

# EMDR Therapy

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## What is EMDR therapy?

Eye movement desensitization and reprocessing (EMDR) therapy is a mental health treatment technique. This method involves moving your eyes a specific way while you process traumatic memories. EMDR's goal is to help you heal from trauma or other distressing life experiences. Compared to other therapy methods, EMDR is relatively new. The first clinical trial investigating EMDR was in 1989. Dozens of clinical trials since EMDR's development show this technique is effective and can help a person faster than many other methods.

## Who needs to have EMDR therapy?

EMDR can help people with a wide range of mental health conditions. Adolescents, teenagers and adults of all ages can benefit from this treatment. Some healthcare providers also specialize in EMDR for children.

## Why is this treatment used?

EMDR therapy doesn't require talking in detail about a distressing issue. EMDR instead focuses on changing the emotions, thoughts or behaviors that result from a distressing experience (trauma). This allows your brain to resume a natural healing process. While many people use the words "mind" and "brain" when referring to the same thing, they're actually different. Your brain is an organ of your body. Your mind is the collection of thoughts, memories, beliefs and experiences that make you who you are.

The way your mind works relies on the structure of your brain. That structure involves networks of communicating brain cells across many different areas. That's especially the case with sections that involve your memories and senses. That networking makes it faster and easier for those areas to work together. That's why your senses — sights, sounds, smells, tastes and feels — can bring back strong memories.

## Adaptive Information Processing

EMDR relies on the Adaptive Information Processing (AIP) model, a theory about how your brain stores memories. This theory, developed by Francine Shapiro, PhD, who also developed EMDR, recognizes that your brain stores normal and traumatic memories differently.

During normal events, your brain stores memories smoothly. It also networks them, so they connect to other things you remember. During disturbing or upsetting events, that networking doesn't happen correctly. The brain can go "offline" and there's a disconnect between what you experience (feel, hear, see) and what your brain stores in memory through language.

Often, your brain stores trauma memories in a way that doesn't allow for healthy healing. Trauma is like a wound that your brain hasn't been allowed to heal. Because it didn't have the chance to heal, your brain didn't receive the message that the danger is over.

Newer experiences can link up to earlier trauma experiences and reinforce a negative experience over and over again. That disrupts the links between your senses and memories. It also acts as an injury to your mind. And just like your body is sensitive to pain from an injury, your mind has a higher sensitivity to things you saw, heard, smelled or felt during a trauma-related event.

This happens not only with events you can remember, but also with suppressed memories. Much like how you learn not to touch a hot stove because it burns your hand, your mind tries to suppress memories to avoid accessing them because they're painful or upsetting. However, the suppression isn't perfect, meaning the "injury" can still cause negative symptoms, emotions and behaviors.

## Triggers

Sights, sounds and smells with a connection or similarity to a trauma event will "trigger" those improperly stored memories. Unlike other memories, these can cause overwhelming feelings of fear, anxiety, anger or panic.

An example of this is a post-traumatic stress disorder, or PTSD, flashback, where improper storage and networking causes your mind to access those memories in a way that's uncontrolled, distorted and overpowering. That's why people with a history of flashbacks describe feeling as if they were reliving a disturbing event. The past becomes the present.

## Reprocessing and repair

When you undergo EMDR, you access memories of a trauma event in very specific ways. Combined with eye movements and guided instructions, accessing those memories helps you reprocess what you remember from the negative event.

That reprocessing helps "repair" the mental injury from that memory. Remembering what happened to you will no longer feel like reliving it, and the related feelings will be much more manageable.

## What conditions and problems does EMDR treat?

The most widespread use of EMDR is for treating post-traumatic stress disorder (PTSD). Mental healthcare providers also use it in the treatment of the following conditions:

- **Anxiety disorders:** Generalized anxiety disorder, panic disorder, phobias and social anxiety/phobia.
- **Depression disorders:** Major depressive disorder, persistent depressive disorder and illness-related depression.
- **Dissociative disorders:** Dissociative identity disorder or amnesia and depersonalization or derealization disorder.

- **Eating disorders:** Anorexia nervosa, bulimia nervosa and binge-eating disorder.
- **Gender dysphoria** (feeling as though your gender is different from the one assigned to you at birth).
- **Obsessive-compulsive disorders:** Obsessive-compulsive disorder (OCD), body dysmorphic disorder and hoarding disorder.
- **Personality disorders:** Borderline personality disorder, avoidant personality disorder and antisocial personality disorder.
- **Trauma disorders:** Acute stress disorder, PTSD and adjustment disorder.

## How common is EMDR therapy?

EMDR therapy is very common around the world. In the United States, the Department of Veterans Affairs and Department of Defense list EMDR as a “best practice” in treating veterans experiencing PTSD. Research on EMDR includes dozens of clinical trials, research studies and academic papers. It has official approval from the World Health Organization (WHO) and government organizations and agencies in the United Kingdom, Australia and Germany, among others.

## Is EMDR controversial?

There's some controversy surrounding why EMDR works. The creator of EMDR, Dr. Francine Shapiro, later developed a working theory about how your brain stores memories after accidentally discovering the eye movement technique she later used to create this therapy technique.

However, that controversy doesn't extend to whether or not EMDR does work. Dozens of controlled trials and research studies have analyzed EMDR and shown that it's effective.

## Procedure Details

### What does EMDR therapy involve?

EMDR therapy consists of eight phases. These phases occur over multiple sessions, with one session sometimes using parts of several phases. An example of this would be how phases 1 and 2 typically happen only in early sessions, while phases 3 through 8 are part of multiple sessions later.

For a single disturbing event or memory, it usually takes between three and six sessions. More complex or longer-term traumas may take eight to 12 sessions (or sometimes more). Sessions usually last between an hour and 90 minutes. The eight phases are:

1. **Patient history and information gathering.** This part of the process involves your healthcare provider gathering information about you and your past. This helps them determine if EMDR is likely to help you. It also includes asking about upsetting or disturbing events and memories that you want your therapy to focus on, as well as your goals for this therapy.
2. **Preparation and education.** During this phase, your healthcare provider will talk to you about what will happen during EMDR sessions and what you can expect. They'll also talk to you about things to focus on to help you feel

more stable and safe during sessions. They'll provide you with tools to help you manage your emotions.

3. **Assessment.** This part of the process is where your healthcare provider helps you identify themes and specific memories that you may want to work on during reprocessing. They'll help you identify both negative beliefs about how the trauma has made you feel, as well as positive beliefs that you would like to believe about yourself going forward.
4. **Desensitization and reprocessing.** During this phase, your healthcare provider activates your memory by helping you identify one or more specific negative images, thoughts, feelings and body sensations. Throughout the reprocessing, they'll help you notice how you feel and any new thoughts or insight you have about what you're experiencing.
5. **Installation.** During this phase, your healthcare provider will have you focus on the positive belief you want to build in as you process a memory. This positive belief can be what you said in phase 3 or something new you think of during phase 4.
6. **Body scan.** Your healthcare provider will have you focus on how you feel in your body, especially any of the symptoms you feel when you think about or experience the negative memory. This phase helps identify your progress through EMDR therapy overall. As you go through sessions, your symptoms should decrease until you don't have any (or as close to none as possible). Once your symptoms are gone, your reprocessing is complete.
7. **Closure and stabilization.** This phase forms a bridge between later sessions. During this phase, your healthcare provider will talk to you about what you should expect between sessions. They'll also talk to you about how to stabilize yourself, especially if you have negative thoughts or feelings during the time between sessions. They won't end a session until you feel calmer and safe. They might also ask you to write down any new thoughts you have about the disturbing event(s), so you can bring them up at your next session.
8. **Reevaluation and continuing care.** The final phase of EMDR therapy involves your healthcare provider going over your progress and how you're doing now. This can help determine if you need additional sessions or how to adjust your goals and expectations for your therapy. They'll also help you explore what you might experience in the future — how you would like to handle things at that time, knowing what you know now, about yourself and your past trauma.

## Sense activation during phase 4

In the early years of EMDR, stimulating a single sense on both sides of your body usually involved your vision. Healthcare providers would hold up a hand with two fingers extended and have you follow the tip of their finger from side to side with your eyes only.

Newer methods for EMDR can involve your vision, such as with specialized light devices. These have a moving light that you follow with your eyes in place of your healthcare provider's hand. Other devices might use sound, where speakers on either side of your body play tones. Healthcare providers might also use your sense of touch (if you're comfortable with this), tapping on your hands, arms or thighs to activate your sense of touch on both sides of your body, or holding a device that pulses in your hands.

## Risks / Benefits

What are the advantages and disadvantages of EMDR?

EMDR has several advantages.

- **It works.** Dozens of studies have found that EMDR is effective.
- **It tends to work faster than other forms of therapy.** People receiving EMDR typically start seeing results much sooner than with other forms of therapy.
- **It involves less homework.** Other forms of therapy typically involve journaling or other types of homework outside of your sessions. EMDR usually involves only writing down any thoughts or ideas you want to bring up at your next session (if and when those thoughts happen).
- **It's usually less stressful.** EMDR focuses on processing and moving past your trauma. Other methods involve having you describe and even relive negative events.

## Disadvantages

EMDR does have some drawbacks compared to other forms of therapy.

- **It only works with conditions related to traumatic experiences.** If you have a mental health condition because of an inherited condition, an injury or other physical effect on your brain, EMDR is unlikely to help.
- **Why it works is still theoretical.** EMDR was an accidental discovery. Experts still can't fully explain why it works, despite the evidence that it works.
- **It's a new method.** EMDR's creation happened in 1989, while other forms of therapy have been in use for much longer. More research is necessary before experts know if EMDR is a long-term solution or if people need additional therapy years or decades later.

## What are the risks or complications of this procedure?

EMDR has very low risks. The most common negative effects are negative thoughts or feelings between sessions. Your healthcare provider can help you understand what to expect with these and how you can react to them.

## Recovery and Outlook

### What is the recovery time from EMDR?

Most people undergo EMDR for several weeks to a few months. Recovery time between sessions is minimal, and your healthcare provider can help guide you on how to take care of yourself between sessions.

## When to Call the Doctor

### When should I see my healthcare provider?

You should see your healthcare provider as recommended. If you feel like you need to increase how often you see them, talk to them about this and see how they can help you. You should also talk to them if you notice your symptoms from upsetting memories are changing or affecting your life in a new or disruptive way.

## When should I get emergency medical care?

You should get emergency care if you have disturbing thoughts about harming yourself, including thoughts of suicide, or about harming others. If you have thoughts like this, you can call any of the following:

- **Suicide and Crisis Lifeline (United States).** To call this line, dial 988.
- **Local crisis lines.** Mental health organizations and centers in your area may offer resources and help through crisis lines.
- **911 (or your local emergency services number):** You should call 911 (or the local emergency services number) if you feel like you're in ++immediate++ danger of harming yourself. Operators and dispatchers for 911 lines can often help people in immediate danger because of a severe mental crisis and send first responders to assist.

### A note from Cleveland Clinic

EMDR therapy is a relatively new – but very effective – method of helping people with traumatic memories. It's also an option for people of all ages, including children. Though this treatment is best known for its use in treating PTSD, ongoing research shows it can treat many other conditions. Though it can't treat all mental health conditions, this therapy method can make a big difference for people struggling with painful events in their past.

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## Terms Linked In This Article:

- post-traumatic stress disorder (PTSD) (<https://my.clevelandclinic.org/health/diseases/9545-post-traumatic-stress-disorder-ptsd>)
- Anxiety disorders (<https://my.clevelandclinic.org/health/diseases/9536-anxiety-disorders>)
- Generalized anxiety disorder (<https://my.clevelandclinic.org/health/diseases/23940-generalized-anxiety-disorder-gad>)
- panic disorder (<https://my.clevelandclinic.org/health/diseases/4451-panic-disorder>)
- Depression disorders (<https://my.clevelandclinic.org/health/diseases/9290-depression>)
- Dissociative disorders (<https://my.clevelandclinic.org/health/diseases/17749-dissociative-disorders->)
- Dissociative identity disorder (<https://my.clevelandclinic.org/health/diseases/9792-dissociative-identity-disorder-multiple-personality-disorder>)
- depersonalization or derealization disorder (<https://my.clevelandclinic.org/health/diseases/9791-depersonalizationderealization-disorder>)
- Eating disorders (<https://my.clevelandclinic.org/health/diseases/4152-eating-disorders>)
- Anorexia nervosa (<https://my.clevelandclinic.org/health/diseases/9794-anorexia-nervosa>)
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- Obsessive-compulsive disorder (OCD) (<https://my.clevelandclinic.org/health/diseases/9490-obsessive-compulsive-disorder>)
- body dysmorphic disorder (<https://my.clevelandclinic.org/health/diseases/9888-body-dysmorphic-disorder>)
- hoarding disorder (<https://my.clevelandclinic.org/health/diseases/17682-hoarding-disorder>)
- Personality disorders (<https://my.clevelandclinic.org/health/diseases/9636-personality-disorders-overview>)
- Borderline personality disorder (<https://my.clevelandclinic.org/health/diseases/9762-borderline-personality-disorder-bpd>)
- avoidant personality disorder (<https://my.clevelandclinic.org/health/diseases/9761-avoidant-personality-disorder>)
- antisocial personality disorder (<https://my.clevelandclinic.org/health/diseases/9657-antisocial-personality-disorder>)
- Acute stress disorder (<https://my.clevelandclinic.org/health/diseases/24755-acute-stress-disorder>)
- adjustment disorder (<https://my.clevelandclinic.org/health/diseases/21760-adjustment-disorder>)
- suicide (<https://my.clevelandclinic.org/health/articles/11352-recognizing-suicidal-behavior>)

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