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CLINICAL REPORT

Treating Spider Phobia with Eye-movement Desensitization and Reprocessing: Two Case Reports

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Abstract — Two spider phobics were first treated with Eye-Movement Desensitization and Reprocessing (EMDR) and then received an exposure in vivo session. Results showed positive effects of EMDR, but also suggest that it is especially self-report measures that are sensitive to EMDR. Improvement on a behavioral measure was less pronounced and exposure was necessary to eliminate residual avoidance behavior. This observation confirms the position of those EMDR critics who point out that EMDR effects should be documented with objective and standardized evaluation instruments.

INTRODUCTION

Fear of spiders, blood, enclosed places, and so forth frequently occur in the general population (e.g., Agras, Sylvester, & Oliveau, 1969; Regier et al., 1988). In a minority of the cases, the fear becomes excessive and the person avoids the phobic stimulus to such a degree that it interferes with his daily routine and social activities. In these cases, the diagnosis of specific phobia is made (DSM-IV; American Psychiatric Association, 1994). Prolonged confrontation with the feared stimulus, i.e., exposure in vivo, is considered as the treatment of choice for specific phobias. Öst (1989), for example, reported that a one-session exposure in vivo results in 90% of the specific phobia patients showing significant improvement. Similar results were found by

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Merckelbach, de Jong, and Arntz (1991) and Muris, de Jong, Merckelbach, and van Zuuren (1993). Recently, eye-movement desensitization (EMD) has been recommended as an alternative treatment method for specific phobias (e.g., Marquis, 1991). In EMD, patients imaginally expose themselves to a traumatic or aversive memory, while simultaneously engaging in rhythmic, lateral eye movements that are induced by the therapist. The idea is that through the eye movements, negative memories lose their pathogenetic character and will be assimilated (e.g., Shapiro, 1989a). Originally, EMD was introduced as a treatment method for post-traumatic stress disorder (PTSD; Shapiro, 1989a, 1989b; Puk, 1991; Kleinknecht & Morgan, 1992). Yet, in more recent literature, Shapiro (1994) and other EMD therapists (Marquis, 1991) claim that EMD can be successfully applied to a wide range of psychopathological conditions, one of them being specific phobia.

The few studies that examined the success of EMD in treating specific phobias have yielded mixed results. On the one hand, there is an uncontrolled study by Marquis (1991), which relied on self-report and nonstandardized therapist ratings. This author claimed that specific phobias can be effectively treated with EMD. His conclusion was supported by Kleinknecht (1993) who described a case study of a woman with injection and blood phobias treated with EMD. In this study, both self-report and physiological measures (i.e., pulse rate and blood pressure) suggested that EMD had a positive effect. Furthermore, although no standardized behavioral avoidance test was employed, Kleinknecht reported that the patient eventually succeeded in receiving injections and having blood drawn. On the other hand, two studies found no support for the effectiveness of EMD in treating specific phobias. In a controlled study, Sanderson and Carpenter (1992) compared the effects of EMD with those of imaginal exposure. Fifty-eight phobic subjects were asked to concentrate on the most disturbing image related to their fear; they received a short EMD or imaginal exposure intervention (each procedure was given for seven sets of 20 s) in a single session crossover design. No superior effects of EMD over imaginal exposure were found. Likewise, a controlled case study of Acierno, Tremont, Last, and Montgomery (1994) concerning a woman with multiple specific phobias (i.e., fear of dead bodies and the dark) indicated that EMD failed to produce improvement beyond a control treatment (i.e., imaginal exposure). Furthermore, it was demonstrated that only exposure in vivo resulted in clinically significant improvement.

With respect to the above-mentioned studies, at least two critical remarks are in order. First, given the fact that avoidance behavior is a key symptom of specific phobia (DSM-IV; American Psychiatric Association, 1994), studies evaluating the effects of a new treatment intervention for this condition should include behavioral measures (Hugdahl, 1981; Rachman, 1976). With the exception of the case report by Acierno, Tremont et al. (1994), none of the studies examining EMD effects on specific phobia employed such behavioral measures. Therefore, findings that indicate positive effects of EMD in the