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What is the Difference Between EMDR and Prolonged Exposure Therapy?

EMDR and Prolonged Exposure Therapy (PE) are both evidence-based treatments for PTSD, but they differ significantly in their approach. The core difference is that PE uses **direct, repeated exposure** to the traumatic memory and related triggers to help the brain habituate to the fear, while EMDR uses a process called **bilateral stimulation** to help the brain reprocess the memory in a less distressing way.

Prolonged Exposure Therapy (PE)

Prolonged Exposure is a form of Cognitive Behavioral Therapy (CBT) that operates on the principle that avoiding reminders of a trauma prevents the brain from learning that those reminders are no longer a threat. The therapy aims to help a person confront their fears in a safe environment, so they can learn to manage their anxiety and emotional responses.

PE has two main components:

Imaginal Exposure: The client repeatedly describes the traumatic event in vivid detail to the therapist. The client records these sessions and listens to the recording between sessions as homework. The goal is that, over time, the retelling of the story no longer elicits the same intense fear and distress.

In Vivo Exposure: The client gradually confronts real-life situations, objects, or places they have been avoiding since the trauma. For example, a veteran who avoids crowded places might start by walking down a quiet street, then a busier street, and eventually enter a crowded store.

The process is often uncomfortable and emotionally difficult because it requires the client to intentionally face their fears. However, the intent is for the distress to decrease over time as the brain learns that the memory and triggers are not dangerous.

Eye Movement Desensitization and Reprocessing (EMDR)

EMDR is a structured therapy based on the Adaptive Information Processing (AIP) model, which suggests that trauma memories are "stuck" in a dysfunctional state and need to be reprocessed. The therapy uses **bilateral stimulation**—most commonly side-to-side eye movements, but also alternating sounds or taps—to facilitate this reprocessing.

Unlike PE, EMDR does not require the client to go into detailed, prolonged descriptions of the trauma. Instead, the client holds the traumatic image, negative belief, and associated body sensations in mind while engaging in the bilateral stimulation. The therapist guides the process, but the brain does the heavy lifting, allowing the memory to become less vivid and emotionally charged.

The goal of EMDR is not to create a new, competing memory, but to help the brain **reconsolidate** the original memory in a way that is less distressing. After successful EMDR, the memory of the event remains, but the intense emotional and physiological reactions are significantly reduced.

Key Differences at a Glance