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CASE REPORT

Rapid and Successful Efficacy of EMDR in the Treatment of Specific Phobia (Cat Phobia): Case Report

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Abstract: Specific phobia, recognized as the most prevalent anxiety disorder across the lifespan, is a clinical condition marked by intense, irrational fear and anxiety triggered by a particular object or situation that objectively poses no real threat. Management strategies encompass both pharmacological and non-pharmacological interventions, with behavioral techniques such as systematic desensitization, graded exposure, and cognitive behavioral therapy (CBT) forming the cornerstone of non-drug-based treatments. More recently, Eye Movement Desensitization and Reprocessing (EMDR), a modality initially developed for individuals with Post-Traumatic Stress Disorder (PTSD), has demonstrated therapeutic efficacy in addressing specific phobias. This psychotherapeutic approach facilitates the processing of distressing memories and maladaptive responses associated with phobic stimuli. This case report presents a clinically significant outcome involving a patient who experienced a persistent and debilitating fear of cats for over three decades. Following EMDR intervention, the patient exhibited marked improvement in symptomatology within a brief treatment window. These findings suggest that EMDR may offer a rapid, safe, and effective therapeutic alternative for the treatment of specific phobias commonly encountered in clinical mental health settings.

Keywords: Auraliophobia, Eye Movement Desensitization and Reprocessing, EMDR, phobia, cat phobia, animal phobia, psychotherapy.

Introduction

A specific phobia is characterized by an irrational and excessive fear, anxiety and avoidance of a situation or object that does not actually cause fear.[1] In such cases, the elicitation of fear is attributed to the effect of a particular stimulus or situation. According to the DSM-5, a diagnostic evaluation must include the presence of specific phobia for a minimum period of six months to substantiate a diagnosis. Notably, it has been reported to be the most prevalent anxiety disorder, with a lifetime prevalence rate of 12.5%.[2] It is thought that there are too many types such as animal phobia, nature phobia, and injection phobia to count. Despite its prevalence and chronic nature, seeking professional help remains uncommon.[3,4] In addition, comorbid psychiatric diagnoses may cause specific phobia to be overlooked in applicants. A wide variety of methods are used in the treatment of specific phobia, including exposure, desensitization, virtual reality, cognitive behavioral therapy and EMDR.[3]

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Eye Movement Desensitization and Reprocessing (EMDR), a treatment originally developed by Shapiro for the purpose of managing post-traumatic stress disorder (PTSD), is a method that involves the utilization of instructions related to traumatic memory-related images, whilst the patient engages in rapid eye movements.[5] While the patient is instructed to focus on a disturbing image, memory, emotion or cognition, the patient is given bilateral stimulation. A central goal of the treatment is to change trauma-related cognitions from negative to more positive ones.[6] The imaginal exposure component, adapted for specific phobias, consists of confronting the phobic target rather than a traumatic event as in PTSD. There are reports in the literature presenting the use of EMDR in the treatment of specific phobia.[7, 8] However, further research is required to increase the use of EMDR in phobic disorders.

The present article details the rapid treatment of a patient with a cat phobia who developed the condition after a traumatic event in childhood and who was recently affecting his functionality.

Case

A 36-year-old male engineer, who had not suffered from any psychiatric history, was admitted to the psychiatry outpatient clinic. He presented with complaints of fear and intolerance of cats, accompanied by sweating and palpitations when he saw cats. The patient had been experiencing these symptoms since childhood; however, following a change of both residence and workplace, his complaints increased due to the abundance of cats in the new area, and he presented to the psychiatry clinic for the first time because of the disruption of his daily activities. The patient's complaints were causing interpersonal difficulties with his spouse and daughter, and his productivity at work was decreasing. The patient had no known psychiatric or organic disease. Following the administration of the SCID-I and SCID-II, no findings were present to suggest an Axis I or Axis II diagnostic disorder. The patient initially presented with a Beck Anxiety Inventory (BAI)[9] score of 13, a Beck Depression Inventory (BDI)[10] score of 6, and a Specific Phobia Severity Scale (SPSS)[11] score of 34. In light of his expressed inclination toward non-pharmacological options, EMDR was proposed as an alternative therapeutic strategy. A comprehensive clinical interview revealed that the onset of the patient's phobia dated back to a traumatic incident at the age of six, when she was attacked by a mother cat while attempting to approach his kittens. This event was identified as the origin of his enduring and uncontrollable fear of cats. During the initial EMDR session, following the establishment of a secure and stabilizing environment, the patient was guided to process the core traumatic memory. She described persistent anxiety triggered not only by physical proximity to cats but also by mere discussion of the subject. The specific image targeted during processing was the moment the cat leapt onto him. The associated maladaptive cognition was "I am weak," which was subsequently replaced with the adaptive cognition "I am strong now." The primary emotional response identified was fear. The Subjective Units of Distress (SUD) score was initially rated at 10, and the Validity of Cognition (VoC) score at 2. Somatic manifestations, such as tingling in the hands and face, were noted during the session. Two

90-minute EMDR sessions were conducted following the standard eight-phase protocol (history taking, preparation, assessment, desensitization, installation, body scan, closure, re-evaluation). In each session the desensitization phase comprised 12 sets of bilateral horizontal eye-movement stimulation (≈ 25 back-and-forth saccades per set, ~1 Hz). Sets were repeated until the Subjective Units of Distress (SUD) fell from 10 to ≤ 1 and the Validity of Cognition (VoC) rose to ≥ 7. Short 30-second breaks were provided every three sets to monitor affect and somatic sensations. Processing completed after two targets (the cat attack image and anticipatory fear of cats in public spaces) met these criteria. Clinically, the patient no longer exhibited phobic reactions in the presence of cats and resumed his occupational activities without limitations. At post-treatment evaluation, the patient's BAI score had risen slightly to 12, his BDI score was 7, and his SPSS score had markedly decreased to 6. No recurrence of symptoms was observed during the six-month follow-up period. No recurrence of symptoms was observed during the six-month follow-up period, and treatment was concluded. Written informed consent for the publication of this case report was obtained from the patient.

Discussion

In the treatment of specific phobias, a range of methods are recognized, including exposure, virtual reality, desensitization, CBT and response prevention, as well as pharmacological treatments. The combination of these approaches is a common practice in clinical settings. EMDR is a widely recognized therapeutic approach with growing evidence supporting its effectiveness, although it appears to be relatively underutilized in clinical practice.[3] This article details the rapid and effective treatment of a young adult patient with specific phobia who had no comorbid psychiatric disorder and whose functionality was affected by EMDR. The significance of this case lies in its contribution to the field of rapid and effective treatment for cat phobia, a specific phobia that has the potential to adversely impact functionality. Of particular note is the 28-point reduction in the patient's SPSS score (from 34 to 6), which represents a marked clinical improvement. Although slight variations were observed in the BAI and BDI scores following treatment, these changes were within the minimal range and are considered clinically insignificant. Therefore, they do not warrant further interpretation in the context of treatment efficacy.

A review of the extant literature reveals case reports of EMDR's efficacy in treating various phobias, including bus travel phobia,[7] flight phobia,[8] dental phobia,[12] and drowning.[13] A substantial body of research has demonstrated the efficacy of EMDR as a therapeutic modality. However, to the best of our knowledge, no prior publication has described an EMDR intervention for ailurophobia. The present report concerns a 36-year-old patient whose cat phobia had persisted for approximately three decades. Following a transition in both the workplace and the living environment, the patient experienced a noticeable decline in daily functioning. This deterioration was effectively addressed through the implementation of EMDR, resulting in a clear clinical improvement. In a recent case study by Mukba (2023), EMDR was applied to two

children suffering from dog and insect phobias, respectively. The intervention, which incorporated not only standard EMDR phases but also child-friendly modifications such as drawing exercises and metaphors, led to significant reductions in post-traumatic symptom scores as measured by the Child Posttraumatic Stress Disorder Reaction Index (CPTS-RI). These findings not only support the therapeutic utility of EMDR in childhood animal phobias but also underscore its structured adaptability. Although that study focused on a pediatric population, the structured application and symptomatic relief observed provide relevant insights for its potential utility in adult cases of longstanding specific phobias.[14,15] Similarly, Yıldırım and Bahayi (2023) examined the effect of EMDR therapy on adolescents diagnosed with specific phobia and test anxiety, applying a pre-test/post-test control group design. Their findings revealed a statistically significant decrease in post-treatment phobia scores among participants receiving EMDR, supporting the therapeutic potential of EMDR in reducing phobic symptoms.[16] Meentken et al. (2020) demonstrated the short-term efficacy of EMDR in reducing symptoms such as blood-injection-injury phobia, depression, and sleep disturbances in children with medically related trauma.[17] The fact that the patient's complaints did not recur in the six-month follow-up period and the increase in her functionality led to EMDR being prioritized as the treatment of choice for specific phobia.

This case report describes the treatment response of a single individual; as such, it offers only preliminary insight into the potential utility of EMDR for specific phobias and should not be extrapolated to the wider clinical population without caution. The unique constellation of the patient's demographic characteristics, personal history, symptom profile, and therapeutic context all constrain the external validity of the observations presented here. Larger-scale investigations are therefore indispensable for clarifying whether the symptom reductions documented in this vignette are reproducible across patients who differ in age, gender, cultural background, comorbidities, and phobia subtypes. Future research should prioritise rigorously designed, adequately powered randomized controlled trials that compare EMDR with other first-line interventions (e.g., exposure-based CBT, pharmacotherapy) while employing standardized outcome measures and blinded assessors. Moreover, multi-site studies with stratified sampling would facilitate subgroup analyses to determine moderators of treatment response, whereas extended follow-up assessments (e.g., 6–12 months) are needed to gauge the durability of therapeutic gains and the risk of relapse.

In conclusion, EMDR appears to be a promising, time-efficient, and structured therapeutic option in the treatment of specific phobia, a common psychiatric condition. Clinicians may consider incorporating EMDR into their therapeutic repertoire, as emerging evidence suggests that it can contribute to improvements in patient comfort, daily functioning, and overall well-being in selected cases. The forthcoming studies designed to evaluate the efficacy and the underlying mechanisms of EMDR in the context of specific

phobia are anticipated to further augment our understanding of this important subject.

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