

# The effectiveness of eye movement desensitization and reprocessing in the treatment of post-traumatic stress disorder: a randomized controlled trial

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## ABSTRACT

The primary goal of this study is to determine eye movement desensitization and reprocessing in the treatment of post-traumatic stress disorder. This research study relies on primary data analysis to identify the study's usage of various variables-related inquiries. The major independent variable is eye movement desensitization, and the main dependent variable is reprocessing in treating post-traumatic stress disorder. SPSS was used to gather this data, create descriptive and correlational findings, and explain the regression analysis between them. The overall research study found that eye movement desensitization shows a direct and significant link with the treatment of post-traumatic stress disorder. The technique is based on the idea that post-traumatic stress disorder might result when painful and traumatic memories aren't fully processed. You then relive those unprocessed memories when certain sights, sounds, phrases, or odors trigger them. This repetition causes psychological distress and other symptoms associated with post-traumatic stress disorder (PTSD). EMDR's purpose is to reduce trauma's impact by changing how memories are stored in the brain.

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**Keywords:** Eye Movement Desensitization (EMD), reprocessing (R ), Treatment of post-Traumatic Stress Disorder (PTSD)

## Introduction

The traumatic conditions a person experience in his life leads to the development of mental health problems later in life. PTSD is a type of mental health problem that is usually prevalent after the person is subjected to any traumatic incident in his life. the traumatic event could be an attack by a terrorist, a disaster, or any sort of physical accident. All these are traumatic events that greatly impact a person's life. Also, one of the most sensitive traumatic events that affect a person's health physically and mentally is sexual abuse[1]. If a child faces sexual abuse in his early adolescence, then he develops fear and depression symptoms in his adulthood. These fear symptoms get worse with them and result in mental disorders. in most people, the prevalence of PTSD symptoms dies out with time, while in some people, these symptoms get severe. PTSD symptoms negatively impact a person's lifestyle by altering his behavioral activities. The ability of a person to function socially gets disturbed because of the PTSD condition. The occurrence rate of PTSD depends on several risk factors[2]. These risk factors include the type of trauma a person experienced, sociodemographic factors, as well as background behind the traumatic event. All these factors determine the behavior of a person due to the traumatic event he has faced in the past. The prevalence of PTSD in natural disaster survivors ranges from thirty to forty percent. PTSD prevalence in rescue workers is almost around ten to twenty percent. At the same time, the prevalence ratio of PTSD in the general public is between 5 to 10 percent.

For treating PTSD and its stress symptoms, various therapies have been used in clinical treatment procedures. Psychotherapies are among the therapies used for effectively treating PTSD[3]. Other therapies include cognitive as well as behavioral therapies, trauma-focused therapies, and eye movement and desensitization therapy. all these therapies work with great efficacy for treating all sorts of PTSD-related problems, but EMDR is the best therapy among all these therapies for PTSD treatment. Psychotherapist recommends EMDR therapies for providing speedy recovery to PTSD patients. EMDR techniques hold critical value as it is involved in the bilateral stimulation process. In the process of retrieving the traumatic memory, EMDR causes bilateral stimulation[4]. The main aim of EMDR is to engage a person in an experience that provides imaginal-based exposure to traumatic memory. For allowing imaginal-based exposure, EMDR performs the stimulation process of eye movement. The patient getting treated with PTSD have their attention divided towards the bilateral stimulation as well as retrieving the process of traumatic events.

The procedure of EMDR therapies is done before undergoing several steps. These steps provide essential information that helps in treating the patient more effectively and rapidly. The first step is to find out the history of the patient. The history of the patient helps in carrying out the treatment process[5]. In this step, all the information about the client's medical history and his physical and emotional state is collected. The second step is the preparation step. in this step, the medical professional dealing with PTSD patients tries to build a therapeutic bond. The

bonding between the patient and health professional helps in carrying out the PTSD process effectively. This bonding allows the patient to ask questions about the process involved in the EMDR technique and its possible outcomes[6]. The third step is assessments. This step involves targeting the patient's visual image related to the traumatic memory are evaluated by the health professional on a scale of 0 to 10 SUD. The fourth step involves the desensitization process. In this process, clients were subjected to focus on the traumatic events they faced in life[7]. This process is done by making the eyes of the patient focus on the therapist's finger movements. to maintain the focus of the patient, the therapist moves his finger from left to right, then back to the patient. Then the bilateral stimulation process is carried out by the therapist [8]. after the stimulation process, the desensitization process is complete, and patients then rate their distress level on the scale of SUD from 0 to 10. the fifth and last step of EMDR is the closure step. this is the ending stage of therapy[9]. in this step, patients are provided with stabilizing and mind-relaxing exercises. After this, the 5-step procedure-based therapy session of EMDR is complete. The next sessions are provided based on the patient's SUD score and patient recovery pace.

Various randomized studies prove that the EMDR relies on the adaptive information processing model. This model is based on the fact that the brain is capable of storing memories. this model shows that the brain is an integral part of the human body that is capable of storing diverse memories differently. The traumatic and normal memories are stored differently in the brain. The traumatic memories haunt the person and don't allow him to heal and develop depression, stress, and fear conditions in him. To treat haunted memories and depression, therapies based on EMDR are provided in clinical trials[10]. When a patient undergoes EMDR based treatment process, then it helps the patient to assess his traumatic memories in specific ways. The reprocessing of memories occurs when the patient eye movement is made according to the health professional guidelines. The repossessing of memories helps in remembering the traumatic event to repair the traumatic based mental injury. Moreover, EMDR is efficient in treating several other depressive disorders. Eating disorders, anxiety disorders, as well as personality-based disorders are treated through EMDR therapies. EMDR therapies are among the most common therapies across the world as it proves to be the best practice for PTSD treatment [11]. Most of the world's health-based organizations have approved it to be used in health sectors as an effective treatment strategy. The advantage of EMDR over other therapies is that it is a relatively faster therapy, it is less stressful therapy, and it has no prominent side effects. All these advantages of EMDR make it a prominent therapy technique among health professionals dealing with all sorts of depression and anxiety patients.

### Research objectives

This research paper explains the objective related to the understanding of PTSD and its association with traumatic memories. The effectiveness of EMDR therapy in PTSD treatment through randomized controlled trials has also been discussed in the Research articles.

This randomized controlled experiment investigates the efficacy of eye movement desensitization and reprocessing in the treatment of post-traumatic stress disorder. The research has

been divided into five chapters: The first is an introduction to eye movement desensitization and its therapy. This section represents the study's purpose and describes the research questions. The second section presents a review of the literature as well as some hypotheses concerning indicators. The third section describes the study methodology, including the participants, tools, methodologies, and the associated models. The fourth section presents the findings and their explanations. The final section summarised the total research study and presented some topic recommendations.

### Research Questions

How effectiveness of eye movement desensitization and reprocessing is important for treatment of post-traumatic stress disorder?

### Literature review

Research studies reveal that traumatic incidents of the past can cause stress disorders in future life. For treating the person affected with post-trauma stress disorder, various Eye Movement and Reprocessing Therapies are used in the clinical treatment process. These cognitive therapies are provided along with eye-processing therapies to reduce the onset of upsetting or traumatic memories in stress disorder-affected patients. Web-based videos are used for providing therapies as it helps in speeding up the recovery process[12]. studies claim that among common mental disorders is a Major Depressive Disorder. MDD onset at the age of adolescence and causes serious developmental problems in later life. the severe form of MDD develops due to the traumatic conditions a person faces at an early age. to treat MDD, various trauma-focused therapies are provided to the patient. these therapies work effectively when provided with eye processing therapy. the effectiveness of this movement desensitization and reprocessing therapy is that it provides intervention to the MDD patient[13]. Studies explain that frontline health workers face stress conditions because of the continuous workload in health-related sectors. to treat the stress conditions faced by health workers and professionals, they are provided with eye movement desensitization and reprocessing therapies. this therapy effectively treats the post-traumatic disorder faced by health workers after any pandemic condition[14]. studies claim that most doctors face stress and mental health problems due to the overload of work. The stress conditions develop post-traumatic stress disorder in them. to treat the trauma faced by doctors, eye reprocessing therapies with proper protocols is provided to doctors[15]. Studies show that sometimes the traumatic conditions faced by a person develop depression and stress-related problems in them. These problems then disturb the mental well-being of patients affected by stress or trauma-based disorder. to prevent stress conditions from developing into disorders, EMDR therapies are provided at the early stage of any stress condition[16]. Studies explain that individual with a high risk of clinical psychosis (CHR) develops PTSD. To improve the CHR conditions in individuals, they are provided with EMDR therapies. moreover, the data provided by randomized controlled trials suggests that most of the individuals affected with PTSD are at higher risk of severe brain-related problems. to avoid the severity of any mental disorder, timely EMDR therapies are provided to the patients. The research studies suggest that stress disorders are most prevalent in patients facing past traumatic conditions. The trauma faced by people during their adolescence causes the onset of depression in their adult life. trauma affects the cognitive and emotional

behavior of a person. The treatment of traumatic conditions using EMDR positively impacts the patient behavior affected with PTSD[17].studies suggest the use of exposure therapies against anxiety disorder. anxiety and panic conditions are common in patients facing traumatic conditions in their life. These traumatic situations make these patients more stressed and depressed. To treat the anxiety onset in many depressed and stressed patients, EMDR therapies are used in the treatment procedure. The benefit of EMDR is that it is a cost-effective therapy process and helps in the providence of a speedy recovery to the patient [18].moreover, the randomized controlled trials data suggest that post-traumatic disorder is common in patients already suffering from a borderline personality disorder. The BPD patient lacks confidence and always feels depressed. anxiety and panic attacks in social gatherings are the major problem faced by BPD patients. For providing effective treatment to BPD patients, EMDR therapies along with bilateral behavioral therapy are provided to patients. Both these therapies work together to recover the patient from traumatic memories[19]. Studies predicted that for treating post-injury phobia in patients, EDMR therapies are used in the clinical trials process. Injury phobia develops stress conditions in people that cause various mental health problems in them. To deal with mental health problems faced by patients having a post-injury phobia, EMDR therapies are used after the hospitalization procedure is over[20].studies explain that any medical treatment process against the stress disorder is incomplete without the use of EMDR therapies. EMDR therapies prove the most crucial therapies process against various stress and depression-related disorders [21].

Studies made by scholars predict that most EMDR therapies provide dual benefits. The first benefit is that it provides exposure therapy during the eye desensitization therapy session. The second benefit is that it provides reprocessing therapy to treat the stress disorder-affected patient. Both these benefits provided through the EMDR therapies process help the patient to overcome his memories associated with trauma. Scholars highlighted the importance of EMDR as a first-line treatment process against all types of stress disorders. some therapists declare the use of EMDR as ineffective against stress disorder. but the concerns of therapists have been proved wrong because the data provided through randomized controlled trials prove the effectiveness of EMDR in the treatment process against mental health disorders. Studies explain that the most advanced form of EMDR therapy is now available for treating disorders related to mental conditions. among the advanced EMDR therapies, REM desensitization holds the most significant value. REM desensitization technique provides standardized treatment by assessing the disturbed sleep patterns in a patient affected with PTSD. Studies explain that pharmacological-based therapies are provided to treat various mental disorders. A mentally ill person faces depressive symptoms that destroy his mental health. Improving mental health conditions through EMDR therapies in psychotherapeutic treatment helps in treating the signs of depressive symptoms among PTSD patients. Studies explain that the quality of life of the patient with stress disorder improves when effective therapy sessions are provided to them. Studies claim that EMDR is a therapy technique that uses bilateral eye stimulation movement for treating stress symptoms in mentally ill patients. Also, sleep-disturbed patients, eating disorders, as well as bipolar disorders are treated through the use of EMDR therapies. using cognitive-

based EMDR therapies to improve the behavioral activities of patients with PTSD. The effectiveness of both the cognitive and EMDR increases when used alongside the treatment process. studies elaborate that anxiety symptoms are often common in PSTD patients because these patients have faced traumatic situations in their life. These anxiety symptoms are treated through high efficacy-based EMDR therapy along with antidepressant medications. Research scholars explained that EMDR therapies help the patient in dealing the psychological trauma. furthermore, the use of EMDR provides long-term effectiveness as it reduces depressive symptoms to a great extent.

### Hypothesis

H1= There are significant effectiveness of eye movement desensitization and reprocessing in the treatment of post-traumatic stress disorder: a randomized controlled trial.

H2= There are no significant effectiveness of eye movement desensitization and reprocessing in the treatment of post-traumatic stress disorder: a randomized controlled trial.

### Research Methodology

This research study represents the effectiveness related to eye movement desensitization also that reprocessing in the treatment of post-traumatic stress disorders. This research study is based on questions related to open-ended and closed-ended these questions are based on eye movement desensitization and reprocessing. For measuring the data, I used SPSS software and generated informative results.

### Eye movement desensitization

Psychotherapist Dr. Francine Shapiro created the psychotherapy technique known as Eye Movement Desensitisation and Reprocessing (EMDR) in the late 1980s. It is typically used to treat those who have gone through traumatic experiences and are dealing with PTSD or other trauma-related diseases. The fundamental idea behind EMDR is that stressful events can exceed the brain's normal coping systems, resulting in the persistence of unpleasant sensations. The goal of treatment is to reduce the emotional and physical suffering brought on by traumatic memories for the patient. The therapist guides the patient through eye movements during an EMDR session, while alternatives bilateral stimulation techniques like hand tape or audio cues are also possible. The person usually follows the therapist's fingers as they move predictably from side to side while making eye motions. It is thought that the bilateral stimulation employed in the therapy may boost the brain's information processing capabilities, even if the precise mechanics underpinning EMDR are still not fully understood. This stimulation appears to aid in integrating difficult memories into the person's larger memory network, lessening their emotional impact and enabling adaptive resolution. The eight-phase protocol of EMDR treatment generally consists of the following steps: assessment, planning, target identification, desensitization, implantation of positive beliefs, body scan, closure, and reevaluation. The goal of therapy is to assist the patient in locating particular traumatic recollections or upsetting assumptions connected to the trauma, processing these memories, and developing more uplifting and adaptive thoughts and beliefs. EMDR has been validated and recognized as an effective treatment for PTSD and other trauma-related diseases by several mental health organizations, including the American Psychiatric Association and the World Health Organization. However, it is crucial to remember that EMDR should only be

performed by therapists who have received the necessary training and have a license.

**Treatment of post-traumatic stress disorder**

It's important to note that EMDR is now used for problems more than only trauma recovery; some therapists have claimed success utilizing it for addiction, phobias, and anxiety. However, additional investigation is required to completely grasp its efficacy and uses outside of trauma-related disorders. Reprocessing is a treatment technique for post-traumatic stress disorder (PTSD), specifically Eye Movement Desensitisation and Reprocessing (EMDR). Psychologist Francine Shapiro developed EMDR in the late 1980s, and it has been shown to be an effective PTSD treatment. EMDR combines cognitive-behavioral therapy (CBT) components with bilateral stimulation, such as eye movements, hand tapping, or auditory frequencies. The fundamental idea behind EMDR is that stressful events can overload the brain's normal processing capabilities, resulting in PTSD symptoms. It is considered that the bilateral stimulation utilized in EMDR helps the brain process and integrate traumatic memories by simulating rapid eye movement (REM) sleep-eye movements.

The therapist conducts the patient through several particular procedures during an EMDR session. This usually entails reliving upsetting or unpleasant experiences while concentrating on the bilateral stimulation. The individual is urged to investigate their ideas, feelings, and physical sensations connected to the traumatic incident. It is thought that the bilateral stimulation utilized in EMDR helps people process distressing memories effectively. The painful memories could decrease in intensity and integrate more fully into the person's overall life story as they participate in therapy. As a result, PTSD symptoms, including intrusive thoughts, flashbacks, and emotional anguish, may diminish with time. The fact that EMDR is not a stand-alone treatment for PTSD should not be disregarded. It is frequently utilized as a component of a whole treatment strategy that may also involve talk therapy, medication, and self-care techniques. Additionally, not all PTSD sufferers will benefit from EMDR, and each patient's response to the therapy will determine how beneficial it is for them. It is advised that you or a loved one get help from a mental health professional who can conduct a complete examination and make treatment recommendations based on specific requirements if you or someone you know suffers from PTSD.

**Result and descriptions**

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
eye movement desensitization-1	100	1.00	4.00	1.6500	.79614
eye movement desensitization-2	100	1.00	3.00	1.5600	.62474
post-traumatic stress disorder-1	100	1.00	4.00	1.7000	.78496
post-traumatic stress disorder-2	100	1.00	4.00	1.5800	.69892
Valid N (listwise)	100				

Table-1

The above result is the descriptive statistic analysis result, which describes the minimum and maximum values, as well as the mean and standard deviation. The eye movement desensitization is mainly independent. Its present mean value is 1.6500, and its standard deviation rate is 0.796 representing that 79% deviate from the mean. Post-traumatic stress disorder is the main dependent variable result describes that the mean value is 1.7000,

and its standard deviation rate present that 0.784 shows that 78% deviate from the mean. The eye movement desensitization-2 and post-traumatic stress disorder shows 0.62, and 0.69 present 62% and 69% deviation from the mean. The outcome also represents the 100 number of observations of each variable for determining the efficacy of eye movement desensitization and reprocessing in the treatment of stress disorders.

One-Sample Test						
	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
eye movement desensitization	20.725	99	.000	1.65000	1.4920	1.8080
eye movement desensitization	24.970	99	.000	1.56000	1.4360	1.6840
post-traumatic stress disorder	21.657	99	.000	1.70000	1.5442	1.8558
post-traumatic stress disorder	22.606	99	.000	1.58000	1.4413	1.7187

Table-2

The above result describes the one-sample test analysis result, which includes a significant mean difference and 95% confidence intervals connected to the difference at lower and upper levels. The eye movement desensitization indicates that the t value is 20.725, and the significant value is 0.000, indicating that it is 100% significant. The average difference is 1.6500. The lower and upper 95% confidence interval rates are 1.4920 and 1.8080, respectively. Similarly, the eye movement desensitization-2 indicates that another independent component has a t value of 24.970. 0.000 is the important value. 1.56000 is the mean difference level. According to the results, the lower value is

1.4360, and the highest value is 1.6840, indicating that the confidence interval of all differences is positive. The major dependent variable is post-traumatic stress disorder, and its t-statistic value is 21.657, indicating that it is 100% significant. The results show that the mean difference value is 1.7000, with a lower rate of 1.5442 and a higher rate of 1.8558. The t-value for post-traumatic stress disorder-2 is 22.606, according to the results. Its mean difference value is 1.5800, with a lower rate of the confidence interval of 1.4413 and a higher rate of confidence interval of 1.7187.

ANOVA <sup>a</sup>						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.626	2	1.813	3.065	.051 <sup>b</sup>
	Residual	57.374	97	.591		
	Total	61.000	99			
a. Dependent Variable: post-traumatic stress disorder						
b. Predictors: (Constant), eye movement desensitization, eye movement desensitization						

The above result represents that the ANOVA analysis result describes the sum of square value, and mean square value, also presents the F value and significant rate. The result describes the regression value of the sum of the square as 3.626. The mean square value is 1.813. according to the result, its F statistic rate is

1.813, and the significant value is 0.051, presenting that 5% significant level between them. The residual value is 57.374 based on the sum of the squares. The mean square rate describes 0.591 respectively.

Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.120	.248		4.516	.000
	eye movement desensitization	.162	.098	.165	1.656	.101
	eye movement desensitization	.200	.125	.159	1.602	.112
a. Dependent Variable: post-traumatic stress disorder						

The preceding results show that the coefficient values depict the unstandardized coefficient, which includes the beta rate and standard error. The outcome also includes the standardized coefficient. The results also show the T statistic value and the significant rate of each dependent and independent indicator. The beta value of the eye movement is 0.162. Its standard error is 0.098. The beta rate of the standardized coefficient is 0.165, and

the significant value is 0.101, implying that there is a 10% difference between them. Eye movement desensitization-2 is the second sign. It has a beta value of 0.200. The standard deviation is 0.125. According to the results, the t-statistic value is 1.602, and the significant rate is 0.112, indicating an 11% difference between them.

**Chi-square:**

Test Statistics					
	eye movement desensitization	eye movement desensitization	post-traumatic stress disorder	post-traumatic stress disorder	
Chi-Square	58.800 <sup>a</sup>	32.420 <sup>b</sup>	58.400 <sup>a</sup>	70.400 <sup>a</sup>	
df	3	2	3	3	
Asymp. Sig.	.000	.000	.000	.000	

The above result describes that chi-square values result represent the rate of chi-square and the significant level of each variable, including independent and dependent. The chi-square values of eye movement desensitization are 58.800 and 32.420. Its significant rate is 0.000, showing a positive value and 100%

significantly. Post-traumatic stress is mainly dependent. Its chi-square value is 70.400, and the significance level is 0.000, showing that a positive rate is also 100% significant between them.

Total Variance Explained						
Component	Initial Eigenvalues			Extraction Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	1.335	33.379	33.379	1.335	33.379	33.379
2	1.223	30.572	63.951	1.223	30.572	63.951
3	.861	21.530	85.481			
4	.581	14.519	100.000			
Extraction Method: Principal Component Analysis.						

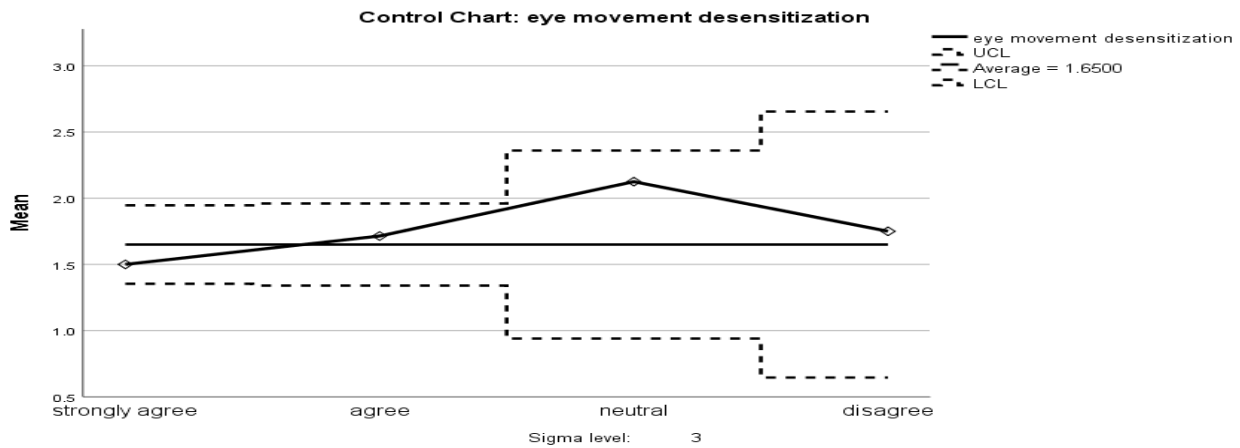
The above result represents that total variance explains the result describe that the initial eigenvalue included % of variance and % of cumulative result also describe the total value of each component. The total rates are 1.335, 1.223, 0.861, and 0.581, respectively. According to the result, the % of the variance is

33.379, 30.572, 21.530, and 14.519. All values show a positive variance rate between them. Similarly, the extraction sums of squared represent that % of variance values are 33.379 and 30.572 respectively. According to the result, its cumulative value represents 33.379. Also 63.951 shows positive.

Component Matrix		
	Component	
	1	2
eye movement desensitization	.653	-.425
eye movement desensitization	.643	-.089
post-traumatic stress disorder	.704	.487
post-traumatic stress disorder	-.009	.893
Extraction Method: Principal Component Analysis.		
a. 2 components extracted.		

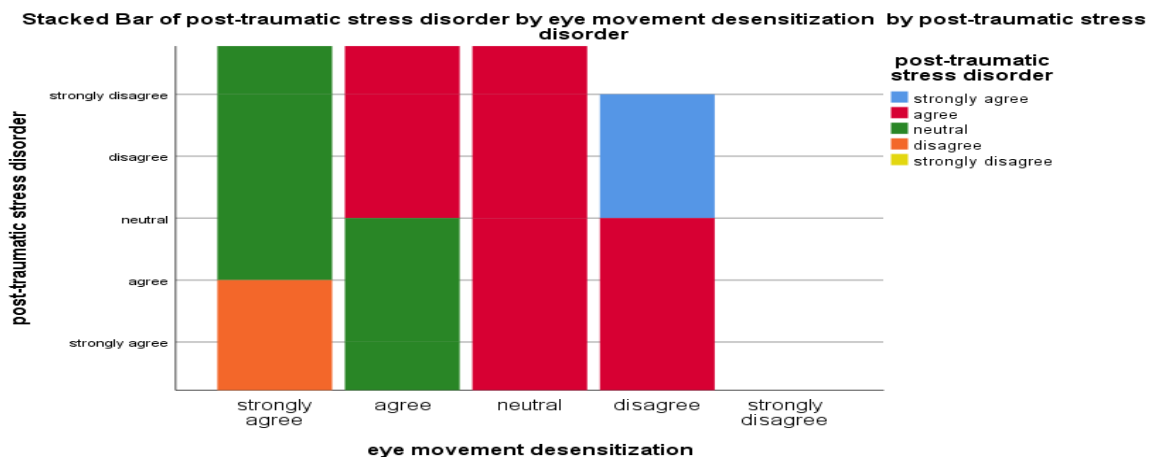
The above result also describes the component matrix of each variable. The eye movement desensitization shows a rate is 0.653 and -0.425, 0.643, and -0.089, respectively. Post-traumatic stress

disorder-1 and 2 represent 70%, 48%, and 89% component matrix rates between them.



The above graph presents that control chart in-between eye movement desensitization results represents the mean values and sigma levels. The vertical side shows mean values. Its rates start from 1.0 and end at 3.0. The average value is 1.6500 between eye movement desensitization and reprocessing. The horizontal side presents the sigma level showing strongly agree, agree, neutral, and disagree. The above line shows a control chart between them. In the WHO recommendations for managing

disorders directly related to stress, EMDR is recommended as a therapy for PTSD. Although EMDR has shown efficacy in treating PTSD, it should be noted that other therapy options exist as well. PTSD has also been successfully treated with other empirically supported therapies, including cognitive processing therapy and extended exposure therapy. The choice of therapy may be influenced by the patient's preferences, the degree and kind of trauma, and the therapist's training.



The figure represents the histogram analysis between dependent and independent variables. The result presents bar lines related to the strongly agree, agree, neutral, disagree, and strongly disagree.

### Conclusion

The treatment of post-traumatic stress disorder (PTSD) using eye movement desensitization and reprocessing (EMDR) has been found to be beneficial. Bilateral eye movements or other types of bilateral stimulation are used in eye movement desensitization and reprocessing, or EMDR, psychotherapy technique to help in the processing and resolution of traumatic memories. A large number of research papers and meta-analyses have proven the effectiveness of EMDR in treating PTSD symptoms. For example, Chen et al.'s 2013 meta-analysis of 26 randomized controlled studies revealed that EMDR considerably outperformed control conditions in easing PTSD symptoms. Another meta-analysis, conducted in 2013 by Bisson et al., after looking at 18 randomized controlled studies, found that EMDR was superior to waiting or placebo treatments for treating PTSD. Reputable organizations such as the World Health Organisation (WHO) and the American Psychiatric Association (APA) have also recognized EMDR as an effective therapy for PTSD. As therapies for PTSD, the American Psychological Association's (APA) Clinical Practice Guideline for the Treatment of PTSD suggests EMDR and cognitive-behavioral therapy (CBT). In summary, EMDR is successful in treating PTSD, according to studies and therapeutic recommendations. However, speaking with a certified mental health expert is always advised to ascertain the best course of action for a given patient's unique requirements. The use of Eye Movement Desensitization and Reprocessing (EMDR) to treat post-traumatic stress disorder (PTSD) is supported by scientific research. This demonstrates that several studies have found that it significantly helps PTSD. Most persons with PTSD who attend weekly 50-90 minute EMDR sessions for 1-3 months dramatically improve their PTSD symptoms. Many people begin to feel the results after several treatments.

People suffering from PTSD usually struggle to comprehend what happened to them following the disaster. The trauma may be handled via EMDR, allowing your loved one to feel better. During an EMDR session, your loved one will concentrate on a back-and-forth movement or sound while reliving the upsetting experience until changes in how that memory is interpreted and the processing of new information from the past occur. To relieve psychological stress, the interactive psychotherapy strategy known as eye movement desensitization and reprocessing (EMDR) is utilized. An EMDR therapist helps you do this by leading you through a series of bilateral (side-to-side) eye movements as you gradually recall upsetting or prompting experiences until they no longer cause discomfort. Although the studied models, which frequently overlap, offer options for future study, there is a need to promote conceptual consistency and clarity. Future studies should analyze various processes in the context of the whole EMDR procedure, before, during, and after therapy, using objective metrics established by earlier research. The brain mechanisms of temporal binding, emotional regulation, frontal area activation, and reciprocal cingulate cortex anterior suppression are sufficiently connected to avoid mutual exclusion. They should be studied in well-planned studies with dependable, multimodal neurobiological markers. Future research will shed more insight into the complicated relationships that result in excellent EMDR therapy outcomes.

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