When the editor of this journal asked me to write an introduction to the present issue I was frankly quite hesitant. After introducing EMDR to the research and clinical community more than 10 years ago (Shapiro, 1989), my primary goal has been to allow it to grow to maturity as an integrated approach to psychotherapy with a strong theoretical, clinical, and research base. Part of that process is one of individuation. It is important that “Shapiro” not be synonymous with EMDR and so I was loathe to once again link myself to an independent EMDR endeavor. But Dr. Frischholz is nothing if not persistent, and so I agreed. And having read the articles in this volume, I can affirm that this series is indeed a part of the individuation process I had hoped for.

I find this volume a microcosm of a project that has kept me occupied over the past two years. Specifically, I entitled my most recent book *EMDR and the Paradigm Prism* and in it luminaries of diverse modalities view EMDR and attempt to explain its effects through the lenses of their orientations. Their far-ranging expositions were both enlightening and exhilarating for me. I agreed with most and vehemently disagreed with others, but was consistently impressed with the need for such exploration throughout our field. Among the questions they, and the authors in this hypnosis series, have answered are: What elements of EMDR are representations of traditional thought in these areas? How does EMDR complement or extend the outcomes of their previous work? What suggestions do the authors have for strengthening the EMDR protocols? I am pleased to see that the present journal issue has supported this investigatory approach.

While EMDR was originally designed as a trauma treatment and has been designated as effective in the Practice Guidelines of the International Society for Traumatic Stress Studies (Chemtob, Tolin, van der Kolk, & Pitman 2000; Shalev, Foa, Keane, Friedman, 2000), it has evolved over the years to be an integrated approach to psychotherapy applied to a wide range of experientially based disorders (see Hofmann, Fischer, Galley, & Shapiro, 1998; Manfield, 1998; Norcross & Shapiro, in press; Shapiro, 1999; 2001; in press; Shapiro & Forrest, 1997; Tinker & Wilson, 1999). The more recent EMDR clinical protocols have emphasized applications to personal enhancement and the need for increasing resiliency, access to positive resources, and client stability as a precursor to reprocessing dysfunctionally stored experiences. Research has begun on the EMDR Resource Development and
Installation protocol (Korn & Leeds, in press; Leeds, 1998; Leeds & Shapiro, 2000) with promising results. I am gratified to see in many of the articles in this volume the same attention being brought to bear on client containment and stability. It is an extremely important area and I look forward to the testing of the proposed procedures. The possibilities offered by some of these authors are exciting indeed!

In the interest of furthering the on-going collaboration to strengthen the integrative effort, let me also sound some cautionary notes. To encourage EMDR dissertation research I used to say, “It’s a very small lit review.” That is no longer the case. In addition to hundreds of published articles, there is a specified adaptive information processing model used to guide clinical practice (Shapiro, 1995; 2001). There are standardized EMDR procedures and protocols for a wide range of experiential based conditions, including phobias, PTSD and somatic disorders (see Shapiro, 1995; 2001). For all clinical conditions the protocol includes processing (1) past events and their manifestations (e.g., nightmares), (2) present triggers, and (3) positive templates for appropriate future action (Shapiro, 1995; 2001). There are also specific procedures and protocols for ego-strengthening (Korn & Leeds, in press; Leeds & Shapiro, 2000; Shapiro, 1995, 2001). In my opinion, these protocols should not be considered the final word, but rather, in the interests of providing a cohesive body of interpretable literature, will best serve as a starting point. To that end, a delineation of these standardized procedures and precision regarding how and why the authors of new protocols have chosen to deviate from these procedures would allow a clearer assessment of potential contributions to treatment outcomes. It is unfortunate that a number of authors in this issue have failed to do this. Consequently, in many instances it is unclear why a given investigator has chosen to use hypnosis rather than apply the standard EMDR phobia and PTSD protocols. The authors’ contributions to optimal treatment outcomes may be enormous, but without a clear delineation of why a specific step or procedure was altered or ignored, their impact is decreased.

In one example, the authors claim to have increased the benefits of EMDR by the addition of hypnosis, while appearing in their description to use the standard EMDR procedures for ego-strengthening, cognitive interweaves, and positive templates. However, they failed to specify these procedures by name or citation, or indicate what exactly they considered to be the potentially useful procedural variation. In another instance, the authors fail to mention the standard information processing model that has been formulated to explain and guide EMDR practices, making it unclear to the reader why they prefer to describe EMDR as “ego-state therapy.” Does the latter interpretation of EMDR advance the current state of knowledge? It’s hard to say when the roots are not specified, and the description of procedures is unclear. In short, the integration of hypnosis with EMDR may achieve enormous benefits, but the field cannot be adequately guided without clarity of model and methods.

While all of the authors in the present volume appear to be thoroughly experienced and astute clinicians, I would offer the following caution: Remember that you personally bring a lot to the party. In other words, we cannot know whether a specific procedure is beneficial apart from our own special characteristics as practitioners until it has been independently evaluated. A template for future investigation may be the EMDR Resource Development and Installation (RDI) Protocol developed by Leeds (1998) which was evaluated in a single subject-design (Korn & Leeds, in press) utilizing an independent therapist. Although preliminary, it has offered the beginning of a research base in the important area of stabilization and ego-strengthening. I applaud the introduction of various techniques, including conflict free images (Phillips, 2001) and the Wreathing Protocol (Fine & Berkowitz, 2001) into the EMDR literature. Along with RDI, they appear to hold great
promise and I look forward to more extensive testing of all these procedures. Likewise, I suggest that those authors in the present series who propose shifting modalities mid-session, or dropping portions of the standardized hypnosis or EMDR procedures and protocols, engage in future preliminary testing with standardized measures. What results do the standard procedures offer? What additive effects on any measurable domain are achieved by the alterations and under which circumstances? The synthesis of expertise is vital. There is much to evaluate and learn in the coming years.

The strength of an integrated approach is the ability to dovetail the most salient elements of the major orientations into a psychotherapy that can help clients throughout the entire clinical spectrum. The integration gives us hope that all can be healed, and that none are left behind. The danger, however, lies in integration without critical investigation. This leaves open the possibility of integrating aspects that dilute rather than enhance treatment outcomes. It is gratifying that some of the authors in this volume have offered guidelines and procedures that can be tested independently over time. This contribution is also part of the individuation process. Whether I strongly agree with some conceptualizations or applications and strongly disagree with others doesn’t matter, provided that we are all guided ultimately by a combination of clinical wisdom and scientific evaluation. Then, as a field, we will truly have reached full maturity. This journal issue appears to me to be an important step in that direction.

References


