

The Effectiveness Of Desensitization Treatment And Reprocessing Through Eye Movements In Alleviating Symptoms Of Perceived Stress And Generalized Anxiety In A Group Of Women With Psychosomatic Disorder Infertility Of Psychological Origin -As A Model-

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Abstract:

The study aimed to identify the effectiveness of desensitization treatment and reprocessing by eye movement in reducing the bad perception of stress and generalized anxiety among women with psychological infertility. The researcher used the quasi-experimental method to achieve the objectives of the study. The sample consisted of 5 women from Blida. The duration of treatment ranged between 13 to 14 classes, including the classes in which the researcher carried out the pre and post-measurement. The researcher also adopted in her research a set of tools that were used according to the conditions of the semi-experimental approach (pre-measurement, treatment, post-measurement) and represented in the scale of perception of pressure, and generalized anxiety, after making sure of their validity and stability, as the researcher applied the standard protocol that treated Desensitization and retreatment by eye movement on a research sample. The research group, which consisted of 5 women with infertility of psychological origin, suffers from a poor and high perception of stress and generalized anxiety, and EMDR treatment was highly effective in reducing stress intensity, and the generalized anxiety of the research group where one of the five cases managed to get pregnant after the end of treatment.

Keywords: desensitization treatment and reprocessing by eye movements, psychosomatic disorder, perceived stress, generalized anxiety, psychologically infertile.

Introduction

Despite the civilizational and scientific development throughout the ages, women's shortcomings and failure to perform the biological role expected of them, the inability to conceive and have children, and their inability to reach the stage of motherhood are still important drivers of stress and psychological disorders, as well as feelings of guilt and anxiety. A study published in (2016) by researchers at the University of Louisville in the United States revealed that women who feel a high level of anxiety have a reduced chance of pregnancy by more than 40% at the time of ovulation. The authors of this study stress the need to encourage the use of stress and anxiety management

techniques. For women who want to conceive. (Galt, 2017)

Seligman indicates that the repetition of the individual's exposure to pressure coinciding with the individual's belief that he cannot control or confront them would make the individual feel helpless and worthless, and this makes him over-evaluate events and situations, and feel threatened by them, and at the same time his inability to confront them, which leads to It makes him constantly expect failure, and then he feels despair, negativity, dullness, low self-esteem and anxiety, and therefore these pressures may impede the individual's progress in all areas of his life (Gaddafi, 1993).

Among the most important of this proven effective in reducing severe levels of anxiety and stress, we find desensitization and reprocessing of the eyes through

eye movement desensitization reprocessing, and it is also called neuro-emotional reintegration treatment with eye movements. After Traumatic (Contamin, 2017).

Problematic

Childbearing is considered in various human societies as one of the most important functions that spouses perform, and it is among the factors of psychological and social stability for them. It is also one of the most important purposes of marriage in Islamic and Arab societies. Usually, the spouses remain the focus of the environment's attention until pregnancy occurs. However, there may be obstacles and reasons that prevent the enjoyment of motherhood, such as infertility, as 20 to 26% of couples suffer from infertility at the global level. (Camborieux, 2014). Infertility has biological and psychological reasons, as the most important biological causes are due to poor ability to ovulate due to a defect in the ovaries or a defect in the secretion of hormones, as well as other problems related to tubes and their blockage and other causes and organic imbalances. As for the psychological reasons that are considered the most important reasons that prompted us to this study is the presence of people They are deprived of the function of motherhood, despite their organic ability to do so, and this is largely due to the woman's holding the responsibility of childbearing or not to her alone due to the strong urgency of the biological, instinctive and psychological need for motherhood, which she cannot dispense with, so she resorts to charms and charlatans, thus entering herself into a vicious circle of despair, impotence, and pressure Psychological as well as anxiety, and here psychological infertility is embodied. As the latter two (pressure and anxiety) increase little by little when the woman is sure of her physical and hormonal integrity, the possibility of pregnancy remains a matter of time. In studies conducted by Dumbar (1980), it was shown that the feeling of impotence, subconscious fear of pregnancy, and fear and tension during sexual intercourse lead to the closure of the fallopian tubes due to their contraction unconsciously, and psychological comfort may lead to relaxation and opening of these channels. (Grumelin, 2017)

So, the psychological state of women plays an important role in the success rate of pregnancy, as

psychological disorders such as stress and anxiety affect the safety of reproductive organs, lead to disorders in the hormones secreted by the pituitary gland and affect the ovulation process. As women are exposed to many requirements and inconveniences, especially in our society, in which the role of the mother remains the basic identity of the woman and she is obligated to fulfill it. Society (husband and wife's family) puts pressure on the newlyweds to push them to have children, and the amount of welcome that meets the speed of pregnancy after marriage, as well as the questioning and confusion that surrounds them when pregnancy is delayed for one reason or another. The woman, then, responds to pressure if she perceives it as pressure to demand a child and realizing pressure results in different behavioral, emotional, and cognitive responses, depending on the situation and the person, as (Lazarus) points out in his definition of pressure, which is the result of a corrective process by which the individual evaluates his resources to see the extent of their efficiency to meet environmental requirements.

As you can see (Grumelin, 2017) that anxiety affects the individual biologically, given that the hypothalamus regulates both anxiety responses and sex hormones, it is easy to understand that anxiety leads to infertility in some women. It can be a cause as can Generalized anxiety leads to interrupted menstruation, irregular ovulation, or irregular menstruation. When the pituitary gland is overactive as a result of anxiety, it produces more prolactin and high levels of prolactin can disrupt ovulation. (Grumelin, 2017).

Given the importance of psychological support for women with psychological infertility due to the psychological pressures, anxiety, and fears that the latter suffers from, which can be removed through effective psychological treatments, and this is based on a modern treatment that showed good results in the treatment of post-traumatic stress disorder and anxiety disorders, which is a treatment of desensitization and reprocessing. Through eye movements EMDR, which initially appeared as an effective treatment for psychological trauma, but recently it has been used in the treatment of many disorders, where the specialist works on sensory stimulation using eye movement, focusing on the painful event with eye movement, so that the latter helps in The secretion of calming

substances and inhibiting the secretion of nervous activity, which allows the information to be processed in a correct manner. The treatment of desensitization and re-processing through the eyes has proven its effectiveness in reducing the levels of anxiety and depression in people who suffer from psychological trauma and various types of phobias. It has also been observed that there is a recorded and distinctive increase in the individual's awareness of the sincerity of their positive beliefs and the increase in self-esteem, as well as cognitive reconstruction.

In this regard, Grumelin (2017) showed through a study applied to women with psychological infertility, in which the integration of the principle of comprehensive rebirth technique (deep and regular breathing technique, semi-conscious state) and EMDR treatment was used. Self-doubt, self-doubt, stress, and anxiety.

In general, we conclude that thanks to the protocol built into the treatment of desensitization and re-processing through eye movements, a few sessions remain sufficient to achieve improvement, and for this Shapiro confirms that in this treatment there is no appropriate stage for recovery that can escape, as the symbols become clear, the discharge is achieved, and the lesson is from experience Takes and different stages of emotion recover under rapid form (Shapiro, 2002).

In terms of the effect of the psychological state on the physiological and neurological side, and since this technique has proven effective in treating psychological trauma with all its generalized anxiety, fears, and pressure, we will try to prove its effectiveness in treating anxiety and getting rid of the psychological stresses of women who suffer from infertility of psychological origin. Therefore, we resort to asking the following question:

Is a woman with psychological infertility characterized by a high degree of psychological stress?

Is a woman with psychological infertility characterized by a high degree of generalized anxiety?

- How effective is the systematic eye movement desensitization (EMDR) treatment in reducing generalized anxiety and perceived stress in women with psychological infertility?

Hypotheses

- Most women who have infertility of psychological origin are characterized by high levels of psychological stress.
- Most women suffering from psychological infertility are characterized by high levels of generalized anxiety.
- EMDR treatment is characterized by statistically and clinically significant effects in reducing the level of generalized anxiety in women with infertility of psychological origin.
- EMDR treatment is characterized by statistically and clinically significant effects in reducing the level of perceived stress in women with infertility of psychological origin.

Objectives of the study

Trying to test and prove the effectiveness of EMDR therapy in treating psychological disorders that lead to psychological infertility in women.

Shedding light on one of the modern and important treatments, on the new integrative approach to mental disorders, and what is involved under this approach of new interpretations in the physiological field and the information processing system as a system for self-healing from all mental illnesses.

Concepts definition

Definition of psychological infertility

Infertility is defined as the inability of a woman to conceive after a period of time after fertilization, which results from a psychological cause that is most often unknown, so that psychological stability is an important factor in a woman's life, but some factors, such as anxiety, frustration, psychological conflicts and tension resulting from marital difficulties can lead to infertility.

Definition of stress

Pathological symptoms covering a mood of tension and fatigue embodied in verbal and non-verbal expression and that behavior, these symptoms are embodied through the total score obtained by the study subjects, which exceeds 5.0 to 1 on the continuum of the trait in Levenstine's stress perception scale.

Definition of Generalized Anxiety

It is a pathological symptom covering a mood of anxiety embodied in the verbal and non-verbal expression of anxious emotions, pressure, and fear, in

addition to disturbances at the neurological, cognitive, and behavioral levels. These symptoms are embodied procedurally through the total score obtained by the subjects on the generalized anxiety test by Dr. Fawzia bin Abdullah, which exceeds 290 degrees.

Definition of EMDR Therapy

Treatment of desensitization and reprocessing through eye movements: It is a new treatment based on the emotional nervous current to desensitize and reprocess information through sensory stimulation through eye movements to facilitate the rapid resolution of the symptoms of the disorder so that this treatment allows dismantling and liberating old traumatic experiences from their emotional mobilization and cognitive distortions through Reprocessing of disturbing information recorded in the nervous system in its four forms: images, thoughts, emotions, and bodily sensations. The application of this treatment goes through eight stages:

- The first stage: is case history,
- Phase two: is preparation,
- The third stage: is evaluation,
- Fourth stage: is desensitization,
- Fifth stage: fixing positive thoughts,
- The sixth stage: is physical photography,
- Seventh stage: conclusion,
- Eighth stage: a reassessment.

Study methodology

In our study, we chose a kind of semi-experimental design, which is an individual design characterized by several advantages referred to in 1982 by Robert & Fortinet, the most important of which is that it allows the development of new techniques and the improvement of existing ones. different phenomena. The aforementioned individual design aims to determine the causal relationship that exists between the independent variables and the dependent variables, based on the study of one individual. In this type of design, the effectiveness of a specific intervention is verified without resorting to the control group. These designs derive their strategies from quasi-experimental designs with time series so that In it, either a comparison is made based on the respondent's answers before and after the inclusion of the dependent variable, or an analysis of the individual's behavior, which is considered an important part of this

type of design. This design, which is called (A-B), goes through two stages:

Stage A: in which the basal level of the desired behavior is evaluated, the level of repetition of the behavior to be changed without the inclusion of a specific intervention.

Stage B: in which the dependent variable, treatment, or intervention stage is included, in which the treatment is applied or intervention is included, and ends with the stage of re-evaluation of that behavior. Then a comparison is made between the first and the second evaluation, and curves representing the dependent variable are chosen to develop the hypothesis and calculate the clinical significance until It becomes clear that the intervention brought about the change. We can simplify the design in the following diagram:

Pre-evaluation

The researcher obtained the consent of 8 women, with whom she agreed to join the office of the doctor specializing in obstetrics and gynecology, and she selected the cases residing in the state of Blida only. Procrastination Conditions Two cases suffer from polycystic ovaries and the third is an imbalance in hormones. In the next session, the researcher did a pre-assessment, after making sure that the treatment was appropriate for the subjects according to the safety standards of the applied treatment, which we will mention later. The application of the treatment begins in the following week. Treatment application: EMDR treatment was applied in 8 from 10 to 11 sessions, depending on the nature and number of memories and events experienced by the subjects, in addition to their response to treatment, as this is the first study to use eye movement desensitization therapy in the treatment of cases of psychological infertility.

Post-evaluation

After desensitizing memories and events experienced by the subjects to reduce symptoms of stress and general anxiety, the researcher re-applied the stress perception scale and the anxiety scale to be able to compare the pre-treatment evaluation and the post-treatment evaluation.

Exploratory Study

Before embarking on the current study, the researcher conducted a pilot study to ensure the validity and reliability of the scales used for diagnosis, or what we

called evaluation before and after treatment, to verify the validity of their psychometric properties. 73. As for the generalized anxiety scale, it reached 81. As for the stability, it reached 75 on the pressure scale. As for the generalized anxiety scale, it reached 83.

Study sample

We deliberately selected a sample consisting of 5 women suffering from psychological infertility. They were contacted at the obstetrician-gynecologists office. It was agreed with 14 women living in the wilaya of

Blida. The conditions for selecting this sample are as follows: Pregnancy and childbearing. Not having a stay in mental illness. No suicide attempts. Not using drugs. Finally, she accepts to participate in the treatment, cooperate with the researcher, and perform some duties that are part of the home exercises. On this basis, in the pre-treatment evaluation stage, 8 women were interviewed, 5 of whom accepted to participate in the treatment. The following table shows the most important characteristics of the study sample:

Cases	Age	Duration of marriage	Educational level	Occupation
Case 1	23	5	Fourth primary	Staying at home
Case2	28	2	third year in high school	Staying at home
Case 3	25	3	Master	Staying at home
Case 4	30	3	Third primary	Staying at home
Case 5	28	4	Ph.D	framework in the company

Table 1: The characteristics of the study cases.

Study tools

To answer the questions and hypotheses of our research, we used the following tools:

The guided semi-interview: where the researcher built an interview guide that consists of 7 axes, the second axis includes open questions about the medical history of the case, and the third axis includes open questions about the psychological tension of the case. The fourth axis includes the relational life of the case, whether with the family and relatives, whether before or after marriage. The fifth axis included private and closed questions about delayed childbearing and psychological infertility. The sixth axis included questions about realizing the psychological and living pressures of the situation. The seventh axis included questions about general anxiety and the ability of the subjects to control it Perceived Stress Questionnaire Levenstein. The Generalized Anxiety Test has been prepared by Dr. Benabdallah Fawzia, Laboratory of Clinical Psychology, University of Setif 2.

The standard EMDR treatment protocol consists of 8 phases.

Presentation and discussion of the results

Due to the nature of the study design, we relied on presenting and analyzing the results of the research case by case. In the first stage, we included the characteristics related to each case, including information related to the history of the case and the circumstances that characterized the occurrence of traumatic events and memories, focusing on the subject's reactions to the event, and then presenting the results of the scales that allow hypothesis testing.

Results of the pre-assessment of cases: First hypothesis:

The first hypothesis of this study stated that: "Most of the women who have infertility of psychological origin are characterized by high levels of psychological stress, and to verify the validity of this hypothesis, a test of statistical significance (T) was used for one fetus, and this is to determine the degree of psychological stress among the sample members, and after treatment Statistics. The result was reached as shown in the following tables:

Scale as a whole	n	theoretical mean	x	s	df	T	sig	the decision
Total marks	05	75	80.60	4.56	29	33.34	0.01	D

Table 2: The degree of psychological stress for the five cases

Through the results shown in the table above, we notice, based on the arithmetic mean of the study group on the scale as a whole, which amounted to (80.66), that it is higher than the theoretical mean, estimated at 75, and the arithmetic mean is in the high range of 97-75. Accordingly, the level of psychological stress among women who suffer from high psychological infertility, and is confirmed by the "t" value, which amounted to 43, 44, which is a positive value and statistically significant.

This is what we felt with all female subjects during the interview, as it was evident in the scores obtained on the pressure perception scale, which were all clinically indicative and expressed a high awareness of the pressure resulting from the problems they face with their husbands' families and their inability to manage these pressures properly. In this context, the study of Abu Azala (1999) confirms that a high level of psychological stress leads to psychological disorders

in women, as the high level of stress negatively affects the psychological and physical health of the individual, and also affects the level of compatibility (Al-Sabban 2003, 121)

When a woman is exposed to pressures resulting from her biological role, and the accompanying convulsions and symptoms such as vulnerability or anger, or an imbalance in the hours of sleep, or a state of continuous headaches.

Second hypothesis

The second hypothesis of this study stated that: "Most of the women who have infertility of psychological origin are characterized by high levels of anxiety, and to verify the validity of this hypothesis, a statistical significance (T) test was used for one fetus, and this is to determine the degree of anxiety among the research group, and after statistical treatment, it was reached. The result is shown as in the following table:

Scale as the whole	n	theoretical mean	x	s	df	T	sig	the decision
Total marks	05	174	225	22.28	28	82.17	0.01	D

Table 3: The degree of general anxiety for the five cases

Through the results shown in the table above, we notice, based on the arithmetic mean of the study group on the scale as a whole, which amounted to (225), that it is higher than the theoretical mean, which is estimated at 174, and that the arithmetic mean is in the high range, based on 174-232. Accordingly, the level of generalized anxiety among women who suffer from infertility is Psychologically high, and this was confirmed by the "t" value, which amounted to 82.17, which is a positive value and statistically significant. A study published in 2016 by researchers at the University of Louisville in the United States revealed that the chances of pregnancy are reduced by 40% in women who feel a high level of anxiety during the period of ovulation. In this study, the researchers stress

the need to encourage the use of anxiety management techniques for women who want to have children. In a study published by the British Medical Journal, the results showed that women who are exposed to high levels of psychological and mental stress have a half lower chance of pregnancy than other women and that women with high levels of stress and anxiety have a 29% lower chance of pregnancy than women with higher levels of stress. Low tension (Marchi Catherine). This strongly confirms the hypothesis of our research, as most studies have found a strong relationship between anxiety and psychological infertility in women, through hormonal, phonological, and even neurological changes caused by anxiety in the body.

Application of the standard protocol for EMDR therapy:

The application of the standard protocol for EMDR treatment went through 8 phases, and before

presenting these phases to a selected model case out of the 5 cases, we present the following treatment targeting scheme for the 5 cases:

targeting times	The first case	The second case	Third case	Fourth case	Fifth case
past events	Sexual harassment experience Her father refused to carry her mother	- The mother's miscarriage in front of her and her feeling of remorse	Separation from her fiancé after a relationship that lasted 3 years	- The mother's death and the stepmother telling her that she was the reason for her mother's death	Illegal inactivity and its abortion
current triggering factors	Failed artificial insemination experiment	- The mother's quarrels and blame her for failing in his right Failure to pass a driver's license	- Her husband suspended her from work - A quarrel with the husband's family and the inability to get pregnant	- The accident of her mother-in-law's fall and death, and her feeling that she is the reason for that The inability to confront her father and his wife	- Delayed pregnancy and guilt Diabetic younger brother
future scenarios	Confronting her husband's family and expressing her opinions - Pregnancy	participate in training courses in automatic media and sweets and to open a mini establishment of its own. Independence in her and her husband's home away from the family	Confidence in herself and her abilities and convince her husband to return to work - Confronting the husband and persuading him to live in a separate house Pregnancy - and having a child	- Self confidence and the ability to confront her father and wife	Pregnancy and becoming a mother

Table 4: Therapeutic targeting scheme for the study group

Quotas	stages of treatment	Therapeutic procedures
Session 1 and 2	Stage 1 case history	1- Ensure the suitability of the EMDR treatment for the subject by verifying the safety standards :A- The level of trust relationship with an examined researcher, as Mrs. (Z) was very enthusiastic about the start of treatment because she saw it as the way out that would save her from her suffering

		Session 5 concluded with the completed session procedures
<p>Session 6</p> <p>Work on existing triggers , Desensitization fixation, and ,physical imaging with conclusion of the completed classes procedures</p> <p>Session 7</p> <p>Work on the second starting factor</p>		<p>- Reminding of the triggering factor (her husband stopped her (from work and her feeling of abandonment Photo: my husband screaming Negative Thought I had to doubt because I don't deserve all that happiness Emotion: despair and let down Sensation: pain and emptiness in my heart Positive Thought : I have the right to wrong , I deserve good , and I could choose who I trusted 1/7</p> <p>- Depriving the sensitivity of the triggering factor and the woman's sense of psychological comfort and reaching the scale(0 = SUD after 6 groups of arousal series) 2 -</p> <p>- Fixation of the positive idea of the trigger factor (I have the right to make mistakes , I deserve what is good, I was able to choose who I trust, and the arrival ofVOC = after 6 sets of (7 triggering sequences</p> <p>- Physical imaging : desensitization of pain in the heart after two series of arousal series</p> <p>- Concluding the class with the procedures of the finished classes</p> <p>- Quarreling with her husband's family and not being able to bear it Photo: her husband's mother making fun of her Negative thought: I am an idiot and I deserve everything that happens to me Emotion: sadness, anger and boredom 5/10 Sensation: haze and a sensation of congestion in the eyes Positive thought : I deserve happiness 3/7</p> <p>- Depriving the sensitivity of the triggering factor and the woman's sense of reassurance and reaching a ladder(SUD = 0) after 5 groups of arousal series</p> <p>- Fixing positive trigger factor 2 (I deserve happiness)VOC = 7 after 4 sets of triggering sequences</p> <p>- imaging : desensitization to the fog and eye congestion. After two series of arousal series, the sensation disappeared</p> <p>- The patient feels a state of comfort and stability , and thus concludes the treatment and encourages the patient to exert effort</p> <p>- Concluding the class with the procedures of the finished classes</p>
Session 8	<p>:Eighth stage Evaluation</p> <p>Transition to the third stage of the</p>	<p>The researcher controlled and monitored the treatment results as follows</p> <p>- The female subject does not suffer from any new disturbing substance</p> <p>A major change in her behaviour, especially in her treatment of her husband</p>

	therapeutic targeting scheme	- Confirming the woman's hopes and aspirations , which are to be confident in herself and her abilities , and to persuade her husband to return to work, to have a child , and to live in a separate house
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Table 5: EMDR treatment is applied in its standard protocol

The results of the post-assessment of cases:

First hypothesis:

The third hypothesis stated that there are statistically and clinically significant differences between the pre

and post measurements in the degrees of pressure, and this is shown in the following table:

variable	measurement	SMA	standard deviation	degrees of freedom	T test	Effect size clinical) (significance	sig
Stress	Tribal	255	22.28	4	-7.29	3.26	0.01
	after me	60,124	32.71				

Table 6: The statistical and clinical significance of the differences between the pre and post measurement

It is clear from the table that the arithmetic mean in the pre-application was 225.00 and its standard deviation was 22.28, compared to the arithmetic mean for the post-measurement, which amounted to 60.124, and its standard deviation was estimated at 71.23. As for the T-test, it amounted to -7.29, which is statistically significant at 0.01 in favor of the post-measurement. The effect size level, which measures the clinical significance, was strong 3.26, and indicates that the decrease in the degrees of psychological stress is due to the effectiveness of desensitization treatment, and re-treatment by eye movement in reducing the degrees of psychological stress in the research group, and therefore we accept the hypothesis that there are differences Statistically and clinically significant between the pre- and post-measurement in the degrees of psychological stress among women who suffer from infertility of psychological origin, where we noticed that all cases of the research group had obtained clinically significant scores in the pressure perception scale before starting treatment due to problems with the husband's family and the inability to Dealing with them is due to their high and bad perception of stress and a sense of helplessness, while at the end of the desensitization treatment and re-treatment through eye movement, the percentage of improvement reached between 30 to 48%, and this agrees with, uh, The hypotheses put forward by (Shapiro1989) to explain the effectiveness of

desensitization and reprocessing treatment through eye movements is that directed eye movements activate the same mikamism of differential sleep, which is characterized by rapid eye movements, where the researcher assumes that the relationship between eye movements and pressure is governed by the principle of cessation. Mutual, that is, the movements of the eyes help to stop the pressure, but a very high level of pressure stops the movements of the eyes. Also, the effectiveness of the treatment appeared better, as the significant decrease in the scale of disturbed units 0 = sud and the rise in the scale of beliefs = 7voc in each research group. The information processing system has stopped, and this is what we found in the research group. Despite the passage of a long period of time after the traumatic events, they still feel fear, anxiety, various types of emotions, and negative thoughts related to them. During treatment, Schapiro, 2007 says, the subjects spent approximately 40% of the treatment time experiencing continuous and gradual modification of all aspects. Traumatic memory (images, thoughts, emotions, and physical images) The researcher considered the pregnancy of the first case an impressive success in confirming the effectiveness of desensitization treatment and re-treatment through eye movement, as the percentage of improvement in her pressure scale reached 41%, and her outlook for the future became more optimistic and

positive, and she was able to get rid of all feelings of helplessness.

Fourth hypothesis: The fourth hypothesis stated that there are statistically and clinically significant

differences between the pre and post-measurements in the degrees of anxiety, and this is shown in the following table.

modulator	measurement	SMA	standard deviation	degrees of freedom	T test	Effect size clinical) (significance)	significance level
generalized anxiety	Tribal	60.88	4.56	4	15.67	7.01	0.01
	after me	40.53	64.3				

Table 7: The statistical and clinical significance of the differences between the pre and post measurement of anxiety levels

It is clear from the table that the arithmetic means in the pre-application was 60, 88, and its standard deviation was 56.4, compared to the arithmetic mean for the post-measurement, which amounted to 40.53, with a standard deviation of 3.64. As for the differences between the two measurements, it amounted to -15.679, which is statistically significant at 0.01 in favor of the post-measurement. And the effect size level that measures the clinical significance was strong 7.01, which indicates that the decrease in psychological stress scores is due to the effectiveness of desensitization treatment and re-processing by eye movement in reducing the severity of generalized anxiety in the research group. Thus, we accept the hypothesis that there are statistically and clinically significant differences between the pre and post-measurements in the degrees of generalized anxiety among women who suffer from infertility of psychological origin, as we found that all cases of our study obtained a very high degree in the anxiety scale, but after applying the treatment, the percentage of improvement reached Between 30 and 48% in varying proportions, and the physiological symptoms that the research group was suffering from, such as fatigue, lethargy, and sleep problems, have completely disappeared after the end of the treatment. In this regard, (DR Christophe Mary) emphasizes the effectiveness of desensitization therapy in treating panic attacks and all the anxiety and fear associated with them. He also conducted clinical experiments to treat cases suffering from poor self-esteem as well as phobias, and the results were very positive, as the whole case was able to get rid of the disorder. In

general, we conclude that thanks to the protocol built into the treatment of desensitization and re-processing through eye movements, a few sessions were sufficient to achieve improvement, for this reason (Schapiro, 2007) confirms that in this treatment, no appropriate stage of recovery can escape: the symbols become clear, the discharge Verified, the lesson from experience is taken and the various stages of emotional resolution are lived under a rapid form. (Wachtel 2002, 123).

Conclusion

The current study was conducted on the effectiveness of desensitization and reprocessing through eye movements in alleviating the symptoms of psychological stress and generalized anxiety in a group of women suffering from infertility of psychological origin, so we put forward four hypotheses. In it, we suggested that the research group is characterized by high levels of stress perception and generalized anxiety, and we also suggested that desensitization and reprocessing through eye movements reduce these high levels of stress and generalized anxiety. Given the nature of the subject, we chose the individual design, which relies on the comparison between the pre-and post-measurement of all the variables included in the hypotheses, to compare their scores before and after treatment. The results showed that all the female subjects of the research group had a high level of awareness of stress and generalized anxiety, whose symptoms mainly appeared in the female subjects' feelings of discomfort and fatigue in their lives, a sense of conflict, and an

inability to manage life matters and achieve goals, and the sense of isolation and loneliness prompted them to deal with others nervously, so it was simpler. Things make them angry.

Feelings of helplessness and fear of responsibility and the future dominated their thinking. And this is all because of the painful and traumatic events that they were exposed to in the past, which were revealed by EMDR treatment, and which radically affected the lives of the subjects, which appeared mainly through the negative thoughts that they formed about themselves and the heavy negative emotions that accompanied them, which were mainly represented in guilt, sadness, fear and helplessness, And its physical sensations such as suffocation, pain, and numbness in the body or part of it. This is due to the storage of all this disturbing information in the nervous system, due to the interruption of the information processing system. The treatment session was lived through with all its details and all its emotions, thoughts, images, and feelings as if it were happening now. With the course of treatment, the sensitivity of these painful memories was taken away, as they no longer had any effect on the subjects, and this was evident through their elimination, in varying degrees, of the pressure and anxiety that they were suffering from before the start of treatment, and they also became more comfortable and flexible in their dealings, and their view of dealing with pressures became more Mature and realistic.

Finally, we focused on the ability of the subjects to make new choices in the future, by identifying their fears and targeting positive models. So that our work focused in this third part of the treatment on the best way to perceive, feel and act in these future situations, which were represented by most of the subjects in the face of the members of the husband's family, who is considered one of the parties to the conflict that the subjects suffer from, dealing with a problem flexibly and finding the right solutions. The results that we reached with the first case, which was the recovery from psychological infertility and pregnancy, were also demonstrated immediately after re-treatment. All

the painful events that she lived through, her guilt and fear complex were broken, and pregnancy occurred. This result is considered an achievement and a great success. Evidence for the effectiveness of desensitization and eye movement re-processing in relieving the generalized stress and anxiety that cause infertility of psychological origin.

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