EMDR in the Time of the COVID-19 Pandemic in India: A Short Report

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During the period of the COVID-19 pandemic from the start of 2020 till late 2021, mental health services—seeking and providing—have gone through various changes and adaptations. In this article, we report on eye movement desensitization and reprocessing (EMDR) psychotherapy service providers in India, and how they adapted to the changing circumstances during this time, using a narrative enquiry approach.

Keywords: EMDR; India; pandemic; COVID-19; short report

During the period of the COVID-19 pandemic from the start of 2020 till late 2021, mental health services—seeking and providing—have gone through various changes and adaptations. In this article, we will focus on eye movement desensitization and reprocessing (EMDR) psychotherapy service providers in India, and how they adapted to the changing circumstances during this time. Since the pandemic is still recent, and not much has been published on EMDR treatments in India during this time, much of the review included in this article has been written based on the practice and experience of the first author.

EMDR in India

India has few financial and human resources available to respond to the mental health needs of the people, thus considered a country with a high mental health gap (Patel et al., 2016). The mental health sector, for a long time, did not receive much attention or public investment, while EMDR therapy has only relatively recently been introduced and disseminated, as continuing education for professionals, and to a limited extent for students at a post-graduate level. Mental health professionals—psychologists, psychiatrists, counselors, and social workers—have been trained in India in EMDR psychotherapy since 1999 (Mehrotra, 2014), and have made significant contributions after natural disasters struck, especially after the 2001 Bhuj earthquake, the 2004 Asian tsunami, the 2014 Kashmir floods, and the 2018 Kerala floods (Gelbach, 2014; Mehrotra, 2014; Mehrotra & Purandare, 2017; Purandare, 2020). Currently, most of the therapists practicing EMDR are located in cities such as Mumbai, New Delhi, Bangalore, Chennai, Varanasi, Srinagar, and Kochi, where the basic trainings have taken place, as well as in areas nearby. They work predominantly in settings such as private practices, mental health clinics, schools and colleges, non-governmental organizations (NGOs), hospitals, and corporates. Currently, about 500 therapists have been trained and about 200 are practicing EMDR in India, while continuous trainings are held to disseminate the method further. Overall, the therapy as a response to trauma and other psychological issues has been gradually gaining more acknowledgement in India, as well as in other parts of Asia (Mehrotra, 2014).

With the onset of the pandemic, there was an increase in the demand for mental health professionals working with trauma, due to the large-scale loss people were suffering, as well as the dramatically

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changing and stressful living conditions in which people found themselves. It seemed relevant to observe the experience of a community of therapists practicing a therapeutic modality recommended for working with trauma (World Health Organization [WHO], 2013). This short report is the documentation of observation of the community of therapists practicing EMDR psychotherapy in India from March 2020 to October 2021.

Methodology

To understand and organize the material, a narrative enquiry approach was chosen with a timeline perspective. We chose to provide a narrative quality to the enquiry, reporting mostly from the perspective of the first author, in order to obtain a preliminary view on the state of EMDR in India, almost two years after the start of the pandemic in India. The first author works as a counseling psychologist in private practice in India and has been working with EMDR for the last twenty years. As a keen observer and supporter of the development of EMDR in India, she has witnessed various changes in the work field, ever since COVID-19 shook up the country in 2020. The current report is based on her own observations and those made during conversations with colleagues, and during trainings and consultations. Additional observations have been drawn from the annual report of the national association of EMDR and information and thoughts shared in group forums of practitioners.

Findings

The Initial Phase of the Pandemic and Lockdown

The WHO declared COVID-19 as a Public Health Emergency of International Concern (PHEIC) in January, 2020, and as a pandemic in March, 2020 (The Lancet Public Health Editorial, 2020; WHO, 2020). In order to contain the spread of the virus, most governments, including the Government of India, put up guidelines for social isolation, quarantine, and distancing. COVID-19 has put a lot of strain on the already-fragile health systems of Low- and Middle-Income countries (Krubiner, 2020; Riley et al., 2020). In the context of COVID-19, issues of stress, anxiety, and depression increased rapidly in India as a consequence of people suffering personal losses, economic instability, and social isolation. In the initial phase, when most of the population was staying at home, but had not yet figured out how to proceed with work and were in a state of high alert, the demand for mental health professionals in India started to rise. Many people, who were relatively mentally stable, accessed the services after having put it off for long as life was busy and difficulties somewhat tolerable, while others with pre-existing mental health conditions sought therapy as symptoms exacerbated (Roy et al., 2021).

EMDR therapists looked for guidance from various sources, such as local colleagues who were working online for many years prior to the pandemic (the first author being one). Other sources of guidance included articles and videos published by EMDR therapists or organizations abroad who were coming up with possible modifications in service delivery, especially of implementing bilateral stimulation (BLS), or guidelines, including EMDR International Association (EMDRIA)'s guidelines (EMDRIA Virtual Training and Therapy Task Group, 2020). For some therapists, the national association's warning to therapists in previous years against using EMDR online might have been a source of confusion. Even when queries about the use of EMDR online was posted in discussion forums, there was no official answer from the local association. A number of therapists dropped the use of EMDR, or the BLS component, out of concerns, such as the potential decompensation of the client, especially since many clients were showing signs of regression. An example of regression was exhibited by a client who was actually at a point where she contemplated terminating the therapy, or taking a long break, when the pandemic struck. Suddenly she was having nightmares related to a near-death experience and was experiencing high anxiety related to her death and the death of loved ones, which were worked upon in therapy earlier. There were similar concerns about working online with clients with dissociative disorders. Many clients who were successfully processing trauma memories were suddenly showing symptoms that called for stabilization work. For example, with a young adult client, the memory of boundary violation by an internet acquaintance years ago was being processed. As the news of the increase in the number of infections and deaths in her neighbourhood started coming in, she was having difficulty sleeping and was having nightmares with scary scenes from a doomsday movie she had watched as a child. Stabilization methods of orienting to the present and anxiety management were then practiced. In these circumstances, some EMDR therapists increasingly used other therapeutic modalities that they were familiar with such as cognitive behavior therapy (CBT) or somatic therapies, which they found safer or more comfortable to use remotely.

As for the circumstances clients were in (as seen in the clinical work of the first author), particularly for those living in the cities, the space at home was proving to be too confining. Many young adult clients moved back from living independently from the place of work to the home of the family of origin, because of financial reasons or because of family's pressure to be with them. This seemed to cause regression in the therapeutic journey as the family members' unhealthy behavior patterns and other stressors were prevalent at home. The unhealthy patterns would include, for example, intrusion by immediate and extended family members, conflicts over household decisions, or general failures in the intimate relationship dynamics of family members. Women turned out to be particularly vulnerable trying to balance the various extra caring and working duties that would disproportionally fall on them (Mathews, 2020). It was notable that health professionals working in the front line, such as doctors, increasingly sought therapy during this time (see also Gupta & Sahoo, 2020). A case from the first author's practice briefly illustrates a common struggle young adults were facing during the pandemic, of a sense of less freedom when they moved back home from their places of work. In this case, the Adaptive Information Processing (AIP) model of EMDR therapy was used for case conceptualization. According to the AIP model, current difficulties are shaped by the earlier experiences stored in memory, with the affects and beliefs related to the experience. Current stimuli can bring up these embodied negative affects and beliefs (Shapiro, 2018).

Case Example. Asha, a 26-year-old single woman entered therapy online during the pandemic, feeling very frustrated about having to balance work and home life after having moved back from her workplace in a big city to her home in a small town. She returned to her family, where many generations lived together in one house. She moved back home because the family did not want her to be living alone when the pandemic started. She felt that her freedom as a single, earning woman was curbed by her relatives' expectations of her behavior and their cultural practices. Moving back also brought up unresolved memories of the death of her mother. She experienced her father as overly controlling her lifestyle. She thought that he was unreasonable in denying her request to install an air conditioner in her room, even at the peak of summer.

The sense of helplessness that Asha often experienced was collaboratively chosen to be addressed in therapy. An event from Asha's recent past where she experienced helplessness was when she communicated to her father that she wanted an air conditioner installed in her room, and he declined the request. The negative cognition "I am helpless" was associated with this specific event, and some past experiences as well. On exploring past experiences, she accessed a memory from the age of 8, which she was ready to work with. In that memory she felt trapped in a room, watching her parents argue intensely. During the reprocessing of this experience using EMDR, and in the following days, Asha had many insights. One insight was that she, as a child, had imbibed her mother's animosity towards the father. Another was that she was blaming her father for her mother's death (after a prolonged illness) which happened when Asha was 14 years old. These helped her to understand the origin of her animosity towards her father and to not see him as the villain in the present. She was then able to communicate her request for the air conditioner to him in an empowered manner, and also able to consider his and the family's suggestions for alternate arrangements to meet her need for a cooler room to work in. The therapy work is ongoing, but she continues to feel more connected to her father.

Despite the additional difficulties emerging during the pandemic, some patients actually chose to reduce the frequency of sessions or discontinued, mostly because of financial instability or losing jobs (which were also sources of extra anxiety). In response, some therapists helped to find external funding to continue therapy or referrals to NGOs for clients who could not afford to continue with a private therapist. During this initial phase, the short self-care protocol for coronavirus (SCP-C) developed by Gary Quinn was one of the methods that became popular, to help individuals with anxiety about the coronavirus quickly (Quinn, 2020). The EMDR Association in India, along with Gary Quinn, trained EMDR professionals in India for free to use this protocol in a large-scale humanitarian effort, in response to the pandemic stress, and invited them to participate in a research project where about 90 EMDR therapists volunteered in the context of the Trauma Recovery Network across India (Annual Report, EMDR Association in India, 2019–2021).

From being a taboo subject in India, mental health was coming to the foreground during the pandemic times. "Trauma" became a buzz-word, as COVID-19 and its aftermath were being seen as trauma. As in typical traumatic events, what was happening related to COVID-19 was sudden, unexpected, and beyond the usual coping resources, for people. In addition, access to the support system was largely cut off, because of the distancing protocols. People were actively seeking

the services of mental health professionals, especially from trauma-informed therapists. Since EMDR was a known trauma therapy, easily found in internet searches, clients themselves increasingly sought the services of EMDR therapists. Some clients were referred by their current mental health professionals specifically for trauma treatment, to EMDR therapists. The location barrier had disappeared when online therapy started. Soon, it became very hard to find EMDR therapists in India with openings in their calendar.

The Phase of the Second Wave and Its Aftermath

In the unprecedented crisis of the second COVID-19 wave in India—the worst period of the virus, lasting between March 2021 to May 2021—the number of cases of COVID-19 and deaths were towering, especially in large cities in India (Ranjan et al., 2021). Many mental health professionals were going through their own illness or the illness and death of family members, friends, and neighbors, struggling to find hospital beds or medical supplies, while also trying to respond to the increasing demands from the profession. Burnout among professionals had already been identified as a serious risk factor during the first wave of the virus (Joshi & Sharma, 2020), but the burden for mental health professionals probably increased further during this second wave.

Many people were seeking support for grief, for themselves or their loved ones, including for children who had lost both parents. Some EMDR therapists prepared to do group work in these times, including grief therapy, with group protocols. Some helped navigate complicated grief using EMDR in combination with models such as Internal Family Systems (IFS; Twombly & Schwartz, 2008). There was also demand again for the SCP-C protocol (Quinn, 2020) services at this time, due to heightened anxiety and helplessness. EMDR-related protocols such as ASSYST (Jarero, 2021) or Flash (Manfield et al., 2017) have also been reported as being used for quick emotion regulation.

Therapists working with children creatively devised ways to work, in the absence of the safe play room at the therapist's office. Ideas by EMDR and other child therapists worldwide (e.g., Gomez, 2020), spread through social media, were brought to use, and parents were stepping in as co-therapists. When curious siblings or pets came into the room or when parents were fighting outside, therapy needed to take those into account. The EMDR-IGTP protocol (Jarero et al., 2006) was reported to be used with children and parents together.

Incorporating Pets in Therapy

It was found that many clients with pets chose to have the pet, especially dogs, in the room during therapy sessions. When the client was overwhelmed, the pet dog often seemed naturally attuned to sensing this and would come to soothe the client. Sometimes, for resourcing, therapist asked the client to look at or to stroke the pet dog or cat that was in the room and notice the soothing feeling in the body and then to do the BLS. Pets also helped in building rapport with new clients in the context of online therapy, as introducing the pets (on the side of the therapist or of the client) helped to break the ice and bring in a feeling of trust in a new therapy environment.

Planning for Group Work

Especially in the second phase of COVID, where there were many requests for grief therapy and very little availability of therapists, some therapists contemplated conducting group EMDR work for grief. Plans were made to use the EMDR-IGTP protocol (Jarero et al., 2006) for this work, which was considered conducive for online work. Participants, while going through the group protocol, could work on their individual losses. In brief, the protocol started with participants thinking of a good experience, drawing it, feeling it in the body, and doing BLS multiple times to strengthen this "resource." The next step involved the participant thinking of the traumatic event, making a drawing, and writing down the Negative Cognition (NC), emotions and Subjective Units of Disturbance (SUD), followed by BLS in the form of 'butterfly hugs' (self-administered BLS near the clavicles) to process the memory, guided in group by the facilitator. They would repeat the drawing-writing-and-BLS four times, before closing the process with the resource installed earlier. This method, and other EMDR group protocols had been used before, especially after disasters worldwide, but the pandemic time was an opportunity to bring mass healing through these less-intense, and highly scalable and evidence-based methods (Karadag et al., 2021; Manfield et al., 2021; Moench & Billsten, 2021). In India in the past, group therapy or peer support groups have not been as popular as in the West. Facilitated peer groups seemed to become more used during the pandemic, especially for processing grief, and in therapists' self-care.

Therapist Self-Care

During the pandemic, one regularly discussed topic in many circles was how the therapist might be experiencing similar difficulties to what the clients were going through, for example, fear of falling ill or losing a loved one, tending to the those around, isolation, lack of support systems, grief, etc. Secondary traumatization was also increasingly observed among therapists, or therapists felt the risk of experiencing these phenomena. Self-care is a crucial element of therapy for therapists to avoid overwhelm and burnout, and became even more so in the context of the pandemic. Individual and group processes were increasingly offered and practiced. Some EMDR therapists used self-administered EMDR for processing the various triggers that came up during sessions. Some joined international consultation groups to talk about concerns related to COVID-19 as well as to discuss aspects of their therapy work. For some, regular attendance at support groups, meditation programs, or educational programs seemed to bring a sense of connection and support. In addition, EMDR therapists using their hobbies, such as writing poetry or painting, was highlighted in the community.

Continuing Education and Skill Development

One of the areas to which mental health professionals were drawn during the pandemic time was offering and receiving education. Many EMDR professionals offered webinars on topics such as stress management, parenting or grief, through platforms such as Facebook live, YouTube, Instagram, and Zoom. EMDR professionals were also invited to give introductory webinars to students and colleagues in the fields of mental health about EMDR through colleges, and continuing education programs held by mental health organizations such as Indian Psychiatric Society chapters. Other organizations and groups that sought education and support from EMDR professionals on trauma included women journalists, mental health support groups, and NGOs. A few professionals also conducted workshops and study groups on trauma. Some wrote articles to educate the public on signs and symptoms of trauma, and other relevant topics. Social media was widely used to create awareness.

EMDRIA's annual conference, and other online conferences, webinars, and workshops, on trauma and EMDR, especially when offered for free or for affordable rates online, were attended by EMDR therapists from India.

EMDR Training and Consultation

The basic trainings in India are organized by the EMDR Association in India. Trauma Recovery / EMDR Humanitarian Assistance Programs USA (EMDR HAP) and dedicated mentors, including, notably, Dr. Rosalie Thomas, have been supporting the EMDR community in India to develop the association and to develop local training teams. Within years, with the support of EMDR bodies in USA and Europe, EMDR India leadership, spearheaded by Dr. Sushma Mehrotra, has also been active in developing EMDR Asia and developing collective standards for training in Asia, in association with other national or regional EMDR bodies in Asia. Training for potential trainers, facilitators, and consultants have been happening in Asia, during the EMDR Asia conferences in recent years. After the Asia conference in Bangkok in January 2020, with the skill-enhanced and expanded training team for India, many trainings for the year were planned. As the pandemic struck, it took a while to re-orient to the new reality and start the training online. Three Part 1 and two Part 2 EMDR Basic trainings have been conducted from November 2020 to October 2021, with about 10–25 participants each. Adaptations in the training were made, to be conducted online, and to teach the trainees to do therapy online. A few Asian countries joined as observers during the trainings. A few specialty trainings open to EMDR practitioners in India and Asia were held occasionally during the pandemic in topics relevant to the times such as using EMDR with OCD clients, and using EMDR online.

The consultations for the basic training have been offered by the training team of EMDR Association in India, in an online group format for many years, and continued during the pandemic. The new trainees were seen to be more free with the use of online media for delivering EMDR, since they were trained that way. Peer consultations and study groups were held by interested practitioners. Ongoing consultation in groups with senior trainers from abroad also continued. The annual conference of the national association usually held in the first quarter of the year was not held in the years 2020 or 2021.

EMDR Community Connection

There was already a group set up on WhatsApp Messenger App with members being those who had completed the basic training. The group, with 140 members, has representation from many regions across the country, from Kashmir to Kerala and from

Gujarat to West Bengal. Members shared resources, asked questions, sought referrals, and posted announcements of activities or achievements, with a sense of community. The resources shared included links to EMDR and trauma-related articles, book recommendations, links to conferences and workshops, self-care tools, etc. Some colleagues expressed the concern of lack of time to catch up with reading. The community also collectively prayed for the recovery of a young colleague and mourned her death. The death of a senior colleague, Prof. Dr. B. L. Barnes, who was instrumental in forming the national association in India, was also mourned.

Summary

As the COVID-19 pandemic pushed the world population into new ways of living, India saw a surge of therapy seekers, as mental health lost its taboo status and came to the foreground. EMDR therapists in India catered to the increasing requests for therapy, as trauma had become a buzz-word and the search for trauma-related therapies led people to EMDR. In this thickly populated country, many faced the difficulties of being in confined spaces with heightened fear in the early phase of the pandemic, or having to face the illness oneself or deal with the illness or death of others while not finding adequate medical care. In the second phase, as the death toll acutely increased and medical resources shrunk, many people trying to help loved ones went through acute stress and trauma. The number of grieving individuals in the aftermath was enormous.

The mental health practitioners including EMDR therapists were inundated with requests for help, while many practitioners themselves faced the difficulties related to the illness. In India, there were very few EMDR practitioners who had delivered the service online prior to the pandemic, and the national association had even given warning against the use of EMDR online in earlier years. As the EMDR world was figuring out how to apply EMDR online, practitioners in India looked to organizations such as EMDRIA for guidelines on this. Though initially many EMDR practitioners hesitated to use EMDR over the internet, and switched to using other modalities, as more clarity on how to use BLS online and how to ensure safety emerged, more practitioners re-started the use of EMDR. The potential for EMDR in group work has not been tapped into yet, in organized or individual-driven projects, though a few conducted group work for those undergoing grief or for other populations. With the increased awareness about mental health and particularly trauma among the population in India, the demand for EMDR therapy is likely to go up in the aftermath of the pandemic, and this calls for a growth in the number of skilled EMDR practitioners in India, who are supported by and is supporting the worldwide EMDR community.

Conclusions and Recommendations

The EMDR psychotherapy practitioners in India saw a surge in demand for mental health services during the COVID-19 pandemic, during the two main phases in 2020–2021. Initially, many practitioners hesitated to work online with EMDR, due to lack of practice or guidance about the online use of EMDR. With the support of the global community of EMDR practitioners, and published guidelines from international bodies such as EMDRIA, more therapists in India adopted the use of EMDR online. Practitioners also talked about doing online group work with EMDR, but this has not been implemented widely as yet, even though opportunities were available.

In the past, the EMDR community in India had mobilized resources and responded very effectively in circumstances of natural disasters. It can be observed that, in the wake of COVID-19 pandemic, it becomes imperative that more mental health professionals in India are trained in basic EMDR. Practitioners also need to be encouraged to push the existing knowledge and practices in a way that these can be implemented safely and flexibly under changing circumstances. This could involve developing local solutions as well as collaborating with the global community to respond to the varying needs that come up during a crisis. To scale up the training itself, hybrid online learning methods including e.g., private reading, discussion board and online video components could be developed. Training could include ways to reach the large rural population using affordable technology, and scalable solutions for mental health, e.g., by training community health workers in EMDR-based psychological first aid or less-intense EMDR-informed therapy protocols for addressing mass trauma.

The limitations of this article include the fact that this did not use methods such as quantitative or qualitative methods for data collection, but was mainly based on the observations of the first author, as well as the informal interactions she has had with other professionals working with EMDR in India today. Areas for further investigation would include conducting a mixed method study about the challenges EMDR practitioners in India faced during the pandemic and what they see as ways to empower them to adapt to changing circumstances such as the pandemic.

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