

***Trauma, constructivist sociodrama and EMDR: Health promotion for people  
affected by natural disasters***

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“Nothing is impenetrable, nothing is opaque and light meets light.  
Everyone is everywhere and everything is everything.  
Every thing in all things. . .”(Borges, 2007, p. 54)

**Abstract**

Based on research conducted over ten years, with people affected by natural disasters in Brazil, in 25 cities and 7 states, the author presents a part of the results obtained in a doctoral thesis in Psychology (USAL, Buenos Aires, 2016) in partnership with the Eco-bioethics Network, UNESCO Chair. She articulates theoretical and practical concepts of constructivist sociodramas and EMDR therapy (Eye Movement Desensitization and Reprocessing), regarding the prevention of post-disaster trauma. Through the analysis of 200 adults narratives of varied socioeconomic and cultural backgrounds, she presents results that demonstrate of these intra and interpsychic interventions in the promotion of mental health.

**Keywords:** psychic trauma, disasters, constructivist sociodrama, mental health

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**INTRODUCTION**

We are one of the direct and indirect consequences of disasters on a cataclysm-driven biological evolution. A catastrophe is the disagreement between the magnitude of an event and society's ability to respond to the generated needs. It results from two events: natural or man-made in a vulnerable ecosystem that produces human, material and environmental losses, and those caused by economic, social and psychological damage.

Catastrophe, from the Latin word *catastrophā*, means ruin, disorder. It works like a magnifying glass, because in crises and emergencies, various psychic, social and cultural

characteristics and tensions are highlighted. It has a complexity that requires various areas of knowledge and intervention that are multidisciplinary in health care and reconstruction of affected sites (Zampieri, 2016).

Latin America is one of the continents most vulnerable to natural catastrophic events. Since 1996, we have been conducting Psychological Humanitarian Assistance Programs in places in Brazil where natural disasters have occurred, with the aim of bringing to the affected population integrative possibilities of psychological assistance, so that these people can have therapeutic spaces in the subjective and intersubjective elaboration of experiences which we call traumatogenic, that is, with possibilities of promoting *posterior* trauma (Zampieri, 2016).

When we refer to the word “traumatogenic”, we refer to the potentiality of inducing a traumatic experience that does not correlate directly with the nature of the threat. The existence of a traumatogenic potential within the threat does not necessarily imply that it can materialize into a trauma.

In 2016, we defended a doctoral thesis in Psychology at the Universidad del Salvador in Buenos Aires, Argentina, in partnership with the Ecobioethics Network, UNESCO Chair, which sampled an adult population treated after natural disasters (Zampieri, 2016). From 2008 to 2019, we assisted 12,900 people in these Psychological Humanitarian Aid Programs, which is called PAHP, which were organized by the author of this article within the humanitarian aid programs of the Rotary Club of Sao Paulo, Butantã, and the Rotary Club Blumenau Norte, of Santa Catarina, and with partnerships of health departments and universities of the places served. We set up and trained about 1,400 psychologists in the affected areas. We were in 25 cities in the states: Amazonas, Brasília, Goiânia, Maranhão, Porto Alegre, Rio de Janeiro, Santa Catarina, Minas Gerais and São Paulo. This project in 2010 received the John Hurtung Award in recognition of the most significant contribution in the use of EMDR (Eye Movement Desensitization and Reprocessing) for humanitarian work in Iberoamérica.

These studies are in the areas of Clinical Psychology, Preventive and Community Psychology, Crisis Intervention Psychology and Emergency Psychology. The interventions described here were carried out in the post-impact phase, three to thirty days after the event, with 200 adults from the affected locations - residents, firefighters, Civil Defense members, volunteers and education and health professionals. We serve groups of 20 to 50 people with the 2-hour constructivist sociodrama and three individual (90 minutes each) EMDR sessions for people referred by local health departments or screened during constructivist sociodrama.

We analyzed the narratives of constructivist sociodramas and EMDR protocols conducted with 200 people affected by disasters in the last ten years, with the population described, to point out results related to the prevention of psychic trauma. Constructivist sociodrama and EMDR therapy are commonly termed humanistic psychotherapies, centered on people’s emotional experiences, which facilitate the pursuit of the effectiveness of personal and spontaneous healing mechanisms for health by restoring their own emotional strengths (Zampieri, 2016). Whenever we arrive at affected locations, after legitimizing and presenting our PAHP to the affected population, we do catastrophic constructivist sociodramas (Zampieri, 2016) and screening for people who have stress reactions and emotional impacts, which will be referred to in the three sessions of EMDR therapy.

## **Environments and cultural characteristics of natural disasters in Brazil**

". . . we do not know what happens to us and this is precisely what  
happens to us. . . "  
(Ortega and Gasset, 2003, p. 7)

There are Brazilian regions where natural disasters are repetitive because they are located in situations of permanent vulnerability and are thus announced and, eventually, by omission of the public power. Even today, the 21st century, some people refer to catastrophic events as divine punishments, linked to human evil, such as would have occurred in the year 600 BC, with the story of Noah and his ark. Floods, destructive floods and other natural disasters with apocalyptic consequences are present in virtually all cultures (Gascón, 2005). In this respect, Josefa - fictitious name of a woman from a city of Maranhão, 39 years old, housewife, literate and eight children - narrated in a constructivist sociodrama: “. . . *I deserve what happened. . . it was a lesson from God's punishment. . . I have committed many sins in this life. . . I was a bad mother. . . I was immoral. . .*” (Zampieri, 2016).

There are undeniable characteristics of vulnerabilities that the Brazilian people live in situations of high social risk such as inadequate housing locations, pollutant contamination, deforestation, global warming and many others. In the catastrophic constructivist sociodramas, we perceive reflections and awareness about these issues. There is no point in alerting a vulnerable population that is ignorant of how to behave in catastrophic events and is not adequately aware of socio-political responsibilities. Thus, constructivist sociodramatic group work can be a psychosocial education for healthy coping with a catastrophe.

We perceive transgenerational inheritance in Brazilian natural disasters (Pérez-Reverte, 2015). They constitute environments filled with diffuse and unrecognizable threats that transform the lives of those affected into conditions that Benyakar (2005) calls disruptive environments - which will have threatening and destabilizing effect on the individuals, groups and societies, and are always related to how each subjectivity experienced them.

Moreno (1992), creator of Psychodrama and Sociodrama, recommended integrative articulations between behavioral and therapeutic sciences, so that we can incorporate elements for reflection, research and psychological, biological, social and spiritual treatment to human beings, with the question: Who will survive?

## Impacts of natural disasters on the psyche

“. . . the rubble that buried the past and the present. . . made of this future many ruins: the ‘ruined’ and the elaboration of experiences that remained ‘ruined experiences’. . .” (Benyakar, 2006, p. 62).

The impacts of catastrophe on the psyche of affected people will depend on how each subject will experience it, in the external-internal world interplay and the multiple interfaces between subjective world and social organizations. For Martin Heidegger (1889-1976), the external world is not independent of the subject, but known to be engendered by itself as an existence of being in the world. We observe that in both catastrophic constructivist sociodramas and EMDR protocols, there are impacts on the psyche when the external event is kept as a permanent present without the affect being articulated to a representation. Gabriel – fictitious name of a 53-year-old university professor who experienced a flood and landslide in Nova Friburgo, Rio de Janeiro, in 2011 – narrated in an EMDR protocol when he totally lost his home and a son: “. . . *when the clouds get dark in the sky I develop tachycardia, I started to cold sweating and look for a way out to escape in time so as not to be drown. . .*” Another sociodramatic character in a catastrophic constructivist sociodrama Group in Brumadinho in 2019 presented the following narrative: “. . . *Alarm sirens trigger our hearts, the children cry, it's hopeless. . .*”.

According to Fariña (1998), when disasters produce devastations of social norms, values and rules, affected people may feel misunderstood and threatened by

unpredictable environments. These events, although they depend on a triggering situation integrated with nature, do not exist in a vacuum. When roads, houses, buildings and others are built, a process occurs in this soil that, with cement or asphalt, may have impediments for rainwater to be absorbed. This will be complemented by deforestation, which increases erosion. The presence of garbage in rainwater, debris, canals and others can also hinder soil recovery after heavy rainfall. In psychological assistance to these people, helping them to develop minimal daily routines, as well as providing data on the process and stages of the post-disaster phase, can be an important aid to mental health. How can we educate our people to take care of their geographical spaces and requesting social responsibilities? Constructivist sociodrama is a pedagogical/therapeutic space for the production of group awareness and accountability content. In Brumadinho, in 2019, in a constructivist sociodrama, a subgroup representing the sociodramatic protagonist - a company involved in the disaster - narrated: “. . . *I am the cruel mother who kills, but I am also the one who feeds this city. . .*”

The body remembers what the mind forgets, said Moreno (1977). We have observed in post-disasters that they occur in prolonged and sustained processes, where it is not always possible to determine when it all started and when it will end. There are consequences in these disruptive environments such as pathological uncertainty, distrust and impossibility of questioning. And this happens in individuals and groups who experience the loss of firm and unquestionable references to coordinate actions that underpin human existence. To illustrate this in Santa Maria, at the time of the Kiss nightclub fire in 2013, a sociodramatic character from the constructivist sociodrama narrated: “. . . *I took my son to death, left him at the door of the nightclub. . . I should know where there is security or not. . . I now dread public places. . . our authorities are irresponsible. . .*”.

The characteristics and qualities of a catastrophic event will be destabilizing or not, depending on how the subject metabolizes them. The degree of disturbance of this event for a given individual is related to the decompensation or destabilization it will cause in the psychic order (Benyakar, 2005). The rapid change in the life routine of a natural disaster can produce threats of annihilation of the individual. Threat is a warning or announcement of the mistake that can be made to someone. It is everything that acts in one's psyche as a danger signal that threatens the integrity of one's body or existence and is idiosyncratic. It belongs to the order of experience and is an *a posteriori* phenomenon because it will be transformed into a sense of what might happen (Winnicott 1974; Bion 1965). As factual truth that acts as a warning sign, the threat can come from both the outside and the inner world. Let's look at the narrative of a parental couple in São Paulo, in 2011, in a constructivist sociodrama: “. . . *We lost our children and dreams of these years. . . everything is gone . . . Who guarantees that it's worth fighting and losing everything in the rains?* (Zampieri, 2016).

In constructivist sociodramas performed in places affected by natural disasters (Zampieri, 2016), we realize how groups, in collaboration with the sociodramatist team, deconstruct myths about the lived situations, as well as their meanings. A group of 12 to 15-year-old boys in a sociodrama in Xanxerê, Santa Catarina in 2015 dramatized the tornado sociodramatic character and verbalized: “. . . *I'm just a tornado. I have no feelings. It's no one's fault. I am the nature. . .*”

Natural disasters, such as disruptive environments, have different consequences on humans; they may promote feelings of alienation, strangeness and hostility; there are states of uncertainty and disorientation. People can be left without the parameters in which they are organized and oriented. This can cause unreasonable decisions and actions with random, unpredictable and inappropriate attitudes, further distorting the environment. There are difficulties in imagining individual and common projects in anticipation of the future; loss of identity forces and cohesion of the collective tradition; of feelings of security, solidarity and belonging; which can, according to Allen (1999), feed social disintegration. In the consultations

in Santa Maria, in 2013, there were ideas of justice against those responsible for public security. In constructivist sociodramas, they reprocessed these ideas and gave way to constructing actions of formal demands for justice.

Threats can be integrated into everyday scenes and thus no longer recognized as coming from the outside world and internalized. So people who suffer disruptive environments, such as natural disasters, may have their perceptions distorted. If they incorporate threats as part of their own subjectivity, they shape their lives: their adaptive efforts can be debilitating, which could lead them, according to Benyakar (2005), to gradual social isolation, self-directed behavior and heteroaggression and violence; difficulties in projecting into the future, feelings of loneliness, despair, resentment and frustration; seek protection in some certainties offered by extremist religions or ideologies; or, on the contrary, to mobilize reparative and altruistic feelings.

When traumatic experiences occur, there are reports of emptiness and helplessness. Emptiness is the absence of self-representation, leaving affection at the mercy of fact. The experience of helplessness is the lack of ability to process, based on the existence of other cometalizers, an experience of potency as a breach of the feeling of shelter and protection that contact with the external environment must provide. When the powerlessness experience occurs, it takes the place of the protective experience that could be understood as the ability to predict modes of relationship.

When we think about the impacts of natural disasters on the psyche, we can say that experience occurs when a disruptive situation erupts abruptly and circumscribedly, distorting the picture between affect and representation and causing displeasure and frustration to settle. This experience will be traumatic in that the outside world does not provide support, mediating sufficiently good maternal figures or factors to enable people to mediate the heterogeneous and to sustain, as Winnicott (1975) says, the proper relationship between the impulse and the maternal factor. Thus, offering affected people psychological assistance with constructivist sociodramas and EMDR is a preventive public health service.

### **Catastrophic Constructivist Sociodramas**

“Let us make a reformation of life, which is to return to what identifies us as human beings, in search of the reconstitution of the relearning of life: it is the art of living, of which ancient philosophers spoke. Suffering is the price to pay for living, but that price can become a source of resilience, as a dynamic process that results in positive adaptation in contexts of great adversity.”  
(Morin, 2000, p. 34)

The thinking man is solely responsible for his knowledge, thoughts and behaviors. Paul Watzlawick (1989) stated that there are innumerable versions of reality that can be opposed to each other and are the result of communication, not reflections of eternal and objective truths. Constructivist sociodrama understands reality as a functional adaptation, with organization and ordering of a world constituted by our experiences, without any pretensions to the truths in the sense of correspondence with an ontological reality. According to Von Glasersfeld (1984), this is the basic character of constructivist epistemology. It states that the structure of our nervous system prevents us from recognizing what is really out there and, consequently, we have to exchange the reality of an observed system. We can only know our own constructs about others and about the world. Social constructivist epistemology, offering people new explanations or redescrptions of their knowledge of themselves, other people and their relationships, allows them to acquire a wealth of possibilities and narratives that they previously lacked. In this

regard, Gregory Bateson (1980) said that the system explained by a single description taken as true is a result, a product, a cultural reductionist conception. It said that it is not possible to know objective reality by questioning the notions of linear causality, derived mainly from Newtonian physics.

Constructivist sociodrama is also influenced by Foucault (1979), who described himself as a historian of thought systems and conceived of a modern power that is constitutive or positive in its character and effects, and not repressive or negative, which depends on its prohibitions and restrictions (Zampieri, 2009). It defends the positive power, which is modern and whose forms penetrate people's lives and shape them at their deepest levels, including attitudes, desires, bodies, customs, and compares these practices as a form of training.

The existentialist philosophy of Moreno's Sociodrama (1977) proposes the search for knowledge of reality in the "here and now", for spontaneous and creative responses, uncommitted to the closing of cultural conversation; and as stated by Zampieri (2009), in the constructivist sociodrama, we adopted the method of concretization by dramatizing the protagonist theme of a social drama, articulated to the continuous search for the co-elaboration of reality, deconstructed in its social meaning, structure and practices (White, 2002). There are four steps in these sociodramas: nonspecific warm-up, specific warm-up, dramatization and sharing.

For the deconstruction of what the catastrophe lived, in its constitutive aspects of myths, beliefs and values in relation to tragedies and death, with their contextualized meanings, the externalization of the protagonist theme, through the realization of the social scenario where it is established, by Dramatization of the various social roles and the search for new, spontaneous and creative answers, we intend to reach the apprehension of the experience and the awareness of confrontations. One methodology that aims to articulate the cognitive and conative aspects of affected groups of people is the catastrophic constructivist sociodrama.

Then we bring EMDR therapy, which we have used with people who, in the constructivist sociodrama of disasters, present with evidenced traumatogenic potentials. This is another collaboration that sociodrama favors. In 12,900 people served by sociodramas, about 3,020 were served by EMDR individually. We emphasize that these people are also referred to local health centers. In a constructivist sociodrama in São Luiz, Maranhão, in 2009, a group of parents and children brought the sociodramatic character - rescued soldier from survivors - who narrated: *"it is so much suffering that I later understood why mothers give the same bottle to their babies and the family pig . . . Everything is for survival. . . "*

## Trauma and EMDR Therapy

"EMDR is used to help the subject learn from past experiences, desensitize current triggers that cause unjustified suffering, and incorporate positive behavior patterns for the future." (Shapiro, 2004, p. 92)

We understand trauma as an individual psychobiological response to a potentially traumatic event. "It is a kind of inescapable stress that alters the usual coping mechanisms of individuals," according to Lanza (2011, cited by Bello, 2015, p. 11). Regarding the conceptualizations of trauma of Benyakar (2005), we perceive the appreciation given to the subjective assessment of the observer, from complex values such as: personal experiences, social norms and cultural factors. Psychic functioning will be impacted by disasters on the modes of thought, their development, their transformations, their failures and/or their freezing of their procedural capacity.

Etymologically, trauma comes from the Greek word *traumatōs* meaning wound

(Benyakar & Collazo, 2009). The notion of trauma is inherent in the complexity of human existence. Trauma is the occasional moment in which all structural planes that are part of the personality succumb to the intrusive potentiality of an internal or external stimulus that poses a catastrophic threat.

When disasters generate destabilizing intrasubjective effects that cause defensive reactions, stress or trauma, the most common symptoms are: generalized anxiety, stupor or not; irritability; nervousness; startle reactions; aggressiveness; depression; changes in sleep, with nightmares, dreams of experienced events or insomnia; confusion and change in concentration and memory; decreased libido and/or sexual dysfunction; loss of appetite; difficulties in social and labor adjustment; chest, back or head pain; dissociative states and other alterations of consciousness; some of which include aggression with subsequent amnesia; hallucinations and pseudo hallucinations; tremors and other changes in sympathetic activity; child passivity and behavior with or without enuresis; conversions and phobias; usually without symbolic representation, presenting as diffuse fear.

In the traumatic process, the elaboration process has intrusive characteristics without transformation; the event content will simply be remembered, but is perceived repeatedly, what Benyakar (2005) calls the process of repetitive evocation. The relationship with the other will lead the subject to update sensations, intensifying the disconnection with the environment or with objects. The subject does not express what he remembers, but conveys in words those repetitive emotions of sensations by describing scenes or situations.

EMDR therapy can be translated as: eye movement desensitization and reprocessing, created by Francine Shapiro in 1987, in the United States, and has a standard eight-step protocol: clinical history, preparation, evaluation, desensitization and reprocessing, installation of positive beliefs, body scanning, closure and reevaluation. According to Grand (2006), EMDR psychotherapy integrates traumatic memories through the reprocessing of thoughts, feelings and physical sensations, through stimuli by bilateral, visual, auditory or tactile movements.

Seeking the health of people affected by disasters, EMDR therapy works with dysfunctional information stored in the brain, with the goal of processing it through bilateral stimuli (visual, auditory or tactile), and with dual attention (present and past) preserved in the search for healthy and adaptive responses.

When we work with people who talk about their suffering, they manifest current, past, and future emotional discomforts. It is the subject's brain that deals with information when we apply EMDR therapy, which presents some precise questions to highlight internal, perhaps traumatic, disruption in the sensory, cognitive, emotional, and body planes. During treatment, with bilateral eye, auditory or tactile sensory stimuli, the therapist facilitates desensitization without interfering or interpreting: there is a work of psychic reconstruction in the subject.

Human beings are able, under appropriate conditions, to move naturally toward greater health and integration (EMDRIA, 2003). EMDR focuses and locates the subject's dysfunctional or disturbing material, image, negative cognition, emotion, and the physical sensations associated with the event. The facts that are inscribed in our cognitive system can connect to others that have an emotional charge in common – one becomes the other's burden and confrontations are associated: they are in a *cluster* (Zampieri, Pimentel & Zampieri, 2018). For this reason, the EMDR therapist also uses a technique called *float back*, or affection bridge, to look for what hidden source the memory can nurture in the present emotional realm. Roques (2009) reports that when a person does not adequately process an excessively strong anguish that reappears otherwise, it may signal that the experience was not functionally stored. Thus distress, instead of diminishing, may increase further and allow disturbing dissociative processes to appear.

In this regard, we mention Pedro, 36 years old, treated in 2011 after a natural disaster in

the city of Barueri, state of São Paulo - when he lost four children. He reported present emotional pain in relation to a distant past during an EMDR session:

*“ . . . Now I see myself in the hospital when I fell off a bicycle and fainted. I was 10 years old. My uncle drove me to the hospital in the police car. . . Now I woke up and I'm very confused. I do not know where I am. I don't know what happened to me, but I'm so scared. I am really afraid. I am alone in an unknown place. Where is my house and my mother? . . . My father is drunk, as usual. Very drunk! I cannot ask for help. He is always drunk. . . Now I see my mother crying a lot. My dad hits her again. . . I can't do nothing for her. I can't protect her because I'm afraid of my father. . . My father is a coward. I am also a coward. I cannot protect my children. . . ”*

The fact that EMDR allows us to process early experiences can help differentiate better the psychological problems that are inherited in organic factors and those that depend primarily on the environment and thus help free people from genetic prisons, which previously were considered immutable (Shapiro, 2012).

Before the consultations we made, the patients brought emotions of fear, frailty, weakness, hopelessness, sadness, guilt, cowardice, anguish, insecurity, shame, among others. After the psychological assists, they brought emotions of relief, calm, strength, confidence, overcoming and hope (Zampieri, 2016). Another fact was the change in negative self-referent beliefs such as: *“I am a coward. I am important. I'm weak. I'm a bad person,”* for self-referential belief, *“I can get over it. I did what I could. I am capable. Can I learn to calm down?”*(Zampieri, 2016).

Natural disasters destroy community infrastructure and family functions. Family members may die, be injured, or experience new emotional experiences, which in turn may redefine broader family and social status. Thus, the most frequent themes related to post-disaster psychological assistance are related to family, social and religious support, whether in groups, in constructivist sociodramas, or in individual psychotherapies with EMDR. Shapiro and Forrest (2008), in their research, corroborate these data.

*“Autobiographies are made of personal memories; they are the sum total of all our life experiences, including the plans we have made for the future, whether concrete or inaccurate ”* (Damásio, 2010, p. 71).

## FINAL CONSIDERATIONS

*“The fear . . . It needs to be tamed so that people are able to think and be aware of their emotions. . . The emotional reaction is produced before you know what it is. . . Only consciousness will allow more slowly, the proper recognition and understand whether the reaction has been good or bad. We respond to danger from learning and previous experiences.”* (Lescano, 2004. p. 64)

What future do we want for integrative mental health? The reintegration of knowledge and awareness of the web of life connections that link human dignity with ecological sustainability?

How can we, psychodramatists, sociodramatists and psychotraumatologists, make it easier for people in disaster situations to revalue their dignities and potentialities to recognize, in addition to their weaknesses and attachments, how to cope with them?



In our research (Zampieri, 2016), we have seen how the articulation of the catastrophic constructivist sociodrama articulated with EMDR therapy facilitates the rearticulation of affect with the representation of lived experiences. The relationship of these people, assisted psychologically in these disaster situations, promotes new responses that identify their emotional and collaborative forces with their social groups, coupled with positive beliefs of self-validation and hopes for the future, in their intrapsychic worlds, with the socio-group protection of the outside world (family, religion and society, among others), which is the constitution of their emotional health. We work *a priori* with healthy people who are facing chaos over disasters.

Psychological assistance intervention programs in natural or man-made disasters can help people develop more fluid communication with themselves and others, which can help achieve the flexibility to accept the changes needed. This can contribute to the idea of the life-changing process and understand these moments as transitory despite all the threats and losses.

Pedro, previously mentioned, who lost his four children in a disaster in the city of Barueri, São Paulo, in 2011, brought as a narrative in his last consultation:

*“ . . . I still remember the clay crater that was formed. . . and my children were lost there. . . I have my wife and I need to help her get on with her life. . . Time will help us deal with this suffering. . . I feel calm to suffer in peace. . . I did what I could. . . I will have a life, I will work, even with this ever-present sadness. . . ”*

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