULTS

Table 1: shows the percentage analysis of male and female children participated in the study

Total cases	Number of female cases and %	Number of male cases and %
46	n 38 83 %	n 8 17 %

Table 1 shows that 17% of the participants were male children and 83% of them were female children in the IGTP session.

Table 2: shows the percentage analysis of cases who have reported maximum distress score '10' on initial reporting

Total Cases	No of cases showing '0' distress score in the initial level	%
46	10	21.74%

Table 2 shows that 21.74% of children out of the 46 cases had maximum subjective unit of disturbance at the beginning of the session. Ten cases have reported maximum SUD of 10.

Table 3: shows the percentage analysis of cases showing '0' distress score before IGTP session.

Total Cases	No of cases	%
46	0	0.0

Table 3 shows that 0% of children reported 0 distress score on SUD rating in the initial stage of IGTP. This indicates all children had at least some amount of SUD reported at the initial stage of IGTP.

Table 4: shows the percentage of cases showing '0' distress score after processing

Total Cases	No of cases showing '0' distress score after processing	%
46	7	15.22

Table 4 shows that 15.22% of children showed '0' distress score after complete session of IGTP. 7 children represented complete relief reporting 0 SUD score.

Table 5: shows the percentage analysis of cases where there is a decrease (low distress) in distress scores after one IGTP session

Total Cases	No of cases showing '0' distress scores after one IGTP session	%
46	39	84.78

Table 5 shows that 84.78% of children reported a decrease in distress score after processing. 39 children reported relief after processing.

Table 6: shows the percentage analysis of cases showing increased distress score towards end of IGTP session

Total Cases	No of cases showing increased distress score	%
46	2	4.35

Table 6 shows that 4.35% of children showed increased distress score after processing. Only 2 children reported that they have increased distress after processing.

Table 7: shows the percentage analysis of cases where there is no change on the pre and post test distress score

Total Cases	No of cases where there is no changes in distress score after IGTP session	%
46	5	10.89

Table 7 shows there are 10.89% of cases where there is no exchange on the distress score between pre post tests. Only 5 cases remained without any change.

DISCUSSION

The sample had 8 male children and 38 female children who were facilitated for care and protection by the institution. The very fact that female gender outnumber the population in Kerala justifies the skewness observed in the availability of sample. It is observed that 21.74% of cases expressed maximum subjective unit of distress. It is reported that a WHO review of 129 studies in 39 countries showed that 22% of the population are affected with burden of mental disorders after any disaster. This study also shows that 21.74% of the sample experienced maximum subjective psychological distress after the disaster. It was also an important finding that there were no children who had no subjective distress reported. 15.22% of children who followed the protocol reported '0' rating in the subjective unit of distress, which indicates a complete recovery from subjective distress. 84.78% of them reported a decrease in distress which indicates the relief they experienced from the trauma as it was an early intervention. Review on efficacy of EMDR IGTP shows that bilateral stimulation increases communication between both hemispheres, there by enhance the ability to remember and process an aversive event while not being sensitively aroused (Gunter and Bodner, 2008). There are reviews, which says the capacity of working memory is limited (Baddley, 1998) and when two simultaneous tasks taxes working memory, the tasks compete for its limited capacity. The consequence is explained by Andrade

et al, 1997, that the memory of any traumatic events or even mildly negative memories became less vivid and less emotional. In a next step the memory becomes labile, meaning, the events during recall influence how the memory is restored. According to working memory theory, all emotional memories should lose their vividness when working memory is taxed during recall. Working memory theory also suggests that, people with low working memory capacity should benefit from bilateral stimulations. Therefore, the individuals who are more distracted by bilateral stimulations or other dual tasks with low working memory capacity benefit more from EMDR type procedures (Van den Hout, Engelhard, Beetsm, et al, 2011; Van den Hout et al, 2010).However 4.35% of children reported an increase in distress score and 10.89 % of children reported no change in distress after the IGTP session. It also imply the existence of an inverted U in theory of working memory, that not taxing working memory or heavily taxing it during the recall does not change the memory, but taxing at a level somewhere in between does produce the effects (Engelhard, Van den Hout and Sweets, 2011). Therefore those children were placed in schedules for individual care and attention to further rule out the cause and effect.

CONCLUSION

Majority of the children attended the IGTP session have reported significant relief in reducing their subjective distress. Only a few of them (2 children), reported an increase in distress and a few of them (10 cases), reported no change in their distress. These children were referred for individual therapy.

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Author affiliation

*Clinical Psychologist Higher Grade, Govt general hospital, Kottayam.

** Director and Psychologist, Raining Trees Counselling and Psychotherapy Clinic, Kochi.

*** Director and Psychologist, Jana Soukhya, Wayanad.

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