EDITORIAL

Twenty Years of EMDR

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In 1989, an unknown psychology doctoral student, Francine Shapiro, published a study that challenged traditional understandings of the treatment of traumatic stress. Twenty years later, eye movement desensitization and reprocessing (EMDR) continues to impress, baffle, and intrigue clinicians and researchers around the world and has provided symptom relief to hundreds of thousands of clients.

The year 2009 is the 20th anniversary of EMDR. This is a time for celebration and fireworks, for congratulatory comments and accolades, for satisfaction and gratification. And there is lots of that to go around! EMDR has come a long way in 20 years.

However, an anniversary is also an optimal time for retrospection to consider where we have been, what worked, what did not, and what still needs to be done. And there is lots of that to go around as well. EMDR may not come as far as we might have hoped in 20 years. There are some disappointments, worries, and concerns yet also excitement, possibilities, and opportunities.

Originally dismissed and derided (“finger-waving therapy”), EMDR has now established itself as an efficacious treatment for posttraumatic stress disorder (PTSD). With more than 16 randomized clinical trials, its effectiveness in the processing and resolution of traumatic stress can no longer be disputed. In addition to resolving distress related to traumatic memories, EMDR appears to produce global changes (Solomon & Shapiro, 2008). For example, adult survivors of childhood abuse described transformative effects, grief-stricken clients were better able to access positive memories of their loved ones, and there have been indications that resiliency may be enhanced in both children and adults. Research is needed that can quantify and measure these types of outcomes and compare them to those produced by other PTSD therapies.

While eye movements were originally mocked by critics, a large body of research in various domains has now demonstrated the utility of eye movements in increasing physiological relaxation, decreasing the vividness and emotionality of memories, and facilitating episodic memory recall (Maxfield, 2008). However, research has yet to investigate if or how these effects influence EMDR treatment process and outcome, and controversy still surrounds speculations about EMDR’s mechanisms of action. Further, no studies have adequately investigated the effects of bilateral auditory and tactile stimulation. This oversight is puzzling, as these forms of stimulation are commonly used by clinicians around the world.

After 20 years, the only disorder for which EMDR is known to be effective is PTSD. While therapists routinely report success in using it with other anxiety disorders, mood disorders, and various types of presenting problems, very little research has been conducted to evaluate its effectiveness in these applications. If these disorders originated with a disturbing life event, it seems likely that EMDR treatment of related distressing memories should reduce symptoms, as predicted by Shapiro’s adaptive information-processing model. However, such hypotheses have not been investigated. The provision of EMDR for all disorders, except PTSD, can still be considered mostly experimental and relatively untested. Again, this oversight is puzzling, given the widespread reports by clinicians of good treatment outcomes. Where are the case studies that document these effects? Why are there so few randomized clinical trials to investigate EMDR’s effectiveness with common disorders?

So, while EMDR has come a long way in 20 years, it still has a long way to go.

To commemorate 20 years of EMDR, two issues of the *Journal of EMDR Practice and Research* will

contain a “Special Section on the 20th Anniversary of EMDR.” The first section is printed in this issue. The sections contain comprehensive review articles that examine EMDR’s status in specific areas. Rather than simply listing and describing studies, the authors synthesize the material and integrate conceptual ideas and research findings. In the current issue, authors discuss the development of EMDR over the past 20 years in the treatment of adult PTSD (Schubert and Lee), anxiety disorders (de Jongh and ten Broeke), and acute stress syndromes (Shapiro). Articles also provide overviews of resource development (Leeds) and research on EMDR’s mechanisms of action (Gunter and Bodner). The special sections in subsequent issues will cover topics such as EMDR treatment of children, medically unexplained symptoms, dissociation, and complex PTSD. Articles will also discuss the neurobiology of EMDR and highlight EMDR’s potential role in the treatment of performance anxiety, adjunctive sex offender treatment, family and couples therapy, and the integrative group treatment protocol. A historical article will summarize EMDR’s 20-year of history, and an interview with Francine Shapiro

will give voice to her personal reflections on the past 20 years.

It is hoped that the articles in these special sections will serve as a useful resource to clinicians and researchers, providing summaries of EMDR’s development and effectiveness in each of these domains. It is also hoped that they will serve to inspire readers to ask questions, strengthen knowledge, ground clinical practice, conduct research, and expand understanding.

May the next decades of EMDR practice and research be as productive and valuable as the first 20 years!

References

- Maxfield, L. (2008). Considering mechanisms of action in EMDR. *Journal of EMDR Practice and Research*, 2(4), 234–238.
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