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Developing a Culturally and Methodologically Adapted Eye Movement Desensitization and Reprocessing Therapy Protocol for Major Depressive Disorder in Pakistan

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Major depressive disorder (MDD) ranks as the 24th leading cause of disability-adjusted life years worldwide, contributing substantially to the global mental health burden. In Pakistan, socioeconomic challenges such as poverty, political instability, and inadequate mental health resources exacerbate the high prevalence of MDD. Eye movement desensitization and reprocessing (EMDR) therapy, although globally recognized as an effective evidence-based intervention for MDD, reflects Western psychological frameworks that may not align with the sociocultural realities of non-Western contexts like Pakistan. Moreover, limited empirical research exists on the cultural and methodological adaptation of EMDR therapy in Pakistan. To bridge these research gaps, this study focused on developing a culturally and methodologically adapted DeprEnd EMDR therapy protocol to suit the distinct needs of clients and therapists in Pakistan. Utilizing a qualitative exploratory research design, the study integrated insights from a narrative literature review and expert focus group discussions to identify essential adaptations across all phases of the DeprEnd EMDR therapy protocol. The findings of this study revealed several critical cultural and methodological adaptations necessary to enhance the effectiveness of the DeprEnd EMDR therapy protocol in Pakistan. Key cultural themes included integration of local languages, cultural metaphors, and religious practices; addressing stigma; involving families for support; and ensuring gender-sensitive practices. Methodological themes emphasized restructured therapy phases, use of visual assessment tools, simplified language, and adaptation for online delivery to improve accessibility and therapeutic outcomes. These adaptations align the DeprEnd EMDR therapy protocol with the collectivist, resource-limited context of Pakistan, promoting its acceptance and efficacy. To conclude, this research created a culturally and methodologically adapted DeprEnd EMDR therapy protocol specifically designed for Pakistan. The adapted protocol is scalable and holds promise for broader use in other South Asian nations with comparable cultural contexts. Therefore, by bridging global practices with local needs, this research provides a major contribution to the evolving field of culturally competent mental healthcare.

Introduction

Major depressive disorder (MDD) is a recognized mental health problem affecting millions globally, with notable prevalence in Pakistan. Recent data from *The Lancet Psychiatry* highlight alarming global trends. In 2019, an estimated 279.60 million people worldwide were living with depressive disorders (95% confidence interval [CI]: 251.60 million to 310.30 million). This figure represents the total number of existing cases (prevalence) of depressive disorders during that year, not just new diagnoses. The data come from the 2019 Global Burden of Disease Study, which analyzed the impact of 12 mental disorders across 204 countries and territories between 1990 and 2019 [1]. An increase in these figures was observed during the COVID-19 pandemic, with an addition of 53.2 million cases (95% CI: 44.80 to 62.90) [2]. Due to such an abrupt increase in the global prevalence of depressive disorders, scientists call it a "disease of modernity" [3]. MDD impairs individual well-being and functioning, making it imperative to address this condition effectively, since it can lead to increased healthcare costs, decreased productivity, and higher rates of disability [4].

Fortunately, MDD is treatable, and scientists tend to favor psychotherapy over pharmacotherapy, as it is more effective, particularly for long-term treatment, whereas medications often come with negative side effects and withdrawal symptoms [5,6]. Modern evidence-based psychotherapies such as eye movement desensitization and reprocessing (EMDR) therapy have globally shown high effectiveness in treating depressive symptoms [7]. However, EMDR therapy was developed in the United States by Francine Shapiro and is primarily based on Western psychological paradigms [8]. However, its pertinency in non-Western settings remains an area of active research, because various cultural factors may considerably influence both symptom presentation and treatment responsiveness [9]. This raises a pertinent

question: "Do the standard EMDR therapy protocols for depression align with the cultural and therapeutic requirements of non-Western populations?"

In Pakistan, mental health is likely to be influenced by several societal factors, such as cultural norms and stigmas surrounding mental illness, lack of access to mental health resources, and socioeconomic disparities [10]. Moreover, limited professional resources in the country impact treatment accessibility [11]. In such circumstances, there is an urgent need for culturally appropriate mental healthcare interventions that can address the treatment challenges faced by local people from various backgrounds. This can help to ensure that everyone has equitable access to effective mental healthcare. Therefore, identifying necessary modifications in EMDR therapy—such as adjustments to language, incorporating indigenous healing practices, using culturally relevant narratives and symbols, changing the session structure, and resource-building techniques—is essential for ensuring its effectiveness in treating MDD among locals in Pakistan. This necessitates a systematic investigation into an important research question: "What cultural and methodological adaptations are required to design an adapted DeprEnd EMDR therapy protocol with enhanced effectiveness in the treatment of MDD in Pakistan?" This research question is critical because it addresses a foundational literature gap. By answering this question, this study will provide a standard framework for future research, ensuring that subsequent modifications in EMDR therapy are based on empirical evidence.

In short, to address the research questions outlined above, this study aims to incorporate cultural and methodological adaptations into the DeprEnd EMDR therapy protocol for tailoring it to the distinct needs of clients and therapists in Pakistan. Using a qualitative exploratory research approach, the study combines insights from a narrative literature review and expert focus group discussions to discover critical changes throughout the DeprEnd EMDR therapy process. Additionally, this study seeks to extend the applicability of this adapted DeprEnd EMDR therapy protocol to neighboring Asian countries, including India, Bangladesh, Afghanistan, and Iran, which share similar cultural contexts and mental health systems. The study aspires to make a major contribution to the field of culturally adaptive mental health interventions in the South Asian region.

State of mental healthcare in Pakistan

Mental health is an essential aspect of overall well-being, yet it remains an area requiring greater focus in Pakistan. In Pakistan, the average person's mental health is likely to be influenced by a number of socioeconomic challenges, including inadequate infrastructure, economic crises, and illiteracy [12]. The recent statistics revealed that around 24 million individuals in Pakistan require mental health treatment [13]. The mental healthcare system of Pakistan is still in the process of development, with approximately 600 licensed psychiatrists and most mental health services concentrated in large teaching hospitals [10].

Numerous research studies on Pakistan have reported a high prevalence of depressive disorders. For instance, a recent survey conducted in 7 major cities found that 39.90% of the 1,047 participants experienced depression [14]. Similarly, research revealed that among 2,069 screened patients, 60.80% suffered from depression in Pakistan [15]. Existing research findings on the high prevalence of depressive disorder in Pakistan provide helpful insights into the etiology and epidemiology of depression in this region, while on the other hand, it also encourages local researchers to work on the development and scientific validation of evidence-based treatments in Pakistan. This can ultimately lead to improved mental health services and better outcomes for individuals struggling with depression in the country.

Unlocking effective treatment options for MDD

The landscape of treatment options for MDD is diverse and continually evolving. Experts recommend psychotherapeutic or pharmacotherapeutic interventions as first-line treatments for depression. However, findings of recent systematic reviews revealed that psychotherapy is more efficacious, particularly in the long-term treatment of depression [5,6,16]. Furthermore, research also indicated that medications have varying negative side effects [17,18] and withdrawal effects [19]. Thus, recent research strongly suggested that pharmacotherapy should be chosen judicially [20–22].

Popular evidence-based psychotherapies include EMDR [23] and cognitive behavioral therapy (CBT) [24]. EMDR and CBT have both been utilized worldwide. CBT, which originated in the 1960s [25], is supported by a more comprehensive body of research evidence. On the other hand, EMDR was introduced in the late 1980s and has garnered substantial empirical backing over the last 30 years [26]. The well-established and robust foundation of CBT serves as a valuable reference point for advancing research into similar therapeutic approaches like EMDR. Given its relatively short developmental history, EMDR therapy offers a unique opportunity for further research, particularly in its technical facets, such as cultural and methodological adaptations, to ensure its global efficacy. This highlights the considerable need for more research on EMDR therapy in Pakistan.

Necessity of adapting EMDR therapy in Pakistan

"We are unable to bring the clothing of the West and provide them to our own people to wear: they are of a different size and manner", a very expressive thought by Mahatma Gandhi [27]. According to this analogy, it would be preferable to modify the foreign objects to suit our needs rather than attempting to adapt ourselves to fit in. This rationale drives the need to adapt EMDR therapy for effective use in Pakistan by taking into account the cultural, social, and psychological contexts of the local population. By doing so, EMDR therapy can resonate more deeply with local values, address culturally specific trauma experiences, and enhance its overall efficacy in the region.

The growing diversity of patient populations has driven the globalization of evidence-based psychotherapies [28]. Consequently, mental health professionals must ensure that these psychotherapies are adaptable and responsive to diverse cultural perspectives [29]. EMDR therapy, while widely acknowledged worldwide, was developed in the United States and is fundamentally based on Western psychological frameworks [26]. These frameworks often focus on individual-centered and evidence-based approaches, which may need to be modified for non-Western collectivist cultures of Pakistan that value community, spirituality, and culturally unique practice.

The adaptation of EMDR therapy for Pakistani clients is increasingly essential, as there have been a limited number of research studies focused on clinical testing within the country. Notable studies include those conducted by Qayyum et al. [30],

Muhammad Sami et al. [31], and Khan et al. [32,33]. Additionally, only one study by Khan et al. [9] specifically addresses the cultural adaptation of the EMDR protocol for post-traumatic stress disorder. The limited research on EMDR therapy in Pakistan is due to its relatively recent introduction into the country. Thus, to gain deeper insight into how EMDR therapy works, it is essential to examine its cultural and methodological adaptations. Research in this area would improve understanding of EMDR therapy in Pakistan's context, facilitating its successful nationwide application.

Research gaps in EMDR therapy adaptation

A review of the existing literature on the cultural adaptation of EMDR therapy has yielded varied outcomes across different countries. For instance, linguistic modifications in EMDR therapy were carried out in Cambodia [34] and Iran [35]. Adjustments to the duration of EMDR therapy were observed in Syria [36,37] and Germany [38]. Furthermore, recent adaptations in several African nations included the incorporation of culturally appropriate symbols, metaphors, and language, along with the avoidance of personal contact [39]. However, prior studies have not sufficiently addressed all dimensions of these adaptations, such as contextual considerations, simplification of procedures, integration of local practices, and the incorporation of culturally relevant therapy goals. Notably, only one recent publication by Khan et al. [9] specifically examines the cultural adaptation of the EMDR protocol for post-traumatic stress disorder, highlighting an important research gap in the literature. This situation prompts an essential inquiry: "What protocol adaptations in EMDR therapy are needed to enhance its cultural relevance and clinical effectiveness in Eastern populations?"

The cultural aspects warranting further exploration include experimenting with the integration of unique cultural symbols to enhance the symbolic representation of trauma and its resolution through "symbolic resonance" [40]. Similarly, incorporating therapeutic practices such as metaphorical rituals [41], employing archetypal elements [42], and integrating non-Western healing procedures such as spiritually [43] require attention. Additionally, unexamined areas include adapting culturally sensitive assessment tools for use in Pakistan [44] and integrating positive psychology principles into EMDR therapy [8].

One interesting fact as revealed from literature review is that published research on EMDR therapy predominantly utilizes quantitative methodologies, resulting in a notable lack of mixed-methods or qualitative exploratory studies. This absence highlights a serious methodological gap. While qualitative exploratory research can provide deeper insights into the therapeutic process and client experiences, it remains underrepresented in the EMDR literature. This limitation underscores the need for more future research that incorporates new research methodologies for the enhanced understanding of EMDR therapy.

Methods

Research design and methodology

This study employed a qualitative exploratory research design [45]. Figure 1 shows the sequence of research design. First, a thorough narrative literature review was carried out to map the body of knowledge on cultural and methodological adaptations of EMDR therapy. The second phase involved conducting focus group discussions with EMDR therapy experts including therapists, consultants, and trainers to understand their perspectives and experiences and, additionally, to validate narrative literature findings. The experts were selected through a purposive sampling approach, and each group consisted of 5 experts. In this way, the Lincoln et al.'s [46] trustworthiness criteria were ensured by grounding the questions and themes of focused group discussion in a narrative literature review. It was then followed by an inductive thematic analysis approach [47] to analyze data from both sources.

Steps for adapting the EMDR therapy protocol

To guide the process of cultural and methodological adaption of EMDR therapy, the present study adopted suggestions from earlier research, including those by Seponski [34], Chowdhary et al. [48], Naeem et al. [49], and Mbazzi et al. [39]. The steps are outlined as follows:

1. The first step involved selecting a psychotherapy protocol, and in this context, the DeprEnd EMDR therapy protocol for depression [50] was chosen. The DeprEnd EMDR therapy protocol is a specialized version of EMDR therapy that is intended to treat depression. Unlike standard EMDR, the DeprEnd protocol focuses on the underlying maladaptive memory networks and cognitive-affective processes linked with depressive symptoms [51].

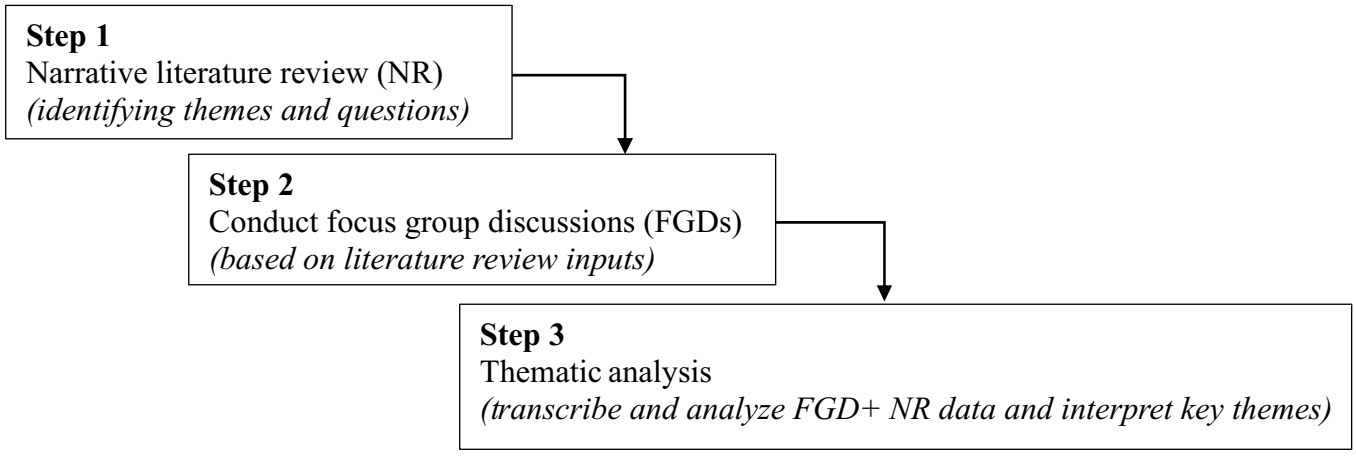

Fig. 1. Research design and methodology.

2. In the second step, a narrative review was conducted to explore themes and elements of cultural and methodological adaptations. Additionally, the narrative literature guided the focus group discussion process.
3. The third step involved conducting focus group discussions. The interview questions were shared with 3 selected EMDR therapy experts to provide their expert opinion.
4. In the fourth step, themes were developed and analyzed from the information gathered through both the narrative review and focused group discussions. These themes were subsequently integrated to formulate an adapted DeprEnd EMDR therapy protocol.
5. Finally, the adapted DeprEnd EMDR therapy protocol was pilot tested.

Procedure for data analysis

To ensure a focused and comprehensive narrative review, 7 specific research questions were formulated. These questions served as a framework to guide the search for relevant literature, ensuring the inclusion of studies addressing the critical aspects of the adaptation process.

- Which country hosted the research?
- Which EMDR protocols were adapted and for which symptoms?
- What cultural and methodological aspects were considered for adaptation? For example, Eight-Dimensional Framework for Culturally Adapting Psychotherapy [52] includes elements such as language, metaphors, cultural elements (including values, customs, and traditions), and context (social background setting and region or location).
- What research methods were applied?
- How effective was the adapted protocol?
- Was therapist training implemented?
- What challenges were encountered during the implementation of EMDR therapy?

A comprehensive search strategy was implemented across multiple established online databases, including ProQuest, PsycINFO, ScienceDirect, Google Scholar, PubMed, and the Education Resources Information Center. Keywords and Boolean operators included the following: Cultural Adaptation of EMDR Therapy, Methodological Adaptations in EMDR Therapy, Adapting EMDR for Diverse Populations, EMDR Therapy in Non-Western Cultures, EMDR & Positive Psychology, EMDR & Somatic Psychology, EMDR & Art Therapy, and Multicultural EMDR Protocols for Depression. The publication dates of the studies ranged from 2010 to 2024. The 14 finally retrieved articles were checked according to the framework guide. Relevant data were extracted from each study and organized accordingly. The table included columns representing key dimensions. This structured approach facilitated a systematic comparison of studies while identifying trends, gaps, and critical insights in the literature regarding the adaptation of EMDR therapy.

To complement the findings from the narrative literature review, a focus group was conducted with EMDR experts to gather in-depth qualitative insights on the cultural and methodological adaptation of EMDR therapy. A purposive sampling approach was used to select 5 EMDR experts—comprising psychotherapists, consultants, and trainers of EMDR therapy—from 2 major cities in Pakistan, aiming to explore their perspectives and experiences. Prior to the discussion, experts were provided with an overview of the study objectives and a set of review questions designed to address specific dimensions of adaptation. The focus group discussion was conducted in a structured yet open-ended format to encourage active participation. (The interview questions are available as Supplementary File B.) The session was audio-recorded with participant consent to ensure accuracy in data collection. The focus group discussion had a duration of more than 1 hour. Detailed notes were also taken during the discussion to capture nonverbal cues and contextual insights. The recorded responses were subsequently transcribed verbatim for analysis. The qualitative data obtained from both the narrative literature review and focus group discussion was analyzed using thematic analysis, following the 6-phase framework outlined by Braun and Clarke [47]:

1. Familiarization: Transcribe and review data for a thorough understanding.
2. Coding: Identify and label key phrases or concepts.
3. Categorization: Group codes into meaningful categories.
4. Theme
5. Development: Create and refine overarching themes.
6. Theme
7. Naming: Name and describe each theme clearly.
8. Reporting: Compile themes into a cohesive report with insights.

The integration of findings from both secondary and primary data sources facilitated triangulation, enhancing the credibility and robustness of the results. The thematic analysis not only identified consistent patterns but also captured expert perspectives on EMDR therapy adaptations. This holistic approach offered valuable insights into cultural nuances, methodological considerations, and practical implications for clinical practice.

Ethical approval and trial registration

This study has been approved by the UNIMAS Human Research Ethics Committee, University Malaysia Sarawak, Malaysia. The original study protocol has been registered in the ClinicalTrials.gov database, bearing Registration No. NCT-06439043. Additionally, the publishing company granted permission to reuse and adapt the DeprEnd EMDR therapy protocol for this research study.

Results

What we learned: Insights from the narrative review

Through a comprehensive narrative review of the existing literature, we identified various cultural and methodological adaptations across each phase of EMDR therapy. Below are the details of these adaptations presented phase-wise.

Phase 1: History taking and treatment planning

Cultural adaptations

- Use local languages and dialects for effective communication [35,51].
- Incorporate visual tools such as timelines drawn on sand instead of paper [39].
- Respect religious and spiritual beliefs while discussing sensitive topics [33,52].

- Encourage progressive disclosure of distressing memories with empathetic responses [53].
- Match therapists with clients based on gender to respect cultural norms [35,53].
- Engage in culturally sensitive inquiry to understand the client's social and cultural background [54].

Methodological adaptations

- Shorten the history-taking phase to reduce client distress [34].
- Allocate an introductory session for rapport-building before starting therapy [55].
- Inquire about intersectionality and historical trauma related to racial oppressions [56].

Phase 2: Preparation and stabilization

Cultural adaptations

- Use culturally relevant metaphors and storytelling techniques for psychoeducation [37,54].
- Modify exercises, such as replacing "safe place" with "special place" or "container" with "clay pot", to avoid triggering negative memories [39].
- Incorporate spiritual practices like dhikr or Buddhist rituals such as meditation for grounding [33,52].
- Go beyond physical safety and focus on more inner safety in phase 2 [57].

Methodological adaptations

- Model grounding exercises visually to engage clients better [55].
- Use visual assessment tools and design understandable Subjective Units of Distress scales [55].
- Adjust cognitive interweaves to acknowledge clients' racial or cultural identities [56].
- Using art-based activities as grounding techniques [58].
- Use compassion-focused interweaves to deal with cognitive interweaves. These involve guiding the client to explore their emotions with kindness, helping them to reduce self-criticism [57].
- Lengthen the preparation phase a little [59].
- Changing the sequence of phases by placing phase 2 prior to phase 1 to ensure greater stabilization [39].

Phase 3: Assessment

Cultural adaptations

- Replace terms like "positive" with "good" and "I" with "we" to align with cultural norms [39].
- Avoid language that may imply that clients' ideas are "wrong"; use supportive tones instead [57].

Methodological adaptations

- Use visual scales instead of numerical ones for assessing distress levels [33,37].
- Use translated assessment tools or use a translator [36].
- Consider cultural factors connected to target identification and processing during assessment [54].
- Use digital resources, such as mindfulness apps that clients can practice during the session at home [60].
- Encourage clients to keep a digital journal (TICES log) to reflect on their session experiences [60].
- Design more understandable Subjective Units of Distress scales, for example, a "worry scale" [55].

Phase 4: Desensitization

Cultural adaptations

- Avoid physical touch during tapping for female clients to respect cultural norms [33,37].
- Integrate spiritual beliefs into cognitive interweaves to enhance therapeutic relevance [39].
- Include regular body movements, such as moving the head from right to left, during dhikr (a form of Islamic devotional remembrance of God), as these may have therapeutic effects similar to those of bilateral EMDR therapy stimulations [61].

Methodological adaptations

- Incorporate pendulation interweaves along with cognitive interweaves for managing cognitive blocks by connecting clients with empowerment resources [54].
- Do assessment and desensitization concurrently [59].
- Incorporating art into bilateral stimulation [58].
- Utilize software applications designed for online bilateral stimulation [60].

Phase 5: Installation

Cultural adaptations

- Tie positive cognitions to local values such as respect rather than focusing solely on safety due to social crises in society [53].
- Be mindful of ecological validity in the installation phase as clients may consider systemic racism embedded in their country's justice system [56].

Methodological adaptations

- Use easy-to-remember phrases for positive cognition installation [55].
- Take ecological validity into account during the installation phase, as clients may be influenced by the systemic racism embedded in their country's justice system [56].

Phase 6: Body scan

Cultural adaptations

- Incorporate compassionate bodywork such as mindfulness combined with physical touch where culturally appropriate [57].

Methodological adaptations

- Make body scanning interesting by using a checklist of body parts to scan and offering visual cues of positive cognitions [55].

Phase 7: Closure

- Empower clients through cultural practices like self-hugging or symbolic rituals for grounding during closure [33,54].

Phase 8: Reevaluation

Cultural adaptation

- Consider the client's privacy needs in online environments and create a secure therapeutic space for virtual sessions [60].

Methodological adaptations

- Utilize electronic forms for assessments and encourage clients to keep a digital journal to reflect on their session experiences [60].

The narrative review also identified several considerable challenges in the implementation of EMDR therapy. First, clients often lacked sufficient knowledge about their mental health conditions [62]. Second, noncompliance was a notable concern, with approximately 27% [63,64]. Third, language barriers also posed a challenge, particularly for non-English-speaking clients [9]. Fourth, clients were worried about their privacy during online sessions [63]. Fifth, clients experiencing social violence struggled to find a "safe place" [65]. Lastly, contacting clients for follow-up sessions was challenging [66]. These challenges underscored the need for adaptations in EMDR therapy.

Thematic analysis: Synthesizing the narrative review and focus group discussion

A detailed thematic analysis facilitated the systematic synthesis of insights gleaned from the narrative review and focus group discussion. This approach allowed for a comprehensive understanding of the key themes and patterns that emerged across both sources, providing a rich and nuanced interpretation of the data.

Theme 1—Language and communication

Both the narrative review and expert opinions showed concurrence on this theme. Studies from narrative review, such as those by Masters et al. [53] and Acarturk et al. [36,37], highlighted the use of local languages and dialects for effective communication during therapy. One of the experts recommended: "To make sure that clients fully understand the therapeutic process, the therapists should use a plain, and regional language." Similarly, the second expert added that "We can better adapt our communication style to the patient's needs by evaluating their socioeconomic and educational background."

Theme 2—Integration of cultural and religious values

The integration of cultural, familial, and religious values is crucial across various phases of EMDR therapy. Narrative review highlighted this point. Findings from studies by Seponski [34] and Abdul-Hamid Khalid and Hughes [61] highlighted that therapists should respect their clients' religious and spiritual beliefs when discussing delicate subjects with them. In this regard, an expert concurred: "Cultural and religious beliefs and practices of clients are particularly helpful during the resource development process. We often suggest culturally and religiously relevant exercises, such as using a mosque as a 'calm place' during stabilization exercises." Another expert further added: "Since cultural and religious factors are used in the resource development process, therapists should treat them with great respect and approach them sensitively in order to establish rapport and trust with their clients."

Theme 3—Involvement of family and community for support

The narrative review emphasized that the therapists should work with local community figures, such as religious clergy or village elders, to expand the resources accessible to clients [53]. Additionally, Kpeno et al. [67] highlighted the important role of family involvement in the healing process and trauma recovery. These findings were in concurrence with experts' opinion. An expert added: "Family members or community members can be involved, particularly during the preparation phase. It provides support to better comprehend the client's needs. However, to overcome any potential conflict between the responsibilities of therapist and family members, we must establish clear limits." Additionally, another expert added: "Involving family members or peers in therapy can offer emotional support and encouragement, which can boost the client's motivation and sense of support during their recovery process."

Theme 4—Addressing stigma

The narrative review underlined the importance of local community resources for mental health as an effective stigma-reduction aid since they not only reduce stigma toward marginalized groups but also foster a sense of inclusivity and acceptance within the community [54]. Furthermore, Masters et al. [53] proposed that including psychoeducation regarding mental health stigma into EMDR therapy sessions can be beneficial. An expert in this regard proposed: "An advantageous adaptation in the EMDR protocol might be to incorporating psychoeducation regarding mental health stigma and its impacts into therapy sessions." Moreover, the second expert stated that "Local community resources, such as community mental health centers or helplines, as well as increased understanding of mental health issues among the public, can help to lessen stigma. This can eventually lead to improved mental health outcomes for individuals seeking EMDR therapy."

Theme 5—Cultural sensitivity and competence

The narrative review emphasized the importance of therapists' cultural competency. Schwartz and Maiberger [54] stressed culturally sensitive inquiry to understand the client's social and cultural background. An expert stated: "Cultural competency is an important requirement for an EMDR therapist in Pakistan. It enables therapists to better comprehend their clients' cultural beliefs and values, resulting in more effective therapeutic outcomes." This statement was further added by another expert: "Being culturally competent allows therapists to better adjust their therapy to their clients' requirements and preferences, resulting in increased trust and rapport and also helps in avoiding misunderstandings or misinterpretations caused by cultural differences."

Theme 6—Gender-related adaptations

Gender-related cultural adaptations are crucial. Acarturk et al. [35,37] emphasized matching therapists with clients based on gender to respect cultural norms. In a similar way an expert affirmed: "It is critical to consider cultural norms when

conducting EMDR therapy in Pakistan, particularly in terms of gender. This may involve allocating men therapists to male clients and preventing physical contact between male therapists and female clients." Another expert further added: "In Pakistan, gender roles are highly embedded in society, hence therapists must be mindful of how these dynamics may affect the therapy process. By recognizing and addressing these dynamics, therapists can foster a more inclusive therapeutic environment for their clients."

Theme 7—Client privacy and confidentiality

Findings from the narrative review emphasized considering the client's privacy needs in online environments and creating a secure therapeutic space for virtual sessions [60]. An expert advised: "It is crucial to prioritize privacy and confidentiality in all therapy sessions, including those conducted online. Using secure communication platforms and informing clients about potential risks and limitations of virtual sessions can be beneficial." Overall, all experts agreed that privacy and secrecy in therapy sessions foster a safe and trusting environment in which clients can process traumatic experiences. Furthermore, maintaining strict limits around client information promotes a strong therapeutic bond, which ultimately leads to better treatment outcomes.

Theme 8—Local resources for enhanced support

Incorporating local resources is crucial. Abdul-Hamid Khalid and Hughes [61] discussed incorporating local spiritual practices like dhikr (remembrance of God) for grounding. An expert suggested: "Integrating mindfulness techniques from spiritual Islamic practices can provide clients with a sense of comfort during therapy sessions, especially for developing resources." Another expert added: "By incorporating practices such as Dhikr (remembrance of God) or Dua (prayer) as part of resource development, the clients may find a source of strength in challenging times. Moreover, it can also help them navigate challenging emotions and experiences with a greater sense of peace and resilience."

Theme 9—Body language and nonverbal cues

The narrative review highlighted that therapists should focus on the body language and nonverbal cues of clients [53]. This is particularly important in online settings where nonverbal communication may be more challenging to observe. An expert recommended: "Encourage clients to describe their physical sensations and emotions in detail during online sessions to compensate for reduced ability to observe non-verbal cues." Another expert stated that the "Therapist should attentively observe the body language and expression of clients since it can provide useful information."

Theme 10—Considering the socioeconomic background of clients

According to the narrative review, clients with lower literacy levels should have their socioeconomic backgrounds examined, and assessment tools may be translated, and therapeutic instructions should be made simpler [36]. This approach helps bridge the gap in access to mental health services for individuals with limited literacy or English proficiency. An expert advised: "Therapists should adjust their communication style according to their clients' socioeconomic background in order to ensure effective interactions. This may involve using language and examples that are relevant to clients." Furthermore, another expert recommended: "Therapists ought to match their communication style to the economic background of their clients and consider utilizing terminology that clients can understand. Therapists should create a warm and welcoming environment for all clients, regardless of socioeconomic background."

Theme 11—Emotional expression and cognitive interweaves

According to the narrative review, cognitive interweaves should be framed with concepts that are relevant to local culture [39]. An expert recommended: "By incorporating spiritual or compassion-based techniques into cognitive interweaves, feelings of shame or self-criticism can be lessened and the need for continual guidance can be diminished." In general, all experts agree that employing spiritual or compassion-based tactics during cognitive interweaves can assist clients in managing difficult emotions independently. This can make clients feel more independent and self-sufficient while they heal.

Theme 12—Anti-racist approach by therapists

The narrative review highlighted the need for therapists to ensure that the therapeutic environment actively counters bias and fosters inclusivity. Ashley and Lipscomb [56] added that therapists should build a safe and welcoming space where clients from diverse backgrounds can feel understood, respected, and supported in their healing journey.

Theme 13—Flexible structure of therapy

According to the narrative review, the length and structure of the sessions could be modified to accommodate clients' needs [34]. This flexibility allows therapists to tailor EMDR therapy according to individual requirements of clients. An expert gave opinion: "Depending on the needs of the clients, the length of individual sessions and the overall duration of EMDR therapy can be changed." All experts concurred that EMDR therapy should be tailored to the individual treatment plan to best meet the needs of each client. This personalization allows for a more targeted approach, which leads to more successful therapeutic outcomes.

Theme 14—Resource-building for online EMDR

Both sources highlighted the importance of adapting resource-building exercises for online sessions. Fisher [60] suggested incorporating digital resources like mindfulness apps. An expert advised: "Clients can use self-administered resource-building methods in online sessions. These techniques can assist clients in developing coping skills and stress-management strategies, as well as improving general wellness." Similar to this, another expert said: "Clients can improve their ability to cope with stress and develop emotional resilience by using self-administered resource-building techniques, such as guided visualization, self-tapping, and self-journaling prompts, either inside or outside of sessions."

Theme 15—Use of art-based techniques

Both sources affirmed the effectiveness of art-based techniques. Tripp [58] mentioned utilizing art-based techniques for resource-building and body scanning. An expert agreed: "Incorporating symbolic artwork, sacred pattern coloring, or guided drawing could be highly beneficial during the Assessment and Resource

Building phases of EMDR therapy." Overall, all experts agreed that art-based activities and techniques can help clients process unprocessed painful memories and emotions in a nonverbal manner, giving them a sense of empowerment and control over their own recovery process. This might be especially helpful to those clients who struggle to express their emotions verbally.

Theme 16—Online session privacy

Both sources stressed the importance of privacy in online sessions. Fisher [60] emphasized creating a secure therapeutic space for virtual sessions. An expert recommended: "Using secure communication platforms and informing clients about potential risks and limitations of virtual sessions can be beneficial."

Theme 17—Integrating biochemical analysis

All experts stressed the importance of integrating biochemical analysis into the EMDR therapy process. This combination was thought to provide a more comprehensive therapeutic approach by addressing both the psychological and physiological elements of depression. Specifically, one of the experts added: "Integrating biochemical analysis or laboratory tests could enhance precision in assessment and symptom tracking. These tests can provide objective data to complement subjective reports from patients, leading to a more comprehensive understanding of their condition. However, it is important to consider the cost and accessibility of these tests, as they may not be economically feasible for all clients."

Theme 18—Safe place and grounding exercises

Selected studies and focus group discussions suggested adapting grounding and safe-place exercises. For example, Mbazzi et al. [39] recommended replacing the terms "safe place" with "special place" and "container" with "clay pot", since these modified terms were in line with local dialects, and they might also assist in preventing triggering the unpleasant memories of clients. An expert suggested: "Incorporating cultural references, such as mentioning to a safe place as mosque, can be very beneficial in helping clients in Pakistan feel at ease and familiar during therapy sessions." In a similar way, another expert said: "Therapists can build stronger connection with their clients by localizing space-place and grounding exercises. This can help clients feel more present and connected to their environment, which can ultimately result in better therapy outcomes."

Theme 19—Using visual scales

Narrative review sources such as Seponski [34] and Mbazzi et al. [39] suggested using visual scales instead of numerical ones for assessing distress levels. This was in concurrence with the focus group discission. An expert said: "The use of a visual scale, such as faces representing different degrees of distress, could greatly improve client-therapist communication." Another expert added: "Visual scales can be especially useful for evaluating the symptoms of clients who are illiterate or children, as it facilitates communication by offering a universal means of expressing emotions."

Theme 20—Addressing noncompliance and follow-up

While not explicitly mentioned in the expert opinions, the narrative review emphasized implementing strategies to improve treatment follow-up and compliance, such as identifying barriers, using motivational interviewing, and modifying the treatment protocol as needed [62,63,65].

Formulation of the adapted DeprEnd EMDR therapy protocol

Following a successful narrative review, focus group discussions, and thematic analysis, the adapted DeprEnd EMDR therapy protocol for depression is now ready to be structured and formulated for use with Pakistani clients. Since the original DeprEnd EMDR therapy protocol consists of 8 phases that target pathogenic memory networks that may contribute to the onset and persistence of depressive symptoms, the adaptations are made in each phase accordingly. Specifically, most of the cultural adaptations in the DeprEnd EMDR therapy protocol occurred in the history taking, preparation, and assessment phases. In these phases, the therapist gathers information about the history and current symptoms of the client, establishes a safe and supportive environment, and assesses the readiness of the client for EMDR therapy. These processes are particularly likely to be influenced by cultural factors, as they involve personal narratives, belief systems, and culturally specific expressions of distress. On the other hand, phases such as desensitization and installation primarily involve methodological adaptations. However, they also incorporate cultural adaptations, as cultural factors can influence how distressing memories are processed and how positive beliefs are reinforced. (The adapted DeprEnd EMDR therapy protocol is attached as Supplementary File A.)

Pilot testing of the adapted DeprEnd EMDR therapy protocol

Pilot testing allows researchers to assess the feasibility and acceptability of an intervention before its full-scale implementation [68]. The results of the pilot study revealed a 92% retention rate, moderate to high adherence scores, and high therapist confidence. These findings demonstrated the general usefulness of the adapted DeprEnd EMDR therapy protocol, along with robust feasibility and important clinical improvements in depressive symptoms. Additionally, the psychometric validity of the selected measurement tools was acceptable. Together, these outcomes support the potential for broader large-scale implementation of the DeprEnd EMDR therapy protocol in Pakistan.

Discussion

EMDR therapy, while globally recognized for its efficacy, relies on frameworks that may not resonate with the collectivist values, spiritual beliefs, and family-centric dynamics of South Asian populations. Adapting the DeprEnd EMDR therapy protocol to fit these cultural differences is crucial today—it will not only increase its acceptance but also improve treatment results. Additionally, Pakistan faces a high rate of MDD, worsened by stigma, low mental health awareness, and limited resources [69]. This makes culturally appropriate interventions even more urgent. Building on this foundation, the present study highlighted the critical importance of a culturally and methodologically adapted DeprEnd EMDR therapy protocol for treating MDD in Pakistan. This study aimed to connect evidence-based psychotherapy—mostly developed in Western individualistic cultures—with the social and cultural needs of Pakistani clients. This study combined findings from a thorough narrative review and expert perspectives to adapt the

DeprEnd EMDR therapy protocol, ensuring its alignment with the distinct cultural, social, and psychological dynamics of Pakistan's non-Western collectivist society. In this way, the applicability this adapted DeprEnd EMDR therapy protocol could be extended to neighboring Asian countries, including India, Bangladesh, Afghanistan, and Iran, which share similar cultural contexts and mental health systems.

What have we learned?

This study offered important insights into the adaptations necessary for making the DeprEnd EMDR therapy protocol effective in Pakistan. The 20 identified themes highlighted the multidimensionality of adapting Western-origin psychotherapy to a collectivist, non-Western setting. The integration of culturally resonant aspects, such as local language, metaphors, religious practices like dhikr, and family involvement, emerges as a cornerstone of the adaptation process. These modifications may align the DeprEnd EMDR therapy protocol with the cultural, social, and spiritual realities of Pakistani or South Asian clients. However, there is a need to balance cultural integration with the risk of overgeneralization. For example, while incorporating religious practices may enhance acceptance for many clients, it could alienate those who prefer secular approaches or have experienced religious trauma. Therapists must exercise caution in tailoring interventions to individual needs without reinforcing stereotypes or ignoring diversity within the population.

Effective communication between the therapist and the client plays a vital role in building rapport and ensuring comprehension during any therapeutic process [70]. Using local languages and dialects during EMDR therapy is essential, particularly in a multilingual society like Pakistan, where people often communicate in more than 3 languages, including English, Urdu, and regional languages. While this language adaptation facilitates better client engagement, it also presents challenges in ensuring consistent training for therapists across linguistic and cultural variations. Furthermore, the use of visual aids and simplified tools addresses literacy barriers but requires careful validation to avoid oversimplification or misrepresentation of therapeutic concepts.

The study also highlighted the importance of gender-sensitive adaptations, privacy in online sessions, and the use of art-based techniques, which collectively address cultural sensitivities and practical societal constraints. While matching clients with therapists of the same gender aligns with cultural expectations, it may unintentionally uphold traditional gender norms, prompting concerns about its impact on gender equality in mental healthcare [71]. Similarly, ensuring privacy in virtual sessions is crucial, but limited access to secure digital platforms in rural areas presents practical challenges [72]. Art-based techniques offer an innovative solution for clients who struggle with verbal expression, yet their efficacy requires further empirical scientific support [73].

In general, flexibility in the structure of EMDR therapy, such as adjusting session length or sequence, is another valuable adaptation. While this flexibility addresses individual client needs, it may compromise the standard structured nature of EMDR therapy and may potentially affect its clinical efficacy. Rigorous empirical research is required to determine whether such adaptations impact the overall clinical efficacy of the DeprEnd EMDR therapy protocol. To be safe, therapists should balance following the core principles of DeprEnd EMDR therapy while also adapting it to fit their clients' needs. Additionally, the integration of digital tools, such as mindfulness apps and visual scales, enhances accessibility but raises concerns about digital literacy and equitable access.

Past and existing research on EMDR therapy, including the adaptations made to the DeprEnd EMDR protocol in this study, shows that therapists must avoid bias, oppose racism, and understand different cultures [56]. This is essential for fostering inclusivity, addressing partiality, and effectively working with clients from diverse cultural backgrounds. These dimensions are particularly important because, in some parts of Pakistan and other South Asian countries, certain settings may harbor racial prejudices. Therapists should therefore be well acquainted with strategies to navigate and address such situations.

The various adaptations proposed by the present study will not only enhance the accessibility and acceptability of the DeprEnd EMDR therapy protocol but also establish a therapeutic framework for broader applications in other South Asian countries with comparable cultural, social, and religious contexts. These adaptations also accentuate the critical need for ongoing research on the testing of the adapted DeprEnd EMDR therapy protocol across diverse populations. Furthermore, collaborative efforts involving local stakeholders could help address systemic barriers and enhance the widespread adoption of the culturally adaptive DeprEnd EMDR therapy protocol across the region. In the long run, these adaptations will transform the DeprEnd EMDR therapy protocol into a scalable mental health intervention for the South Asian region.

Aligning our findings with the existing literature

The results of this study are consistent with global research trends emphasizing the cultural and methodological adaptation of evidence-based psychotherapies. As such, this research reinforces the need to tailor psychotherapeutic interventions to diverse cultural settings. Previous studies have emphasized critical elements such as language modifications, spiritual integration, and community involvement to enhance therapeutic effectiveness. For instance, Seponski [34] highlighted the value of linguistic adaptations in Cambodia, while Mbazzi et al. [39] demonstrated how culturally relevant symbols and metaphors improved outcomes in African nations. Expanding upon this groundwork, the present study provides a nuanced, contextually tailored framework for adapting EMDR therapy protocols to treat MDD and other mental health conditions in Pakistan. By doing so, it enriches the wider broader discourse on culturally sensitive mental health interventions in the region.

An important contribution of the present study is its methodological rigor. This study has successfully addressed the limitations of prior EMDR research, which predominantly relied on quantitative methodologies. In light of these limitations, Marich et al. [74] suggested that researchers studying EMDR therapy through quantitative methods might consider including a qualitative component to enrich the findings of their studies. This study has employed a qualitative exploratory research framework to thoroughly investigate the complex dynamics between culture and psychotherapy. Through this methodology, it has addressed key gaps in the existing literature while emphasizing the necessity of incorporating qualitative insights into EMDR research, thereby enriching the understanding of culturally responsive therapeutic practices.

The results of this study highlight the importance of integrating cultural and religious components into the DeprEnd EMDR therapy protocol, corroborating recent research like that of Naeem et al. [75]. Their work explores the cultural adaptation

of CBT using an enhanced framework—the "bio-psycho-socio-spiritual" model—which expands upon the traditional bio-psycho-social model. This upgraded framework recognizes the important role of cultural factors in shaping modern mental health interventions in non-Western cultures. Similarly, the present study also aimed to bridge the gap between evidence-based therapy and culturally grounded therapeutic approaches by embedding spiritual practices into DeprEnd EMDR therapy protocol. However, while existing published research underscores the necessity for rigorous scientific investigation into the role of culture and spirituality in psychotherapy [76], this study contributes to this discussion by emphasizing the importance of empirically assessing how cultural and spiritual elements influence the effectiveness of EMDR therapy. In doing so, it paves the way for future research in this emerging field.

Family and community involvement emerged as another vital component of the adapted DeprEnd EMDR therapy protocol. These finding echoes recent research, particularly a meta-analysis by Dippel et al. [77], which concluded that involving family into the psychotherapy can help in achieving improved treatment outcomes for adolescents with depression. Similarly, Nadeem et al. [78] conducted a study on culturally responsive CBT for Pakistani youth, highlighting the inclusion of family and community elements. The study highlighted the importance of understanding the joint family system, community structure, and familial roles in Pakistan, where communal living is deeply ingrained into the social fabric, as integral to the treatment process.

Finally, the various methodological adaptations in the DeprEnd EMDR therapy protocol proposed by the present study align with the existing scientific literature. Adaptations such as modifying the session length, the therapy duration, and phase sequencing are supported by studies like those by Wiltsey et al. [79]. Other methodological adaptations, such as asking clients to maintain digital TICES and utilizing software applications designed for online bilateral stimulation, are supported by the published literature, such as that by Easton [80] and Davidar and Ballal [81]. Similarly, adapting assessment tools and therapeutic techniques to local contexts—such as translating them or modifying them from digits to symbols—is supported by Zaman et al. [44], who emphasized the importance of culturally sensitive diagnostic practices in Pakistan. Furthermore, the integration of positive psychology principles into the DeprEnd EMDR therapy protocol, as suggested by this study, aligns with the work of Foster [82] and Laliotis et al. [8] on exploring the potential synergies between positive psychology and EMDR therapy.

To summarize, the results of this study support the growing evidence that culturally and methodologically tailored evidence-based psychotherapies are equally effective, as evidenced by a pilot study conducted within this research. The findings of this study are anticipated to improve both the accessibility and acceptability of EMDR therapy in Pakistan while also establishing a basis for its wider use in other South Asian settings. Nevertheless, considerable challenges persist, including overcoming systemic obstacles, guaranteeing fair access to therapy, and preserving the integrity of therapeutic practices across varied cultural contexts.

Implications

The culturally and methodologically adapted DeprEnd EMDR therapy protocol for depressive disorders holds important implications for mental healthcare in Pakistan. This adapted protocol is likely to enhance the accessibility and acceptability of psychotherapy across diverse populations in Pakistan by addressing cultural barriers such as stigma, gender norms, and limited awareness about mental health. This is particularly crucial in a country where a high prevalence of depression has been documented. Moreover, the culturally adapted DeprEnd EMDR therapy protocol, which integrates culturally relevant elements into each phase of treatment, has the potential to enhance outcomes for individuals with depressive disorders in Pakistan.

The findings of this study underscore the broader advancements needed in mental healthcare in Pakistan. To truly transform mental health support, therapist training programs must go beyond conventional methods and embrace culturally sensitive approaches. In a collectivist society like Pakistan, where stigma and tradition often shape perceptions of mental health, culturally competent care is not just beneficial—it is essential. Equipping therapists with the skills to navigate complex cultural dynamics can foster trust, dismantle barriers, and ensure that mental healthcare becomes both accessible and effective for all. The integration of biochemical analysis into the adapted DeprEnd EMDR therapy protocol also introduces a holistic approach, addressing both the psychological and physiological aspects of depression. Additionally, involving family members aligns with the cultural context, fostering a supportive environment and reducing stigma. Finally, incorporating online therapy and digital resources expands access to mental health services, especially in remote areas, addressing the critical shortage of mental health professionals in Pakistan.

Limitations and future research directions

While this study offers valuable insights, several limitations must be acknowledged. First, this study utilized a small sample size of 5 experts for the focus group discussion. The existing literature, e.g., Guest et al. [83], allows 5 to 6 experts for focus group discussions. This limitation arises because EMDR therapy is relatively emerging in Pakistan, and only a handful of senior EMDR therapists and researchers are available. In the future, studies may be conducted with a larger (up to 10 experts per focus group) with a more diverse group to provide valuable insights into the adaptation of EMDR therapy protocols. Second, the current study is a component of a broader research project aimed not only at designing an adapted DeprEnd EMDR therapy protocol but also at evaluating its clinical efficacy through a large-scale randomized controlled trial. However, this particular study focuses solely on the development and pilot testing of the adapted DeprEnd EMDR therapy protocol for treating depressive symptoms in Pakistan. Hence, further research—particularly large-scale studies—is needed to evaluate the long-term effectiveness of the adapted DeprEnd EMDR therapy protocol in Pakistan and other South Asian contexts. Third, while this study has focused on national culture, it is important to acknowledge the considerable regional cultural diversity within Pakistan. Future research could explore adapting the DeprEnd EMDR therapy protocol—or other EMDR therapy protocols—to better align with the distinct cultural contexts of Pashtun (a prominent ethnic group in northern Pakistan) and Punjabi (the dominant ethnic group in eastern Pakistan) populations. This would allow for a more comprehensive understanding of how cultural nuances may impact the effectiveness of EMDR therapy in different regions of Pakistan. Finally, the present study has primarily utilized exploratory-qualitative data. In the future, a mixed-methods design integrating both

qualitative and quantitative data may provide deeper insights into the adaptability of EMDR therapy protocols.

Conclusion

This study represents an important step forward in addressing the mental health needs of individuals with MDD in Pakistan through culturally adapted psychotherapeutic interventions. By tailoring EMDR therapy to align with local values and addressing the unique challenges faced by Pakistani clients, this research contributes to advancing mental healthcare in South Asia. Adaptations made in the DeprEnd EMDR therapy protocol hold great promise not only for improving treatment outcomes but also as a model for future efforts to localize evidence-based therapies for diverse cultural settings. By bridging the gap between global practices and local cultural needs, this study makes a valuable contribution to the evolving field of culturally competent mental healthcare. Looking ahead, it is crucial to continue refining and validating this adapted protocol through rigorous empirical research and clinical practice. By doing so, mental health professionals in Pakistan and similar cultural contexts will be better equipped to provide care that is not only more effective but also deeply rooted in cultural relevance. This ongoing work holds the potential to not only improve individual treatment outcomes but also contribute to a broader societal shift in how mental health is understood and addressed, fostering long-term well-being across the region.

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Data Availability

Due to ethical and legal restrictions, the following data cannot be publicly shared:

- The DeprEnd EMDR therapy protocol employed in this study represents the intellectual property of its original authors and is protected under copyright law; as such, it cannot be publicly distributed.
- To protect participant confidentiality, individual-level clinical data cannot be shared.

Requests for access to de-identified, aggregate-level data will be considered on a case-by-case basis by the corresponding author, subject to data protection regulations of the parent organization. Researchers interested in any such data access may contact the corresponding author for further information.

Supplementary Methods

Supplementary Files A and B

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