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SCIENCE AND PSEUDOSCIENCE IN THE DEVELOPMENT OF EYE MOVEMENT DESENSITIZATION AND REPROCESSING: IMPLICATIONS FOR CLINICAL PSYCHOLOGY

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ABSTRACT. *The enormous popularity recently achieved by Eye Movement Desensitization and Reprocessing (EMDR) as a treatment for anxiety disorders appears to have greatly outstripped the evidence for its efficacy from controlled research studies. The disparity raises disturbing questions concerning EMDR's aggressive commercial promotion and its rapid acceptance among practitioners. In this article, we: (1) summarize the evidence concerning EMDR's efficacy; (2) describe the dissemination and promotion of EMDR; (3) delineate the features of pseudoscience and explicate their relevance to EMDR; (4) describe the pseudoscientific marketing practices used to promote EMDR; (5) analyze factors contributing to the acceptance of EMDR by professional psychologists; and (6) discuss practical considerations for professional psychologists regarding the adoption of EMDR into professional practice. We argue that EMDR provides an excellent vehicle for illustrating the differences between scientific and pseudoscientific therapeutic techniques. Such distinctions are of critical importance for clinical psychologists who intend to base their practice on the best available research.* © 2000 Elsevier Science Ltd.

KEY WORDS. EMDR, Pseudoscience, Trauma, Posttraumatic stress disorder.

INTRODUCTION

THE PROFESSIONAL PROMOTION of psychotherapy has been based largely on the often cited *Dodo-Bird verdict* that all treatments are effective and equally so (Luborsky, Singer, & Luborsky, 1975). Based on this belief, the majority of psychological practitioners adhere to the dictum that "Everyone has won, and all must have prizes" (Luborsky et al., 1975); Rosenzweig, 1936; Wampold et al., 1997). As a consequence, eclecticism has gained a new found respectability (Lazarus, Beutler, & Norcross, 1992), and new treatments proliferate at a rapid rate (Figley, 1997).

Empirically oriented clinical psychologists, however, have often been skeptical of overarching claims for psychotherapy (Beutler, 1991), and have been at the forefront of research investigating the effects of specific treatments for specific disorders. For example, Eysenck's (1994) reanalysis of earlier meta-analytic research demonstrated the potency of placebo and other nonspecific effects in most treatments, but also the power of behavioral techniques for a narrower range of disorders. Other observers are skeptical of overarching claims of psychotherapy for pragmatic, rather than empirical, reasons. These individuals (and corporate entities) have responsibility for, and a financial stake in, identifying cost-effective treatments for psychological conditions (Strosahl, 1994, 1995).

The necessity of methodological rigor in the empirical validation of intervention procedures has recently become a visible and contentious issue in professional psychology (Fox, 1996). The American Psychological Association's Division of Clinical Psychology recently published reports of a task force suggesting basic methodological criteria for the empirical validation of psychological treatments, and specified treatments that meet these criteria (Chambless, 1995; Chambless et al., 1996).

The concern for empirical validation has helped to limit the clinical application of new techniques for which validation research has not yet been conducted. Most recently, experimental procedures (Delmolino & Romanczyck, 1995; Jacobson, Mulick, & Schwartz, 1995) have been used to demonstrate the lack of efficacy of facilitated communication, a technique purported to permit nonverbal autistic individuals to communicate with others that was widely promoted to replace more expensive, but effective, behavioral procedures. Although the scientific evaluation of psychological treatments has yielded substantial benefits, it is not without risk. The evaluation of

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