



EMDR: Taking a Closer Look

CAN MOVING YOUR EYES BACK AND FORTH HELP TO EASE ANXIETY?

By Scott O. Lilienfeld and Hal Arkowitz

More than 500 brands of psychotherapy exist, with new ones springing up on a nearly monthly basis. Although a handful of these neophyte treatments have been tested in scientific studies, it is anybody's guess whether the others actually work.

Over the past 15 years or so, one of these new kids on the therapy block has stood out from the pack for the remarkable attention it has received from the media, practitioners and mental health consumers. This treatment carries a mouthful of a label—eye movement desensitization and reprocessing—and it has made an impressive splash on the psychotherapy scene. Not surprisingly, most therapists refer to it simply as “EMDR,” and we’ll do the same here.

Like some other psychotherapies, EMDR was the brainchild of serendipity. One day in 1987 Francine Shapiro, a California psychologist in private practice, went for a walk in the woods. She had been preoccupied with a host of disturbing thoughts. Yet she discovered that her anxiety lifted after moving her eyes back and forth while observing her surroundings. Intrigued, Shapiro tried out variants of this procedure with her clients and found that they, too, felt better. EMDR was born.

After an initial published study in 1989, EMDR became the focus of dozens of investigations and scores of presentations at professional conferences. Shapiro initially developed EMDR to help clients overcome the anxiety associated with post-traumatic stress disorder (PTSD) and other anxiety disorders, such as phobias. Nevertheless, therapists have since extended this treatment to a host of other conditions, including depression, sexual dysfunction, schizophrenia, eating disorders, and even the psychological stress generated by cancer.

EMDR therapists ask their clients to hold the memories of anxiety-provoking stimuli—for example, the painful memories of a frightening accident—in their minds. While doing so, clients track the therapist’s back-and-forth finger movements with their eyes, much like a person in an old Hollywood movie following a hypnotist’s swinging pocket watch. EMDR proponents have invoked a dizzying array of explanations for the apparent effectiveness of the lateral eye movements: distraction, relaxation, synchronization of the brain’s two hemispheres, and simulation of the eye movements of rapid eye movement (REM) sleep have all emerged as candidates. In conjunction with their therapists, EMDR clients also learn to replace negative thoughts (such as “I’ll never get this job”) with more positive thoughts (such as “I can get this job if I try hard enough”).

Few psychological treatments have been as widely heralded as EMDR. Some EMDR pro-



ponents have called it a “miracle cure” and “paradigm shift,” and ABC’s *20/20* proclaimed it an “exciting breakthrough” in the treatment of anxiety. More than 60,000 clinicians have undergone formal training in EMDR, and the EMDR International Association (EMDRIA), a group of mental health professionals dedicated to promoting the technique, boasts more than 4,000 members. The organization estimates that this procedure has been administered to approximately two million clients. Moreover, in some American cities, psychotherapists proudly list their certifications in EMDR on their Yellow Pages advertisements. But does it work?

The answer is not entirely straightforward. As with all psychotherapies, one can look at the question of whether EMDR “works” in several different ways. Here we will address three important variants of this question:

Does EMDR work better than doing nothing?

Yes. Numerous controlled studies show that EMDR produces more improvement than absence of treatment, at least for alleviating the symptoms of civilian PTSD, such as those triggered by rape. The evidence that pertains to EMDR’s efficacy for other anxiety disorders is promising but preliminary. EMDR’s effects are most marked on self-reported measures of anxiety; its impact on physiological measures linked to anxiety (such as heart rate) is less clear-cut.

Does EMDR work better than supportive listening?

Probably. Although the research evidence on this front is less extensive, most studies indicate that EMDR produces more improvement than control conditions in which therapists merely listen attentively to a client’s problems but do not attempt to intervene directly. (Studies generally show, however, that such supportive listening conditions produce positive effects in their



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own right.) So the therapeutic effects of EMDR probably cannot be attributed entirely to the beneficial consequences of interacting with a warm and empathetic therapist. Something more seems to be going on.

Does EMDR work better than standard behavior and cognitive-behavior therapies?

No. Most behavior and cognitive-behavior therapies for anxiety rely on a core principle of change: exposure. That is, these treatments work by exposing clients repeatedly to anxiety-provoking stimuli, either in their imagination (“imaginal exposure”) or in real life (“in vivo exposure”). When exposure to either type is sufficiently prolonged, clients’ anxiety dissipates within and across sessions, generating improvement.

When scientists have compared EMDR with imaginal exposure, they have found few or no differences. Nor have they found that EMDR works any more rapidly than imaginal exposure. Most researchers have taken these findings to mean that EMDR’s results derive from the exposure, because this treatment requires clients to visualize traumatic imagery repeatedly. Last, researchers have found scant evidence that the eye movements of EMDR are

contributing anything to its effectiveness. When investigators have compared EMDR with a “fixed eye movement condition”—one in which clients keep their eyes fixed straight ahead—they have found no differences between conditions. In light of those findings, the panoply of hypotheses invoked for EMDR’s eye movements appears to be “explanations in search of a phenomenon.”

So, now to the bottom line: EMDR ameliorates symptoms of traumatic anxiety better than doing nothing and probably better than talking to a supportive listener. Yet not a shred of good evidence exists that EMDR is superior to exposure-based treatments that behavior and cognitive-behavior therapists have been administering routinely for decades. Paraphrasing British writer and critic Samuel Johnson, Harvard University psychologist Richard McNally nicely summed up the case for EMDR: “What is effective in EMDR is not new, and what is new is not effective.” ■



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