

EMDR Therapy and the Brain

How distressing memories get stuck, and what EMDR does about it.

Most difficult experiences settle on their own. The brain files them away, the memory loses its charge, and it becomes something that happened rather than something that is happening. Sometimes that filing does not complete. When an experience is overwhelming, the fight, flight or freeze response can interrupt processing, and the memory stays stored in its original raw form, with the images, body sensations and beliefs still attached. EMDR is a structured therapy that helps the brain finish the processing it could not complete at the time.

A MEMORY THAT PROCESSED

- You can recall the event without being pulled back into it.
- The feeling has a proportion to it, and it passes.
- Reminders may register, but they do not take over your day.
- What you make of yourself afterwards is measured: I did what I could with what I knew then.

A MEMORY THAT STAYED STUCK

- Recalling it brings the body back with it: heart rate, tension, nausea, shutdown.
- It can feel present tense, even years later.
- Small reminders set off a response out of scale with the situation.
- The belief attached to it hardens into something about you: I am not safe, I am too much, it was my fault.

What EMDR does

We bring the memory to mind in a controlled, contained way while you attend to something rhythmic and bilateral, usually side to side eye movements, tapping or sound. This appears to give the brain enough working capacity to hold the memory and the present moment at once, which is what allows processing to resume. The memory does not disappear. What changes is its charge: the images lose their grip, the body settles, and the belief attached to it has room to update. EMDR does not require you to describe the event in detail, which is one reason it suits people who find talking about it re-triggering.

What is happening underneath

Three regions do most of the work in how a memory is held. Sustained stress and trauma change how they talk to each other, and that is what a stuck memory feels like from the inside.

Amygdala

THE ALARM STAYS ON

Its job is to flag danger fast, before you have consciously assessed anything. After trauma it can stay overactive, reading ordinary situations as threats. That is the anxiety that arrives before any thought does.

Hippocampus

THE TIMESTAMP WEAKENS

It handles memory and context, including the sense of when something happened and whether it is over. Under chronic stress its function reduces, so the memory loses its place in time. This is why a flashback can feel like now.

Prefrontal cortex

REASONING DROPS OUT

This is where you appraise a situation and regulate your response to it. When the alarm is loud its signal is weakened, so knowing you are safe does not translate into feeling safe. Insight alone cannot reach it.

How the work goes

- 1 History and formulation.** We map what happened, what it cost you, and how it shows up now. I also check what else is going on: sleep, health, medication, alcohol, current load.
- 2 Preparation and capacity building.** Before we go near the memory you need reliable ways to steady yourself and come back. This stage is not a formality and I do not rush it. For some people it is most of the work.
- 3 Processing.** We hold the memory in mind alongside bilateral attention, in short sets, checking in between each one. You stay in control of the pace and we stop when we need to.
- 4 Integration.** We consolidate what has shifted and put it to work, in the body and in how you actually live. Insight is the beginning of this stage, not the end of it.

Whether EMDR is the right fit

EMDR has strong evidence behind it, but it is not the right starting point for everyone or for every stage. It asks for a degree of stability, and it works best when you have the capacity to engage consistently. If we decide it is not the place to begin, I will say so, and we will use an alternative appropriate intervention.