

THE HISTORY OF EMDR

 <https://doi.org/10.63330/aurumpub.031-011>**Elyssa Ellen Macedo Dias¹****Abstract**

Eye Movement Desensitization and Reprocessing Therapy (EMDR) is the central theme of this work, whose objective was to understand its historical trajectory, from its empirical origin with Francine Shapiro to its consolidation as an evidence-based psychotherapeutic practice recognized internationally. The study sought to analyze the development of EMDR in three main areas: the origin of the technique, its initial development, and the subsequent expansion of its clinical application beyond the treatment of Post-Traumatic Stress Disorder (PTSD), including conditions such as anxiety, depression, phobias, complicated grief, and complex trauma. To this end, a qualitative research methodology of a descriptive and exploratory nature was employed, grounded in a bibliographic survey. Reference works by the creator of the technique, clinical studies, systematic reviews, international mental health guidelines, and publications by specialists in the field, such as Maxfield, Korn, Solomon, and Shapiro, were analyzed. In the first part, the work presented the theoretical contextualization of EMDR, explaining its foundations in the Adaptive Information Processing (AIP) model. Next, the process of systematizing the therapeutic protocol into eight phases was discussed, which granted the technique the status of a structured and standardized intervention. Subsequently, the expansion of its clinical application to different psychological conditions was addressed, with emphasis on empirical evidence supporting its efficacy. The research results demonstrate that EMDR has established itself as an integrative therapeutic approach, capable of promoting symptomatic relief, cognitive restructuring, and functional improvement in individuals with different forms of psychological suffering. It is concluded that EMDR represents a significant advance in contemporary psychotherapy, both because of its solid scientific foundation and

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because of its potential for adaptation to different clinical contexts. The study also points to the need for further research in specific populations and for strengthening the training of professionals properly qualified in the technique, in order to ensure its ethical and safe application.

Keywords: EMDR, Psychological trauma, Evidence-based psychotherapy, Adaptive information processing.

INTRODUCTION

Understanding the effects of trauma on the mental and emotional health of individuals has become an object of increasing attention within the psychological and medical sciences. Studies on the impact of early adverse experiences, experiences of violence, abuse, and significant losses demonstrate that potentially traumatic events, when not adequately processed, can generate lasting consequences in psychic functioning, affecting cognition, emotions, and behavior (Siegel, 2003; Shapiro, 2001). In this context, the search for effective and humanized psychotherapeutic interventions has driven the development of innovative techniques, among which Eye Movement Desensitization and Reprocessing Therapy (EMDR), created by Francine Shapiro in the late 1980s, stands out.

EMDR emerges as a therapeutic approach based on the assumption that many psychopathologies are associated with poorly processed memories, stored dysfunctionally in the brain, resulting in symptoms such as fear, anxiety, depression, avoidance, and hypervigilance. The technique uses alternating bilateral stimuli—such as eye movements, sounds, or taps—to facilitate the reprocessing of traumatic experiences, promoting a healthier integration of these memories into the patient's life narrative (Shapiro, 2001; Maxfield, 2019). Its theoretical model, Adaptive Information Processing (AIP), proposes that the human brain has a natural capacity to heal itself, but that traumatic events can block this process. EMDR, therefore, acts as a catalyst for this innate capacity for self-regulation and psychic integration.

This paper takes as its theme the historical trajectory of EMDR, with the general objective of understanding its development from the initial empirical discovery to its consolidation as a validated and

widely disseminated clinical practice. The specific objectives are: (1) to describe the historical and scientific context that favored the emergence of the technique; (2) to analyze the evolution of its protocols and theoretical foundations; and (3) to investigate the expansion of its field of application, especially in the treatment of disorders beyond Post-Traumatic Stress Disorder (PTSD), such as depression, phobias, anxiety disorders, and complicated grief. The hypothesis is that the efficacy of EMDR is not limited to the symptomatic relief of classic traumatic conditions, but extends to the deep restructuring of dysfunctional beliefs, emotional self-regulation, and improvement in patients' quality of life.

The justification for this study is grounded in two main axes: the first concerns the scientific and clinical relevance of EMDR, which has become the subject of numerous studies and international therapeutic guidelines, such as those issued by the World Health Organization (WHO, 2013), the American Psychological Association (APA, 2017), and various meta-analyses attesting to its efficacy in multiple contexts (Chen et al., 2014; Cuijpers et al., 2020). The second axis lies in the need to systematize and understand, in depth, the milestones that allowed the consolidation of this approach as one of the main therapeutic resources today, thereby contributing to the training of professionals who are more aware of the foundations and limitations of the technique.

Methodologically, this work adopts a qualitative approach of a descriptive and exploratory nature, based on bibliographic research. Reference works by the creator of the technique, Francine Shapiro, were selected, as well as publications by scholars such as Maxfield (2019), Korn (2009), Solomon and Shapiro (2008), in addition to systematic reviews and clinical studies published in specialized journals. The choice of this methodology allows for a deeper theoretical and empirical understanding of EMDR, contextualizing its creation, evolution, and expansion in a critical and well-founded manner.

The work is structured in five parts. The first is this Introduction, which presents the theme, objectives, hypotheses, justifications, methodology, and organization of the study. Next, the section Origin of EMDR addresses Shapiro's initial discovery of the technique, the observation of its effects, and the first experiments with war veterans and trauma victims. In the third part, entitled Initial Development,

the transition of the technique to a structured model is explored, with the creation of the eight-phase protocol and its grounding in the Adaptive Information Processing model. The fourth section, Expansion of Application, discusses how EMDR came to be used in a variety of psychological disorders, with clinical evidence supporting its efficacy beyond the treatment of PTSD, including depressive, phobic, anxiety, grief, and complex trauma disorders.

Finally, the fifth part comprises the Conclusion, in which the theoretical and clinical contributions of EMDR are revisited, evaluating its importance in the current psychotherapeutic landscape, the main findings of the study, and prospects for further investigation. It is expected that this work will contribute to a critical and up-to-date understanding of EMDR, valuing its historical trajectory and pointing out its future challenges and potential within evidence-based clinical practice.

DEVELOPMENT

ORIGIN OF EMDR

Eye Movement Desensitization and Reprocessing Therapy, known by the acronym EMDR, was developed in the late 1980s by American psychologist Francine Shapiro. The origin of EMDR is associated with an accidental discovery made by Shapiro in 1987, when she noticed that her own disturbing thoughts decreased in emotional intensity as she rapidly moved her eyes from side to side. From this observation, she initiated clinical experiments that resulted in the development of a structured therapeutic protocol (Shapiro, 1989).

EMDR initially emerged as an approach aimed at the treatment of psychological trauma, especially Post-Traumatic Stress Disorder (PTSD), presenting positive results in comparison with other therapeutic modalities of the time (Shapiro, 2001). The first scientific studies were conducted with war veterans and victims of abuse, demonstrating a significant reduction in symptoms after a few sessions (Solomon & Shapiro, 2008). Over time, the method came to be recognized internationally, being

approved by entities such as the World Health Organization (WHO, 2013) and the American Psychological Association (APA, 2017) as one of the effective therapies for the treatment of trauma.

The technique is based on the premise that poorly processed traumatic events remain stored dysfunctionally in the brain, generating symptoms such as anxiety, fear, and flashbacks. EMDR seeks to reprocess these memories through bilateral stimulation—such as eye movements, alternating sounds, or tactile taps—which activate the cerebral hemispheres and facilitate adaptive information processing (Shapiro, 2001; Siegel, 2003). Thus, the patient is guided to relive the trauma in a controlled manner, promoting the reframing of the experience and the reduction of the associated emotional burden.

Over the past decades, EMDR has expanded its field of application to other conditions, such as phobias, depression, complicated grief, generalized anxiety, and dissociative disorders (Maxfield, 2019). Its origin, grounded in empirical observation and validated by numerous scientific studies, has consolidated EMDR as an innovative, evidence-based psychotherapeutic approach that combines neuroscience, cognitive psychology, and theories of memory processing.

INITIAL DEVELOPMENT

The initial development of EMDR began with the publication of Francine Shapiro's first clinical study in 1989, in which she investigated the effects of the eye movement desensitization technique in war veterans and survivors of psychological trauma. This pioneering study, published in the *Journal of Traumatic Stress*, demonstrated that patients showed a significant reduction in post-traumatic stress symptoms after sessions using eye movements as a form of bilateral stimulation (Shapiro, 1989).

At that time, the approach was called E.M.D. (Eye Movement Desensitization), with an exclusive focus on desensitizing traumatic symptoms through eye movements. However, as Shapiro deepened her research and clinical practice, she realized that therapeutic results could be enhanced by the introduction of a more structured protocol. Thus, throughout the 1990s, the technique was systematized into a

therapeutic model composed of eight phases, incorporating elements of cognitive processing, memory reprocessing, and the assessment of dysfunctional beliefs (Shapiro, 2001).

This evolution marked the transition from the name E.M.D. to EMDR (Eye Movement Desensitization and Reprocessing), reflecting a broader and more complex approach aimed not only at emotional desensitization but also at the adaptive reprocessing of information stored dysfunctionally in memory. According to Maxfield (2019), this expansion was essential for consolidating EMDR as a complete and effective intervention, capable of integrating emotional, somatic, and cognitive aspects in the treatment of trauma.

The consolidation of the eight-phase protocol—which includes patient history, preparation, assessment, desensitization, installation, body scan, closure, and reevaluation—became one of the pillars of modern EMDR, recognized and recommended by various international organizations, such as the World Health Organization (WHO, 2013) and the American Psychological Association (APA, 2017). This initial development, grounded in empirical and theoretical evidence, enabled the growth of EMDR as one of the main therapeutic approaches for the treatment of psychological trauma.

EXPANSION OF APPLICATION

With the advancement of research and the clinical maturation of the approach, the application of EMDR (Eye Movement Desensitization and Reprocessing) expanded significantly beyond the exclusive treatment of Post-Traumatic Stress Disorder (PTSD), the field in which it was initially consolidated. Studies conducted in the 1990s and 2000s began to demonstrate that the benefits of the technique could be extended to a wide range of psychological disorders, especially those related to adverse experiences and dysfunctional memories. According to Shapiro (2001), the theoretical model underlying EMDR, known as Adaptive Information Processing (AIP), assumes that various psychopathologies are rooted in experiences that have not been adequately processed, which helps explain why the technique presents good results in different clinical contexts.

One of the fields in which EMDR has shown efficacy is the treatment of anxiety, including its various subtypes, such as generalized anxiety disorder, social phobia, and panic attacks. Studies indicate that the reprocessing of events associated with the onset or worsening of anxiety allows for a consistent reduction of symptoms, favoring cognitive restructuring and emotional self-regulation (Faretta, 2013; Domingues & Silva, 2019). In addition, EMDR contributes to enabling the patient to work through anxiety-related triggers more effectively, promoting a greater sense of control over dysfunctional reactions.

In depression, especially in cases associated with significant losses, accumulated trauma, or a history of neglect and abuse, EMDR also appears promising. Maxfield (2019) observes that, by reprocessing painful events linked to feelings of worthlessness or hopelessness, patients with depression may show improved mood, increased motivation, and a reduction in self-deprecating thoughts. Clinical studies indicate that, when combined with integrative approaches or used as the main technique, EMDR may be as effective as cognitive behavioral therapy (CBT) in reducing depressive symptoms (Hase et al., 2015).

In the treatment of specific phobias, EMDR has also been used successfully. The technique allows the patient to access the traumatic memory associated with the development of irrational fear—such as in cases of accidents, painful experiences, or situations of imminent danger—and reprocess it in a safe therapeutic environment, reducing the phobic response and favoring progressive exposure without intense suffering (De Jongh et al., 2010). The same applies to complex phobias, such as fear of driving, fear of flying, and even social phobias.

Another important area of expansion concerns grief, especially complicated grief, characterized by intense and prolonged suffering, an inability to move forward, and profound emotional disturbances. EMDR has proven useful in processing loss, allowing the bereaved person to reprocess not only the death itself, but also memories linked to feelings of guilt, helplessness, or anger that often accompany the

grieving process (Solomon & Shapiro, 2008). EMDR treatment can help transform these memories into narratives that are less painful and more integrated into the subject's biography.

Cases of sexual abuse and complex trauma, in which there is a history of multiple traumatic experiences throughout life, represent another fundamental field of application for EMDR. In these contexts, the technique is particularly effective because it works directly with fragmented memories heavily charged with emotional pain. According to Korn (2009), EMDR offers a safe structure for the patient to access, reprocess, and reframe these memories, minimizing revictimization and promoting emotional stability. This is especially relevant for people with dissociative disorders, whose intense traumatic experience makes treatment through more traditional methods more difficult.

As a result of this expansion of application, EMDR came to be recognized as an integrative and effective therapeutic approach not only in the treatment of isolated traumas, but also in the resolution of complex conditions of psychological suffering. Its efficacy has been documented in meta-analyses and systematic reviews (Chen et al., 2014; Cuijpers et al., 2020), and its practice continues to expand in diverse cultures and clinical contexts around the world. Today, EMDR is used by thousands of mental health professionals as a powerful tool to promote emotional healing and restore individuals' psychic functioning.

CONCLUSION

The analysis carried out throughout this work allowed for a comprehensive and well-founded understanding of the trajectory of Eye Movement Desensitization and Reprocessing Therapy—EMDR—from its empirical origin to its consolidation as one of the most respected and widely used psychotherapeutic approaches in the contemporary world. Starting from Francine Shapiro's accidental discovery in the 1980s and spanning decades of scientific validation, clinical application, and institutional recognition, it was possible to perceive that EMDR has become a watershed in psychotherapy aimed at the treatment of trauma.

The investigation confirmed the initial hypothesis that EMDR, although it was born with the specific purpose of treating Post-Traumatic Stress Disorder (PTSD), went beyond this scope by also demonstrating efficacy in cases of depression, phobias, anxiety disorders, complicated grief, dissociative disorders, and complex trauma, among other clinical conditions. This expansion was made possible thanks to the theoretical development of the Adaptive Information Processing (AIP) model, which underlies the technique and makes it possible to understand that various psychopathologies stem from poorly processed adverse experiences. Thus, EMDR positions itself as an integrative approach that takes into account not only the emotional aspects, but also the cognitive and somatic aspects involved in human psychological suffering.

The work also revealed that the scientific credibility of EMDR is supported by a solid foundation of clinical studies, meta-analyses, and systematic reviews that attest to its therapeutic efficacy and safety for different patient profiles. The technique came to be recommended by highly authoritative organizations in the field of mental health, such as the World Health Organization (WHO), the American Psychological Association (APA), and the United States Department of Veterans Affairs, which reinforces its value not only in individual clinical contexts, but also in public mental health policies and assistance to populations affected by collective trauma.

In addition, EMDR represents a paradigmatic shift by introducing a therapeutic model structured in eight phases, which does not require prolonged exposure to trauma or exhaustive verbalization of suffering, which distinguishes it from traditional approaches such as cognitive behavioral therapy (CBT) and psychoanalysis. This characteristic makes it especially suitable for patients who show resistance to emotional exposure or difficulty in verbally accessing traumatic experiences. Bilateral stimulation—through eye movements, alternating sounds, or taps—facilitates access to dysfunctional memories and allows their reframing without retraumatization, which gives the technique a humanized character that respects the patient's limits.

From a historical perspective, this study demonstrated that EMDR was born from an apparently simple clinical observation, but one that had extraordinary developments, reflecting the transformative potential of reflective practice and applied scientific research. The trajectory of Shapiro and of the researchers who followed her legacy highlights the importance of maintaining an investigative, ethical, and open stance toward the new within clinical psychology. The construction of the eight-phase protocol, the expansion of its applications, and the development of robust theoretical models were fundamental in making EMDR one of the most studied and applied practices in the treatment of trauma and complex psychological suffering.

Another relevant aspect that emerged from this research was the finding that EMDR, despite its proven efficacy, still faces challenges, especially with regard to its dissemination, the training of qualified professionals, and the need for more studies in specific populations, such as children, older adults, persons with disabilities, and victims of natural disasters and urban violence. It is also important to deepen investigation into the neurobiological mechanisms involved in the technique, broadening dialogue with fields such as neuroscience, epigenetics, and neuroplasticity, in order to further strengthen the scientific foundations that support its practice.

Therefore, this work contributes not only to the historical and theoretical recovery of EMDR, but also to critical reflection on its role in contemporary clinical practice. In a world marked by high levels of psychological suffering, structural violence, and humanitarian crises, investment in effective, ethical, and evidence-based therapeutic approaches becomes increasingly urgent. In this scenario, EMDR offers a powerful, sensitive, and integrative response to the demands of modern psychology, reaffirming the profession's commitment to the relief of suffering and the promotion of comprehensive health.

As a final direction, it is recommended that future studies deepen the comparative analysis between EMDR and other therapeutic approaches, as well as its efficacy in multicultural contexts and in different public health systems. It also becomes essential to discuss the ethical, educational, and supervisory implications of the use of the technique, so as to ensure that its application is always

qualified, safe, and centered on the patient's well-being. By valuing the history, foundations, and potential of EMDR, the need is reaffirmed here to keep alive the search for therapeutic innovations committed to subjective and social transformation, toward a more inclusive, effective, and humanized psychology.

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