

A scoping review of Eye Movement Desensitization and Reprocessing as a treatment approach for people with a diagnosis of borderline personality disorder

Question

Can EMDR be a treatment option for people with a borderline personality disorder diagnosis?

This scoping review aimed to analyse existing research exploring the use of EMDR as a treatment approach for people with a diagnosis of borderline personality disorder.

Search strategy

Search terms: Borderline personality disorder OR BPD OR Emotionally unstable personality disorder OR EUPD AND Eye movement desensitization and reprocessing OR EMDR
Databases searched: EBSCO- Academic search complete, AMED, APA Psycarticles, APA Psycinfo, CINAHL complete, Medline, ProQuest Central, PubMed, Ovid MEDLINE(R) Epub Ahead of Print and In-Process, In-Data-Review & Other Non-Indexed Citations and Daily, Trialstreamer, Cochrane.

Inclusion criteria

- Studies exploring EMDR as a treatment approach for individuals with borderline personality disorder.
- Primary research.
- Peer reviewed journal.
- English language.
- All publication dates.

Exclusion criteria

- Studies not utilising EMDR or using combined with other therapies.
- Studies solely exploring PTSD or where not all participants had a personality disorder.
- Studies not written or translated in English.
- Papers that have not conducted primary research.

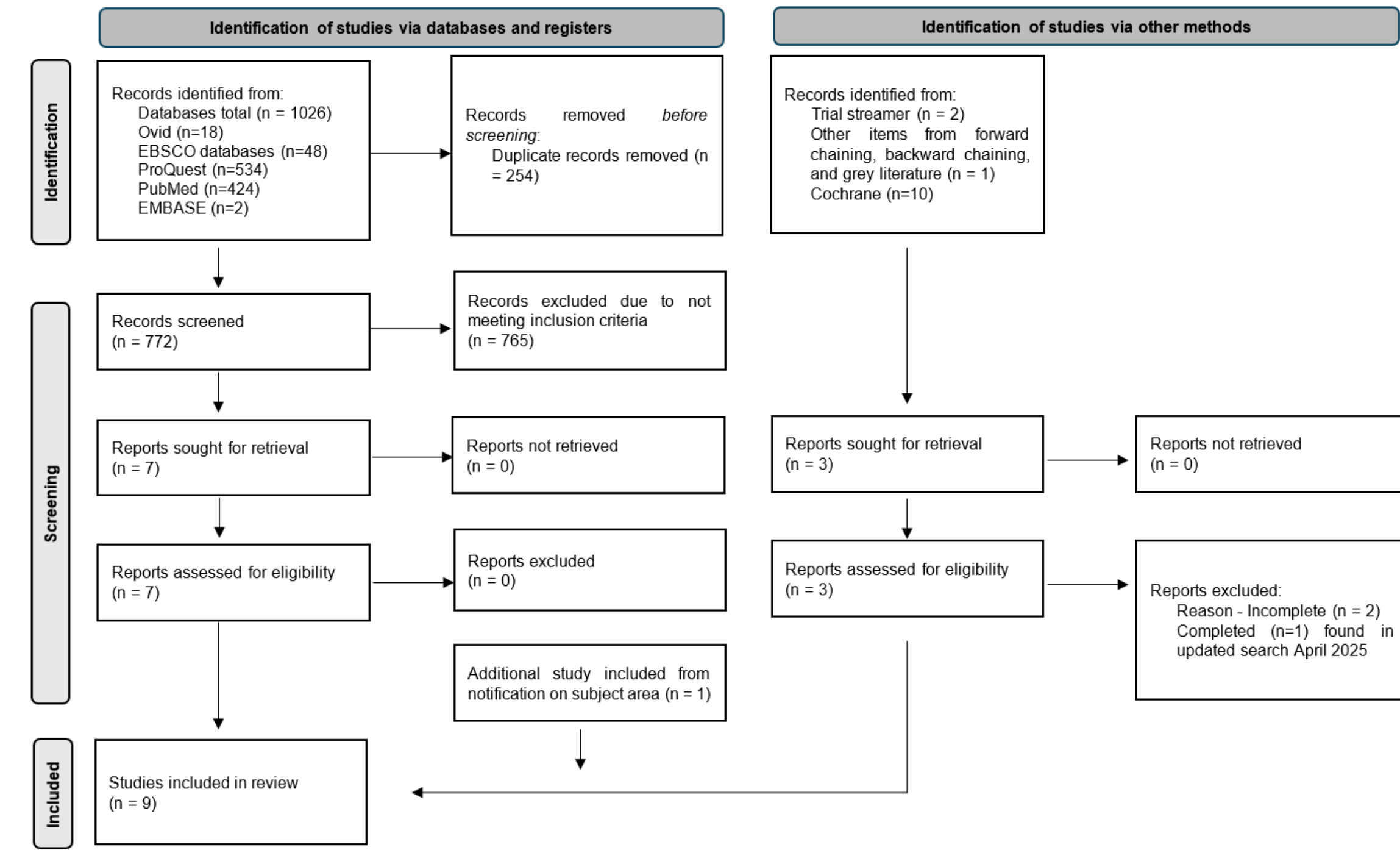
Background

Adverse experiences and complex trauma are extremely prevalent for people with a borderline personality disorder diagnosis. Yet it has been common practice to exclude this population from accessing trauma-focused treatments, causing unnecessary continuation of distress. Eye Movement Desensitization and Reprocessing (EMDR) is an effective treatment option for individuals diagnosed with post-traumatic stress disorder, highly comorbid with borderline personality disorder. Despite this, EMDR is not currently recommended as a treatment option for borderline personality disorder.

Given the prevalence of exposure to traumatic events or other types of adverse childhood experiences in people carrying a borderline personality disorder diagnosis (de Jongh et al., 2024; Porter et al., 2020) and the effectiveness of EMDR in treating individuals diagnosed with PTSD and CPTSD (Wilson et al., 2018), which have a similar diagnostic profile (de Jongh et al., 2024; Kolthof et al., 2022; Kulkarni, 2017), a review was carried out to scope research that has explored EMDR therapy as a treatment approach for people with a borderline personality disorder diagnosis.

A structured search was conducted in August 2024 and updated in April 2025. 772 articles were identified after removing duplicates. Following a review of the titles and abstracts 765 were discarded based upon the inclusion and exclusion criteria set. Nine papers were analysed by the first and second author. Studies that explore EMDR as a treatment approach for individuals with borderline personality disorder and comorbidities, including PTSD and CPTSD were included due to the prevalence of comorbidity (Shah & Zanarini, 2018). However, those that solely explored PTSD symptomology were excluded or studies where not all participants had a personality disorder. For example, Gielkens et al., (2022; 2024), not all participants had a personality disorder diagnosis. Two studies were excluded due to EMDR being conducted alongside prolonged exposure therapy (de Jongh et al., 2020; Kolthof et al., 2022), and one using combined EMDR desensitization of triggers and urge reprocessing (DeTUR) Protocol and Constant Installation of Present Orientation and Safety (CIPOS) method (Annesley et al., 2019).

The Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRISMA) (Page et al., 2021)



Authors	Title	Place	Study type	Sample	Diagnosis	Main findings
Brown & Shapiro 2006	EMDR in the treatment of borderline personality disorder	USA	Case report	1	Borderline personality disorder and major depressive disorder	Concluded that EMDR had a positive effect on the individual's life and EMDR led to sub-clinical assessment scores.
de Jongh & Hafkemeijer 2024	Trauma-focused treatment of a client with complex PTSD and comorbid pathology using EMDR therapy	The Netherlands	Case report	1	Complex PTSD and borderline personality disorder	Results in line with mounting evidence supporting the use of EMDR as a safe and effective treatment for people with CPTSD and personality disorder.
Gielkens et al 2018	EMDR as a treatment approach of PTSD complicated by comorbid psychiatric, somatic, and cognitive disorders: A case report of an older woman with a borderline and avoidant personality disorder	The Netherlands	Case report	1	PTSD, borderline personality disorder, avoidant personality disorder	Concluded EMDR can be effective for PTSD in complex, older adults. However, despite some reduction in symptoms, the case still met criteria for borderline and avoidant personality disorder.
Hafkemeijer et al 2020	Eye movement desensitization and reprocessing (EMDR) in patients with a personality disorder	The Netherlands	RCT	97	Personality disorder or borderline personality disorder, PTSD excluded	Significant improvements were found in reduction of psychological symptoms and psychological distress in those assigned to the EMDR group, in comparison to the control group.
Hafkemeijer et al 2023	Case report: Brief, intensive EMDR therapy for borderline personality disorder: results of two case studies with one year follow-up	The Netherlands	Case report	2	Borderline personality disorder, excluded PTSD	Both cases showed a strong decline in psychological distress and difficulties in emotion regulation and reported an improvement in their quality of life. At post-treatment, and at 3-, 6-, and 12-months follow-up they no longer met the DSM-5 criteria for borderline personality disorder.
Safarabad et al 2018	Treatment of a patient with borderline personality disorder based on phase-oriented model of eye movement desensitization and reprocessing (EMDR): A case report	Iran	Case report	1	Borderline personality disorder	The results support the positive effect of EMDR on borderline personality disorder. EMDR dramatically reduced symptoms of borderline personality disorder, anxiety, and depression. At the end of treatment, the case no longer met DSM-4 criteria for borderline personality disorder.
Slotema et al 2019	Feasibility of EMDR for posttraumatic stress disorder in patients with personality disorders: A pilot study	The Netherlands	Uncontrolled feasibility pilot study	47	PTSD and borderline personality disorder or personality disorder	They conclude that the addition of EMDR techniques to treatment-as-usual may be beneficial in the treatment of PTSD in people with borderline personality disorder, to reduce symptoms of PTSD, dissociation, and insomnia.
Snoek et al 2025	Eye Movement Desensitisation and Reprocessing with and without Dialectical Behaviour Therapy for Posttraumatic Stress Disorder and Comorbid Borderline Personality Disorder Symptoms: A Randomised Controlled Trial	The Netherlands	RCT	124	PTSD and comorbid borderline personality disorder symptoms	It was concluded their study demonstrated that EMDR was a safe and effective treatment in reducing symptoms of both PTSD and borderline personality disorder whilst also enhancing overall quality of life.
Wilhelmus et al 2023	Adding EMDR for PTSD at the onset of treatment of borderline personality disorder: A pilot study	The Netherlands	Non-concurrent multiple baseline approach pilot study	12	Borderline personality disorder and PTSD	EMDR may be feasible and effective in reducing PTSD symptoms in patients concurrently receiving borderline personality disorder treatment. EMDR appears to be a promising intervention for patients with borderline personality disorder and comorbid PTSD.

Five studies were case reports, two randomised control trials, one uncontrolled feasibility pilot study and one non-concurrent multiple baseline approach pilot study. Sample sizes ranged from 1 to 124, total 286. Seven studies were conducted in the Netherlands, one in Iran and one in the USA. Ages range from 18 – 69 years, with women representing the majority of participants; 87% women in Slotema et al (2019); 10 women, 1 man, 1 transgender participant in Gielkens et al. (2018); 98 women, 26 men in Snoek et al., 2025; not reported in Hafkemeijer et al., (2020); all women in the other studies (Brown & Shapiro, 2006; de Jongh & Hafkemeijer, 2024; Hafkemeijer et al., 2023; Safarabad et al., 2018; Wilhelmus et al., 2023), demonstrating clear lack of diversity in samples.

QATSDD was used to critically appraise the articles. To enhance diligence, the Critical Appraisal Skills Programme checklist for randomised controlled trials (CASP, 2020) and the JBI checklist for case reports (Moola et al., 2020) were also used. Although not necessary in scoping reviews (Peters, Marnie et al., 2020), enhances robustness of the search. Descriptive analysis was used to present the results in themes (Peters, Marnie et al., 2020), these are presented across; session length and protocol, assessment tools, outcome, and completion.

The research designs, aims, methodology, and assessment tools used varies across the studies, as does the inclusion of participants with comorbidities, including PTSD, which hinders generalisability, hence need for further robust larger scale and long term research.

Session length and protocol

Session length of EMDR varied across the studies. Such inconsistencies in session length across the studies make it difficult to make comparisons. de Jongh and Hafkemeijer (2024), Gielkens et al., (2018), Hafkemeijer et al., (2023), Safarabad et al., (2018), Slotema et al., (2019), Snoek et al., (2025) and Wilhelmus et al., (2023) followed Shapiro (2001) and the Dutch version of the EMDR standard protocol (de Jongh & Ten Broeke, 2019), where the participant's most distressing memory with the highest Subjective Units of Distress (SUD) is targeted first rather than working in chronological order as done in Brown and Shapiro's (2006) study.

Assessment tools

Across the studies differing tools were utilised, a further limitation of comparable findings. Although comprehensive, using a vast array of questionnaires can cause survey fatigue and response bias, and thus subsequently lead to deterioration of data quality and false conclusions being drawn about the effectiveness of the intervention (Lavarakas, 2008).

Outcomes

Despite the limitations of comparability related to session length, protocol and use of assessment tools, there were positive outcomes from all studies reviewed. Evidence suggests that EMDR may be an appropriate treatment option to consider for individuals with a diagnosis of borderline personality disorder with positive results found across the studies reviewed, specifically in reduction in psychological distress, symptom severity and improved quality of life. It can lead to individuals no longer meeting the diagnostic criteria for borderline personality disorder (Brown & Shapiro, 2006; de Jongh and Hafkemeijer, 2024; Hafkemeijer et al., 2023; Safarabad et al., 2018).

Completion

de Jongh and Hafkemeijer (2024), Brown and Shapiro (2006), Gielkens et al., (2018) and Safarabad et al., (2018) participants all completed the EMDR course. 25% of participants dropped out of Wilhelmus et al's., (2023) research with only 9 participants completing. No participants reported adverse events such as self-harm or suicide attempts. 32% dropped out of Slotema et al's., (2019) neither hospitalisation nor suicidal behaviour were reasons for ending participation early. Snoek et el's., (2025) RCT had a high drop out rate 16 patients (25%) receiving the EMDR and 37 patients (61%) receiving EMDR-DBT. Four serious adverse events were also reported.

Limitations

While the review suggests that EMDR may be a treatment approach to consider for people with a diagnosis of borderline personality disorder, the limited number of studies and small samples identify the evidence base is not strong enough to draw definitive conclusions. In addition to the impact of comorbidity on findings, it is thus difficult to isolate the effects of EMDR on borderline personality disorder alone in some of the reviewed studies. Hence further research is needed.

Future studies

To date, only two randomised controlled trials have been conducted to determine the efficacy of EMDR therapy in treating individuals with a primary diagnosis of personality disorder (Hafkemeijer et al., 2020; Snoek et al., 2025). Two other RCTs are however registered (Hofman et al., 2022; Soler et al, 2021) alongside others at various stages registered across other databases.

References

For the full reference list please email ejones14@uclan.ac.uk

Findings

Authors	Session length
Brown & Shapiro (2006)	20 sessions over 5-6 months (length not specified)
de Jongh & Hafkemeijer (2024)	10 sessions over 5 weeks (length not specified)
Gielkens et al., (2018)	23 sessions over 5-6 months for 60 minutes
Hafkemeijer et al., (2020)	5 sessions weekly for 90 minutes
Hafkemeijer et al., (2023)	10 sessions over 4 days for 90 minutes
Safarabad et al., (2018)	20 sessions over 5-6 months (length not specified)
Slotema et al., (2019)	2-15 sessions for 60-90 minutes
Snoek et al., (2025)	12-18 sessions weekly 75 minute sessions
Wilhelmus, et al., 2023	8 sessions weekly 90 minute sessions

Authors	Assessment tools
Brown & Shapiro (2006)	Inventory of Altered Self Capacities (IASC), Subjective Units of Distress Scale (SUD)
de Jongh & Hafkemeijer (2024)	Clinician-administered PTSD Scale for DSM-5 (PCL-5), SCID-5-P, The International Trauma Questionnaire (ITQ).
Gielkens et al., (2018)	Symptom Checklist-90-Revised (SCL-90-R), the Brief Symptom Inventory (BSI), the PTSD Symptom Scale (PSS-sr), and the Clinician Administered PTSD Scale (CAPS-5), Severity Indices of Personality Problems-Short Form (SIPP-SF), and Brief Symptom Inventory (BSI)
Hafkemeijer et al., (2020)	Outcome Questionnaire-45 (OQ-45), Brief Symptom Inventory (BSI), and General Assessment of Personality Disorder (GAPD)
Hafkemeijer et al., (2023)	Clinician-administered PTSD scale for DSM-5 (CAPS-5), Structured clinical interview for DSM-5 personality disorders (SCID-5-P), Childhood trauma questionnaire—Short form (CTQ-SF), Life events checklist for the DSM-5 (LEC-5), Mental health quality of life (MHQoL) questionnaire, Difficulties in emotion regulation scale (DERS) and Outcome questionnaire (OQ-45)
Safarabad et al., (2018)	Borderline Personality Disorder Checklist (BPD-C), Dissociative Experience Scale (DES-II), Beck Depression Inventory (BDI-II), and the Beck Anxiety Inventory (BAI)
Slotema et al., (2019)	Posttraumatic Diagnostic Scale (PDS), Dissociative Experience Scale (DES), Insomnia Severity Index (ISI), Deliberate Self-Harm Inventory (DSHI), Auditory verbal Hallucinations Rating Scale (AHRS)
Snoek et al., (2025)	Clinician-Administered PTSD Scale for DSM-5 (CAPS-5), PTSD Checklist for DSM-5 (PCL-5), Structured Interview for DSM-5 Personality Disorders (SCID-5-PD), Personality Assessment Inventory-Borderline Features (PAI-BOF), Outcome Questionnaire-45 (OQ-45), World Health Organization Disability Assessment Schedule 2.0 (WHODAS 2.0), EuroQol 5-Dimension 5-Level Visual Analog Scale (EQ-VAS), Childhood Trauma Questionnaire (CTQ), Life Events Checklist (LEC), Difficulties in Emotion Regulation (DERS-NL), Difficulties in Emotion Regulation (DES-II)
Wilhelmus, et al., 2023	Structured clinical interview for DSM-IV axis II personality disorders (SCID-II), PTSD checklist for DSM-5 (PCL-5), CAPS-5, Brief Symptom Checklist, Sheehan Disability Scale, Korte Klachten Lijst

Conclusion

Evidence suggests that EMDR may be an appropriate treatment option to consider for individuals with a diagnosis of borderline personality disorder with positive results found across the studies reviewed, specifically in reduction in psychological distress, symptom severity and improved quality of life. It can lead to individuals no longer meeting the diagnostic criteria for borderline personality disorder (Brown & Shapiro, 2006; de Jongh and Hafkemeijer, 2024; Hafkemeijer et al., 2023; Safarabad et al., 2018). However, caution must be noted with regards to research limitations around comparability related to session length, protocol, assessment tools and follow up data, in addition to serious adverse events in Snoek et al., (2025) RCT. Hence, further exploration of EMDR as a sole treatment approach for those diagnosed with borderline personality disorder is warranted. Exploration of the efficacy of EMDR therapy as a treatment approach, with consideration of the implications discussed here, could enhance the current evidence base, pave the way for future research in this area, and lead to an update of current treatment guidance which could enhance experience and outcomes for people carrying a borderline personality disorder diagnosis.