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## A Realistic Appraisal of EMDR

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This brief article addresses only a few of the major issues raised by the aggressive promotion of Eye Movement Desensitization and Reprocessing (EMDR) as a "miracle" treatment for problems as diverse as Posttraumatic Stress Disorder and the distress associated with Encopresis. By now, most psychologists have heard of this technique, which involves a therapist waving fingers in front of a patient's face to produce eye movements while the patient accesses a disturbing image. Alternate maneuvers such as finger snapping are also used to produce alternating bilateral stimulation. According to its developer, Shapiro (1989), EMDR works by altering neural connections among affect, cognition, and memory. To learn more about research on EMDR, the reader should consult the following scholarly reviews (e.g. Acierno et al., 1994; DeBell & Jones, 1997; Foa & Meadows, 1997; Herbert & Mueser, 1992; Keane, 1997; Lilienfeld, 1996; Lohr et al., 1995, 1998).

EMDR has now been taught to over 25,000 clinicians worldwide in the short span of 9 years. Yet studies on EMDR find scant empirical support for the dramatic claims made by Shapiro and other EMDR enthusiasts. Most damaging to the theory of EMDR, studies have consistently failed to find evidence that eye movements or other forms of bilateral stimulation add anything to treatment outcome (see Lohr et al., 1998). This presents a fundamental problem for EMDR proponents. After all, if one removes the E and M from EMDR, we are left with traditional elements of behavior therapy- Desensitization and Cognitive Reprocessing. This matter becomes even more critical when controlled studies find EMDR to be less effective than other exposure based techniques (Muris et al., 1998; Devilly & Spence, in press). Shapiro's apparent insistence that critics "prove the null hypothesis" (Rosen & Lohr, 1997) by showing that eye movements do not enhance imaginal exposure is unlikely to impress psychologists familiar with scientific method.

Shapiro maintains that all extant studies are flawed and EMDR is more than just eye movements; thus, EMDR is characterized as a "complex methodology" comprising eight steps. It is curious, however, that the other seven phases of this "complex methodology" comprise such generic components as history taking, client preparation, assessment, and reevaluation. Evidently, when superfluous eye movements are omitted, we are left without much that is original.

Thus, what is effective in EMDR (imaginal exposure) is not new, and what is new (eye movements) is not effective.

Shapiro (1995) and other proponents of EMDR also have tried to discount negative findings by criticizing researchers for inadequate training and lack of "fidelity" to EMDR's method. This argument may sound reasonable at first; but, in fact, EMDR enthusiasts misunderstand and therefore misuse the treatment fidelity concept (Rosen, in press). Moreover, this line of reasoning amounts to what Dawes (1994) has termed the "argument from a vacuum," whereby one asserts that heretofore nonexistent positive results would have been obtained if only the proper procedures had been used. Finally, and without supporting data, EMDR enthusiasts have continually changed the procedures and Levels of training that define faithful adherence to the method. Thus, Shapiro has proclaimed that Level II training is required for a therapist to learn EMDR, when once upon a time, Level I training was sufficient, and before then, simple written descriptions were said to suffice. Proponents of EMDR also have insisted on treatment fidelity for the induction of eye movements, then claimed that alternate tapping strategies are just as useful, next argued that various protocols must be followed, only to switch the decision rules for those protocols.

What should psychologists do in the midst of all this controversy and the extraordinary claims made on behalf of EMDR? A prudent approach might be to read the most recent review by Lohr et al. (1998), plus one or two of the best controlled studies (e.g. Devilly et al., In press; Foley & Spates, 1995; Pitman et al., 1996; Renfrey & Spates, 1994). An examination of these papers should persuade the reader that there is scant justification for getting specialized training on how to wave one's fingers before the eyes of one's clients. Psychologists also should remember that it's good to keep your mind open to new ideas like EMDR, "just not so open that your brains fall out." (J. Oberg as cited by Sagan, 1995, p. 187).

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