

EMDR as an evidence-based therapy for trauma – A reply to the Independent Forensic Expert Group’s statement on conversion therapy.

Oliver Piedfort Marin¹, Isabel Fernandez² and Carol Miles³

In the Volume 30 of the Torture Journal, the Independent Forensic Expert Group (IFEG, 2020a) made a “Statement on Conversion Therapy,” based on Josina Bothe’s very detailed report “It’s torture, not therapy” (Bothe, 2020). In the US the common terminology now is Sexual Orientation Change Efforts (SOCE) since the terminology should not give the impression that it is a therapy. The authors of this paper have included Eye Movement Desensitization and Reprocessing (EMDR) therapy (Shapiro, 2018) among the practices performed “to create change in an individual’s sexual orientation.”

The Statement of the IFEG sheds light on a critical problem for many individuals, adults and children. Bothe’s data must have been very difficult to obtain, even in countries where conversion “therapy” is legal. We strongly support the commitment of the IFEG and of Josina Bothe, in fighting conversion “therapy” (SOCE) that goes definitively against human rights.

We are impressed by this important work which highlights that many methods are used to coerce people into becoming heterosexual,

from physical torture to misuse of medication or psychotherapy. This includes psychotherapies that have excellent effects on ICD-10 recognized psychopathology, such as EMDR therapy. Nevertheless, we would like to draw your attention to inaccuracies in several statements in the Bothe’s research and express our objection about how EMDR therapy is mentioned in the statement of the IFEG.

By way of introduction, EMDR therapy belongs to the wide range of psychotherapies which are categorized in the statement under “talk therapy or psychotherapy” (IFEG, 2020a, p.66) along psychodynamic, cognitive-behavioral, systemic psychotherapy, and others. EMDR therapy is recommended by major health authorities around the world, to treat post-traumatic stress disorder (PTSD), including PTSD resulting from torture (APA, 2004; VA/DoD, 2017; DNSCGMHC, 2003; ISTSS, 2018). The World Health Organization recommends EMDR therapy for the treatment of PTSD for children, adolescents, and adults (beside trauma-focused cognitive behavioral therapy) (WHO, 2013).

First of all, we would like to state strongly that EMDR Europe Association and EMDR International Association (EMDRIA) do not consider non-heterosexual orientations as pathology under any circumstances. The Code

1) EMDR Europe Association.
Correspondence to: oliver.piedfort@gmail.com

1) EMDR Europe Association.
Correspondence to: isabelf@emdritalia.it

1) EMDR International Association.
Correspondence to: cmiles@tulane.edu

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of Ethics of EMDR Europe¹ explicitly states that: *“Therapists should respect individual, cultural and role differences, including (but not exclusively) those involving age, disability, education, ethnicity, gender, language, national origin, race, religion, sexual orientation, marital or family status and socio-economic status. They should avoid any action that will violate or diminish the human, legal and civil rights of clients or others who may be affected.”* The policies of EMDRIA² are also very clear in stating that EMDRIA *“does not believe LGBTQIA individuals are in need of mental health treatment by virtue of their sexual orientation and gender identity. Therefore, the use of EMDR therapy in any SOCE program or other similar intervention is inappropriate and outside the norms and values of the EMDR International Association. The EMDR International Association prohibits the use of EMDR therapy for this purpose by its Members, Certified Therapists, Approved Consultants, Credit Providers, and Approved Training Providers.”*

Furthermore, the sources which led to IFEG’s statement about EMDR are two patients’ personal testimonies that appeared in newspapers (IFEG, 2020b). Although these experiences are for us a cause of deep concern, these sources are not scientific and lack the quality of the rest of Bothe’s report. These two clinicians are not members of any EMDR Association and do not abide by the EMDR Europe or EMDRIA’s Code of Ethics. We are alarmed that these two cases are being used to form a conclusion that EMDR therapy could be a form of torture. This is, in fact, the opposite of everything that EMDR therapy and the clinicians who use it properly stand for.

One of these two cases refers to a psychiatrist from Switzerland providing “psychotherapy” including misusing EMDR for SOCE. The Swiss EMDR Association was aware of this situation and one of its board members of the time and actual Vice-President of EMDR Europe made a clear statement in the press that it was a misuse of EMDR therapy. (Bauman, 2019). This information is missing from Bothe’s data base.

Nonetheless, listing EMDR in this context precisely exposes it as possible conversion “therapy”, while it is the therapists’ misuse and unethical behavior not EMDR, that violates human rights.

The statement highlights how many psychotherapies (and medications) are in fact *misused* by specific groups or individuals working outside of the ethical code of their professional organization or outside the law in some countries. The issue is not the method but rather so-called psychotherapists or other individuals misusing a method. We believe that this point of attention might be missing in the statement. As a matter of fact, EMDR – very much a client-centered psychotherapy – is one of the few therapies where the therapist’s intervention during the sessions is minimal because the reprocessing of traumatic experiences is normally led by the patient.

In conclusion, EMDR Europe and EMDRIA strongly fight against the view that EMDR could be used as conversion “therapy” or SOCE. The statement of the IFEG, based on only two cases, could actually be severely detrimental to the reputation of EMDR therapy and to the confidence of patients for EMDR therapy. We want to make sure that EMDR therapy will continue to be provided with confidence to survivors of trauma, including survivors of torture, such as torture produced by conversion processes. Confidence in the method and in the clinician is needed

1 <https://emdr-europe.org/about/mission-vision-and-values/> (2020, November 18)

2 <https://www.emdria.org/about/emdria/emdr-international-association-policies/> (2020, November 18)

in order to overcome the sequela of traumatic experiences.

We support the efforts to fight against any form of coercion and against any misuse of recognized psychotherapies. The focus on the people performing torture should not be overlooked by a focus on the psychotherapy method that they inappropriately use.

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