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Eye Movement Desensitization and Reprocessing (EMDR) is a structured psychotherapy approach developed to help people process distressing or traumatic memories and reduce the emotional and physiological distress associated with them.

EMDR is based on the idea that some **disturbing experiences may not become fully integrated into normal memory networks**. When something reminds a person of the experience, they may continue to experience intense emotional, physical, or cognitive reactions as though the event is happening in the present.

EMDR uses **bilateral stimulation**—often guided eye movements, but sometimes alternating sounds or taps—while the client attends to aspects of a distressing memory.

EMDR is most commonly associated with treatment of trauma and PTSD, but clinicians may also use it with other distressing experiences and symptoms.

It may help address:

- Traumatic memories
- PTSD symptoms
- Anxiety related to traumatic experiences
- Intrusive memories
- Nightmares
- Avoidance
- Hypervigilance
- Shame and guilt
- Distressing beliefs about oneself
- Trauma-related physiological reactions
- Complicated emotional responses to past experiences

A simplified way to understand EMDR is:

Distressing experience → Memory remains highly emotionally charged → Present-day trigger activates the memory → Person experiences distress as though the threat is still present → EMDR helps the person process and re-associate the memory → Memory becomes less emotionally distressing

The goal isn't to erase the memory. Instead: The person remembers what happened without experiencing the same level of emotional and physiological distress.

Easy way to remember EMDR:

Identify — What experience needs processing?

Target — What belief, emotion, and body response are connected to it?

Process — Use bilateral stimulation while attending to the memory.

Reprocess — Develop a more adaptive understanding of the experience.

Integrate — Return to the present with greater regulation and perspective.

EMDR follows a structured eight-phase protocol.

1. History & Treatment Planning
2. Preparation
3. Assessment
4. Desensitization
5. Installation
6. Body Scan
7. Closure
8. Reevaluation

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EMDR's 8 Phase Protocol

1. History & Treatment Planning:

The therapist gathers information about the client's history, presenting concerns, symptoms, resources, and treatment goals. The therapist identifies appropriate memories or experiences to target.

2. Preparation:

The therapist explains EMDR and establishes a sense of safety and collaboration.

The client learns strategies for managing distress, such as:

- Grounding
- Breathing
- Safe/calm place exercises
- Container exercises
- Self-regulation strategies

Goal: The client develops resources for managing emotional activation during and between sessions.

3. Assessment

The therapist and client identify specific components of the target memory.

This can include:

Image:

What represents the most distressing part?

Negative cognition:

"I'm powerless."

Desired positive cognition:

"I have control now."

Emotion:

Fear, shame, anger, sadness, etc.

Body sensations:

Where does the client feel the distress?

The client also identifies subjective distress and belief ratings used within the protocol.

4. Desensitization

This is the phase most people associate with EMDR. The client focuses on aspects of the distressing memory while engaging in bilateral stimulation. The therapist periodically checks in and allows the client's processing to unfold. The goal is for the distress associated with the memory to decrease.

5. Installation

The therapist helps strengthen a more adaptive belief.

For example:

Before: *"I'm powerless."*

Adaptive belief: *"I survived, and I have choices now."*

The positive cognition is strengthened through bilateral stimulation.

6. Body Scan

The client checks for remaining physical sensations associated with the memory. The therapist assesses whether distress remains in the body and continues processing as appropriate. This recognizes that trauma can be experienced physically as well as cognitively and emotionally.

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7. Closure

The therapist helps the client return to a regulated state before ending the session. This may involve:

- Grounding
- Breathing
- Relaxation
- Safe/calm place
- Containment strategies

The therapist also helps the client understand what to expect between sessions.

8. Reevaluation

At the beginning of subsequent sessions, the therapist evaluates:

- What changed?
- What remains distressing?
- Did new memories emerge?
- Are there new triggers?
- How is the client functioning?
- What should be targeted next?

This helps guide the next phase of treatment.

EMDR can look different from traditional talk therapy.

Identify a target

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Notice the memory, belief, emotion, and body sensations

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Engage in bilateral stimulation

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Allow thoughts, emotions, sensations, or memories to emerge

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Continue processing

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Return to regulation and closure

The therapist generally doesn't direct the client toward a particular interpretation of what emerges. Instead, the therapist facilitates the processing while helping the client remain within a manageable level of emotional activation.