

## **Group and Individual EMDR therapy in the Humanitarian Assistance Project in Southern Brazil**

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### **Abstract**

Dealing with catastrophe survivors is always a challenge for therapists trained in EMDR at individual level. In this text, the amazing experience of helping flood and landslide survivors in southern Brazil with EMDR is described in a step-by-step fashion. The additional training of the therapists was carried out on site, mainly with the debriefing and the EMDR group protocol. After working with multiple groups of victims in the shelters, therapists also received emotional support. Details of the support teams are also provided.

Strictly speaking, what follows is not a scientific text. However, the details of the process may help those interested in the subject of catastrophe intervention to replicate the methodology and compare results.

### **Context**

The catastrophe was foreseeable. When the region that includes the city of Blumenau and its surroundings grew up in size and population, more and more people wanted to build houses on the side of the hills, so as to maintain a privileged view of the valley. The price one had to pay for the beautiful scenery was to inhabit houses standing on deforested land, prone to erosion, especially whenever there were torrential rains... and there are almost always heavy tropical rains in this region during the summer.

Every now and then, floods in the South of Brazil hit the headlines of national media. The river that runs along the valley overflows and floods leave thousands of refugees homeless. At the end of 2008, however, possibly due to climatic changes of the planet, the rains lashed impiously the hillsides for 49 days in two months. After that, at the end of November 2008, when the ground was already drenched with water, there was a sudden gush of 20 inches of water (50 cm) in two days (that is a lot!).

The result was so devastating, that even the native forest could not absorb that extra volume of liquids. The land slid down the hills. Large areas of land were washed away by the ferocity of the waters. The dams which had been built in order to retain

Itajaí-açú river helped very little, since the rain poured after the dam. The river overflowed and destroyed everything around it. Official toll was 150 dead and tens of thousands of refugees.

Right after the media had transmitted the news of the tragedy, I sent an email to the colleague who was then in charge of the humanitarian branch of the Brazilian EMDR Association, suggesting we should mobilize an EMDR group in order to help at least a fraction of the survivors. She replied the arrangements were already under way, so we had to wait for a while until the contacts organized themselves. The structuring of a large-scale project, such as this one, demands careful preparation and logistics, before the implementation phase. Sometimes uncontrollable urges to help survivors may cause more damage (to the victims and therapists) than emotional benefits for the reconstruction of their lives.

### **Mobilization**

As soon as the news of a HAP intervention was placed in the EMDR Brazilian discussion list, in a yahoo.groups, many colleagues wanted to join the project, and volunteered immediately to take part in the intervention. A team of 18 therapists with completed EMDR basic training (EMDR Nível 2) was quickly set up. The Brazilian Air Force provided the transport from different areas in Brazil to the area which had been struck. Rotary International and the Federation of Industries of the Santa Catarina State (FIESC), as well as the Industry Social Service (SESI), which kindly offered housing, food, ground transportation from the hotel to the shelters and back. Every community branch reacted promptly to the appeal for help.

Most therapists who participated in the project had many years of previous clinical practice, which meant they were no strangers to psychic suffering. They did not, however, have much working experience with victims of catastrophe of such magnitude. The project would be an opportunity to test the skills acquired with the EMDR training, an evaluation of its efficacy in the treatment of people in times of crises, and short-term intervention.

In the beginning of 2009 a Brazilian Air Force Plane took all of us to the south of Brazil. Apart from the therapists, there was a logistics group and the supporting team, all of which composed the HAP team. There were 12 Rotary members, responsible for organizing the logistics (including a press agent, a priest, two researchers, an intervention organization team etc). We flew to the South and landed in the city of

Navegantes. It was beautiful clear blue sky, and there was no indication that anything out of the ordinary had recently happened there.

Once we landed in the small town of Navegantes, we boarded a chartered bus on an hour trip to Blumenau, where the floods had struck. As the bus was headed to Blumenau, it was easy to ascertain the damages, with fallen trees, condemned houses and riverbanks with exposed land along Rio Itajaí. Our “tour guide” was the owner of the bus company. He was really emotionally moved and reported stories of the people he knew, who had lost their homes and loved ones. Incidentally he explained that due to the geographical characteristics of the land, many people had prepared themselves for the risk of an eventual flood. As a means of precaution, they estimated how high the water might rise, and added some extra space, just in case the river might rise up to 30feet (10m) above its natural course. Even with that scenario, the floods would not reach their homes and businesses. However, they underestimated the power of nature, for this time the river did not respect their caution. It rose up 35 feet above its level, which meant flooding and loss of houses, pets, cattle... and people.

When we got to the center of Blumenau, close to the arrival at the hotel, we passed a hill to the left of the vehicle, where trees were strewn like toothpicks one on top of the other. At the top edge of the hill, we could see the foundations of a few houses, which seemed ready to collapse at any time, an impressive image that had been shown on national television a few days before. We remained in deep respectful silence (also scared) at the desolate scene.

In contrast with these derelict places, in other neighborhoods there were no vestiges of dirt. The impression we had at first, and confirmed later, is that the population had had the initiative to coordinate efforts and promote a vast clean-up of the city, with volunteers removing the mud, rubble and debris in a very organized, diligent way, part of the German legacy that stands out in this region.

### **Final Preparation**

After the check-in at the hotel, luggage in the rooms and a quick lunch, we had the first meeting of the whole team. The larger group was divided into five sub-groups. We went through a crash course on the protocol for group debriefing. It may be described as a technique which enables afflicted victims to create an emotional space to share personal experiences related to a catastrophic event which is common to all participants. The sharing occurs in a structured way the repercussions of the experience, sometimes even

as a means to expiate feelings of guilt for having survived the cataclysm. The sharing promotes a sense of belonging to a group that faces the suffering, which struggles to recover and go back to a momentarily lost routine.

Right after that, we learned the steps to implement the EMDR group protocol, as described by Mexicans Ignacio Jarero e Lucina Artigas (2005), to be detailed a bit further on. While we worked out the technicalities of the intervention about to begin, the logistics team got in contact with the Secretary of Social Service, so we could get the clearance to enter the shelters, as well as negotiated with the shelter coordinators the beginning of the activities for the following day.

During this afternoon reunion, the city bishop came to offer his support to this initiative of humanitarian help. He showed up for a brief talk and blessed the group in the preparations for the endeavor. Rotary and FIESC also sent people to represent them and expressed both gratitude and expectations. It was agreed we would work from 9am to 5pm in the shelters. Right after dinner, we would finalize the day with a moment for sharing experiences, doubts and rethinking strategies for the following day.

The next morning there were vans outside the hotel and we left for work both with enthusiasm and apprehension. All of the oficial 29 shelters of the region were visited from January 13th to 17th. Not only did the survivors in the shelters receive EMDR support, but we soon realized that many others were also in urgent need of psychological care, such as: helicopter pilots, and the rescue teams, firefighters, military, physician, paramedics, in other words, many of the first responders, and also shelter coordinators, the staff at the hotel, bus and van drivers, etc. It dawned on us that many of the helpers had suffered direct losses, or vicarious trauma due to the contact with acute large-scale suffering. The psychotherapeutic action in the shelters took place about 6 weeks after the landslides, so we were hoping to prevent acute reaction to stress to evolve into full-blown PTSD.

Each team was composed of a coordinator with former experience in group psychotherapy (psychodrama and/or sociodrama), two or three EMDR therapists and one extra person who was in charge of the logistics. The people from the logistics were assigned to contact the shelter coordinators. They also contributed in recruiting volunteers among the refugees while we worked with groups and individuals; they looked for and provided colored pencils and paper, and whatever else was needed, such as water to drink. January is full summertime in Brazil and temperatures go easily up to the 90s F (above 30C), especially in the afternoon. Obviously, nowhere there was air

conditioning. Despite the paucity of the shelters, the organizers provided everything that was within their power. This backstage movement and support was essential to optimize the results of the project, but for some of the people involved in the logistics the witnessing of despair was too overwhelming, and they requested an early dismissal.

Apart from the psychological intervention subgroups working in the shelters, every day a therapist stayed behind at the hotel and saw no clients during the day. The main task was to offer help to the other therapists who had been to the “psychological front” at the shelters. He/She would help team members to pick up eventual “emotional pieces” after a long hard day in close contact with personal dramas of the refugees. The purpose of this support was to prevent the manifestation of what has been known as the compassion syndrome (Mitchell, 2006), that is: excessive vulnerability and emotional involvement with the victims and unrealistic expectations concerning rescue abilities. This psychological support was decisive in enhancing the capacities of the whole team, including the emotional balance of individual therapists, who had never been exposed to the treatment of countless victims in a catastrophe.

The local government offered public schools to be the provisional homes to the refugees, while the children were on summer vacations. The army monitored the shelters and only those who lived there temporarily were granted access. A few headmasters and teachers interrupted their vacations in order to participate in the process of organizing the families and administering the shelters, as new attributions of their regular duties. Many times their families had also been hit by the crisis and were themselves flood victims. Organizers allotted up to three family units per classroom.

### **First contacts**

Considering this complex configuration, we started having the sessions as soon as we could. Right on the first day we realized that the initial idea of working from 9am to 5pm would not be viable. Most of the male sheltered adults at the schools had lost their houses, but not their jobs. This meant they would leave the shelters early in the morning, and would return only after 6pm... Most of the adults in the shelter during the day were women who stayed behind to look after their children. We would exclude most of the men from the sample, if we stuck to the original schedule.

In recognition of this reality, on the first day we decided to change the working times during the evaluation phase after dinner, so we would be able to include the working parents who had a job outside in the emotional relief program. In order to offer

the best service possible, and to adapt to this new reality, we would have the evaluation meetings in the mornings, and would stay at the shelters in the afternoon and evenings.

Based on the initial experience with the groups in the shelters, we also decided to reduce the group debriefing protocol to a minimum. It was supposed to create a caring environment for catastrophe victims to talk openly about the traumatic event and to organize themselves emotionally by venting one's opinions and feelings in a safe nonjudgemental atmosphere to one's peer survivors. Based on what we saw, we hypothesized that the sharing strategy might work very well right after a recent tragedy, when the survivors have not had the chance to mentally organize their thoughts and emotions in relation to the unexpected losses, and cannot grasp the meaning of it all.

However, after six weeks of the event have gone by, encouraging them to share the suffering seemed to work in the opposite direction! Instead of a place to unwind, the participants had already structured a personal narrative that organized the event and appeased their minds, so they overcame the initial state of awe and wanted to move on with their lives. With an invitation to share emotions, most reacted with reluctance and preferred not to say anything in public. Another hypothesis we came up with was the cultural bias, since the immigrants in this area are mostly from German ascent and tend to contain emotional expression, in contrast with Italian immigrants from neighboring cities. Therefore, we preferred instead of using the debriefing protocol as a kind of preparation (phase 2) for the EMDR desensitization (phase 4), we decided to privilege the safe part of the body (no one could really afford a safe place) that the person could establish a connection and serve as a soothing tool.

On the first day we already noticed significant resistance from the coordinators of the shelters. Contrary to what we had previously thought, most of the refugees did not know we were there to offer help, let alone the kind of work we could offer them. It occurred to us that the easiest way to circumvent this obstacle and to obtain more collaboration from the coordinators was to provide a top-down experience. In other words, to start by inviting the directive group of the shelter to take part in a EMDR group protocol experience, so they would know first hand what our proposal was all about, and we would have more chances to have them on our side.

That proved to be a wise decision. We recognized right away that most of the coordinators presented complaints that were compatible with PTSD symptomatology, a direct result of listening to the reports and sharing from the refugees, but also for having suffered themselves significant losses, including houses, and loved ones! Some said

they had been stranded in their houses (sometimes rooftops) for days, surrounded by water until helicopters or canoes reached the area and rescued them. As a new challenging task that did not fit their job description, they now had to take care of others who had lived similar experiences, instead of going back to the classrooms to teach.

Emotional traumata of the coordinators were not limited to the activities in the shelters of their personal lives. Some of them had been summoned to take part in the selection of the tons of donations which mayors from other cities has sent. We had reports which included the use of face protection masks, because the state of the material varied greatly. At times the clothes and shoes were still wrapped up in perfect shape, and the donations were the reflection of care and sympathy. In other lots, however, rags were sent, pieces of torn cloth, filthy clothes, even a pair of pants with a used sanitary napkin inside. A volunteer gave up her work into tears, after she opened up a plastic bag and found a dead fetus inside. It is really a shame that the sense of gratitude unfortunately may sometimes be blended with feelings of humiliation and offence. Human solidarity managed to show its most beautiful and the most beastly face at this time of need.

### **Intervention with EMDR therapy**

For five days, the five teams of therapists worked with over 800 people, including older seniors (normally literate, but not all of them), families, teenagers, MANY children, and a few babies in their mother's laps. The sessions took place in the classrooms of the empty schools (summer vacations), corridors, cafeterias, playgrounds and even under trees. In other words: wherever there was available space and people suffering. We would usually have no access to a more private room, because our activity was not considered to be a priority for the routine of the shelters, bursting with refugees.

It is worth mentioning that apart from those who had truly been hit by the floods, we realized that human nature once again was not always kind, and there were some who took advantage of the situation. This means a minority leaving their houses, which were in good conditions, but for which they to pay rent, in order to live for free in the shelters with governmental support, as well as a few others who went to the shelters, but were already homeless before the rains. This mixture, not to mention thieves who applied to live in the shelters to steal from those in need... all of these people intensified the heterogeneity of those forced to live with others they had not chosen to, including

the risk of theft, drug trafficking and prostitution. Though ethically questionable, the coordinators opened the doors to everyone who claimed losses.

### **The power of EMDR therapy**

Therapists, clients, backup team and bystanders were all stunned with the versatility of EMDR. The results were remarkable, despite the inconvenient setting and such diverse clientele! From the start we attempted to gather participants with relative homogenous chronology to form the groups. The subgroups designated individuals according to broad categories: adults, adolescents or children.

Due to the striking differences in emotional and physical development of the kids, they were further subdivided into groups with ages ranging from 3 to 5 years old, another one from 5 to 8 and finally from 8 to 11. Those who were younger than 3, and especially toddlers and babies were all treated individually. These latter ones were placed on their mothers' laps and tactile bilateral stimulation was applied to their feet, while mommies described the events of the previous weeks, beginning with what happened during the rains, and moving forward in sequence, until they reached the here and now, with an emphasis on the safety of the shelters.

A colleague, who till then had never attempted psychotherapy with children, described a situation where the mother complained that after the rains her 10 month old baby could not sleep well anymore. According to the instructions, mom told the child what had happened, while this colleague touched the baby's toes in alternate fashion. At first the child grew restless, and cried, but mom kept on going with the story. After a few minutes, the child grew quieter and fell asleep. Neither mom, nor the therapist could believe their eyes. During evaluation three days later, mom said her baby could now sleep again. We received many other similar reports. There was another case where a 2.8 year old child would not leave mom's arms since he saw their house be washed away. After a few minutes of similar procedure, he surprised everyone by jumping off mom's arms and going to play with other children who were close to them.

On the whole, the intervention was composed of three distinct levels: the group protocol, individual sessions whenever the SUDS would not go down during the group intervention, and a group sociodrama, usually the following day. In relation to the group intervention with EMDR, we also had to make a few adjustments based on the initial experience. Participants received a blank sheet of paper and fold it in two, making four squares. The instruction was for them to think about the incident and its aftermath, and

draw whatever came to their minds on the top left square. As soon as they finalized the drawing, they should use the SUD Scale and attribute a 0 to 10, depending on the level of disturbance evoked by the drawing/memory, followed by butterfly hug stimulation, used as a primary source of bilateral stimulation.

The butterfly hug was developed by Mexican EMDR trainer of trainers Lucina Artigas. After crossing the arms on the chest, the person should find a soft spot below the collar bones and tap alternately on the left and right with the tips of the fingers, like the wings of a butterfly. Some boys did not like the name and thought it was too soft for them, not manly enough. They innovated with an option they named the King Kong hug, which imitated the movement gorillas make, by pounding their chests with alternate fists. Each participant should close their eyes and perform as many butterfly hugs or KK hugs as they liked/needed.

Once finalized this procedure for the first drawing, the participant were requested to now try to think about the incidente and then draw a second picture on the top right corner of the sheet of paper with what popped up in their heads now, while they thought about this recent past. They would then attribute another SUD value to the second drawing, followed by more butterfly or KK hugs. This was then repeated with the bottom left corner of the sheet of paper and the last empty space (bottom right quadrant).

After this round of four drawings, participants were encouraged to turn the page and draw what they expected their future to be + SUDS + butterfly/KK hugs.

What we observed with certain regularity was at first drawings with a fairly high level of SUD, followed by a sharp decrease, many times reaching a zero by the fourth drawing, before we proceeded to a future template.

Oftentimes, however, we were surprised by a relatively median SUD level, oscilating between 4 and 6 on the first drawing, followed by a drastic increase on the second one, going up to a 9 or a 10, ending with a new reduction. A possible explanation for this phenomenon was that thanks to emotional protection, details of the traumatic memory had been kept dissociated from the person's routine. Through the graphic expression of the first drawing, the amnesia barrier might have lowered a little, allowing dissociated material to flow back into consciouness, thus provoking a spike in the SUDS. The third drawing allowed for some extra desensitization and reprocessing to take place, before finally reaching a more stable plateau at the final fourth drawing.

In most cases the group protocol was enough to dissipate the disturbance aroused by the disturbing memory from the past. We referred clients to the classic individual protocol whenever the SUDS level maintained at a higher level, suggesting the presence of earlier feeder memories which may not have been processed with the more focussed collective intervention. The group protocol, therefore, indicated efficacy not only as a more direct therapeutic tool, but also as a means for diagnosis. Another advantage of the group protocol was its flexibility with children, even though a few younger ones complained they were too tired to draw all the pictures – a possible defensive reaction to the activation provoked by the traumatic memory. The procedure was particularly useful for illiterate adults, who could not read or write, but did not hesitate to use the SUD scale for each drawing!

It is still worth mentioning the dramatic changes which took place with the structure of the drawings while we administered the protocol. In general, the initial drawing was scribbled with a black or brown pencil. The prevalent theme was usually associated with cloudy skies, rain, lightning, houses crumbling down, rivers carrying cars and corpses. As the work moved on, participants were prone to choose more colorful pencils, with varied more lively tones. The last drawing, and the projection to the future we asked them to draw on the back of the sheet frequently included the presence of a bulkier house, a garden with flowers, blue skies with few clouds, and a huge sun.

We did not impose upon ourselves the expectation of a SUD level dropping down to a zero, especially because the rainy season was not over yet. By the way, it eventually rained while we were there, which was an additional way to test the resistance of the results of peace and tranquility we obtained in the drawings of the group and individual protocols. Because of the rains, the refugees still had to face provisional housing for a long period of time, unless the place where they lived till then had been rented; or the following rain might destroy a fragile condemned house.

For those who did not manage to significantly reduce the SUD, we offered the individual protocol right away, particularly the first 7 phases. We used the individual protocol with the search for a touchstone event or the protocol for recent events, depending on the complaint.

Practically every client managed to reach satisfactory levels of desensitization and reprocessing of previous traumatic memories. Many reported the recovery of “forgotten” details of the tragedy. The following example illustrates well some of the reactions with which we had to face concerning the reintegration of dissociated traumatic content.

A colleague started to work with a five year old boy who was very restless since the family had moved to the shelter. When asked about what he remembered in relation to the recent events, and the answer was: “No, I can’t remember anything!” The therapist said she had brought a machine with her – tactile stimulator. It was a machine that helped children “remember” things. The kid was suddenly very curious and wanted to “play” with it immediately. With a few seconds of the tactile BLS, he yelled: “Now I remember everything!” and drew a truck that had skidded off the road, rolled over and hit against his house, destroying it to pieces down the hill. SUDS level shot to a 10, but with the continuing of the BLS gradually lowered to a zero in a few minutes.

Though without previous therapeutic experience with children, we had few options, and surrounded by dozens of children in the shelters. Our stay in Santa Catarina was an intensive crash course on how to work with children. After having worked with an elderly lady who was depressed after having lost her house, she asked me if I could see her 11 year old granddaughter, who refused to leave her room in the shelter, afraid the floods might return and drag the concrete building away. As she felt more relieved, her 8 yr. old brother David (fictitious name) entered the room to see what was going on. Grandma said he had crying spells, and would go into a frenzy whenever the sky went cloudy and it started to rain. I asked her if she allowed him to join us in the EMDR (just like we had done with his sister and she agreed – parents were away at work). He also agreed immediately, when I told him that might diminish his fear of the rains. Parents consented with publication of the following drawing.



David could remember the sequence of events: at first the torrential rains, the trees falling and the house collapsing. After the first drawing (top left) he explained the rain had removed the earth from beneath his house, and the lying “9s” above the house was the howling wind. After a set of visual stimulation he said he remembered something he had forgotten: the stairs outside the house falling on the sink and his thought of what might happen if someone were standing there – injury or death. Then he said he felt calmer and was not afraid of the dark sky anymore.

According to this first drawing it is very clear what he manages to express when we start talking about the bad day. He said that the house collapsed right after this image. He was more impressed by seeing the basis of the house (and how frail it was),

then by its collapse. The level of disturbance is the highest possible (SUDS=10). On the following drawing (top right), after a few visual stimulation and some butterfly hugs, what came up was an image of the shelter, with large windows and a sense of safety provided by a building that will not yield to the tempest. The disturbance drops to zero. More visual BLS.

On the third picture (left bottom), when requested to draw whatever came to mind after thinking about the bad day, the disturbance rises a little (SUDS =5), again when he thinks he may leave the shelter and may have to face the rains without the help of the shelter. He feels now, however, he has more resources to fight against the elements. In the last drawing – lower right, David feels he may go to a new house and rest once again. He falls asleep (grandma had complained we could not sleep well anymore) and observes the sunrise through the window lying in his own bed. SUD goes down to zero again. When invited to draw a last picture on the back of the sheet of paper concerning the future, he says this bedroom is already the future he desires, and satisfied with the activity. Still in relation to a future template, it was common that a few participants informed the future not as an opportunity for satisfaction and fullness, but rather to simply acquire the minimum needed to return to what they had before, or to go on within the new reality.

Curiously, just like David, many other children reported having little tolerance to deal with loud noises, such as: doors slamming, thunder and helicopters, which coincides with PTSD characteristics described in the scientific literature. A few of the stories were more tragic than David's. A colleague worked individually with elderly man (let's call him Marco), who lost 13 (!) relatives. The last one was his daughter.

He had just seen his wife be carried away by the power of the waters, when he heard screams for help. A teenage daughter was stuck in the mud up to her hips, and the house started to slide over her. Due to the advanced age and the poor physical state, Marco did not have enough strength to pull her out of the mud, and no one showed up in the intense rain and the darkness. He held her hand for some time, while she cried for help, and asked him not to leave her alone. Marco was impotent to save her, and help did not arrive in time. Apparently the house crushed her leg and she died holding his hand. After a painful and moving processing there was some improvement, and Marco said he felt there might be some meaning in all of this. When requested to visualize a future template, Marco manage to picture himself moving on with his life, with what he had been left with.

When they returned to the shelter the following day, the team was informed that since Marco had arrived at the shelter, he simply would not leave the bedroom. On this next day, not only did he leave his bedroom, but dressed up adequately and went to the city to finalize the bureaucratic measures concerning the death certificates of his family members and check what else he had to do.

### **Groups – helping the first responders**

Apart from the victims themselves, another group that received special attention included those who had been the first ones to get to the disaster scenes. Some of these professionals had been exposed to traumatizing situations, sometimes for what they saw, sometimes for damage they inadvertently caused. As mentioned before, significant part of the population descends directly from Germans who immigrated/fled from Europe in times of hardship. Many of them had brought stories of suffering, cold, hunger and war in Europe. When the tempest hit the area, a gaspipeline that crosses the region exploded – an explosion that could be seen and heard from miles away. Many thought the noise indicated a war had broken out! When the helicopters approached the houses to offer rescue, many fled in desperation (and a few died) because they thought it was an air raid!

The work with soldiers was more complex, because of hierarchical issues: a superior in rank must not show weakness in front of the others, not to mention the training not to show any emotions at all. Still, all were very cooperative and manage to benefit from what EMDR had do offer. One of the rescue teams managed to save another woman covered up in mud up to her chest. She begged not to be left behind, or to be killed. When they managed to take her out of the mud, they realized she was holding the hand of a dead child she had not managed to save.

A firefighter was inconsolable for having recovered the corpse of a baby who still had the pacifier in the mouth. He himself had lost a son a few months earlier, so that this recent experience was far too devastating for him and the past and current emotions combined in a disturbing way. Everyone reported significant relief after the reprocessing of these memories. We hope this treatment has contributed to preserve the disposition to help others, in such a noble and arduous work.

## **Wrapping up**

The last day on the shelters was mainly dedicated to closure sociodramas, an attempt to wrap up what had been initially opened in a group setting (Monteiro, A. M. e Carvalho, E. R. S., 2008). Sociodrama is an action method of investigation and emotional change related to psychodrama, originally developed by psychiatrist J. L. Moreno (1889-1974).

During a sociodrama, social roles (victim, shelter dweller, coordinator) are investigated through action. Groups were encouraged to evaluate our intervention by using their own bodies into sculptures which would attempt to express what they were before and after our work. The idea was to empower the group by enhancing their capacity to express their feelings and thoughts.

The method was adapted to suit a semi-EMDR, in special focussing positive cognitions the work they had been through would have arisen in the group. After building up the statues, the group would decide on which was the positive belief of that group. They would then form a large circle and touch the shoulders to the left and to the right, forming a gigantic hug. They were instructed to repeat the positive phrase louder, while tapping and receiving the tapping on the shoulders of their neighbors in the circle.

The results varied according to the group differences. In one of them, a colleague reported there were lots of children, and they preferred to act out a story. They chose the story of the three little pigs. After the “big bad wolf” had blown the second house to pieces, the children formed a circle and started shouting in one voice that they were strong enough to win! They defeated the big bad wolf!

In the group I conducted, the ages of the 25 participants varied from toddlers to a woman in her 70's, so a group cohesion (the same kinds of interests and world view) was more challenging to achieve, so we had to adapt the presentation of the stories according to a certain age similarities in the subgroups. Each subgroup presented their version of facing the floods and in the end they formed a great circle with a chosen positive phrase: “Together we stand!”

In relation to the EMDR protocol, group sociodramas may be considered as equivalent to a phase eight, when previous interventions may be evaluated. In one of the groups, conducted by a colleague, a woman with whom I had done an individual EMDR session the day before was breastfeeding her baby. With tears in her eyes she volunteered to share with the group that ever since the rain had fallen, her fright with the loss of the house and everything had been so intense that her milk had dried up, and it was hard for the six-month baby to adapt to the shelter and the whole new situation,

by feeding from a bottle and all the changes that had imposed themselves upon them. He could not sleep all night long and had crying spells, as well as her. The evening after the rain was processed with EMDR, her breasts swelled up and the milk returned. The son took up the breastfeeding and started to sleep normally again. Everyone was impressed by her report.

Apart from the trauma, multiple losses and attempts to recover, the demands from life keep survivors busy, in search of solutions for the new difficulties in the shelters. One of the fundamental aspects in the process of returning to a routine refers to the administration of the sex life of the couples. Because of the arrangements in the shelters, having turned public school in provisional housing for the refugee, as well as the spatial restrictions (several families sleeping in the same classroom), and the military supervision of the facilities, most adults complained they had no more emotional and sexual privacy. This is an important issue that was solved in many creative ways, depending on the characteristics of the group and the coordinating team of the shelters.

In one of them, there were more rooms available, so there were only two families per classroom, so one mom would look after the kids of both families, while the other couple had a moment by themselves. The coordinator of the shelter said she did not receive any complaints of sexual deprivation or embarrassment. By the way, she had to watch over 36 families, and also requested an individual EMDR session, because she felt the responsibility of looking after the well-being of the families in the transformed school was overbearing and had burned her out. While checking some of the previous history, she connected the current situation to a father who had left home when she was about 9 years old, and she felt responsible for taking care of mom from then onwards. After reprocessing the memory of daddy's abandonment, she felt a weight being lifted from her shoulders and the prospect of looking after the families did not seem to be so impossible. The positive cognition was "I am a grown up".

In another shelter, which encompassed multiple families in each classroom, the coordinator displayed a more conservative attitude: she claimed that since no one had the burden of a rent, the money which had been saved should be spent in a motel, in case the couple needed some privacy. Without attempting to establish a causal link, but in this other shelter there were complaints of sexual abuse and domestic violence.

In a third shelter, a group of women improvised an intimate ambient for marital encounters in a separate construction. Most husbands were reluctant at first, but eventually gave in. The couples of the shelter had the right to enroll for a list whereby each had one hour, varying from 22 pm to 6 am. The organizers also made condoms and lubricant available. The women took care of the schedule in a booklet and reported a reduction in violence in the shelter, as compared to other shelters they knew. This is a key aspect of emotional interventions which cannot be minimized by humanitarian project organizers. It is usual to treat catastrophe victims as helpless and defenceless due to the suffered losses, but are still sexualized adults with specific demands.

After all the group and individual formats offered at the shelters, the project was finalized in the hotel-base with a group sociodrama to organize the closure of the intervention. It comprised of all the therapists, subgroup organizers, and those who represented the supporting companies. Every team was invited to mobilize its participants to set up a moving sculpture which could depict what the essence of this week had been. There was a sharing phase and had the opportunity to express the highlights of the experience for each of them.

Plans for the future include a return in six months for a follow-up and training of local therapists on EMDR, so they may offer similar services to the population.

### **Final Remarks**

The situation is far from over. One of the issues the refugees face is that in many cases their houses are still standing, with furniture and everything, but the Civil Defense has forbidden them to go into them, for fear of imminent collapse. Some men sneak out of the shelters at night and guard the houses, sleep in them, and taking the risk of watching over their goods, so as to avoid looting. Their families are safe in the shelters, but they may be crushed to death at any time soon, or not. They have to face the mourning of a home which sometimes still stands in the same place they have always lived, which is paradoxical and confusing.

It is estimated that the local government will help them build new houses. This may vary from one to three years, but most of them are reluctant to believe the authorities. Others cannot even count on that, not only because their houses fell down, but the whole neighborhood was washed away, so the streets, trees and the ground where the houses stood, it all vanished. One cannot say where the neighboring houses used to be. It is all a big muddy landslide.

I hope this text encourages EMDR colleagues from different countries feel encouraged to give it a try at helping communities in situation of collective distress. The experience cannot be translated into words, but the faces of relief leave a deep impression in us. It is really life changing for everyone involved in the experience.

### **Special thanks**

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