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Getting rid of Transgenerational Trauma

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Plan

- Definition of transmitted trauma
- Transgenerational Trauma Symptoms
- How to conceptualize Transgenerational Trauma?
- Where to put transgenerational trauma into the treatment plan?
- Means to reprocess Transgenerational Trauma
- 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?
- Conclusion
- Questions

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Transmitted Trauma

- Vicarious Trauma
- Family Trauma
- Transgenerational Trauma

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Transmitted Trauma

- **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.

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Transmitted Trauma

- **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.

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Transmitted Trauma

- **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

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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

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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"

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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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Transgenerational Trauma

- These are wounds held by silence
- Which functions by locking problems we are working on if this phylogenetic dimension is not taken into account
- 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
- While keeping the client and the therapist in good working conditions, i.e.
 - working on upcoming fears as soon as they arise,
 - unbearable emotions and defences if they could block the process

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TT and Adaptive Information Processing Model (Shapiro)

- TT are **relationship wounds**: people get wounded because they are related
- TT **act as feeder memories** while working on past memories:
 - the subjective felt distress 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

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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

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Differentiation ...

- Trauma leads to indifferentiation
- 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 greater risk of retraumatization, revictimization

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TT in the treatment 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 phylogenetic dimension through the **TOUCHSTONE RELATIONSHIP**
- Future Template: Goals, described with as much details as possible

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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?”
- Using floatback and affect bridge out of somatization, predominant body response
- By searching through the genogram
 - Hotspots
 - Coldspots

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TT: how to reprocess?

- EMDR Basic Protocol, 4Field Technique, other standard Trauma focused procedures: in case of a precise event
- Reprocessing by focusing out 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
- Working directly with an EP or an Ego State about TT

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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 censoring 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)

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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)*

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The Letters Protocol (Dellucci 2009)

3. Before reading, do you feel anything ?
 - If yes : BLS, breathing and watching body changes
 - 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, breathing and watching body changes, 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 form 3 to 5 until the whole letter is worked through.
7. Do a body scan: as the client to “think about the person to whom you have written and the letter, check your whole body and tell me if you notice anything”. Reprocess until you get a clear body scan.
8. Body scan lecture: If the body scan is clear, then reread the letter while checking with the body if everything remains clear

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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

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How to assess TT targets to reprocess?

- Explore the family system by **doing a resource focused 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.**

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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 » ...

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In order to stabilize during genogram

- The therapist adds stabilization exercises as soon as needed: grounding, getting control over emotions, breathing, ...
- Explore and add to the genogram any other meaningful person who still is or acted as a resource (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?

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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. »

The overlap is the common access to explicit and implicit memory

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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

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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

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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

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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

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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
 - until the client 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

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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 doesn't belong 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. These are 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.

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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 themselves their problems, 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.

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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. This can look pretty chaotic
 - Reprocess this letter with the letters protocol
- **Reprocessing directly from the dissociative network**
- **the double protocol** (Dellucci, 2014)

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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 ontogenetic cumulative and chronic traumatization which is still present and has to be reprocessed at the pace of the client

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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

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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

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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

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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

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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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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
- Even though it's technically easy, working on TT with dissociative clients leads to a better accessibility of ontogenetic trauma
- Ongoing transmission is stoppable and prevention possible

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