

A COMPARISON OF EIDETIC IMAGE THERAPY WITH COGNITIVE BEHAVIOR THERAPY FOR TREATING DEPRESSIVE AND ANXIETY DISORDERS IN ADULTS: A RANDOMIZED CONTROLLED TRIAL

Syed Kumail Abdi,¹ Akhtar Ali Syed,² Ammara Butt,³ Sumaya Batool⁴

Abstract

Background & Objectives: Depression and anxiety are common mental health disorders around the world. This study aims to examine efficacy of eidetic image therapy in comparison to cognitive behavior therapy for treating depressive and anxiety disorders, and to compare the patients' dropout ratio in these therapies.

Methods: This was a randomized controlled trial conducted from January through June 2021 in psychiatry department of Sir Ganga Ram hospital Lahore. Using DSM-5 diagnostic criteria, 60 adult patients with depressive and anxiety disorders were recruited and were randomly and equally assigned to experimental (eidetic image therapy) and control (cognitive behavior therapy) groups. These participants received respective therapies and followed. Beck Depression Inventory and Beck Anxiety Inventory were used at baseline and after conducting five therapy sessions. Paired t-test was used to compare the mean difference and p-value of <0.05 was considered statistically significant.

Results: Descriptive analysis demonstrated a major difference in dropout numbers of eidetic image therapy (9; 30 %) and cognitive behavior therapy (25; 83 %). The efficacy of both interventions was statistically incomparable due to this excessive number of dropouts in control group. However, eidetic image therapy showed a significant difference ($p < 0.001$) in pre and post therapy ratings; each patient exhibited a marked decline in depression/anxiety symptoms after taking 5 sessions.

Conclusion: Eidetic imagery is a promising therapeutic utility for depressive and anxiety disorders. Cognitive behavior therapy is also an effective treatment methodology but this narrative is based on analysis of few cases.

Keywords: Eidetic image therapy, Cognitive behavior therapy, depression, anxiety, randomized controlled trial.

How to cite: Abdi SK, Syed AA, Butt A, Batool S. A Comparison of eidetic image therapy with cognitive behavior therapy for treating depressive and anxiety disorders in adults: A randomized controlled trial. *JAIMC* 2022;20(3):148-155

Depression and anxiety are common mental health disorders reported in health care settings around the world,¹ In 2020, The World Health Organi-

zation (WHO) published that higher than 264 million people of all ages suffer from depression and it is one of the leading causes of suicide and disability around the globe; suicide is the second leading cause of death among 15-29-year-olds.² About 284 million people experienced an anxiety disorder in 2017 and it was predicted that globally 264 million adults would have diagnosable anxiety.³ In Pakistan, mental disorders are rapidly increasing. Prevalence of depression and anxiety symptoms was 22% to 60% according to several studies and the main reason was the lack of appropriate interventions for improvement of mental health.⁴

1. Clinical Psychologist, Farooq Hospital DHA branch Lahore
2. Principal Clinical Psychologist, Brothers of Charity Services, Waterford, Ireland
3. Department of Psychiatry and Behavioural Sciences Allama Iqbal Medical College/ Jinnah Hospital Lahore
4. University of Sargodha

Correspondence:

Syed Kumail Abdi. Clinical Psychologist, Farooq Hospital DHA branch Lahore. razakumail26@gmail.com

Submission Date: 06-07-22
1st Revision Date: 08-08-22
Acceptance Date: 10-09-22

Cognitive behavior therapy (CBT) is a renowned psychotherapy that emphasizes the primacy of cognitions in mediating mental disorders. The therapy uses a combination of cognitive and behavioral techniques to address dysfunctional thoughts, negative emotions, and maladaptive behaviors through goal-directed and systematic procedures. It is based on a cognitive framework called ABC model. According to the theory, there is a strong connection between activating events (A), beliefs (B), and the consequences (C). Beck in 1979 proposed that it is not the events/situations and not even the thoughts (i.e., appraisals) which are responsible for depression or anxiety, it is our strong negative beliefs (B) about the events (A) which lead us to several emotional and behavioral consequences (C).⁵

Several decades back, CBT development for depressive and anxiety disorders introduced time-limited and comparatively effective treatment around the world.^{6,7} There is a wide difference between the Western and the Asian culture regarding psychological services. The application of CBT in Pakistani culture is hard because patients in the public sector are mostly presented with somatic symptoms, while CBT has its emphasis on cognitions rather than somatic symptoms. Furthermore, the unexplained symptoms also remained untreated. Patients are mostly illiterate and less psycho-educated and they find it difficult to explain their symptoms, emotions, and thoughts and emphasize problems rather than the complaints.^{8,9} Moreover, the ABC model of CBT which suggests that depressive and anxiety disorders are caused due to faulty cognitions and are treated by modifying the content of these cognitions, has been challenged by insufficient validating evidence and theoretical arguments.¹⁰ In an attempt to expand, improve upon, and provide a theoretically strong alternative to traditional CBT, there is a need to find out an alternative treatment approach that could deal with somatic symptoms and trauma-based images, be able to provide quick results and be easily applicable in our culture. Numerous treatment modalities have been introduced, out of this exploration and eidetic image therapy has been found somatic-based and more culturally friendly. Eidetic image therapy, originated by

Ahsen et al. depends exclusively upon the elicitation and manipulation of a type of mental imagery that he has called 'eidetic'.^{11,12} According to him, eidetic imagery is a "normal subjective visual image" having pronounced clarity.^{13,14} The eidetic image works as a self-regulating unit in eidetic psychotherapy within the conscious state of mind. In the theory of eidetic psychotherapy, consciousness is comprised of individual, cultural, and historical experiences.¹⁵

Eidetic psycho-therapy operates on ISM (image, soma, meaning) model. The visual image (I) is accompanied by a certain somatic, physiological, and emotional response (S) that leads to its meaning or cognitive outcome (M). This ISM model is far different from the ABC model of CBT because the ABC model is based on a cognitive perspective that postulates that cognition causes an emotional and physical response, whereas in ISM, the preference is given to the somatic response over the meaning (cognitive interpretation) due to the strong association between image and the body. The ISM functions as a basic unit of information storage; the experiences are naturally stored in the consciousness in ISM format, as they happen. An eidetic image holds the sensory, physiological, and cognitive components of experiences, having both negative and positive aspects of an experience, it is therefore said to be bipolar in nature. A psychological disorder is formed both by a fixation with the negative element or pseudo-separation of the visual core of the image from its affect or meaning. Eidetic therapy works as a self-regulatory process that takes into account each patient's situation within the conscious state of mind and resolves the traumatic mental images in ISM format, by repetitive trials of visualization.¹⁶

Sheikh¹⁷ explained that in eidetic psychotherapy, there are three major levels of administering the therapeutic process. Psychosomatic symptoms of distress are dealt at the first level. At the second level, the developmental themes, specifically relating to parents are dealt with. For these two levels, Ahsen et al. created two important assessment instruments. For the first level, he recommended to use Age Projection Test and

for the second level of eidetic psychotherapy, he developed the Eidetic Parents Test. However, the individual's integration with and deeper meanings of psychological contents are dealt at the third level. Age Projection Test (APT). The test was developed to gather information about a series of events relating to the current symptoms and to expose the individual to those experiences which are originally responsible for the formation of the disorder. The items evoke different images related to various life events, to uncover the experiences associated with symptoms and to bring out quasi-somatic symptoms and the meaning connected to that event as well. The client is asked to look at the image (of yourself) and find the clearest image. What is the place, what is his age in the image, and other details of the image which strike him in some way? This information aids in constructing therapeutic images. The client is then asked to repeatedly project them.^{18,19} In Eidetic Parents Test (EPT), the parent-child relationship has the most significant importance in eidetic psychotherapy, as it explores the various dimensions of pathological development. The test has 30 items about several aspects of the parent-child relationship and major pathological trends. Just like APT, the test aims to uncover the symptoms-related experiences and to construct the therapeutic images.²⁰

The objective of this study was to examine the effectiveness of eidetic image therapy in comparison to CBT for the treatment of depressive and anxiety disorders and to compare patients' dropout ratio of both interventions.

METHODS

This randomized controlled trial was conducted at Psychiatry OPD of Sir Ganga Ram Hospital Lahore after obtaining approval from the Board of Advance Studies & Research (BASR), Riphah International University Islamabad (ERC number: FSS & H/ERC/RICPP/21/0466). The duration of the study was 6 months from January 2021 to June 2021. A total of 60 adult patients were recruited from OPD using DSM-5 diagnostic categories of 'Depressive disorders' and 'anxiety disorders'.²¹ Participants were randomly and

equally allocated into experimental and control group (30:30). The participants in experimental group received eidetic image therapy by the chief researcher and was supervised by eidetic image expert, while the participants of control group received CBT as usual by the hospital's clinical psychologists. The trial was kept blind; information that could influence the participants was withheld even after its completion. It was hypothesized that patients receiving eidetic psychotherapy will be significantly higher in recovery rate than patients receiving CBT, and CBT group is likely to have more drop-outs in comparison to eidetic image therapy.

Intervention: Therapeutic Structure (Figure 1)

Eidetic psychotherapy is a person-centred treatment approach that takes into account each person's situation within the conscious state of mind, personal preferences, the environment and history to draw interventions. The following therapeutic structure was adopted in this study²²:

- Discussion about patient's own report, views and background about presenting problems to establish the possible reason of presenting problems, i.e., trauma or loss
- If a reason was identifiable, then the distress level related to the particular identified experience was assessed. The distress level is generally assessable after talking to the patient
- After assessing if the distress level was found high, then positive images (parental images, success images, etc.) were given to the patient as a therapeutic assignment
- If distress level was manageable, the patient was asked to start visualization of an identified experience.
- In case the experiential reason was not identifiable, patient history, current environment of individual, and symptoms of presenting problems were reviewed to access a possible experiential reason, while positive images (parental images, success images, etc.) were given to the patient at the same time.

Possible obstacles in imagery response: The responses of the client on the above-mentioned tests are believed to bring openness to life experienced by therapists. Sheikh 17 further elaborated these structural defects by using two terms: meagre images and mutilated images. The meages are those images that have a lack of clarity and vividness, while the mutilated images are lacking details. Both types of responses are considered as resistnace and conflict in the therapeutic discourse.

Ahsen found another phenomenon to describe the resistance to explain the resistance, which he termed as cognitive-imagery gap (CIG).¹⁸ In responding to the test items, either the client does not see the image at all or sees the image with omitted details. Some clients do not experience the somatic response attached to the image, even though they can visualize the image. At the third level of therapy, the client is asked to try to impose modified meanings upon those images or experiences. A clear and

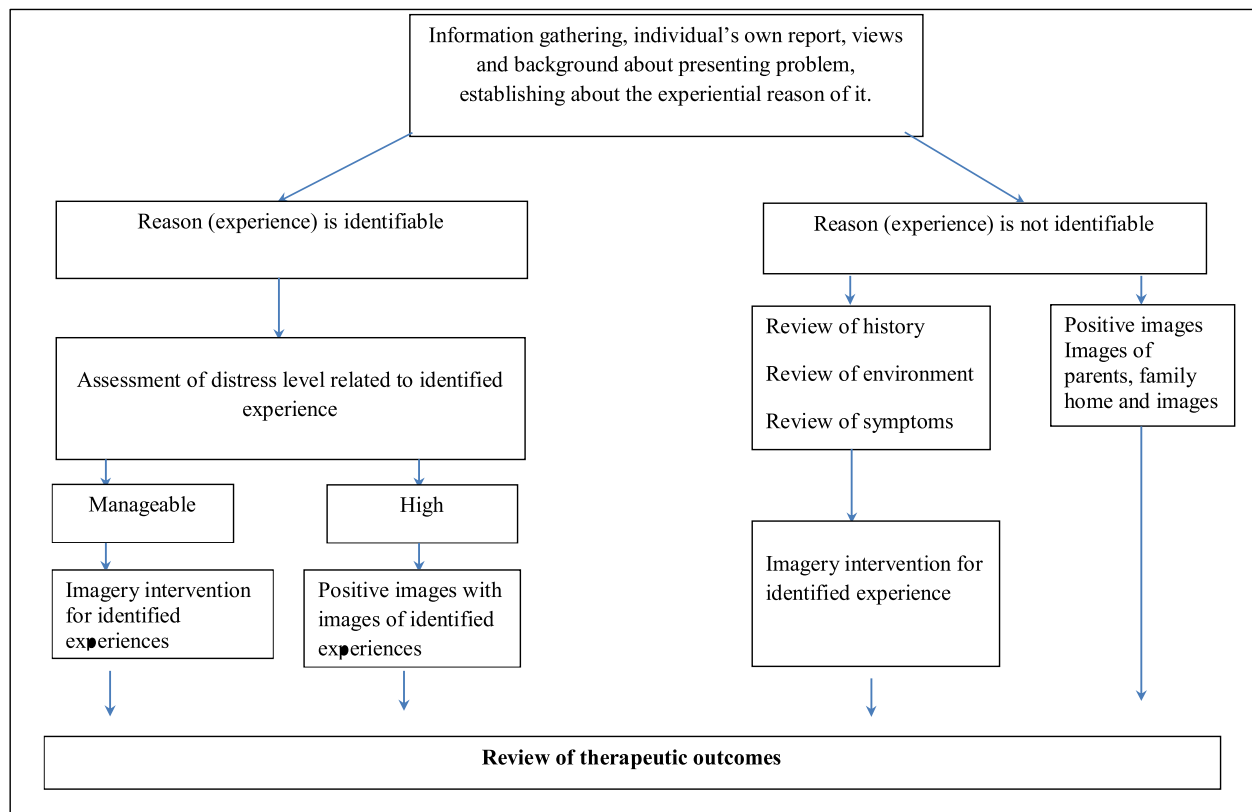


Figure 1. Therapy Structure used by the study (Syed et al.²²)

directive procedure has been encouraged to avoid and overcome the resistance in the therapeutic disource,^{11,12,217,20}

- Imagery intervention was evolved if the experiential reason was found out. Otherwise, positive images were supposed to continue
- Once the therapist detected the therapeutic image related to a particular distressing experience, he

then instructed the patient to visualize it during the session, under his supervision. Once the patient was able to visualize the image with a level of ease, only then it was given as home assignment

- The outcomes of every step of the therapy were reviewed regular

Outcome Measurement

Depression was evaluated on Beck Depression Inventory while anxiety was evaluated on Beck Anxiety

Inventory. Both scales were administered before starting therapeutic work and after conducting five therapy sessions. Data were stored and analyzed in SPSS version 21. Mean difference was examined using paired t-test and p-value of <0.05 was considered statistically significant.

RESULTS

Of 65 individuals invited and assessed for study, 05 were excluded as not fulfilling criteria and 60 participants were divided equally (n=30 each) in experimental and control groups. Experimental group received Eide-

tic Image Therapy and control group received cognitive behaviour therapy. Both groups were followed for five sessions each and assessed for outcome (Figure 2).

Table 1: Sociodemographic characteristics of participants (n=60)

Characteristics	
Quantitative	Mean ±SD
Age (in years)	31.4 ± 5.9
Education (in years)	8.3 ± 3.5
Total duration of illness (in years)	5.3 ± 4.8
Qualitative	Number (%)
Gender	
Male	22 (36.7)
Female	38 (63.3)
Marital Status	
Married	39 (65.0)
Unmarried	20 (33.3)
Divorced	01 (1.7)
Area of residence	
Rural	43 (71.7)
Urban	17 (28.3)
Diagnosis at inclusion	
Depression	36 (60.0)
Anxiety	24 (40.0)

Editor's comments: Comparison of these characteristics separately for experimental and control groups would have been meaningful.

Table 2: Paired t-test for Pre and Post Therapy analysis of experimental Group (Eidetic Image Therapy) compared to cognitive behavior therapy group (n=30 in each group)

Therapies	Drop out	Pre-therapy		Post-therapy		P	Cohen's d
		Mean	Standard deviation	Mean	Standard deviation		
Eidetic therapy (n=21)	09	33.43	7.30	9.81	2.58	<0.001	1.16
Cognitive behavior therapy (n=5)	25	42.40	4.12	18.60	3.30	<0.001	4.13

Editor's comments: Owing to significant dropouts in control group, statistical comparison is not valid. Results should be interpreted accordingly. In experimental group, mean score of 25 participants and in control group, mean score of 05 participants were compared.

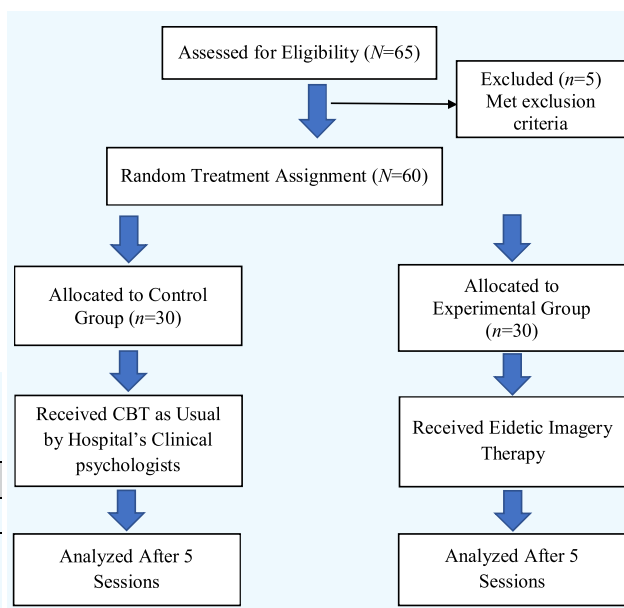


Figure 2. Flow of participant's recruitment and follow-up

Mean age of participants was 31.4 ± 5.9 years and they received on an average the middle education (8.3 ± 3.5). Mean year of illness was 5.3 ± 4.8 . (Table 1). Most participants were married females belonging to rural areas. About 60% were suffering from depression and 40% were diagnosed as patients of anxiety (Table 1).

Traumatic images found in eidetic image therapy group (n=30) included death (6), bullying by peers (2), rejection by father (1) or lover (2), accidental trauma (2), illness of parents (4), domestic violence (4), physical abuse by parents (2) or husband (1), verbal abuse at home(3) and sexual abuse in childhood (3).

In this study, we observed a considerable dropout number of experimental and control group (9; 30%) in eidetic therapy and 25(83.33%) in CBT group which confirms our hypothesis, but due to this excessive number of dropouts in CBT, the efficacy of both interventions was statistically incomparable. In this condition, we assessed the efficacy of eidetic image therapy separately. The paired sample t-test analysis showed a significant difference ($p < 0.001$) in pre and post therapy ratings; each patient exhibited a marked decline in depression/anxiety symptoms with a large effect, after taking 5 sessions of eidetic psychotherapy (Table 2). There were only 05 cases left in CBT group; we applied Paired sample t-test on these 05 cases to evaluate the efficacy of CBT. The results indicated a significant difference ($p < 0.001$) in pre and post therapy ratings, showing a marked reduction in depression/anxiety symptoms after 5 sessions (Table 2).

DISCUSSION

The outcome of the current study indicates the effectiveness of eidetic imagery for treating depressive and anxiety disorders. Research in the domain of neuropsychology scientifically builds strong evidence about its significance in psychopathology, which supports our findings. As different brain regions are involved in the response to the type of imagery being visualized i.e., middle temporal (MT) and medial superior temporal (MST),^{23,24} which further influence the emotional system and powerfully connect with perception, sensory signals, and memory.²⁵ The authors of these studies discovered that imagery does indeed arouse greater emotional responses than verbal thoughts, though the amount of emotional response depends on the image perspective adopted. They established that imagery has a significant effect on emotions, beliefs and behaviors, its role in maintaining emotional disorders, and its uses in psychological treatment. Researchers of Rational Emotive Behavioral Therapy (REBT) identified the particular importance of imagery for depression and anxiety.²⁶ They proposed that imagery therapy can efficiently treat various psychopathologies and is signifi-

cantly healthier than other techniques. However, in the area of eidetics, Akhtar et al. published a number of case studies on the effectiveness of eidetic psychotherapy.^{12,13,20} Syed et al. also indicated phenomenological aspects of eidetic imagery which can function intensely and provide promising outcomes for people with intellectual disabilities.²²

Our results for CBT revealed its potential therapeutic use for depressive and anxiety disorders; however, these findings are less likely to generalize as it is based on few cases (higher drop outs in current study). Several meta-analyses and clinical trials have confirmed the effectiveness of CBT for depressive and anxiety disorders, including major depressive disorder, persistent depressive disorder (dysthymia), generalized anxiety disorder, panic disorder, specific phobia, and agoraphobia.^{27,28,29} The indigenous works also provide us the evidence for the significance of CBT in treating various mental illnesses.^{30,31} These studies support our results.

The present study has an excessive number of dropouts (25) in CBT group while nine in eidetic group. Firstly, there is a need to discuss general factors leading to dropouts in government hospitals; secondly, the question arises why CBT has more dropouts in comparison to eidetic therapy? Our social elements may play a significant role in this regard; poverty and unemployment persist as fundamental problems in Pakistan and a marked ratio of the total population lives below the poverty line,³² where lack of resources and financial difficulties contribute about 50% to mental pathologies; it may also contribute to early termination of therapy.³³ Similarly, illiteracy is also one of the major predictors of mental health problems, as reported by several studies.³⁴ Less educated people are less likely to understand the significance of psychotherapy and mostly rely on medication.

Around 60% of the patients come from remote areas and are mostly uneducated; there is a very small ratio of patients returned for follow-up appointments with most patients for only 2 to 3 sessions.⁸ Furthermore, besides psychiatric treatment, a number of patients also seek help from religious or faith healers as a major

source of treatment and rely more on these alternatives than any other professional treatment.³⁵ This may also be a cause of non-compliance to the therapy.

The possible factors predicting a greater dropout ratio in CBT than eidetic therapy can be discussed in the light of various studies on CBT. There is a significant ratio of patients with depressive and anxiety disorders who did not respond to CBT.^{36,37} Patients in public sector are mostly less educated and usually find it difficult to understand therapy concepts, i.e., cognitive errors, emotions, negative automatic thoughts, and its long descriptions, and mostly rely on normalization and behavioral techniques. These factors may be associated with non-adherence to CBT homework, excessive dropout, and relapse rate.^{8,9} Ineffectiveness of therapy may restrict patients to complete their treatment. Another major factor that may contribute to dropouts is the lack of psychoeducation about the significance of therapy. In the eidetic group, the researcher guided every patient about the nature of their problems, somatic responses, and the mode by which imagery therapy works. This may be the reason that there was no greater number of dropouts in eidetic group. However, it is not known whether patients of CBT group were well psychoeducated or not. Furthermore, written home assignments in CBT may also contribute to this phenomenon; patients usually do not complete CBT homework and terminate therapy.^{9,31} on the other hand, in eidetic therapy, only imagery assignments are given which may be feasible for patients to be compliant towards therapy.

CONCLUSION

Eidetic imagery is a promising therapeutic utility for depressive and anxiety disorders. According to current state of knowledge, CBT is also an effective treatment methodology, however, due to higher drop outs in this study in control group, our narrative of its effectiveness is only based on the analysis of few cases. This study contributes to the theoretical importance of eidetic image psychology by indicating the effectiveness of eidetic imagery for treating various depressive and anxiety disorders.

Conflict of interest: *None*

Funding Source: *None*

REFERENCES

1. Bellos S, Skapinakis P, Rai D, Zitko P, Araya R, Lewis G, et al. Cross-cultural patterns of the association between varying levels of alcohol consumption and the common mental disorders of depression and anxiety: secondary analysis of the WHO Collaborative Study on Psychological Problems in General Health Care. *Drug Alcohol Depend.* 2013;133(3):825-31.
2. World Health Organization. Depression. 2020. Retrieved from: <https://www.who.int/news-room/fact-sheets/detail/depression>
3. World Health Organization. Policy options on mental health: a WHO-Gulbenkian mental health platform collaboration. 2017.
4. Ahmed B, Enam SF, Iqbal Z, Murtaza G, Bashir S. Depression and anxiety: a snapshot of the situation in Pakistan. *Int J Neurosci.* 2016;4(2):32.
5. Beck AT. *Depression: Clinical, Experimental and Theoretical Aspects.* New York: Brandon House. 1967.
6. Beck AT, Emery G, Greenberg RL. *Anxiety disorders and phobias: A cognitive perspective.* Basic books. 2005.
7. Tang TZ, DeRubeis RJ. Reconsidering rapid early response in cognitive behavioral therapy for depression. *Clinical Psychology: Science and Practice.* 1999; 6(3): 283-288.
8. Naeem F, Gobbi M, Ayub M, Kingdon D. Psychologists experience of cognitive behaviour therapy in a developing country: a qualitative study from Pakistan. *Int J Ment Health Syst.* 2010;4(1):1-9.
9. Naeem F, Phiri P, Munshi T, Rathod S, Ayub M, Gobbi M, et al. Using cognitive behaviour therapy with South Asian Muslims: Findings from the culturally sensitive CBT project. *Int Rev Psychiatry.* 2015; 27(3): 233-46.
10. Longmore RJ, Worrell M. Do we need to challenge thoughts in cognitive behavior therapy?. *Clin Psychol Rev.* 2007;27(2):173-87.
11. Ahsen A. *Eidetic psychotherapy: a short introduction.* Nai Matboat; 1965.
12. Ahsen A. *Basic concepts in eidetic psychotherapy.* New York: Eidetic Publishing House. 1968.
13. Ahsen A. *Psycheye: Self-analytic consciousness: A basic introduction to the natural self-analytic images of consciousness: Eidetics.* Brandon House. 1977.
14. Ahsen A. *Trojan horse: Image in psychology, art, literature and politics.* New York: Brandon House. 1984.
15. Walrond-Skinner S. *Dictionary of psychotherapy.*

- London: Routledge & Kegan Paul. 1986.
16. Ahsen A. *Psyche: Self-analytic consciousness*. New York: Brandon House. 1977.
 17. Sheikh AA. Eidetic psychotherapy techniques. In Anees A Sheikh (ed). *Handbook of therapeutic imagery techniques*. New York: Baywood Publishing Company, Inc. 2002;145-154.
 18. Ahsen A. *Age projection test: Short-term treatment of hysterias, phobias and other items*. New York: Brandon House. 1988.
 19. Hochman J. *Brief image therapy*. New York: Brandon House. 2007;31(½).
 20. Ahsen A. *Eidetic parents test and analysis: A practical guide to systematic and comprehensive analysis*. New York: Eidetic Publishing House. 1972.
 21. *Diagnostic and statistical manual of mental disorders, (5th ed.)*. American Psychiatric Association. Washington, DC: Author Agency. 2013.
 22. Syed AA, Neelofur S, Moran A, O'Reilly G. Investigating the potential clinical utility of therapeutic techniques based on eidetic imagery as adapted by the Eidetic Model of Growth (EMG) for people with intellectual disability (ID). *Heliyon*. 2020; 6(10): e05115.
 23. Kosslyn SM. *Image and brain: The resolution of the imagery debate*. MIT press. 1996.
 24. Goebel R, Khorram-Sefat D, Muckli L, Hacker H, Singer W. The constructive nature of vision: direct evidence from functional magnetic resonance imaging studies of apparent motion and motion imagery. *Eur J Neurosci*. 1998;10(5):1563-73.
 25. Holmes EA, Mathews A. Mental imagery in emotion and emotional disorders. *Clin Psychol Rev*. 2010; 30(3): 349-62.
 26. Lipsky MJ, Kassino H, Miller NJ. Effects of rational-emotive therapy, rational role reversal, and rational-emotive imagery on the emotional adjustment of community mental health center patients. *J Consult Clin Psychol*. 1980;48(3):366.
 27. Tolin DF. Is cognitive-behavioral therapy more effective than other therapies?: A meta-analytic review. *Clin Psychol Rev*. 2010;30(6):710-20.
 28. Hofmann SG, Asnaani A, Vonk IJ, Sawyer AT, Fang A. The efficacy of cognitive behavioral therapy: A review of meta-analyses. *Cognit Ther Res*. 2012; 36(5):