

Getting rid of Transgenerational Trauma through EMDR

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Plan

- Definition of transmitted trauma
- Transgenerational Trauma Symptoms
- Where to put transgenerational trauma into the targeting sequencing plan?
- Means to reprocess with EMDR
- How to assess transgenerational targets to reprocess?
- What to do in case of dissociation/massive avoidance although the presence of triggers?
- TT and preverbal trauma
- How to prevent transmitted trauma?
- Questions
- Conclusion

Transmitted Trauma (1)

- **Family Trauma** or collective trauma: emotional wounds left in various people of the same group (family, couple, ..) after an adverse event
 - disrupts connections within the family,
 - disturbs the roles of each other, changes sub-groups,
 - alters the capacity to share emotions,
 - Leads to compensation through enmeshment.

Transmitted Trauma (2)

- **Transgenerational Trauma** : emotional wounds carried out by persons who have not lived themselves the adverse event(s)
 - The explicit dimension is often unavailable or anecdotal
 - The implicit dimension is present, through the body, in fragments, scattered images and contents, impulse phobia
 - Triggers are still present in the every day life of the persons who carry the wound
 - These contents have (apparently) no felt sense
 - A sense making narrative soothes (nevertheless its truthfulness), by finding its place between present benchmarks
 - There is more or less massive avoidance/dissociation

Transmitted Trauma (3)

- **Vicarious Trauma** : emotional wounds which have contaminated those who help
- How can this occur? 3 assumptions:
 - H 1: a personal implicit (or unknown) resonance
 - H 2: exhaustion
 - H 3: contamination by the clients' hopelessness and helplessness, while losing present and future perspective.

Transgenerational Trauma ... appearing spontaneously

- Mrs A
 - Anecdotic narrative about the father having been in concentration camp
 - Goals: improving the mother-daughter relationship and going out of depression
 - Standard protocol about a situation with the daughter
 - Brief Therapy, focused on the clients goals
 - Insufficient to prevent trauma transmission to the next generation

What we have learned with Mrs A

- The therapist has to be proactive:
 - Bringing up discussion about transgenerational material when it arises during the session because the client is used to not bring it to words
 - By doing psychoeducation about transgenerational trauma and the transmission
 - By inviting adults to reprocess transgenerational trauma (TT) in order to stop ongoing transmission

Transgenerational Trauma ... detected from present triggers

- Mrs B
 - Dissociative functioning, multiple phobias, impulse phobia, strange understandable symptoms
 - TT coming up by reprocessing a suddenly understandable trigger
 - Amnesia and trauma networks reprocessed through an EMDR protocol without cognition
 - Sufficient trauma reprocessing prevented trauma transmission to the next generation

Starting with a hypothesis: could TT have been transmitted by Mirror neurons (Dellucci, 2007)?

- Decety (2005): Empathy described as a two level process
 - Innate: *I feel what you feel ...*
my body feels what your body feels through an embedded simulation (Gallese, 2006)
This occurs through the mirror neuron system
 - Learned: *... and I know that I am not you.*
This occurs through differentiation

Differentiation ...

- Trauma leads to indifferenciation
- This means:
 - Contamination of emotions, feelings, body states, ...
 - Insufficient individual boundaries
 - Impaired limit setting towards others
 - Shared somatizations
 - A tendency to carry others' problems
 - A greather risk of retraumatization, revictimization

Differentiation can be learned ...

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TT Symptoms

- Hanne Hummel & Michael Hase (2013): murder and suicide are a hint for TT
- We add:
 - murder attempts,
 - suicide attempts,
 - domestic violence,
 - psychosis,
 - incest

TT Symptoms

TT symptoms appear by nature without sense: the explicit content is disconnected from the implicit memory and the present symptoms

- Somatizations: e.g. hypochondriac fear about children, the husband while feeling a sore throat: TT about the sudden death of the fathers' sister (age 6 when father was 8)
- Overwhelming emotions, e.g. a responsible and caring mother who feels “more than reasonable anger against the elder child”:
 - TT about grand grand mother who died when giving birth to the grand father. The baby seen by the family as having killed his mother. Hatred was carried from generation to generation.
- Flashbacks and perceptions felt as delusive, e.g. paintings of skeletons by an 11 year old, feeling of being in a cave during bombings, ...
- Suddenly appearing triggers e.g. “the cottage house of my brother”

TT Symptoms

- Family secrets: carried on by fear and shame
- Repeated attachment failure between parents and children, while grand parents and grand children feel closer
- Impulse phobia: a paralyzing fear of hurting other while there is no evidence of aggression
- Children felt as dangerous by ascendants
- Different treatment among siblings
- Hot spots: hyperarousal in family relations: too much emotion, enmeshment, intrusive behaviour, ongoing conflicts, unsoothable pain, ...
- Cold spots: hypoarousal in family relationships: no emotion, absence or failure of empathy, breaking, no narrative « we don't talk », secrecy, a « no questions rule » ...
- When there are perpetrator imitating emotional parts of the personality

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TT and AIP

- TT are **relationship wounds**:
people get wounded because they are related
- TT **act as feeder memories** while working on past memories:
 - the SUD doesn't go down,
 - triggers don't become neutral,
 - the touchstone memory in the clients' life is not the touchstone memory of the problem
- TT are **small targets**: once they have been found, they can be reprocessed easily

TT in the targeting sequencing plan

- Problem
 - Actual Triggers
 - Past Memories
 - Touchstone memory
- **Preverbal memories**: knowledge about trauma before the age of 3, early attachment failures, family trauma during this period
- **Transgenerational Trauma**: search for the TOUCHSTONE RELATIONSHIP
- Future Template

Case conceptualization

- Inquiring about TT during the targeting sequencing plan
 - “Do you know any other person in the family who could have been confronted with the same problem?”
 - Other people in the family who could have believed the same kernel cognition?
 - If there has been family violence, neglecting behaviour in parents: “Where did he/she learn this?”
- By searching through the genogram
 - Hotspots
 - Coldspots
- Using floatback and affect bridge out of somatization

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TT: how to reprocess?

- Standard Protocol: in case of a precise event
- Standard protocol without cognition: in case of a strong body response
- If present: reprocess the upcoming fear first
- The letters protocol (Dellucci, 2009): if there is no precise event, but a touchstone relationship
- If there are non constructive relationships: add a giving back ritual after the letter in order to sort out responsibilities and hierarchy
- The Double Protocol (Dellucci, 2014): if there is strong avoidance although a strong motivation
- Working directly with an EP or an Ego State about TT

The Letters Protocol (Dellucci 2009)

- Useful to reprocess relationship wounds, unfinished business, whether traumatic or not
- The therapist asks the client to write a letter :
 - As if the person (target) could understand everything, hear everything the client would like to say, even if in reality this is not true
 - Without censuring her/himself : straight from the heart, with the words which are coming up, until he/she has the feeling of having expressed everything relevant.
- This letter can be written :
 - As a homework,
 - Just before the session (e.g. in the waiting room), or
 - During the session (10 min maximum)

The Letters Protocol (Dellucci 2009)

1. Check for stability
2. Explain the procedure
 - *« I will ask you to read the letter loudly. As soon as there is an emotion or a body sensation coming up, we will stop reading, I will ask you to localize this body feeling/emotion in your body and we will do bilateral stimulation, while paying attention about what happens in your body, until everything has calmed down again.*
 - *At this moment, I will propose you to come back to the letter, to the phrase just before the one which brought up the emotion, and you can go on with reading, until the next emotion, and then we will redo stimulation. We will go through the letter until the end.*
 - *It can be that I interrupt you to ask you what you feel. I will always ask you to localize what you are feeling in your body.*
 - *When the whole letter is read, I will ask you to scan your whole body with your conscience and read again the letter while staying focused on your body, just to check if we haven't forgotten anything. Is this ok ? » (make sure that the person has understood and that she/he agrees)*

The Letters Protocol (Dellucci 2009)

3. Before reading, do you feel anything ?
 - If yes : BLS
 - If no : ask the client to start reading
4. As soon as an emotion or a body sensation arises : ask the client to localize it in the body, then to focus on this place and do BLS, as long as there are changes, until the body is completely calm.
5. As soon as the body is calm, ask the client to come back to the phrase before the one which triggered emotion, and continue reading.
6. Repeat the steps from 3 to 5 until the whole letter is worked through.
7. Do a body scan: think about the person to whom you have written (target) and the letter (when reprocessed acts as a positive cognition), check your whole body and tell me if you notice anything
8. Bodyscan lecture: If the bodyscan is clear, then reread the letter while checking with the body if everything remains clear

Are there non-constructive relationships? Add a giving back ritual (adapted from Sparrer, 2001)

- Ask the person to imagine the person to whom the letter is written.
- Ask the client to generate a contact through an interaction as with an ego state : explore reactions on both sides.
- ask the client to imagine what he/she carries, in a suitable form for him/her. Explore how this looks like.
- Then, guide the client through the giving back ritual by asking him to say either mentally or aloud :
« While working about myself I noticed that I carry things which don't belong to me, » and do BLS.
« and as this don't belongs to me, I give it back to you, and you can give it to whom it belongs. » and do BLS.

N.B : there can be strong emotions arising. This has to be handled as usual abreactions.

- Then, this ritual is finished with the statement : *« I will continue my life on my own, and I will enjoy life. Be well. »*
- This step is completed if the client is completely calm, well oriented. Very often, important and meaningful thoughts and new ways of thinking comes up, which can need further discussion.

Interweave to support a giving back ritual

It often happens that clients are reluctant to give back. In this case, it may be useful to do the following interweave :

« Sometimes small children, as courageous as heroes, would do anything possible in order to help their parents.

Especially when they notice that their parents feel not well. Then they take on their little shoulders the problems of the parents, by hoping that this will bring them relieve.

And finally, this doesn't give relieve, neither to themselves, nor to the parents.

The work of the parents is to carry out their problems themselves, and the one of the children is to trust the parents, that they will succeed. »

This interweave can be done step by step, with BLS, the main goal being that the client, mentally, can give back its undue burden, accept to let go of it, and let the receiver handle it, by inviting him to give it back to ascendants.

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Assessing TT targets to reprocess

- By inquiring about TT during history taking and during conceptualization
 - “Do you know any other person in the family who could have been confronted with the same problem?”
 - Other people in the family who could have believed the same kernel cognition?
 - If there has been family violence, neglecting behaviour in parents: “Where did he/she learn this?”
- By using floatback and affect bridge out of somatization

How to assess TT targets to reprocess?

- Explore the family system by **doing a genogram**
- Start with the actual narrow family system
- Then extend to the family of origin: siblings, parents, grand parents
- Contextualize what happened while asking surviving questions: how did ... do to overcome ...? ... in this situation?
How did they do in order to not make it even worse? How were they able to have children?
- **A family who has survived, was able to have a next generation. We all are evidence that our family has survived.**

Exploring through a Genogram

- Explore resources about relatives, one by one
- Explore which were useful and precious transmissions the client got from ascendants
- Explore the quality of relationships while looking for positive and negative symptoms:
 - Hot spots: hyperarousal in family relations: too much emotion, enmeshment, intrusive behaviour, ongoing conflicts, unsoothable pain, ...
 - Cold spots: hypoarousal in family relationships: no emotion, absence or failure of empathy, breaking, no narrative « we don't talk», secrecy, a « no questions rule » ...

In order to stabilize during genogram

- The therapist adds stabilization exercises as soon as needed: grounding, getting control over emotions, breathing, ...
- Explore and add any other meaningful person who still is or acted as a resource to the genogram (if needed, you can add Symbolic Figures)
- Explore what would be useful to transmit to descendants
- Closure of the exercise by setting a meaningful slogan which summarizes all the resources

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How to deal with Transgenerational Trauma

when there is
dissociative disorder?

The Theory of the Structural Dissociation of the Personality (Van der Hart, Nijenhuis & Steele, 2006)

- Defines dissociation as :
«... a lack of integration
among two or more psychobiological sub-
systems
of the personality,
seen as a whole,
those sub-systems endorsing each
at least a rudimentary sense of Self. »

Primary Structural Dissociation:

One or more apparently normal part(s) of the personality (**ANP**)
and one or more emotional part(s) of the personality (**EP**)



The overlap is the common access to explicit and implicit memory

Van der Hart, Nijenhuis & Steele, 2006

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Dealing with dissociative networks

- This implies at least two neural networks which doesn't communicate each other:
 - One ignoring traumatic contents, even though symptoms are present in daily life,
 - The other one stuck in the time of trauma, i.e. ignoring what happened after the trauma
- As long as this dissociation cannot be lifted, feelings of despair can overwhelm the client, but also the therapist
- It may be useful to share contents, at first about positive material

Dealing with identified dissociative parts of the personality

When emotional parts of the personality appear:

- Help the client **creating constructive bonds** with this part of the Self, which is mostly felt as ego-dystonic: « this is not me », « this doesn't belong to me », « it doesn't exist », « can't we eliminate it? »
- Client's (ANP) first reaction is often phobic and hostile towards what is showing up: this upcoming emotion can be treated first while setting away any trauma
- Psychoeducation about dissociation
- Explore emotional parts without touching trauma and orient them in the present time
- Start to share positive material at first

Installing a
differentiation resource
Giving back ritual

Specific stabilization about TT when there is complex trauma/ dissociation

Learning differentiation: using the giving back ritual as a resource

- When TT become intrusive
- When a non-constructive relationship is ongoing
- When the client has a habit of taking on his shoulders the problems of others as a substitute action

Installing a differentiation resource by a giving back ritual: How?

- Explain about the exercise:
I propose you to do an exercise where you can sort out, what is about your material and what belongs to others. This is not to hurt anybody, on the contrary: it is to honour by sorting out what belongs to each other.
- If necessary: use the puzzle metaphor (Revillet, 2019)
- Wait until the client agrees about this exercise
- Please set all trauma into the container: this has to be done out of any trauma

Installing a differentiation resource by a giving back ritual: How?

1. Ask the client to image the person she/he has to give back to
 - BLS about whatever reaction comes up, until the clients body is calm
 - And he/she can imagine being in front of the person while SUD < 5
2. Ask the client to imagine all the undue burden by giving it a suitable form
 - If necessary, give some examples: some people imagine a suitcase, others a big stone, a lorry, ...
 - BLS until the client has set all his undue burden into this form
3. Do the giving back ritual

Giving back ritual

- Guide the client through the giving back ritual by asking him to say mentally to the person :

« While working about myself I noticed that I carry things which don't belong to me, » BLS.

« and as this don't belongs to me, I give it back to you, and you can give it to whom it belongs. » BLS

N.B : there can be strong emotions arising. This has to be handled as usual abreactions.

- This ritual finishes with the statement :
« I will continue my life on my own, and I will enjoy life. Be well. » BLS
- This step is completed if the client is completely calm, well oriented.

If needed: Interweave to support the giving back ritual

It happens that people are reluctant to give back. In this case, it may be useful to do the following interweave :

« Sometimes small children, as courageous as heroes, would do anything possible in order to help their parents. BLS

Especially when they notice that their parents feel not well. BLS

Then they take on their little shoulders the problems of the parents, by hoping that this will bring them relieve. BLS

And finally, this doesn't give relieve, neither to themselves, nor to the parents. BLS

The work of the parents is to carry out their problems themselves, BLS

and the one of the children is to trust the parents, that they will succeed. BLS »

This interweave is done step by step, with BLS, the main goal being that the client, mentally, can give back its undue burden, accept to let go of it, and let the receiver handle it, by inviting him to give it back to ascendants.

Working on TT when there is dissociation – How?

3 strategies:

- **the letter from the EP**
 - Task: « lend your arm, your hand to this sensation, by inviting it to express through a letter, without trying to control, just let it write whatever comes up »
 - Don't care about the form or the context of the text. They can look pretty chaotic
 - Reprocess this letter with the letters protocol (Dellucci, 2009)
- **the double protocol** (Dellucci, 2014)
- **Reprocessing directly from the dissociative network** (EP)

The Double Protocol (Dellucci, 2014)

Clinical case:

- The therapist assumes that this new situation, having roots in the family system, could be difficult to desensitize without focusing on the past.
- But Marie clearly states that she is not interested in working on family contents, she only wishes her son being protected from it
- This leads to a double bind: It is too difficult to focus on the family, I want my children to be protected from them and now through this repetition something has been passed despite all I did to protect my sons, all the work I have done, etc.
- The therapist decides to focus on the two targets: the present trigger and the resonance in the family.

The Double Protocol – Reprocessing TT: present triggers with dissociative roots

Trigger : recent event : son abused by his cousin	Past : Mary abused by her elder sister
Image trigger : the cousin showing off	
	Image Past : fragments of the sister abusing
	NC Past : I'm less valuable than others
NC Trigger : idem	
PC Trigger : I am myself	
	PC Past : I am Ok as I am
	VoC : 0-1
VoC : 1-2	
Emotion Trigger : anger, rage	
	Emotion Past : none, cutted off
	SUD : 7-8
SUD : 9	
Body : back, jaws, the whole body	

The Double Protocol – Reprocessing TT: present triggers with dissociative roots

- **Phase 4:** going from the image of the trigger, the image of the past, the NC of the past, the NC of the trigger, and the bodily sensations and reprocess until SUD = 0 for both targets
- **Phase 5:** Check first and install PC of the recent event (trigger) and then the PC of the Past event.
- **Phase 6:** do a bodyscan first with the recent event, and then with the past event until both are clear
- The client reprocessed until phase 6 for both targets through the double protocol in one session without dissociation.
- What came out after the session was the father's "crazy rage" when he got overwhelmed
- Continuation with a letter to the father and the letter protocol (during 4 sessions)
- Therapy closure one session later (after the summer holidays)

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TT and preverbal trauma

Katie O'Shea (2009)
has set a specific
EMDR protocol to
treat preverbal trauma

- First build a good affect tolerance through resetting emotions (out of trauma)
- Then preverbal trauma periods are targeted:
 - Foetal period
 - Neonatal period
 - 0-3 years period

TT and preverbal trauma

- In clients with Disorganized Attachment and dissociative disorder
- Although reprocessing preverbal trauma is very useful, often clients have no access
- We could assume that during this period, the baby was a trigger to his parents, having themselves preverbal trauma
- The client's loyalty then doesn't allow her/him to touch these so important memory to reprocess

TT and preverbal trauma

- Anne Caquant (2018) had the great idea to reprocess the preverbal trauma of the parents through the client
- Important: be clear about the intention: helping the client to get rid of symptom producing material
- Take care of the client's loyalty system: offer to reprocess on both parent's sides
- Working on TT preverbal trauma didn't lead to blocking

Conclusion about TT and Dissociation

- Reprocessing TT with complex trauma and dissociative clients works out easily
- But: clients get easier access to own trauma
Don't work on too much TT targets at a time
- Caution!!! Dissociation is NOT due to TT This condition comes from huge ontogenic cumulative and chronic traumatization which is still present and has to be reprocessed at the pace of the client

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Michel Delage

If in a family (couple, group, therapy setting)

emotion can be felt without being overwhelming

then this produces (safe) attachment

« Si dans une famille (couple, groupe, dispositif thérapeutique), de l'émotion peut être ressentie, sans que ça ne déborde,

alors cela produit de l'attachement »

Thérapie Familiale 2007

How to prevent transmitted trauma?

Goal: bring it to a sense making narrative which can be shared and allows to share emotions while staying in the window of tolerance

- Feeling concerned is not pathological
- Start working with the concerned and motivated people: they carry the emotion which can be reprocessed
- Reprocessing targets of transmitted trauma protects those for who we care, and the next generation: if you don't want to work for yourself, it is useful to do it for others you care
- Build a narrative for the next generation and share what feels meaningful

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- **Questions ???**
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Conclusion

- Wherever it comes from: Transgenerational Trauma is healable
- These are relationship wounds: you are wounded because you are related
- TT are small targets
- They need the help of the therapist to find the right address:
the touchstone relationship
- Ongoing transmission is stoppable and prevention possible