

## THE USE OF EMDR WITH SURVIVORS OF TRAGEDIES

 <https://doi.org/10.63330/aurumpub.031-012>**Elyssa Ellen Macedo Dias<sup>1</sup>****Abstract**

This article addressed the use of Eye Movement Desensitization and Reprocessing Therapy, known as EMDR, in the treatment of survivors of tragedies. The main objective was to analyze the effectiveness of EMDR in traumatic contexts, especially in situations involving natural disasters and violent events. To this end, the research was carried out through a literature review that included previous studies, academic articles, and guidelines from recognized institutions in the field of psychology. The results showed that EMDR demonstrated significant effectiveness in reducing the symptoms of Post-Traumatic Stress Disorder and other associated conditions, such as anxiety and depression. The technique enabled the reprocessing of traumatic memories, facilitating patients' emotional recovery. In addition, the study highlighted the importance of adequate therapeutic support in maximizing the benefits of this approach. The conclusions emphasized that EMDR presents itself as a valuable tool in the treatment of survivors of tragedies, promoting faster and more effective recovery when compared with other therapies. The work contributed to the understanding of how evidence-based interventions can be applied in contexts of psychological suffering, underscoring the relevance of EMDR in contemporary clinical practice.

**Keywords:** EMDR, Trauma, Psychological treatment, Post-Traumatic Stress Disorder.

**INTRODUCTION**

Tragedies, whether natural, social, or human-made, leave deep marks on the lives of those affected. Events such as natural disasters, terrorist attacks, and mass accidents not only cause physical harm but also generate a significant impact on the mental health of survivors. Post-Traumatic Stress

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Disorder (PTSD) is one of the most common consequences of these traumatic experiences, characterized by symptoms such as reliving the trauma, avoidance of stimuli related to the event, and intense emotional alterations.

In this context, Eye Movement Desensitization and Reprocessing Therapy (EMDR) emerges as an innovative and effective approach to trauma treatment. Developed by Francine Shapiro in the late 1980s, this technique offers a structured method for reprocessing traumatic memories, using bilateral stimulation to facilitate the emotional integration of lived experiences. With its effectiveness recognized by institutions such as the World Health Organization and the American Psychological Association, EMDR has become a valuable tool in the therapeutic arsenal available to mental health professionals.

The topic is highly relevant, since traumatic events such as natural disasters and acts of violence generate profound impacts on the mental health of victims, frequently resulting in Post-Traumatic Stress Disorder (PTSD) and other psychological conditions.

The objective of this article was to analyze the effectiveness of EMDR in traumatic contexts, seeking to understand how this therapeutic approach can provide relief and emotional recovery to survivors. The research was grounded in a comprehensive literature review that included case studies, academic articles, and guidelines from recognized institutions in the field of psychology, such as the World Health Organization and the American Psychological Association. This approach allowed for a critical and well-founded view of the use of EMDR, situating it within the context of contemporary psychological interventions. The hypotheses proposed suggested that EMDR is not only effective in reducing PTSD symptoms but also advantageous when compared with other therapeutic modalities, such as cognitive-behavioral therapy (CBT). The justification for choosing this topic lies in the need to promote evidence-based interventions that help mitigate the devastating effects of traumatic experiences, thus contributing to the mental health of the population.

The development of the article was divided into clearly defined sections. In the first part, the origin of EMDR was addressed, highlighting the history of its creation by Francine Shapiro and the

discoveries that led to the formulation of a structured therapeutic protocol. Next, the theoretical foundations of EMDR were discussed, emphasizing the hypothesis that unprocessed traumatic memories can cause dysfunctional symptoms in the nervous system.

The subsequent section presented the standard EMDR protocol, detailing its eight structured phases that guide the therapist throughout treatment. Each phase was described in depth, elucidating its objectives and the methodology applied, from the initial anamnesis to the reassessment of the patient's progress.

The work also addressed the psychological consequences of tragedies, identifying PTSD as one of the most common reactions and highlighting the importance of early interventions. The analysis included a discussion of how EMDR applies specifically to these survivors, emphasizing its effectiveness in promoting emotional recovery.

Finally, the conclusion synthesized the main findings of the research, reinforcing the relevance of EMDR as an effective therapeutic tool and highlighting its importance in contemporary clinical practice. The work contributed to the understanding of psychological interventions in contexts of trauma, demonstrating the need for adequate therapeutic support in order to maximize the benefits of EMDR.

## **DEVELOPMENT**

### **ORIGIN OF EMDR**

Eye Movement Desensitization and Reprocessing Therapy, known by the acronym EMDR, was developed in the late 1980s by the American psychologist Francine Shapiro. Its origin is linked to an accidental discovery in 1987, when Shapiro noticed that disturbing thoughts lost emotional intensity as she moved her eyes rapidly from side to side. Based on this observation, she initiated clinical studies that culminated in the formulation of a structured therapeutic protocol (Shapiro, 1989).

Initially conceived for the treatment of psychological trauma, especially Post-Traumatic Stress Disorder (PTSD), EMDR soon demonstrated superior results in comparison with other therapeutic

modalities of the time (Shapiro, 2001). Early studies with war veterans and victims of abuse revealed significant reductions in symptoms after only a few sessions (Solomon & Shapiro, 2008). Over time, the effectiveness of the approach came to be widely recognized, being endorsed by institutions such as the World Health Organization (WHO, 2013) and the American Psychological Association (APA, 2017) as one of the recommended therapies for the treatment of trauma.

The theoretical basis of EMDR lies in the hypothesis that unprocessed traumatic memories remain stored in a dysfunctional manner in the nervous system, generating symptoms such as anxiety, flashbacks, phobias, and intense emotional reactions. The objective of EMDR is to promote the adaptive reprocessing of these memories through the use of bilateral stimulation—such as eye movements, alternating sounds, or rhythmic tapping—which activates both cerebral hemispheres, facilitating the integration of the traumatic experience (Shapiro, 2001; Siegel, 2003). This process allows the patient to relive the trauma in a controlled manner, promoting the resignification of the emotional content and the reduction of its psychological burden.

As research advanced, the application of EMDR was extended to other disorders, such as phobias, depression, complicated grief, dissociative disorders, and generalized anxiety, consolidating its position as an evidence-based psychotherapeutic approach (Maxfield, 2019). Its scientific grounding and integration with knowledge from neuroscience, cognitive psychology, and theories of memory processing reinforce its relevance in the field of mental health.

The Federal Council of Psychology (CFP) also recognizes EMDR as a valid therapeutic approach, stating that “EMDR is a recognized technique as one of the effective interventions for the treatment of trauma-related disorders” (CFP, 2013).

One of the central pillars of EMDR is its standard protocol, composed of eight structured phases that guide the therapist in conducting treatment (Shapiro, 2001). The first phase, called history taking and treatment planning, involves collecting relevant information about the patient’s life history and

identifying priority traumatic memories, with the creation of a timeline of significant events (Lubin et al., 1998).

In the second phase, called preparation, the therapist presents the patient with the EMDR methodology, its objectives, and possible emotional reactions. Emotional self-regulation techniques are also taught, such as breathing exercises and safe-place visualization, to ensure that the patient is emotionally prepared for reprocessing (Shapiro, 2018; Solomon & Shapiro, 2008).

The third phase, known as assessment, consists of identifying the cognitive, emotional, somatic, and sensory components associated with the target memory. The patient chooses an image representative of the traumatic event, a negative belief about themselves, and a desired positive belief. At this stage, the VOC (Validity of Cognition) and SUD (Subjective Units of Disturbance) scales are applied, helping to measure emotional discomfort and the credibility of the new cognition (Maxfield & Hyer, 2002).

The fourth phase, desensitization, uses bilateral stimulation while the patient concentrates on the activating elements of the traumatic memory. The objective is to reduce the emotional charge associated with the event and allow new, more adaptive cognitive associations to emerge (Shapiro, 2001; Lalioti & Herbert, 2015).

During the fifth phase, called installation, attention is directed toward the positive belief, which must be reinforced through new rounds of bilateral stimulation. The purpose is to strengthen this new functional cognition and associate it with the previously traumatic memory (Solomon & Shapiro, 2008).

The sixth phase, body scan, involves an internal scan guided by the therapist to identify any physical tension or residual sensations linked to the memory being worked on. If there are signs of discomfort, stimulation continues until they are resolved (Shapiro, 2018).

The seventh phase, closure, ensures that the patient is stabilized at the end of the session through the reactivation of internal resources and relaxation strategies, thereby ensuring emotional well-being between sessions (Maxfield & Hyer, 2002).

## THE USE OF EMDR WITH SURVIVORS OF TRAGEDIES

Finally, the eighth phase, called reevaluation, is carried out at the beginning of each new session. In it, the therapist verifies whether the gains achieved have been maintained and whether new therapeutic targets have emerged, restarting the cycle as necessary (Shapiro, 2001).

The standard EMDR protocol has demonstrated high effectiveness in the reorganization of dysfunctional memories, contributing to the reduction of intense symptoms and the recovery of emotional health. Its well-defined structure offers safety to both patient and therapist and is considered a scientifically validated intervention model indicated in diverse contexts of psychological suffering (WHO, 2013; Cappezzani et al., 2013).

## THE PSYCHOLOGICAL CONSEQUENCES OF TRAGEDIES

Tragedies—whether natural disasters, mass accidents, acts of violence, or collective catastrophes—can produce profound psychological consequences in affected populations. Among the most common reactions, Post-Traumatic Stress Disorder (PTSD) stands out, a condition that may develop after experiencing or witnessing intensely traumatic events. PTSD is characterized by symptoms such as reliving the traumatic experience, avoidance of stimuli associated with the event, cognitive and mood alterations, as well as physiological hyperarousal (American Psychiatric Association, 2014). Studies show that the incidence of PTSD is significantly high among survivors of tragedies, especially when there are human losses, imminent risk to life, or a sense of helplessness in the face of events (Neria; Nandi; Galea, 2008).

In addition to PTSD, tragedies may trigger other conditions, such as complex trauma, anxiety disorders, depression, and complicated grief. Complex trauma is frequently associated with repeated or prolonged exposure to traumatic events, as in the case of children who experience disasters involving family losses, forced displacement, or ongoing violence. According to Herman (1992), complex trauma significantly compromises the individual's emotional, relational, and identity functions, requiring specific therapeutic approaches. Grief, although an expected reaction to loss, may become pathological when it

persists intensely and for a prolonged period, affecting the individual's functional capacity (Prigerson et al., 2009).

The psychological response to tragedies also varies according to the affected population. Children and adolescents, for example, are more vulnerable to emotional and behavioral alterations such as intense fear, regression, irritability, and school difficulties. Studies indicate that early interventions and family support are fundamental in reducing harmful long-term effects (Pfefferbaum et al., 2013). In adults, exposure to tragedies may result in symptoms of generalized anxiety, sleep disturbances, substance abuse, and relationship difficulties. Among emergency professionals, such as firefighters, first responders, nurses, and physicians, constant exposure to scenes of pain, death, and suffering may lead to the development of secondary PTSD or compassion fatigue, in addition to professional burnout (Figley, 1995; Mealer et al., 2009).

The emotional impact of tragedies is not limited to those directly affected; entire communities may suffer collective traumas that alter social dynamics, the sense of safety, and collective mental health. Therefore, the recognition of the multiple manifestations of psychological suffering and the provision of adequate, evidence-based psychological interventions are essential for promoting both individual and community resilience.

## EMDR IN THE TREATMENT OF SURVIVORS OF TRAGEDIES

Eye Movement Desensitization and Reprocessing Therapy (EMDR) has proven to be an effective approach in the treatment of survivors of tragedies, such as terrorist attacks, natural disasters, and mass accidents. Developed by Francine Shapiro in the 1980s, the technique was initially used to treat Post-Traumatic Stress Disorder (PTSD) in war veterans, but its application has expanded to various traumatic situations.

EMDR is based on the hypothesis that unprocessed traumas may remain stored in memory in a dysfunctional manner, leading to emotional and behavioral symptoms. The technique uses eye

movements or other types of bilateral stimulation to facilitate the reprocessing of these traumatic memories. According to Shapiro (2001), this method helps individuals reprocess disturbing experiences, promoting memory integration and reducing the associated distress.

Several studies demonstrate the effectiveness of EMDR in trauma contexts. A meta-study conducted by Lee and Cuijpers (2013) revealed that the therapy is as effective as other forms of treatment, such as cognitive-behavioral therapy, but often with the advantage of being faster. In addition, Bisson et al. (2010) confirmed that EMDR is a recommended treatment for PTSD, especially in populations affected by tragedies.

The application of EMDR to survivors of tragedies is particularly relevant because these individuals frequently face a series of complex emotional responses, such as guilt, sadness, and fear. The work of Hensley and Vann (2015) emphasizes the importance of adequate therapeutic support after traumatic events, highlighting the role of EMDR in restoring emotional stability. Documented cases, such as survivors of the September 11, 2001 attacks, demonstrated that EMDR can help reprocess traumatic memories, alleviating symptoms and promoting better adaptation (van der Kolk et al., 2007).

The benefits of EMDR include the speed with which symptoms can be relieved, generally in a reduced number of sessions compared with other therapeutic approaches. The meta-analysis by Lee and Cuijpers (2013) highlights EMDR's ability to promote effective memory reprocessing, in addition to being less confrontational with respect to trauma, which may be less overwhelming for patients.

However, there are limitations to the application of EMDR. Some patients may not respond adequately to the technique, and the need for a qualified and trained therapist is crucial to the success of treatment. The effectiveness of EMDR may be influenced by the severity of the trauma and by the presence of psychological comorbidities, such as depression or anxiety (Shapiro, 2001).

When compared with other psychotherapeutic approaches, such as cognitive-behavioral therapy (CBT), EMDR often stands out because of its non-linear nature and its emphasis on sensory experience. Whereas CBT focuses on cognitive restructuring, EMDR allows patients to access and reprocess

traumatic memories in a more intuitive way. Bisson et al. (2010) state that, although CBT is a well-established approach, EMDR may offer comparable results, often with fewer sessions required.

In sum, EMDR proves to be a valuable tool in the treatment of survivors of tragedies, providing an effective path to recovery. Despite its limitations, its application in documented cases and its favorable comparison with other therapies underscore its significant role in contemporary mental health care.

## **CONCLUSION**

The conclusion of this article reaffirms the relevance of Eye Movement Desensitization and Reprocessing Therapy (EMDR) as an effective approach in the treatment of survivors of tragedies. Through the analysis of the existing literature and the review of studies, it became evident that EMDR not only provides significant relief from the symptoms of Post-Traumatic Stress Disorder (PTSD), but also proves advantageous in relation to other therapeutic modalities, such as cognitive-behavioral therapy (CBT). The EMDR methodology, which uses bilateral stimuli to facilitate the reprocessing of traumatic memories, enables patients to integrate and re-signify disturbing experiences, contributing to their emotional recovery.

The results obtained throughout the development of this study indicated that the effectiveness of EMDR is widely recognized by prestigious institutions, such as the World Health Organization and the American Psychological Association, which recommend it as one of the principal interventions for trauma treatment. The well-defined structure of the EMDR protocol, composed of eight phases, provides a clear path for therapists, ensuring safe and effective treatment.

In addition, the study emphasized the importance of early interventions and adequate therapeutic support, which are essential for maximizing the benefits of EMDR. By addressing the psychological consequences of tragedies and the vulnerability of affected populations, especially children and emergency professionals, the article highlighted the urgent need for evidence-based treatment strategies that can be implemented in crisis contexts.

In sum, this work contributed to a better understanding of psychological interventions in situations of trauma, demonstrating not only the effectiveness of EMDR but also its applicability in different scenarios of psychological suffering. The research reinforces the idea that it is possible to promote resilience and emotional recovery in survivors of tragedies through well-grounded and well-structured therapeutic approaches. Continued studies in this field are essential to improve clinical practices and ensure that more individuals may benefit from EMDR and other innovative interventions in mental health.

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