Eye Movement Desensitization Reprocessing:
The Linguistic Analysis of a Treatment of
Posttraumatic Stress Disorder in a Soldier

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Abstract

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An attempt was made in this case study to assess the Referential Process, a set of phases that illustrate the process of how individuals place words upon conscious and unconscious non-verbal experiences, in an EMDR treatment of a veteran. The Referential Process was assessed by shifts in scores of three measures, Referential Activity (WRAD), Reflection, and Disfluency, as captured by a computerized linguistic program. The shifts among the measures were used to guide a qualitative description of the process in an effective treatment of a veteran with PTSD. This is the first study to examine levels of referential activity and the referential process in an EMDR treatment and more generally referential activity in any trauma focused treatment. Additionally, whereas most EMDR studies have focused upon one trauma incident, this study adds to the growing, but limited, literature of EMDR treatment in the military population with numerous trauma memories. With the two objectives in mind, the recorded sessions were transcribed and coded and a computerized linguistic and qualitative analysis was applied to 10 sessions of a 12 session EMDR treatment.

The patient exhibited high referential activity as measured by WRAD levels, when compared to other psychotherapy samples, which indicates that he was immersed in the narrative for much of the treatment. The high WRAD levels may be attributed to the treatment task of EMDR. An examination of the high WRAD narratives suggests that the WRAD measure may require further examination in trauma populations to decipher if the speaker is immersed in or
reliving the narrative. The interaction between WRAD and Reflection in the Referential Process appears important in trauma processing and may relate to the significance of distancing (versus reliving) fostered by the EMDR protocol. The qualitative analysis revealed shifts in the veteran’s schema as depicted by changes in: the therapeutic relationship, his negative cognitions about himself and patient reports of relationship with others.