



Dipartimento di Psicologia Generale  
Corso di Studi in Psicologia Clinica

# EMDR: Experimental and clinical notes

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- **Abstract**
- Eye Movement Desensitization and Reprocessing (EMDR) was introduced as a treatment for Post-Traumatic Stress Disorder (PTSD). During EMDR sessions patients are asked to recall trauma memories while simultaneously making eye movements. Claims of clinical effectivity met with considerable skepticism from the scientific community. Still, in contrast to many other 'power therapies' that are not embedded in the scientific literature, EMDR survived controlled clinical tests and a series of critical meta-analyses show that EMDR ranks among the most effective treatments of PTSD. We wanted to unravel *how* EMDR yields its positive effects. I will present results from a series of experimental and clinical studies that we carried out from 2010 onwards.
- In a nutshell, this is what the data show and suggest.
- EMDR can easily be studied in the lab. Its effects are reliable, not due to expectancy or experimenter bias and the effects are not only clear from self-report, but also from objective assessments.
- The eye movements in EMDR are more than clinical folklore. They add to the effect of the procedure.
- Still, there is nothing special to the eye movements: they can be replaced by any other task that distracts during trauma recall.
- In contrast to claims by the founders of EMDR, effects of the procedure have nothing to do with 'bilateral stimulation' or promoting 'interhemispheric communication'. Unilateral stimulation works as well.
- During recall, memories become labile and susceptible to change. EMDR exploits this fact by taxing working memory during recall. This affects the nature of the long term trauma memory: it gets less lively and less emotional.
- Some elements of EMDR are *productive* (e.g. distraction during recall), many elements are *not productive* (e.g. curious ways of ending the sessions) and some elements are *counterproductive* (e.g. making eye movements during recall of positive memories). The latter stand in worrisome contrast to the principle of non-nocere. (do no harm)
- EMDR may be useful for the treatment of flashbacks (as in PTSD) and also for flash forwards (as in some anxiety disorders). The indication of EMDR however seems limited and there is no rational basis for its present proliferation beyond flash backs and flash forwards.