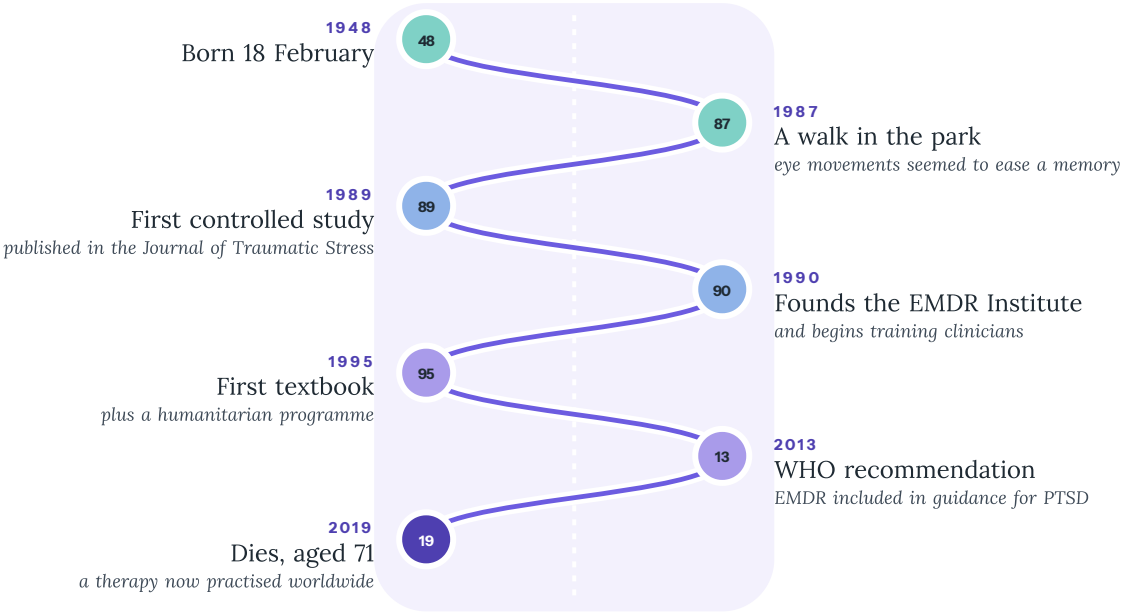
Francine Shapiro

PIONEERS IN PSYCHOLOGY · THE DEVELOPER OF EMDR THERAPY

1948–2019 · From a walk in the park to a therapy used around the world

American psychologist Francine Shapiro developed Eye Movement Desensitisation and Reprocessing (EMDR), a structured therapy for distressing memories. It began with one personal observation that she set out to test, refine and teach.



01 What is EMDR? — *in plain language*

THE APPROACH

Remembering, with attention divided

In EMDR, a person briefly brings a distressing memory to mind while also following a back-and-forth stimulus, usually the therapist's hand, but sometimes taps or tones. This happens in short sets, with pauses to notice what has changed. Many people report that the memory gradually feels less vivid and less charged.

THE THEORY

Adaptive information processing

Shapiro proposed that some distressing experiences are stored without being fully processed, and that EMDR helps the mind link them with more helpful information. This is her theoretical model; how EMDR works is still being studied.

1	2	3	4	5	6	7	8
History & planning	Preparation	Assessment	Desensitisation	Installation	Body scan	Closure	Re-evaluation

02 What the research says — *support, and open questions*

WELL SUPPORTED

An established treatment

EMDR has been tested in many randomised trials and is recommended for post-traumatic stress disorder in international guidance, including from the World Health Organization and NICE.

STILL DEBATED

How, exactly, it works

Researchers have long asked whether the eye movements themselves add anything. One meta-analysis found a moderate added effect; a leading explanation is that the task taxes working memory, making a memory feel less vivid.

HER LEGACY

Shapiro's lasting contribution was not only a technique, but the habit of testing a clinical hunch, training others carefully, and offering help where it was needed, including through humanitarian programmes after disasters.

If you're curious about EMDR: it is delivered by trained clinicians, and begins with preparation and building ways to settle before any memory work. It isn't a do-it-yourself technique, and it isn't the right fit for everyone.

SOURCES

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