

Understanding EMDR: A Visual Guide

This seven-part visual series introduces EMDR and offers a starting point for conversation with a therapist. Each illustration is paired with an accessible explanation and a research clarification.

Read the notes with the images. The hopeful language describes possibilities; it does not predict an individual outcome.

Begin with the questions you bring to treatment. You might want to understand why an experience still feels upsetting, what a session involves, or whether you must describe every detail. These illustrations can help organize that conversation. They are not a screening tool and cannot tell you whether EMDR is appropriate for your circumstances.

When looking at the brain illustration, treat its labels as teaching metaphors. Ask your therapist which parts of the explanation are established findings and which are proposed models. A drawing of an alarm system should not become a label for who you are or a conclusion that your brain is damaged. You can also ask for a simpler explanation if the neuroscience language is unhelpful.

Use the session and myths panels to discuss consent and expectations. What would you like your therapist to explain before beginning? How will you communicate that you want to pause? What would useful progress look like in everyday life? Consider writing down one question from each panel and returning to those questions together. The final panel is an invitation to identify meaningful goals, not a checklist you must achieve.

What the research says

Established evidence: EMDR is among recommended psychotherapies for PTSD in major guidelines. That support concerns the full treatment. Proposed mechanisms: explanations about memory storage or specific brain changes are not settled accounts of how treatment works. Outcomes and suitability vary.

1. You're Not Broken

Distress after difficult experiences is not a personal failure. This panel invites understanding, support, and a conversation about treatment options.

Research note: The image offers reassurance, not a diagnosis. “Without reliving the pain” describes a treatment goal, not a guarantee: recalling distressing material can bring up difficult feelings. Agree on pacing and a pause signal with your therapist.



You're Not Broken.
Your brain remembers.

Healing is possible. ♥

You may know you're safe, but still feel anxious, triggered, or overwhelmed. That's not weakness — it's your brain doing what it learned to do: protect you.

EMDR helps your brain process what happened so you can move forward without the constant alarm.



Understand
what happened



Process
without reliving the pain



Move Forward
a brighter tomorrow is possible.

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2. What Happens in the Brain?

The amygdala contributes to detecting threat, the hippocampus to memory and context, and prefrontal networks to regulation and thinking. These functions overlap across networks.

Research note: Alarm, librarian, and wise guide are metaphors. Brain regions work together in networks; an illustration cannot establish what is happening in your individual brain.

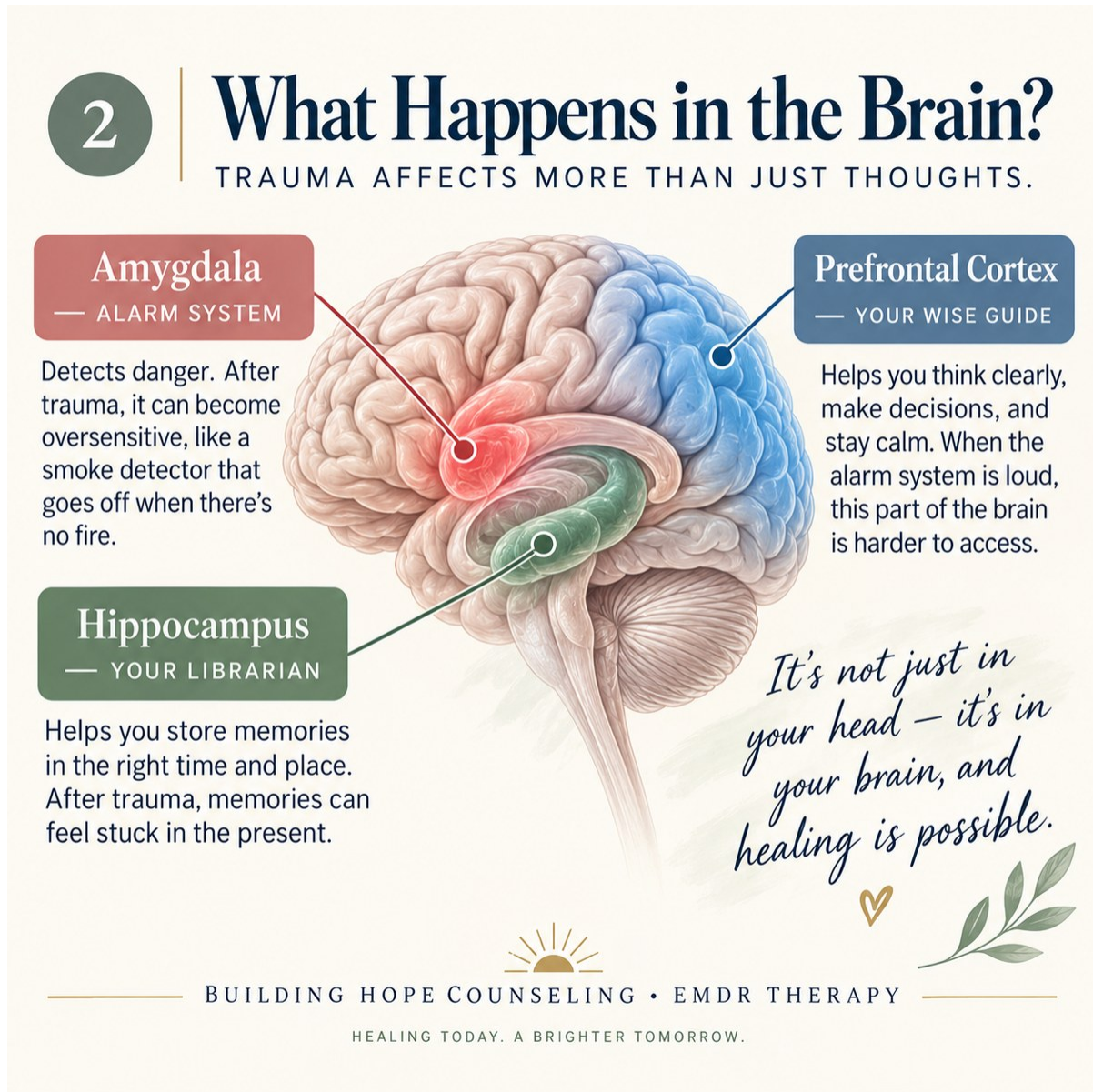


Illustration supplied by Building Hope Counseling. Read with the research note above.

3. What Is EMDR?

EMDR means eye movement desensitization and reprocessing. Sessions may use eye movements, sounds, or taps within a structured therapy. The aim is reduced distress, not forgetting.

Research note: EMDR is a complete psychotherapy, not simply recalling a memory while following a dot. Its strongest established evidence concerns PTSD. “Brain healing” and healthier storage are explanatory language, not a proven biological sequence.



3 What Is EMDR?

A PROVEN APPROACH TO HELP YOUR BRAIN HEAL.

EMDR stands for Eye Movement Desensitization and Reprocessing.
It is a structured, evidence-based therapy that helps your brain process distressing memories so they no longer feel like an emergency.

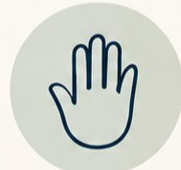
BILATERAL STIMULATION



Eye movements



Sounds



Tapping

HOW IT WORKS

- 1 Bring a memory, thought, or feeling to mind.
- 2 Use bilateral stimulation.
- 3 Your brain begins to process and store the experience in a healthier way.

A calmer tomorrow is possible.

**EMDR isn't about forgetting.
It's about remembering without reliving it.**

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HEALING TODAY. A BRIGHTER TOMORROW.

HEAL
PROCESS
GROW
FOR A BRIGHTER
TOMORROW



Illustration supplied by Building Hope Counseling. Read with the research note above.

4. How EMDR Works

A therapist helps identify relevant material, notice thoughts and sensations, and review responses during processing. Changes are explored together rather than forced.

Research note: This is a simplified overview of possible change, not the eight-phase protocol or a guaranteed progression. Distress may fluctuate, and preparation, closure, and re-evaluation remain important.

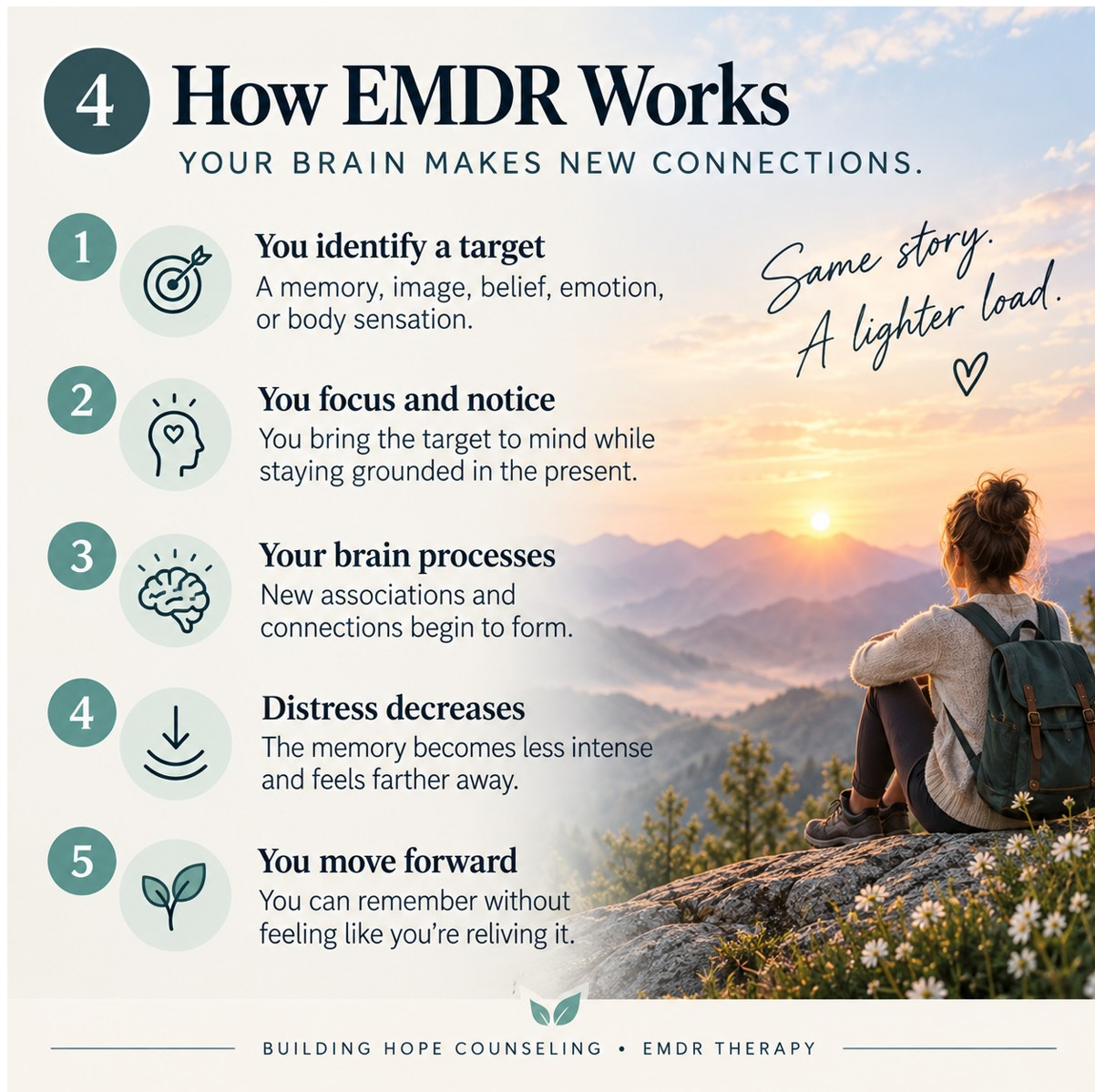


Illustration supplied by Building Hope Counseling. Read with the research note above.

5. Myths vs. Facts

EMDR is not hypnosis or memory erasure. It involves more than eye movements. You may discuss the level of detail you share and ask to pause.

Research note: You can discuss how much detail to share and can ask to pause. Emotional intensity alone does not show that treatment is working; numbness, disconnection, or overwhelming distress should also be discussed.



5 Myths vs. Facts
LET'S CLEAR UP THE CONFUSION.

Myths	Facts
✗ EMDR is hypnosis.	✓ You remain awake, aware, and in control.
✗ I have to tell every detail.	✓ You do not have to share every detail.
✗ EMDR erases memories.	✓ The goal is not to forget, but to reduce the distress attached to the memory.
✗ It's just following a finger.	✓ Eye movements are one part of a structured 8-phase therapy.
✗ If I get emotional, it isn't working.	✓ Emotions can be a normal part of healing.

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6. The Research Speaks

EMDR has guideline support for PTSD. Research on treatment effectiveness is different from research seeking to explain how it works.

Research note: Guideline recommendations are diagnosis- and population-specific. Evidence for PTSD does not establish effectiveness for every trauma-related problem, age group, or individual.

6 The Research Speaks
EMDR IS AN ESTABLISHED, EVIDENCE-BASED THERAPY.

EMDR is recommended for PTSD by major organizations including the World Health Organization and the U.S. Department of Veterans Affairs / Department of Defense. Research shows it can help reduce trauma-related distress and help the brain process difficult experiences.

- ✓ Recommended for PTSD by WHO and VA/DoD
- ✓ Supported by many controlled studies
- ✓ Effective for many trauma-related symptoms
- ✓ Used with adults, children, and diverse populations

*Real science.
Real people. Real healing.*

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7. A Brighter Future Is Possible

Possible goals include feeling less distressed and more present in daily life. Your own goals and experience should guide review of treatment.

Research note: These are possible goals, not promised outcomes. Use your own priorities to discuss progress and alternatives; improvement need not look like every item in this illustration.



7 A Brighter Future Is Possible
YOU DON'T HAVE TO CARRY THIS FOREVER.

Healing doesn't mean the hard things never happened.
It means they no longer have to control your present.
With EMDR, many people feel calmer, less triggered,
more present, and more able to move forward.

- LESS ANXIETY
- MORE PEACE
- HEALTHIER RELATIONSHIPS
- GREATER CONFIDENCE
- A LIFE YOU CAN ENJOY AGAIN

*Your story isn't over.
Healing is possible.*

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References and discussion prompts

National Center for PTSD. Overview of Psychotherapy for PTSD. Summary of the 2023 VA/DoD guideline.

https://www.ptsd.va.gov/professional/treat/txessentials/overview_therapy.asp

National Center for PTSD. Eye Movement Desensitization and Reprocessing (EMDR) for PTSD.

https://www.ptsd.va.gov/understand_tx/emdr.asp

Landin-Romero R, Moreno-Alcazar A, Pagani M, Amann BL (2018). How Does Eye Movement Desensitization and Reprocessing Therapy Work? A Systematic Review on Suggested Mechanisms of Action. *Frontiers in Psychology* 9:1395.

<https://doi.org/10.3389/fpsyg.2018.01395>

What would you like clarified before treatment?

Which parts of the illustrations fit your experience, and which do not?

How will you and your therapist decide whether the current approach is helping?

For general education, not diagnosis, individualized treatment, supervision, or emergency care. Discuss treatment decisions with an appropriately qualified healthcare professional.